

Individual Protection Referrals in Ukraine

Minimum Standards

Key terms

1. What is a referral?

A referral is the process of directing an individual or a household to another service provider because they require further action to meet an identified need, which is beyond the expertise or scope of the current service provider.

WHAT ARE THE GUIDING PRINCIPLES?



RESPECT CONFIDENTIALITY

By only sharing disclosed information and only allowing access to it after informed consent from the person is obtained.

By ensuring information is collected, stored and shared in a safe way.

By only collecting and sharing the minimum information required - on a 'need to know' basis - to allow the service provider to respond to the referral.



OBTAIN INFORMED CONSENT

By seeking oral, and where possible, written permission directly from the person to proceed with recording their information and by conducting a referral for them.

By ensuring the person has the capacity, maturity and adequate information to know what they are agreeing to.

There are only three exceptions to this rule: where there are indications that a person is planning to take his/her own life, or planning to harm the safety of others, or where a child is at imminent risk of harm, can you conduct a referral without informed consent. For children, always consider the best interest of the child.



DO NOT RAISE EXPECTATIONS

By clearly explaining the steps of the referral process and the expected time frame to the person, and avoid making promises about the outcome of the referral.



RESPECT CHOICES AND DECISION MAKING CAPACITIES

By listening in a non-judgmental manner, and accepting the persons choices and decisions. This is particularly important for survivors of gender-based violence.



PRIORITIZE THE SAFETY AND SECURITY OF THE INDIVIDUAL FIRST

By considering and communicating the risks that the person might face when accessing the service or assistance.

Source: [Lebanon Inter-Agency Minimum Standards on Referrals](#)

2. What is a Protection referral?

A Protection referral is a referral to a Protection service. The rest of this document focuses on Protection referrals.

This document does not cover GBV Referrals.



Gender-Based Violence Cases

Cases of Gender-Based Violence (GBV) are extremely sensitive, and should be managed only by appropriately trained and supported GBV specialists, to ensure that care is provided in a safe and survivor-centered way.

For suspected or disclosed GBV cases, you must immediately refer the individual to a GBV focal point. Do not conduct any assessment; instead, share information with them about the available GBV services and provide the referral if they choose to do so. Do not ask any questions about the nature of the incident, or details of the person's needs. Keep all information confidential.

It is essential to uphold the GBV Guiding Principles of safety, confidentiality, respect and non-discrimination in all interactions with a survivor. Being non-GBV specialist you can refer to the [GBV Pocket Guide](#) for more information on what to say and how to interact with a survivor to ensure that you are supportive and do not increase risks of harm (the key elements of this guide are outlined as a list of tips in Annex 1: GBV Look-Listen-Link Protocol).

You may give the number of the specialized GBV 116123 hot-line (run by LaStrada NGO) or 1547 Governmental hot-line to a survivor, or the contact numbers of the psychosocial assistance mobile teams available in your location (information on locations and contacts are available at: <https://rozirvykolo.org/map-of-support/?fbclid=IwAR1HiUMIMbcPyEqvYmCeS2l8en7kzX7EMNL55T1YFps8NNkfmUyb0NR2oVM>). Indicated hot lines and PSS MTs are free of charge. Hotlines provide services 24/7 and cover the entire country.

The safety of the survivor and her access to essential GBV services are non-negotiable priorities, which must always take precedence over documentation or investigation of any GBV incident.

3. What is the difference between a Protection re-direction, a referral and counselling?

A referral involves at least two humanitarian staff getting in contact with each other, and transferring the contact details of a person in need of a service. Providing information on services, or giving the hotline number of an organization, to a person in need of a service, without connecting to another humanitarian staff, is not a referral. This is referred to as **counselling**.

A **Protection referral** involves an assessment of the person's Protection need, which is sensitive. It must be conducted by a well-trained technical specialist in Protection. This is to avoid causing harm to the person, and ensure that people with the right skill-set can safely support the person in accessing the Protection service that they need.

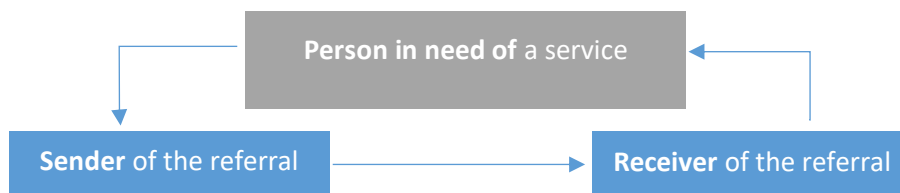
A **Protection re-direction** is only a transfer of the person's basic information: their name, location and phone number. No further assessment on the actual nature of the Protection need is conducted. Non-technical specialists in Protection should re-direct people to technical specialists in Protection, as per the information found on the Service Mapping on Protection services. The re-direction should be done by phone, not using the Inter-Agency Referral Form, as only basic information should be communicated. The technical specialist in Protection who receives the re-direction will then proceed themselves to the referral if necessary.

Referral	Re-direction	Counselling
<ul style="list-style-type: none"> • Two-way communication between two humanitarian staff • Detailed assessment of the person's Protection need • Technical specialist in Protection 	<ul style="list-style-type: none"> • Two-way communication between two humanitarian staff • Collection of the person's contact details only • Non-technical specialist in Protection 	<ul style="list-style-type: none"> • No direct contact with other humanitarian staff • Information provision on service details/contact • Technical and non-technical specialist in Protection

4. Who are the key actors involved in the referral process?

The key actors in a Protection referral are: **the sender of the referral**, that is, the person/agency who was in contact with a person in need of services and is referring them to another agency; **the receiver of the referral**, which is the agency that is contacted to support with service provision; and the **person in need of a service**, who is in contact with both the sender of the referral, and the receiver of the referral.

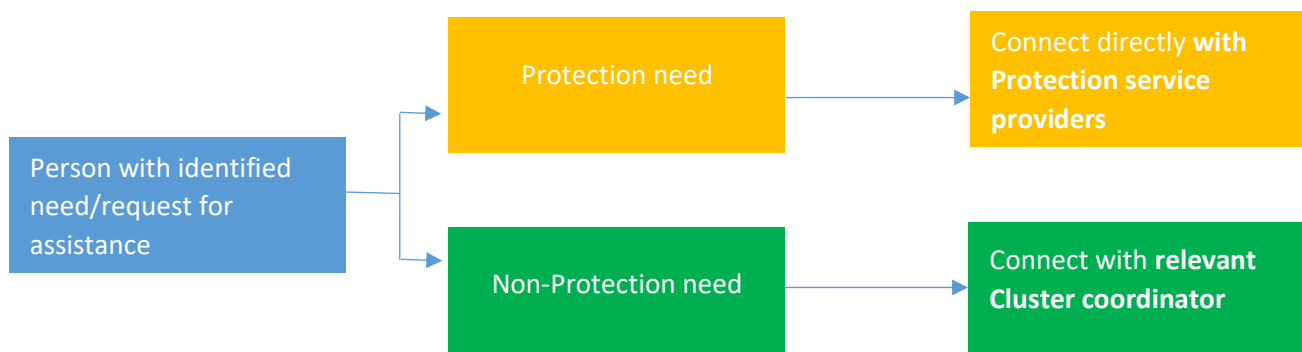
Key actors



Protection and non-Protection referrals

5. What are the different pathways between Protection and non-Protection referrals?

In Ukraine, as of 3 May 2022, there are two main referral pathways for Protection and non-Protection referrals, depending on the nature of the person's need:





Protection referrals require getting in touch directly with the relevant Protection service providers, based on the Protection Service Mapping, and should not go through the Cluster unless necessary, for reasons of efficiency and timeliness of the referral process, as well as data confidentiality. Only the sender and the receiver of the referral should be informed of the person's protection need, and this should not be shared further, including to Protection Cluster Coordination team, unless absolutely necessary.

On the other hand, partners who need to refer someone for a non-Protection need, should first contact the relevant Cluster coordinator, to know how to proceed further, unless they know of a service provider on the ground who they can contact directly.

The referral process

6. How do I refer to a Protection service?

In previous years, the Government of Ukraine has taken laudable steps to enhance service provision at the local level and to bring the authorities closer to communities, including by expanding digital services that can be accessed remotely. The continued empowerment of Territorial Communities through the decentralization reforms was an important development prior to the war, which resulted in the establishment of social protection institutions at local level.

For the purposes of protection referrals, it is important to note that in Ukraine the **primary receiver of a referral should be the competent authority at local level**, particularly in the case of Child Protection and GBV cases - but also in the case of elderly and persons with disabilities in a situation of vulnerability.

Since the war started however, the capacity of local authorities has been extensively overstretched due to the scale of internal displacement and ongoing conflict activities in certain areas. Therefore, protection partners may step in to bridge the gap between affected populations and the effective access to the State's social protection mechanism - particularly where authorities' capacities are not enough to respond as a primary service provider.

Partners are advised to counsel persons with specific needs about the availability of State social and administrative services, particularly in the case of IDP registration, Child Protection and GBV. For ease of reference, the Annex 2 lists the main State institutions providing administrative and social services at local level.

While specific referral pathways are yet to be developed by the Child Protection and GBV Sub-Clusters, and considering that State capacities may be overstretched or unable to respond in a timely and effective manner, humanitarian protection partners should follow the referral pathway proposed below.

	If you are a technical specialist in Protection	If you are not a technical specialist in Protection
Step 1	Conduct an assessment of the person's Protection needs	Only ask the person for their name, location, phone number. Do not ask for further question

		on the nature of incidents, details of the person's needs.
	<p>Note:</p> <p>For suspected or disclosed GBV cases, you must immediately refer the individual to a GBV focal point. You may give the number of the specialized GBV 116123 hotline (run by LaStrada NGO) or 1547 Governmental hotline to a survivor, or the contact numbers of the psychosocial assistance mobile teams available in your location (information on locations and contacts are available here). Indicated hot lines and PSS MTs are free of charge. Hotlines provide services 24/7 and cover the entire country. Do not conduct any assessment; instead, share information with them about the available GBV services and provide the referral if they choose to do so. Do not ask any questions about the nature of the incident, or details of the person's needs. Keep all information confidential.</p> <p>For serious child protection cases (when a child suffered from abuse, exploitation, neglect, is unaccompanied or separated from their parents, or suffered from different types of violence, including sexual violence), it is necessary to contact the local state social services: Service for children's affairs, at Territorial Community level.</p>	
Step 2	Identify one service provider to refer the person to, by matching the specific need of the person with the relevant service provider in the Service Mapping. Inform the person about the availability of State social and administrative services according to specific need.	Identify whom to contact on the Service Mapping to report the case (ideally, a focal point)
Step 3	Obtain informed consent from the person (see Inter-Agency Referral Form), including on their personal data being collected and stored	Obtain informed consent from the person (see Inter-Agency Referral Form)
Step 4	Collect the person's information in the Inter-Agency Referral Form (IRF)	Contact the identified service provider and pass on the person's contact details (without using the Inter-Agency Referral Form)
Step 5	Call the identified service provider to inform them of the referral, and of the case	Inform the person that their contact details were passed on
Step 6	Follow up with an email to the identified service provider, with the IRF attached with the person's information	<p>IF THIS PERSON IS IN URGENT NEED OF PROTECTION SUPPORT – Follow up within the next 24 hours with the service provider to ensure that they contacted the person and are taking care of assessing their need.</p> <p>If you are unable to confirm that the case is being handled by the service provider, contact another service provider from the Service Mapping.</p>

Step 7	Inform the person that they are being referred, and that they will be updated on the process. Partners may also decide to share with the person the contacts of the organization to which the case is being referred to.	
Step 8	<p>IF THIS PERSON IS IN URGENT NEED OF PROTECTION SUPPORT – follow up with the service provider that you referred the person to, within the next 24 hours, to check if they can indeed provide the person with the service.</p> <p>Very important: if you do not get any reply from the service provider, or if the service provider does not accept the referral, you must immediately re-refer the person to another service provider</p>	
Step 9	<p>IF THIS PERSON IS NOT IN URGENT NEED OF PROTECTION SUPPORT - follow up with the service provider within the next few days, to enquire on the status of the referral, and to check whether the person is going to receive the service.</p> <p>Very important: if you do not get any reply from the service provider, or if the service provider does not accept the referral, you must immediately re-refer the person to another service provider</p>	

The referral is closed only once the person in need of a service has started to receive that service.

7. How do I use the Service Mapping for Protection referrals?

On the Service Mapping, when looking for a service provider to refer to, it is particularly useful to filter by **location, type of services and population groups**.

Location: Information of service providers has generally been entered at the oblast level. You can search for the oblast where the person in need of services lives.



Type of services: A taxonomy of Protection services can be found on tab 1 of the Service Mapping. Based on the conclusions of your Protection assessment, you can select the service that you believe the person would need to be supported with.

Population groups: These describe the population groups for which Protection services are being provided. It is good practice to make sure that the service provider that is ultimately chosen to refer to, actually provides services that matches the profile of the person (ie. For children, or for women).

Filtering the Service Mapping based on these three criteria at least, will help identify the right service provider to refer to.

It is then possible to find the contact details of the person responsible for the service within the organization, and call them directly for the referral as per the referral process, before following up via email with the Inter-Agency Referral Form (see explained process above).

Note: not all service providers may appear in the Service Mapping. This is especially the case for GBV/Child Protection service providers, who may be stricter in the information that they publicly share on their services. Do not try to look for additional service providers than the ones that you are able to see in the Service Mapping – contact the focal point as highlighted in the Service Mapping, and they will themselves be able to have access to a more detailed list of services and refer the person onwards.

8. Who should follow up on Protection referrals?

The humanitarian staff who sent the referral (the sender), is responsible for ensuring that the person in need of a Protection service, ultimately receives the service that they need. This is an extremely important part of the work of humanitarian workers: it is humanitarian workers' responsibility to facilitate access to services for affected communities. The sender of the referral is therefore held accountable for ensuring that the person who requested the service, and whom we referred, ultimately receives the service in a safe and timely manner.

In the case of re-direction, it is also the responsibility of the person who refers after the re-direction (and not the one who re-directs), to ensure that the person ultimately receives the service. The person who re-directs is only responsible for ensuring that the case is being taken care of by the service provider they contacted.

9. What happens if I am not able to reach the service provider that I want to refer to, or if they do not update me on the status of the referral?

It is the sender of the referral's responsibility to follow up in a timely manner on the referral.

If it is an urgent case, and there is no commitment from the receiving service provider that they are in contact with the person and able to provide the service immediately/within the next 24 hours, **it is the responsibility of the sender of the referral to re-refer the person again**, to a different service provider. This process will continue until the person can receive the service.



If it is not an urgent case, the sender of the referral can wait a few extra days for the reply of the service provider. **If there is still no reply after a few days, a re-referral must occur.**

10. How should I track my referrals?

It is essential to track referrals in order to ensure timely follow up, and ultimately facilitate the person's access to the service. It is advised that each organization uses the below tracking sheet:

Referral sent or received (two options)	Referrals sent by (agency and person's name)	Referral sent to (agency and person's name)	Referral acknowledged date	Referral Accepted/Not Accepted date	Comments

The referral can have different statuses:

- **No Feedback Received:** the referral was sent to the service provider, but the service provider did not pick up the phone/respond to the email of the referral
- **Referral Acknowledged:** the receiving service provider acknowledged receipt of the referral. They said that the referral is well-received, and that they will now proceed to contact the person in need of the service, to conduct the assessment, and decide whether they can provide the service.
- **Referral Accepted/Not Accepted:** the receiving service provider has conducted the assessment of the person's Protection need, and come to the conclusion that they can/cannot provide the service.

Using those statuses may be helpful to track the status of each referral, and ensure appropriate and timely follow-up.

Data protection

11. What key data protection principles must be followed during the referral process?

Referral in hard copy



- A. Case forms, referral tracking sheet and inter-agency referrals forms, are to be stored in a locked file cabinet if they exist in hard copy in an office
- B. Access to the keys will be limited to the supervisor of case management or the project manager
- C. The interagency referral form has to be handed over directly to the receiver of the referral (and no other staff in the receiving organization) in a sealed envelope.
- D. Each agency should have a plan in place for destroying all case information in hard copies in case of an emergency or evacuation.

Referral in electronic copy

When sending an email to refer a case, include instructions for the recipient so that the person is aware that the information in the attached form is sensitive (e.g. do not disseminate this e-mail or attachment without permission).

When sending the referral

- Referrals forms should be password protected; the password should be sent to the person again in a separate email/phone call/SMS
- Only the humanitarian staff who is the focal point for this service should be copied in the email

In your organization

- Staff interacting with referral data and storage files should sign a data protection agreement
- Access to referral forms should be by authorization only and password protected; passwords should be changed regularly
- Information about referrals should be kept to a minimum.
- Data should be anonymized unless absolutely essential to have access to people's personal information
- Staff are informed of the rights of individuals in terms of data collection, storage and sharing of their information
 - The right to request that his/her information not be documented on the referral form or be deleted and/or retrieve that information at any time
 - The right to refuse to answer any question they prefer not to
 - The right to ask questions or ask for explanations at any time
 - The right to be asked for consent when conducting an onward referral by an agency



Annex 1: GBV LOOK – LISTEN – LINK PROTOCOL

Adapted from [GBV Pocket Guide](#)

LOOK

- DO** stay calm allow the survivor to speak with you.
- DO** ask how you can support with urgent needs.
- DO** ask the survivor where they would feel most comfortable speaking to you. If they are accompanied, do not assume it is safe to talk in front of that person.
- DO** offer water, private place to sit, tissue etc.
- DO** encourage the survivor to choose someone they feel comfortable with to translate and support them.

LISTEN

- DO** treat all information confidentially. Ask for the survivor's permission before seeking advice from a GBV specialist.
- DO** let the survivor know the limits of your confidentiality. Check with your GBV specialist for instances where you are required to report.
- DO** manage expectations about your role and capacity.
- DO** try to comfort the survivor, and reinforce that what has happened to them is not their fault.

LINK

- DO** respect the survivor's right to make decisions.
- DO** share information on all GBV and other services that they may find helpful.
- DO** reassure the survivor that they do not need to make any decisions now and that they can change their mind in the future.
- DO** encourage the survivor to find someone they trust to go to for support.
- DO** offer the survivor access to a phone or other communication device, if you feel safe doing so, so that the survivor can contact a trusted person.
- DO** ask the survivor's permission before acting.
- DO** end the conversation supportively.

- DO NOT** ignore a survivor who approaches you.
- DO NOT** be pushy or intrusive when offering help.
- DO NOT** ask anyone if they have experienced GBV, have been raped, or have been hit etc. **You must not seek survivors out. They must come to you.**
- DO NOT** overreact.
- DO NOT** pressure the survivor to share more information than they feel comfortable sharing.

- DO NOT** write anything down, take photos of the survivor, record the conversation, or inform others.
- DO NOT** ask questions about what happened. Instead, let the survivor choose what to share. Listen and ask what you can do to support them.
- DO NOT** suggest the experience is "not a big deal".
- DO NOT** doubt or contradict what someone tells you. Your role is to listen without judgement.

- DO NOT** provide false information, make false promises, or exaggerate your skills.
- DO NOT** offer personal advice or opinions on the best course of action.
- DO NOT** assume you know what someone wants or needs or what is best for them. Some actions may put them at further risk of harm.
- DO NOT** discriminate against the survivor based on any feature e.g. gender, race, sexuality etc.
- DO NOT** try to resolve the situation between the person who experienced GBV and anyone else, including the perpetrator.
- DO NOT** share the details of the incident with anyone.
- DO NOT** contact the survivor after your conversation.



ANNEX 2

State Social and Administrative Services at local level (Territorial Community) Summary for reference

** The summary below is intended mainly as a simple guide and point of reference for partners. Each institution is established under specific regulations and may cover activities beyond the ones described. For a full list of services provided under each one, please consult the specialized legislation in the respective sessions.*

Center for Provision of Administrative Services (TSNAP): is an integrated office providing a wide range of business-oriented and individual administrative services, including the registration of domiciles, passport services (ID documents) and social services.

Normative framework: <https://zakon.rada.gov.ua/laws/show/523-2014-%D1%80#n28>

Department/Unit for social protection of population: ensures the implementation in the territory of the region/community of the state policy in the field of social protection and implementation of social guarantees.

Normative framework: <https://zakon.rada.gov.ua/laws/show/2671-19#top>

Center for provision of social services / center for social services (services for families, women, youth and children): is a special institution that conducts social work with families, children and young people who are in difficult circumstances and in need support.

Normative framework: <https://zakon.rada.gov.ua/laws/show/177-2020-%D0%BF#top>

Center for provision of GBV services: institution which provides GBV response services through shelters, crisis rooms, daycare or mobile psychosocial health teams for gender-based violence survivors.

Normative framework:

<https://zakon.rada.gov.ua/laws/show/2229-19#n231>

<https://zakon.rada.gov.ua/laws/show/z1458-18#n15>

<https://zakon.rada.gov.ua/laws/show/655-2018-%D0%BF#Text>

Territorial center for social care (includes services for older people and people with disabilities): provides social services to elderly persons, persons with disabilities or in difficult life circumstances who need outside help with home care, day care, residential care (permanent or temporary residence), natural aid, social-medical support and social adaptation.

Normative framework: <https://zakon.rada.gov.ua/laws/show/1417-2009-%D0%BF#Text>

Service for children affairs: ensures the fulfillment of the tasks with regard to the social protection of children.

Normative framework: <https://zakon.rada.gov.ua/laws/show/20/95-%D0%B2%D1%80#Text>