

**MANITOBA STANDARDS MANUAL**  
**FOR WOMEN'S RESOURCE CENTRES**  
**with Residential Services**

**January 2014**

**Developed by the Family Violence Prevention Program and  
Manitoba's Women's Resource Centres**

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## **Introduction: Women's Resource Centre Program**

This section provides an overview of the Women's Resource Centre (WRC) program. It contains information about the program, the development of standards, funding agreements and quality assurance activities.

### **Program Overview**

The WRC program in Manitoba began at a grassroots level in 1982 and continues to take a leadership role in Canada in the evolution of community-based women's services.

### ***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 Family Violence Prevention Program (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.

### ***Program Purpose***

The purpose of the WRC program is to offer community-based programs and services which support and empower women to make informed decisions in their lives.

### ***Program Description***

WRCs offer services that are based on the unique needs of women in their community and/or region. Access to WRC services is universal regardless of the personal financial resources of the individual.

Services include:

- crisis prevention and intervention
- emotional support through individual and/or group counselling
- accompaniment and practical support
- information and referral
- children's services
- public education/ awareness
- interim housing program

Many WRC also act as developmental resources in such areas as:

- recruitment and training of volunteers
- providing community education
- facilitating awareness workshops for personnel from other disciplines
- participating in or conducting research

### ***Departmental Funding***

The Department of Family Services (Department), through FVPP, allocates funds to WRCs for administration, counselling services, information and referral services, and an interim housing program.

### ***Fee Waiver***

Fee waiver is a grant provided by FVPP to shelters to offset the costs associated with admitted clients who do not qualify for EIA benefits. Allowable expenses for fee waiver are consistent with allowable expenses outlined in EIA guidelines. Agencies recover these costs by submitting the prescribed invoice and other documentation to FVPP on a monthly basis. FVPP reimburses fee waiver costs on a monthly basis.

If these clients require an extension of stay, shelters should use the same EIA extension guidelines and forms as they do for clients who do qualify for EIA benefits. ([Appendix D](#)).

## **Development of Standards**

The development of standards was prompted by the belief, shared by the Department and the WRC service providers, that standards are necessary to ensure the quality of services for abused women.

## **Service Purchase Agreements**

The Department 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
- monitoring of adherence to SPAs

### ***Agency Adherence Reviews***

FVPP will conduct an agency adherence review (AAR) every second year, unless there are changes to the standards manual that require updating of agency policy and procedures. 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. Note that FVPP will 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; or
- where applicable, examining permits and other documents issued to service providers pursuant to any federal, provincial or municipal regulations or by-laws.

### *Effects of Non-Adherence*

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

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

### *Program Consultations*

FVPP will conduct an agency program consultation (APC) every second year, unless there is a significant change in leadership, requiring that a consultation be conducted more frequently. 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; and
- collaboration with collateral agencies.



## Use of the Manual

This section provides information about the development of this manual, its content and structure, and distribution and maintenance procedures. Comments on the development of the manual include a statement of its purpose and objectives.

### Manual Development

This manual outlines minimum requirements for all WRC in receipt of public funds in the form of core grants allocated by the Department. It contains standards both the WRC and the Department believe are appropriate for governance, administration, facilities and services.

The process of standards development has been guided by those service providers in the resource centre community who have gained invaluable knowledge and experience in delivering meaningful and practical programs for women and their families.

#### *Purpose and Objectives*

The public continues to demand a high quality and accountability in the delivery of social services. The purpose of standards for WRCs is to ensure the delivery of quality services to clients while recognizing and respecting the autonomy of these agencies.

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 WRCs.
- A comprehensive set of standards in one manual to use in staff orientation and training.
- A manual readily accessible to staff in WRCs, the Department and other organizations.
- A statement of minimum expectations for program planning and evaluation by WRC and the Department and for communication with the public.
- A statement of provincial requirements to be used in quality assurance activities by WRCs and the Department.
- Clarification of authority, responsibility and accountability within and between WRC and the Department.

### ***Standards, Policies and Guidelines***

The standards set out minimum requirements for the operation of WRC. Applicable provincial policies and guidelines are stated, or referred to, in the text or in specific standards. The manual appendices include these policy statements and guidelines in their entirety.

### ***Distribution and Maintenance***

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

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

Director  
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](mailto:fvpp@gov.mb.ca)

### **Definitions**

This section defines key terms used throughout the manual.

#### ***Abused woman***

is any woman who identifies herself as having been physically, psychologically, emotionally or sexually abused by an intimate partner or other family member.

#### ***Accompaniment and Practical Support***

involves accompanying and providing practical support for women who are attempting or planning to access other resources.

#### ***Agency***

refers to a WRC receiving core funds from the Department, and, in this document, is used interchangeably with the term Service Provider.

***Board***

is the community volunteers duly elected as the governing body of the agency and, in this document, is used interchangeably with the term Organization.

***Child Witness***

is a child who lives with a woman who has been abused by an intimate partner or other family member.

***Client***

is any person who has been admitted in any service offered by a WRC.

***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.

***“Honour”-Based Violence***

is where a person is being punished by their family or community for actually or allegedly undermining what they believe to be the correct code of behaviour. By not conforming, it may be perceived that the person may have brought shame or dishonour to the family. This type of violence can be distinguished from other forms of violence, as it is often committed with some degree of approval and / or collusion from the family and / or community.

***Intimate Partner Abuse***

is actual or threatened physical or sexual violence, and / or psychological, emotional, and financial abuse directed toward a spouse, ex-spouse, current or former common-law, or current or former dating partner. 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.

***Principle***

is a comprehensive and fundamental law, doctrine, value or assumption; a rule or code of conduct or service.

***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: 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**

This section contains standards related to WRC incorporation and by-laws. Manitoba policies require that agencies receiving funding from the province have legal status as non-profit entities under *The Corporations Act*.

The FRR is referenced as applicable.

### ***1.1.1 Service Provider Identifying Information***

The WRCs maintain service provider identifying information as outlined in the [FRR](#).

### ***1.1.2 Notification of Changes***

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

### ***1.1.3 Agency Incorporation***

WRCs are incorporated as non-profit organizations under *The Corporations Act*. Each WRC provides the AASU with a copy of the original “Articles of Incorporation” and the corporation by-laws.

### ***1.1.4 Registration Renewals***

WRCs renew their registrations annually and within the prescribed time with the Companies Office, Manitoba Healthy Living, Seniors and Consumer Affairs.

### ***1.1.5 Agency By-Laws***

Agency by-laws comply with *The Corporations Act* and regulations and are consistent with provincial legislation and policies relevant to WRC 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 within six months of fiscal year end. If no formal report is prepared, the minutes of the annual general meeting should be submitted along with the following information: (i) comments relating to the year's activities, (ii) a report on the achievement of program and service results, (iii) use of volunteers (see the [FRR](#) for detailed information requirements).

## **1.2 Women's Resource Centre's Boards**

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

The board of directors is independently incorporated as the legal entity with authority to govern the agency. The board is ultimately responsible for the operations and management of the agency. The by-laws provide a framework within which the board meets its management obligations to develop internal policies in matters such as finances and budgeting, fund raising, personnel management, program development and public relations. *The board involves the WRC director and staff in the planning and development of services and programs for abused women and their children.*

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. The organization will have an open call for board members, minimally once per year.

### ***1.2.2 Board Orientation and Training***

The organization has written policies and procedures to orient and train board members. Orientation and training are carried out at least annually and usually during the month following the summer recess.

### ***1.2.3 Accountability and Delegation***

The board is accountable for the overall management of the agency and develops written service and personnel policies.

The board delegates authority for specific matters related to the daily operation of the program and the implementation of policies to the director, consistent with the director's position description.

The WRC 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 Requirements in the SPA (Appendix 3 in the SPA).

It is the responsibility of the board to ensure that the conflict of interest policy is communicated to all board members and to employees of the agency, and to establish procedures for ensuring compliance with the policies and guidelines.

### 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. The provisions of an active labour-management agreement in a WRC supersedes the minimum requirements set out in these standards.

#### *Strategic Planning*

Strategic Planning is an important management practice that results in a written plan setting out the long-term direction for the agency. Planning occurs through a collaborative effort, led by the board of directors and actively involving the agency director and staff. A strategic plan may look ahead three to five-years.

A strategic planning process usually includes:

- an environmental scan identifying key internal and external issues, needs, opportunities, or problems facing the agency;
- a review of the agency's vision and mission statements; and
- the identification and prioritization of goals and key strategies.

#### *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:

- 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.
- to facilitate reporting, operational plans may include a column that reports on the progress on each objective and is updated throughout the year.

### ***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.

The mission statement includes reference to women in violent relationships and the need to empower these women to make informed decisions.

### ***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.

### ***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 director, WRC staff and volunteers.



### ***1.3.5 Staff Recruitment and Hiring***

The organization has written policies defining the recruitment and screening procedures for all potential employees and volunteers. Screening includes a criminal record check (including Vulnerable Sector Verification), a child abuse registry check, and an adult abuse registry check. In addition, the organization has a policy defining the number of years after which every employee's criminal record and child abuse registry check should be updated.

### ***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, labour-management relations where applicable, 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 standards in this section reflect financial controls and procedures for agencies receiving core funding from the Department.

### ***Service Purchase Agreements***

It is the policy of the Manitoba government to fund external agencies on the basis of a negotiated SPA. An SPA is a written contract requiring each party to perform certain

obligations or deliver specific services. These Agreements clarify and formalize the relationship between the agency and the government.

### ***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.

### ***Budget Documents***

Budget documents provide a written record of the budget process and include the following components (see the [FRR](#) for details):

- a balanced Annual Operating Budget presenting the budget for the current year, the proposed budget, the variance between these two budget years as well as an explanation of significant variances;
- a budgeted staffing report reconciled to the budget; and
- a board signature.

The board ensures that planning flows from the agency's mission statement and that budget documents reflect the overall goals and purpose of the organization.

[deleted "Surplus/Deficit Policy Guidelines"]

#### ***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 (e.g., Revenue Canada).

### ***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 30<sup>th</sup> day of the month following the period being reported.

### ***1.4.4 Fee Waiver Invoices***

The agency completes and submits fee waiver invoices to the Crisis Shelter Liaison Coordinator on a monthly basis. Fee waiver billings for each client listed on the invoice are accompanied by receipts for allowable expenses and a signed copy of the "short needs form".

## **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 agency develops, implements and updates as needed a 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 a written policy governing record retention and written procedures for record destruction - for both paper and electronic records - that safeguards against any breach of client confidentiality.

This policy complies with applicable federal and provincial laws and regulations governing the management of both administrative and client records, including the *Freedom of Information and the Protection of Privacy Act* (FIPPA) and the *Personal Health Information Act* (PHIA).

As per section 8.04 of the SPA, 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 WRC maintains one record for each client (parent *and* child) admitted for counselling services, children's counselling services, or follow-up services. The record includes:

- the completed intake and assessment form;
- the completed "short needs form", where applicable;
- case notes outlining the client's expressed needs, services provided by the WRC and by other resources;
- documentation of requests for other agency involvement, including written consent forms;
- documentation of outcomes of service; and
- departure interview.

Where a service record does not contain a completed departure interview form, the designated WRC worker notes the circumstances of the client at departure.

### ***1.5.4 Client Record Maintenance***

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

### ***1.5.5 Confidentiality of Client Records***

The agency 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.

More detailed information is included in Appendix 2 of the SPA.

### ***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), and the right to request corrections to personal information, and are informed of these rights.

More detailed information is included in Appendix 2 of the SPA.

## **1.6 Physical Facilities**

The organization operates and maintains the physical facility in accordance with minimum health and safety standards as set out by other departments or levels of government.

### ***1.6.1 Adherence to Legislation and Regulations***

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

### ***1.6.3 Annual Fire Inspection***

The organization requests and undergoes a fire safety inspection annually. The organization is required to:

- provide FVPP with the date of inspection, and
- forward the final report to FVPP within three days of its receipt.

The organization will implement basic fire prevention principles, such as keeping walkways free of obstacles and keeping miscellaneous items away from boilers and vents.

### ***1.6.4 Interim Housing***

The organization has policies and procedures which ensure that the facility and housing units have appropriate safety features which may include but are not limited to the following:

- an entrance security intercom;
- a user-activated subscriber terminal unit on the telephone that is monitored on a 24 hour basis;
- secured windows on ground or sub-ground floor units; and
- well-lit parking lots for occupants to ensure optimum visibility.

## **Part 2: Women`s Resource Centre Services**

### *Introduction*

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

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

### *Service Principles*

The WRC program is founded on the following service principles:

- Women have a right to be informed of alternatives and to make self-determined choices within the context of their own life situation.
- Women have a right to receive services which are sensitive to and respect their cultural and linguistic heritage, religious beliefs and sexual orientation.
- Services are provided in a supportive, non-judgemental environment.
- Services are provided in a manner that respects client confidentiality and the right to privacy.
- Women and children are entitled to be informed of their rights and to participate in decisions affecting those rights.

### *Women's Resource Centres*

Women's Resource Centres offer services that respond to needs identified by the women in their community or region. Access to women's resource centres is universal and voluntary.

Women's Resource Centre services are intended to assist women from violent relationships who are at different stages of personal recovery. These services form part of a continuum of support by:

- providing women with support to make informed decisions in their lives in order to establish non-abusive relationships and healthy lifestyles;
- assisting women who are in crisis, including informing women in abusive relationships of their rights;
- helping women to learn about their options and choices in the areas of personal needs and safety;
- helping women to identify their needs in the areas of parenting, budgeting, and life skills;
- assisting women who have left abusive relationships to establish independent lifestyles;
- assisting women to re-establish social interaction and support within their community, to intervene in the pattern of social isolation; and
- helping women to seek out and access appropriate services and resources in the community-at-large.

## **2.1 Protection of Rights**

This section contains standards related to the rights of consumers of WRC services.

### *2.1.1 Human Rights*

The agency has a written policy stating that WRC services are extended to all women 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 WRC services are accessible on a voluntary basis.

### ***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 woman's stay;
- information concerning clients is shared among WRC 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); and
- clients are protected from invasion of their privacy except where there is reasonable cause to believe that the safety of the client, her individual family members, or third parties is jeopardized due to such possible threats as the presence of fire hazards, substance abuse, concealed weapons, or other life threatening concerns.

More detailed information is included in Appendix 2 of the SPA.

### ***2.1.4 Consent to Release Information***

The agency has a written policy stating that information recorded or known about a client will not be shared with outside agencies without the written consent of the client except when required to do so by legislation, Court order, or a medical crisis. 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 in WRC 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 of appeal to the board of directors.



### ***2.1.6 Right to Services with Cultural Sensitivity***

The organization ensures that women and their children can receive services that are sensitive to, and respect, their cultural and linguistic heritage, religious beliefs and sexual orientation. The organization will make efforts to reflect community diversity in its staff and board complement.

## **2.2 Client Safety and Health**

This section contains standards related to client safety and child protection. For easy reference, the [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 web site. ([http://www.pacca.mb.ca/pdf/revised\\_guidelines\\_on\\_identifying\\_and\\_reporting.pdf](http://www.pacca.mb.ca/pdf/revised_guidelines_on_identifying_and_reporting.pdf), [http://www.gov.mb.ca/fs/childfam/dia\\_intake.html](http://www.gov.mb.ca/fs/childfam/dia_intake.html)).

### ***2.2.1 Confidentiality and Safety of Admitted Clients***

The agency has a written policy intended to protect client confidentiality and ensure client safety upon admission.

The policy includes the following components:

- as a general rule, agency staff do not confirm admission or disclose the whereabouts of a woman admitted to the agency for service to any person;
- addresses the exceptions to this general rule when required to disclose due to legislation, judicial order or medical crisis;
- clarifies that the purpose of the policy is to protect the client from the abuser and does not limit contact to other support services;
- articulates the procedure for cooperating with police inquiries, including verification of the police officer's identity before further discussion with the inquiring officer;
- follows a process of signed "release of information" when consulting with another service with which that the woman may be, or had been, involved.

More detailed information is included in Appendix 2 of the SPA.

### ***2.2.2 Special Precautions***

The agency has written policies and special precautions to be used when WRC staff or clients of the agency have received threats or there is concern for their safety. These procedures should include the identification of responsibilities of staff and a designated place of safety in the event of a need for evacuation.

### ***2.2.3 Supervision and Safety of Children***

While the mother/guardian is responsible at all times for the safety of her children, the program has written policies and procedures intended to ensure the supervision and safety of children when the mother or guardian of those children is not on the premises.

The written policies and procedures are given to women with children at the point of intake and are explained during the orientation to the program.

### ***2.2.4 Parental Permission for Children's Counselling***

WRC staff obtain a mother's or guardian's written permission before her children participate in any counselling activities.

### ***2.2.5 Preferred Child Care Practices***

The agency has written policies and procedures outlining preferred child care practices, including disciplinary methods.

### ***2.2.6 Parental Permission for Children's Outings***

Program staff obtain the mother's/guardian's written permission when her children are attending a program-sponsored outing.

### ***2.2.7 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 child and family service (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 agency 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. The client must request CFS confirm the report with agency staff, who will determine whether a case management meeting with CFS is required.

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 service file. The agency staff responsible for the report affixes her signature to the recording on the client's service file.

### ***2.2.8 Access to Housing Unit by Program Staff***

The organization has a policy and procedure permitting program staff to access a housing unit occupied by a client in situations where safety is the issue.

The policy does not contradict *The Manitoba Landlord and Tenant Act*.

### ***2.2.9 Communicable Disease Policy***

The agency has a written policy outlining hygienic procedures to be followed to prevent the spread of communicable diseases and parasites in the facility. Communicable diseases are transmitted from one person to another and include those contracted through the exposure to blood and / or body fluids of an infected person (e.g., HIV, Hepatitis B), and those contracted through exposure to airborne droplets (e.g., Tuberculosis, Meningococcal disease).

The use of universal precautions in all such cases is required, though specific measures will vary depending on the disease. Universal precautions (also known as routine practices) have been developed by the World Health Organization and interpreted and applied by Manitoba Health ([Appendix B](#)).

### ***2.2.10 Fire Safety Plan and Procedures***

The fire safety plan and evacuation procedures are posted throughout the facility in highly visible locations.

The program's fire safety plan and evacuation procedures are provided to each client during her orientation.

### ***2.2.11 Critical Incidents***

If there is a critical incident, the service provider will inform FVPP and the Chair or designated board member within 24 hours. If a life-threatening incident should occur, the Chair and FVPP should be contacted within three hours.

Within seven working days of the incident, a written Critical Incident Report ([Appendix C](#)), signed by a designated service provider, must be submitted to FVPP.

### ***2.2.12 Technology and Safety***

The organization has a written policy that governs the use of technology for the purpose of ensuring the safety and privacy of clients and staff.

Staff has training on technology and interpersonal safety. Clients are informed about online safety risks such as computer monitoring and spyware.

### ***2.2.13 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 may 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.

### ***2.2.14 Interruption of Residential Services***

The organization has a written policy and procedures in place for any occasion warranting the temporary interruption or cessation of emergency residential services.

With the exception of unanticipated emergencies (i.e. flooding, fire threat, and security threat), residential (crisis) services will not be interrupted for any reason without the following in place:

- Approved plan of action, developed in consultation with FVPP.
- The plan will include treatment of client safety, alternate service delivery arrangements, communication protocol with all related collateral or community supports (i.e. police) and a process for information dissemination.
- The roles and responsibilities of all involved parties will be identified, articulated and agreed-upon prior to any action impacting service delivery.

## **2.3 Admission Criteria and Process**

### ***2.3.1 Admission Criteria: Counselling Services***

The agency has written admission criteria that reflect the organization's mandate.

### ***2.3.2 Exception Policy: Counselling Services***

The agency has a written policy stating the circumstances under which a woman is excepted from receiving counselling services. In these cases, the agency ensures that

women not accepted for counselling services are referred to other resources and assisted to access those resources as needed.

The policy includes the rationale for the exception.

### ***2.3.3 Admission Criteria: Residential Program***

The program has a written policy to admit women with the most extensive needs for service. Admission to the program is also dependent upon the availability of protective housing units.

The program criteria for admission include but are not limited to the following:

- the woman has made a decision to leave an abusive relationship and move towards living independently in the community;
- the woman indicates her willingness to develop a protection plan which might include an active court order, such as Recognizance or Undertaking, Peace Bond, Probation Order, Non-Molestation Order, Protection Order or Prevention Order; and/or
- the woman has expressed a desire to make changes in her life through her commitment to participate in the program.

The program has a written policy specifying admission exceptions. These might include:

- a woman assessed by program staff as being affected by chronic substance abuse and who is, or may imminently be, physically ill or incapacitated due to the symptoms of withdrawal, some of which can be life-threatening;
- a woman assessed by program staff as exhibiting symptoms of serious psychiatric illness where medical intervention and treatment is clearly indicated; or
- a woman who is in a crisis situation due to high safety risks, and for whom a short-term crisis shelter or other more secure facility may be more appropriate until legal safeguards are in place to protect the woman and her children.

### ***2.3.4 Non-Admitted Clients – Residential Program***

The program has a written policy in place and procedures in place to ensure that women not accepted for admission are referred to other appropriate resources and assisted to access those resources when necessary.

### ***2.3.5 Residency Guidelines***

The program has written policies and guidelines intended to foster a healthy, safe and violence-free environment.

The policies and guidelines address the following points:

- length of stay;

- responsibility for children;
- preferred child care practices (see standard [2.2.5](#));
- admission of older male children;
- routine entry and exit procedures;
- visitors;
- confidentiality of location of the facility;
- male persons on the premises;
- alcohol and drugs;
- illegal activities undertaken by the resident;
- weapons;
- pets;
- house and grounds maintenance;
- common areas; and
- smoking.

A written copy of the Residency Guidelines is given to each woman upon her admission to the program.

### ***2.3.6 Client Dismissal***

The program has a written policy and procedure that clearly states the circumstances under which a woman may be asked to leave the program and vacate the housing unit.

The policy and how it will be implemented in the event of dismissal is explained to each woman when she is admitted to the program.

## **2.4 Services and Resources**

This section begins with a list of key service components of the WRC program, funded by the Department. Standards are related to requirements in specific service areas.

### ***Core Services and Resources***

- intake and assessment
- counselling and support groups
- outreach counselling / home visits
- information and referral
- accompaniment and practical support
- protection planning
- children's services
- public education / awareness
- interim housing

#### ***2.4.1 Intake and Assessment***

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

WRC staff follow and complete the intake and assessment process for women requesting individual counselling services, and/or outreach counselling services.

#### ***2.4.2 Orientation to Resource Centre Services***

The agency has written policies that agency staff provide the woman with an orientation to services available through the WRC at intake.

#### ***2.4.3 Client-Centred Planning***

The agency has a policy that staff and the woman develop a client-centred plan. This plan should clearly identify the woman's expectations of counselling services, her goals, ways to meet those goals during her participation in the services, and ways to measure achievement of goals.

#### ***2.4.4 Women's Counselling***

The agency has a written policy which states that WRC staff provide individual counselling to women requesting this service.

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

#### ***2.4.5 Children's Services***

The agency has a written policy which states that resource centre staff provide children's services. These services can include, but are not limited to, individual and group counselling, public education in schools, or programs for parents and children together. The agency refers to the SPA when developing children's services.

#### ***2.4.6 Support Groups for Women***

The agency has a policy that WRC staff provide group counselling for women. The groups are facilitated by a WRC counsellor and emphasize peer support, social interaction, and self-help.

#### ***2.4.7 Outreach Counselling / Home Visits***

The agency has a written policy stating that resource centre staff offer outreach counselling services to women in their community.

Outreach counselling services may include home visits upon request of the client.

The written policies and procedures for conducting home visits must ensure the safety of the resource centre workers and the clients.

#### ***2.4.8 Information and Referral***

The agency has a written policy that it offers information and referral services for women in their community.

#### ***2.4.9 Accompaniment and Practical Support***

The agency has a written policy that, upon request, WRC staff can provide accompaniment and practical support services for women who are attempting or planning to access other services.

#### ***2.4.10 Protection Planning***

The agency has a written policy that WRC staff may work with clients who are involved in abusive relationships to develop a current protection plan.

Protection plans are reviewed with the client as required to meet her changing safety needs.

#### ***2.4.11 Social Interaction***

The agency has written policy and procedures to develop social interaction opportunities for women and their children. In so doing, the agency provides information on social and recreational opportunities in the community and assists women in accessing these resources.

#### ***2.4.12 Interim Housing Program***

The agency has written policies and guidelines for interim housing, including but not limited to information regarding the period of time a client may receive program services.

Written policies and guidelines include provisions that agency staff provide a copy of the Residential Program Policies and Guidelines to each woman admitted to the program.

#### ***2.4.13 Children's Services Consultations***

The program has a written policy stating that case consultations are undertaken, as appropriate, with other service providers involved with the child.



Program staff obtain the written consent of the mother/guardian of the child prior to any case consultation, and involve the mother/guardian, when appropriate, in the planning and provision of services for her child/ren.

#### ***2.4.14 Departure Planning***

The program has a policy and procedures to assist women with departure planning, intended to ensure that their needs and the needs of their children are met when they leave the residential program.

### **2.5 Service Monitoring and Evaluation**

This section includes standards for client evaluation of service and overall service monitoring and evaluation.

#### ***2.5.1 Client Evaluation of Service***

The organization has a written policy and procedure to obtain a written evaluation from each client at departure, and to review these evaluations on a regular basis.

#### ***2.5.2 Monitoring of Client Files***

The agency has a written policy and procedures in place to internally audit client records at least annually to determine whether services provided are compatible with the goals and objectives of the program and the needs of clients.

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

### **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: COMMUNICABLE DISEASE CONTROL

### COMMUNICABLE DISEASE CONTROL

The following are universal precautions or routine practices. The basic principle behind routine practices is that all individuals are potential carriers of any number of infectious agents. Note that these practices do not eliminate the need for other category or disease specific practices.

#### Hand Washing

Careful hand washing is indicated after every physical contact with another individual or any object potentially contaminated. Hand washing is also recommended after each change of gloves.

It is further advisable to wash hands:

- at the beginning and end of the work period;
- before and after eating;
- before and after rest periods;
- after handling dishes and utensils;
- after handling other individuals' articles, dirty linens, and garbage; and
- before and after using the washroom

It is further recommended that employees keep their nails trimmed and avoid nail biting.

#### Gloves and Protective Wear

It is recommended that protective gloves be worn when there is physical contact with another (potentially contaminated) individual. Hands must be washed immediately after the gloves are removed.

To prevent possible cross-infection, gloves should be removed following any personal contact.

Staff having open skin are strongly advised to wear protective gloves. Staff with allergies to latex are encouraged to use substitution gloves.

Disposable gloves shall be removed properly after each use because failure to do so can result in contamination of the skin which renders precaution useless.

Masks and gowns shall be worn when any body substances are likely to splash the skin, mucous membrane or clothing.

Soiled reusable items, linen and garbage shall be contained securely enough to prevent leakage. Double bagging is recommended but not necessary unless the outside of the bag is visibly soiled or known to be contaminated.

#### Ventilation Devices

Micro-shields are recommended if a staff person is required to perform mouth-to-mouth resuscitation.

## APPENDIX C: CRITICAL INCIDENT REPORTING PROCEDURES AND FORM

### CRITICAL INCIDENT REPORTING PROCEDURES FOR SERVICE PROVIDERS

#### INTRODUCTION

Agencies delivering services that are funded by the Family Violence Prevention Program (FVPP) are responsible for providing services which promote the health, safety and welfare of the clients being served. This responsibility requires service providers to demonstrate that their service delivery is consistent with relevant legislation, regulations, standards and policy.

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, reporting templates, 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<sup>1</sup>.
- 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<sup>2</sup> 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.

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<sup>1</sup> In the event of death, a medical examiner must also be notified.

<sup>2</sup> Abuse includes physical harm, sexual molestation or exploitation, not providing medical treatment when required, and psychological, verbal, emotional, financial abuse or mistreatment.

- 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.

**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, WRCs 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 inquiry information gathered by the designated person will form the basis of the Critical Incident Report Form below, and therefore should include as many of the following details as possible at this time:

- description of the incident
- client's allegation (if applicable);
- date, time, place where it occurred;
- time the incident was reported;
- reason for the incident (if known);
- people involved;
- action taken;
- current status;
- parties notified - medical examiner in all cases of death; police / Child & Family Services (as applicable); parents and others, as appropriate; and
- further action recommended - specific to immediate situation, or related to potential underlying factors (e.g. review of particular internal policy / procedure, review of program / treatment plan for client, staff training need, modification to physical plant, etc.).

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 is deemed to have 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 representative, must be submitted to FVPP within seven (7) 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.

<b>CRITICAL INCIDENT STEPS &amp; RESPONSIBILITIES SUMMARY</b>	
<b>Immediate actions</b>	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
<b>Within 24 hours</b>	Notify FVPP
<b>Within 7 days</b>	Submit Critical Incident Report to FVPP
<b>Following submission of Critical Incident Report</b>	Provide follow-up review(s) and information updates to FVPP as requested
<b>Ongoing</b>	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	<u>Type of serious occurrence</u>	
Staff member in-charge at the time of the incident	<input type="checkbox"/> death <input type="checkbox"/> serious injury <input type="checkbox"/> alleged abuse / maltreatment <input type="checkbox"/> missing person <input type="checkbox"/> disaster on premises <input type="checkbox"/> Other _____		
Who was notified?	Verbal Rpt	Written Rpt	Date
Chair / designated member	<input type="checkbox"/>	<input type="checkbox"/>	_____
FVPP	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Description of the Critical Incident (attach details)  
Please print legibly, using black ink

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
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To be completed by the Family Violence Prevention Program

Date FVPP notified:	Time	Written report received:
Assigned to: Further service provider action required <input type="checkbox"/> Yes <input type="checkbox"/> No Further FVPP action required <input type="checkbox"/> Yes <input type="checkbox"/> No Briefing / Advisory Note written <input type="checkbox"/> Yes <input type="checkbox"/> No  Explain current status and additional action to be taken:  FVPP Signature _____ Date _____		



## APPENDIX D: EMPLOYMENT AND INCOME ASSISTANCE INFORMATION SHEET

### THE EMPLOYMENT AND INCOME ASSISTANCE (EIA) PROGRAM 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 53<sup>rd</sup> parallel and 22 cents north of the 53<sup>rd</sup> 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 21<sup>st</sup> 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.

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