

**MANITOBA STANDARDS MANUAL  
FOR WAHBUNG ABINOONJIIAG**

**July 2014**

**Developed by the Family Violence Prevention Program**

Table of Contents

Table of Contents ..... 2
Introduction..... 5
Program Overview ..... 5
Development of Standards ..... 6
Service Purchase Agreements ..... 6
Quality Assurance ..... 6
Effects of Non-Adherence ..... 7
Use of the Manual ..... 8
Manual Development ..... 8
Definitions ..... 9
Part 1: Agency Governance and Administration ..... 10
1.1 Incorporation and By-Laws ..... 10
1.1.1 Service Provider Identifying Information..... 10
1.1.2 Notification of Changes ..... 10
1.1.3 Agency Incorporation ..... 10
1.1.4 Registration Renewals ..... 10
1.1.5 Agency By-Laws ..... 10
1.1.6 Annual Reports ..... 11
1.2 Agency Boards ..... 11
1.2.1 Board Membership and Composition..... 11
1.2.2 Board Orientation and Training..... 11
1.2.3 Accountability and Delegation ..... 11
1.2.4 Conflict of Interest..... 11
1.3 Organizational Development..... 12
1.3.1 Mission Statement ..... 13
1.3.2 Goals and Objectives ..... 13
1.3.3 Operational Planning ..... 13
1.3.4 Organizational Structure..... 13
1.3.5 Staff Recruitment and Hiring ..... 13

- 1.3.6 Human Resource Management..... 13
- 1.3.7 Labour Management Agreements ..... 14
- 1.3.8 Position Descriptions..... 14
- 1.3.9 Fair Employment Practices..... 14
- 1.4 Financial Management ..... 14
  - 1.4.1 Service Purchase Agreement ..... 15
  - 1.4.2 Financial Controls and Reporting..... 15
  - 1.4.3 Statistical Reports - Units of Service..... 15
- 1.5 Administrative and Client Records Management ..... 15
  - 1.5.1 Record Storage and Access ..... 15
  - 1.5.2 Record Retention and Destruction..... 15
  - 1.5.3 Client Record Contents..... 16
  - 1.5.4 Client Record Maintenance ..... 16
  - 1.5.5 Confidentiality of Client Records..... 16
  - 1.5.6 Client Access to Records..... 16
- 1.6 Physical Facilities..... 16
  - 1.6.1 Adherence to Legislation and Regulations..... 17
  - 1.6.2 Local Codes and By-Laws..... 17
  - 1.6.3 Physical Space ..... 17
- Part 2: Agency Services ..... 17
  - 2.1 Protection of Rights..... 17
    - 2.1.1 Human Rights ..... 17
    - 2.1.2 Right to Service ..... 17
    - 2.1.3 Right to Privacy..... 17
    - 2.1.4 Consent to Release Information ..... 18
    - 2.1.5 Right to Appeal - Client Complaints ..... 18
    - 2.1.6 Right to Services with Sensitivity ..... 18
  - 2.2 Client Safety and Health ..... 18
    - 2.2.1 Threats to Safety..... 18
    - 2.2.2 Children in Need of Protection..... 19
    - 2.2.3 Critical Incidents..... 19

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|  |    |
|--|----|
| 2.2.4 Safety .....   | 19 |
| 2.2.5 Supervision and Safety of Children.....  | 19 |
| 2.2.6 Parental Permission for Children’s Outings .....   | 19 |
| 2.2.7 Parental Permission for Children’s Counselling .....                                       | 20 |
| 2.2.8 Fire Safety Plan and Procedures .....  | 20 |
| 2.2.9 Interruption of Services .....   | 20 |
| 2.2.10 Technology and Safety .....   | 20 |
| 2.2.11 Health and Safety of Clients with Allergies .....   | 20 |
| 2.3 Admission Criteria and Process .....   | 20 |
| 2.3.1 Admission Criteria.....  | 20 |
| 2.3.2 Intake and Assessment.....   | 20 |
| 2.3.3 Exception Policy.....  | 21 |
| 2.3.4 Withdrawal of Services .....   | 21 |
| 2.4 Agency Services .....  | 21 |
| 2.4.1 Youth Circles .....  | 21 |
| 2.5 Service Evaluation.....  | 21 |
| 2.5.1 Client Evaluation of Service.....  | 21 |
| APPENDIX A: LIST OF LEGISLATION, REGULATIONS, CODES AND BY-LAWS<br>FOR PHYSICAL FACILITIES ..... | 22 |
| APPENDIX B: CRITICAL INCIDENT REPORTING PROCEDURES AND FORM ..                                   | 23 |

## Introduction

### Program Overview

As part of At the Root, an initiative established in November 2006 to target assistance to children in Manitoba who have been exposed to domestic violence, the Government of Manitoba began providing Wahbung Abinoonjiag (Wahbung) with funds for Aboriginal children's programming.

### *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*

Wahbung was established to create an environment of safety and healing for children who have witnessed family violence. The Youth Program, funded by FVPP, is for individuals ages 7-17 and provides traditional, cultural activities and education geared to assist the youth in reclaiming their identity as Aboriginal people.

### *Program Description*

Aboriginal youth are empowered and guided through a healing journey through the following activities:

- Reclaiming identity
- Language
- Culture and Tradition
- Life Skills
- Ceremonies

### *Departmental Funding*

The Department of Family Services allocates funds through the FVPP for central support (including administration, accessibility, and board expenses) and core services.

## 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 families impacted by domestic violence. 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, 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;
- services;
- statistics; and
- collaboration with collateral agencies.

## **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

### Manual Development

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

#### *Purpose and Objectives*

The public demands high quality services and accountability in the delivery of social services. The purpose of standards for shelters 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 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 the agency, Board members, the Department and other organizations.
- A statement of minimum expectations for program planning 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. The manual does not include detailed procedures. These are left to the discretion of the individual 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 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:

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

## Definitions

This section defines key terms used throughout the manual.

### ***Abused woman***

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

### ***Agency***

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

### ***Board***

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

### ***Child Witness***

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

### ***Client***

is any person who has been admitted to any service offered by a shelter.

### ***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.

## **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***

Agencies maintain 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***

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

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

Agencies renew their registrations annually and within the prescribed time with the Companies Office.

#### ***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 agency 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 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, fundraising, personnel management, program development and public relations. *The board involves the agency director and staff in the planning and development of services and programs.*

The manual entitled *The Roles, Responsibilities and Functions of a Board*, developed by the Department of Family Services and Labour, 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 director, consistent with the director's position description.

The agency 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.

#### *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.

### ***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 director, 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**. Screening includes a criminal record check (including Vulnerable Sector Verification), a child abuse registry check, and an adult abuse registry check.

### ***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 Budget Process***

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
- the board Chairperson's 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.

#### ***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.

#### ***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.

## **1.5 Administrative and Client Records Management**

#### ***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 procedures that 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 maintains one record for each family receiving Wahbung services. The record includes, at a minimum:

- the completed intake form;
- program/policy agreement form;
- case notes;
- attendance records;
- release of information;
- case-related correspondence;
- consent to participate in off-site programming;
- client evaluation of service; and
- a departure interview form.

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

The organization has a policy that 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 agency personnel 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**

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 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 adheres to local codes and/or by-laws.

### ***1.6.3 Physical Space***

The agency maintains a physical location that has private offices and suitable space available for youth activities.

## **Part 2: Agency Services**

### ***Introduction***

Part 2 of the manual articulates standards related to agency 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 agency services are extended to all individuals regardless of age, race, faith, socio-economic status, physical or mental capabilities or sexual orientation.

### ***2.1.2 Right to Service***

The agency has a written policy stating that agency services are accessible on a voluntary basis, and that where a fee for service is assigned, no individual is 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 at intake; and
- information concerning clients is shared among agency 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 in shelter 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 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.

### ***2.2.2 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 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 parent 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 agency staff responsible for the report signs the client's file.

### ***2.2.3 Critical Incidents***

The agency has a written policy on reporting 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.

### ***2.2.4 Safety***

The agency shall have policy and procedures in place to ensure the safety of all children, parents, staff and volunteers. The agency shall have an emergency procedure plan with which all staff and volunteers are familiar. The plan should be reviewed regularly.

### ***2.2.5 Supervision and Safety of Children***

The agency has written policies and procedures to ensure the supervision and safety of children when the mother or guardian of those children is not on the premises.

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

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

The agency has written policies and procedures that staff have to obtain a mother's or guardian's written permission for her children to attend an agency-sponsored outing without her being present at the outing.

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

The agency has written policies and procedures that staff have to obtain a mother's or guardian's written permission before her children participate in any counselling activities.

### ***2.2.8 Fire Safety Plan and Procedures***

A fire safety plan and evacuation procedures are developed by the agency and posted throughout the facility in highly visible locations.

### ***2.2.9 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/>.

### ***2.2.10 Technology and Safety***

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

### ***2.2.11 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***

Agency services are designed specifically for families in which (1) single mothers have one or more children within the ages of 7-17, (2) women have been away from an abusive relationship for at least three months, (3) women and their children have been exposed to family violence, and (4) there is a willingness to learn about the Aboriginal culture and teachings.

### ***2.3.2 Intake and Assessment***

The agency has written policies with regard to intake and assessment for services.

### ***2.3.3 Exception Policy***

The agency has a written policy stating the circumstances under which a family is excepted from receiving services.

### ***2.3.4 Withdrawal of Services***

The agency has written policies and procedures which define situations in which service may be discontinued. This could include (but is not limited to): alcohol or drug use prior to or during a visit, abusive behaviour while at the agency, inappropriate physical contact, or offensive language.

## **2.4 Agency Services**

### ***2.4.1 Youth Circles***

The agency has a policy that designated agency staff provide youth circles and supportive services for youth ages 7-17 who are impacted by family violence. The circles will focus on reclaiming Aboriginal identity, language, culture and traditions, life skills, and ceremonies.

## **2.5 Service Evaluation**

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

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

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## 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<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.
- 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.

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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.

**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.

| <b>CRITICAL INCIDENT STEPS SUMMARY</b>                  |  |
|---|--|
| <b>Immediate actions</b>                                | Address health & safety of client(s)<br>Notify medical examiner for any death; police or CFS as applicable; family and / or others as appropriate<br>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<br>(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<br><input type="checkbox"/> serious injury<br><input type="checkbox"/> alleged abuse / maltreatment<br><input type="checkbox"/> missing person<br><input type="checkbox"/> disaster on premises<br><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

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:<br><br>(Printed name) | <br><br>(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 <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Further FVPP action required <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Briefing / Advisory Note written <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Explain current status and additional action to be taken: |      |                          |
| FVPP Signature  |      | Date                     |

July 2014