MANITOBA SHELTERS

FIGHTING IN THE SHADOWS

Orientation Manual

Update October 2015

Manitoba Association of Women's Shelters Acknowledges

Thank You to the Thomas Sill Foundation and the Winnipeg Foundation for supporting the creation and implementation of this manual.

Thank you to all the shelter staff and administration who contributed and assisted with the development of this manual.

Our philosophy is to facilitate the easiest transition for victims seeking help to move out of the confines of victimization to being a triumphant survivor. Shelter workers will continue to fight in the shadows.

THE THOMAS SILL FOUNDATION INC

THE WINNIPEG FOUNDATION

Table of Contents

Introduction

Shelters provide safe accommodation and counselling to women, men and children. Shelter programs provided include Residential, Non-Residential and Follow up.

Your contribution by working with clients in shelter for family abuse is recognized as a statement of dedication. The work is demanding, emotional and sometimes frustrating. The reward is that you can help to improve the lives of clients and their children. Your multi-tasking skills of answering questions, phones, doors, calming children or doing laundry will carry you through while you act as a role model, a mentor, mediator and counsellor.

Each person has their story, while you learn from your client, they will learn from you. You will provide support and education on the impact of abuse and in turn you will help change lives. Your respectful, calm demeanor will help clients adjust to life in a shelter, while providing safe, confidential accommodation and counselling.

At times this work can be overwhelming, engage in meetings to debrief after your shift. The Executive Director/Manager or your supervisor is also available to discuss events and situations. Learn to be supportive of your co-workers and utilize their knowledge base. Shelter staff must truly function as a team to provide the best care for the clients. (Try to leave your "bad day" attitude at home because chances are your bad day is no comparison to your clients' bad day).

This manual will help give you some insight into the front line work in a shelter in Manitoba. Each shelter will have unique operations, this manual is merely a guideline so it's important in addition to your orientation training that you read the in house policies and manuals provided by your shelter.

Entering a shelter can be a difficult step[1]

"Crossing the threshold of a shelter is a journey into uncharted territory for most women. What lies behind those locked doors? Am I a failure because my life has come to this? Will anyone understand what I've been through? Will my family or friends judge me? Will the shelter staff judge me? Shelters exist to help women and we want to be welcoming, but

[1] Helping Hands Guide, A Centre for Children and Families in the Justice System

never forget how foreign and intimidating an environment it is in those first hours and days."

Important Information

DOCUMENTS THAT THE SHELTER MAY HAVE, LOCATE AND REVIEW:

Copy of your Job Description

Copy of the Personnel Policy

Manitoba Standards Manual for Women's Shelters

Policy and Procedure Manual

Employee Handbook

🗁Insert/Review your in house manual titles and/or their location

Ethical Practice

⌘ *Shelters are locked accommodations and should be secure at all times for the safety of clients and staff.*

- The client and their safety is your primary concern
- Provide care in a manner that preserves and protects the client's dignity.
- Protect the client's privacy and confidentiality.
- Recognise, respect and advocate the clients' right to be informed and make informed decisions.
- Demonstrate honesty and integrity.
- Promote and maintain respectful communication.
- Treat colleagues, agency and government workers with respect and professionalism.
- Identify the effect of your own values, beliefs and experiences in carrying out work activities: recognize potential conflicts and take action to prevent or resolve them immediately.
- Identify ethical issues: consult with appropriate person or governing body; take action to resolve.

Health and Safety

Safety is your first priority while working at the shelters. Clients and your co-workers rely on your understanding of the procedures to ensure safety. At times you will need to enforce the rules with clients who aren't following the safety procedures, do so with respect, simplicity and professionalism. Calmly explain why they need to comply and most people will understand and attempt to conform.

COMPLIANCE WITH LEGISLATION, REGULATIONS AND CODES

All organizations will have documentation that indicates compliance with municipal, provincial and federal requirements including but not limited to fire regulations, building codes, food handling regulations, health inspections and Workplace Safety & Health requirements.

EMERGENCY PLANS

Each shelter has an emergency plan that looks at specific situations, for example; fire, power outages, lack of heat or water and pandemic diseases. The plan will specify evacuation details which identify a place to go, responsibilities of staff etc. ***Locate this information and review***.

⌘ *Be Prepared: Read the Fire Safety Manual located in the Crisis Room.*

FIRE SAFETY PLAN

🗁**Insert/Review your own policy / information on fire alarms)**

Fire Alarms – Alarm boxes located in some shelters have a plastic case covering the pull station. If the plastic cover is disturbed you may experience an alarm that sounds **in the shelter only**. If moved by accident, simply replace the cover, once secure the alarm will silence.

REVIEW YOUR SHELTERS' POLICY FOR RESPONDING TO ALARMS. Your shelter's alarm system may be connected to an alarm company and/or the fire station. If you are connected to an alarm company, they will call the shelter to acknowledge the alarm, in which case you will be required to provide the access code for verification.

In the event of an evacuation: REVIEW YOUR SHELTERS POLICIES ON EVACUATION. Remember to take the list indicating who is in the shelter, the crisis phone (if portable) or cell phone and prepare to remove clients from the facility to the predetermined "safe" location. Please treat all alarms as a real event, most importantly remain calm.

The first line of defense is prevention. All staff are responsible for enforcing the no smoking policy, keeping hallways, entrances and exits clear, maintaining a clean uncluttered working environment and reporting any concerns immediately to the Executive Director, Manager or Health and Safety Committee.

- Shelters are equipped with fire extinguishers, fire alarms and a sprinkler system.

- No materials (i.e.) bedspreads, clothes, boxes, etc. will be placed close to heaters or draped over lamps.
- All staff will be familiar with escape routes and the location of fire alarms, exits and routes for evacuation.
- Fire drills should be held regularly with staff/volunteers and clients.
- Staff and volunteers will know where the fire extinguishers are located and know how to use them. Training of staff/volunteers on the use and care of fire extinguishers should be provided.
- The shelter's fire safety plan and evacuation procedures are provided to each client during her intake and orientation.
- A copy of the evacuation procedures is posted on each bedroom door and throughout the facility in highly visible locations.

STAFF AND VOLUNTEER SAFETY

Personal Safety Alarms: These are usually located in the crisis or counselling room. This is usually a necklace with a small device that must be worn anytime you are working alone at the shelter. If you require assistance, push the button. This notifies the security company who will call the shelter, if no one answers their call, they will send the police to investigate. If you accidentally press the button, when they call, you will have to explain what happened and you should have to give them the security code (security code to prove you are authorized). This device provides a backup for your safety. Additionally to ensure insurance coverage it may be required that staff who work by themselves to be wearing the devise.

Staff and volunteers are expected to follow all safety procedures – review your shelter's policy manual, (i.e.) windows, doors, confidentiality, vehicle, keys, fire, and client safety. These protocols are all in place for your safety.

All precautions need to be taken if at any time you feel you are being followed while transporting clients:

- The driver should drive immediately to the nearest police or RCMP detachment and seek assistance.
- The driver should not try to outrun or lose the follower.

In all cases where an employee determines a situation to be unsafe for themselves or clients, they will bring the situation to the attention of the Executive Director/Manager. In the absence of the Executive Director/Manager, staff will be expected to use good judgment with a focus on personal safety as well as the safety of the clients.

Shelter Security

⌘ ***ALWAYS carry your keys with you!***

KEYS

In most shelters only the Executive Director/Manager and a senior staff member have keys for the outside doors that they carry with them for emergencies. If keys are given out, staff should sign for their keys and are responsible for them. Replacement shelter keys are obtained through MB Housing and are costly to replace.

There may be additional keys in use at the shelter, such as interim housing units, garage, windows, fire alarm panel, thermostats, etc. It is imperative that each person returns the keys to their correct spot for use by others. Replacement keys are not to be made without the permission of the Executive Director/Manager.

⌘ *If you are having problems setting the alarm it could be that a window or door was left open.*

⌘ <u>If the shelter has interior door keys, BE SURE you always keep your keys on you at all times. If you are the only staff on shift remember to always carry the crisis phone/cell phone as well as your keys</u>.

DOORS

- Shelter: The outside doors are to be locked at all times.
- Crisis Room: doors should be locked at all times if no one is in the room. Client files are confidential and are always secured, never leave clients' documents lying around.
- Bedrooms: Bedrooms that are not occupied are often kept locked (check your shelter's policy). If bedroom doors are not locked in your shelter clients may request that their bedrooms are locked if they are out of the facility for a period of time.
- Administration offices and area should be kept locked during non-office hours or whenever vacant.
- Door Alarms – midnight staff set alarms once all clients are in the shelter and settled down for the night. This is an added safety precaution. Follow shelter procedures on setting alarms and ensure you know where the phone numbers and codes are for the alarm company in case of emergency.

WINDOWS

Shelter windows are often equipped with safety bars. Safety bars will be locked at all times. Keys should be available in client areas, or beside the window to ensure that clients are able to open the safety bars to escape in case of fire.

All windows need to be closed when the air conditioners or furnaces are in operation.

⌘ *Definitions:*
FVPP – Family Violence and Prevention Program
EIA – Employment & Income Assistance
EAR – Emergency Assistance Request form
MAWS – Manitoba Association of Women's Shelters
CFS – Child and Family Services
CAPC – Community Action Program for Children
PHAC – Public Health Agency of Canada

🗁**Insert/Review the name and location of your procedures on setting alarms**

🗁**Insert/Review your shelter's emergency telephone numbers, i.e.: Executive Director/Managers numbers, Supervisors, Fire, Security Company and Codes etc.**

CAMERAS
Cameras are installed on the outside of the building. These cameras allow for viewing the yard and entrances via the monitors inside the building. There are speakers connected to entrances to communicate with visitors. If there is a problem with the cameras or speakers notify the Executive Director/Manager or your supervisor immediately. Cameras usually record and store data for up to two weeks. Often after a power outage, the camera monitors need to be reset or just turned on if not working.

VISITORS
Visitors to the shelters are required to push the button by the doors to identify and state their intentions to staff who will determine whether to admit them.

If you are manning the entrances be sure to always answer the doors politely and professionally. "*Hello, how may I help you*" is a good start. Under no circumstances should a door or telephone be answered with "*what*" or "*yah*".

Entry into the shelter is usually pre-arranged and expected. Never identify the building as a shelter when answering the buzzer. The following procedures should apply:

EXPECTED CLIENTS
- Most visits by clients are set up previously,
- If a client is expected, check the monitor and identify the client, check to see if she is alone,
- Answer the buzzer and ask their name(s) and whether they have a scheduled appointment,
- If everything is okay let the client into the facility.

UNEXPECTED CLIENTS
- Follow the same procedures as above except name and reason for visit would be explored prior to entry.

OUTSIDE AGENCIES / SERVICES / ADMINISTRATIVE BUSINESS
- All visits by outside agencies, services or persons seeking to meet with administration should be pre-arranged prior to access. (This includes service persons, as you should have advance knowledge of visits from Manitoba Housing, etc.).

- If unclear as to the person's status, check with a coworker or administration prior to admitting the person to the shelter,
- Persons who have not made prior arrangements will not be allowed entry to the shelter without the authorization of the Executive Director/Manager or the most senior staff on site. If admission is not granted:
  - Inform them that entry is pre-arranged, and;
  - Give them a number and/or name that they can call to arrange entry (i.e.) administrative business - give the business line number plus the first name of the appropriate person.

UNAUTHORIZED VISITORS

Unauthorized visitors to the shelter are not permitted. If clients choose to visit their partner, or you suspect they may do this, discuss with client the need for confidentiality about the location of the shelter and safety planning should be implemented with client.

There may be occasions when an unauthorized visitor comes to the facility. The following procedures would apply:

1. Check monitor once buzzer sounds, (refer to #4)
2. If the person at the door is unknown to you, check residential client's file or safe list for the visitor's name, description, concerns or any orders that may exist. As part of preparing for a shift, staff should be familiar with this information.
3. If you recognize the visitor as a perpetrator, call the Police and request they come to the building. Give them the information they need concerning the identity, history, orders, etc.,
4. In either case, answer the buzzer with "Yes, who is there please" or "How may I help you"?
5. Confirm their identity or purpose, for example:
   - They may give their name,
   - May demand to see their partner,
   - May say they are leaving belongings or other articles for partner/children,
   - May engage in verbal abuse.

If you are unsure of whom the person is and their response is not satisfactory, <u>remember</u> entry into the shelter has to be pre-arranged and if we err, we **ERR ON THE SIDE OF SAFETY. Do not let them in and ask them to leave.**

If they refuse to leave or you feel there is a threat, call the Police immediately, even if the visitor appears to be leaving. Document the unauthorized visitors appearance and vehicle. Give police any information on file (i.e.) name, history, restraining order, etc. If the visitor has left, request they patrol near shelter for a period of mutually agreed upon time.

Reassuring the client(s) will be necessary when these incidents happen. They should be aware of what is happening and will need to be reassured of the safety precautions and steps we take to protect them. Remind them when leaving the shelter about their safety plan.

SMOKING

Smoking is not allowed inside the shelter. Some shelters have a designated smoking area outside or a smoking room. Shelters will take steps to minimize the exposure of second hand smoke near doorways, windows and ventilation intake areas.

🗁Insert your shelters smoking policies

OUTINGS AND REPORTING A MISSING CLIENT

Shelters request that all clients who leave the shelter for any reason on their own or accompanied by their children sign out. Their "sign out" will include who they are going with and where, what time they leave, when do they plan to return and contact information. At this time their protection plan is reviewed with them, and a reminder for the client to call if they will be detained. Also check to see if they are scheduled for meetings, counselling or chores.

If clients fail to return by the contracted time and have not contacted you, an attempt will be made to contact the client and her emergency contact(s) prior to calling the police. Staff must be prepared to answer questions regarding the missing client including what she was wearing, identifying marks or tattoos, stated destination, and expected time of return. If client has left her children at the shelter then CFS may have to be called to apprehend if the children are deemed to be abandoned.

Clients who are absent without notification, should be reported to local police immediately. If the safety of the client is not deemed to be in jeopardy, the absence may still be reported to police but each shelter will have their own policy, so YOU WILL NEED TO CONFIRM THE PROCESS WITH YOUR SUPERVISOR. It's important to consider the level of danger that the client may be in and the overall situation of the client.

When a client returns from an outing, check for unusual things such as shopping bags if you know they don't have money, or smelling of alcohol or acting different. The reality is that some client's method of dealing with stress may not be healthy. If a client returns inebriated, you will need to judge the situation. It may be best to just ask them to go to their room and sleep it off. If client is unruly and a situation is developing that you can't handle, call the police.

Personal belongings left behind should be packed, labeled and stored for a maximum of two (2) weeks. If not picked up, they will be disposed of by any method convenient to the shelter.

Failures to return are noted in the client/ WISH file, by the staff present at the time. In some situations a DNA – do not admit maybe added to their file.

THREATS

If shelter staff or clients of the shelter have received threats or there is concern for their safety, the police and the Executive Director/Manager or her designate will be notified immediately.

If the threat is made directly to the client and reported to staff, staff is to discuss with the client the need for police involvement and then report the threat to police.

⌘ *Take all threats seriously! Record all details immediately!*

Document the following:

- Date and time of the report to police.
- Name of the officer the report was made to.
- Action that was taken.
- Record all information in the client/WISH file.
- Threats made against a client or made to a third party should be reported to police by the client or the party to whom the threat was made.

Threats made against the physical safety of shelter staff are to be carefully assessed and acted upon. Following such threats, protection planning is to be done and steps taken to ensure the safety of staff. Serious threats, such as (threatening to harm or death) made against the staff should be reported to the police. If in doubt as to the potential of the client's threats, discuss with the Executive Director/Manager or staff to determine if this is a serious threat or the clients' 'normal' verbiage.

Protective steps that may be taken following a threat vary with the nature of the threat. The following are examples of possible responses to various threats:

1. If an unidentified person repeatedly calls the shelter making threats against staff or a client, staff should report the problem to the police. A trace on the phone line may be arranged to facilitate apprehending the offender.
2. If a known person repeatedly calls the shelter threatening staff or clients, a report should be made to police.
3. If an individual, group of people or vehicle is seen hanging about the area of the shelter for no apparent reason and by their presence or actions present a threat to staff or clients, police should be notified.
4. Third party reports of threats against staff are to be reported to the

Executive Director/Manager.

5. Threats to physically harm, harass or follow shelter staff or their families should be reported to the police.

If evidence indicates that it may be unsafe for staff to leave the building at shift change, then staff should contact the police and jointly develop a plan to ensure this can safely take place.

⌘ Always keep the Executive Director/Manager inform.

THREATS TO STAFF SAFETY BY A CLIENT

If shelter staff feels that their personal safety is at risk by a shelter client, follow-up or non-residential client, concerns must be recorded and reported to the Executive Director/Manager immediately. Shelter staff can request approval to call in additional staff if working a shift alone and feel their safety is at risk. All concerns about shelter client are to be shared with all staff through the logbook/staff journal etc. in the Crisis office.

⌘ *Remember to always wash your hands, and if your shelter uses disinfectant wipes, use them regularly on phones and door handles etc. If there is an outbreak of head lice in the shelter, keep your hair tied up to help prevent infection.*

RESPONSE TO CONTAGIOUS DISEASES

Shelters will not refuse to admit clients for reasons of having a communicable disease. Communicable diseases are transmitted from one person to another and include those contracted through the exposure to blood and/or body fluids of an infected person (e.g. Hepatitis B or HIV/AIDS), and those contracted through exposure to airborne droplets (e.g. Tuberculosis, Meningococcal disease).

The use of universal precautions (routine practices) in all such cases is required, these have been developed by the World Health Organization and interpreted and applied by Manitoba Health.

All efforts should be made to accommodate a client with an infectious disease, without risking the health of staff or other clients. If a client or child presents with a highly contagious disease entry may have to be postponed. If the illness occurs once the family is in shelter, isolation, as much as possible, will be encouraged. Quarantining of clients is not possible. Contact your local public health agency for more information.

Ensure that all staff and the Executive Director/Manager are aware of illness and diseases.

Shelter staff will advise other clients of the presence of a contagious condition such as lice, measles, chicken pox, scabies etc.

Definitions of Shelter Services [2]

⌘ ***"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." (Manitoba Standards Manual for Women's Shelters 2013 p.11)

RESIDENTIAL/NON-RESIDENTIAL SERVICES (CORE SUPPORT SERVICES)

- "Core support services provide protective accommodation and support services to abused women and their children as detailed in the Standards Manual for Women's Shelters: Part II, Section 24. Counselling services include in-person counselling for clients where an intake has been completed. Counselling includes individual and group sessions for residential and non- residential clients."

INDIVIDUAL COUNSELLING

- "Refers to individuals who receive counselling where an intake has been completed. Each *counselling session* contains the following elements: a) involves the discussion of an issue; b) involves empathetic listening; c) support and education are provided; and d) involves working toward identified goals. Individual agency details on individual counselling expectations can be referenced within the Service Purchase Agreement. While the SPA generally refers to one hour of counselling a day per client, a counselling session can be counted after 30 minutes if it included the above elements (a-d)."

- "Please note that when calculating a portion of an hour, the minutes can only be represented in quarters." "Please round the number of minutes to the nearest quarter"

NEW FILE OPENED

- "Refers to women or children who are new clients in this reporting month and have not been in shelter before, and/or women or children who have not been in shelter this fiscal year."

RE-OPENED FILE

- "Refers to women or children who have a file opened as clients in this reporting month **and** who have a previous client file as they have been in shelter before, within this fiscal year." ***Note****: if a client was not in shelter within the last fiscal year, then they would be considered a "New Client".*

CLOSED GROUPS

- "These groups generally involve an assessment of whether each client is appropriate for the group. As well, once sessions begin, the group is closed to new participants, unless it is an exceptional situation. Each group has a specific goal, and consists of a number of sessions over the course of time with a number of participants in each session."

[2] Definitions are extracted from the FVPP "*Shelter Statistics Form – Explanation Sheet, revised May 2013*" please review this document for more definitions regarding the collection of statistics.

OPEN GROUP

- "Refers to groups offering drop-in participation. These groups/sessions do not involve intake for participation." Open groups can consist of residential, non-residential and /or follow up clients as well combined.

NON-RESIDENTIAL SERVICES

- "Non-residential services are provided to women and children who have not accessed the residential program. As well, if a former client of the residential or follow up program has not had contact with the shelter for six months and then recommences services, she would be considered a non-residential client (unless she returned to the residential program, in which case she would be considered a residential client)."

FOLLOW-UP SERVICES

- "Follow-up services are provided to women and children who are former clients of the shelter as listed in the <u>Standards Manual for Women's Shelters</u> Part II, Section 24. These women by definition, have used residential core services." (Within the previous 6 months or accessed the follow up program right after leaving residential services).

CHILDREN'S COUNSELLING SERVICES

- "Intakes are to be completed through the Children's Counselling Services for those children who can engage in dialogue with the counsellor. (Please exclude routine childcare when counting services.) Counselling includes individual and group sessions for residential, non-residential and follow-up children."

COUNSELLING WITH PARENT

- "Refers to counselling sessions with women on the issue of parenting, regardless of whether children are also participating. These sessions are typically conducted by the children's counsellor. In this section, clients from each program area (residential, non-residential and follow-up) are added together to produce totals for all values."

BEDNIGHTS

- "A bednight is defined as one night of accommodation for a women and one night for each of her children." "The number of bednights should be consistent with the number of nights billed to Employment and Income Assistance and the Family Violence and Prevention Program." According to EIA a client must be in Shelter for a minimum of 6 hours before eligible for reimbursement.

NEWCOMER BACKGROUND

- "When providing data for Newcomer Background, please indicate the number of new clients who have arrived in Canada in the last five years. This would include both immigrants and refugees." Be aware that clients have the choice to respond to this question or not, and are to be informed that the data is used for data collection and program utilization purposes only, no personal identifying information is shared. The data requested refers to both women and their children. Include country of origin. This data is now required to be reported in the monthly statistics to FVPP.

NON-INTIMATE PARTNER VIOLENCE

- "'Non-Intimate Partner' is a family member other than an intimate partner.
- In November 2012 the definition of "family violence" used by FVPP was expanded to include those who experience abuse by family members other than intimate partners. Consequently, FVPP funded agencies are now serving clients who are abused by family members other than intimate partners. In order for FVPP to estimate the demand for expanded services, we would ask that agencies report on this new data."

PUBLIC INFORMATION AND TRAINING

- "This section reports on the number of public education and training sessions provided by the agency to the community and other service providers. Public education is defined as events that are held to create awareness of abuse against women and its effects upon women, children and society. Training is defined as events that are held to provide the audience with a set of skills or knowledge to deliver intervention services to abused women."

Service Management

MALE VICTIM SERVICES

Male victims and their children, if safe can be placed in a hotel. Alternatively you can refer them to the Men's Resource Centre in Winnipeg. http://www.mens-resource-centre.ca/

SERVICES FOR CLIENTS WITH DISABILITIES

Shelters make every attempt to accommodate clients with disabilities. Part of the assessment during Crisis Calls/Intakes, shelter workers will ask clients if they require supports for disabilities to determine if the shelter is an appropriate place. Clients must be self-sufficient to stay at a shelter or provide their own resources for the attention needed. When a client has a disability chores will be allotted with the capabilities of the client in mind.

PROVISION OF NECESSITIES

The shelters in Winnipeg, (Ikwe Widdjiitiwin and Willow Place) hire staff

⌘ *Manitoba Health Links 1-888-315-9257 in Rural Manitoba and 204-788-8200 in Winnipeg. Give them the Manitoba Health #.*

to prepare food for clients. The rest of the shelters provide stocked kitchens and usually clients are responsible to prepare food and clean up. Every attempt will be made to accommodate special diets.

CHECK YOUR SHELTER'S POLICY REGARDING KITCHEN SERVICE.

Most shelters provide clients with towels, pillows and bed linens, soap and toiletries. FAMILIARIZE YOURSELF WITH THE SHELTER RULES ON DISTRIBUTION OF NECESSITIES TO CLIENTS.

🗁 ***Insert/Review/Review your shelters specific kitchen operations and distribution of other necessities.***

BUILDING MAINTENANCE / EMERGENCY

Manitoba shelters are located in buildings owned by Manitoba Housing. In the event of a building maintenance emergency, call the 24 hour emergency maintenance line (you need to know your Project number) to report the problem 1-800-661-4663. Record the details (date, time, problem, report number, comments etc.) If it's a minor problem, log the details and pass on the information to your supervisor, if possible fix it yourself.

CRITICAL INCIDENT REPORTS[3]

In the event of an incident, staff should notify the Executive Director/Manager and record and complete the appropriate forms. If the incident is serious arrange transportation (taxi, ambulance) and send the client/staff to the hospital. If unsure have client/staff call Health Links Manitoba 204-788-8200 in Winnipeg or 1-888-315-9257 in rural Manitoba.

If there is a critical incident, the Executive Director/Manager must be fully informed as soon as possible so they can inform Family Violence Prevention Program (FVPP) and the board chair or designated board member within 24 hours. If a life-threatening incident should occur, the Chair and FVPP must be contacted within 3 hours.

Immediate phone calls will be made to FVPP or if unavailable (weekends, holidays, evenings) a fax will be sent outlining the critical incident. Within 7 working days of the incident, a written Critical Incident Report (Standards Manual - Appendix I), signed by the Executive Director/Manager or her alternate, will be submitted to FVPP.

AGE RESTRICTIONS

Clients generally staying at the shelter are adults18 years old and older.

[3] Appendix D: Critical Incident Reporting Procedures and Form, *Standards Manual for Shelters*

Shelters do not admit children on their own except in the situation of children in the care of CFS. Some shelters have agreements with CFS to temporarily house youth if there is room at the shelter. Payment for these stays is invoiced directly to CFS. (See CFS and Admission of youth).

Some shelters do not accept male children with the mom who are over 14 years of age. Discuss this with your Executive Director/Manager or supervisor. If it's safe you may be able to put the family into a hotel if the shelter is not the best place for all involved.

⌘ *LGBTTQ – stand for lesbian, gay, bisexual, transgender, Two-Spirit and queer. More information is available at www.rainbowresourcecentre.org – Winnipeg or in Brandon www.serc.mb.ca – LGBT Program, Sexuality Education Resource Centre (SERC) or manitoba.ca/stoptheviolence/lgbttq.html*

SEXUAL ORIENTATION

Potential intake clients may, during the crisis call self-identify as being transgender or transsexual. You will need to determine if the client identifies as a woman or man. The shelter does not accept men, but depending on the clients' situation it may be appropriate for the client to stay at the shelter. If bringing a client into the shelter consider the other in-house clients and the dynamics existing there, another option could be a hotel if it's safe or if appropriate contact the Men's Resource Centre in Winnipeg. If your shelter doesn't have policies in place to proceed, discuss solutions with the Executive Director/Manager or supervisor.

LENGTH OF STAY, EXTENSIONS, TRANSFERS

At the funder's (EIA) discretion, clients can stay at the shelter for up to 30 days with possible extension (see EIA – Employment and Income Assistance). Stays are voluntary so clients may choose to leave prior to the 30 days. A client who visits a number of shelters is still restricted to the 30 day limit. If a client stays at one shelter for 20 days, disappears and shows up at another shelter, within a short time (at EIA's discretion), they would only have 10 days left to stay at the new shelter. If there is a period of time (at EIA's discretion) before the client reappears and the abuser/safety issue is different then it's possible that EIA may grant the full 30 days. In this situation the counsellor would have to make the request to EIA to determine.

Extensions: can be applied for by the counsellor if there is still a safety issue or extenuating circumstances present. (See EIA – Employment Income Assistance for more information). The counsellor will complete an application for extension and clearly explain why an extension is being requested.

Transfer: requests are made through EIA. Clients are required to stay at the shelter for 3 days, this allows staff time to assess the situation and gives the client time to ensure this is what she wants. The 3 day rule is a guideline; extenuating circumstances (Safety) should be dealt with case by case.

The receiving shelter will talk with the client to make an assessment and answer any questions the client may have about the community.

There should be a good reason for the transfer – such as: client looking for housing in a different community, or moving closer to family supports.

Once the receiving shelter has agreed then a request for transfer is completed and submitted to EIA. If EIA agrees then the arrangements for transportation will be made by the sending shelter.

The sending shelter fills out the Shelter to Shelter form and faxes it to the receiving shelter and they must disclose all pertinent information on the client. Transfers are not to be used to "offload" undesirable clients. Full disclosure on health, including mental health issues is mandatory, including if the client has/had bedbugs or head lice (which should be dealt with, within the first three days).

In WISH; if you did an intake for the client then it should be entered into the client workbook. If you didn't do an intake then you still set up a client workbook and enter the tombstone data that you have for the client and record the time spent (time log) and notes for the transfer. You would not enter "Registered Programs" or "Stays" data for this client unless she/he stays overnight and you will invoicing for bednights.

EVICTION FROM SHELTERS

Shelters conduct voluntary programs and operate in nonviolent environments. Clients who become aggressive or unwilling to participate in programming may escalate to the point of being evicted. If a client becomes unresponsive to counselling or is purposely breaking the rules then the situation must be addressed with the client, usually by her counsellor. In this situation it may be prudent to ask another staff member to witness the session.

Often situations come to a head during the weekend or after hours when the clients' case manager or counsellor is not available. Staff should attempt to safely deal with the immediate situation, document everything that happened and contact a supervisor to determine how to proceed if necessary. If a client becomes threatening or violent, and safety is an issue, call the RCMP or police immediately to have her escorted out. After such a situation it's important to debrief with any clients or children that may have witnessed or been a victim of the situation, additionally you should debrief with your supervisor or the incoming staff. Enter client notes into WISH as soon as possible and/or write up notes about the situation to pass on to the next shift. An incident report may need to be completed as well, depending on the situation.

DATA COLLECTIONS / STATISTICS

Statistical data is collected from WISH for the FVPP monthly stats and the CAPC stats. Data should be entered into WISH on a daily basis. If you are unable to enter your data arrange with another staff member to enter the data for you. It's preferable you enter your own data so that it is reflected under your initials but the system only allows for seven (7) days to enter data before being locked out (if day ends are up to date). The seven (7) days is the buffer to allow staff to enter data prior to statistical reports being produced. Locking the input protects your data from being changed after a report has been filed. (See WISH Instructions).

FVPP statistical reports are pulled from the data that is entered into "Registered Programs", "Time logs/Client Notes" "Residential Stays" "Groups" and "Crisis Calls" for Crisis call statistics to be counted, data must be entered into the "Call Demographic" all six (6) questions need to be completed (Demographic bar will turn green as you complete the questions.)

⌘ *The Shelter's monthly statistics are extracted from the data you enter into WISH. All the information you enter provides a snapshot that can be used for grant requests, marketing and shelter development.*

CLIENT NOTES, DOCUMENTATION[4]

Documentation of your interaction with clients must to be recorded correctly. These notes should show that reasonable, ethical steps have been taken for the benefit of the client. Writing client notes in WISH only requires entering data into the client "Notes" tab with the addition of the time log code and time spent. The following are general rules for note taking.

- Record information in an objective, factual manner.
- Describe behaviour, avoiding the use of undefined and/or unnecessary adjectives.
- Avoid making opinions and assumptions when personal impressions are required to clearly provide objective professional detail, identify clearly the personal impressions, observations, and hypotheses as opinion (e.g., an impression of client's "uneasiness" or "avoidance").
- Be as specific and precise as possible.
- Focus on objective, observable behaviours and statements.
- Avoid jargon or diagnostic labels.
- Make and initial your own entries and record information in a timely manner.
- Note and initial any subsequent alterations or additions, leaving the original entry legible and intact, and never erase, delete, or white-out, etc.
- Do not alter the record after the fact, you may strike out the comment and replace it with the correction.
- Be brief, but ensure information is sufficient to support continuity of the counselling service.
- Write case notes with the expectation that others will read them with a critical eye.

[4] *Referenced Chapter 7, Note taking, Information Sharing and Record Keeping;* Manitoba Public Education and Training; 02/10/2014; http://www.edu.gov.mb.ca/k12/docs/support/mb_sourcebook/chapter7.pdf

- When a reference needs to be made regarding a different client, someone other than the client's file you are working on, never use that other client's name in the notes. You can use "another in-house client" in place of a name.

Include in each professional contact (written notes or in WISH)

- Date of contact, length, name(s) of all counsellors present (if someone other than you is in attendance – do not use another in-house clients' or child's name. Only use the name of the client/child, whose file you are entering data in.
- Counselling information sufficient to keep track of counselling.
- Issues and indications of progress.
- Long-term/short-term goals.
- Plans/homework.
- Actions taken.
- Correspondence—written, telephone, email.
- Record of all consultations regarding client.

It is important to note that the files, notes, and records of a counsellor are the property of the shelter in which he/she is employed.

In the following circumstances, counsellors should obtain more information and/or get advice from the Executive Director/Manager, supervisor or lawyer:

- If consent is not provided or refused but there is a health or safety issue for any individual or groups.
- To report criminal activity to police (pursuant to FIPPA).
- Where there is a subpoena, warrant, or order to produce information for a legal proceeding.
- When a professional code of ethics may limit disclosure.

CLIENT FILES / WISH

Each shelter will have its own requirements for Client files, generally a hard copy file will be created and a WISH database file, the hard copy will contain the intake and discharge documents, copies of identification and EAR (emergency assistance request) form, general contact information with personal identification etc. as well as children`s information. Client notes should be entered into WISH. Individual client notes can be printed and filed in the client file or the daily client notes (prints all notes for all clients in a specified time frame) can be printed for staff changeover meetings. These notes can be kept in a monthly file or shredded. EACH SHELTER HAS THEIR OWN PROCESS PLEASE REVIEW WITH YOUR SUPERVISOR. When a client leaves, a hard copy of all their clients notes can be printed if desired to keep in their file. In the event of a client being asked to leave or evicted, both WISH and hard copy files must show either a

Yellow caution flag or a Red DNA (Do Not Admit) flag. See WISH for more information.

Please note: eventually the goal is to become paperless when it comes to the client files. If the shelter maintains a hard copy of client files, every effort should be made to not store duplicate data. All client records can be scanned and saved in WISH, eliminating paper files. This will take time for shelters to get to this point but the system is set up to do this when we are ready.

CONFIDENTIALITY

Always protect identity and confidentiality of clients', staff and volunteers.

Staff and volunteer's last names, phone number or addresses will **not** be given out to the clients, people inquiring on the telephone, newspapers, etc. Direct media calls to shelter management.

In some circumstances your last name will need to be given to the RCMP, EIA (on forms) and other agencies or letters you may send out to the public.

General rule, shelter staff do not confirm admission or disclose the whereabouts of a woman admitted to the shelter for service to any person. Staff can respond to telephone callers wanting to speak to a client with this type of message *"I will post this message on the bulletin board and if that person is here, she will return your call if she wishes to."* Or "*I cannot confirm or deny information about that person, I can post a message….."*

All clients are asked on intake who can contact them while in shelter. Only those people are put through to clients. Each shelter may have their own process, please confirm this with your supervisor.

Before information from the counselling record is released to an external agency, written consent must be obtained from the client. A copy of the written consent, which outlines the information to be released, will be maintained within the counselling record.

These conditions do not apply when the counsellor's notes are subpoenaed.

Refer calls to the Executive Director/Manager or her designate when required to disclose confidential information due to legislation, judicial order or medical crisis, as well as calls from the media.

The purpose is to protect the client from the abuser, but does not limit contact to other support services. Current Support Services should be listed on the client contact list.

The procedure for cooperating with police inquiries is to verify the police officer's identity before further discussion with the inquiring officer. Such callers are asked to leave their name and badge number and then you will call them back. On call back ensure that you have reached a police detachment. In the case of a questionable number, call the local police detachment and confirm the employment of the officer.

In the case of a missing person inquiry, we are only obligated to say "*that we know the whereabouts of the woman and that she is safe.*" If that is the case, otherwise you can confirm that the person has not contacted the shelter. Remind police that even this information is strictly confidential as abusers often use a missing person report to find their partner.

RELEASE OF INFORMATION

All clients are asked to sign a Release of Information form on intake and this is referred to when consulting with another services that the woman may be involved with. If she has not signed a release for this agency she will be asked to do so and if she refuses no information will be shared, except in the case of imminent risk to herself or her children.

LIMITS OF CONFIDENTIALITY

Confidentiality can be breached in the following circumstances:

- the client presents an imminent danger to herself or others;
- the client is being sought by law enforcement officials;
- child is in need of protection

VICTIM'S 1ST CELL PHONE

This program allows access for a client to receive a cell phone for emergency phone calls only or clients can use their own cell phone. There is usually a designated staff member who manages this program.

Administrative (Admin) Calls

The shelter administration (admin) phone line should be used for non-crisis calls. If someone calls on the crisis line and is not in crisis, ask them to call back and give them the admin phone number.

Always answer the phone professionally and warmly, even if it's been a bad day, put a smile on your face before you answer the phone. ☺

If you answer the admin line, you will find there are often common questions asked.

⌘ Be sure to clarify with your supervisor how to respond to questions about donations, especially items like furniture, children's items and clothes. Determine where to find the phone numbers for other agencies etc.

Also be aware of staff names and who is working that day – remember NEVER give out staff last names, personal phone numbers, email addresses or home addresses. When in doubt, pass the call to the Executive Director/Manager or supervisor or take a message and have someone call them back. Don't be pressured, if someone is giving you a difficult time, simply say "*its shelter policy, I cannot give out that information*", or "*its shelter policy, you will have to speak with the Executive Director/Manager*".

⌘ Do not give out client information. (*See Confidentiality*)

Crisis Calls

INFORMATION/CRISIS LINE PRIVACY PROTECTION POLICY

Manitoba Shelters protects the anonymity of callers by not subscribing to Call Display, nor do they access computer printouts of numbers calling the Crisis Line. Calls made from the shelter will show up on call display as "unknown" or "private". Be aware that some clients may have their cell phones block calls from unknown callers. Check with your client.

The crisis line offers support and suggestions to callers in abusive relationships. The caller is heard in a non-judgmental atmosphere and allowed to make decisions about what they want to do. Your job is to facilitate the process by providing accurate information. Of primary importance is the caller's safety. When a caller is in apparent danger, it is imperative that you attempt to get them and any children to a safe location. For callers who are not in immediate danger, the crisis line is to be used as a way of discussing the situation and exploring options.

⌘ *Sexual Assault Crisis Line (Klinic). 24/7, Clients can also call 888.292.7565 or in Winnipeg call 204.786.8631*

Manitoba Status of Women advertises the shelters crisis line number (1-877-977-0007) for youth in crisis (bullying, suicidal, etc.) and assisting adults who think they have a student, patient or client who may be experiencing violence in their marketing campaigns. It's important to be prepared, know where to find reference material, and when needed stabilize the situation before referring.

In cases of imminent death of a suicide caller or victim of violence you can leave the line engaged and call the RCMP for assistance on the second line.

Documentation of each crisis call is made either entered directly into the W.I.S.H. database program or with handwritten notes. Please see "Client Notes, Documentation" on proper note taking. Remember keep to the facts, no personal opinions, judgments or diagnoses. You and your notes could be subpoenaed and should be professional and to the point. Focus on the presenting situation, safety first, options, and referral information provided. To ensure confidentiality, all non-filed paper, including scrap paper, should be shredded.

⌘ *Always treat your clients with respect and compassion.*

ADMISSION/INTAKE CRITERIA[5]

"Shelter services are designed specifically for women who have been abused by intimate partners, or other family members, and their children. Following this, only women (and their children) seeking support for dealing with family violence should be admitted. Exceptions may include:

• women assessed by shelter staff as being at imminent risk and needing alternative intervention services due to indicators such as serious mental disturbance or chronic chemical dependency; or

• Women under the influence of alcohol or drugs who, in the opinion of shelter staff, present a risk to other women and children in residence.

"In the case of a woman having an older male child, care should be used during admission. An older male child could be seen as threatening by other women in the shelter. A family in immediate danger should not be referred elsewhere unless the family room is unavailable."

The services of Manitoba Shelters is to provide a short-term, safe and supportive residential environment for women and their children who are victims of abuse by an intimate partner or family member**,** regardless of age, race, creed, socio-economic status, sexual orientation, physical/mental capabilities or religious beliefs.

Staff receiving a phone call about a possible admission should talk directly with the client prior to admission to the shelter. Staff is expected to be flexible with this requirement in dealing with other referral sources e.g. police, social agencies, the Women's Resource Centers etc. As well, staff is to be flexible in assessing for alcohol and amount of consumption recognizing this could be one of the coping mechanisms for abused clients. Be objective, don't jump to conclusions because you are tired, had a bad day, or it's the end of your shift, listen carefully, there may be a way you can help a client.

When determining admission, check W.I.S.H. database or alternate method used by the shelter to see if the client has been in the shelter previously. If the file has a caution (yellow) or do not admit (red) status noted, but you feel there should be an exception then discuss with the Executive Director/Manager or supervisor for approval. If no one is available always err on the side of safety, using your own discretion.

24 HOUR ASSESSMENT

However, there may be circumstances where shelters accept women who are assessed as being at risk for reasons other than family violence. In special circumstances, deemed to be a risk for reasons other than intimate or family violence, callers may be admitted on a temporary basis until a more suitable resource can be secured. Staff should err on the side of safety and admit a women and children (or male and children to a hotel) who are in need of safe refuge for a 24 hour assessment, giving time to find a suitable location for them. Always clearly explain to the

[5] *(MB Shelter Standards Manual 2.3.1. Admission Criteria Page 28)*

caller that it is a temporary placement.

CRISIS CALLS, SOME SUGGESTED QUESTIONS:

Suggested questions to ask during a crisis call: (take notes)

- are you in a safe place, is it safe for you to talk,
- have you called 911, would you like me to call 911,
- describe your safety concerns,
- Tell me about your relationship – gather abuse/abuser information,
- How long have you been in this relationship?
- tell me what lead up to your calling the crisis line/shelter
- How long have you been with your partner?
- is there gang involvement with your partner, or yourself
- are there children involved, where are they,
- have you used the crisis line in the last 6 months,

More questions if you are considering admitting caller:

- Where are you?
- Do you know the location of this shelter, is this where you want to be?
- Have you ever been in shelters before, when, which one(s)?
- How was your stay there?
- Are you hoping to return home?
- Do you have any physical ailments or disabilities?
- Who are you bringing with you?
- What are you bringing with you*, (no space at most shelters to store items?)*
- Do you have pets (livestock) that you need to make arrangements for?
- Are you taking any medications, do you have them with you?
- Are there any charges against you?
- When was the last time you drank alcohol or took drugs *(remind them it's not allowed in shelters)?*
- Ask if they can access legal documents and bring them as well as banking, license, insurance, custody papers, passport, birth certificates etc.

If a client has been to your shelter before then you should ask them "*what is different*? *What changes have you made in your life*?" or "*why do you think another stay in a shelter will benefit you?"* Caller should want to change to come to shelter, we are here to facilitate major changes in their lives but they need to be ready to make those changes. ***This does not mean that you would refuse a caller with a safety issue.*** You could discuss how to make changes, try to get the client thinking about changes. Always check to see if the caller has a Caution or DNA (do not admit) on their file (WISH), if so you need to ask about the issues that existed previously.

The first question that most callers usually ask is if you have space. Don`t answer directly, ask them to tell you about what`s going on in their life. If the shelter is full, you need to assess whether to utilize the hotel or refer to another shelter or agency etc.

SUMMARY OF HOW TO HANDLE A CRISIS LINE CALL [6]

1. Check for immediate danger.
   - i) **In imminent danger** – your first priority should be to move the women and her children to a safe place as quickly as possible.
     - a) Ask if she has called the police, if not ask permission to call the police. Ask for her name, address and phone number. Repeat each of these to ensure accuracy. Ask her to stay where she is (if safe) while she waits for the police. Do not hang up on the caller, use another line to call police.
     - b) Brainstorm quickly with the women on locating a safe place (Neighbor? Corner store? Friend? Family?
   - ii) **No imminent danger** - Abuser is not in the immediate vicinity or there is no immediate danger – does she know when he will return? Can she predict when another attack will occur?
2. With the exception of situations where there is imminent danger, do not pressure the caller to leave. It is their choice.
3. Take time to listen to the story.
4. Denounce the abuse. It is not her fault. No one deserves abuse no matter what the situation.
5. Emphasize the abuser's responsibility for his violence. Share the Cycle of Abuse.
6. Ask: what makes you stay? Does the caller recognize what makes them stay – economic dependence; fear of being on their own? Question statements such as "I love him/her" – what does that really mean? (Need, fear, affection, etc.)
7. Ask: "*have you ever left before*?" Find out what happened and why client returned. Use this information to help them find a way that will assist them to stay/or get out of the relationship.
8. Is this the first time she has told someone about the abuse?
9. Explore supports: friends, family, community resources. If she hasn't told anyone, can she tell them now?
10. Are there children involved? Are they being physically or sexually abused? If so, it **MUST** be reported.
11. Is she staying out of hope for change? It is extremely rare for an abuser to stop the abuse without proper help.
12. An abused person will often tell you about the positive qualities of the partner. It is the mixture of positive and negative qualities that keep them in the relationship.
13. If the person is not prepared to leave, do a Protection Plan with her. (*see Protection/Safety Plan*)

---

[6] Referenced from Casual Manual – Nova House Inc.

14. Before offering shelter:
    a) Ask for the person's name and check that they are not flagged as caution or do not admit.
    b) Ensure that she meets the mandate – intimate partner or family member is abusive and she is in immediate danger.
15. If the client is coming into shelter:
    a) Get their name and a phone number to reach them plus SIN# and police incident number (if required by EIA) when arranging transportation.
    b) Ensure that she brings: identification, health care, and other important papers, custody etc.; needed medications, bank card/information, a favorite toy for the children, a change of clothes and sleepwear
16. Explain what to expect: individual and group counselling, chores, lice check, bed bug procedure, no storage space, no pets.
17. Assess suicidal lethality carefully. Act accordingly.

TRAVEL ARRANGEMENTS FOR INTAKE

If the caller requires transportation:

- Brainstorm with caller on how to get transportation to the shelter such as RCMP, family, friends, medical van, etc.
- If call originates from on Reserve, explore if Nursing Station, CFS or the Band will arrange transportation
- If no alternative call EIA for approval of travel costs, if granted, follow up in writing, (fax to EIA). Determine what is required by EIA for your shelter to ensure EIA will cover the transportation costs.

After Hours:

- Discuss with the Executive Director/Manager for travel approval.
- If there is immediate danger call police/RCMP.
- Or if you can make sure that the caller has a safe place to wait and you are confident that the caller will stay there then a taxi can be arranged. Do not send a taxi driver into a dangerous situation.
- Or if safe for caller and others, have her stay with family or friends and call back during business hours so you can get approval from EIA.

⌘ Obtain the police incident number if there is one, (this can be used to prove safety issue if you have difficulties convincing EIA of necessity of transportation).

At times, when the shelter is filled to capacity, clients and their children could be offered accommodation at another shelter if viable, or if safe, placed in a hotel until space is available. Counselling will still be provided to these clients, and clients will have access to a counsellor 24 hours a day. Out of house clients will be made to feel welcome and encouraged to spend time at the shelter to meet other clients and receive support.

When client(s) arrive at shelter, follow the bedbug procedure, and do a lice check.

Intakes

ASSESSMENT

The assessment is done over the phone (crisis call) or in person to define the safety risk and the needs of the client to determine the appropriate program. During the conversation you are assessing how the caller fits the mandate of the shelter. (Our mandate is to assist callers who are fleeing abusive intimate or family members.) Each shelter runs a Residential, Non-Residential and Follow Up program.

BASIC INTAKE

Client Intakes require a number of mandatory steps to ensure that everything is completed correctly. Intake procedures vary depending on the shelter. The following is a general outline, please review your shelter's procedures.

Bring the client into the designated area and make them as comfortable as possible. Determine and address any immediate concerns i.e.; medical needs, food, washroom location, upset children (hungry, need diaper change etc.)

Once these are addressed, it's prudent to verify that the client understands why they are there, and what will be expected of them during their stay before completing the intake paperwork.

⌘ Clients although having had everything explained to them prior may not have really understood the details, take the time to review slowly and patiently and have client explain to you what they understand. Having them repeat the rules, guideline etc. may help them remember.

🗁**Insert/Review the following priorities to suit your shelters operations.**

Priority 1 – MUST be done (with client) Remember, each shelter may have slightly different procedures.

a) Follow Bed bug procedure and have form signed (if applicable)
b) Start new file
c) Fill out EAR (emergency assistance request) with first and last name, reason for service, financial resources, date, and signatures of both client and staff – look at an old one for reference.
d) Photocopy ID (3 pieces, with children's names if possible) if no ID is available, state "no ID" on EAR (Emergency Assistance Request).
e) Record time of arrival.

f) Lice check and form signed (if applicable) give lice treatment if needed – record how many treatments given out, name of client, date given and when next treatment is due.
g) Give copy of Shelter Guidelines – emphasize the importance of them.
h) Ask if suicidal.
i) Ask about medications and razors, needles, knives (follow your shelter policies on sharps).
j) Ask about allergies.
k) Assign room – ensure there is bedding, towels, etc.
l) Take care of physical needs; hungry, tired.
m) Explain smoking policy.
n) Explain that they must notify staff if they are leaving the building for any reason.
o) Give client a tour of shelter and introduce to other in house clients.

Priority 2 – MUST be done (in office)

a) EAR plus photocopied ID should be faxed or left in designated location for faxing
b) Whiteboard: put name, date, children (name, sex, age, last names if different from mom's) where she is coming from, time of arrival (follow your shelters procedure)
c) Fill out bednights record or manual record of client entering shelter, each shelter has their own system
d) Put medications away
e) Record items given to client, date and initial.
f) Put Client Out Contract sheet on bulletin board.
g) Expense Sheet.

Priority 3 – If you have time and the client is willing

a) Have Release of Responsibility waiver form, valuable's sheet, medication consent, and confidentiality form signed (each shelter may have different forms or titles of forms for intake)
b) Read through guidelines with client, be sure they understand and have them sign form
c) Explain chores, counselling sessions and group meetings
d) Explain client out contract and curfew
e) Fill out any other documents for file
f) Post call/no call list of client contacts

Full Intake forms should be completed within 24 hours of client being admitted to shelter. *See EIA – Employment Income Assistance for more information*

BEDBUG PROCEDURE

General procedures: have clients place all their belongings, including coats, hats, footwear etc. into large plastic bins/bags and tie up. Have client wash everything that can be washed in hot water and laundry detergent, dry at high temperature. Items that cannot be washed could be put into dryer on high heat for 20 minutes. Otherwise items, such as suitcases, should be sealed in large clear plastic garbage bags, labeled and stored until client leaves shelter.

HEAD LICE PROCEDURE

Anyone can get head lice. It is especially common where groups of people play, work or live together. Due to the communal living situation of shelters, it is very important to treat lice as soon as possible.

If a client is found to have lice, do the following:

> ⌘ *Remember to record the number of lice treatments given out and to which client for reimbursement from the funder.*

1. Give client clear garbage bags to bag all clothing, stuffed toys, blankets, etc.

2. Give client the head lice treatment product, towels, shower caps, new/clean pajamas and garbage bag, check to see if client **really** understands what they are supposed to do. Don't assume they can read or understand the instructions, review it with them or assist as needed.

3. Have clients go to the washroom to do the treatment

4. Ask clients to put all their clothes and the used towels in the garbage bag to be laundered immediately

5. Ensure that the clients are leaving the treatment in for the full 10 minutes

6. Have clients comb out their hair in the washroom. For children, the playroom could be used so the child can watch TV for distraction but please put a sheet underneath the child's chair. The sheet is to be folded up and laundered immediately.

7. Client must put all bagged clothes through the dryer on a hot cycle for at least 20 minutes. If client has a car seat, please have them dry the cover of it as well, or if the cover cannot be removed then the seat should be sealed in a clear plastic bag, labeled and stored.

8. Inform the client that they must comb out their hair and their children's hair every day for the next 7 days with a lice comb to remove nits. If you are not familiar with this process please ask your supervisor.

9. Note when treatment was given and indicate the re-treat date (7days).

10. [7]If client has difficulty understanding what is infecting their/children hair and the need to follow procedures; you can assists clients with combing nits and to emphasis what is in their/children's hair, stick the nits/lice onto a piece of tape to show them. This has proved effective.

[8]Head lice live for less than two days if away from the higher temperature of the scalp. Eggs will not hatch away from the higher temperature of the scalp and they usually die within a week.

• Soak all combs and brushes, hair clips in hot water (at least 55°C or 130°F) for five to 10 minutes.

• Wash items in contact with the head (example: hats, pillowcases, towels, stuffed toys, car seat cover etc.) in the past 48 hours in **hot** water and dry in a **hot** dryer for at least 15 minutes.

• Dry clean or store non-washable items in an air and water-tight plastic bag for two weeks.

Freezing temperatures can also kill head lice and eggs but several days may be needed depending on temperature and humidity. (-20C for 48 to 72 hours)

🗁Insert/Review your shelters hotel procedures

⌘ *clearly repeat instructions and rules with the client to make sure they really understand the rules for the hotel.*

HOTEL USE

If there is no room for a client, you can arrange for them to go to a hotel. Or if there is a high safety risk, if possible, a current women or family, residing at the shelter who has stabilized and her risk has lessened, could be transferred to the hotel to make room for the new crisis client. Each shelter should have a designated hotel(s) – check with your supervisor.

The client will first come to the shelter to start the intake. **The EAR (emergency assistance request) must be completed,** as well as any other in house documentation before going to the hotel.

Explain to the client that they are expected to attend daily sessions with a counsellor and attend group at the shelter. They can be transported by taxi as needed. If client is fee waiver without transportation, check with EIA they may cover taxi, especially if there are health issues or children involved.

---

[7] Nova House procedures

[8] Public Health Fact Sheet Government of Manitoba
http://www.gov.mb.ca/health/publichealth/factsheets/headlice.pdf

Process for a Client to go to the Hotel:

- Call the hotel to see if they have space

- Let them know that a room is needed for the shelter and the length of time the client will be staying. (Casual staff – authorize the stay for the duration until full time staff are at the shelter. For example – until Monday morning

- Give the name of the client and the number of children but clearly state that the client's name is confidential and not to be given out to anyone.

- Get the assigned room number and confirmation number

- All contact with the hotel regarding client should be made using the confirmation number only

- Inform the hotel desk and the client that:

    a) Only the listed client and their children are allowed in the room

    b) Client is not allowed to make long distance phone calls

    c) Client is only to receive incoming calls from the shelter

Meals: There are two options for meals:

1) Meals from the hotel can be billed to their room number. Max: $17.20/person/day (breakfast $3.60, lunch $5.30 and supper $8.30) as per EIA.

   Note: the amount of the first day will depend on the time of their arrival in shelter.

2) If management or full time staff is available, $17.20/person/day can be paid out to the client and they can use it to eat out where they want or to grocery shop.

DEPARTURE

If a client is departing on an evening or weekend, the following must be done:

1. Fill out the Discharge form that is found in the client's file and fax it or leave it for faxing.

2. Write down the name of the client and time of departure in the staff book.

3. Fill out the bednights record remembering to fill it out for both the client and her children if any.

4. Fill out the departure section of the cover sheet inside the client's file. It is particularly important to document where they are going upon departure, and get a contact phone number. Complete departure in WISH, specifically Registered Program and Stays tabs for both mom and children.

5. If applicable in your shelter, return all the client's medication, check the Medication storage before they leave the building, check for valuables stored in safe or locked up in the crisis room.

If there is time before the client departs, please ensure that the following is done:

6. Give the client the shelter evaluation form and the children's CAPC evaluation form and envelopes for them to return it in confidentiality. Completed forms are delivered to the Executive Director/Manager.

7. Do protection planning sheet with the client. Once completed photocopy it and give original to client. Keep photocopy for client's file.

8. Have them strip their beds, start laundry and clean room.

CFS ADMISSION OF CHILDREN – (IF YOUR SHELTER PARTICIPATES)

Please check with your Executive Director/Manager about your shelter policy on CFS youth stays.

Some shelters have agreements with CFS to temporarily house youth if there is room at the shelter. Payment for these stays is billed directly to CFS and NOT through EIA. The CFS Worker must understand that the youth is there voluntarily and we do not provide "supervision", the youth must be stable and able to function without disrupting the shelter inhabitants. When considering accepting CFS youth ensure that they do not require continuing care or observation. The youth must be independent. If the youth insists on leaving then we will contact the CFS worker to let them know she left. If a youth requires additional care then CFS must provide a Developmental Worker to stay with the youth 24/7. It has been noted that CFS doesn't provide this care continuously so you need to consider the "what if's" in the scenario, how independent is this youth if the Worker doesn't show up. **Always** have the CFS Worker sign the agreement stating that they are responsible for the costs of housing the youth. Additionally ensure that the appropriate forms are completed and contact information is provided by CFS in case of emergency, as well as determining any restrictions placed on the youth. Enforce the Bedbug and head lice checks.

CFS intake Outline: (if applicable)

1. Determine if your shelter has a separate file (forms) to be used for CFS clients. Use appropriate file.

2. Ask the CFS worker if there are any rules or restrictions that the client must follow in addition to the shelters rules and guidelines. For example, are they allowed to leave the building? Do they have a curfew that is different? Can they make phone calls, long distance? Make sure CFS understands that they have to pay for any calls. Any extras should be written into the document that the CFS worker will need to sign. Are they participating in groups and counselling? Always document any rules or restrictions.

3. Have the CFS worker who is dropping off the client sign the form.

4. Ensure that we have the name of worker, name of CFS agency, phone number, and address of the CFS agency that will be paying for the client's stay and have them sign the document.

5. If the RCMP is dropping youth off, staff **must** have already spoken with CFS Worker to confirm payment, rules and guidelines. If RCMP does show up without CFS involvement, explain that you must speak with the CFS worker. Then make that call to confirm payment for her stay before the youth can be left.

6. When entering youth into bednights records remember to also enter CFS worker's name and agency.

7. Do bedbug, lice, allergies, medications, and curfew/outing policy with youth.

8. When giving a tour and showing her to her room introduce her to the other IHC (in house clients) and explain smoking, laundry, kitchen, and signing in and out rules.

SUICIDE

During the intake process, the staff person should get information in relation to the client's emotional state. Shelters often deal with people who may have felt or feel suicidal. If a client discloses that they are suicidal:

- Assess whether the client is feeling suicidal at the present time.
- Check (ask) to see if the client has a plan.
- Provide support, assess, and if necessary determine if they are willing to contract in writing for their safety.

- Contact the Executive Director/Manager or senior staff if the assessment is that the client is unwilling to contract for safety and is a risk to themselves or others. Referral will then be necessary to the hospital or the RCMP.
- The Agreement of Non-Disclosure/Confidentiality does not apply when a client is at risk of hurting themselves or others.

ALCOHOL USE

Clients who are under the influence of alcohol shall be assessed as follows:

- Level of intoxication.
- Level of risk to themselves and others.
- If the woman (and her children) is the only person in shelter, you may keep her at the shelter overnight – and re-assess in the morning.
- If the woman has been drinking, will her stay at the shelter pose a problem for the staff, other clients or herself?
- Staff should keep a close watch on the client in these cases.
- Alcohol is never permitted in the shelter.

NON-ADMITTED CLIENTS

"If a woman does not fit the criteria for admission or fits the exceptions to admissions outlined above, under no circumstances is she to be turned away.
Rather, the agency should err on the side of caution and ensure that clients not accepted for admission are brought in for assessment and then referred to other resources. When necessary, clients should also be provided with assistance to access those resources."
(MB Shelter Standards Manual 2.3.1. Admission Criteria Page 28)

Criteria for admission to the shelter will not discriminate based on race, religion, socioeconomic status, language, ethnic origin or sexual orientation. Admission to the shelter will be available 24 hours a day, 7 days a week. Crisis calls must be answered directly and immediately. Safety of the staff and other clients will be taken into account when determining eligibility for admission, i.e. gang involvement.

If a woman does not fit the criteria for admission or fits the exceptions to admission listed in the next paragraph, under no circumstances is she to be turned away.

Manitoba Shelters staff should err on the side of caution and ensure that clients not accepted for admission are, if possible, brought in for assessment and referred to other resources. Clients should also be provided with assistance to access those resources.

Exceptions:

1. Clients assessed by shelter staff as being at imminent risk and needing alternative intervention strategies due to indicators such

as serious mental disturbance or chronic chemical dependency. In cases of mental disturbance, clients should be referred to the Crisis Stabilization Unit or the local Hospital.

2. Clients under the influence of alcohol and or drugs who, in the opinion of shelter staff, present a risk to other women and children in residence. In this case the RCMP could be called to at least provide a safe place for the night. Once they are sober they can contact the shelter.
3. When the shelter is full, generally, the first plan of action should be to refer and transfer the client to another shelter or if applicable, Men's Resource Centre in Winnipeg to ensure that they are accommodated in a safe and secure location; the second option would be to place the client in a hotel or motel.
4. In the case of a client having an older male child, care should be used during admission. An older male child could be seen as a threat by other women in the shelter. A family in **immediate danger** should not be referred elsewhere.

INTAKE AND ASSESSMENT

Intake is available on a 24-hour basis, seven days a week. A structured intake form (W.I.S.H.) is completed for every client seeking services at Manitoba Shelters for residential, follow-up or non-residential programs.

Once a client and children's immediate needs have been met, a written intake and assessment is completed for all clients. Included in the assessment will be their goals as well as an agreement to follow Shelter guidelines.

The intake form is not completed until after the immediate needs of the client are met, but should be completed within 24 hours of admission. (*See EIA – Employment Income Assistance)*

Fill out the Emergency Assistance Request short form for EIA. If the client has a treaty number, please note it. Make copies of ID if available.

Explain the medication procedures of the shelter to the client.
🗁**Insert/Review shelters practices here**

Encourage the client not to keep valuables or sums of money with her but suggest that they be placed in the office for safekeeping. If the client leaves valuables for safekeeping, insure the safekeeping form is completed. Supply the client with the necessary toiletry items.
🗁**Insert/Review shelters practices here**

MEDICAL ATTENTION

Clients and their children who have been assaulted immediately prior to entering the shelter should seek medical attention as soon as possible to have obvious injuries treated and documented and to assess for other injuries.

All visible injuries should be documented in WISH and/or the manual file. If possible take pictures. If in doubt regarding the extent of the injuries and the client is presenting with obvious symptoms, call Manitoba Health Links 1-888-315-9257 Rural Manitoba and 204-788-8200 in Winnipeg. If injuries are serious, the client should be sent to the hospital by taxi or call 911 if risk of death.

> ⌘ ***Definition of "Honour"-Based Violence***
> Is where a person is being punished by their family or community for actually or allegedly undermining what they believe to be the correct code of behaviour. By not conforming it may be perceived that the person may have brought shame or dishonour to the family. This type of violence can be distinguished from other forms of violence, as it is often committed with some degree of approval and / or collusion from the family and / or community (Manitoba Standards Manual for Women's Shelters 2013 p.11)

The client may refuse medical attention or fear having the injuries documented, you would bring them in and assess the situation upon admission.

The safety and well-being of the client is of paramount importance. Staff should convey this to clients and explore fears of seeking medical attention. If a client should seek medical attention but won't, the Executive Director/Manager or supervisor should be notified to assess the situation.

INTAKE AND ASSESSMENT FOR CHILDREN

A structured intake form is completed for every child seeking services with their mother or care giver at Manitoba Shelters, for residential, follow-up or non-residential services.

COUNSELLING

Clients are entitled to receive counselling on a regular basis during their stay. They are to be provided with the opportunity to receive formal counselling for a minimum of one hour per 24 hour period *(as per MB Shelter Standards).* Generally counselling consists of a 60 minute time frame, but in the case of a meaningful dialog with a client where breakthrough is made within 30 minutes then it is acceptable to declare that time frame as a counselling session. Be sure to document why it was declared a counselling session. A 10 - 15 minute chat with a client does not constitute counselling. (Refer to FVPP definitions of Individual Counselling on page 11.)

PROTECTION / SAFETY PLAN

The object is to prevent future violence. We know from research and experience that violence repeats itself and gets worse. It's important to plan what to do if there is further violence. A protection plan is a means by which a client can protect themselves (and their children) by using personal and community resources and by becoming aware of signs that usually precede an abusers violent actions.

The following are suggestions to brainstorm and discuss with your clients to help build their awareness:

1. What are some of the behaviours or circumstances leading up to (or have led up to) an explosive situation in your home (i.e. time of day, location, own reactions, stress level of partner, money, children's issues, etc.)?

2. How have you protected yourself and/or your children from being hurt in the past?

3. What worked for you? What didn't work?

4. What people or organizations do you know that you can turn to for help? Gather emergency phone numbers.

5. Are you familiar with legal protection/medical services available to you?

6. What would you be willing to do in a situation where you are afraid that violence will be done to you or your children?

7. If client is still at home; discuss safe place to store vital information, legal documents, ID, custody papers, spare keys, medications, etc. if they have to run.

8. Discuss with client to keep their cell phone with them at all times, perhaps program 911 into the phone.

9. Encourage them to call police/RCMP if in danger, alternatively discuss where client could run to in an emergency (keep in mind involving a neighbor could put the neighbor at risk and may not be a suitable choice). Have client review routes to hospital, nursing or police stations or other safer locations.

10. Discuss whether children should be informed and coached on what to do if? (depending on age and maturity of children)

> ⌘ *Awareness and understanding of your clients' cultural background will help make your client feel comfortable. If you don't know about her culture, ask her to tell you about it. Be sure to share with the rest of the staff so everyone learns.*

CULTURAL UNDERSTANDINGS

Clients come to shelters from a variety of cultural backgrounds. Shelter staff will acquaint themselves with any cultural practices or beliefs that may affect the circumstances of the particular clients residing at the shelter.

RIGHT TO SERVICES WITH CULTURAL SENSITIVITY

Always ensure that women and their children receive services that are sensitive to, and respect their cultural and linguistic heritage, religious beliefs and sexual orientation.

ANIMALS

Animals and pets are not allowed at the shelters. Staff will assist clients with finding care for their pets. EIA may pay for a pets stay at a kennel.

> ⌘ *If you have to engage an interpreter for your client, keep in mind the nature of information that may be shared and how it could affect the interpreter. Debrief with the interpreter, particularly if there is sensitive information shared.*

INTERPRETATION AND TRANSLATION

When a client calls or comes into the shelter with English as a second language and you are unable to communicate, attempt to find someone within the shelter staff or at another shelter who can communicate with the client. In an emergency you may know someone in the community to assist.

TELEPHONE USE

Clients wishing to make long distance calls, which cannot be billed to EIA under the funding agreement must pay for their calls themselves. They could call collect or use their personal needs (PN's) money to reimburse the shelter, check with your supervisor to determine the shelters policy regarding long distance calls.

Clients who have their own cell phone should be reminded that the phone must be turned off or put in silent mode during counselling or group sessions. Additionally ensure that they do not take pictures of anyone or anything at the shelter or the outside of the shelter and to turn off their geographical location or GPS on their phone while staying at the shelter.

If they use their phone to take pictures and post them on the internet, an abuser can determine the location the client was at when the picture was taken. Clients can strip the location from the picture but it's safer to ask them to refrain from posting anything on the internet during their stay.

COMPUTERS

Most shelters allow clients access to a computer particularly for employment and housing searches. Determine the rules for your shelter.

CURFEW

Client curfews are based on the clients youngest child`s bedtime. The curfew must always be enforced by shelter staff. CHECK YOUR SHELTER'S CURFEW TIMES, IT MAY BE DIFFERENT FROM THE ONE SUGGESTED BELOW.

Curfew for Adults:

11pm Sunday through Thursday
12pm Friday and Saturday

Curfew for Adults with Children:

Ages: 7 years and under 8 pm
8 - 10 years 9 pm
11 - 13 years 9:30 pm
14 - 17 years 10:30 pm

⌘ *Each shelter provides different levels of child care, discuss with your supervisor so you understand what your shelter provides.*

🗀**Have your Child Care Worker/Counsellor review and insert your shelters child care program information**

Child Care Program

SUPERVISION AND SAFETY OF CHILDREN

"Manitoba Shelters will endeavour to provide a safe secure environment for children while in shelter."

The children's program provides an opportunity for children to deal with their own feelings about the abuse in their homes and about being in shelter, while allowing time for the mother to attending counselling sessions and meeting such as housing, medical, legal etc. Counsellor will follow the procedures in your shelter on arranging child care for counselling sessions, groups and outings.

Interventions with children will be to provide safety and comfort, offer crisis support as well as to offer a safe supportive environment where children can learn and practice skills to alleviate stress and anxiety.

All staff should be aware of the children in the shelter, during their stays it's an opportunity to determine if there are any issues that may need to be dealt with in regards to the child's development, health or mental well-being.

Staff will provide support to mothers in their parenting role and offer referrals to existing social, recreational, educational, health, legal and financial services.

All shelters have an indoor playroom and outdoor play areas and supplies for children's activities.

> ⌘ *CAPC covers families with children 0-6 years old. When tracking activities completed with a CAPC client, be sure you used the correct CAPC coding in WISH. Or Inform the Child Care Worker that you spent time with a CAPC client so your statistic will be collected. These stats are reported to the MAWS Provincial Coordinator and submitted to PHAC.*

CHILDCARE

Will be provided if possible by the Children's Support Worker for counselling sessions, groups, housing, EIA, legal and medical appointments. Childcare may be arranged with other women in shelter if necessary. Children must be 12 years old to baby-sit. The children's program may provide assistance to mothers during chores if possible.

PREFERRED CHILD CARE PRACTICES

Manitoba Shelters will follow all guidelines of the Manitoba Child Care Association.

DISCIPLINE:

Time out is the method of discipline encouraged at the shelter. Yelling at or using physical discipline or punishment with children is not acceptable. Shelter staff will be familiar with constructive discipline techniques.

SUPERVISION:

Children are to be supervised by their parent at all times. Children are not allowed to play on stairs or other unsafe locations.
Ensure children are supervised when the parent is making or taking phone calls or exiting the shelter for a smoke break.

PLAYROOM:

Mothers are encouraged to be with their children in the playroom. Parents are responsible to help their children keep the playroom clean and organized.

PLAYGROUND:

All children must be accompanied by an adult in the outside playground.

CHILDREN'S BEDTIMES:

All mothers are responsible for ensuring children are in bed at an appropriate time: In some shelters the children's bedtime is the same as the curfew.

- 7 years & under 8 p.m.
- 8 – 10 years 9 p.m.

- 11 – 13 years 9:30 p.m.
- 14 – 17 years 10:30 p.m.

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

⌘ *According to The Child and Family Services Act, a child is anyone under 18 years of age.*

Written procedures are given to women with children at intake and are explained during the orientation to the shelter program.

CHILDREN LEFT IN ANOTHER CLIENT'S CARE

Clients who wish to leave their child in another clients care must complete the form "Child Care Agreement between Clients" and both adults must sign it.

PARENTAL PERMISSION FOR CHILDREN'S OUTINGS

Shelter staff will obtain a mothers or guardians written permission when children are attending a shelter-sponsored outing without her being present at the outing. The outing permission form must be signed prior to leaving.

PARENTAL PERMISSION FOR CHILDREN'S COUNSELLING

No counselling will be provided for children without the written permission of the parent(s). If there is shared custody, or "mom" does not have primary care and control, counselling will not be provided in house without the written permission of the both parents. Children may be referred to outside agencies for appropriate counselling, but the outside agency will also require signed permission.

NON-RESIDENTIAL CHILDREN`S COUNSELLING

Parent(s) who wish to get counselling for their children must also be receiving counselling at the shelter.

CFS AND WOMEN'S SHELTER PROTOCOL

The shelter has a written protocol, developed in co-operation with Child and Family Service Authorities, Women's Shelters, Child Protection and Family Violence Prevention Program. The purpose of the mutually agreed upon protocols is to clarify the working relationship between all parties in matters of child protection.
http://www.gov.mb.ca/fs/fvpp/pubs/cfs_shelter_guidelines.pdf

CHILDREN IN NEED OF PROTECTION POLICY

Manitoba Shelters require that all staff report suspected cases of children in need of protection (child abuse) to a Child and Family Service authority, notwithstanding that the information on which the belief is founded is confidential.

Staff are expected to be familiar with the "Manitoba Guidelines on Identifying and Reporting a Child in Need of Protection (Including Child Abuse)" and to follow the guidelines as set out. (*See Additional Resources*)

Except in situations, which may result in harm to the child or children, it is the practice of the shelter to discuss with the mother the exact nature of the concerns prior to contacting a Child and Family Service Authority (CFS). Where deemed appropriate and provided there is no breach of the law, the mother is given the opportunity to report the information to CFS on her own volition.

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

MANDATORY CHILD PORNOGRAPHY REPORTING

Shelter staff who suspects or believes that a child is a victim of child pornography or is in danger of being used for such, must report it to the appropriate authority.

Report through the Cybertip website or by calling the 24 hour hotline at 1-866-658-9022. Additional information can be obtained on the Cybertip.ca website.

Staff Information

Refer to Counsellors Manual for additional information.

BOUNDARIES[10]

"Boundaries help prevent you from taking advantage of your power over a client. Even though you might not see yourself as being a powerful person, there is a power difference in any relationship between a client and a staff person."

PRIOR OR PERSONAL RELATIONSHIPS WITH CLIENTS

Staff must always maintain a professional relationship with clients, in and out of the shelter. It would be a conflict of interest if you personally know a client (female or male victim) who arrives at shelter. You should try to avoid working directly with them and inform the Executive Director/Manager of the relationship. It may be in the best interests of the client (and you) for her to be transferred to another shelter depending on the relationship.

SELF-DISCLOSURE

May be beneficial but use with caution, when working with clients ask yourself will sharing help the client, can you keep the focus on the client, and can you do so in a way to not encourage a friendship between you and your client?

GIVING/RECEIVING GIFTS

If giving gifts to clients, do so only when you can give gifts to all clients present.

[10] *NWT Shelter Training Program Mod. 3.2 page 14*

ESTABLISHING FRIENDSHIPS

Friendships are inappropriate with clients, this blurs the professional relationship and should not happen.

PHYSICAL CONTACT

Generally speaking physical contact is not appropriate. It may be unwelcome due to the clients' history of trauma. A celebratory hug is okay, if initiated by the client and you are comfortable.

PERSONAL VALUES AND BELIEFS

Your personal values and beliefs impact how you work with a client. It's important to understand your values and beliefs so that you can help your client more effectively by virtue of understanding and being respectful of the client's values. The provincial shelters do not have a religious or spiritual affiliation and all clients should be made to feel welcome regardless of their beliefs.

BURNOUT

Definition - Being emotionally exhausted, unable to stay connected to your work.

VICARIOUS TRAUMA

"Vicarious Trauma is defined as a transformation in the helper's inner sense of identity and existence that results from utilizing controlled empathy when listening to clients' trauma-content narratives. In other words, Vicarious Trauma is what happens to your neurological (or cognitive), physical, psychological, emotional and spiritual health when you listen to traumatic stories day after day or respond to traumatic situations while having to control your reaction.

A transformation occurs to your inner-self as well as your perception of the world around you, that can cause serious impairment—depression, anxiety, addiction—and can put you at serious risk." [11]

"Vicarious trauma, however, is a state of tension and preoccupation of the stories/trauma experiences described by clients." [12]

⌘ Take time to review your personal mental health. Be honest with yourself, you cannot help your clients if you are suffering.

As a secondary witness to your client's victimization you will be affected. Recognizing that it is "normal" to be affected in this type of work is the most important coping skill that you can give to yourself. You're not alone. It's okay to feel outraged, horrified, shocked, saddened, or vulnerable. One method to deal with these feelings is to participate in "debriefing" meeting between shifts. Use this opportunity to discuss your feelings and talk about it. Alternatively you may be more comfortable debriefing with your Executive Director/Manager. Each shelter has its own methods regarding debriefing, please utilize this service.

---

[11] *Vicarious Trauma Institute www.vicarioustrauma.com*

[12] *Fact sheet #9 American Counselling Association*

PERSONAL CELL PHONE USE

Personal cell phone use is not permitted while you are on shift. Cell phones are to be turned off or in silent mode during working hours. Please limit use of your cell phone to breaks and lunch hour during shifts.

NON-WORK RELATED TELEPHONE CALLS

It`s understandable that you may need to received non-work related calls during working hours. It`s expected that you will limit those calls to emergency calls only, notifying your family and friends that you are not available to chat until your shift ends.

COMPUTER USE

Refrain from using work computers for personal use during your shift.

Code of Ethics[13]

PURPOSE

To provide ethical guidelines for counsellors

DEFINITIONS

Client means:

- A person, family, and group of persons, association or community on whose behalf the counsellor provides, or agrees to provide service.

Best Interest of the Client means:

- That the goals, motivations and plans of the client are taken by the counsellor as the primary consideration in any plan developed and subject to change only when deemed inappropriate according to the given mandate, or unreasonable, unrealistic or potentially harmful to the client or another individual.
- That all actions on the part of the counsellor are conducted in the reasonable belief that the client will benefit from the action taken, and
- That the counsellor will consider the client in the context as an individual, a member of a community, a person of distinct ancestry and culture, and these factors must be considered in any decisions affecting the client.

PROFESSIONAL DUTIES AND OBLIGATIONS

A counsellor shall maintain the best interest of the client as their primary professional obligation. They shall carry out their professional duties and obligations with integrity and objectivity.

[13] *Information adapted from Nova House Inc. Code of Ethics*

- If there is any factor that affects the counsellor's ability to perform an acceptable level of service (religious beliefs, prejudice, conflict of interest etc.) the counsellor will remove themselves as the primary counsellor and arrange for another staff counsellor to work with the client.
- A counsellor shall not state an opinion, judgment or use a clinical diagnosis unless there is a documented assessment, observation, or diagnosis to support the opinion, judgment or diagnosis.
- Where possible a counsellor shall provide or secure counseling in the language chosen by the client.
- A counsellor shall identify and describe education, training, experience, competence, nature of service and action at the request of the client.
- A counsellor shall not claim formal education in an area of expertise of training solely by attending a lecture, demonstration, conference, panel discussion, workshop seminar or other similar teaching presentation.
- The counsellor shall distinguish between actions and statements made as a private citizen and actions and statements made as a counsellor.

PROFESSIONAL COMPETENCE

A counsellor shall have and maintain competence in the provision of services to a client.

- A counsellor shall not undertake to provide services to a client whom she or he is not skilled or qualified to provide, (e.g. medical or mental diagnoses).
- Where a counsellor cannot reasonably acquire the necessary competence to provide service to a client, the counsellor shall discuss with their supervisor and arrange appropriate service for the client.
- A counsellor, with the agreement of the client, may obtain advice from other professionals in the provision of service to a client.
- Where a counsellor has an unresolved physical, emotional or mental health issue or disability or illness that affects the ability of the counsellor to provide a competent service to the client, the counsellor shall discontinue the provision of service, advise the client of the reason and ensure that the client is referred to another professional person if the client agrees to the referral.
- The counsellor shall have and endeavour to maintain an acceptable level of knowledge by participating in ongoing training to meet the standards of practice of the profession.

PROFESSIONAL RELATIONSHIPS

A counsellor shall not exploit the relationship with a client for personal benefit, gain or gratification.

- The counsellor shall respect the client and act so that the dignity, individuality and rights of the client are protected.
- The counsellor shall not have a sexual relationship with a client.
- The counsellor shall not have a business relationship with a client, borrow money from a client, or loan money to a client.

CONFIDENTIALITY

A Counsellor shall protect the confidentiality of all information acquired from the client or others regarding the client and the client's family during the professional relationship unless:

- The client authorizes in writing the release of the specified information.
- Information is released under the authority of statute (provided for by an **Act** or a regulation) or an **order** of a court of competent jurisdiction.
- Failing to provide confidential information inhibits the health and safety of the client or other individuals
- Where information is required by law, or to protect safety, the counsellor shall explain the requirements to the client and attempt, to involve the client in selecting the sources to be used.
- The counsellor shall record relevant information about client contacts as required by the employer, remembering that the client has a right to access these records under the *Personal Health Information Act, 1998*.
- **The obligation to maintain confidentiality remains indefinitely after the counsellor has ceased contact with the client.**
- The counsellor shall not disclose information acquired from the client to a member of the client's family without the informed consent of the client who provided the information, except as noted elsewhere in this code.

CONFLICT OF INTEREST AND PROFESSIONAL STANDARDS

Where responsibilities to an employer are in conflict with the counsellor's obligations to the client the Counsellor shall document the issue in writing and bring the issue to the attention of the employer.

- A counsellor shall not intervene in the professional relationship of a counsellor and client unless requested to do so by the client and unless convinced that the best interests and wellbeing of the client require such intervention.
- When external agencies are involved, once the counsellor determines that the client is involved with another counsellor she/he should obtain permission to work in collaboration.

The Counsellor shall observe the spirit, not just the letter, of these guidelines.

W.I.S.H. Database Instructions

If you attempt to open WISH and you get a message saying there isn't any "live data files – do you want to create them…." Say NO. It means that your laptop/computer did not access the server correctly. Try shutting down the laptop and re-starting it. Check to see if you can access the internet. If not, either you may have to reset the wireless router by turning it off, wait for 10 seconds and turn on, or you may need to "map" the drives (telling the computer where to look for the data file), contact your Tech support person if you are unfamiliar with this process. This can be caused by a power outage.

To access the User Manual in WISH, located the Question Mark "?" at the bottom of the left side toolbar. Click on this then click on User Manual for additional help.

CREATING A CLIENT WORKBOOK

You can start a client workbook with just the name. Enter as much data as possible, and keep updating client workbook as new information is discovered. The more data entered about the client the more accurate the stats will be. The system will notify you if you attempt to create a duplicate record as there should be only one client workbook per client.

LOOK UP A CLIENT IN WISH:

- To look up a client, open WISH.
- Log in (red button that turns green with a picture of keys on it, top left side).
- Click to open Client Workbook located under the log in button on the left hand side of screen.
- Search for the client name by using the Phonetic Search. Click on the radio button ◎ to select first name, last name etc. then type in the clients first and last name.
- Alternatively you can also search by clicking on the words "Last Name" or "First Name" located on the top menu of the search box and just start typing the name you want to search, nothing will show on the screen until you start to type the clients last or first name.
- Once you locate the name, click on it and click okay or double click on the name. This will load that client's data into the workbook.
- If there is a red bar or yellow bar it means the client is flagged.
- Red means **Do Not Admit (DNA)** and Yellow is **Caution**.
- DNA and Caution flagged names also show up in the search box.
- If you look in the "Notes" tab there should be an entry as to why the client is flagged, if there isn't then check to ensure that the client should be flagged and enter the reasons into her "Notes".

HOW TO LOOK UP A CHILD IN WISH:

- There are two ways, if you know the child's name click on the Children's Workbook on left side toolbar.
- Or if you know the mothers' name you can search for her and open her workbook,
- Click on the Children, Abusers and Others Tab
- Click on the "Click Here to add or modify a Child's Records.
- The children's workbook is slow to search, have patience.

Once the child's workbook is open click on the "Child No." drop down box. A Child Lookup box will appear on the screen (could take time). If a mom's name is showing it will display her children below, simply double click on the correct child or highlight the child's name and click OK. That will load the child's workbook.

- If you don't know the mom's name or the wrong mom's name is showing, click on the radio button labeled "All Children" on the top section of the Child Lookup box, this will search the complete children's database

CORRECT SPELLING OF A CLIENT'S NAME

To change or correct a clients' name: Open "Physical Desc" tab and click (where you initially entered the person's name, lower on the screen, not in the search box) on the first or last name you want to change and make changes, then save.

ENTERING DATA FOR ANOTHER STAFF MEMBER:

If you are entering data for another counsellor be sure to say that at the beginning, in the Notes. i.e.: "entered for Joanne".

INTAKE PROCESS FOR RESIDENTIAL CLIENTS:

When loading new clients into the system you should have the paper intake form that follows the WISH data entry in sequence. If you do not have these forms, contact the MAWS Provincial Coordinator for a copy.
Make sure you have a new client workbook opened up, for a new client. (Click on the icon that looks like an open book) this clears the page to start fresh. When doing an intake for an existing client, if you have their WISH client number you can type that number into the box to access their workbook.

DESC. / DEMOGRAPHICS TAB

Begin with the Physical Desc. Tab and enter as much detail as possible working through each tab. Additional data can be added as you work with the client and she starts to share more information.

ADDR. /MISC. TAB

Move to Address/Misc. tab and complete, remember, this is where you would **flag** a client for **Caution** or **Do Not Admit (DNA).** Look for her "Readmit Status" and complete the "Risk to Shelter".

ADDRESS CHANGES

To enter a new address for a previous client open the "Address/Misc." tab, click and delete or highlight and type over the address that is there. If you want to see the history of addresses, you can select "Print" then select "Previous Addresses" and Ok, this will open the print screen, click on the printer drop down box and select Preview to see the address history or print a copy. The program will hold all the previous addresses entered for that client.

CHILDREN, ABUSERS AND OTHERS TAB

Click on "Children, Abusers and Others" tab. Click on the bar "**Click Here to Add or Modify a Child's Record**". This is where you enter the client's children, it will take you to the Child's Workbook where you will create a workbook for each child and complete their tabs, have patience it can be slow loading children's records. After entering the children's personal data – be sure to complete the applicable "Registered Programs". If they are a residential client then the child must be entered into 2A-Group, Children Residential Group. If the child also gets counselling then they need to be entered into 2A-CHRS (your code may be different) use only if they get individual counselling. If the Child's mom is getting Non-Res counselling and we are providing Child minding/Daycare, then you would enter the child into 2B-Group, which is Children Non-Res. Group. Follow Up client's children would go into 2C-Group.
See quick reference for Registered Program Codes below.

Then enter the Abuser information by clicking on the "**Click Here to Add/Modify Alleged Abuser Records"**. When filling out this tab, be sure to click on "**Physical Description", Basic Info. And Risk Assessment #1**". Some of this data is used for our stats so it's important to complete as much as possible, or come back at a later date when you learn more info and complete. At this point we are not using the #2 tab or the Photo tab. If the client has other contacts, people they have identified, feel free to enter them into the other contacts, especially if they have identified someone as their alternate contact person or next of kin.
You have now completed the basic "tombstone" data on the client, which is all their personal background information. Next step is to enter the client into programs and/or residential stay.

REG. PROGRAMS TAB (REGISTERED PROGRAMS)

Now move to the next tab "Registered Programs". This tab is important as it collects statistical data for FVPP. Here you will enter any programs that the client will be using. For example if it's a residential client they will be receiving counselling and attending group, as well they may have children who are doing the same. To do this you will look for the line that starts with "Reg. in Programs." And click on the drop down menu box and pick the program i.e.: for a residential client you would pick 1A-WCRS (you may have a different code) Woman's Counselling - Residential, then enter the start date (probably the date she comes into shelter), the end date you don't know so simply click on the drop down menu and accept the default date. This puts the client into the program for that time frame. Or, click on the date you want or if it's already highlighted then click on OK. Now choose who the client was referred by, if unsure use RC – Residential Counsellor or unknown, depending on what you are entering. Then move to the Worker, which should be the counsellor who is assigned this client. (If your shelter does not use case management or designates a primary counsellor, then you will have to decide who will be the primary worker for the sake of the WISH program, perhaps whoever completed the intake). Now move to the Exit Code. This has become a mandatory code. When you enter a client on intake you don't know the actual exit code, use PEND – pending. When you discharge this client **remember** you must change this to the correct code and date of departure.

⌘ When doing the client's intake or discharges, remember to also enter each child's data into WISH.

Quick Reference Chart for WISH Registered Program Codes

QUICK REFERENCE FOR REGISTERED PROGRAM CODES:
(Codes may differ in each shelter always check the title)

- **Residential Clients**
    - Residential Counselling 1A-WCRS (women), OR male clients 3M-MCRS
    - Residential Group 1A-Group
- **Non-Residential clients**
    - Non-Res counselling 1B-WCNR OR male clients 3M-MCNR
    - Non-Res Group 1B-Group
- **Follow up Clients**
    - F/U counselling 1C-WCFU OR male clients 3M-MCFU
    - F/U Group 1C-Group

QUICK REFERENCE FOR CHILDREN'S REGISTERED PROGRAM CODES:

Residential Child
- Residential Counselling 2A-CHRS
- Residential Group 2A-Group

Non-Res Child
- Non-Residential Counselling 2B-CHNR
- Non-Residential Group 2B-Group

Follow Up Child
- Follow up Counselling 2C-CHFU
- Follow up Group 2C-Group

REGISTERED "STAYS" TAB

"DO NOT USE THIS TAB FOR A YOUTH BROUGHT IN BY CFS – *see below*"

Click on the registered "Stays" tab. Use this **only** if a client is actually staying at the shelter and the stay will be billed to EIA.

Click on “Create New Stay”, this will clear the screen to enter a new stay. Click on the drop down box for the date enter the date client moved in and then the time in as well. Pick the “Referred By” code. Then under Room you can select which room number the client has been assigned to. You can ignore the Bed Type and Daily Rate and Shelter. If the client has injury’s you can enter that just below. Now enter applicable information in to “Meds, Conditions, Other Info.” and “Admission Statement”, which is the basic info on why she is here (from crisis call). Then click on “Abuse Cited”.

If they have Children with them at the shelter, you click on “Children at Shelter” and pick the children who are **in shelter only**. If a child leaves shelter before mom, you click here again and de-select the child. (De-selecting the child usually happens when the Day Ends are done, to ensure the Bed Nights are correct.) The rest of the screen is to be completed upon Discharge. Adding or removing the children only works correctly when day ends are being completed each day.

The person who completes the day ends will need to add or remove the children on the specific date they came or left before that date, as each day end is done.

If a client or child has an overnight and you will **not** be invoicing EIA for the bednight then you must exit the client/child. If unsure, check with your supervisor.

INTAKE FOR FOLLOW UP CLIENTS

- Since all the data is already entered and you have closed them out of the Registered Programs you only have to enter the new code (*see quick reference for codes above)* of Follow Up client in the Registered Program tab with the dates etc. Use the default end date, and Pending exit code. Remember to discharge client either when they leave the program or if they have **not utilized service for more than 6 months**.
- If client will be utilizing the Child Minding/Daycare, check for children and using the Child Workbook enter each child under the Registered Program Tab into the Follow up program using the correct code for either CAPC child or not. If they aren’t getting counselling you may only have to keep them in the 2C- GROUP to cover daycare (Playgroup).

INTAKE FOR NON RESIDENTIAL CLIENTS

- Complete as much data in each tab that you have.
- In Registered Programs tab, enter client using the appropriate non-residential code.
- Then if client has children that she is bringing to shelter for daycare, enter each child’s basic data under each tab and be sure to enter the correct code for Registered Programs, again it may only be the 2B-GROUP for playgroup/daycare.

INTAKE FOR CFS CLIENTS

CFS clients are entered into a client workbook (adult) even if they are under 18 years of age.

- Enter their data into the "Physical Description tab, Address etc. and any other data you have
- Complete the Registered Program tab look for CFS stay code. (Some shelters do not have CFS in their codes, if you have CFS clients then contact the MAWS Provincial Coordinator to update your codes.
- Do **NOT** enter CFS clients into the residential "Stays" tab, as there stay will be paid by CFS instead of EIA.
- You can print the intake sheets for the file – you can print a client history by clicking on the printer icon which is near the bottom right on the Desc./Demograph or Addr./Misc. tab, then select No (do not print this page only) and give it time to compile data then print it.

DEPARTURES / DISCHARGES

Data that must be recorded in WISH for a departure:

1. **Residential "Stays" tab** – complete Moms record using the residential Stays tab, look for Discharge Details near the bottom of the screen and enter data – this will also exit children for residential stays, check that the correct children are showing.
2. **Registered Programs tab** – correct departure date and enter exit codes for Mom
3. **Registered Programs tab** - repeat the process for each Child in their workbook and enter their departure dates as well.
4. **Update the Address** – if you have an updated address complete that in the Addr. /Misc. tab, as well as any additional data that you may know.

DATE INPUT - CALENDAR

Always use the date drop down calendar when entering dates, otherwise the system may lock up and you will have to re-boot the computer.

PRINTING

After entering data you can print a hard copy for files. Look for the printer Icon on the page, click on it then select what you want to print, this opens the printer box, click on the printer drop down button. Pick "preview" or print that page only.

PRINTING NOTES BY DATE OR SHIFT CHANGE NOTES

If you want to print the **change-over notes** – Click on "Reports" (top menu bar), then select "Notes by Date" then click on "**Both**" then enter the dates. i.e.: today's date, then leave the other 2 fields blank (for all) then click on the printer icon. This will print out all the notes made for the date entered by all staff.

PRINT CLIENT NOTES

To print a specific note for an individual client, click on the Reports menu, scroll down to Print Notes by Date, choose Client or Child Notes, select the Print for blank for all drop down button and select the appropriate client, select the dates of note you want, you can leave the Category and Author blank if you want to display all notes for that client, click on the print button and then either select Start to print or use the printer drop down box to select preview, to confirm what you want to print or you can read a note.

PRINT CRISIS CALLS

Either print when you complete the call or open the Crisis Call screen and use the Log Number to select the crisis call you want to print. Open the call and select the printer icon, this opens the Print Option screen, select Start or use the printer drop down screen and select preview.

CRISIS CALLS

Crisis calls are designed to be used when you actually answer the phone, you will notice that when you click on "Start Call" it automatically puts in today's date and starts timing the call (you won't notice the "Duration" until you "Stop Call". If you are entering your crisis call after the fact, then you need to adjust the date, time and duration. To do this enter the data except the "Duration", once done, click on "Stop Call", then enter the "Duration", then "print" and then click on "Save Call".
If you are entering the crisis call as you are talking with the client. Click on "start call" and enter data as you collect it into the "Caller Information" and "Call Demographics" tab. When finished click on "stop call" and "print" it. Then click on "save call which completes it. If you accidently saved the call before printing then you will have to search for the crisis call – to do a search for the name you entered or you can click on the Log Number drop down box and then scroll to the very bottom and find the most recently entered date which should be yours, double click on it or click once and then click on the "printer" icon.

Important: always enter data into the "Call Demographics" tab. This is where the statistical data is collected for the FVPP reports. There is a grey bar (top right) that will turn green as data is entered. Check to make sure that the bar is full and green before saving.

Before entering data make sure that the screen is clear or if there is data already showing, click on the icon that looks like an open book, this will start a new entry.

3rd party calls: Always enter calls under the client's name if you get it. This allows you to search and find calls pertaining to the client and attached all calls made by her or on her behalf to her workbook. You can describe who called and why, the situation and circumstances regarding the call so all details are collected together and eventually saved in her workbook.

ATTACHING A CRISIS CALL TO AN EXISTING CLIENT IN THE WORKBOOK:

- Search for the existing crisis call/ walk in that you want to attach to an existing client.
- Click on the Log Number drop down box and search for the crisis call.
- Double click or highlight the call and click OK. This loads the call into the crisis call worksheet
- Click on the Existing Client drop down menu and search for the client
- Select client then tab over or click in the Name box, this loads the call to her workbook.
- Click on the Save button which should have turned green and it's on the top of the screen.

WALK IN'S – OLD VOICES F7 FORM

If the client is in crisis (calls on the crisis line) – enter this encounter into Crisis Calls using the clients name in the search function, Existing Client.

COUNSELLING NOTES (G1)

There are 2 ways to enter Counselling notes (G1).
Quickest method:

- Open client workbook
- Search for the client's name
- Once the client's workbook is on the screen, click on the Notes tab.
- If data is already on the screen click on New Note to clear the screen.
- Enter the date (use calendar),
- enter the Category (type of note recorded),
- look to the right of the screen there should be "Yes I want to enter my Time Log" or "No I don't want to enter my Time log here"
- Click on Yes.
- Pick the Code.
- Enter the time in Minutes.
- Place the curser in the large space below and start typing the actual notes.
- Remember to type "entered for the counsellor who actually made the contact with the client if you are recording data for someone else.
- When finished click on the save button at the top (middle) of the screen (it should be a green colour if not saved). Large button with a white down arrow on it.

If you want to open an existing Notes or Time Log entry just click on the date in the bottom left screen (list), which loads it above and this is where you can make changes if necessary.

If you want to record the time spent working with a client but not notes:

- Open the client's workbook.
- Click on Time Log.

- Chick on New Log Item and enter the data and save.

GROUPS

- Click on Groups tab on the left hand side or use the menu bar on the top of the screen to open the Log a Group Function screen.
- Click on the new log entry (looks like an open book).
- Ignore the group no. (It automatically populates).
- Click on Group Code and pick the correct code i.e.: 1A for "closed residential group".
- Click on the "add date" drop down menu and select #5 –single date. Always us #5 when the group could have different participants. (Numbers 1 to 4 is for groups where the participants will always be the same throughout the series of sessions.)
- Click Starting On and add date of group.
- Click on Add Dates. (This will populate the screen below it.)
- In the screen below the Add Dates tab, place the curser on either the #1 or the actual date and click once that will populate the larger screen beside it (where the data will be added).
- Click on duration and add the number of minutes.
- Under Facilitator you should see your initials, if you need to change or add another facilitator, click on the drop down menu to pick facilitator.
- Below, click on Attendees, add clients who attended, you search them the same way as in the client workbook.
- Groups must have a least one attendees who is a client in WISH, before you can add Non Client Attendees numbers at the bottom of the screen.
- You can only add adults and children in the same group if it's a playgroup. If you ever want to add a group that will be combining adults and children contact the Provincial Coordinator to adjust codes.
- Once you select an attendee, save them (save button is beside the attendee list). Continue until you have everyone entered.
- You can add general comments on the Notes screen such as the video viewed or group title.
- If you have specific notes regarding a client, enter that in the client's workbook under notes. Do NOT use the time log as the minutes are already entered for the group.
- Last step is to confirm that all attendees are entered.
- Lock the group by clicking on the picture of a lock. This process must be done to record your data and collect the stats.

INTERIM HOUSING AND HOTEL STAYS

When moving a client into the Interim housing, be sure to enter this into the "Reg. Programs" and look for code IH.

In the client workbook under the Residential Stays tab you have the option of using the "Bed Type" to identify the type of bed night. This may not be active but the Admin staff can add it.

ADVOCACY

Remember to record all advocacy you do for your client by entering it into the Client Notes and Time log. Look for the Advocacy code; you have to scroll down as it's toward the bottom. Be sure to use ADV00 for advocacy for CAPC clients – moms with children 0-6 years old and the children. If your system doesn't have and ADV00 code ask your Admin. person or contact the Provincial Coordinator to add the code.

TIPS

In WISH if the client comes in and departs during the same day. To make the bed night records work you will need to depart the client the **next day**. IE: arrives 3:10am Mar.3 and depart 5pm Mar. 3. You must depart them on Mar. 4 to force the system to recognize the client's stay. In some instances the "late arrival" can be checked (above discharge in the "Stays" tab and that will force the bednight to be recorded, if that doesn't work then you will have to follow the above procedure.

If Bed night numbers don't match your manual count, check to see if any children arrived later or departed earlier than the mother then make corrections in the Day Ends screen. You will have to undo your Day Ends, make the correction and run the Day Ends again.

Children Searches take time so have patience.

Remember to depart children from Registered Programs when Mom departs.

When printing you can select print preview if you just need to look up something instead of printing the report. Click on the printer icon, select the topic you want to look at, click Ok then when the print screen opens, click on the drop down menu beside the word Printer then select Preview. Cancel out when you're done.

EIA – Employment Income Assistance

The following excerpts are from *The Employment and Income Assistance (EIA) Act, 9.3.1. PERSONS IN CRISIS INTERVENTION FACILITIES*

EIA provides funding for people who require protection and reside in the following approved crisis intervention facilities.

Provincial Emergency (Crisis) Shelters:
Willow Place, Winnipeg
Ikwe – Widdjiitiwin Inc., Winnipeg

YWCA of Brandon (Westman Women's Shelter), Brandon
Portage Family Abuse Prevention Centre Inc. Portage la Prairie
Nova House Inc., Selkirk
South Central Committee on Family Violence Inc. (Genesis House), Winkler
Eastman Crisis Centre Inc., (Agape House), Steinbach
The Pas Committee for Women in Crisis Inc., (Aurora House), The Pas
Parkland Crisis Centre Inc., Dauphin
Thompson Crisis Centre Inc. (NorWin House), Thompson

Women's Resource Centres:
Swan Valley Crisis Centre Inc., Swan River
Women's Safe Haven Resource Service, Flin Flon

EIA APPLICATION PROCESS

Shelter staff complete the Crisis Shelter Emergency Assistance Request (EAR) also known as the "short form" or "blue form`` for all clients who will access residential services. The completed EAR and 3 pieces of ID (if available) must be provided and copies made for client file. EIA must approve the clients stay and subsequent funding.

"If there is a question regarding eligibility for service, the crisis facility has the authority to maintain the individual until the next business day, when the EIA office is open and able to review the documents for approval for services within the shelter. On weekends, the next business day is Monday (or Tuesday, if Monday is a holiday)."

Persons requesting shelter assistance who do not fit the mandate (intimate partner or family abuse) should be referred to the After Hours Emergency Services (AHES) or the Salvation Army where Family Services and Housing staff will assess their needs.

TRANSPORTATION[14]

"When persons accessing crisis intervention facilities do not have transportation to the facility, transportation to the facility by the least expensive mode that is available and safe should be approved. Transportation for medical and legal appointments while the person is residing at the facility should be similarly approved. When the person leaves the crisis facility and is unable to access transportation, the cost of transportation to a residence in the same community, or to a residence in another Manitoba community, should be approved. Requests for out-of-province transportation should be referred to the EIA liaison," (Darlene) "Transportation costs should be approved in accordance with the policy in section 22.3.1 and should be granted as a health need."

TAXI VOUCHERS

Taxi Vouchers are for clients on EIA only, do not use for fee waiver clients. The vouchers are for legitimate needs such as medical, legal and viewing housing, other reasons may be covered but it will be up to EIA's discretion if they will cover it, so be prepared to have a good explanation. Vouchers may also be given out in the case of extreme safety issues where the client is a high risk and afraid. If the vouchers are used

[14] EIA Circular 9.3.3ii Persons In Crisis Intervention Facilities, Legislative Authority

for taking children to school or visiting, shopping etc. then the shelter will have to cover the costs.

Generally the procedure to complete taxi vouchers is:

- Date the voucher
- Charge is the shelter name
- From – Where the client is coming from
- To – where the client is going
- Amount – you can leave this blank
- Authorized – signed by staff
- Do not put the clients name on the voucher. (usually a number system is used)
- You will need to record who the voucher is for and why, some shelters have duplicate forms or there is a sheet to record each voucher. Check with your supervisor.

FEE WAIVER

Fee waiver cases are ineligible for income assistance because they have access to financial resources. Only the stay and requests for extensions may be approved, however, other needs may be approved in exceptional circumstances on a case by case basis. These clients do not get the daily per Diem (Personal Needs money), and will have to pay for their own phone calls and transportation. The EAR (short form) will be sent back to the shelter once EIA has reviewed and will indicate that a client is fee waivered and the reason why.

EXTENSIONS

May be requested and approved if:

1. Safety remains an immediate concern:

    a. A protection plan is being developed and the woman needs to remain in the shelter until specific supports are in place.

    b. Required legal work is not completed, e.g., a protection order in place, temporary custody of children established.

    c. Critical support network is not yet established, e.g. child care, housing (e.g. client has accepted MB Housing unit but she won`t have possession for a few weeks), homemaking services or personal care are arranged.

d. Financial support for the family is not secured.

2. The client's situation has not stabilized sufficiently to enable her to develop, or to implement, an effective protection plan.

Dictionary of CFS Terms[15]

Reproduced with permission from the West Central Women's Resource Centre;

Obviously any parent's decision affecting children is very important and can have serious consequences. The following is only intended to help explain some of the terms, which parents may be confused about and to give an idea of general practice and procedure. Each case is different however and (every parent has the right to legal advice before making any decisions regarding CFS); parents should not hesitate to seek legal advice and can usually access a Legal Aid Manitoba lawyer at 204-985-8550 (ask for a Child Protection Unit Lawyer) or (after hours) 204-232-5261.

> ⌘ *If you think a child is being abused, you have the legal duty to report your concern to your local CFS agency. For a list go to: manitoba.ca/intakeagencies Or call the province wide intake and emergency after-hours CFS 1-866-345-9241.*

VOLUNTARY PLACEMENT AGREEMENT (VPA)

A parent may enter into an agreement with a Child and Family Services (CFS) agency for the care of their child for up to 6 months during temporary illness, misfortune or other similar circumstances. This VPA can be renewed until the child turns 18. A VPA is an agreement between CFS and the parent and does not need to go through court, although parents may ask a lawyer to review the order before it is signed to avoid misunderstandings. The advantages of a VPA are:

a) There is no finding of the child/ren "in need of protection" as there is with an order of temporary guardianship.

b) Unlike an order of temporary guardianship, the VPA can be terminated at any time by the parent, although if CFS still has concerns they do have the right to keep the child in their care and ask a judge for an order of guardianship.

ALL NATIONS COORDINATED RESPONSE NETWORK (ANCR)

In Winnipeg ANCR is the first point of contact for children and families that need child protection services, and for community members reporting child protection issues. ANCR's responsibility is to make sure that cases are responded to quickly and are transferred to the right authority and agency when ongoing services are required.

INTAKE

Intake happens when a CFS agency receives a report of a child in need of protection. In Winnipeg, ANCR is usually in charge of intake. An intake investigation includes a family assessment, which means that an intake worker asks the family members some questions about the family situation, as well as seeing the home environment and how the family members relate to each other. The assessment help the social workers decide whether there are child protection concerns such as abuse or neglect and what

---

[15] R*eproduced with permission from the West Central Women's Resource Centre;*

the family needs to work on to provide a healthy home for the child. ANCR can work with families for up to 3 months. After the assessment process, ANCR either closes the case on intake and possibly refers the family to community resources or refers the family to one of the 4 CFS Authorities to continue working on the file. This is called the Authority Determination Protocol (ADP).

ANCR along with the family determines which of the 17 Aboriginal or 2 General Authorities is best suited to deliver services. www.ancr.ca

Outside of Winnipeg, you should contact the local CFS agency and they will conduct the assessment.

www.gov.mb.ca/fs/cfsmanual/1.4.2.html#c/

AUTHORITY DETERMINATION PROTOCOL (ADP)

The ADP decides what agency will work with a family or person. CFS involves 4 Authorities (http://www.gov.mb.ca/fs/childfam/faqs/authority.html), each working under The Child and Family Services Act (law) but using their own set of policies that guide the way they carry out the law. If you are a First Nation or Métis person, you may choose, which Authority you want to work with. The Authority will then decide which of their agencies will deliver services to the family or person. There are differences between the ways Authorities work with families. For example, some Authorities will place permanent wards for adoption while other Authorities have a policy of non-adoption. Once a choice of Authority has been made it is incredibly difficult to change; if there is any doubt as to which is the best Authority for the case, parents should not feel pressured to sign the ADP until they have consulted with a lawyer. A Legal Aid lawyer can usually be reached after-hours at 204-232-5261.

⌘ *Always record your observations or suspicions but remember you are not conducting an investigation. Write down only the facts.*

ORDERS OF THE JUDGE

If the parents and the CFS agency can agree on a case plan and the length of an order, the order can be made within a matter of 3 or 4 weeks from when CFS takes the child/ren into their care. This is called a "consent" order and will usually run from the day it is made, not the day on which the child was taken into care. If the parents disagree with the CFS agency and do not wish to consent, it can take weeks or months and several court appearances to resolve. If an agreement cannot be reached by negotiation, a one or two week trial may be required for a judge to make a decision.

According to the CFS Act, when a case goes to court, a judge will listen to the case and decide one of the following:

1) That the child be returned to the parents or guardian, but be under the supervision of an agency and subject to certain conditions and for a certain amount of time; or

2) That the child be placed with another person the judge considers best able to care for the child with or without transfer of guardianship and subject to certain conditions and for a certain amount of time; or

3) For a child under 5 years of age, the agency may be appointed the temporary guardian of a child for no more than 6 months; or

4) For a child between 5 and 12 years of age, the agency may be appointed the temporary guardian of a child for no more than 12 months; or

5) For a child over 12 years of age, the agency may be appointed the temporary guardian of a child for no more than 24 months; or

6) The agency may be appointed the permanent guardian of the child.

TEMPORARY ORDER OF GUARDIANSHIP

If a child is under a temporary order, the parent must follow certain conditions in order for CFS to consider having the child returned home. Condition often include things like substance abuse treatment, family violence treatment, counselling, finding appropriate housing, parent capacity assessments, or regular home visits by the CFS worker. A parent should get these conditions in writing from their social worker, called a case plan, and talk to their worker to make sure they understand what the worker expects from them. A parent should also be sure to give the social worker proof that they have completed any of the conditions. If the conditions are not met by the time the order has ended, or if the agency still has concerns about the safety of the child, the agency may go back to court and ask for another order from the judge. A child cannot be in temporary care for more than 15 months if they are under 5 years of age and no more than 2 years if they are over 5 year of age, counting all temporary orders. After 2 years of temporary care, if the agency does not see enough change in the family, the agency may ask a judge for a permanent order. During a temporary order, a parent has the right to go to court if the agency refuses them access to their child, get help in solving family problems, attend any court hearing involving their child, receive information about why the agency apprehended their child and have their records kept confidential. It is important that during a temporary order the parent and CFS work together towards reunification of the family; this requires clear two-way communication. Part of the job of CFS (in addition to protecting children) is keeping families together. An important part of the reunification process will often be "access" or visits between parents and children. The law says that if the parent has no access to their child, CFS must give good reasons why this is not happening. It is possible to go to court and bring a "motion for access" (asking a judge to decide on access details) if this cannot be agreed on between the parent and the agency.

PERMANENT ORDER OF GUARDIANSHIP

If a child is under a permanent order, the agency has full responsibility for the child. The agency is in charge of deciding if and when a parent can see the child. A parent does not automatically have the right to see the child or be part of decisions affecting the child. The child's social worker has no responsibility to work with the parents. With a permanent order, the agency has the right to deny family visits unless the parents can prove that denying access is unreasonable. If a parent wants to work towards getting the child back, they may apply once a year to a judge to change the permanent order. The judge will expect the parent to show long term positive changes in their situation. This may take more than one application. An order of permanent guardianship cancels all parental rights, but a parent may apply to set aside the permanent order and be given custody of the child as long as at least one year has elapsed and the child has not been adopted.

VOLUNTARY SURRENDER OF GUARDIANSHIP

An alternative to a Permanent Order is a "Voluntary Surrender of Guardianship" or "VSG". This means that the parent voluntarily surrenders their parental rights to CFS. After one year (same as with a Permanent Order) the parents can apply to have the VSG set aside so long as the children have not been adopted. The one advantage of a VAG over the Permanent Order is that the court does not define the child to be "in need of protection" and the court does not record the agreement. If a parent has questions about a VSG, they may speak to a legal aid lawyer.

CASE PLAN

A social worker is expected to have a case plan for a child in care. In the case of a temporary order, the case plan will involve both the child's care and conditions for the parent. In the case of a permanent order, it will involve a permanency plan for the child's long-term care but not necessarily involves the parent.

DIFFERENTIAL RESPONSE/FAMILY ENHANCEMENT (DR/FE)

This is a new model of CFS service that focuses on voluntary service and prevention of child abuse and neglect. The goal of DR/FE is for agency staff to act early in a supportive way so that more intrusive child protection responses may not be needed. The program receives referrals from ANCR and all other mandated CFS agencies to help families build their strengths and be connected to community resources. DR/FE offers resources at two Family Resource Centre's in Winnipeg; Snowbird Lodge at Sherbrook Street and Sergeant Avenue and Métis/General Authority Family Resource Centre on Wall Street.

PLACE OF SAFETY

A place of safety is a temporary home for a child in need of protection, as decided by the agency. This could be the home of a relative or family friend, if the CFS worker believes it is a good PLACE for the child to be. A place of safety is not a foster home; but is an approved placement for one or more children. Often a parent wants a child to be placed with someone they know and trust. It is usually best if the relative or friend contacts the social worker themselves, so the worker can decide if that will be a good place for the child to stay.

FOSTER HOME

A foster home is a placement for a child that is licensed by an agency. Foster parents provide temporary care to children in-care in a family setting, where the child can grow mentally, emotionally, physically, educationally, spiritually and culturally. According to the Foster Family manual a foster parent has certain rights and responsibilities. Foster parents are also given information on the rights of foster children and the rights of the foster child's parents/guardians. For more information on how foster parents are trained, talk to the Parent Mentor Coordinator at the West Central Women's Resource Centre.

According to the Child and Family Services Act, a child is considered in need of protection where the life, health or emotional well-being of the child is in danger by a person's actions or omissions. The CFS Act lists some examples; a child is in need of protection where the child:

1) Is without adequate care, supervision or control;

2) Is in the care, custody control or charge of a person

    i) Who is unable or unwilling to provide adequate care, supervision or control of the child, or

    ii) Whose conduct endangers or might endanger the life, health or emotional well-being of the child, or

    iii) Who neglects or refuses to provide or obtain proper medical or other remedial care or treatment necessary for the health or well-being of the child or who refuses to permit such care or treatment to be provided to the child when the care of treatment is recommended by a duly qualified medical practitioner;

3) Is abused or is in danger of being abused, including where the child is likely to suffer harm or injury due to child pornography;

4) Is beyond the control of a person who has the care, custody, control or charge of the child;

5) Is likely to suffer harm or injury due to the behaviour, condition, domestic environment or associations of the child or of a person having care, custody, control of charge of the child;

6) Is subjected to aggression or sexual harassment that endangers the life, health or emotional well-being of the child;

7) Being under the age of 12 years, is left unattended without reasonable provision being made for the supervision and safety of the child; or

8) Is the subject, or is about to become the subject, of an unlawful adoption under *The Adoption Act* or of a sale under section 84.

Child protection law is based on the balance of probabilities, not beyond a reasonable doubt like criminal law. This means that CFS does not need to see proof that a child needs protection before they act. If a CFS agency believes that the child may be in need of protection, they have the legal duty to act including possibly apprehending a child. CFS does need to investigate accusations about a family, but only after they take the child out of the home. While waiting for a hearing after the child has been apprehended, parents have the right to be given reasonable access to visit with the child.

DUTIES OF AGENCIES

According to the Child and Family services Act, agencies have the following duties:

1) Work with other human service systems to resolve problems in the social and community environment likely to place children and families at risk;

2) Provide family counselling, guidance and other services to families for the prevention of circumstances requiring the placement of children in protective care of in treatment programs;

3) Provide family guidance, counselling supervision and other services to families for the protection of children;

4) Investigate allegations or evidence that children may be in need of protection;

5) Protect children;

6) Develop and provide services which will assist families in re-establishing their ability to care for their children;

7) Provide care for children in its care;

8) Develop permanency plans for all children in its care with a view to establishing a normal family life for these children;

9) Prove adoption services under *The Adoption Act*;

10) Provide post-adoption service to families and adults under *The Adoption Act;*

11) Provide parenting education and other supportive services and assistance to children who are parents, with a view to ensuring a stable and workable plan for them and their children;

12) Develop and maintain child care resources;

13) Provide services which respect the cultural and linguistic heritage of families and children;

14) Provide such reports as the director may require;

15) Take reasonable measure to make known in the community the services the agency provides;

16) Conform to a written directive of the director;

17) Maintain such records as are required for the administration of enforcement of any provision of the *Act* or *The Adoption Act* of the regulations;

18) Provide any other services and perform any other duties given to it by the *Act* or *The Adoption Act*, or by the director in accordance with this *Act* or *The Adoption Act*.

CHILDREN'S ADVOCATE

The Office of the Children's Advocate responds to any concerns about the welfare of children who are in the care of a CFS agency, or whose family may be receiving services from a CFS agency. They work to make sure children are being well taken care of in the system. They do not advocate for parents who disagree with CFS workers or agencies, although they may give parents information about CFS structure and parent rights. They will investigate when there is a report that a child is being mistreated while in care. When possible, it is a good idea for the child to contact the office instead of an adult.

GRIEVANCE PROCEDURE

If a parent disagrees with a decision made by their CFS worker, they should first try to work it out with the worker. If the problem cannot be worked out, the parent can take their concern to the worker's supervisor, program manager, and/or Executive Director/Manager of the agency. If a parent still disagrees with the decision, they may take their concern to the CFS Authority responsible for the agency. If a parent disagrees with their worker, it is important for them to have their point of view well organized and documented where possible. If a parent speaks clearly and respectfully to staff at the agency, the staff will be more likely to listen to the parent's opinion. For a case that is being dealt with in court, the parent should speak with a lawyer. When parents feel confused about where to go for help, they may contact a lawyer for some informal advice or assistance. Difficult situations and misunderstandings can often be cleared up with the help of a lawyer who understands child protection procedures.

NEW SERVICE PURCHASE AGREEMENT (SPA) EXCERPT

1.5.3 Client Record Contents

The organization has written policies that the shelter maintains one record for each client (parent and child) admitted for services. The record includes, at a minimum:

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

- documentation of outcomes of service; and
- a departure interview form.

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

1.5.4 Client Record Maintenance

The organization has a policy that shelter staff keeps 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 shelter 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.

Service Principles

The Women's Shelter program is founded on the following service principles:

- Women should not be forced to remain in a violent or abusive environment due to the lack of safe alternatives.

- Women have a right to be informed of alternatives and to make self-determined choices within the context of their own life situation.

- Women have a right to receive services which are sensitive to and respect their cultural and linguistic heritage, religious beliefs and sexual orientation.

- Services designed for child witnesses to family violence are developmentally appropriate.

- Children are entitled to receive shelter services.

- Services are provided in a supportive, non-judgemental environment.

- Services are provided in a manner that respects client confidentiality and the right to privacy.

- Women and children are entitled to be informed of their rights.

Additional Resources

Personal Information Protection and Electronic Documents Act. Ottawa, ON: Department of Justice, 2000. Available online at https://www.priv.gc.ca/leg_c/leg_c_p_e.asp

The Freedom of Information and Protection of Privacy Act. C.C.S.M. c. F175. Winnipeg, MB: Queen's Printer—Statutory Publications, 1997. Available online at www.gov.mb.ca/fippa.

The Personal Health Information Act. C.C.S.M. c. P33.5. Winnipeg, MB: Queen's Printer—Statutory Publications, 1997. Available online at www.gov.mb.ca/health/phia/

Chapter 7, Note taking, Information Sharing and Record Keeping; Manitoba Public Education and Training; 02/10/2014; http://www.edu.gov.mb.ca/k12/docs/support/mb_sourcebook/chapter7.pdf

Public Health Fact Sheet on Head Lice - Government of Manitoba http://www.gov.mb.ca/health/publichealth/factsheets/headlice.pdf

Manitoba Guidelines on Identifying and Reporting a Child in Need of Protection (Including Child Abuse) Prepared by the Government of Manitoba and Provincial Advisory Committee on Child Abuse August 2013; http://pacca.mb.ca/ESW/Files/Handbook_Child_Protection_and_Child_Abuse_Web_Links.pdf

Appendix A

PARENT RESPONSIBILITIES WITH CFS EXCERPT FROM THE PARENT MENTOR PROGRAM OF THE WEST CENTRAL WOMEN'S RESOURCE CENTRE

When parents are involved with Child and Family Services in Manitoba, they sometimes feel confused about what their CFS agency expects from them. Here are some general tips about what to focus on so you can move your case forward.

Attend EVERY family visit, and be on time. If you have to miss a visit or you know you will be late, give your CFS worker as much notice as possible. They will need to know your reason for missing or being late; be sure not to miss unless something very important comes up. Missed visits (for any reason) are VERY hard on children.

Connect regularly with your CFS worker. Often workers are hard to get a hold of, but don't let this stop you. Leave a message every time you call. Let your worker know briefly what you've been doing. This way, even if the worker doesn't call you back, they will have a record of how you're doing. Keep a notebook and record every phone call you make. But also be respectful of your CFS worker's time; don't call more than you need to.

Talk to your CFS worker in a cooperative and respectful way. If you feel upset, find someone to help you talk about it first so you can be calm when you speak to your CFS worker.

Be prepared for visits. Bring snacks and little activities to do with your children.

If your children ask you questions that you're not sure how to answer, let your CFS worker know. The two of you can work out a good answer together. Feel free to keep a written record of your children's questions. This will make it easy to share with the CFS agency, especially if it takes a while to connect with your worker, and can help you organize your answers.

Focus only on your children at visits. Your relationship with them is being monitored by CFS, and most importantly your children need ALL of your attention. Do not use your family time to talk to your worker about you case plan.

Do not ask your children if they are being mistreated in the foster home. This is very confusing for children. DO listen to what your children have to say. If you have concerns about your children's wellbeing in the foster home, you can talk to your CFS worker of call the Children's Advocate at 204-988-7440 or 1-800-263-7146.