



USAID | HIV/AIDS Service Capacity FROM THE AMERICAN PEOPLE | **Project in Ukraine**

Instructional guidance materials on the work of centers of social services for family, children and youth with most at-risk children and young people

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This publication contains materials that are recommended for specialists working in the network of centers of social services for family, children and youth and in social service facilities for children and young people; for experts who provide medico-social services and social support to families in crisis, at-risk children and youth vulnerable to HIV, and their social networks.

These Instructional guidance materials are indented to help social sector workers create a supportive environment for most at-risk children and young people to access HIV prevention, treatment and support services.

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ABBREVIATIONS

AIDS	–	Acquired immunodeficiency syndrome
AIDS Center	–	Center for AIDS prevention and fight
CSSFCY	–	Center of social services for family, children and youth
CSWs	–	Commercial sex workers
HIV	–	Human immunodeficiency virus
ICF	–	International charitable foundation
IDU	–	Injecting drug users
M&E	–	Monitoring and evaluation
MARA	–	Most-at-risk adolescents
MDT	–	Multidisciplinary team
MOH	–	Ministry of Health of Ukraine
MSM	–	Men who have sex with men
PAS	–	Psychoactive substances
PLHIV	–	People living with HIV
SSSFCY	–	State social service for family, children and youth*
STI	–	Sexually transmitted infection
UN	–	United Nations Organization
UNICEF	–	United Nations Children's Fund
USAID	–	United State Agency for International Development
VCT	–	Voluntary counseling and testing
YFC	–	Youth-friendly clinic

* The name of the government body was valid till November 1, 2011.

INTRODUCTION

HIV/AIDS is characterized by its multi-vector impact on medical, demographic and socio-economic aspects of society. Initially a medical problem, HIV became a social problem. The spread of HIV in Ukraine has drawn the attention of the government and the public, which is Ukraine has recognized HIV/AIDS as a priority in its health care and social development policy.

HIV prevalence among the adult population (aged 15-49) is 1.1%¹. Statistics show that the epidemic also affects children and young people. And children and young people from most at-risk populations suffer the most. The key driver behind the spread of HIV is IDUs, who use dangerous injection methods, and young people who engage in unprotected sex.

Social surveys indicate a high level of risky practices among adolescents and most at-risk population:

- 16% of girls and boys from among IDUs had tried injection drugs before they turned 15 (a 2007 study); in 2009 this figure already reached 19%;
- One-third (34%) of IDU girls and boys had engaged in sex before they reached the age of 15 (a 2009 study),
- Among girls who provide commercial sex services, this indicator is 41%, and among boys who engage in sex with men – 59%².

The need for writing the instructional guidance materials for most at-risk children and youth arose because as yet this category has not been thoroughly studied, information about HIV infection cases among children under 14 in most at-risk populations is rather limited, is not collected on a regular basis in order to detect trends depending on age, gender and other characteristics. The majority of most at-risk children and young people in Ukraine cannot access HIV prevention and treatment as well as comprehensive support services³.

The spread of HIV in Ukraine merits special attention to the accessibility of prevention, care and support services for the population (including children and young people).

To organize effective provision of prevention services to most at-risk children and young people it is necessary to know their needs, behavioral practices as well as their number. Analysis of certain categories of most at-risk children and youth shows that this age group is large in Ukraine: adolescents who are IDUs account for 50,000 (35,000 boys and 15,000 girls), adolescents who are MSM account for 20,000, and adolescents who are CSWs number 15,000⁴. By summing up the estimates of these three target groups, we can obtain a general estimated number of MARA in Ukraine, which is 85,000 persons or 1,602 MARA per 100,000 population⁵. Therefore, most at-risk children and young people deserve special attention in terms of the HIV epidemic response at regional and national level.

Specifically, one should be guided by the underlying principles contained in a number of documents, namely:

¹ HIV infection in Ukraine: Newsletter / MOH of Ukraine, Ukrainian AIDS Center, Hromashevskiy Institute of Epidemiology and Infectious Diseases of the Academy of Medical Sciences of Ukraine. – 2010. – #34. – 41 p.

² Booklet "Analysis of data of monitoring of behavior of IDUs, CSWs, MSM through adolescent age groups".

³ Most at-risk adolescents in Ukraine: challenges and time for action. Advocacy document / UNICEF, Ukrainian Institute of Social Studies named for O.Yaremenko. – K., Verso 04, 2011. – 56.

⁴ Calculation of the number of at-risk children and young people aged 10–19 / UNICEF, Ukrainian Institute of Social Studies named for O.Yaremenko. – K., 2011. – 48 p.

⁵ Most at-risk adolescents in Ukraine: challenges and time for action. Advocacy document / UNICEF, Ukrainian Institute of Social Studies named for O.Yaremenko. – K., Verso 04, 2011. – p. 15.

- ✓ *The National program to prevent HIV, provide treatment, care and support to HIV positive people and AIDS patients in 2009-2013, – provision of HIV/AIDS prevention medical services to **60% of representatives of the risk groups (IDUs, CSWs, MSM)***⁶.
- ✓ **Prevention of new HIV infections:** halve the percentage of HIV cases among young people (aged 15-24) recorded in 2009⁷.
- ✓ **The Political Declaration on HIV/AIDS**⁸ **sets goals to be achieved by 2015:**
 - commit to working towards reducing transmission of HIV among people who inject drugs by 50 per cent;
 - commit to working towards reducing sexual transmission of HIV by 50 per cent;
 - improve access to HIV services for most at-risk populations (MSM, IDUs, CSWs).

The authors advise against using this manual as a normative document regulating the work of a specialist. These guidelines are intended as an aid to specialists providing medico-social services to HIV positive children and young people and those vulnerable to HIV as well as their social environment.

It is recommended that the instructional guidance materials be used by workers of the network of centers of social services for family, children and youth and social service institutions for children and youth (hereafter – service providers); these materials are recommendatory.

The instructional guidance materials were commissioned by the State social service for family, children and youth (starting November 2011 the authority of this governmental state administration body was transferred to the *Ministry of Social Policy of Ukraine*).

The authors would like to thank the UNICEF representative office in Ukraine, International charity “Right to health”, Kyiv city center for family, children and youth, Dnipropetrovsk city center for family, children and youth, Donetsk city center for family, children and youth, Mykolaiv city center for family, children and youth, International charitable foundation “UNITUS” (Mykolaiv), Public movement “Faith. Hope. Love” (Odesa), Odesa charitable foundation “Road home” (Odesa) for the contributed materials, as well as the consultants who were involved in discussing and finalizing the materials.

It should be pointed out that the Instructional guidance materials on the work of centers of social services for family, children and youth with most at-risk children and young people were prepared during the continuing administrative reform initiated by Presidential decree #1085/2010 (of 12.09.2010) “On optimizing the system of central executive authorities”, which is why the names of the ministries and departments (specifically in Section 2) are the ones of October 2011.

⁶“Concept of the National target program to ensure HIV prevention, treatment, care and support for HIV positive people and AIDS patients in 2009–2013”, approved by the Cabinet of Ministers’ directive #728-p on May 21, 2008.

⁷ Global health sector strategy on HIV/AIDS 2011-2015 / World Health Organization.

⁸ Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS / United Nations. General Assembly. – 8 June 2011.

1. GENERAL PROVISIONS

1.1 Ukrainian legislation provides that a person **who has not reached the age of majority** has legal status of a **child**, and it differentiates children’s legal status based on the criterion of whether they have reached **the age of 14**:

- **under the age of 14** a child is deemed a **junior minor** (*such persons have **partial** civil capacity to act*);
- **between the age of 14 and 18** a child is deemed a **senior minor** (*have **incomplete** civil capacity to act*)⁹;

1.2 Ukrainian legislation regulates the issues related to a 1-18-year-old child’s capability of received medical care by themselves. However, sociological surveys conducted among children and youth who live and/or work on the street demonstrate that they still encounter problems in accessing medico-social services due to existing objective and subjective barriers.

✓ Objective barriers:	✓ Subjective barriers
<ul style="list-style-type: none"> – formal natures of services (presence of parents, availability of a medical record, residence registration card); – charged services (diagnosis and treatment); – territorial remoteness (for rural and mountainous areas); – spotty siting of facilities that provide services (more concentrated in oblast centers); – lack of information about the location of services and service utilization conditions; – lack of specialized training to work the target with a target group, especially among health care professional and law enforcement officers. 	<ul style="list-style-type: none"> – lack of understanding as to what services can benefit them; – distrust in others’ willingness to help; – low motivation/lack of motivation to change lifestyle; – absence of health in the system of adolescent values per se; – shyness, lack of receiving experience of any services; – apprehension that seeking services will result in compulsory referral to such bodies and institutions as the police, a home or rehabilitation center; – negative experience of seeking services and being placed in such bodies and institutions such as the police, a home or rehabilitation center (mandatory placement, lack of confidentiality, lack of emotional support, empathy¹⁰, negative attitudes on the service personnel)¹¹.

1.3 Ukrainian legislation does not contain any provisions regulating medical examination of neglected children aged under 14 if parents or guardians cannot be established.

1.4 The basic terminology that are used in the instructional guidance materials is defined in Ukraine’s legislation. Additionally, terms that are not defined in Ukraine’s legislation are listed below:

Most at-risk adolescents (MARA) refers to children and young people (aged 10–19, both females and males) whose behavior puts them at the highest risk of HIV infection, i.e.:

⁹ Article 6 of the Family Code of Ukraine. [Electronic resource]. – Available on: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=2947-14>

¹⁰ *Empathy* (Greek - *patho*) – compassion) – understanding of relationships, [feelings](#), [mental states](#) of another person through compassion.

¹¹ Analytical report “Availability and accessibility of HIV prevention services to most at-risk adolescents” / UNICEF, Ukrainian Institute of Social Studies named for O.Yaremenko. – K., 2008. – 63 p. (Electronic resource).

- inject drugs using nonsterile injection equipment;
- engage in unsafe sex as a result of sexual exploitation, including sex with human trafficking victims, and those who have unprotected commercial sex (often under duress);
- male adolescents who have unprotected anal sex with male adults, including commercial sex.

In Ukraine, most at-risk populations comprise injecting drug users (IDUs); female commercial sex workers (CSWs); men who have sex with men (MSM), and therefore at-risk children and young people are age cohorts of 10–19-year-olds among IDUs, CSWs and MSM.

Vulnerable adolescents refer to those who face situational risk and are only one step shy of engaging in risky behavior. An HIV vulnerable group includes children and youth who live or work on the street. According to various studies, they include all the three most at-risk populations (IDUs, CSWs and MSM), as well as those combine risky behavior simultaneously belonging to several risk groups or face situational risk (a short step from risky behavior).

The authors of the manual “Adolescents at risk of HIV. Manual for the PARTICIPANT” define **adolescents at risk of HIV** as adolescents (boys and girls) who in view of specific personal features, life circumstances, societal influence and social environment, affiliation with a certain subculture or group, nonexistent or restricted access to information, services and programs, **may start exhibiting** unsafe behavior that poses a risk of HIV infection. Therefore, while an adolescent’s affiliation with a group at risk of HIV is determined by **circumstances** in which he/she finds him/herself, his/her affiliation with most at-risk group is determined solely by specific **behavioral manifestations** that pose a risk of HIV infection.¹²

1.5 These instructional guidance materials focus on such key most at-risk populations as most at-risk children and youth as well as HIV vulnerable children and young people (Table 1).

¹² Adolescents at risk of HIV. Manual for the PARTICIPANT / E.V.Anoprienko, T.V.Zhuravel, Zh.V.Parkhomenko; – K., 2010. WHO, UNICEF (in print).

Table 1

Description of target groups

Target groups	Definition	Who falls into the target group
<p><u>Most at-risk children and young people</u></p>	<p>children and young people whose behavior puts them at the highest risk of HIV infection</p>	<ul style="list-style-type: none"> • Injecting drug users using nonsterile injection equipment (IDUs). • Male and female children and young people who voluntarily or compulsorily (including sexual exploitation) provide sexual services to opposite or same sex persons for payment, food or shelter. • Boys and young people who engage in unprotected sex with female commercial sex workers (CSWs). • Boys and young people who engage in unprotected sex with male adults (MSM)¹³.
<p><u>HIV vulnerable children and young people</u></p>	<p>children and young people who face situational risk and are only one step shy of engaging in risky behavior¹⁴</p>	<ul style="list-style-type: none"> • Have a spouse or a sexual partner, who engages in risky behavior and abuses alcohol (young females in the first place). • Take non-injection drugs and consort with most at-risk young people. • Do not take drugs, however consort with most at-risk young people. • Have sexually transmitted infections (STIs). • 18-23-year-olds from among orphans and children deprived of parental care. • Persons who interrupted their education or never attended school. • Have limited access to information, education, health and social services. • Migrants within Ukraine or immigrants. • Live or work on the street. • Homeless and neglected children. • live in families in crisis. • Have been placed in social protection institutions, social service and residential child-care institutions. • Released from penitentiary institutions. • Belong on a mobile national or professional group. • Young people affected by HIV/AIDS

¹³ Homans, H. (2007) Manual on Programming to prevent HIV in most at-risk adolescents, Draft November 2007, UNICEF Regional Office for Central Eastern Europe and Commonwealth of Independent States, Geneva, unpublished.

¹⁴ “National strategic action plan to prevent HIV among most at-risk children and young people, provide care and support to children and youth affected by HIV/AIDS”, approved by the National TB and HIV/AIDS council on 05.26.2010.

		(e.g. whose parents are HIV positive or who were orphaned by AIDS). <ul style="list-style-type: none"> • Young people who do military service, study or work in the institutions of the Ministry of Defense, Interior Ministry, Security Service of Ukraine.
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Vulnerable adolescents and most at-risk adolescents belong to social groups that demand special attention in terms of Ukraine’s HIV/AIDS response. Key factors affecting HIV vulnerability in most at-risk children and young people are presented in Table 2¹⁵.

Table 2

Factors of HIV vulnerability

Medical and biological factors	Political, cultural and legislative factors	Socioeconomic and environment factors	Special factors
Female or male sex	Politics and legislation	Poverty, unemployment, crime rates and level of violence in society	Perception and awareness of risk
Presence of STIs	Cultural and religious norms, attitudes, expectations	Quality of services, information. programs and leisure activities in the community	Skills
Virus type	Level of political and economic stability, growth	Urban life vs rural life	Knowledge
Infection stage	Social security system	Norms, stereotypes, social networks, considerable pressures	Behavior
	Gap between rich and poor	Levels of stigmatization, discrimination and human rights violations	
	Level of solidarity between generations within society	Drug abuse situation	
		Level of mobility and migration	

1.7 Prevention services for most at-risk young males and females should be comprehensive and should be tailored to their needs. Such services should be accessible, voluntary, confidential, free, client-friendly, useful and effective.

1.8 Existing and potential service providers should be appropriately trained in methods oriented toward most at-risk and vulnerable children and young people.

¹⁵ Socioeconomic consequences of the HIV/AIDS epidemic in Ukraine: new forecasts/ Ukrainian Institute of Social Studies, British Council Ukraine, DFID. - K., – 2003. – P. 48.

2. REGULATORY BASIS OF SOCIAL SERVICE DELIVERY TO MOST AT-RISK CHILDREN AND YOUTH

This section offers a short overview of the most important regulatory instrument, both international ones ratified by Ukraine and national ones relating to the protection of the rights of vulnerable children and young people as well as most at-risk children and young people.

Recent years have seen a number of analytical reports and overviews regarding the current state of policy and legislation on medico-social service delivery to HIV most at-risk children and young people¹⁶. These reports and overviews covered mechanism for legislative regulation of HIV positive children's life activities¹⁷. The regulatory framework ensuring the rights of children and youth who live and work on the street, preventing child homelessness and neglect in Ukraine was analyzed¹⁸.

Below are the provisions from international and Ukrainian legislation that are key to the work of social services for family, children and youth, as well as a list and functions of services, institutions, whose activity is related to social protection.

2.1. International legislation

#	Instrument	Content
1	Universal Declaration of Human Rights, which was adopted by the UN General Assembly on 10 December 1948 (resolution 217 A (III))	The Declaration proclaims that childhood is entitled to special care and assistance; that for all members of the family, as the natural and fundamental group unit of society, to grow and prosper (especially children) it must be given necessary protection and encouragement so that the family can fully assume responsibilities in society. A key message of the Declaration is that for the child to develop fully and harmoniously he should be raised in a family environment, in the atmosphere of happiness, love and understanding; the child should be fully prepared for adult life in society and should be educated in the spirit of the ideals embodied in the UN Charter, and especially in the spirit of peace, dignity, tolerance, freedom, equality and solidarity.
2	Declaration of the Rights of the Child, proclaimed by General Assembly Resolution 1386 (XIV) of November 20, 1959	The Declaration proclaims basic principles of the child's rights and freedoms, which call upon parents, upon men and women as individuals, and upon voluntary organizations, local authorities and national Governments to recognize these rights and strive for their observance by legislative and other measures progressively taken in accordance with these principles.

¹⁶ M.V.Buromenskyi Current state of policy and legislation on the provision of medico-social services to HIV most at-risk children and young people: analytical overview [Electronic resource] / M.V. Buromenskyi, V.M. Steshenko. – K. : Ukrainian Institute of Social Studies., 2008. – Available at : http://www.unicef.org/ukraine/ukr/media_10621.htm

¹⁷ HIV positive children: medical care, psychological support, social support, legal protection / Authors.: N.V.Kotova, O.O.Starets, P.P.Olena, N.V.Leonchuk, O.M.Panfilov, T.A.Bordunis, I.M.Dubinina, L.V.Bulakh – K.: "K.I.S" LLC, 2010. – 196 p..

¹⁸ Analysis of the regulatory environment concerning the rights of children and young people living and working on the street, prevention of homelessness and neglect in Ukraine. / Tetiana Bordunis. – K. : USAID| HIV/AIDS Service Capacity Project in Ukraine. – 2011. – 88 p.

3	Convention on the Rights of the Child, adopted by resolution 44/25 of the UN General Assembly on November 20, 1989 (ratified by Ukraine on September 27, 1991)¹⁹	The Conventions contains key concepts associated with human rights (specifically the child’s rights), provisions on basic principles of child rights observance, rights protection mechanisms and concrete proposals for improving them. It consolidates main provisions on child rights protection and development of major trends that were reflected in other internationally binding instruments, as well as in charters and relevant documents of specialized institutions and international organizations which promote children’s wellbeing.
4	International guidelines on HIV/AIDS and human rights	The guidelines emphasize that governments should cooperate with their people and relying on their support should facilitate the creation of an enabling and stimulating environment for women, children and other vulnerable women, children and other groups, thereby eliminating prejudice and inequality that engender this vulnerability through dialog with the population, through the creation of special social services and public health services, as well as through the support of population groups.
5	Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (ratified by Law #716 - IV of 04.03.2003)²⁰	Despite the fact that the Optional protocol is predicated on the same principles as the Convention on the Rights of the Child it is more specific and sets out main provisions and services that should be accessible in order to support child victims.
6	Declaration of Commitment on HIV/AIDS, adopted by resolution S-26/2 of the General Assembly Special Session on June 27, 2001	It proclaims the goals of the national HIV/AIDS epidemic response with regard to most at-risk populations.
7	UN document “A World Fit for Children”, adopted at a UN General Assembly Special Session in 2002	To implement and achieve the goals set in this document Ukraine committed itself to provide special protection and support to children deprived of necessary care, children living in disadvantaged social situations and who are at risk, including orphans, abandoned children, children of migrant workers, children working and/or living on the street and children living in extreme poverty).
8	General comment No. 3 (2003): HIV/AIDS and the	It states that special attention must be given to children orphaned by the HIV/AIDS epidemic and children from

¹⁹ Verkhovna Rada enactment #789-XII of 02.27.1991 “On ratification of the Convention on the Rights of the Child” // Bulletin of the Verkhovna Rada of the Ukrainian Soviet Socialist Republic , 1991, # 13, p. 145 [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=789-12>

²⁰ Law of Ukraine #716-IV of 04.03.2003 “On ratification of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography” // VR of Ukraine Bulletin, 2003, # 29, p. 226 [Electronic resource]. – Available at: <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=716-15>

	rights of the children., approved by the Committee on the Convention on the Rights of the Child	families affected by HIV/AIDS. According to the Committee, the stigmatization and social isolation they experience may be accentuated by the neglect or violation of their rights, in particular discrimination resulting in a decrease or loss of access to education, health and social services .
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International agreements ratified by the Verkhovna Rada of Ukraine have become the main part of national legislation, which is prescribed by the Constitution of Ukraine.

2.2. Legislation of Ukraine

#	Document	Content
1	Constitution of Ukraine²¹	The Constitution of Ukraine is the fundamental law of Ukraine enshrining all human rights and freedoms, including the rights of the child. All people are free and equal in their dignity and rights. Human rights and freedoms are inalienable and inviolable.(Article 21). Citizens have equal constitutional rights and freedoms and are equal before the law. There shall be no privileges or restrictions based on race, color of skin, political, religious and other beliefs, sex, ethnic and social origin, property status, place of residence, linguistic or other characteristics (Article 24). Other characteristics also refer to an individual’s health status (specifically health of the child). Everyone has the right to protect his or her life and health, the lives and health of other persons against unlawful encroachments (Article 27). Everyone has the right to respect of his or her dignity. No one shall be subjected to torture, cruel, inhuman or degrading treatment or punishment that violates his or her dignity. (Article 28). Children are equal in their rights regardless of their origin and whether they are born in or out of wedlock. Any violence against a child, or his or her exploitation, shall be prosecuted by law. The maintenance and upbringing of orphans and children deprived of parental care is entrusted to the State. The State encourages and supports charitable activity in regard to children.. (Article 52). Everyone has the right to education.(Article 53).
2	Civil Code of Ukraine²²	The Code defines the objectives of custody and guardianship intended to ensure personal non-property and property rights and interests of younger minors, minors, as well as minors who cannot exercise their

²¹ Constitution of Ukraine. – Law # 254к/96-BP of 06.28.1996 [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=254%EA%2F96-%E2%F0>.

²² Civil Code of Ukraine # 435-IV OF 01.16.2003 [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=435-15>.

		rights and fulfill their obligations on the score of ill-health.
3	Family Code of Ukraine²³	<p>The Law specifies main institutions safeguarding the rights of all children in Ukraine, including HIV positive children, mechanisms for judicial and extrajudicial remedies for the child. Article 5 of the Family Code states that the State shall protect the family, childhood, motherhood, parenthood, and shall create conditions for strengthening the family. The State ensures the priority of family education of the child. The State provides protection to every orphan and every child deprived of parental care. Family relations must be regulated with maximum consideration of the interests of the child and disabled family members. Family relations are regulated on the basis of justice, conscientiousness and reasonableness according to moral standards of society.</p> <p>The Family Code lists mechanisms for exercising parental rights and performing parental duties.</p> <p>The Code provides a clear-cut mechanism for protecting the child's rights from parents who acts contrary to the child's interests. When parents' actions pose a direct threat to the life or health of the child, the custody and guardianship body or the public prosecutor may determine to take the child away from the parents.</p> <p>The child, who can express his/her opinion, should be heard out when the parents or other persons are trying to resolve a dispute over the child's upbringing, place of residence, including a dispute about the deprivation of parental rights, as well as a dispute about property management.</p>
4	Penal Code of Ukraine²⁴	<p>The Penal Code of Ukraine aims to ensure legal protection of the rights and freedoms of an individual and a citizen, property, public order and safety, environment and Ukraine's constitutional system against unlawful encroachments, to ensure peace and safety of humankind, and to prevent crime. For this purpose the Penal Code of Ukraine defines socially dangerous offenses and penalties applied to offenders.</p> <p>The Code contains several articles dealing with the protection of HIV positive children's rights. Offences that entail punishment under the Penal Code of Ukraine primarily include deliberately infecting another person with HIV or other incurable infectious disease dangerous to human life (Section I Article 130). Under</p>

²³ Family Code of Ukraine # 2947-III of 01.10.2002 [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=2947-14>.

²⁴ Penal Code of Ukraine # 2341-III of 04.05.02001 [Electronic resource]. – Available at: <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=2341-14>.

		this Article this offense is punishable by 3 years' imprisonment.
5	Law of Ukraine "On preventing diseases caused by human immunodeficiency virus (HIV), and legal and social protection of people living with HIV" ²⁵	Under international law and according to WHO recommendations, the Law defines a procedure for legal regulation of activities aiming to prevent the spread of HIV in Ukraine, as well as social protection interventions for HIV positive people and AIDS patients. For the first time in Ukraine the Law identified main problems faced by HIV positive citizens (including children), and granted them additional rights and defined mechanisms for the exercise of these rights. Citizens of Ukraine, foreign nationals and persons without citizenship, who permanently reside or legally stay in Ukraine, are entitled to receive medical examination for the purpose of detecting HIV and an official conclusion about the results of such examination as well as qualified recommendations on HIV prevention. Testing of persons aged 14 and over is provided on a voluntary basis on condition that person has given his/her informed consent following preliminary counseling about HIV testing, its results and possible consequences, subject to personal data confidentiality requirements, including data on the person's health condition.
6	Law of Ukraine "On Social Services" ²⁶	This Law defines the main organizational and legal basis for social service delivery to persons in crisis and in need of outside assistance.
7	Law of Ukraine "On Children's Agencies and Services and special institutions for children" ²⁷	This Law defines a legal basis for the activity of children's agencies and services as well as special institution for children, which are responsible for social protection and prevention of offences among persons aged under 18.
8	Law of Ukraine "On approving the National Program to Prevent HIV, Provide Treatment, Care and Support to HIV Positive People and AIDS Patients in 2009-2013" ²⁸	The Program is intended to cover 60% of most at-risk populations with HIV prevention interventions, including most at-risk adolescents, i.e. orphans, homeless children, incarcerated children, children from crisis families, commercial sex workers, men who have sex with men, migrants and other similar groups".

²⁵ Law of Ukraine # 1972-XII of 12.12.1991 № "On preventing diseases caused by human immunodeficiency virus (HIV), and legal and social protection of people living with HIV", as an amended version of Law # 2861-VI ([2861-17](#)) of 12.23.2010, BBP, 2011, N 30, p. 274 [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=1972-12>

²⁶ Law of Ukraine #966-IV of 06.19.2003 "On social services" [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=966-15>.

²⁷ Law of Ukraine # 20/95-BP of 01.24.01995 "On juvenile bodies and services and special institutions for children" [Electronic resource]. – Available at: <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=20%2F95-%E2%F0>.

²⁸ Law of Ukraine #1026-VI of 02.19.2009 "On approving the National program to prevent HIV, provide treatment, care and support to HIV positive persons and AIDS patients in 2009-2013" [Electronic resource]. – Available at: <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=1026-17>.

9	<p>Law of Ukraine “On the National program “National Action Plan to Implement the UN Convention on the Rights of the Child ” for the period until 2016”²⁹</p>	<p>The goal of the Program is to ensure optimum functioning of the integral system of child rights protection in Ukraine in accordance with the UN Convention on the Rights of the Child and the UN Millennium Declaration, as well as the strategy set forth in the UNGASS summary document “A World Fit For Children” adopted by the General Assembly Special Session. The main objectives of the Program is to ensure implementation of the national policy to fight TB, drug use, HIV/AIDS, to protect the rights of HIV positive children and children with AIDS, and to reduce the risk of HIV transmission among vulnerable categories of children.</p>
10	<p>Cabinet of Ministers’ directive “On the formation of criminal juvenile police”³⁰</p>	<p>The directive describes the purpose of the Criminal juvenile police, which must carry out activities to prevent offenses by children; consider, within the scope of its competence, complaints and reports about offenses committed by children; determine and eliminate causes and conditions conducive to juvenile offenses; take part in legal education of children; register offenders aged under 18, including released from specialized fostering institutions, for offense prevention purposes, inform appropriate juvenile services about such children; detain and hold children aged under 14 without custody and guardianship in special premises, - until they are turned over to their legal representatives or are duly placed, as well as juvenile offenders whose age makes them eligible for criminal responsibility, - until they are turned over to their legal representatives or referred to reception centers, but no longer than for 8 hours.</p>
11	<p>Order of the Ministry of Health; Ministry of Education and Science of Ukraine; Ministry of Family, Youth and Sport; State Penitentiary Department; Ministry of Labor and Social Policy of Ukraine “On activities to prevent HIV mother to child transmission, provide medical care and social</p>	<p>This document regulates key medical aspects relating to HIV positive children and their families. The order approved the Instructions on preventing HIV mother to child transmission, the Instruction on preventing HIV mother to child transmission in the institutions of the State Criminal Executive Service of Ukraine, the Instruction on medico-social assistance for HIV positive children, the Standard regulations on the multidisciplinary team that provides medico-social assistance to HIV positive children and their families.</p>

²⁹ Law of Ukraine # 1065-VI of 03.05.2009 “On the National program "National action plan to implement the UN Convention on the Rights of the Child" for a period till 2016” [Electronic resource]. – Available at: <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=1065-17>.

³⁰ Cabinet of Ministers directive #502 of 07.08.1995 “On the formation of criminal juvenile police” [Electronic resource]. – Available at: <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=502-95-%EF>.

	support to HIV positive children and their families”³¹	
12	Order of the Ministry of Family, Youth and Sport “On approving the Procedure for social support of families, children and youth in crisis by social service centers”³²	This Procedure defines the stages and conditions of social inspection by social service centers of families, children and young people believed to be in crisis. Families, children and young people in crisis are eligible for social inspection. Social inspection involves activities aimed at establishing the existence of a crisis, causes of the crisis that such persons cannot overcome on their own; at assessing their needs and determining the necessity of social service delivery to such persons; at determining whether such persons are allowed and able to carry out life activities; at taking urgent action to eliminate a real threat to the life and health of persons who cannot protect themselves from violence or cruel treatment; at ensuring such persons’ right to timely assistance; at enforcing state standards and regulations in the area of social work
13	Order of the Ministry of Family, Youth and Sport “On approving the Procedure for social support provision by social service centers for families, children and youth and persons in crisis”³³.	This document defines the procedure under which centers of social services for family, children and youth must provide social support to families and persons in crisis with a view to rendering timely assistance (including urgent measures to overcome such crisis), take a set of measures to help out families or individuals in crisis who are unable to cope using their own resources, to create conditions for them to ride out the crisis by themselves, to preserve and raise the social status of a family or an individual in crisis.
14	Order of the Ministry of Family, Youth and Sport, Ministry of Health, Ministry of Education and Science, Ministry of Labor and Social Policy, Ministry of Transportation and Communications, Interior Ministry, State Penitentiary Department “On approving the Procedure for social	This Procedure was developed in order to introduce an effective mechanism of interaction between social work entities and families in crisis. It will help support families in crisis and help them address life problems which they cannot overcome using by themselves. The Procedure will preclude new crises and equip such families with the wherewithal to deal with emerging problems.

³¹ Order # 740/1030/4154/321/614a (of 11.23.2007) of the MOH of Ukraine, Ministry of Education and Science, Ministry for Family, Youth and Sports, State Penitentiary Department, Ministry of Labor and Social Policy “On activities to prevent HIV mother to child transmission, provide medical care and social support to HIV positive children and their families” activities aimed at preventing HIV mother to child” [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=z1405-07>.

³² Order # 1480 (of 05.27.2010) of the Ministry of Family, Youth and Sport “On approving the Procedure for social support of families, children and youth in crisis by social service centers” [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=z0569-10>.

³³ Order #1795 (of 04.25.2008) of the Ministry of Family, Youth and Sport “On approving the Procedure for social support provision by social service centers for families, children and youth and persons in crisis” [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=z0471-08>.

	work entities' interaction with families in crisis" ³⁴.	
15	National strategic action plan to prevent HIV among most at-risk children and young people, to provide care and support to children and youth affected by HIV/AIDS³⁵	The plan defines priority goals in terms of HIV prevention among most at-risk children and young people: to stop HIV incidence in most at-risk populations, to improve the quality of life of HIV positive children and youth as well as those affected by HIV/AIDS. The National strategic plan is being implemented according to established strategies: encouraging most at-risk populations to practice safe behavior and use services according to knowledge gained.
16	Order of the Ministry of Environmental Protection of Ukraine "On improving voluntary HIV counseling and testing"³⁶	This order defines the procedure for voluntary HIV counseling and testing and applies to public and municipal health facilities, health facilities of other forms of ownership, associations of citizens, including international, other institutions, organizations and establishments working to prevent HIV/AIDS, provide care and support to PLHIV; the effectiveness of use of available resources necessary to prevent HIV, improve access to voluntary counseling and testing for various populations in every administrative region of Ukraine.

2.3. System of institutions and establishments providing social support to children and young people

Today Ukraine has rather an established and ramified network of public institutions and establishments providing social support. Ukrainian legislation provides mechanisms for the protection and social service delivery by public organizations, as well as for temporary placement of children deprived of parental care in family-type settings and social institutions. Legislation defines the functions of services, institutions and organizations in the area of social protection and prevention among children and youth, including activities for most at-risk children and youth (Table 3).

This list of services and institutions will help specialists organize interaction with various institutions involved in service delivery to children and youth.

³⁴ Order # 1983/388/452/221/556/596/106 (of 06.14.2006) of the Ministry of Family, Youth and Sport, Ministry of Health, Ministry of Education and Science, Ministry of Labor and Social Policy, Ministry of Transportation and Communications, Interior Ministry, State Penitentiary Department "On approving the Procedure for social work entities' interaction with families in crisis" [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=z0824-06>

³⁵ National strategic action plan to prevent HIV among most at-risk children and young people, to provide care and support to children and youth affected by HIV/AIDS, approved by the National TB and HIV/AIDS Council on 05.26.2010.

³⁶ Order # 415 (of 19.08.2005) of the Ministry of Environmental Protection of Ukraine "On improving voluntary HIV counseling and testing" [Electronic resource]. – Available at: http://www.moz.gov.ua/ua/portal/dn_20050819_415.html.

Table 3.

Services and institutions providing social protection and their functions

#	Services, institutions	Functions of services and institutions for children and young people
1	Children's services	<ul style="list-style-type: none"> • directly manage cases, develop and implement activities, including support for community social programs, and coordinate activities aimed at protecting the rights, freedoms and legal interests of children; • coordinate activities aimed at providing social protection to children, and organize activities to prevent child neglect; • ensure compliance with legislation on child custody, guardianship, and adoption; • address the issue of referring to special children's institutions, educational institutions (irrespective of forms of ownership) children in crisis and repeated runaways from their family and educational institutions; • place orphans and children deprived of parental care in small family homes, foster families, under custody, guardianship and for adoption; • manage cases of child custody, guardianship and adoption; • monitor and oversee conditions in which children are kept and raised in institutions for orphans, children deprived of parental care, special institutions and social protection institutions for children; • keep state statistics on children and keep a record of children in crisis, orphans and children deprived of parental care, adopted children, those placed in adoptive families, small family homes and social rehabilitation centers (children's villages); • provide practical and methodological assistance, counseling on social protection of children; • carry out activities to prevent juvenile delinquency; • represent the interests of children in courts, in their relationships with enterprises, institutions and organizations irrespective of forms of ownership; • talk with parents or caregivers, guardians, officials in order ascertain the causes and conditions that lead to children's rights violations, neglect, and take measures to eliminate with these causes and conditions; • address the issue of bringing to account individuals and legal entities that have violated children's rights, freedoms and legal interests; • visit children in crisis, those registered with the juvenile service, at their place of residence, studying and work; and take measures to ensure social protection of

		<p>children;</p> <ul style="list-style-type: none"> • upon detection of a child deprived of parental care, - determine the child's place of residence, age, information about his/her parents or proxy parents, the circumstances that deprived the children of parental care, the full name and address of the person who reported the child's case, and receive other important information; • register reports on children deprived of parental care in a relevant log (register); • within 24 hours of receiving a report about a children deprived of parental care, together with workers of interior bodies and health facilities, - inspect the child's placement conditions, the child's health condition and ascertain the circumstances that deprived the child of parental care, and prepare an inspection report; • based on a decision of the custody and guardianship body prescribing that the child be removed from the family, jointly with the criminal juvenile police and health facility workers – take action to take the child away from the parents and turn him/her over to the relatives or for temporary placement; • prepare documents for the custody and guardianship body to use in court to deprive parents or one of the parents of their parental rights or to take the child away from a parent without depriving the parent of his/her parental rights; • within 2 months after detection of a child deprived of parental care, together with the administration of the institution in which the child has been temporarily placed, interior bodies, health care facilities – take measures to establish the child's personality, place of residence, information about the child's parents, proxy parents, other relatives, their place of residence (stay) and organize activities to return the child into the family or an institution for orphans and children deprived of parental care, from which the child willfully ran away, or ensure the preparation of documents to accord the status of an orphan or a children deprived of parental care to the child; • place and define the child's status as that of an orphan or a child deprived of parental care, when for some time the child stayed outside the family environment, and his/her parents' place of residence (stay) has not been established; • temporary place the child in a home, center, social rehabilitation center (children's village);
2	Centers of social services for family,	<ul style="list-style-type: none"> • provide social support to families in crisis (specifically, help resolve interpersonal, internal personal problems,

	children and youth	<p>help find employment or additional earnings, represent clients' interests to the authorities, protect clients' rights, assist with the preparation of required documents or reissuance of lost ones, etc.);</p> <ul style="list-style-type: none"> • provide social support to the family, conduct a social inspection of families in crisis; • provide information and advisory socio-educational services to families; • provide psychological support to families; • develop and disseminate public PSA promoting a healthy family lifestyle; • organize family leisure activities, communication and rest. • children deprived of parental care
3	Centers of social and psychological care³⁷	Provide social services to persons in crisis
4	Mother and child social centers³⁸	An institution for temporary residence of women in the seventh-ninth month of pregnancy and mother with infants aged 0-18 months, who are in crisis.
5	Social hostels for orphans and children deprived of parental care³⁹	<p>An institution for temporary residence of orphans and children deprived of parental care, aged 15-18, as well as persons from among orphans and children deprived of parental care aged 18-23.</p> <p>The goal of their activity is to create conditions for social adaptation of persons sojourning there and prepare them for responsible life. They also provide psychological, socio-educational, legal, socioeconomic and information services to these individuals.</p>
6	Centers of socio-psychological rehabilitation of handicapped children and youth⁴⁰	Daycare institutions for handicapped children and youth aged 7-35, whose activity is aimed at restoring and supporting their physical and psychological state, as well as adapting and integrating them into society.
7	Centers for HIV-positive children and youth⁴¹	Centers for HIV positive children and youth provide different types of social services; carry out therapeutic and health promotion activities, and provide first aid (if necessary); organize hobby clubs, conduct contests; engages parents or proxy parents in cooperation, provide them with guidance; organize self-support groups' activities for HIV positive

³⁷ Cabinet of Ministers directive #608 of 05.12.2004 "On approving the Standard regulations on the Center of social and psychological care" [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=608-2004-%EF>

³⁸ Cabinet of Ministers directive # 879 (of 09.08.2005) "On approving the Standard regulations on the Mother and child social center" [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=879-2005-%EF>

³⁹ Cabinet of Ministers directive # 878 (of 09.08.2005) "On approving the Standard regulations on the Social hostel for orphans and children deprived of parental care". [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=878-2005-%EF>

⁴⁰ Cabinet of Ministers directive # 877 (of 09.08.2005) "On approving the Standard regulations on the Center of socio-psychological rehabilitation of handicapped children and youth". [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=877-2005-%EF>

⁴¹ Cabinet of Ministers directive # 148 (of 02.15.2006) "On approving the Standard regulations on the Center for HIV-positive children and youth" [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=148-2006-%EF>

		<p>children and youth, as well as for parents or proxy parents; ensure catering for children and youth staying there according to established norms; cooperate with health facilities, educational institutions and other organizations that provide care to HIV positive children and youth; if necessary, refer persons who seek their services to establishments and institutions that are capable of accommodating their needs.</p> <p>These centers carry out their activities in compliance with the principles of human rights protection, humanity, law, accessibility of services, confidentiality, respect for the individual.</p> <p>The centers operate as daycare facilities. A person may stay at a centers for not more than 6 hours a day. If necessary and feasible, a center may admit HIV positive children and youth, and render necessary assistance to them on a round the clock basis.</p>
8	Centers of resocialization of drug dependent youth⁴²	Specialized institutions where young people, who received treatment for drug dependence in health facilities and who need social rehabilitation to prevent relapses, stay on a voluntary basis.
9	Juvenile criminal police of interior bodies⁴³	<ul style="list-style-type: none"> • prevents juvenile crime; • detects, stops and solves offenses committed by children, employs special investigation and prevention techniques permitted by law; • studies causes and conditions conducive to juvenile offenses; • takes measures to remove them with the scope of its competence; • takes part in legal education of children; • detects children who are missing or who have run away from their families, educational institutions (begging) and special institutions for children; • keeps a record of offenders under the age of 18, including those released from special educational institutions, to carry out prevention activities, inform appropriate juvenile services about these children; • cringes children back to the place of permanent residence, studying or refers them to special institutions for children within 8 hours of detection of foundlings or strays, runaways from the family or educational institutions; • detains and hold in special premises children under 14 who are without custody or guardianship, – for a period

⁴² Cabinet of Ministers directive #97 (of September 16, 2009) "On approving the Standard regulations on the Center of resocialization of drug dependent youth". [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=979-2009-%EF>

⁴³ Cabinet of Ministers directive #502 (of 0708.1995) "On the formation of criminal juvenile police" [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=502-95-%EF>.

		<p>until they are turned over to their legitimate representatives or until they are duly placed, as well as children who have committed offences but who have not reached the criminal responsibility age – until they are turned over to their legitimate representatives or referred to reception centers, but for not more than 8 hours;</p> <ul style="list-style-type: none"> • seizes documents and objects that may serve as material evidence of an offense or may be used to the detriment of children’s health; • according to the law carries out social case work among children who served prison sentences for a specific period of time; • keeps a record of offenders aged under 18 who need medical care, including those released from special educational institutions in order to carry out preventive activities, inform appropriate juvenile services about such children.
10	<p>Interior reception centers for children⁴⁴</p> <p>bodies’</p>	<p>Reception centers are intended for children aged 11-18 for a period of 30 days, who:</p> <ul style="list-style-type: none"> • committed an offense before reaching the age of criminal responsibility, if necessary – they are immediately isolated (based on a decision by an agency of inquiry, investigator, sanctioned by the public prosecutor, or a court ruling); • are referred to special institutions for children based on a court decision; • willfully absconded from a special educational institution and are on the wanted list. <p>Before placing a child in a reception center he/she is subjected to personal examination. Every reception center has a medical unit whose workers must give checkups to all underage children delivered to reception centers paying special attention to lice infestation, skin and communicable diseases, and sanitize such children, including chamber disinfection of clothes and footwear. Prior to a primary medical checkup minors are held separately from the children and adolescents. admitted earlier. Reception center staff must notify health authorities of having detected infectious patients and group diseases among such children.</p>
11	<p>Secondary general education and vocational schools of social rehabilitation</p>	<p>Secondary general education and vocational schools of social rehabilitation may admit persons who have committed an offense before reaching the age of 18 or offenses before reaching the age of criminal responsibility.</p> <p>The key mission of schools is to:</p> <ul style="list-style-type: none"> • create proper conditions for life and education of

⁴⁴ Interior Ministry order #384 (of 07.13.1996) “On approving the Regulations on interior bodies’ reception centers for minors” [Electronic resource]. – Available at: <http://zakon.nau.ua/doc/?code=z0434-96>.

		<p>students, improve their general education and cultural level, professional training, develop individual skills and bents, and ensure adequate medical care;</p> <ul style="list-style-type: none"> • ensure social rehabilitation of students, their legal education and social protection in a continuous education environment. <p>In exceptional circumstances children may be held in secondary general education schools of social rehabilitation until they turn 15, and in vocational schools of social rehabilitation – until they reach the age of 19, if this is required for the completion of an academic year or professional training. Students of general education schools of social rehabilitation who have turned 15 but who failed to mend their ways may be transferred to a vocational school of social rehabilitation by order of a court. Students are released from educational institutions of social rehabilitation on an early basis or after their lengths of stay has expired.</p> <p>Children released from general secondary education schools of social rehabilitation are referred by the school principal to their parents (adoptive parents) or guardians (caregivers), and those who do not have parents (adoptive parents) or guardians (caregivers) to appropriate general educational institutions. Children released from vocational schools of social rehabilitation are usually sent by the principal to their area of residence for employment in their future specialty, and in some cases – to other localities provided that there is a written confirmation from an appropriate juvenile service or a state employment service that employment and housing can be provided for the child in this locality.</p>
12	Special correctional institutions of the State Criminal Executive Service of Ukraine	Special correctional institutions of the State Criminal Executive Service of Ukraine refer to institutions where minors aged 14 and over, who have been sentenced to imprisonment, serve
13	Children’s shelters of juvenile services⁴⁵	<p>Children’s shelters temporary accommodate children aged 3-18, who are in crisis, for a period of time required to ensure their further placement, but not more than for 90 days.</p> <p>The main mission of these shelters is to provide social protection for children who are in crisis, who ran away from their families, educational institutions; to create an adequate living and psychological and educational environment in order to enable them to study, work and meaningfully engage in leisure activities.</p> <p>Children staying in shelters study in educational institutions</p>

⁴⁵ Cabinet of Ministers directive #595 (of 06.09.1997) “On the Standard regulations on children’s shelters” [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=565-97-%EF>

		<p>of the general secondary education system or in individual programs.</p> <p>Children return to their families after the parents (adoptive parents), relatives (in consultation with the juvenile service) or guardians (caregivers) have presented a statement of obligation to ensure proper care of them. For the purposes of further rehabilitation children may be referred to centers of social psychological rehabilitation of children and with the permission of an appropriate juvenile service.</p>
14	Social rehabilitation centers (children's villages) ⁴⁶	<p>Social rehabilitation centers (children's villages) are social protection institutions for orphans and children deprived of parental care who are in crisis, homeless children aged 3-18, which provide comprehensive social, psychological, educational, medical, and legal assistance. Children are placed in such centers for periods determined by the juvenile service.</p> <p><i>The center admits children who:</i></p> <ul style="list-style-type: none"> – stray; – are vagrants and beggars, whose parents' location is unknown; – are deprived of parental care or care of persons substituting for their parents; – ran away from their family or educational institution; – have lost touch with their parents during a natural disaster, man-made disaster, or a catastrophe; – were released from prison; – are foundlings or waifs; – are orphans and children deprived of parental care; – cannot stay in the family as their life and health are in danger. <p><i>The Center admits children:</i></p> <ul style="list-style-type: none"> – on the basis of a referral by the juvenile services at the place of residence of such children, interior bodies, on the basis of solicitation from custody and guardianship bodies, education department, department for family, youth and sport, centers of social services for family, children and youth, and health facilities; – who seek care by themselves. In this case circumstances that forced them to seek help from the center are established, and the director decides to refer them to a permanent place of stay or they stay at the center.
15	Youth-friendly clinics	<p>Facilities that provide comprehensive medical, psychological and social care to young people faced with health problems caused by the specificity of adolescent age, on the principles of voluntary involvement, accessibility and friendliness</p>
16	Ukrainian AIDS center of the MOH of	<p>The Center's main mission includes:</p> <ul style="list-style-type: none"> - organizational-methodological activities;

⁴⁶ Cabinet of Ministers directive #1291 (of 12.27.2005) "On approving the Standard regulations on the social rehabilitation center (children's village)". [Electronic resource]. – Available at: <http://www.ditu.gov.ua/minister/10118>

	Ukraine⁴⁷	<ul style="list-style-type: none"> - analysis and information activities; - sanitary and educational activities; - epidemiological monitoring of HIV and AIDS; - organization of specialized medical care for PLHIV and AIDS patients; - expert assessment of diagnostic investigations, adequacy of treatment of PLHIV and AIDS patients; - development of proposals relating to HIV/AIDS prevention in Ukraine; - participation in development of regulatory documents.
17	Trust offices at municipal AIDS centers	<p>Counseling is provided by psychologists.</p> <p>HIV voluntary counseling and testing (VCT) procedure:</p> <ul style="list-style-type: none"> - pre-test counseling (35-40 minutes) - testing (blood draw, obtaining the result) - 3 days - post-test counseling (35-40 minutes) <p>After pre-test counseling the patient is provided with his/her confidential number that is used to undergo a blood test and receive the test result.</p> <p>To obtain an official HIV testing result statement the patient should present a passport.</p> <p>The patient should come to the Trust office in person to receive information about the testing result (this information is not provided by phone).</p>

⁴⁷ Order #225 (of 04.14..2006) "On approving the Regulations on the Ukrainian AIDS center". [Electronic resource]. – Available at: http://moz.gov.ua/ua/portal/dn_20060414_225.html

3. EXPERIENCE OF WORKING WITH MOST AT-RISK CHILDREN AND YOUTH

This section discusses principal approaches to the provision of service to most at-risk children and youth. Social work with most at-risk children and youth is similar in its structure, which is why approaches to working with these target groups coincide.

As part of the UNICEF Project “HIV prevention among most at-risk adolescents in Ukraine”⁴⁸, HIV prevention models were piloted in 5 cities of Ukraine (Donetsk, Dnipropetrovsk, Kyiv, Odesa and Mykolaiv).

Each of the models features innovational approaches to service delivery to most at-risk children and young people. The piloted models were the first innovations to provide prevention services to most at-risk adolescents on a friendly basis with the participation of a maximally required number of partners. The model provided services 1,795 at-risk adolescents.

The success of the models is due to such factors as political support at regional or municipal level, regular advocacy activities which helped form an environment friendly to the Project and most at-risk children and youth and attract additional resources, orientation to children’s and young people’s needs though the creation of a multidisciplinary team, availability of a structure of organizations that provide HIV services, multisectoral coordination, combination of capacities of public institutions that provide services to children and youth and of NGOs, engagement of adolescents to disseminate information about the project and services and to recruit clients of projects.

As the models have a short implementation period (not more than 12 months) this does not allow assessing the number of HIV infections prevented among most at-risk adolescents. However, the services provided to PLHIV, access to medico-social service for at-risk children and youth, building a youth-friendly environment, positive experience of meeting adolescents’ long-term needs will without a doubt help reduce the number of new HIV infections among most at-risk adolescents.

Overall, the HIV prevention models targeted various categories of most at-risk children and youth and has the following operational schemes:

3.1 Model “Street prevention work with most at-risk adolescents (MARA) in the context of HIV/AIDS using the multidisciplinary team technology” (Kyiv)⁴⁹

Target groups include adolescents aged 14-19:

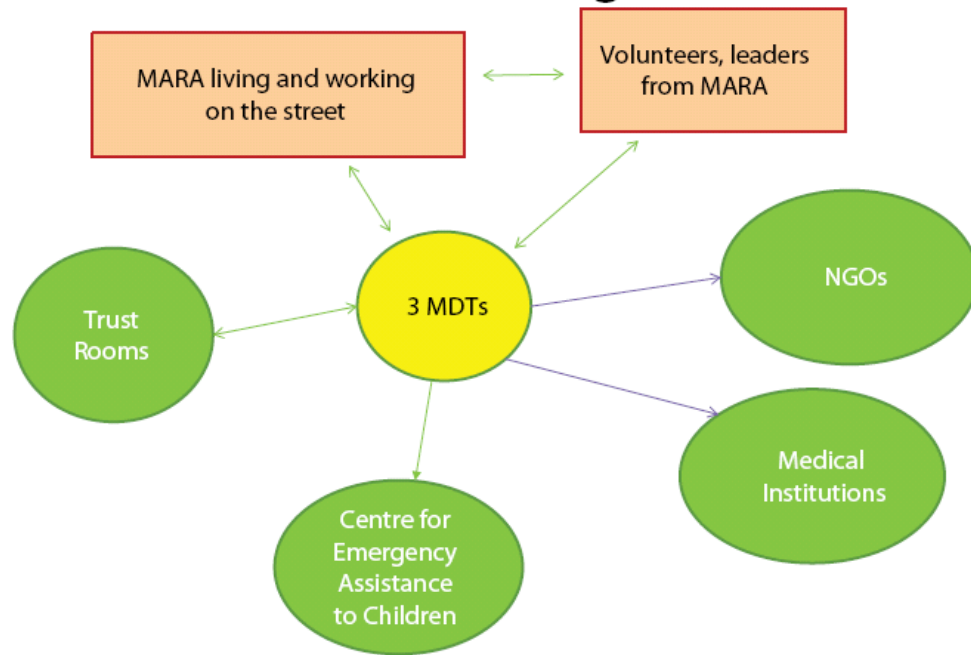
- 1) who live and work on the street;
- 2) who engage in unprotected sex;
- 3) living with HIV/AIDS;
- 4) who are chemically dependent, primarily IDUs, and their sexual partners;
- 5) who are CSWs (both males and females);
- 6) male adolescents who have sex with men;
- 7) from disadvantaged (crisis) families, who spend most of their time on the street.

Main implementer: Kyiv city center of social services for family, children and youth.

⁴⁸ Implemented by the Ukrainian Institute of Social Studies named after O.Yaremenko with the support of the State Social Service for Family, Children and Youth.

⁴⁹ HIV prevention among at risk adolescents: target model implementation experience in Ukraine / UNICEF, Ukrainian Institute of Social Studies named after O.Yaremenko. – K., 2010. – 90 p.

Model design



The multidisciplinary approach employed in the model is effective in Ukraine's context and is one of the best ways of establishing contacts with the target group and recruiting.

Support for HIV positive children is a great achievement of the model because Ukraine does not have procedures in place enabling street children and most at-risk children to access diagnosis and treatment without parents' or guardians' consent (general practice: refusal to provide services without parents or guardians)⁵⁰.

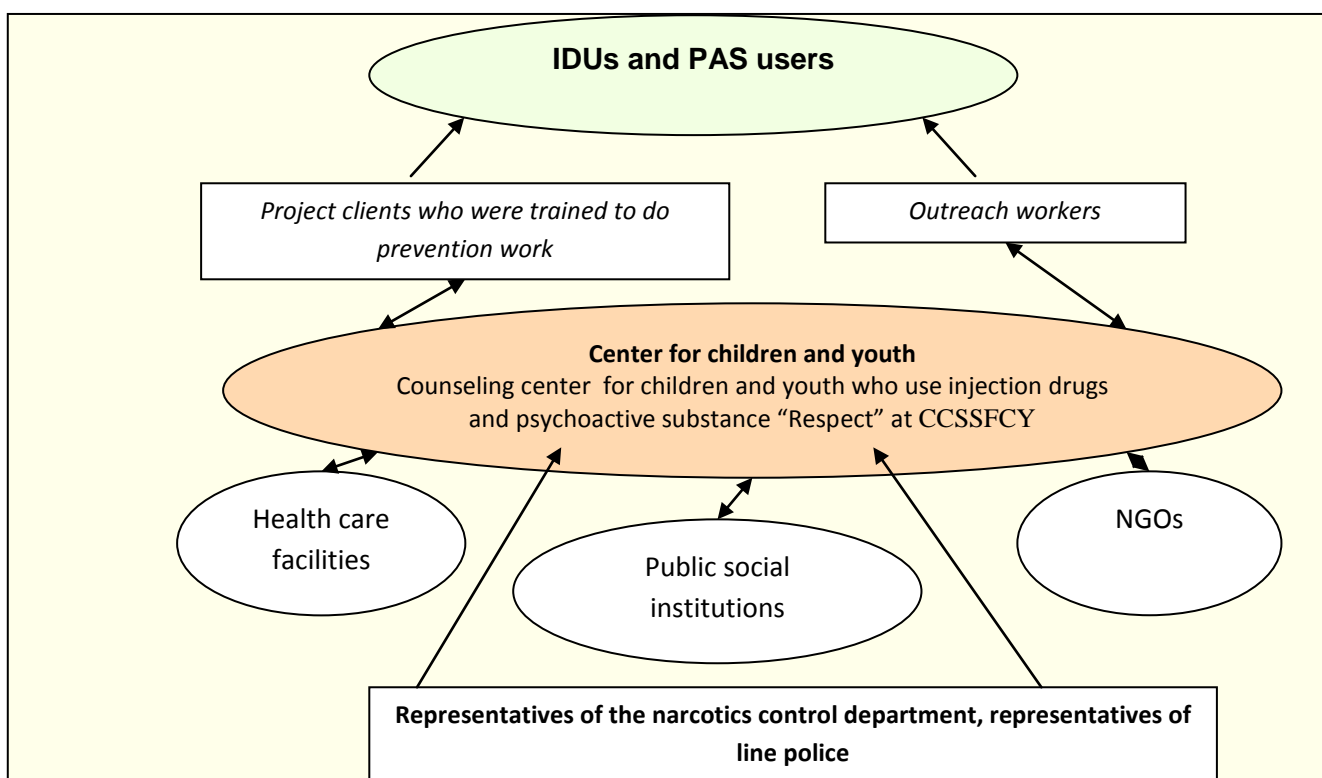
Legislative regulation of support for HIV positive children and adolescents, who need medical services in the absence of parents or guardians, creation of 24-hour centers that meet adolescents' basic necessities (clothing, food, shelter, etc.) will help implement similar models successfully. In addition, the project showed the need to develop a methodology to regulate the practice of referrals and the generalization of this experience to develop referral technology. There must be a single registration system for clients and standardization of the databases of clients of various services in specific residential areas. This will improve the social support and referral system.

⁵⁰ "National strategic action plan to prevent HIV among most at-risk children and young people, provide care and support to children and youth affected by HIV/AIDS", approved by the National TB and HIV/AIDS council on 05.26.2010.

3.2 Model “Introduction of a “friendly” HIV prevention intervention through the formation of informal leaders among adolescents that use injection drugs” (city of Donetsk)⁵¹

Target group: Adolescents aged 14–19, who use injection drugs and non-injection psychoactive substances (PAS) (in the course of implementation of the model it was decided to provide services to adolescents who use psychoactive substances as it was discovered that this category needed services and this category was defined as adolescents who are prone to using injection drugs).

Main implementer: Donetsk city center of social services for family, children and youth (CCSSFCY)



The model proved to be effective and demonstrated that it was possible to provide services to most at-risk adolescents, i.e. those using injection and psychoactive drugs, employing the above approach. The main advantage of this model is that it makes it possible to engage former IDUs as outreach workers, which helps establish contact with the target audience and recruit clients.

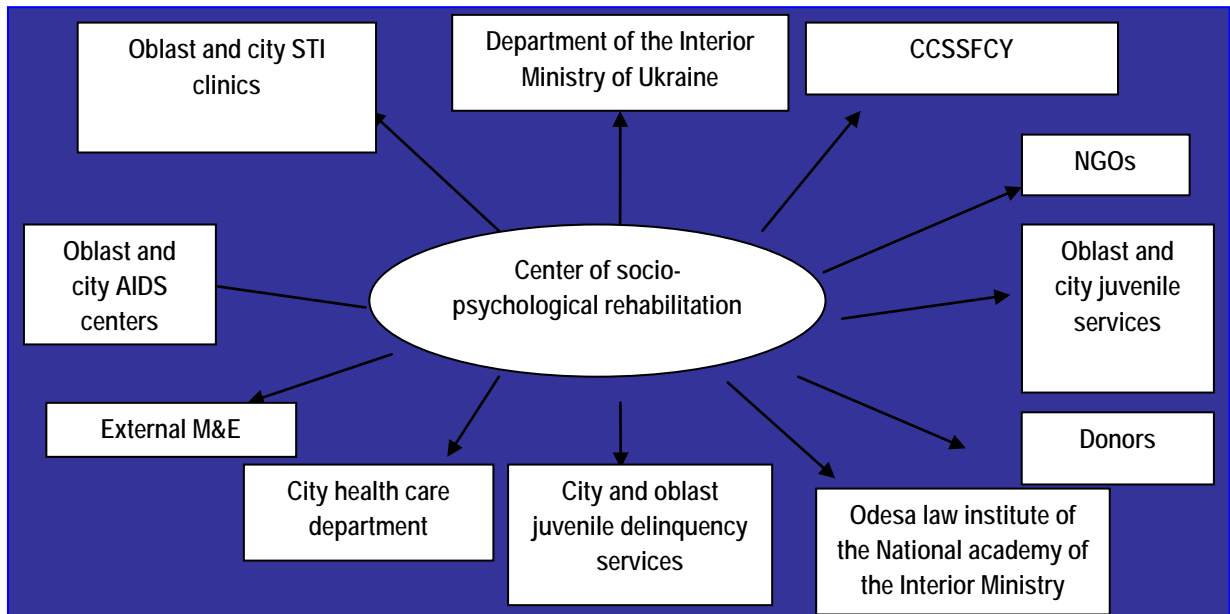
3.3 Model “HIV/STI prevention, support services, development and adaptation of the methodology of rehabilitation of female minors suffered from violence, including sexual abuse, or who were involved in “one-stop-shop” commercial sex (Odesa)⁵²

Target group: female minors who became victims of violence, including sexual abuse, or were involved in providing sexual services.

⁵¹ HIV prevention among at risk adolescents: target model implementation experience in Ukraine / UNICEF, Ukrainian Institute of Social Studies named after O.Yaremenko. – K., 2010. – 90 p.

⁵² Ibid.

Main implementer: Public movement “Faith. Hope. Love”



The proposed approach proved the existence of a high demand among the target group for low-threshold services (shelter for two months, clothing, food, etc.).

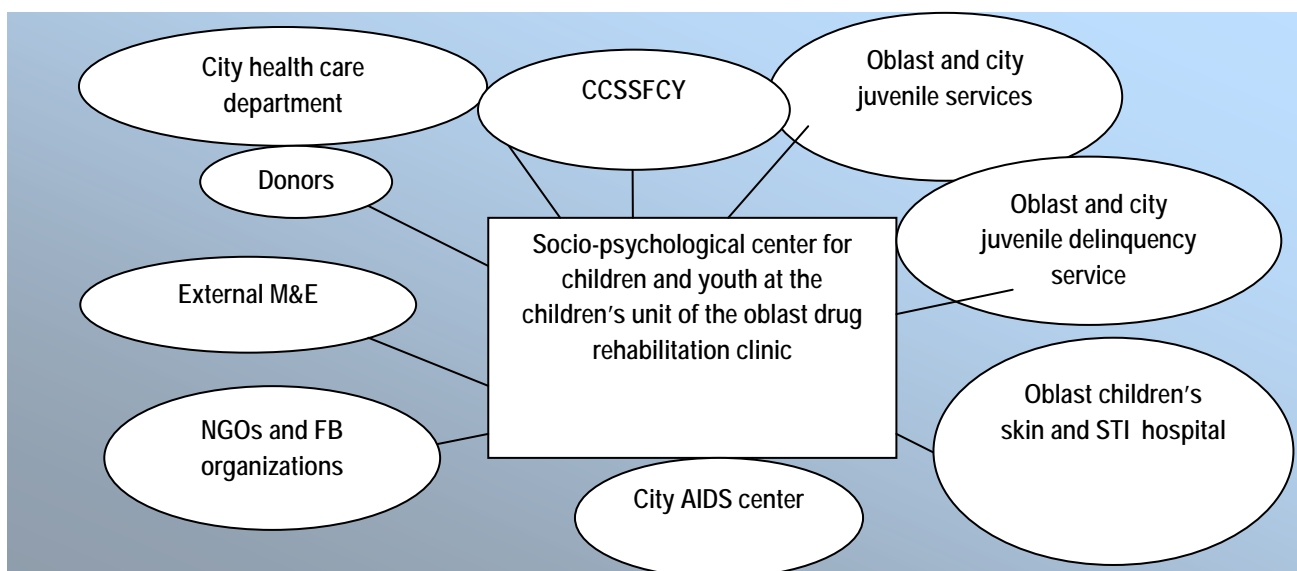
One of the biggest advantages of this approach to service delivery is that adolescents can receive all necessary services in one place: they can get information and medical, social, psychological, domestic and legal services at the center.

It should be noted that this service model for most girls represents an intermediary stage of re-socialization. On the one hand, the short length of stay at the rehabilitation centre is extremely important for the target group. On the other, during the next stage of their lives, after leaving the centre, they need professional social support and assistance in solving a wide range of issues related to independent living.

3.4 Model “HIV/STI prevention and development of social rehabilitation services for adolescent drug users” (Odesa)⁵³

Target group: minor inpatients of the oblast drug rehabilitation clinic.

Main implementer: Charitable foundation “Way Home”



The key achievement of the model is a developed socio-psychological component in rehabilitation of drug dependent adolescents, which will help develop social skills among most at-risk children and young people.

The model indicates the possibility of effective work taking place at the children's department of the drug rehabilitation clinic. There is an acute need for adolescent IDUs to receive rehabilitation services.

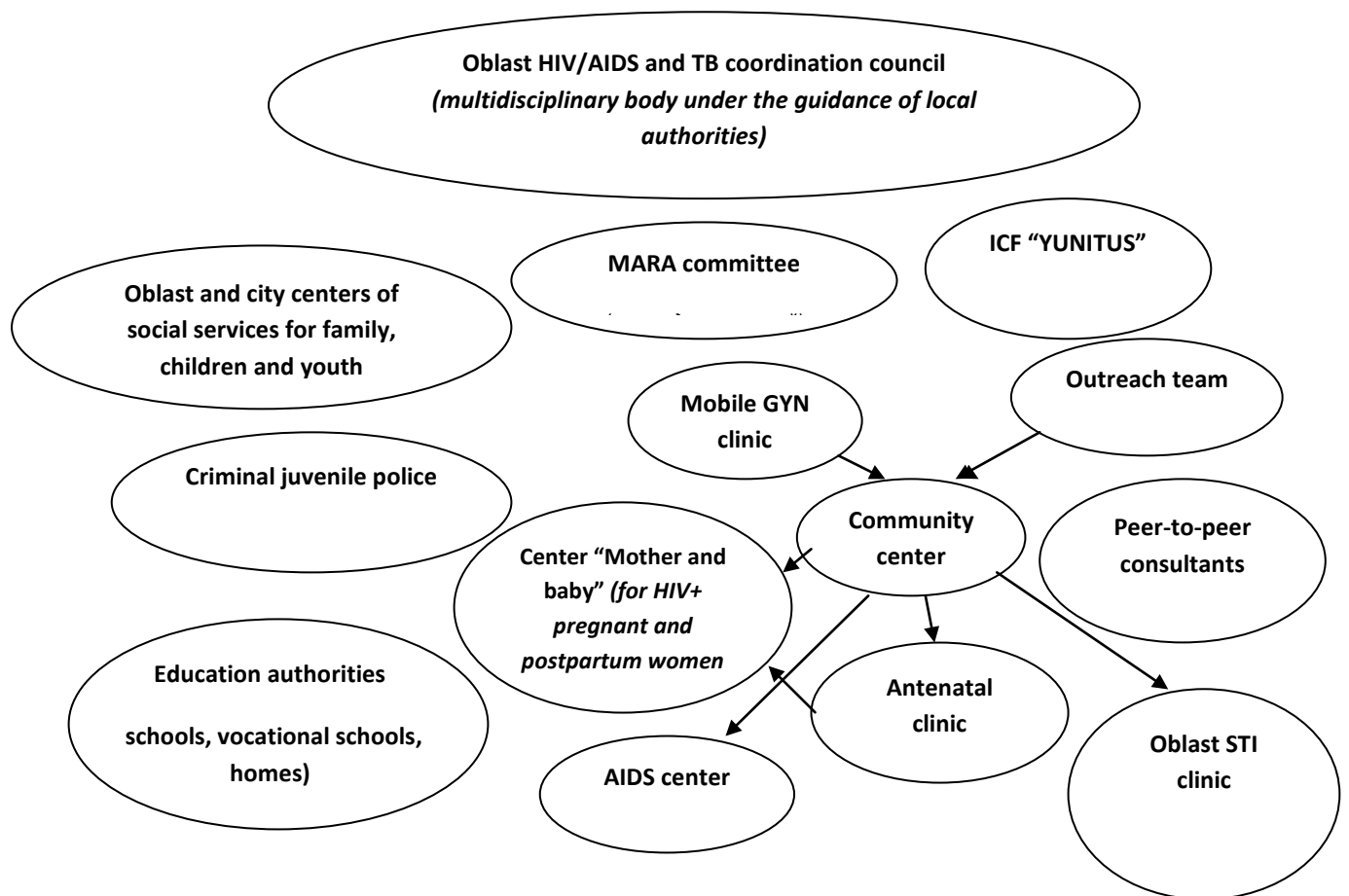
3.5 Model “Ensuring of full access to integrated health services, social services, HIV/AIDS/STI prevention programs for female adolescents involved in commercial sex” (Mykolaiv)⁵⁴

Target group: girls involved in commercial sex.

Main implementer: Mykolaiv charitable foundation “YUNITUS”

⁵³ HIV prevention among at risk adolescents: target model implementation experience in Ukraine / UNICEF, Ukrainian Institute of Social Studies named after O.Yaremenko. – K., 2010. – 90 p.

⁵⁴ Female adolescents involved in commercial sex in Ukraine: assessment of process and results of implementation of a model of interventions: analytical report / UNICEF, Ukrainian Institute of Social Studies named after O.Yaremenko. – K., 2010. – 100 p.



The intervention model exemplifies a good practice given its relevancy, efficiency, sustainability and compliance with ethical principles. High satisfaction rates among project clients, demand exceeding supply, development of a friendly approach and direct access to services, progress in advocacy indicate that the model fits well the local socio-cultural context. The availability of evidence of young CSWs' needs, preparatory work before the start of the project and active advocacy convinced the local authorities and international donors to support the project, which allows preserving HIV prevention services for adolescent CSWs despite the political and financial crisis (thanks to successful use of resources for further work with adolescent CSWs, integration of services most at-risk adolescents in the oblast STI clinic and preservation of key interventions for adolescents).

Information that was recorded for each client involved in model implementation

Basic information about a client seeking a service	Organizations contacted
Day of visit	AIDS center
Month of visit	Center of social services for family, children and youth
Patient's code	Clinical center "Mother and child"
Date of birth	Drop-in center
Age	Mobile gynecological ambulatory
Sex	MARA room
Education	
Target group (CSWs, IDUs, MSM, street children, etc.)	

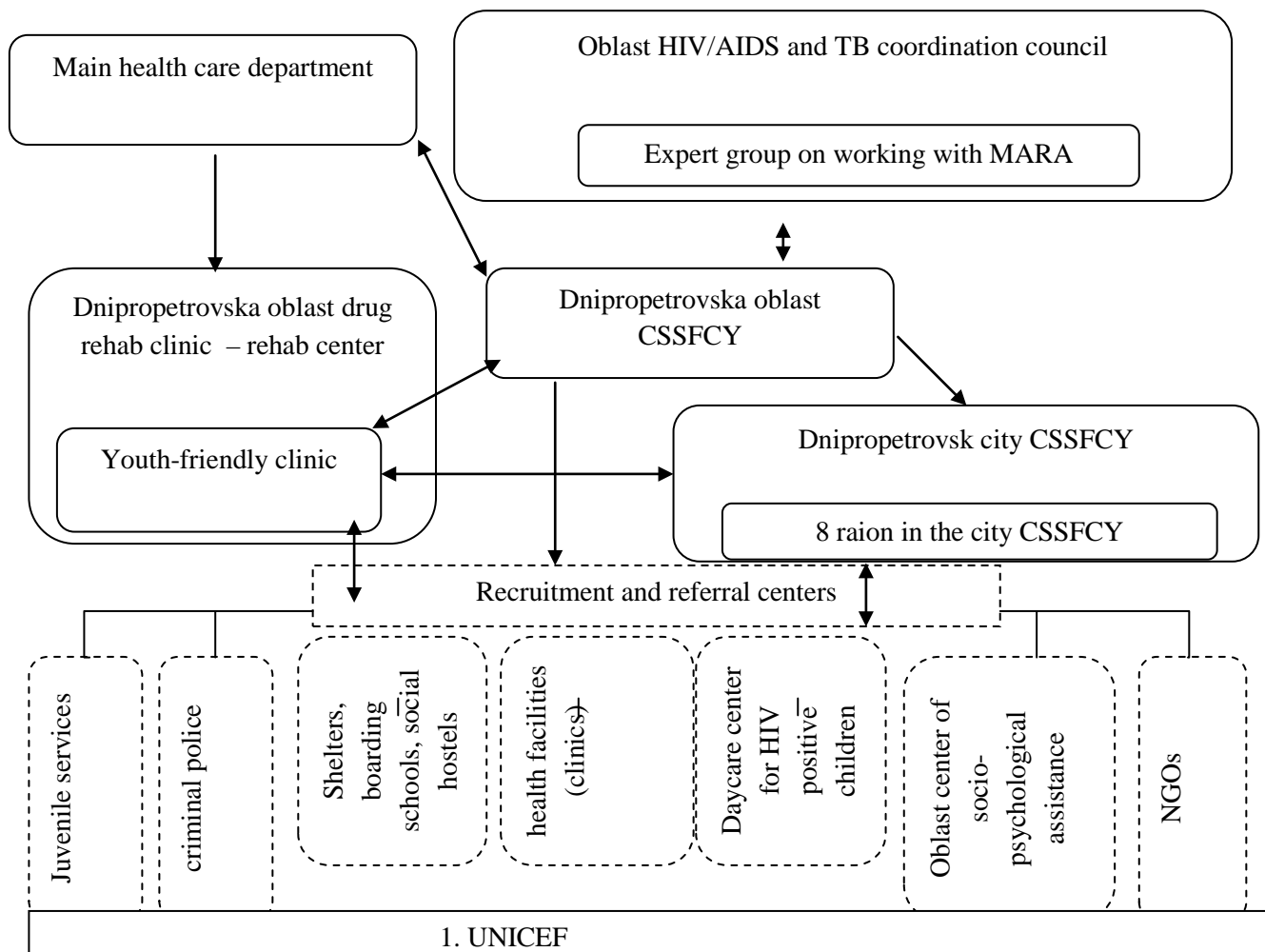
Services provided by the project	Handouts
Psycho-correction group Thematic classes for MARA Self-support group Counseling by an STI specialist HIV rapid testing SYPHILIS rapid testing GONORRHEA rapid testing CHLAMYDIA rapid testing STI treatment Telephone counseling Counseling for social environment Counseling by a specialist in infections Counseling by a psychologist Counseling by a lawyer	Condoms Syringes 2 ml Syringes 5 ml Alcohol wipes

The viability of the model “Ensuring of full access to integrated health services, social services, HIV/AIDS/STI prevention programs for female adolescents involved in commercial sex”, which was piloted in Mykolaiv, is ensured by advocacy achievements in the socio-political context –

- recognition of adolescent CSWs as a target group at local and oblast level;
- inclusion of MARA indicators (specifically adolescent CSWs) in the oblast M&E system;
- spotlighting MARA-related issues in the press;
- engagement of adolescent CSWs in advocacy activities.

3.6 Project “HIV prevention among adolescents and youth who use psychoactive substances (alcohol, narcotics and other psychotropic substances)”

Main implementer: Dnipropetrovsk city center of social services for family, children and youth.



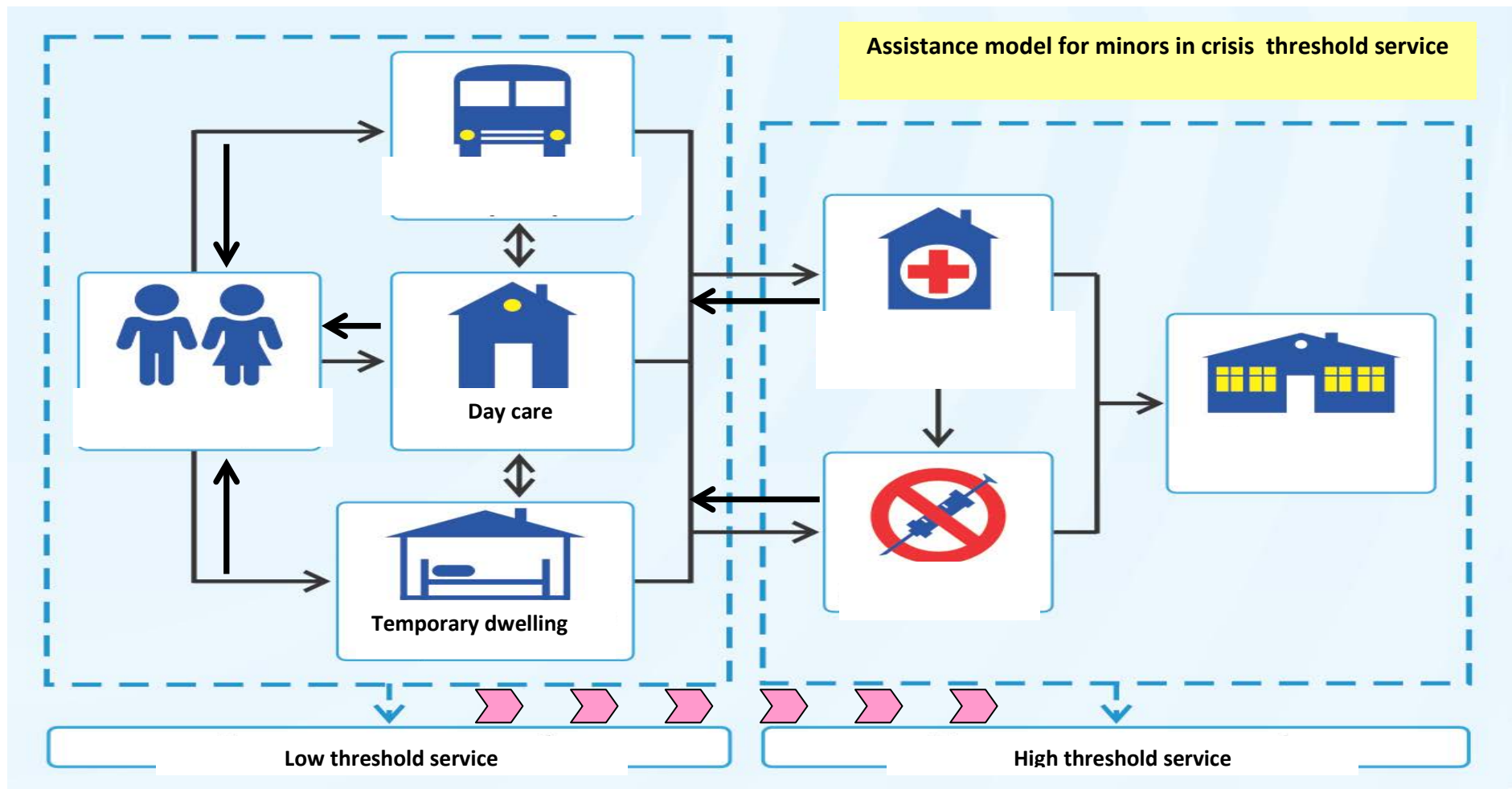
The pilot model proved that systematic formation in oblast/city/raion decision-makers and stakeholders of understanding of the importance of and need for prevention among children and youth and the development of the network of YFCs considerably increases its viability. Regular meetings of coordination councils, dissemination of analytical notes among local stakeholders with concrete data about risky behavior rates among children and youth, as well as the effectiveness of prevention through YFCs made it possible not only to improve multisectoral coordination of work with the target group but also to develop a comprehensive plan of HIV/AIDS prevention among MARA.

3.7 Center of assistance for girls and young women in crisis “Right to health”

Target group: girls and young women in crisis aged 14-24, specifically: girls and women in crisis centers, shelters; orphans and girls deprived of parental care; from children’s homes and other similar institutions; girls living in boarding schools and studying at vocational schools; CSWs, victims of violence.

The Project also works with HIV positive drug dependent girls and women who run the risk of abandoning their children.

Main implementer: HealthRight International at Kyiv city center of social services for family, children and youth



The presented results of the HIV prevention models are of recommendatory nature and need to be adapted for further use according to regional specificity. The number of partners may also be changed depending on needs and goals of the project.

4. ORGANIZATION AND TECHNOLOGY OF WORK WITH MOST AT-RISK CHILDREN AND YOUTH

4.1 Specific aspects of social preventive work with most at-risk populations (experience of the Kyiv city center of social services for family, children and youth)

Social preventive work:

- **with girls providing commercial sex services**

- accessing representatives of this target group, who conceal their actual age by exaggerating and work in the shadow call-girl system, is extremely difficult.
- their employers demand compensation for the time they put in to talk with social work specialists and deliberately conceal information about underage CSWs;
- there is no system of preventive work with girls providing commercial sex services, including a street work system.

One of the possible solutions to these problems is to organize night mobile counseling teams that will provide HIV and STI rapid testing, anonymous groups and clubs for such girls.

- **with boys providing commercial sex services**

- as a rule, these boys come from poor families and do not have a permanent job or are indebted to older representatives: street gang leaders.
- they are reluctant to tell about commercial sex services that they provide in order to be financially independent from their parents, to spend money on strong alcoholic beverages and narcotics, entertainment, clothes.
- pay no heed to safe behavior believing that this is their clients' concern.

- **with boys who have sex with men**

- given the fact that in the main places of gathering of street teenagers and most at-risk youth display predominantly disrespectful intolerant attitudes toward boys who have sex with men, street multidisciplinary teams have not worked specially in hypothetical sites where such teenagers can be found.
- boys, who told about specific aspects of their sexual behavior, were accompanied by specialist to trusty offices and were given qualified counseling about risks associated with unprotected sex.

Preventive work with boys who have sex with men required the use of other approaches to the selection of specialists and recruiters, places and forms of contacting, including the use of peer-to-peer methodology adapted for adolescents. Such potential clients remain the most hard-to-reach category.

- **with adolescents from crisis families who spend most of their time on the street**

Having no where to attend hobby groups and sections, most of such adolescents find themselves in the street environment where risky behavior is rife and where consumption attitude to receiving services is shaped. Street gangs may include not only those who have long lived and worked on the street but also "homebodies"; they have leaders, usually adults.

There's been practically no competition thus far in preventive services for adolescents in the street environment, which is why adolescents would consent to being approached as they were attracted by an opportunity to get condoms (after counseling), especially by the fact that their right to anonymity and confidentiality of information was not only declared but also protected. In all sites the teams worked in a systematic way: adolescents who were first reluctant to become clients and receive HIV testing, however, after the experience of their "brave" peers consented to receive testing.

The following problems exist in prevention work with adolescents who spend most of their time on the street:

- unwillingness to unburden themselves to their parents, most of whom are alcohol dependent, about their specific problems;
- low level of awareness of safe behavior, parenterally or sexually transmitted infections;
- unwillingness to know the truth about their health status, irresponsible attitude to health (they do not value their own health);
- they easily come under the influence of their streetwise peers who dictate the rule of behavior;
- lack of experience of how to seek assistance from institutions and organizations;
- they're biased against service providers (unfriendly approach, no respect for adolescents, notification of parents, disclosure of information at the place of studying);
- attempts to resolve their problems on their own;
- group solidarity, do not provide full information about likes and dislikes, behavioral specificity of the group and inside the group, conceal their experience of using drugs, injection drugs in the first place.
- hierarchy, group leader's leadership.

- **with adolescents who live and work on the street**

- the most cooperative are those adolescents who have been living and working on the street for over 3-5 years. They are inured to living in basements, attics, heat pipelines, and they are better informed of institutions and organizations that provide services.

A range of services for street adolescents is wider and includes the following in addition to the basic information and counseling services, VCT:

- helping with a temporary shelter – the "Center of emergency help for children" (60 street adolescents who became clients of the Center's specialists), centers of social support of the NGOs "Karitas", "Children rescue service", half-way houses of the youth association "100% life";
- humanitarian aid (clothes, footwear, various types of mush (kasha));
- assistance with re-issuance of documents;
- assistance in securing employment;
- assistance with examination at city children's hospital 1 (32 Bohatyrka St.);
- engagement in social work activities as recruits and participants. Most of such street adolescents are reluctant to return to their biological families, native regions and dream of lucrative work, leadership on the street. It is these target group to whom family counseling is provided (that is street unregistered families), including discordant couples. Preventive work is absolutely necessary among young people who live and work on the street and hold sway over minors.

- **with adolescents who engage unprotected sex**

- The results of an anonymous survey and social workers and street consultants' direct contact with adolescents proved that minors make light of prevention classes at their place of studying, are overconfident about their knowledge of HIV and STIs, and are averse to hearing "the same thing for the umpteenth time".
- Most adolescents do not think of possible consequences of unprotected sex (it doesn't matter to me). The gender approach is critical to preventive work, which also allows for age peculiarities of adolescents. Risks in their behavior are associated with a lack of access (charged services) to timely STI diagnosis and treatment, which increases the risk of HIV infection.

- **social work with adolescents living with HIV/IDS**

As part of the social project, an algorithm for working with HIV positive adolescents was piloted; the algorithm involves:

- detection of HIV positive adolescents and provision of counseling, testing, and referral for a second HIV test to the Kyiv city AIDS center to verify the result;
- provision of information and counseling to parents (guardians) of minors about the result of test 2 and the need for special medical registration of minors;
- assistance on the part of the MDT with re-issuance or execution of documents required for registration with the Kyiv AIDS center;
- facilitation of necessary diagnostics for adolescents in interaction with the raion specialist in infections at the place of residence and the municipal AIDS center;
- escorting an HIV positive adolescent to specialized health care facilities for necessary diagnosis;
- motivating an adolescent, his/her family to seek a package of special services provided by specialists of municipal institutions for HIV positive children and young people;
- escorting HIV positive adolescents to communal institutions, and other HIV servicing organizations of the city;
- social inspection of living conditions of an HIV positive adolescent (a Kyiv resident), qualification of his/her situation as a crisis, provision of support to the family as a family in crisis by the raion center of social services for family, children and youth in accordance with existing regulatory documents;
- joint planning of individual work with an HIV positive adolescent and his/her family by MDT specialists of the project and MDT of one of the communal institutions;
- joint correction, interim assessment of the results of support for the HIV positive adolescent, implementation status of methodological recommendations;
- possible engagement of an HIV positive adolescent in self-support groups for PLHIV, leisure activities and a club for PLHIV.

Requirements to **service providers** that should be followed to ensure effective prevention:

- Have knowledge of legislation on children's rights and medico-social services;
- Respect the individuality of a most at-risk child or young person, display friendly, tolerant and fair attitude toward the client;
- Ensure and respect children and young people's rights and allow them to express their opinions freely;

- Ensure confidentiality , however, if necessary it can be waived if urgent assistance or protection is required, or if something endangers the client’s life and health;
- Children and young people who need protection should be referred to appropriate services/institutions.
- Allow for “**improper situations**”, that is not to provide education or information to most at-risk children and young people who are in a state of alcohol or narcotic intoxication; are physically or mentally sick, aggressive, or are at an exacerbated stage of a chronic diseases.

The service provider’s appearance should be acceptable to the category of respondents that he/she is counseling⁵⁵. The respondent’s perception of the service provider is critical to the respondent’s openness and attitude toward the provider. In any case the provider should be dressed neutrally: neatly and plainly even if in everyday life he/she dresses richly or stylishly. The provider’s clothes should absolutely exclude accessories that show individual tastes or affiliation with certain groups (political parties, fan clubs, religious organizations, trading networks).

When providing services on the street a service provider

- should not have any expensive articles, a large sum of money etc on him/her;
- His/her cell phone should have a button set to an emergency call, which can put the provider through to a person who knows his/her whereabouts and can come to aid in case of danger.

To implement the above activities all stakeholders involved in working with most at-risk children and youth should be coordinated. An example of such activity is presented in Module 1.

Module 1

Regulations on the Kyiv city advisory council on HIV prevention among most at-risk children and adolescents

1. General provisions

- 1.1. The Kyiv city advisory council on HIV prevention among most at-risk children and adolescents (hereafter – the Council) is created by governmental institution and NGOs in consultation with the Kyiv city HIV/AIDS coordination council.
- 1.2. The Council is a working group of the Kyiv city HIV/AIDS coordination council, which coordinates the activity of executive authorities, enterprises, institutions, relevant international, nongovernmental and faith-based organizations that work in the city to prevent HIV in most at-risk children and adolescents in order to formulate and efficiently implement a single policy, to improve monitoring and evaluation in the area of HIV prevention.
- 1.3. In its activity the Council is governed by the Constitution and laws of Ukraine, acts of the Verkhovna Rada of Ukraine, President of Ukraine, Cabinet of Ministers of Ukraine, resolutions passed by the Kyiv city council, Kyiv city HIV/AIDS coordination council, directives of the Kyiv city state administration.

⁵⁵ How to conduct a sociological survey: methodological guidance / Compilation under the general editorship of O.M. Balakireva and O.O. Yaremenko. – K.: State Institute of Family and Youth Problems, 2004. – 264 p.

- 1.4. The Council membership is composed of institutions and organizations that volunteered to sign letters confirming their participation in Council activities.
- 1.5. The Council membership and changes in it are approved by the Kyiv city HIV/AIDS coordination council.
- 1.6. The Council is chaired by its head, a representative of the Kyiv city center of social services for family, children and youth – a state institution responsible for organizing and carrying out preventive activities among most at-risk children and adolescents.
- 1.7. The Council head may have one deputy who is a representative of an NGO.

2. The Council's key objectives include the following:

- 2.1 Coordination of activities and facilitation of cooperation among executive authorities, enterprises, institutions, international, nongovernmental, community and faith-based organizations in the area of HIV prevention among most at-risk children and adolescents.
- 2.2 Facilitation of the establishment of a network of accessible HIV prevention services for most at-risk children and adolescents.
- 2.3 Support for research on the risk of HIV infection among most at-risk children and adolescents.
- 2.4 Informing the Kyiv city coordination council and the public of implementation status of HIV prevention activities among most at-risk children and adolescents.
- 2.5 Support for organization and conduct of activities to train specialists to prevent HIV among most at-risk children and adolescents.
- 2.6 Creation of a system of monitoring and evaluation of HIV prevention activities among most at-risk children and adolescents.
- 2.7 Develop proposals concerning improvements in HIV prevention work among most at-risk children and adolescents in Kyiv.

3. The Council may:

- 3.1 receive information necessary for the Council's operation from executive authorities, enterprises, institutions irrespective of their form of ownership, appropriate international, nongovernmental and faith-based organizations under a legislatively established procedure.
- 3.2 Hear reports by executive authorities, enterprises, institutions, as well as international, nongovernmental and faith-based organizations involved in HIV prevention among most at-risk children and adolescents.
- 3.3 Call meetings, conferences, workshops with the participation of representatives of executive authorities, enterprises, institutions, appropriate international, nongovernmental and faith-based organizations on issues related to HIV prevention among most at-risk children and adolescents.
- 3.4. Invite persons who are not Council members to Council meetings, if necessary.
- 3.5. Duly submit proposals concerning improvements in HIV prevention activities in Kyiv.

4. The Council must:

- 4.1 ensure the conduct of a comprehensive analysis of how executive authorities, enterprises, institutions, organizations (regardless of form of ownership) comply with regulatory documents related to children's right protection.

- 4.2 Ensure the development of HIV prevention activities among most at-risk children and adolescents in Kyiv and oversee the implementation process.
- 4.3 Inform the Kyiv city coordination council of its activities by submitting an annual report and a work plan for the following year.
- 4.4 Ensure media coverage of the results of HIV prevention plan implementation among most at-risk children and adolescents in the city of Kyiv.

5. Organization of the Council's activity

- 5.1 The Council's organizational form is meetings.
- 5.2 Meetings are held according to the work plan, which is approved by the Kyiv city HIV/AIDS coordination council, at least 6 times per year. Ad hoc meetings are called when necessary.
- 5.3 The Council's meetings are chaired by the Council head or on instructions from the deputy head.
- 5.4 A Council meeting is qualified as valid if at least two-thirds of its members are in attendance. Council members are required to take a personal part in meetings.
- 5.5 The Council's rules of procedure are approved at its meeting.
- 5.6 Resolutions are passed by two-thirds of the votes of those in attendance.
- 5.7 Council resolutions are minuted in accordance with the Council's rules of procedure and the minutes are signed by the Council head (or in his/her absence the deputy head) .
- 5.8 Any Council member may proposed changes to the agenda and such changes are voted by a show of hands at the beginning of a meeting.
- 5.9 The Council oversees the implementation of its own resolutions and examines their implementation status at its meetings.
- 5.10. The Council informs the public of its activities, resolutions and their implementation status.

4.2 Principles of social service delivery to most at-risk children and youth

The results of the studies conducted with the support of UNICEF in Ukraine within the framework of the project "HIV prevention among at-risk adolescents in Ukraine and South-East Europe"⁵⁶ in 2007–2009 attest to the fact that when providing services to children and youth at risk of HIV it is necessary to:

- First, ensure multisectoral cooperation and coordination among all organizations and institutions involved in service delivery as they are capable of creating a supportive environment and provide needed support.
- Second, engage representatives of target groups to develop, plan and implement programs, which is critical to ensuring the adequacy of the approach, work methods and activities employed. The findings of the above-mentioned study among most at-risk adolescents and minors have "double sensitivity": on the one hand, in terms of their risky behavior and vulnerability, and on the other hand, due to their age and need for compliance with child safety principles.

⁵⁶ Most at-risk adolescents: evidence base for strengthening the HIV response in Ukraine: analytical report / UNICEF, Ukrainian Institute of Social Studies named after O.Yaremenko. – K. : K.I.S., 2008. – p. 83 — Available at: http://www.unicef.org/ukraine/ukr/MARA_Report_ukr_druk.pdf.

- Third, allow for barriers to accessing HIV prevention services (see page 4), especially issues related to informed consent to receive services and prevention of stigmatization and discrimination against the target group.

Given the specificity of work with these target groups Ukraine's legislation⁵⁷ recommends adhering to the following principles:

- targeting and individual approach;
- accessibility and openness;
- voluntary choice or refusal to receive social services;
- humanity;
- comprehensiveness;
- maximum effectiveness in the utilization of budgetary and extrabudgetary funds by social service entities
- social equity;
- ensuring confidentiality by social service entities, adherence to standards of quality, responsibility for meeting ethical and legal standards.

Given the specificity of the target groups and based on the results of the studies it is recommended that the following principles be adhered to:

- active involvement of adolescents in planning, provision and monitoring of service quality;
- charity and friendly approach;
- multidisciplinary, interdepartmental approach.

Different international sources note the following key **principles** of work with vulnerable and most at-risk children and youth⁵⁸:

1. Tolerance and sensitivity to diversity in age, gender, social group, risky behavior and social status.
2. Non-discrimination.
3. Equal access to free services and prevention products and means.
4. Consideration of needs and principles of active participation of service recipients.
5. Cooperation among services and institutions to ensure the continuity of care and appropriate referrals to specialists (support during the transfer process).
6. Services intended to reduce risk and harm factors, especially in cases of overlapping risk behavior and increased risk.
7. Effective coverage with services and motivation to receive assistance.
8. Preparations for service delivery, based on a friendly approach, support for adolescent health and development.
9. Guarantee of quality (including privacy and confidentiality) – requirements to work in accordance with national norms and standards, availability, feedback from the client and building of efficient service provision models.
10. Sustainability of services.

⁵⁷ Law of Ukraine "On social services", as amended according to Laws #1891-IV (1891-15) of 06.24.2004, VR Bulletin, 2004, #50, Art. 537 #1276-VI (1276-17) of 04.16.2009, VR Bulletin, 2009, #38, Art. 535 #1759-VI (1759-17) of 12.15.2009, VR Bulletin, 2010, #9, Art. 76 [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=966-15>.

⁵⁸ Quoted (with slight changes) from: Homans, H. (2007) Manual on Programming to prevent HIV in most at-risk adolescents, Draft November 2007, UNICEF Regional Office for Central Eastern Europe and Commonwealth of Independent States, Geneva, unpublished.

4.3 Logically coherent steps in social service provision to target groups

At present, social work with most at-risk children and youth is being developed and structured despite already existing experiences of governmental and nongovernmental entities. Certain forms and methods of work with the target group have been piloted and adopted, as well as some types of social services, some peculiarities that should be considered when a social worker deals with a target group representative. However, as yet there is no clear-cut social service delivery algorithm that would describe steps and their sequence, which necessitated the development of this algorithm and identification of these steps. Of course, the below steps and their contents are rather brief and they can be both supplemented and enlarged over time. We tried to identify key priorities that should be considered when working with most at-risk children and young people. Also, it should be pointed out that in this work we should be governed by the entire regulatory framework that regulates how CSSFCY provide social services and social support, etc, because all components of these standards are acceptable in working with children and youth since the standards are targeted exactly at children and youth.

Therefore, when working with most at-risk and HIV vulnerable children and youth it is recommended to follow the steps described in Figure 1 and explained in the sequence of steps. However, it should be taken into account that in each specific case the service provider is responsible for choosing the sequence of these steps.

Step 1. Detection of most at-risk children and youth

Most at-risk children and youth are most often detected *in the street environment during outreach work or prevention raids*.

Such children and youth may also be detected depending on the whereabouts of target group representatives:

- directly in service delivery sites (institutions that provide social services to children and youth, shelters for children, health care facilities, etc.);
- through the provision of information to other social, medical (youth-friendly clinic, etc.) institutions, educational and out-of-school establishments, including dissemination of information materials adapted for most at-risk children and youth.
- at home (e.g. during social inspection (or even simple visits to) a family or person in crisis).
- through group discussions (focus groups) with representatives of the target groups.

Speaking of detection of this target group on the street, such children and young people can be found at intersections with intensive traffic, in old derelict buildings, at entrances, in basements or attics of ordinary (not exclusive) houses, in open manholes of heat pipelines, in underground passages or subway stations. Sometimes such children gather in marketplaces, at fairs, near tents or kiosks – where they can earn or steal something; they usually panhandle near restaurants, night clubs or adjacent parking spaces.

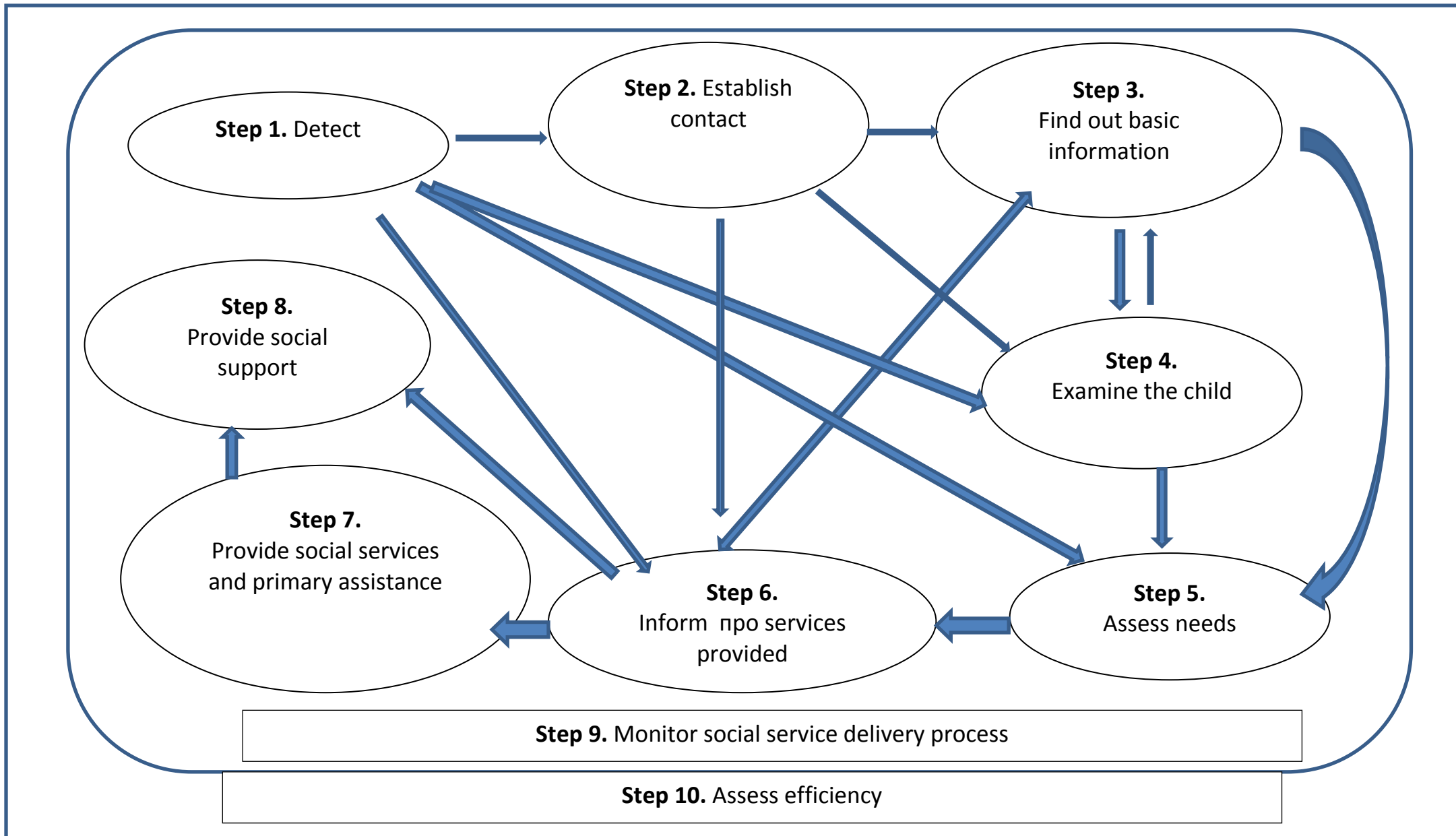


Fig. 1. Logically coherent steps in social service provision to target groups

Outreach work is direct visits by social workers, educators, psychologists and not indifferent people to places where such children stay with the aim of finding them and providing adequate assistance to them in solving certain problems associated with their family relationships, relationships with the environment, education, development, health, etc. Street work is primarily aimed at establishing communication with children and youth who spend (live) most of their time on the street; eliciting their trust in adults and, through daily contact, informing their vision of life, helping them find legitimate means of livelihood and showing them how to find protection in state social services, juvenile services, etc.

Street work should be carried out in pairs or as part of a special multidisciplinary team (MDT) or an outreach team.

Key criteria for selecting specialists to work as street consultants include:

- appropriate level of education and practical experience of prevention work in the area of HIV/AIDS and most at-risk children and youth;
- VCT special knowledge and skills;
- commitment to ethical principles of work with a target group;
- practical skills and willingness to work using the MDT technology.

Therefore, an MDT or outreach team may include:

• **outreach team worker**

- maps places of gathering of most at-risk children and youth, develops schedules and itineraries of the street outreach team;
- ensures that contact is established with leaders, members of street gangs of most at-risk children and young people in order to engage them in volunteer work;
- conducts focus groups involving most at-risk children and youth to determine place for street prevention work, and to adjust plans of visits;
- provides information services to most at-risk children and youth, and their social environment about their rights and the possibility of receiving a package of services, and enables them to access counseling and support;
- keeps a record of the services provided to the target group;
- disseminates thematic information materials among most at-risk children and youth, their social environment, at their request;
- if necessary, accompanies a target group member to an appropriate specialist or service;
- ensures that order is maintained (cleanliness of the territory, absence of illegal actions) when a street prevention activity is carried out; that ethical principles of work with the target group are followed.

• **counseling psychologist:**

- ensures that ethical principles of work with most at-risk children and youth are adhered to;
- takes part in training, planning, performance analysis of the MDT or outreach team, discussion of problems faced by the target group;
- provides counseling to workers, volunteers involved in outreach work on issues of communicative, psychological factors in work with most at-risk children and youth and their social environment;
- prepares informational and advisory materials for most at-risk children and youth;
- conducts primary evaluation and counseling for a most at-risk child or youth, encourages them to seek trust office services to receive HIV testing;

- helps a most at-risk child or youth to undergo the VCT procedure in a health care facility on a preferential basis (on a priority basis);
- provides individual, family (if the child or youth wishes so) counseling concerning specialized medical surveillance, adaptation to life with HIV, improvement of psychological relations within the family;
- provides socio-psychological support for HIV positive children and youth.
 - **social worker**
- interviews most at-risk children and youth in a street environment. It is recommended to use the recipient card (see Annex 1); this card can be completed in part and it can be adapted to a specific target group;
- provides information to target group representatives and their social environment on HIV/AIDS, and the possibility of receiving services in other institutions and organizations;
- facilitates children and young people's participation in volunteer activities, focus groups, other information and prevention, socio-culturological, sports and health promotion activities;
- keeps a record of activities with most at-risk children and youth, and services provided;
- escorts most at-risk children and youth to trust offices, medical, social institutions, organizations, whose specialists provide services to the target group;
- escorts children and youth as well as their social environment to group, collective events;
- develops an individual plan of social support for target group representatives and agrees it with the outreach team members;
- acts as an intermediary between the child/young person (family) and public institutions and NGOs in resolving urgent problems;
- ensures that order is maintained (cleanliness of the premises, absence of illegal acts) at the site of a street prevention intervention, as well as ethics of working with the target group.

Social workers can provide information and socio-educational, socioeconomic services to most at-risk children and youth. It is desirable that service providers be prepared to work with chemically dependent children and youth in the capacity of consultants as well.

Step 2. Establishing contact. Motivation to seek services

First contact with most at-risk children and youth can be challenging, unexpected, shocking, and such children and young people may seem coarse, maladjusted (in a state of alcoholic or narcotic intoxication), and their acts may seem threatening. On first acquaintance with the outreach team target group members are most likely to be distrustful.

Thus, the social worker should introduce him/herself and warn the child or young person outright that he/she is not a representative of law enforcement agencies but of a social service, and should tell about his/her work. At the beginning of the talk it is necessary get a child or a young person interested; issues that may be disconcerting should be avoided: particularly, it is not recommended to criticize their behavior or lifestyle. It is advisable to discuss diverse topics that are interesting to a target group representative. Thus, relationship becomes freer and relaxed, which makes it possible to get a child or a young person interested in the service provider.

How to behave towards a most at-risk child/you person during the first contact:

- avoid patronizing tone;

- dedicate time and attention only to the client;
- show respect for the client;
- talk to a child or young person as an equal;
- rationalize your opinion and allow a target group member to share or gainsay it ;
- demonstrate that a child/youth is interesting as a person and an interlocutor;
- the service provider has a right to be incompetent in some sphere of life and should recognize the same right of the client;
- talk only about what the client is ready to discuss without prying into his/her private life, and grant him/her the right to remain silent;
- be prepared to hear shocking particulars of a child/youth's life and back him/her;
- delegate responsibility to a target group representative for his/her behavior and decisions;
- ensure confidentiality of a private conversation;
- show tolerance for the client's habits, lifestyle and ideals

First contact is normally brief; 10-15 minutes are enough. A target group representative may be requested to help search for other children and young people who need assistance.

At the end of the meeting the child/young should be warned that henceforth you will meet rather often (you may even tell a tentative day and time).

The specialist's primary objective is to earn the trust of a child or a young person. In the course of a conversation the social worker accepts all the information provided by child on faith, and verifies it later. After the child has placed trust in the specialist, he/she will confide his/her secrets, most of which usually constitute true information.

During further meetings don't rush into questions because children or young people should get accustomed to you to be candid. Sometimes an inopportune question may nullify all your efforts to collect necessary information.

Practical tips for the specialist:

- don't be late;
- dress appropriately (it is desirable that the clothes that multidisciplinary/outreach team wear be distinctive: T-shirts or jackets, ties, badges, etc.);
- do not bring and do not reveal expensive things (cellular phones, knick-knackery, watches, etc).

Speech and behavior of the specialist:

- do not give money or things/presents to target group representatives;
- deliver on your promises, be consistent in your actions;
- stop children and young people from deceiving;
- check the information about your colleagues provided by target group representatives.

Safety of the specialist:

- do not give your home address or personal phone numbers to target group children or young people;
- keep your personal belongings, pockets and bags closed;
- beware of being followed by target group representatives.

Support for MDT/outreach team members:

- support and respect one another;
- organize regular team meetings (to support the team, relive stress and prevent professional burn-out).

If a target group representative is registered in another city or oblast, the service provider should notify the juvenile service of this at the place where the child was detected.

If the child or young person is in need of urgent medical care or has obvious health problems, it is necessary to call an ambulance, and inform the juvenile service in accordance with Cabinet of Ministers' directive #866⁵⁹ (of September 24, 2008) "Issues relating to the activity of bodies of custody and guardianship, associated with children's rights protection". If a child or a young person is in a state of alcoholic or narcotic intoxication, it is necessary to find out what assistance he/she needs. Also, it is necessary to ask whether he/she has parents and whether they should be informed about the child/young person's condition. If the child or young person is an IDU, ask "Does anyone in your family know about it? Will you agree to us talking to someone of your social environment (parents, siblings)?"

If the child stays with a family and not in a social institution, the service provider must conduct a social inspection at the child's place of residence⁶⁰, with the participation of the juvenile service, which in turn (if necessary) will engage the criminal juvenile police, district inspector, health care workers, representatives of general education institutions where the child studies, etc.

Step 3. Acquiring basic information about the child

During an informal meeting the specialist should ask the most at-risk child or young person about his/her family and reasons for his/her living on the street or being neglected. Such children or young people may include those who:

- have no contact with their families and live in temporary dwellings;
- maintain contact with their families but spend most of their time on the street;
- live in temporary shelters or similar settings;
- are formally placed in children's shelters but under certain circumstances have run away and now live on the street⁶¹.

"In accordance with Ukraine's legislation homeless children are classified as children deprived of parental care. Such children are entitled to all benefits, however, there are no clear-cut mechanisms in place for providing these benefits to them. Such children often fall victims to domestic violence. At present, one can state that domestic violence is considered to be one of the main causes that makes children and adolescents run away from home and exhibit in risky behavior..."⁶².

Apart from family violence the following causes of child neglect and homelessness have been officially recognized:

1. parents' inability to maintain their children;
2. psychological crisis in parents and children relationship;

⁵⁹ Cabinet of Ministers directive #866 (of September 24, 2008) "Issues relating to the activity of bodies of custody and guardianship, associated with children's rights protection". [Electronic resource]. – Available at: http://search.ligazakon.ua/l_doc2.nsf/link1/ed_2010_01_06/KP080866.html.

⁶⁰ Order #1278 (of 03.31.2008) of the Ministry of Family, Youth and Sports "On approving the Procedure for social inspection of families and persons in crisis by centers of social services for family, children and youth". [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=z0486-08>.

⁶¹ "Challenge and response: HIV/AIDS and human rights in Ukraine", UNDP in Ukraine, 2008. – p. 70.

⁶² Analysis of the regulatory framework on the rights of children and young people who live and work on the street, prevention of homelessness and neglect in Ukraine / Tetiana Bordunis. – K. : USAID| HIV/AIDS Service Capacity Project in Ukraine, 2011. – p. 17.

3. parents' unwillingness to fulfill their functions;
4. custody of children by financially unviable relatives (grandparents);
5. exploitation of child labor by parents, which discourages a child from pursuing his/her education;
6. inability of the state residential child-care system to socialize fosterlings according to their needs and societal development.⁶³

If the child is detected on the street or in an education institution, a service provider should gather all information about the child (it is recommended to use reporting forms approved by the State social service for family, children and youth). It is necessary to establish the following:

- (1) year of birth or age;
- (2) existence of parents (caregivers, guardians) or other relatives and their location;
- (3) place of residence (country, population center, address, contact phone);
- (4) place of study and educational level (including development of abilities);
- (5) family (a spouse (most likely a common law marriage) and children);
- (6) documents that identify a person (birth certificate, passport).

As a rule, information about the child or young person is confidential and may be provided only to law enforcement agencies based on a written request, in order to ascertain whether the child is missing, get in touch with his/her parents or other relatives and help the child return to normal life. Such requirements are contained in Articles 11 and 21 of the Law of Ukraine "On information"⁶⁴.

Step 4. Examination of the child

The service provider may examine the child visually for apparent physical or psychological disorders. The specialist may intervene despite the child or young person's consent only if his/her life and health are in danger. If such a situation has arisen, the provider should encourage the child/young person to seek appropriate medical care at health care or social institutions for children and youth, including escorting the child/youth to receive necessary professional assistance.

Possible signs that should arouse the specialist's concern include:

- lacerated wounds, fractures and bruises, visible retinal hemorrhages;
- scars from human bites;
- unusual burns;
- pregnancy;
- dizziness;
- unusual skin and face rash;
- clothes not according to season;
- unkempt appearance;
- unhealthy teeth.

⁶³ Comprehensive assistance to homeless and neglected children. – Ministry of Family, Youth and Sports, Youth organization "Right to Health", 2010.

⁶⁴ Law of Ukraine "On information". 1992, #48, Art. 650. – [Electronic resource]. – Available at: <http://zakon2.rada.gov.ua/laws/show/2657-12>.

If the child/young person's physical condition cannot be established visually, a minimum interrogation is necessary: *How are you feeling? Have you ever sought medical care? How long has it been since you visited a medical institution?*

As for examination of the child for signs of abuse and ascertaining the circumstances and causes, methodological materials for social worker may come in handy: "Detection, prevention and examination of cases of child abuse and cruel treatment", published by the UNICEF representative office in 2010, and containing clear and concrete advice⁶⁵.

It is desirable to identify whether the child/young person is at the highest risk of HIV, and whether he/she engages in unsafe practices. A number of studies conducted in Ukraine show that children and youth who live and work on the street display the following characteristics:

(1) low level of awareness and knowledge of HIV/AIDS, which is particularly due to opinion prevailing among adolescents that they are invulnerable to HIV/AIDS or any other disease;

(2) unhealthy lifestyle and weak attempts to find support (some children are afraid to access services due to widespread stigma and discrimination, others cannot access services because of they have no money to travel or pay illegal service charges);

(3) unsafe use of injection drugs;

(4) unsafe sexual behavior (compared to their peers, representatives of this group engage in sex at an early age and frequently change their partners; sex is important to them as some duty and a form of relaxation.⁶⁶

That's why when preparing for the outreach itinerary specialists should be trained how to counsel most at-risk children and young people on gender aspects, how to work with chemically dependent children/youth (including IDUs) and with their social environment.

Furthermore, one should take into account that pursuant to section 3 of Article 284 of the Civil Code of Ukraine medical assistance can be provided to a person starting the age of 14 with his/her consent. A similar provision is contained in Section 1 of Article 43 of the Law of Ukraine "Fundamental health care legislation of Ukraine": a medical intervention (diagnosis, prevention and treatment that affect the human body) in relation to a 14-year-old patient (younger minor), as well as a patient legally recognized as disabled is performed with the consent of their legal representatives"⁶⁷.

Step 5. Assessing the child/young person's needs

Assessing the child/young person's needs is a very important and complex stage in social work, including social work with MARP representatives. This concept was codified in Ukraine's legislation in 2009 (the Law of Ukraine "On social work with families, children and youth", where

needs assessment is a process during which a social worker collects, consolidates and analyzes information about the condition and life circumstances of a social service recipient

⁶⁵ Preventing, detecting and stopping family violence and child abuse: training course / compiler.: T. V. Zhuravel, N. M. Korobchenko, O. M. Nikitina, O. F. Safronova; under the general editorship of O. V. Bezpalko, T. V. Zhuravel. – K. : "K.I.S." LLC, 2010. – 167 p. – Available at : http://www.volunteer.kiev.ua/userfiles/poperedzhinnya%20social_ED.pdf

⁶⁶ Analysis of the regulatory framework on the rights of children and young people who live and work on the street, prevention of homelessness and neglect in Ukraine / Tetiana Bordunis. – K. : USAID| HIV/AIDS Service Capacity Project in Ukraine, 2011. – p. 15.

⁶⁷ Ibid. – p. 51.

with the aim of determining the types and scopes of services, and their impact on crisis resolution.

To put it in another way, needs assessment is a tool for identifying the key problem and finding a solution to it.

Needs assessment can be viewed as a systematic and complex process. In this case, as per the Procedure for social inspection of families and persons in crisis by centers of social services for family, children and youth (order #1480 (of 05.27.10) of the Ministry of Family, Youth and Sports, registered with the Ministry of Justice under 569/17864 on 07.28.10) a specialist backed by others conducts a primary assessment of needs according to specific indicators. After that a comprehensive needs assessment is done during the social support process, which allows studying problems in depth. Such primary assessment makes it possible to detect urgent needs of the child/young person that require intervention.

As a matter of fact, given the specificity of the target group that we work with we cannot at all times count on long-lasting work, on the possibility of gathering information, and on the existence of circumstances that can be studied. That's why a specialist, who has knowledge of the needs assessment methodology, should decide by him/herself how and in what scopes to use it.

Therefore, it is advisable that primary needs assessment study:

- the composition and employment of the family where a child/young person stays/lives;
- the characteristics of the place of residence of the child or young person/family members;
- the characteristics of the family (complete/incomplete, has many children, family of adoptive parents/guardians, imprisonment of one of the parents, etc.);
- the existence of inappropriate behavior as a result of alcoholic/narcotic intoxication of a family member;
- the child's attendance/non-attendance at an educational institution;
- lack/loss of necessary documents;
- lack of state social assistance that the child/young person and the family are entitled to;
- a situation associated with forced migration;
- the existence of socio-medical problems, including disability, mental diseases;
- the existence of socially dangerous disease or dependencies (alcohol, narcotic, substance addition);
- the existence of socially educational problems, including lack of self-service skills, one of the parents' lack of adaptation to independent life etc.);
- the existence of socio-psychological problems, including family conflict, one of the family members' propensity to commit offenses, problem gambling, sectarian affiliation, etc. any type of violence;
- whether the child is registered with the juvenile service and reasons for this;
- possible signs of cruel treatment of the child;
- a conflict between the child and his/her peers, teachers, educators.

When assessing the needs of a target group it is recommended to use the social inspection form designed for families, children and youth in crisis (see Annex 2).

It should be emphasized again that in this case needs assessment should be tailored to the conditions and resources available to the specialist.

Also, one should keep in mind that needs assessment is done for the purposes of a conclusion rather than assessment per se, concerning further work with the child, its family members, recommendations concerning further action, in particular priority steps.

Step 6. Informing the child/young person of the possibility of receiving various services

Information about the network and the possibility of receiving a specific list of services can be provided to the child/young person:

- directly in service delivery sites: in social services for family, children and youth, juvenile services, institutions that provide social services to children and youth, educational institutions, health care facilities, NGOs according to their functions and scope of authority (functions of institutions and establishments that provide social support to children and youth are given in paragraph 2.3.);
- during outreach work, a regular raid of a mobile counseling center of social services for family, children and youth, work of a multidisciplinary street team;
- through specialists, volunteers from institutions and organizations that work in the area of prevention, through recruiters – adolescents who had a positive experience of contacting social sphere specialists, including in the street environment.

If the most at-risk child/young person is detected on the street, a social worker must motivate the child to seek services of the juvenile service, the children's shelter or center of social services for children, family and youth or any other organization/institution that provides services to this group. The service provide should also notify the local juvenile service or juvenile delinquency police of having detected the child/young person.

Pursuant to the Law of Ukraine "On social services"⁶⁸ this target group may be offered the following services: *social and living, psychological, socio-educational, socio-medical, socio-economic, legal and information services.*

When information services are provided, one should keep in mind that information should be presented in comprehensible form. If possible, target group representatives are given a booklet with the address of an institution where he/she can receive assistance, contact information of specialists that he/she may contact.

Information materials for most at-risk children and youth and their social environment should be adapted (including with the participation of target group members themselves), and should include the address, phone numbers of free service delivery sites, with a focus on safe behavior in the context of HIV and STIs.

To motivate most at-risk children and youth to seek medical and social services in core public institutions and NGOs it is necessary to inform them about the principles of a friendly individual approach, gender-based approach, anonymity and confidentiality.

- In the process of delivering socio-medical services it is necessary to ensure
- HIV testing (or motivate the child/young person to receive testing) through the trust offices of oblast and city AIDS centers,
 - the distribution of personal hygiene products;
 - STI diagnosis,
 - cooperation with health care facilities on issues of medical and soio-medical support for most at-risk children and youth.

When motivating children and youth to receive HIV testing one should be guided by Article 6 of the Law of Ukraine "On amending the Law of Ukraine "On prevention of the acquired immunodeficiency syndrome (AIDS) and social protection of the population". The possibility of providing prevention services to children and youth who live and work on the street, without the consent of their parents or an official representatives of a minor, was

⁶⁸ Law of Ukraine "On social services". [Electronic resource]. – Available at: <http://zakon2.rada.gov.ua/laws/show/966-15>.

discussed in the “Analysis of the regulatory framework ensuring the rights of children and youth who live and work on the street, preventing child homelessness and neglect in Ukraine”⁶⁹.

If the most-at risk child/young person wishes so, family counseling can be provided as part of socio-psychological, socio-educational, socio-medical, and socio-legal services.

Step 7. Provision of social services and necessary primary assistance

Provision of social services, types and scopes of such services, quality control for services provided are determined by organizations or institutions which most at-risk children or youth contacted. Specialists who will provide service to a specific child/young person will coordinate the delivery of such services. They will also make a list of state institutions/organizations that provide services, if necessary, refer clients to other institutions or organizations (see paragraph 1.3) in order to meet the client’s needs and will provide social support (with the client’s consent) based on a document (agreement, contract, informed consent) signed by one of the child’s official representatives.

Also, it is possible to contact NGOs and faith-based organizations (if the service provider cooperates with such that can provide a particular range of services⁷⁰:

- assistance for families in crisis;
- telephone hotline;
- assistance for the poor (often including provision of foodstuffs) and peer-to-peer programs;
- care centers and daycare centers;
- shelters;
- psychosocial rehabilitation centers;
- rehabilitation services for IDUs and drug use prevention services;
- medical assistance;
- legal assistance;
- HIV prevention and harm reduction programs, as well as support for HIV positive children and young people;
- camps and other health promotion activities;
- out-of-school programs and activities;
- reintegration and half-self-reliant living programs;
- support for children and youth in penitentiary institutions for minors;
- training programs for specialists in various sectors;
- protection programs, including child rights protection;
- awareness raising;
- community mobilization programs.

If necessary, representatives of educational institutions, where the child stays, are engaged to provide information and mutually satisfactory activities.

The service provider and most- at-risk child/young person explore all possible solutions to a specific problem or to accommodate a specific need as well as various ways of achieving a positive result in working with the client by choosing the most effective methods and

⁶⁹ Ibid. – p. 49-57.

⁷⁰ Children and youth who live and work on the street: the missing face of the HIV epidemic in Ukraine/ UNICEF/ International charitable foundation “AIDS Foundation East-West” . – K., 2006. – p. 79-80.

interventions. When developing an individual work plan for target group representatives each party's responsibility is clearly delineated (both that of a service providers and that of a client), a work schedule is prepared, concrete tasks are formulated and concrete dates are set. The individual work plan should be regularly adjusted and its implementation should be analyzed with the participation of the client, as is prescribed by the Typical sectoral standard of social services for families with children in crisis⁷¹

Clients are **referred** to appropriate institutions and organizations depending on the type of social services provided to most at-risk children and youth. Social support provided by a social worker to a referred client is a necessary component in the social service delivery process. Failing to consider this condition during the referral process causes clients to drop out and precludes their further socialization. Client referral demonstrates the importance of psychological and medical assistance. It is recommended that specialists of institutions and organizations to which clients are referred ensure compliance with generally accepted ethical principles of work, inform the juvenile service that they provide services to most at-risk children and youth.

Step 8. Starting social support provision

Social support provided to families and persons by workers of centers of social services for family, children and youth is based on the results of social inspection and information that corroborates the existence of crisis circumstances after an advisory body has decided to provide social support to such a family or person.

Social support is provided⁷² on a regular basis for a particular period of time. The duration of social support is determined individually for each family or individually for a child/young person, however, it should not exceed 6 months. The duration of social support depends on the acuteness of problems existing in such a family or faced by a person, on the level of adaptation potential of such a family or person, on the degree of functional capacity of the family or person to cope with difficulties, on the level of development, relationships with their social environment, etc.

If necessary, the advisory body may decide to extend the period of social support up to 1 year.

If a target group child is detected and if the child has parents, social support is provided to the entire family. Key activities include:

- motivating the family to function normally and shape the child's commendable models of behavior;
- improving relationships between the child and his/her parents;
- motivating the child to attend an educational institutions (if the child does not);
- motivating the child to drop risky practices and lead a healthy lifestyle.

It should be stressed that social support is provided under an Agreement that regulates mutual relationships, defines responsibilities of the parties and contains consent and obligatory participation of family members in implementing the social support plan (hereafter – the Plan). The agreement defines the goal and objectives of social services as well as terms

⁷¹ Order #4569 (of 21.29.2009) of the Ministry of Family, Youth and Sports "On approving Typical sectoral standard of social service delivery to families with children in crisis". [Electronic resource]. – Available at: <http://zakon.nau.ua/doc/?code=v4569643-09>.

⁷² Order #1795 (of 04.25.2008) of the Ministry of Family, Youth and Sport "On approving the Procedure for social support provision by social service centers for families, children and youth and persons in crisis" [Electronic resource]. – Available at: <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=z0471-08>.

and conditions of social service delivery; the scope and contents of the services that are provided to the child and the family on a free of charge basis; conditions of social service delivery termination, and the duration of the Agreement.

Before signing the Agreement a more comprehensive examination is advisable, in particular a more detailed assessment of the needs of the family or young person in order to incorporate concrete and effective steps in the Agreement to overcome the crisis.

Social support is provided according to an individual Plan that is developed on the basis of assessment. The Plan includes activities, implementers and deadlines. An example of a social support plan is given in Annex 3.

The Plan is developed jointly with the family members (after the agreement is signed) on the basis of information received during the comprehensive examination and family needs assessment.

The Plan contains concrete activities designed to overcome the crisis. It is agreed on and signed by all adult members of the family who will be involved in its implementation, and by the social worker who will provide social support. The Plan is drawn up in duplicate, one of the copies is given to the family members, and the other remains in the Center.

Before signing the Plan the social worker explains to the family members the items contained in the Plan. The social worker analyzes and reviews the Plan at least once per month and if necessary adjusts it.

Upon completion of social support provision the family/person must be informed about methods and social support organizations (institutions) that the family/person may turn to in the future.

If parents are absent, the Plan is developed and is applicable only to the most at-risk child/young person.

Some social support activities may be oriented to the child/young person's friends and acquaintances.

It is recommended that all methodological materials of the State social service for family, children and youth related to this issue be used.

Step 9. Monitoring social service delivery process

Monitoring is required in order to timely adjust activities related to social service delivery to most at-risk children and youth. Monitoring lasts throughout the service delivery process and includes:

- Tracking how services are utilized by most at-risk children and youth (the number of services received, frequency of services).
- The effectiveness of the referral system in order to provide specific services (the number of services received by clients in other organizations/institutions).
- Interim assessment of the situation and of how changes in the family/person's needs and situation are reflected.
- Assessment of changes that occurred after social service were provided.
- Identification of new needs of the client that are to be met.
- Development (if necessary) of an additional plan of social assistance.

Cessation of work with a particular family or person if they do not require social services any more (see Figure 3.1).

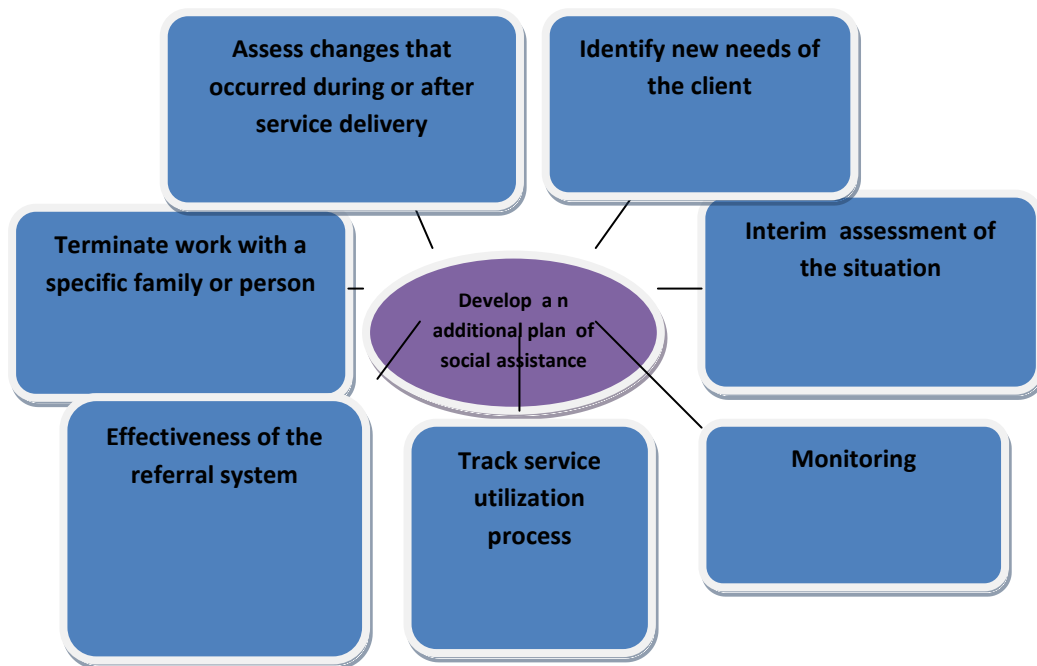


Fig. 3.1. Monitoring of social services delivery

The planning and conduct of monitoring in the process of social service delivery process is an important social inspection and support tool. When the social support process (according to the terms of the agreement) is drawing to an end, monitoring social inspection of the family/person is conducted to determine whether social support should be extended or terminated.

As a rule, the process will be monitored at all interim stages, however, the social worker should pay special attention to monitoring how successful positive processes are and whether the individual work plan should be reviewed and adjusted and other effective means be used to achieve the goal. At the final stage the service provider should employ stable systems of support or choose optimum means of assistance.

Step 10. Assessing performance

Criteria for assessing the performance of MDT or outreach team workers should include the following:

- The number of most at-risk children and youth who were withdrawn from the street environment. Thanks to the consistent work of MDT and outreach team workers these can be target group members who:

- rejoined their families,
- continued their studies,
- began to attend hobby groups, sections, electives,
- placed in children's shelters (or institutions of social services for children and youth),
- placed in family type settings (relatives' family, foster families, small family homes).

- The number of target group members who stopped using psychoactive substances. These are children and youth who stopped using narcotics, toxic substances, alcohol or quit smoking thanks to the efforts of MDT and outreach team workers.

- The number of children and youth or their gangs who have been included in the rehabilitation process. This number depends on social interventions (their scope, program

load and mass involvement of target group members) and social programs for most at-risk children and youth, notably programs that are primarily designed to rehabilitate target group members, youth and children's gangs.

- Existing positive dynamics in juvenile delinquency rates in a given raion/city. These data can be obtained in district juvenile police departments of local interior bodies..

- The number of youth and children's street gangs or individual volunteers from among target groups who cooperate with an MDT or outreach team in a given territory with the aim of preventing homelessness and neglect among most at-risk children and youth.

- Timely and quality work of local executive authorities aimed at preventing homelessness and neglect among most at-risk children and youth, ensuring the provision of a range of services to target groups and their social environment.

RECOMMENDED LITERATURE

1. Current state of policy and legislation on the provision of medico-social services to HIV most at-risk children and young people: analytical overview [Electronic resource] / M.V. Buromenskyi, V.M. Steshenko. – K.: Ukrainian Institute of Social Studies named after O.Yaremenko, 2008. – Available at: http://www.unicef.org/ukraine/ukr/media_10621.htm
2. Ethical fundamentals of social research among children in Ukraine, approved by the Board of the Sociological association of Ukraine (minutes #7 of December 10, 2008).
3. “Availability and accessibility of HIV prevention services to most at-risk adolescents” / UNICEF, Ukrainian Institute of Social Studies named after O.Yaremenko. – K., 2008. – 63 p. (Electronic resource), – Available at: <http://www.uisr.org.ua/>
4. Analysis of stakeholders and competence of organizations that provide or plan on providing services to most at-risk adolescents [Electronic resource] / UNICEF, Ukrainian Institute of Social Studies named after O.Yaremenko. – K., 2008. – 236 p. – Available at: <http://www.uisr.org.ua/>
5. Most at-risk adolescents: evidence base for strengthening the HIV response in Ukraine: analytical report / UNICEF, Ukrainian Institute of Social Studies named after O.Yaremenko. – K. : K.I.S., 2008. – 192 p.
6. 7 thematic booklets:
 - “Legal status of children and young people aged 10-18 in the context of access to HIV services”;
 - “Barriers to accessing HIV prevention services for most at-risk girls and boys”;
 - “Risk of HIV infection among adolescents who live and work on the street”;
 - “Risk of HIV infection among adolescents who are injecting drug users”;
 - “Gender aspects of work with most at-risk adolescents – building consensus on the importance of gender issues in HIV prevention among most at-risk adolescents”;
 - “Risk of HIV infection among female adolescents who provide sex services for reward or as a result of exploitation”;
 - “Risk of HIV infection among male adolescents who engage in homosexual sex”.
7. Booklet “Analysis of data of monitoring the behavior of IDUs, CSWs, MSM among adolescents”.
8. Analysis of factors responsible for the onset of injection drug use: analytical report / UNICEF, Ukrainian Institute of Social Studies named after O.Yaremenko. – K.: “Obnova”, 2010. – 52 p.
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SERVICE RECIPIENT CARD

(can be completed partly or can be adapted by specialist according to target group specificity)

Issue date _____

Year of birth _____ (service recipient's full name) _____ Sex _____

Home address and contact home _____

Education

- Without education
- Preschool
- Primary
- Incomplete secondary
- General secondary
- Vocational
- Tertiary, basic
- Tertiary, complete
- Unspecified
- Other

Place of employment or study (classification according to economic activity types):

Agriculture	Transportation and communication	Health care and social assistance
Industry	Financial activity	Unemployment
Construction	Public administration	On parental leave
Commerce	Education	Other
Consumer services		

_____ (position or grade, faculty, course, group)
 Category of service recipient _____

(according to first contact, priorities)

Receiving social support: YES # of personal file _____ NO

Family _____ (complete / incomplete) Family category _____ (low-income, multi-child, foster, small family home, family in crisis, unspecified status)

Other comments

Signature

Full name

Information about referring organization

Referring organization _____

(list according to cooperation procedure)

Focal person _____ Contact phone _____

Address _____

Notes _____

to the Procedure for CSSFCY social inspection
of families, children and young people in crisis

Social inspection report # _____

Person/family _____

Actual place of residence: _____

Tel. _____

Start date _____

End date _____

Commission composed of:

1. _____,

(full name, place of employment, position)

2. _____,

(full name, place of employment, position)

3. _____.

(full name, place of employment, position)

Section I

1.1. Composition of family

Mother/guardian/caregiver*

_____, date of birth _____

(full name)

Place of employment (including without an employment contract) _____

Father/guardian/caregiver*

_____, date of birth _____

(full name)

Place of employment (including without an employment contract) _____

Children:

Full name _____, date of birth _____, place of study _____,

Full name _____, date of birth _____, place of study _____,

Full name _____, date of birth _____, place of study _____,

Full name _____, date of birth _____, place of study _____,

Full name _____, date of birth _____, place of study _____,

Full name _____, date of birth _____, place of study _____,

Full name _____, date of birth _____, place of study _____,

Other persons who live together (extended family):

Grandmother (full name) _____, date of birth _____,

Grandfather (full name) _____, date of birth _____,

Others (full name) _____, date of birth _____,

_____, date of birth _____,

_____, date of birth _____.

1.2. Place of residence profile:

The person lives in a house: private, rented, of parents, relatives, friends, hostel, other - specify*

Apartment, private house, part of private house*
Type of ownership*: private, rented, other – specify

Number of rooms _____, living space _____
Registered _____ persons, actually residing _____ persons
Water supply _____, availability of gas supply _____,
Electricity supply _____, heating system _____.
Individual part-time farm _____
Allotment _____
Availability of subsidies _____
Outstanding housing and utility bills:

yes/no*,
if yes, specify outstanding amount _____

Availability of:
space for children to study yes/no/don't know*, state _____,
space for children's
leisure pursuits yes/no/don't know*, state _____,
sleeping accommodation for children yes/no/don't know*, state _____.
Place of registration (to be filled out if the place of registration differs from
the actual place of residence): _____

1.3. Family profile:

complete family (multi-child family; adoptive family; family of
guardians/caregivers; age gap marriage; underage parents;
illegitimate child/blended family; woman is not child's birth mother; child/one of the parents
has released from institution of confinement; other - specify*) _____
_____;

incomplete family (multi-child family; adoptive family; family of
guardians/caregivers; divorced parents living together;
underage father/mother; one of parents is in prison; parents are not divorced but live separately;
whereabouts of one of parents is unknown; other – specify*) _____
_____.

1.4. Facts ascertained during visit (filled out if one of the below facts have been established):

dangerous/uninhabitable premises that directly endangers life and health,
_____;
several families sharing one living space _____
_____;

non-compliance with sanitary and hygienic standards _____;
signs/threat of family violence (specify perpetrator and victim)

_____;
signs of child abuse (specify abuser and victim)

_____;
unacceptable behavior (including alcohol/narcotic intoxication) (specify who)

_____;
child's non-attendance at educational institution (to be filled out if child stays home during classes
in school, kindergarten time) _____;

total income (including welfare benefits) _____.

1.5. Additional circumstances ascertained during inspection, which led to crisis:

1.6. Person's own short account of situation (problems):

1.7. Person's attitude to cooperation with appropriate institutions/agencies in order to overcome crisis: _____

1.8. Conclusion: _____

(to be filled out if existence of crisis has not been verified)

1.9. Recommendations: _____

(to be filled out if existence of crisis has been verified)

1.10. Notes _____

(to be filled out if commission members were denied access to place of residence)

Date of visit "___" _____ 20__

Person's full name _____
(signature)

Commission members:

(full name) (signature)

(full name) (signature)

(full name) (signature)

Director of center _____
(full name) (signature)

Section II

2.1. Factors that have or may have adverse impact on the person's life activity.

Factors	Confirmation *	Source of information (family members, person, relatives, social environment, social workers with families, children and youth, etc., based on relevant documents)
		1
1. Information about socioeconomic (including material and domestic) problems		
Income below living wage	yes/no/don't know	
Untimely salary payment	yes/no/don't know	

Job loss	yes/no/don't know
Unemployment	yes/no/don't know
Unwillingness to work	yes/no/don't know
Lack/loss of documents	yes/no/don't know
Lack of welfare to which the family/person is entitled (including privileges to which the family is entitled)	yes/no/don't know
Scarcity of basic necessities, clothing etc.	yes/no/don't know
Forced migration	yes/no/don't know
Other (specify)	
2. Information about socio-medical problems	
Disability of the parent(s)/child, person (general diseases, physical disorder, sensory disorder (eyesight, hearing, etc), mental retardation, mental disorder)*	yes/no/don't know
Mental disease of the parent(s)/child/person (based on available medical assessment report)*	yes/no/don't know
Parent(s)/child/person* has socially dangerous diseases	yes/no/don't know
Long-lasting disease of the parent(s)/child/person*	yes/no/don't know
Parent(s)/child/person's* dependence problem (alcohol, substance, drug) of	yes/no/don't know
Other (specify)	
3. Information about socio-educational problems	
Lack of self-service skills among the family members/person (including housekeeping, family budget planning, etc)*	yes/no/don't know
Lack of professional training of the parent(s)/person*	yes/no/don't know

Lack of attention to the child/his/her development on the part of the parent(s)*	yes/no/don't know
High level of occupation of the parent(s); employment of parents(B) in remote locality, lack of time to raise the child**	yes/no/don't know
Parent(s)/person's lack of skills to adapt to independent life*	yes/no/don't know
Other (specify)	
4. Information about socio-psychological problems	
Parents-children conflict, conflict between adult family members*	yes/no/don't know
Parent(s)/child/person's* propensity to commit offences	yes/no/don't know
Parent(s)/person's unwillingness to receive assistance, and improve life quality*	yes/no/don't know
Parent(s)/child/person's dependence problems (gambling, affiliation with a sect, computer addiction, etc)*	yes/no/don't know
Abuse (psychological, physical, economic, sexual etc.) of the parent(s)/person*	yes/no/don't know
Sectarian, ethnic conflicts	yes/no/don't know
Unplanned pregnancy, unwanted child, illegitimate child*	yes/no/don't know
Family in the process of divorce**	yes/no/don't know
Other (specify)	

2.2. Factors that have or may have adverse impact on child's life activity in family** (given child's age and special needs)

Indicators	Verification	Comments
(list of indicators is completed with regard to child/children who live in the family; if several children live in the family, specify in the comments which child a specific indicator applies to)	Yes/no	(if yes, specify particular facts upon which the conclusion was based)
1	2	3
Is the child registered with the juvenile service (if yes, why)		

Lack of appropriate conditions for the child/children's life and normal development

Leaving the child unattended, which endangers the child (the child's age should be taken account of)

Lack of necessary care for the child (especially for children under 3)

Lack of necessary medical care for the child, which may lead to serious health consequences

Breach of sanitary-hygienic standards and safe behavior rules (the child is put at risk)

Signs of cruel treatment (abuse)

Parent(s)' unacceptable behavior that endangers the child (including in as a result of alcoholic/narcotic intoxication)

Negative manifestations of the child's adaptation in the family of guardians, caregivers

Conflict between the child/children and peers, teachers, educators, etc.

Conflict between the child placed under guardianship/in custody and biological children in the family

Other (specify)

2.3. Conclusion as to the person's needs (taking into account the factors that have or may have an adverse impact on life activity of the persons detected during the social inspection process) _____

2.4. Conclusion as to the child's needs (taking into account the factors that have or may have an adverse impact on life activity of the family and child in the family, detected during the social inspection process)** _____

2.5. Availability of means and resources for the family members/person to resolve the crisis _____

2.6. Motivation to change (specify what the family (parents, other family members)/person)* is ready to do _____

2.7. Recommendations (concerning the need to perform further work, identify the need for engaging other entities of social work with families, children and youth to resolve problems, provide social services, social support or conduct other activities to protect their rights) _____

** Underline as appropriate.*

*** Provide only information on the family.*

Signature of the center specialist responsible for social inspection _____

Director of the center _____
(Full name) (signature)

SOCIAL SUPPORT PLAN

(specialist's position, full name)

and

(full name of adult family members/person)

between “ ____ ” _____ and “ ____ ” _____ 20__

#	Problem to be addressed <i>(based on factor)</i>	Activities aimed at resolving the problem				Institution/ organization, specialist to be contacted for the purpose of resolving the problem	Relevant notes
		Specialist	Timeframe	Client: <i>(including minors)</i>	Timeframe		

Conclusions _____

(date)

(Signatures of person/family representative)

(Specialist's signature)

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