MANITOBA STANDARDS MANUAL FOR THE LAUREL CENTRE INC. (including the Men's Resource Centre of Manitoba Inc.)

July 2014

Developed by the Family Violence Prevention Program

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Introduction

This section provides an overview of the Family Violence Prevention Program (FVPP), as well as The Laurel Centre's mission and philosophy. The section also contains information about the development of standards, service purchase agreements and quality assurance activities.

Overview

Background Information

In 1984, the Government of Manitoba assigned responsibility for the funding and coordination of services for abused women to the Department of Community (Family) Services.

The FVPP was created in 1985. The mandate of the Program was to promote the elimination of intimate partner violence through the development and support of a continuum of community-based services. In November 2012, the mandate of the program was expanded to include those who experience abuse by family members who are not intimate partners.

FVPP provides policy and program direction to services for women, their children and men affected by family violence, and is responsible for monitoring and reviewing the quality of these services and ensuring accountability in the use of public funds allocated to agencies delivering programs in this field.

Mission and Philosophy

The mission of The Laurel Centre is:

- To enable the provision of counselling services for women and youth who have experienced childhood or adolescent sexual victimization and want to resolve long term effects of the abuse, recognizing that challenges to mental health as well as addictions areamong the long-term consequences related to unresolved trauma;
- To enable the provision of counselling services for men who have experienced trauma and stressors in their lives and want to resolve related issues, recognizing that challenges to mental health as well as addictions are among the long term consequences related to unresolved trauma and stressors; and
- To address the issue of societal denial of the seriousness and prevalence of the problem of child sexual abuse, and the detrimental long term effects (including challenges to mental health and addictions).

The board of directors and staff of The Laurel Centre believe:

- That women, men, and youth have a right to social, political, and economic equality and power;
- That childhood sexual abuse has a long-term damaging effect over one's well-being (physical, emotional, social, spiritual, intellectual), and may result in challenges to mental health and the adoption of compulsive coping behaviours;
- That problematic adaption is a consequence of inadequate resources and supports rather than a reflection of deficiencies within the women, men, and youth; and
- That women, men and youth have the right to choose the course of their healing process.

Departmental Funding

The Department of Family Services funds The Laurel Centre Inc. for central support (administration), training service providers, core services in the form of women's therapeutic interventions and since July 2010, the operation of the Men's Resource Centre of Manitoba (MRC).

Development of Standards

The development of standards was prompted by the belief, shared by the Department and the shelter community, that standards are necessary to ensure the qualitative evolution of services for abused women. This process is consistent with a department-wide initiative to develop standards for all service areas.

Service Purchase Agreements

The Department of Family Services requires Service Purchase Agreements (SPAs) with community-based non-profit agencies receiving public monies.

The general purpose of these agreements is to clarify and formalize the relationship between external agencies and the Manitoba Government through defining the rights, responsibilities and expectations of each party.

Quality Assurance

FVPP uses the following accountability measures to ensure adherence with established expectations and standards:

- agency adherence reviews
- program consultations

Agency Adherence Reviews

FVPP will conduct an agency adherence review (AAR) every second year. FVPP will endeavour to contact agencies at least four weeks prior to a site visit for the purpose of an AAR. Once a date is set, FVPP will provide written confirmation to the agency. FVPP may request a complete copy of the agency's policies and procedures prior to the review to facilitate the process.

The review may include but is not limited to one or more of the following:

- examining agency policies and procedures, financial statements, and other documents required by the standards;

- engaging in discussions with service personnel to determine their knowledge of the standards and agency policies;

- touring the service provider's premises; and

- where applicable, examining permits and other documents issued to service providers pursuant to any federal, provincial or municipal regulations or by-laws.

Program Consultations

FVPP will conduct an agency program consultation (APC) every second year. FVPP will endeavour to contact agencies at least four weeks prior to a site visit for the purpose of an APC. Once a date is set, FVPP will provide written confirmation to the agency. During this consultation, FVPP may interview members of the board, the director, counsellors and / or other staff persons. The areas of discussion include but are not limited to the following:

- agency board operations;
- community relationships;
- operational and strategic planning;
- client evaluations;
- human resource management;
- counselling services;
- collaboration with collateral agencies; and
- statistics.

Effects of Non-Adherence

Where there is evidence of non-adherence to the SPA and standards, FVPP may undertake one or more of the following steps:

- negotiate terms and conditions with service providers to re-establish adherence;

- request in writing that the service provider initiate negotiated remedial measures within a specified period of time;

- initiate a service review and / or funding audit and evaluation;

- issue monthly, rather than quarterly grant payments;

- negotiate revised reporting requirements as part of an existing SPA;

- suspend or terminate an existing SPA and enter into a time-limited agreement determined by FVPP; or

- suspend or terminate an existing SPA and decline to enter into a new one.

Use of the Manual

This manual outlines minimum requirements for community-based non-profit agencies in receipt of public funds in the form of core grants allocated by the Department of Family Services . It contains standards both the service provider and the Department believe are appropriate for governance, administration and services.

Purpose and Objectives

The public demands high quality services and accountability in the delivery of social services. The purpose of this standards manual is to ensure the delivery of quality services to clients while recognizing and respecting the autonomy of the agency.

The development of this manual addresses the demand for quality services through the following objectives:

- Program direction to assist agencies and others in the management and operation of services.
- A comprehensive set of standards in one manual to use in staff and Board orientation and training.
- A manual readily accessible to staff in shelters, Board members, the Department and other organizations.
- A statement of minimum expectations for program planning and evaluation by the agency and the Department and for communication with the public.
- A statement of provincial requirements to be used in quality assurance activities by the agency and the Department.
- Clarification of authority, responsibility and accountability within and between the agency and the Department.

Standards, Policies and Guidelines

The standards set out minimum requirements for the operation of the agency and the delivery of services. The manual does not include detailed procedures. These are left to the discretion of the organization.

Applicable provincial policies and guidelines are stated, or referred to, in the text or in specific standards.

Distribution and Maintenance

This manual is a public document. It is distributed to the agency and may also be distributed to other organizations requesting information on program standards, and is available on the FVPP website.

Manual holders are encouraged to identify concerns and make suggestions for improving or revising the manual by writing or contacting:

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Family Violence Prevention Program
Manitoba Family Services
4126 – 300 Carlton Street
Winnipeg MB R3B 2K6
Telephone: 204-945-1709
E-mail: fvpp@gov.mb.ca

Definitions

This section defines key terms used throughout the manual.

Abused person
is any person who identifies him/herself as having been physically, psychologically, emotionally, financially or sexually abused by an intimate partner or other family member or person in a position of trust.

Abuser
an individual who chooses to use violence to control another person's behaviour and/or decisions.

Agency
refers to an organization receiving core funds from the Department, and, in this document, is used interchangeably with the term Service Provider and Organization.

Board
is the community volunteers duly elected as the governing body of the agency. .

Department
is the Department of Family Services.

Family Violence
is actual or threatened physical or sexual violence, and / or psychological, emotional, and financial abuse directed toward a family member. It includes intimate partner abuse, as well as abuse that is directed to others in a family relationship, such as so-called honour-based violence. Intimate partners may be of the opposite or same sex. Some of the common terms used to describe intimate partner abuse are domestic abuse, spouse abuse, domestic violence and battering.

Policy
is a general plan of action adopted by the Department or an agency in relation to operations or service goals; a formalized statement describing the guiding principle or philosophy adopted by a service provider in relation to a specific Standard.

Procedure
is a mode of performing a task or way of carrying out an activity; in the context of "policy and procedures", the method and manner by which the policy will be implemented; preferred or required practices.

Standard
is a minimum level of performance expressed in precise measurable terms; a mandatory requirement used as a basis for review or audit; a concise statement of expectations requiring adherence to clearly defined practices or procedures, and resulting in measurable outputs or outcomes.

Trans (or transgendered or transidentified)
includes transsexuals and other variations and combinations of gender identity and expression. Trans is an umbrella term that embraces people who cross socially constructed gender boundaries with a gender identity, presentation or behaviour not typically associated with their perceived, actual or biological sex. People who describe themselves as trans may not feel, look, dress or behave in a way expected of women (or men) in their culture. Please note: It may be sexual harassment to ask questions about intimate physical details (e.g., Have you had surgery?). (Definition adapted from: Trans Inclusion Policy for Women's Organizations, Darke and Cope for the Women / Trans Dialogue Planning Committee and the Trans Alliance Society, Winter 2002).

Part 1: Agency Governance and Administration

Part 1 of the manual articulates standards related to governance and administration. Many provisions in this section of the manual are reflective of the reporting requirements for all agencies receiving public monies through the Department. Established in 2006, the Financial Reporting Requirements (FRR) replace the Agency Reporting Requirements and summarize the information agencies are requested to provide and the time lines for reporting.

The FRR can be found on the Department's web site at http://www.gov.mb.ca/fs/about/frr.html.

1.1 Incorporation and By-Laws

1.1.1 Service Provider Identifying Information

The agency maintains Service Provider Identifying Information as outlined in the FRR.

1.1.2 Notification of Changes

The board notifies FVPP in writing within 14 working days of any changes in organizational structure, service provider contact information, board membership or senior staff positions.

1.1.3 Agency Incorporation

The agency is incorporated as a non-profit organization under *The Corporations Act.* The agency provides FVPP with a copy of the original "Articles of Incorporation" and the corporation by-laws.

1.1.4 Registration Renewals

The agency renews its registration annually and within the prescribed time with the Companies Office.

1.1.5 Agency By-Laws

The agency by-laws comply with *The Corporations Act* and regulations and are consistent with provincial legislation and policies relevant to non-profit operations and services.

Copies of consolidated by-laws are forwarded to FVPP upon request and amendments must be submitted as part of each year's Service Provider Identifying Information. Any changes should indicate the date of approval by the membership.

1.1.6 Annual Reports

The board submits a copy of the Annual Report (see the FRR for detailed information requirements).

1.2 Agency Boards

This section contains standards related to the organization and function of boards of directors, and to conflict of interest.

The board works closely with s the executive director and program staff in the planning and development of services.

The manual entitled *The Roles, Responsibilities and Functions of a Board*, developed by the Department of Family Services, is an excellent resource and reference guide.

1.2.1 Board Membership and Composition

The by-laws of the organization define the requirements for the election of board members, board size and composition, committees of the board, and the roles and responsibilities of members and officers in governing the agency.

1.2.2 Board Orientation and Training

The organization has written policies and procedures for the orientation of new board members and annual training for all board members.

1.2.3 Accountability and Delegation

The board delegates authority for specific matters related to the daily operation of the program and the implementation of policies to the executive director as prescribed by the by-laws and as outlined in the executive director's position description.

The executive director attends board meetings in an advisory capacity and as a non-voting member.

1.2.4 Conflict of Interest

The board and staff adhere to the Conflict of Interest Policy and Guidelines in the SPA.

1.3 Organizational Development

This section contains information and standards related to strategic and operational planning within the context of service goals and objectives.

This section also includes standards related to personnel policies and labour management agreements.

Operational Planning

Operational planning enables the board and staff of the agency to convert the strategic plan into a shorter term plan that focuses on the day-to-day operation of the agency. An operational plan usually looks ahead one year.

In order to meet the reporting requirements of the Department, reference to the Schedules of the SPA is essential to the process. Each Schedule or cost centre describes the required service activities and expected outcomes of those activities. From this framework, the agency can plan its service activities, define any resource needs and / or adjustments and then attach a cost.

An operational plan usually includes:

- the identification of key internal and external issues, needs, opportunities, or problems facing the agency;
- a ranked list of program and operational objectives for the fiscal period;

- a description of desired outcomes for each objective, their measurement criteria, and performance indicators to form the basis for consistent reporting systems;
- a list of all activities and tasks necessary to achieve operational objectives and produce the desired outcomes;
- the identification of the resources assigned to the activities and tasks, and the individuals who are responsible and accountable for the successful completion of the activities and tasks;
- a costing of associated staff and other resources needed to accomplish each activity or task (a detailed budget); and
- the time frames or completion dates for developmental tasks or projects.

1.3.1 Mission Statement

The organization has a written mission statement that identifies the client group to be served and articulates the overall purpose of the agency.

1.3.2 Goals and Objectives

The organization has written statements of service goals and objectives. These goals and objectives are stated in measurable terms and identify the programs and services to be provided, and are consistent with the organization's SPA with the Department.

1.3.3 Operational Planning

The board, in collaboration with agency staff, formally conducts an annual planning process for the coming fiscal year, and develops written strategies based on identified program and financial needs and priorities.

The operational plan is submitted with the Service Provider Identifying Information (as per the FRR).

1.3.4 Organizational Structure

The board maintains a current organizational chart showing the structure of the organization and setting out the relationships between the board, committees of the board, the executive director, program supervisor/coordinators (as applicable), program staff and volunteers (as per the FRR).

1.3.5 Staff Recruitment and Hiring

The organization has written policies defining the recruitment and screening procedures for all potential employees and volunteers, including Board members and students. Screening includes a criminal record check (including Vulnerable Sector Verification), a child abuse registry check, and an adult abuse registry check. See Section 26.0 of the SPA.

1.3.6 Human Resource Management

The organization has written personnel policies that outline expectations of personnel, including a code of conduct, working conditions, staff training, performance appraisal, insurance protection for personnel, benefits and entitlements, grievance procedures, and disciplinary procedures.

These policies are readily accessible to all employees and are part of the orientation of new employees at the point of hiring.

1.3.7 Labour Management Agreements

In organizations where a formal labour contract or collective agreement is in place, a copy is provided to FVPP upon ratification or request.

1.3.8 Position Descriptions

The organization develops and keeps current written position descriptions defining the duties and responsibilities of each employee. A copy is provided to FVPP upon request.

1.3.9 Fair Employment Practices

The organization complies with applicable federal and provincial laws and regulations governing fair employment practices and contractual relationships with staff.

1.4 Financial Management

The Budget Process

The financial viability of the agency depends on the budgeting process to establish direct correlation between service planning and delivery, and committed financial resources. The control of agency finances is maintained through collaborative efforts of the board of directors and management staff, with the board having ultimate responsibility.

The budget process is an opportunity to ensure that the services that the board has agreed are essential are provided within the funds available. The outcome of the budget process is compatible with the terms outlined in the SPA signed by the agency and the Department.

The budget process is an opportunity to accomplish the following:

- compile a list of programs and activities;
- determine the costs associated with each program and activity;
- determine the revenues that are, or can be, realistically expected;
- compare costs and revenues;
- set priorities based on client and administrative needs and costs, and the availability of funds; and
- balance, monitor and adjust the budget, so that a financial deficit is not incurred.

Surplus/Deficit Policy Guidelines deleted – see Appendix to the SPA

1.4.1 Service Purchase Agreement

The board of directors and the Department have a current and duly signed SPA.

1.4.2 Financial Controls and Reporting

The agency maintains financial statements and records in accordance with the FRR.

The agency employs acceptable accounting practices, and maintains financial statements and records in accordance with relevant legislation.

Previously numbered 1.4.3 to 1.4.8 were removed. Content is found in the FRR.

1.4.3 Statistical Reports - Units of Service

Statistical reports are compiled on the prescribed form and enumerate units of service in each program area funded by FVPP.

The agency submits monthly statistical reports to FVPP by the 30th day of the month following the period being reported.

1.5 Administrative and Client Records Management

This section contains standards concerning the management of both administrative and client service records.

1.5.1 Record Storage and Access

The organization develops, implements and updates as needed policy and procedures intended to ensure that records, including those of persons interviewed but not admitted to the program, are protected from loss and unauthorized removal or access. This standard applies to both paper and electronic records.

1.5.2 Record Retention and Destruction

The organization has written policies and proceduresthat reflect requirements of Appendix 2 of the SPA, as well as section 8.04 of the SPA, which states that records are to be preserved and available for seven years following the end of the fiscal year to which the record pertains.

1.5.3 Client Record Contents

The organization has written policies that the agency maintainsone record for each client admitted for services. The record includes, at a minimum:

- the completed intake and assessment form including pre-test clinical measures;
- an up-to-date service plan;
- case notes outlining the client's expressed needs and the progress achieved relative to the service plan;
- documentation of requests for other agency involvement, including written consent forms;
- documentation of outcomes of service at case closure including post-test clinical results; and
- documentation of departure planningand the closure interview whenever possible.

Where a service record does not contain a completed departure planning/closure interview information, the designated worker notes the circumstances of the client at departure and provides a case summary.

1.5.4 Client Record Maintenance

The organization has a policy that agency staff keep the record current for each client from the point of intake to case closure. All case notes are initialled and dated by the author, and, in accordance with standard 2.1.3, are shared with other agency staff on a need to know basis only.

1.5.5 Confidentiality of Client Records

The organization has written policies and procedures stating that client records, including paper and electronic records, are:

- stored in a secure manner;
- strictly confidential;
- the property of the agency; and
- only disclosed to other parties with the informed and written consent of the client who is the subject of the record or in accordance with the law.

1.5.6 Client Access to Records

The organization has written policies and procedures ensuring that clients have clearly defined right of access to their record, except where precluded by law (for example, in a child abuse situation), the right to request corrections to personal information and are informed of these rights (as per Appendix 2 of the SPA). It must be made clear that in all situations, the file remains the property of the agency, and is only reviewed in the presence of agency staff.

1.6 Physical Facilities

1.6.1 Adherence to Legislation and Regulations

The organization ensures that its premises and equipment conform to all applicable health, safety, building and fire codes, by-laws, regulations and legislation (see Appendix A).

1.6.2 Local Codes and By-Laws

The agency acquires copies of city or municipal codes or by-laws that apply only to their locale.

1.6.3 Physical Space

The agency maintains a physical location that has private offices or counselling space available for clients.

Part 2: The Laurel Centre Services

Introduction

Part 2 of the manual articulates standards related to The Laurel Centre services. Major sections in Part 2 include Protection of Rights, Client Safety and Health, Admission Criteria and Process, Agency Services and Resources, and Service Evaluation.

Organizations are encouraged to refer to their current SPA for additional information on service activities and expected outcomes.

2.1 Protection of Rights

2.1.1 Human Rights

The agency has a written policy stating that services are extended to all persons regardless of age, race, faith, socio-economic status, physical or mental capabilities or sexual orientation. This policy also applies to transgendered women.

2.1.2 Right to Service

The agency has a written policy stating that agency services are accessible on a universal, voluntary basis.

There are no fees charged to clients for services provided by the agency, or, where a fee is assigned, individuals are not denied service based on an inability to pay.

2.1.3 Right to Privacy

The agency has a written policy statement defining the client's right to privacy. This policy should include but is not limited to the following measures:

- depending on the expressed preference of the client, private space or offices are available for interviewing or counselling at intake and throughout the duration of the client's contact with the agency; and

- information concerning clients is shared among program personnel on a need-to-know basis only (see also standard 1.5.5 on client confidentiality and standard 2.2.1 on client safety).

2.1.4 Consent to Release Information

The agency has a written policy and procedures stating that information recorded or known about a client will not be shared with outside agencies without the written consent of the client. Exceptions to this must be shared with the client at the time of intake and include legislated reporting requirements, Court order, medical crisis, or when a client presents as a serious risk to others or self. Written consent of the client should be time limited and indicate with whom the information may be shared.

2.1.5 Right to Appeal - Client Complaints

The organization has written procedures that guarantee clients the right to register a complaint regarding any aspect of services received from the agency and the right to have the complaint heard in an impartial forum.

The Right to Appeal procedures clearly outline the steps to be taken and include the Right to Appeal to the board of directors.

2.1.6 Right to Services with Sensitivity

The organization has written policies that ensure that women and their children can receive services that are sensitive to, and respect, their cultural and linguistic heritage, religious beliefs and sexual orientation.

2.2 Client Safety and Health

This section contains standards related to client safety and child protection. For easy reference, the Revised Manitoba Guidelines on Identifying and Reporting a Child in Need of Protection, as well as a map indicating the division of the province by Designated Intake and Emergency After-Hours Agencies can be found on the Department website.

2.2.1 Confidentiality and Safety of Admitted Clients

The shelter has a written policy intended to protect client confidentiality and ensure client safety upon admission. The policy includes that agency staff do not confirm admission or disclose the whereabouts of a client admitted to the agency to any person except when required to disclose due to legislation, judicial order or medical crisis. The policy also articulates the procedure for cooperating with police inquiries.

2.2.2 Threats to Safety

The agency has written policies and procedures to be used when agency staff or clients have received threats or there is concern for their safety.

2.2.3 Children in Need of Protection

The agency has a written policy and procedures requiring staff to report suspected cases of children in need of protection to a CFS agency, notwithstanding that the information on which the belief is founded is confidential.

Except in rare circumstances, which are left to the discretion of management, it is the practice of the shelter to discuss with the mother the exact nature of the concerns prior to contacting a CFS agency. Where deemed appropriate and provided there is no breach of the law, the mother is given the opportunity to report the information to CFS on her own volition.

Agency staff record the date and time of the identification or disclosure of suspected abuse or neglect, and the date and time of the report to CFS on the client's file. The shelter staff responsible for the report signs the client's file.

2.2.4 Critical Incidents

The agency has a written policy onreporting critical incidents. In the event of a critical incident, the service provider will inform FVPP and the Chair or designated board member within 24 hours.

The service provider must submit a Critical Incident Report (Appendix B) to FVPP within seven working days of the incident.

2.2.5 Interruption of Services

The organization has a written policy to develop and update a Board-approved plan to address interruption of services due to unanticipated emergencies.

Please refer to the following link for information on emergency planning:
http://www.gov.mb.ca/emo/.

2.2.6 Technology and Safety

The organization has a written policy that addresses the safe use of technology by staff and clients.

2.2.7 Health and Safety of Clients with Allergies

The agency has a written policy to protect clients who have allergies to food, scent, etc. This policy will include the identification of clients with allergies upon admission and a procedure to ensure their health and safety while on the agency's premises. Procedures may include creating individual health and safety plans that include both preventative measures to help avoid accidental exposure to allergens and emergency measures in case of exposure.

2.3 Admission Criteria and Process

2.3.1 Admission Criteria

The agency has written admission criteria that reflect the stated philosophy of the program and the overall mission of the organization.

2.3.2 Exception Policy

The agency has a written policy that states the circumstances under which an individual is excepted from receiving services.

The policy includes the rationale for the exception.

2.3.3 Non-Admitted Clients

The agency ensures that individuals not accepted for admission are referred to other resources and assisted to access those resources upon request.

2.3.4 Withdrawal of Services

The agency has a written policy that clearly states the circumstances under which a client may be asked to leave the program.

The policy and how it will be implemented is explained to clients on an as-needed basis.

2.4 Therapeutic Intervention Services

Therapeutic Program Goals

Therapeutic interventions for women are provided primarily through individual and group counselling. Program goals include:

- Enabling the client to relate current difficulties to her traumatic history in order to reduce guilt, shame, and self-blame;
- Enabling the client to increase emotional and instrumental safety for herself;
- Enabling the client to develop her own social supports;
- Enabling the client to develop alternate methods of dealing with the effects of childhood or adolescent sexual abuse;
- Enabling the client to develop an increased sense of identity and self-worth; and
- Enabling the client to increase relationship skills.

Core Services

- Intake and assessment
- Individual counselling
- Group counselling

2.4.1 Intake and Assessment

The agency establishes a written policy describing the intake and assessment process. The process requires the use of a structured intake form.

Staff follow and complete the intake and assessment process for each client admitted to the program.

2.4.2 Individual Counselling

The agency provides individual counselling to clients.

2.4.3 Group Counselling

The agency provides group counselling to clients.

2.4.4 Termination of Services Process

The agency implements a gradual and planned termination of services process with each client intended to reinforce personal gains/strengths, identify additional resource needs if any, and evaluate the client's progress towards chosen goals.

2.5 Men's Resource Centre Services

The Men's Resource Centre was established in June 2001 and was one of the first men's resource centres in the country. It was originally housed under the Elizabeth Hill Counselling Centre but in July 2010, began operating under The Laurel Centre umbrella. The agency provides drop-in counselling, individual and group counselling, a family violence emergency shelter for men and children leaving an abusive relationship, and a specialized counselling program for male survivors of child sexual abuse.

Men's Resource Centre Goals

Support for men is provided through individual and group counselling. Program goals include:

- To provide supportive services to men experiencing stress related to historical, situational, or developmental factors, to decrease the likelihood that the man will act in a self- or other-destructive manner.

- To assist men to establish and/or strengthen positive social interaction and support networks within their community to intervene in the pattern of isolation.

- To assist men to identify their needs and to help men access resources, program and services that meet their identified needs.

- To provide men with the opportunity to volunteer at the centre so that other men may benefit from the mutual support amongst men.

2.5.1 Intake and Assessment

The agency establishes, in written policy, an intake and assessment process that includes the use of a structured intake form.

Resource centre staff follow and complete the intake and assessment process for men requesting any counselling service or accommodation service.

2.5.2 Client-Centred Planning

The agency has a policy on client-centred planning. Staff and the client develop a plan that clearly identifies the client's expectations of counselling services, the goals, ways to meet those goals, and measure their achievement.

2.5.3 Counselling

The agency has a written policy which states that resource centre staff provide individual and group counselling to men requesting this service.

All counselling services are provided on a voluntary, private and confidential basis.

2.5.4 Termination of Services Process

The agency implements a gradual and planned termination of services process with each client intended to reinforce personal gains/strengths, identify additional resource needs if any, and evaluate the client's progress towards chosen goals.

2.5.5 Accommodation Services

The agency has a policy and procedures to provide accommodation for men (and their children) who have experienced family violence. Accommodation options include the Manitoba Housing

unit assigned to the Men's Resource Centre or a hotel. Employment and Income Assistance (EIA) provides support for men accessing accommodation through the MRC. The EIA Information Sheet is in Appendix C.

2.6 Service Evaluation

2.6.1 Client Evaluation of Services

The organization has a written policy and procedure to provide a written evaluation form to each client upon completion of services, and to review these evaluations on a regular basis.

Where a client does not complete counselling services, the agency reviews the client's record to determine possible reasons for termination of service and/or to identify gaps in service.

The agency reviews the records for both agency-initiated closures and client-initiated termination of service.

2.6.2 Outcome Measures

The agency uses outcome based measures to assess the effectiveness of services provided.

APPENDIX A: LIST OF LEGISLATION, REGULATIONS, CODES AND BY-LAWS FOR PHYSICAL FACILITIES

The Buildings and Mobile Homes Act

The Manitoba Building Code

The Fire Prevention Act

City of Winnipeg By-Laws

Sanitation Regulations:
Reg. 325/88-P210
Reg. 328/88-P210

Dwellings and Buildings Regulation:
Reg. 322/88-P210

City of Winnipeg Maintenance and Occupancy By-Law No. 763/74

City of Winnipeg Untidy and Unsightly Premises By-Law No. 762/74

City of Winnipeg Food Services By-Law No. 2920/81

Province Wide Legislation and Regulations

Sanitation Regulations:
Reg. 325/88-P210
Reg. 328/88-P210

Dwellings and Buildings Regulation
Reg. 322/88-P210

The Environment Act

Manitoba Regulation (Food and Food Handling)
Reg. 339/88-P210

Workplace Safety and Health Act

APPENDIX B: CRITICAL INCIDENT REPORTING PROCEDURES AND FORM

INTRODUCTION

Along with other reporting requirements between agencies and FVPP, Critical Incident reporting provides both parties with an effective means of monitoring the appropriateness and quality of their service delivery. It also allows for the ongoing review of service provider practices, procedures, and training needs.

As such, FVPP requires that agencies, funded to provide services to abused women and their families, report all critical incidents within 24 hours. In addition, service providers are required to submit a Critical Incident Report. The following procedures include descriptions of roles and responsibilities, a reporting template, and the steps required to promote a consistent approach to Critical Incident reporting and related follow-up actions.

DEFINITION

Critical incidents to be reported by the service provider to FVPP are defined as follows:

- Any death of a client which occurs while participating in a service[1].
- Any serious injury to a client which occurs while participating in a service, including:
  - any injury caused by the service provider;
  - a serious accidental injury received while in attendance at a service provider setting, and / or in receiving service from the service provider; or
  - an injury to a client which is non-accidental, including self-inflicted, or unexplained, and which requires treatment by a medical practitioner, including a nurse or dentist.
- Any alleged abuse[2] or mistreatment of a client, which occurs while participating in a service. This includes all allegations of abuse or mistreatment of clients against staff or volunteers.
- Any situation where a client is missing and the service provider considers the matter to be serious.
- Any disaster, such as a fire, on the premises where a service is provided.
- Any complaint made by, or about, a client, or any other Critical Incident concerning a client that is considered by the service provider to be of a serious nature.
- Any event that caused a substantial damage of equipment or facilities.

1 In the event of death, a medical examiner must also be notified.
2 Abuse includes physical harm, sexual molestation or exploitation, not providing medical treatment when required, and psychological, verbal, emotional, financial abuse or mistreatment.

Note: Within the parameters of the preceding definitions, the service provider is responsible for determining whether an incident is a Critical Incident as defined by these procedures and whether, therefore, it should be reported to FVPP. As a general rule, when in doubt whether an event is a Critical Incident or not, agencies are advised to discuss it with their External Agency Coordinator.

REQUIREMENTS

Instruction of Staff

Service providers are expected to develop internal policies for instructing staff regarding critical incidents. At a minimum, these policies must address:

- the identification of critical incidents;
- the immediate response procedures to a critical incident; and
- the expected steps in reporting a critical incident.

Critical Incident Response – Immediate Actions by Service Provider

Actions to be taken, if a critical incident has occurred or is suspected, include the following:

- The client will be provided with immediate medical attention when warranted.

- Appropriate steps will be taken to address any continuing risks to the client's health or safety. (The need for the same or similar steps to address the health and safety of other clients should also be considered, as appropriate.)

- Ensure that the local medical examiner is notified immediately in all cases involving death, regardless of location (e.g. hospital) or circumstances (e.g. "Do Not Resuscitate" order was in effect, or death not considered questionable).

- The staff or any other person witnessing, or having knowledge of the occurrence, will report the matter to the person designated by the service provider to conduct Critical Incident inquiries.

- The designated person will immediately begin a Critical Incident inquiry in accordance with the following steps. The purpose of the inquiry is to gather information regarding the actual or alleged occurrence(s).

- All persons having knowledge of the occurrence will be asked to remain on the premises until the designated person has interviewed them or indicated that there is no need for their involvement at that point.

The information gathered by the designated person will form the basis of the Critical Incident Report Form.

If on the basis of the inquiry there is reason to suspect that a client has been abused (and / or in need of protection, in the case of a child), the designated person shall ensure immediate contact with:

- police and / or Child & Family Services as appropriate in the case of a child. (Note: It is the person who has reasonable grounds to suspect that a child is or may be in need of protection who is legally obligated to make a report to the CFS.)

- police, as appropriate and in accordance with applicable service provider policies / practices.

Reporting Process – Within 24 Hours

The service provider will inform FVPP and the Chair or designated board member within 24 hours when a Critical Incident has taken place.

Reporting Process – Within Seven (7) Days

After the initial notification to FVPP, the written Critical Incident Report, signed by a designated service provider, must be submitted to FVPP within seven working days. The report shall identify any clients involved by their first name and the first initial of their last name. Any other party should be referenced in as non-identifying terms as possible (e.g. first and last initials only, staff A / staff B, etc.)

Note: The primary focus of the Critical Incident Report is the record of service provider actions from an accountability perspective (i.e. were the actions taken appropriate, complete, consistent with legislation / policy, etc.). However, it is possible that not all desired information can be obtained, or incident review / follow-up actions completed, within the required seven-day period.

As such, service providers are requested to always submit the Critical Incident Report within the seven-day period, even if they have incomplete information and / or actions that have yet to be completed. In such cases, an explanation should be included, along with a clear indication that a supplementary follow-up report to FVPP will be forthcoming.

Upon reviewing the Critical Incident Report, FVPP may request additional information or a further review by the service provider of the incident. The service provider is then expected to submit any related follow-up or outcome report(s) to FVPP in accordance with approved timelines. If required, FVPP may also initiate its own, or other departmental reviews.

Ongoing Monitoring

The service provider is expected to monitor the agency's performance on an ongoing basis with respect to the reporting, management, and follow-up of critical incidents.

CRITICAL INCIDENT STEPS SUMMARY

Immediate actions	Address health & safety of client(s) Notify medical examiner for any death; police or CFS as applicable; family and / or others as appropriate Conduct Critical Incident inquiry
Within 24 hours	Notify FVPP
Within 7 days	Submit Critical Incident Report to FVPP
Following submission of Critical Incident Report	Provide follow-up review(s) and information updates to FVPP as requested
Ongoing	Monitor Critical Incident related issues / trends and conduct follow-up actions in a timely manner

CRITICAL INCIDENT REPORT

Agency	Address	
Director / Senior staff	Telephone Number	
Board Chair	Date & Time of Occurrence	Date & time information received by person completing report

Name of person(s) involved (First name & initial of surname) Age	Type of serious occurrence [ ] death [ ] serious injury [ ] alleged abuse / maltreatment [ ] missing person [ ] disaster on premises [ ] Other _____
Staff member in-charge at the time of the incident	
Who was notified? Verbal Rpt Written Rpt Date Chair / designated member [ ] [ ] _____ FVPP [ ] [ ] _____ Other: _____ [ ] [ ] _____	

Description of the Critical Incident (attach details)
Please print legibly

What happened? (*Who, what, where, when, why, & how. Include names of staff who were involved or who witnessed the incident.*)

When was the incident reported? To whom? By whom? Time of call? Response time? *(i.e. Police, emergency services, doctor, etc.)*

Action taken:

Current status / Condition:

Further immediate, or future action proposed (include measures taken or planned to prevent similar incidents in the future):

Is this expected to be the only / last report submitted for this occurrence? [ ] Yes [ ] No

Report completed by: (Printed name)	(Signature)	Date report completed	Time

To be completed by the Family Violence Prevention Program

Date FVPP notified:	Time	Written report received:
Assigned to: Further service provider action required [ ] Yes [ ] No Further FVPP action required [ ] Yes [ ] No Briefing / Advisory Note written [ ] Yes [ ] No Explain current status and additional action to be taken: FVPP Signature Date		

July 2014

APPENDIX C: EMPLOYMENT AND INCOME ASSISTANCE INFORMATION SHEET

APPLICATION FOR CRISIS SHELTER SERVICES

Crisis facility staff complete the Crisis Shelter Emergency Assistance Request (otherwise known as the 'short form application') for persons who are requesting assistance to stay at their facility. The information required includes: name, birth date, social insurance number, sex, provincial health card information, Treaty Band name and number, financial resources immediately available, current address and reason for shelter service.

Individuals requesting shelter assistance that do not fit the mandate of the crisis shelters should be referred to their community EIA office during business hours or After Hours Emergency Services (AHES) at:

- 204-945-0183 - Winnipeg
- 1-866-559-6778 – outside of Winnipeg

EIA staff will review each application to determine eligibility under *The Employment and Income Assistance Act* and in accordance with EIA policies on assessing resources, needs and payment considerations.

Health Needs

EIA Health Services provides coverage for essential drug, dental and optical supplies and services for eligible clients and children. Individuals with alternative health coverage (e.g. FNIHB for treaty status or Manitoba Blue Cross) are not eligible for EIA Health Services benefits.

Drugs

Once fully enrolled on EIA, individuals may take their prescriptions to a pharmacy and advise the pharmacist that they are on EIA benefits and provide their Manitoba Health card and / or nine-digit Personal Health Information Number (PHIN). Individuals who are not able to attend the pharmacy may call in their prescriptions to the pharmacy and relay the information regarding their enrolment on assistance and their PHIN. The prescription may then be picked up or delivered by a third party.

In situations where shelters must directly pay for prescriptions, shelter staff may submit the prescription receipt to the Crisis Shelter Liaison Coordinator for reimbursement.

Dental

EIA clients accessing shelter services will continue to receive the same dental benefits as all clients of the EIA program. The waiting period for dental care for single parents is 3 months, and the waiting period for single adults with no children is 6 months.

Emergency dental care for EIA clients consists of the treatment and relief of pain. It does not cover restorative treatment. Requests for emergency dental treatment may be forwarded to the Crisis Shelter Liaison Coordinator.

Optical

EIA clients accessing shelter services will continue to receive the same optical services as all clients of the EIA program. The waiting period for optical care for single parents is 3 months and the waiting period for single adults with no children is 6 months.
Emergency coverage for all EIA clients may be provided in situations where a prescription has significantly changed. Where an individual makes a request for replacement frames or new eyeglasses, and is not eligible under the EIA program, she may choose to pay for replacement glasses / frames with any available resources / savings. Where glasses have been damaged as a result of a domestic dispute, she may be eligible for replacement eyeglasses through Victim Services. Requests for emergency optical treatment may be forwarded to the Crisis Shelter Liaison Coordinator.

Special Needs

School Supplies

Families residing in crisis shelters are not eligible to receive EIA funds for school supplies until they leave the shelter. In situations where the family is enrolled on the EIA program after leaving the shelter, EIA case coordinators may issue assistance for school supplies at the age appropriate guidelines.

Household Needs

EIA reviews requests for household needs (e.g. furniture, beds and bedding) on a case-by-case basis, prior to leaving the crisis shelter. Washing machines may be requested from the EIA case coordinator after leaving the shelter. Funds to purchase a washing machine are only provided under special circumstances, such as a disability that prevents the family from going to the Laundromat, or living in an area where Laundromats are not available.

Household Locks

The costs of changing or strengthening locks on an existing residence may be approved for persons accessing shelter facilities, who are eligible for EIA.

Transportation

Transportation to the crisis shelter, to and from medical and legal appointments, and from the crisis shelter to a residence in the community, or anywhere in Manitoba, may be approved by the least expensive mode of transportation that is available in situations, provided the safety of the client is not a concern. Approval should be requested during regular business hours (Monday to Friday, 8:00 am to 4:00 pm) by fax at 204-948-4702.

Bus tickets are provided to the shelters by EIA, to assist clients with searching for housing and for attending legal and medical appointments. Where shelters choose to provide transportation for other reasons, the funding may come from other resources, such as fund raising and private donations.

In most situations, where public transportation is available, taxi service will not be approved as a method of transportation. Once a person has returned home or moved to a new accommodation, public transportation will often be required to purchase groceries, go to children's schools, attend errands, etc. In situations where a client is considered high risk, and the request for a taxi is being made because of this, EIA may request further details regarding the safety plan, including the planned ongoing method of transportation.

In situations where individuals were financially independent prior to utilizing shelter services, and where they will not require EIA after exiting the shelter, individuals may choose to use their personal resources to pay for transportation.

EIA does not provide funds for transportation where existing alternative resources for transportation are in place (e.g. a client is traveling to a medical appointment that is related to a car accident where Manitoba Public Insurance covers the transportation costs). Transportation requests for out-of-province travel must be referred to the Crisis Shelter Liaison Coordinator for consideration. Transportation requests for air fare, train fare, bus fare and fuel allowances involving a move for a client with or without children may be approved for shelter to shelter transfers in province or shelter to shelter transfers out of province. The mileage rates are 20 cents south of the 53rd parallel and 22 cents north of the 53rd parallel.

For shelter to shelter transportation requests, the appropriate client centered planning is required and any requests for transportation should indicate high risk where appropriate. In high risk situations, the crisis facility should call the local police to provide assistance in facilitating safe transportation.

NOTE: the only time transportation would be reimbursed without prior approval would be to transport a client with or without children from a northern / remote community where immediate safety is an issue and arrangements cannot wait for the next business day. As approval cannot be acquired in the evenings, on weekends or holidays, the agency is responsible to follow-up for post-approval on the next regular business day.

Prior to the agency arranging transportation, the shelter MUST ensure it has the client's (and children's, if applicable) complete name, date of birth and social insurance number in order to be reimbursed. The short form application always needs to be provided to the Crisis Shelter Liaison Coordinator, whether signed or not.

Shelter to Shelter Referrals

In situations where a client is being moved from a federally funded shelter to a provincial shelter, the client is eligible for the full 30 days in the provincial shelter, so as to provide adequate time to stabilize in a new community. However, the time spent in the federally funded shelter may be considered in a situation where there is a request for extension of the client's stay.

Case Plans

EIA staff may need to request that shelter staff provide relevant details of a client's case plan / safety plan / exit plan. Questions are limited to situations where EIA staff require further information related to financial eligibility and level of benefits (e.g., employment status, number of children), in order to make an informed decision on the case. Privacy laws, and the absence of an information sharing agreement, prevent EIA staff from providing information regarding clients and / or their previous history to shelter staff.

Shelter staff should anticipate that questions may be asked by EIA staff. However, the information should not require further preparation as the case plan / safety plan / exit plan would have already been developed and the shelter staff will only be asked to relay the information.

Requests for Extension of Shelter Stay

As a general rule, extensions beyond 30 days may be requested under three circumstances:

1. The client has not secured a safe living arrangement. It may be that a woman is unable to relocate, secure housing or assume possession of a new residence within a 30-day timeframe.

2. There is an outstanding safety concern such as a lack of a protection plan or the client requires legal assistance before leaving the residential program.

3. A client's situation is not sufficiently stabilized. Specifically, EIA considers cases where the physical / emotional needs of a client delay crisis counselling, or a woman needs more time to establish a support network and / or secure financial support.

To assist EIA in making a determination for the extension, provide all relevant information about the woman's case plan / safety plan / exit plan on the request for extension of stay form.

Procedures for completion of extension of stay forms:

- Complete the request for extension of stay form in its entirety, ensuring all the information at the top of the form and part 1 is filled out.

- In outlining the case plan (section F, part 1), refer to the actions required to stabilize the client's situation or to support the protection plan, and provide an estimate of the time needed to complete this work. If relevant, include details about other agency involvement, outstanding needs, and medical concerns.

- A request for an extension of stay beyond 30 days should be made on the 21st day of the client's stay. The form is to be forwarded (fax preferred at 204-948-4702) to EIA for review. EIA will contact the agency to either (a) ask for further clarification, or (b) return a decision. If an extension request is modified or rejected, EIA will provide specific reasons based on current EIA policy.

  NOTE: Any changes in a client's circumstances that would affect an agreed upon extension should be reported to EIA immediately.

- If the agency is not in agreement with EIA's decision, the procedure to follow is to:

    1. Contact EIA to discuss the rationale for the decision.

    2. If this does not resolve the issue, contact the External Agency Coordinator (EAC) at the Family Violence Prevention Program (FVPP). The EAC will review the decision with EIA and discuss the outcome with the agency.

    3. Appeal the decision to the Director of FVPP. FVPP Director will consult with senior officials in EIA and will discuss the resulting decision with the agency.

The EIA program is committed to and appreciates the open flow of communication concerning EIA policies with each of the provincial shelters and the Manitoba Association of Women's Shelters. Further questions may be addressed to the Crisis Shelter Liaison Coordinator at 204-948-4096.

Revised January 31, 2013