

Psychosocial Support Policy

PSS interventions on community or an individual level enhance the overall well-being and the self-reported perception of quality of life for people who have been affected by major crises. This is realised on the field through the provision of various targeted services and activities.

The psychosocial support policy establishes a basis for the roles and responsibilities of SAO staff within the framework of psychosocial support programming.

1. Confidentiality & Information sharing

- Confidentiality of the women's disclosures must be always respected.
- The women should be informed upon initial contact that confidentiality is broken only in the case of danger concerning themselves or others.
- Women should also be informed that sensitive information is shared among the SAO professionals only if that will enable her to be serviced better provided and, in that case, she gives oral or written consent.
- For any information sharing with other actors (public sector, ally organisations, institutions) the beneficiary must give clear approval, written or oral and this must be filed by the case worker.
- While knowledge sharing is important SAO Association Hellas staff members when referring to cases are encouraged to synthesise a profile to avoid exact replication of a specific person's circumstances and to pose questions without using names or giving detailed descriptions of cases (sharing of non-identifying data)

2. Supervision

- Any new service/activity/project that is incorporated to the PSS programme must be signed off by the Field Director who has the responsibility to inform assigned BoD representative of developments and changes prior to sign off.
- The design of the PSS programme and relevant activities is supervised by the Field Director in collaboration with Members of the Board of the organisation. Implementation and monitoring of the programme tenets is the main responsibility of the location managers.
- Any training required is undertaken by professional members of Field Staff who are supervised by Management. Inter-disciplinary meetings as well as staff meetings take place regularly, at specified time allocations.
- Case management of sensitive/vulnerable/urgent cases must always involve the Location Manager or the Deputy Manager, only if the Manager is not available. An urgent case is one that needs immediate response and requires the dedicated action of Management (for example suicide attempt, arrest, new gbv incident, serious medical occurrence etc)
- For urgent cases, the action plan is formed by the Location Manager who holds the final responsibility for the course of action. If a case could potentially impact the SAO programme (case that creates precedence, serious incident on the location, possibility of taking legal responsibility for a suggested course of action, new occurrence not included in policy provisions etc) the Field Director must be informed as soon as possible and will have the final responsibility for implementation of suggested course. Emergencies that might have a legal impact on the organisation are communicated asap to the assigned Legal and Field Board Members.
- Any other specialised interventions are only to be applied after obtaining approval from the Manager who is in contact with the Field Director.

3. Reporting

- Access to files is classified.
- Files should be kept on location and are comprised of the initial need assessments including the client's request for support, the detailed case planning, follow up notes, consent forms when needed, copies of referrals and any other relevant document. Files with sensitive information are kept in a locked area accessible only to Management. Other professional staff have access to the cases they are handling only.
- Data for all psychosocial support activities should be recorded. To ensure confidentiality each case is given a unique identification code. Data reporting is submitted according to the processes to the BoD assigned representative and the Field Director.

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