

**MANITOBA STANDARDS MANUAL
FOR MA MAWI WI CHI ITATA CENTRE INC.**

July 2014

Developed by the Family Violence Prevention Program

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Introduction: Spirit of Peace Program

This section provides an overview of the Ma Mawi Wi Chi Itata Centre Inc. Spirit of Peace Program. It contains information about the program, the development of standards, funding agreements and quality assurance activities.

Program Overview

The Ma Mawi Wi Chi Itata Centre Inc. Spirit of Peace Program is a non-profit, community based program for Aboriginal men, women and children. The Spirit of Peace Program is dedicated to helping families heal from the effects of violence, and to strengthening and empowering families. The program provides individual counselling, advocacy, referral resources, and open and closed group counselling services for women, men and children, all of which are culturally appropriate. The provision of these services is also viewed as a way to increase awareness of family violence related issues in the Aboriginal community.

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 Ma Mawi Wi Chi Itata Centre Inc. Spirit of Peace Program is to provide services to Aboriginal women who have been abused by intimate partners, to Aboriginal men who are abusive to their partners, and to Aboriginal children who have witnessed family violence.

Program Description

The Ma Mawi Wi Chi Itata Centre Inc. Spirit of Peace Program adopts a holistic approach in providing services. This involves considering the mind, body and spirit of the individuals being served. Support services include:

- group counselling (open and closed groups)
- individual counselling
- emotional support
- information and referral
- crisis intervention

The program also act as resource by:

- providing community education
- facilitating awareness workshops for personnel from other disciplines
- participating in or conducting research
- training volunteer placements

The general objectives of the program are:

- To promote the use of traditional cultural practices to address the devastation created by family violence;
- To create a safe and supportive environment to assist families to heal from the effects of violence
- To help victims of abuse to become free of violent relationships by reducing fear and isolation, and to create a support system that promotes well-being and empowerment;
- To help men understand their own cycle of violence and abusive behaviour, and to eliminate violence in their relationships;
- To provide treatment intervention for children who have witnessed violence and abuse within the family; and
- To develop public education materials for the purpose of promoting healthy Aboriginal families and communities free from family violence.

Departmental Funding

The Department allocates funds through the FVPP for:

- Central support
- Women's services
- Men's services
- Children's services

Development of Standards

The development of standards was prompted by the belief, shared by the Department and the community, that standards are necessary to ensure the qualitative evolution of services for

families impacted by violence. FVPP began the process of developing standards in consultation and partnership with the community. This process is consistent with a department-wide initiative to develop standards for all service areas.

Service Purchase Agreements

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

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

Quality Assurance

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

- agency adherence reviews
- program consultations

Agency Adherence Reviews

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

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

- examining agency policies and procedures, financial statements, and other documents required by the standards;
- engaging in discussions with service personnel to determine their knowledge of the standards and agency policies;
- touring the service provider's premises; and
- where applicable, examining permits and other documents issued to service providers pursuant to any federal, provincial or municipal regulations or by-laws.

Program Consultations

FVPP will conduct an agency program consultation (APC) every second year. FVPP will endeavour to contact agencies at least four weeks prior to a site visit for the purpose of an APC. Once a date is set, FVPP will provide written confirmation to the agency. During this

consultation, FVPP may interview members of the board, the director, counsellors and / or other staff persons. The areas of discussion include but are not limited to the following:

- agency board operations;
- community relationships;
- operational and strategic planning;
- client evaluations;
- human resource management;
- counselling services; 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

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 community based non-profit agencies in receipt of public funds in the form of core grants allocated by the Department of Family Services . It contains standards both the agency 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 Ma Mawi Wi Chi Itata Centre is to ensure the delivery of quality services to clients while recognizing and respecting the autonomy of the agency.

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

- Program direction to assist agencies and others in the management and operation of agency 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 Spirit of Peace Program. 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 Ma Mawi Wi Chi Itata Centre and may also be distributed to other organizations requesting information on program standards, and is available on the FVPP website.

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

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 person

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

Abuser

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

Agency

refers to a organization 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.

Department

is the Department of Family Services.

Family Violence

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

Policy

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

Procedure

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

Standard

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

Trans (or transgendered or transidentified)

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

Part 1: Agency Governance and Administration

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

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

1.1 Incorporation and By-Laws

This section contains standards related to agency incorporation and by-laws. Manitoba policies require that organizations 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

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

Shelters 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

The agency renews its registration 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.

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 Screening

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 standards in this section reflect financial controls and procedures for agencies receiving core funding from the Department.

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

- 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 30th day of the month following the period being reported.

1.5 Administrative and Client Records Management

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

1.5.1 Record Storage and Access

The organization develops, implements and updates as needed policy and procedures intended to ensure that records, 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 client or family admitted for services. The record includes, at a minimum:

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

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

1.5.4 Client Record Maintenance

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

1.5.5 Confidentiality of Client Records

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

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

1.5.6 Client Access to Records

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

1.6 Physical Facilities

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

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 Service Evaluation.

The organization is encouraged to refer to their current SPA for additional information on service activities and expected outcomes.

Service Principles

The Ma Mawi Wi Chi Itata Centre Spirit of Peace program is founded on the following service principles:

- Aboriginal women, men and their children have a right to live in an environment which nurtures and confirms Aboriginal self-awareness through respect for Aboriginal ways and the deepening of personal identity.
- No one should not be forced to remain in a violent or abusive environment due to the lack of safe alternatives.
- All individuals have a right to be informed of alternatives and to make self-determined choices within the context of their own life situation.
- All individuals have a right to receive services which are sensitive to and respect their cultural and linguistic heritage, religious beliefs and sexual orientation.
- All individuals have the right to services that are provided in a supportive, non-judgemental environment.
- All individuals have a right to services which respect their right to confidentiality and right to privacy.

- All individuals are entitled to be informed of their rights and to participate in decisions affecting those rights.

2.1 Protection of Rights

This section contains standards related to the rights of agency clients.

2.1.1 Human Rights

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

2.1.2 Right to Service

The agency has a written policy stating that agency services are accessible on a voluntary basis and are free of charge.

2.1.3 Right to Privacy

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

- depending on the expressed preference of the client, private space or offices are available for interviewing or counselling at intake and throughout the duration of the client's contact with the agency; and
- information concerning clients is shared among 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 the agency and the right to have the complaint heard in an impartial forum.

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

2.1.6 Right to Services with Sensitivity

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

2.2 Client Safety and Health

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

2.2.1 Confidentiality and Safety of Admitted Clients

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

The policy includes that agency staff do not confirm admission or disclose the whereabouts of a woman and her children admitted to the agency to any person except when required to disclose due to legislation, judicial order or medical crisis. The policy also articulates the procedure for cooperating with police inquiries.

2.2.2 Threats to Safety

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

2.2.3 Children in Need of Protection

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

Except in rare circumstances, which are left to the discretion of management, it is the practice of the agency to discuss with the parent 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/his own volition. **The agency will follow up with CFS.**

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.

2.2.4 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) to FVPP within seven working days of the incident.

2.2.5 Interruption of Services

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

Please refer to the following link for information on emergency planning:

<http://www.gov.mb.ca/emo/>.

2.2.6 Technology and Safety

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

2.2.7 Health and Safety of Clients with Allergies

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

2.3 Admission Criteria and Process

2.3.1 Admission Criteria

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

2.3.2 Exception Policy

The agency has a written policy that states the circumstances under which an individual is exempted from receiving services. The policy includes the rationale for the exception.

2.3.3 Non-Admitted Clients

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

2.3.4 Withdrawal of Services

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

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

2.4 Women's Services

Program Goals

Women's services provide treatment interventions for women who are or have been in abusive intimate relationships. This treatment is enhanced with traditional teaching and healing ceremonies, and is provided primarily through group counselling.

Program goals include:

- To help women learn and implement skills to maximize their safety;
- To help women enhance self-care and healthy coping strategies;
- To help women to work towards ending self-blame;
- To help women work towards developing relationships which are free from violence;
- To help women heal their spirits and re-build self-esteem; and
- To help women understand and be aware of the impact of family violence on their children.

Women's Services Components

- intake and assessment
- protection planning
- individual and group counselling
- information and referral

2.4.1 Intake and Assessment

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

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

2.4.2 Protection Planning

The agency has a written policy and procedures to ensure that each client in the program has a current protection plan.

2.4.3 Individual Counselling

The agency provides individual counselling to clients in preparation for group counselling and on an as-needed basis throughout their participation in the program.

2.4.4 Group Counselling

The agency provides group counselling to women facing family violence in their lives and homes.

Open groups provide an informal atmosphere in which women can enter and leave the program at any time.

Closed groups provide a safe setting for women to heal from the effects of violence through support, counselling and education on family violence related issues.

2.4.5 Information and Referral

The agency offers information and referral resources to clients based on assessment and identified needs.

2.5 Men's Services

Program Goals

Men's services provide treatment interventions for men who are or have been abusive toward a partner in an intimate relationship. This treatment is enhanced with traditional teaching and ceremonies, and is provided primarily through group counselling.

Program goals include:

- To help men become active participants in the elimination of violence within relationships;
- To help men present positive alternatives to dealing with anger and violence;
- To help men support one another to help break down isolation and to maintain a non-abusive lifestyle;
- To help men challenge their minimization and accept responsibility for their actions;
- To increase communication and assertiveness skills;
- To empower men to live without violence;
- To help men understand and be aware of the impact of family violence on their children; and
- To help men to heal their spirits and to reclaim peaceful relationships with themselves, and with their partner, family and community.

Men's Services Components

- Intake and assessment
- Control planning
- Individual counselling
- Group counselling

- Information and referral

2.5.1 Intake and Assessment

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

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

2.5.2 Control Planning

The agency has a written policy and procedures to ensure that each client in the program has a current control plan.

2.5.3 Individual Counselling

The agency provides individual counselling to clients in preparation for group counselling and on an as-needed basis throughout their participation in the program.

2.5.4 Group Counselling

The agency provides group counselling to men who are attempting to stop their violent behaviour.

Open groups provide an informal atmosphere in which men can enter and leave the program at any time. These groups help to increase understanding of issues related to self-confidence, provide strategies for dealing with anger, and offer the supports needed to help participants change their lives.

Closed groups provide a structured setting for men to get information on and help with stopping family violence.

2.5.5 Information and Referral

The agency offers information and referral resources to clients based on assessment and identified needs.

2.6 Children's Services

Program Goals

Children's services provide treatment interventions, in combination with traditional teaching and ceremonies, for children who have witnessed violence in their family. This treatment is provided primarily through group counselling, which may include the use of play therapy and other child-centred activities.

Program goals include:

- to help children challenge and eliminate self-blame;
- to help children develop protection planning mechanisms, maximize their safety and alleviate fears;
- to help children break the intergenerational cycle of violence;
- to help empower children by learning skills to better relate to others;
- to help children recognize and use alternatives to violence;
- to facilitate healing children's spirits and self-esteem; and
- to facilitate learning about traditional Aboriginal culture.

Children's Services Components

- Intake and assessment
- Protection planning
- Individual counselling
- Group counselling
- Information and referral

2.6.1 Intake and Assessment

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

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

2.6.2 Protection Planning

The agency has a written policy and procedures to ensure that each client in the program has a current protection plan.

2.6.3 Individual Counselling

The agency provides individual counselling to clients in preparation for group counselling and on an as-needed basis throughout their participation in the program.

2.6.4 Group Counselling

The agency provides group counselling to children who have witnessed family violence.

Open groups provide a safe environment for children to deal with violence issues.

Closed groups provide in-depth therapeutic services. The program is based on a holistic treatment model which includes traditional teachings and group work.

2.6.5 Information and Referral

The agency offers information and referral resources to clients based on assessment and identified needs.

2.7 Service Evaluation

2.7.1 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.

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 service¹.
- 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 abuse² or mistreatment of a client, which occurs while participating in a service. This includes all allegations of abuse or mistreatment of clients against staff or volunteers.
- Any situation where a client is missing and the service provider considers the matter to be serious.
- Any disaster, such as a fire, on the premises where a service is provided.
- Any complaint made by, or about, a client, or any other Critical Incident concerning a client that is considered by the service provider to be of a serious nature.
- Any event that caused a substantial damage of equipment or facilities.

¹ In the event of death, a medical examiner must also be notified.

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

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

REQUIREMENTS

Instruction of Staff

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

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

Critical Incident Response – Immediate Actions by Service Provider

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

- The client will be provided with immediate medical attention when warranted.
- Appropriate steps will be taken to address any continuing risks to the client's health or safety. (The need for the same or similar steps to address the health and safety of other clients should also be considered, as appropriate.)
- Ensure that the local medical examiner is notified immediately in all cases involving death, regardless of location (e.g. hospital) or circumstances (e.g. "Do Not Resuscitate" order was in effect, or death not considered questionable).
- The staff or any other person witnessing, or having knowledge of the occurrence, will report the matter to the person designated by the service provider to conduct Critical Incident inquiries.
- The designated person will immediately begin a Critical Incident inquiry in accordance with the following steps. The purpose of the inquiry is to gather information regarding the actual or alleged occurrence(s).
- All persons having knowledge of the occurrence will be asked to remain on the premises until the designated person has interviewed them or indicated that there is no need for their involvement at that point.

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

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

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

Reporting Process – Within 24 Hours

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

Reporting Process – Within Seven (7) Days

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

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

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

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

Ongoing Monitoring

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

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

CRITICAL INCIDENT REPORT

Agency	Address		
Director / Senior staff	Telephone Number		
Board Chair	Date & Time of Occurrence	Date & time information received by person completing report	
Name of person(s) involved (First name & initial of surname)	Age	<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

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

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 _____		