



Operations and Policy Manual Second Stage Shelter

September 2019



Operations and Policy Manual – Second Stage Shelter

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MISSION STATEMENT

MISSION

Our Mission is to provide resources and support to individuals and families impacted by domestic violence in Rocky Mountain House and Clearwater County.

VISION

Our Vision is to ensure the availability of 24 hour crisis intervention, domestic violence support, resources and accommodation, while promoting a non-violent society through prevention, education and awareness.



MRWSA BELIEFS

1. We believe we have the right to leave abuse. We are **WOMEN IN NEED GROWING STRONGER.**
2. We believe in the right to a safe, secure, and non-violent home.
3. We believe in the right to risk, change, challenge, and grow.
4. We believe we deserve support, care, and encouragement in a non-judgmental community.
5. We believe in the right to an independent empowered life.
6. We believe in the right to be listened to and valued, as well as to show the same respect for others.
7. We believe in sharing our common experiences as women and at the same time respecting our uniqueness and individuality.
8. We believe that what is shared here is confidential.
9. We believe in the right to have fun and enjoy life.
10. We believe in the right to make mistakes and learn from them.
11. We believe in the right to succeed, and reach our goals.
12. We believe in the right to live life according to our own truth, values and choices.

Client Safety and Security

Policy

MRWSA ensures the protection of client confidentiality and security of person through strict adherence to established security measures.

(Please see Release of Client Information and Informed Consent as well)

Procedure

Staff will ensure the following security measures are in place to protect clients and restrict physical access of other persons to clients while they are clients at MRWSA.

The building is protected by:

- An electronic security system
- Intercom system
- Security hardware on all outside access doors
- Each apartment is equipped with heat sensors, smoke detectors and are hard wired to the alarm system
- Crisis workers on call for emergencies

Staff ensures client confidentiality at all times.

Policy 5

Policy 8

Policy 15

Policy 20 c)

Emergency Evacuation

Policy

MRWSA ensures that staff are trained to conduct an orderly and thorough evacuation in the event of an emergency.

Procedure

In the event of a fire alarm MRWSA ensure the safe evacuation of clients in the following manner:

- Fire and evacuation routes for staff and clients are posted in a visible location
- All new staff will have an orientation to fire regulations and emergency evacuation procedures during their first week of training
- All new clients will have an orientation to emergency evacuation procedures as soon as possible after admission.
- All staff will attend a compulsory in service training on fire and evacuation procedures annually, conducted by the Fire Department
- Fire drills will be held for staff and clients on a regular basis
- Afternoon staff conduct a thorough safety check of the building

Responsibility for fire check and evacuation procedures is established at the beginning of each shift

- Attempt to extinguish a small fire
- Meet the fire trucks when they arrive
- Inform families and staff when it is safe to enter the building
- **Page the building to evacuate**
- **Gather the cell phone, log book, in/out book & security keys**
- **Exit the nearest exit and shut the door thus locking it**
- **Go outside to join up with the families by the designated area**
- **Check attendance for who is present, who is marked out and who may still be in the building.**

Note: If you are alone on staff you are to go outside and assure clients assemble at designated spot and do a head count. You can inform the Fire Department if people are still in the building or in need of assistance.

Child care staff

- Exit with all children in care to the designated area
- Note: IF during group time, the Moms are to exit on their own and childcare staff will be responsible to vacate children in their care

Adult Clients

- Exit building with any children in their care.

- Meet at designated area

MRWSA Workers

- If possible assist Clients with small children to meeting area
- Meet families at designated area and help to reassure and keep families calm and manageable until it is safe to enter the building.
- Assist families back into the building

In the event of a fire, staff will notify the Executive Director or designate of the need to evacuate as soon as possible.

The Executive Director or designate will assume responsibility for notifying the President of the Board

All fire alarms, whether a false alarm or due to an actual fire, will be noted in the communication book.

Policy 20

Policy 27

Alarm

Types of Alarms

- 1) Fire Alarm – The alarm is overwhelmingly loud, you will see flashing lights coming from the red fire units, which are throughout the building. The Fire panel in the front entrance of main office will indicate the zone that has been activated. Fire Department is already on their way.
- 2) Security Alarm – This alarm is not quite as loud, there will be NO flashing lights from red fire units. The Fire panel in the front entrance of main office will indicate where the alarm is being activated from ie North Stairwell, South Stairwell. Monitoring company will call to find out if there is a problem.

In the case of a FIRE alarm: (During Office Hours)

Office Staff Person is responsible to:

- 1) Page the entire building by pressing the PAGE button on the office phone. Tell all clients and staff to evacuate the building immediately.
- 2) Take a look at the fire panel . It will let you know what area of the building has been activated. If it is the second or third floor, ask a staff member to go that floor first. (Staff will be doing this)
- 3) Items you need to take with you outside:
 - i. Logbook
 - ii. IN/OUT Book
 - iii. Reg Book
 - iv. Cell Phone – to call 911 if needed
 - v. Security Staff Keys
- 4) Close the door to the Offices
- 5) Hold the front door open for clients who are evacuating
- 6) All clients and staff should meet at the far end of the playground, near the garbage bins.
- 7) Take attendance of all clients and staff when building has been evacuated. Inform fire department if there are people still in the building.
- 8) Use stairwell to evacuate

All other staff members are responsible to help clients evacuate the building. Childcare staff are responsible for children in their care. One staff member should go to the 3rd floor to knock on doors on those floors. They will meet everyone outside.

In case of fire alarm: (During Night & Weekend hours)

All the above items apply except that the staff person cannot be responsible to knock on doors and evacuate people. Clients must evacuate on their own.

In case of SECURITY alarm:

- 1) Look at security cameras on desktop of closest computer to view activity
- 2) Look at the Panel: Find out which area has been activated. Take panic button with you before you investigate the problem.
- 3) Example, North Stairwell, go to that stairwell to see what the problem might be.
- 4) If a child or client has opened this door, please discipline appropriately. Go to Panel and press the master code located in the file in the Intake office desk. (do not shut off the alarm until you know what has caused it) The master code will override all.

Or

If an intruder has entered the building, activate panic button immediately (this will cause the security alarm to be activated, police are on their way) or call 911 immediately for Police

- 4) Disarm code for the door is _____
- 5) Security Phone number is _____

Alarm

False Alarms

1. Make sure that it is a false alarm. Do not enter the code until you are sure that caused the alarm to go off.
2. Enter the Code in to the panel in the front entrance of main office
3. Call the Fire Department's non emergency number to tell them it is a false alarm.
 - _____
 -
4. Write the event into the Log book and write incident report

Policy 20

Security Alert (Red Alert)

Policy

MRWSA Executive Director institute a Security Alert in order to protect clients from a perceived risk to clients or the Shelter.

Procedure

As a rule it is the Executive Director or designate who will originate a security alert based on a risk assessment of information provided by a client or staff member, as a result of threatening words or actions toward the shelter (by a partner or other person) or a particular client, or warning of risk from police or other authorities.

Staff will ensure that the following security procedures are followed:

- Police are called
- All windows are closed and blinds drawn if deemed necessary as per level of threat
- Children and Moms will be brought in and remain indoors
- Whenever possible staff will acquire a full description of the possible threat including description, vehicle, etc.
- If appropriate, staff will get the Partner Identification binder for information regarding the threat
- Incoming staff and volunteers will be notified of the Security Alert Status and provided with relevant information to lessen the chance of being followed
- A management meeting will be called to calmly inform clients of the situation or clients may be paged to inform them of the security breach and that a lock down is in effect. Staff will issue directions that families are to remain in the building until they hear that it is safe to resume their day as usual
- Clients deciding to keep outside appointments will be provided with a safe plan of action for leaving and returning to the building.
- Staff will observe the safe departure of client volunteers and staff members and stress the importance of calling shelter before returning
- During a Security Alert it is important for staff and volunteers to telephone ahead of each shift to be brought up to date on the situation and whether or not the situation has been resolved.

The Executive Director or designate cancel a Security Alert when they deem that the threat has been reduced or eliminated either when threats cease or when there has been an apprehension by police.

Policy 7
Policy 20 c)

Weapons Alcohol and Drug Use

Policy

Staff will ensure clients are aware that weapons and alcohol/drug use are prohibited.

Scope

1. Staff will request clients to turn in any weapons for safekeeping the weapon will be returned to the client, on request upon departure.
2. Staff will advise clients that the use of alcohol/drugs in the Second Stage shelter may result in eviction.

Substance Abuse

- Clients who return to shelter intoxicated or under the influence of drugs may be refused admittance
- The Executive Director or designate should be informed as soon as possible as this situation creates risk for the whole building.
- If clients are admitted unknowingly under the influence of substances and then it becomes apparent, E.D. or designate will be called.
- If clients are belligerent, abusive or aggressive, police will be called and CFS will be notified if appropriate
- Staff will not approach a client who is aggressive or under the influence of drugs/alcohol alone. Staff will get another staff to accompany them.
- Concerns will be written in the communication book.
- The ICM team will discuss the situation at case conferencing to see what options might serve the family better. Eg. AADAC or a treatment program. Recommendations will be incorporated into that client's case plan.

Entrance Criteria and Application

Policy

MRWSA operates 5 fully furnished suites as second stage services

MRWSA shall admit Women with children for service who are leaving intimate partner and/or family abuse.

Procedure

1. Applicants are referred through the crisis shelters within Alberta and may also be from outside Alberta. Applicants at times may be referred by a Children's Services Worker or Community Social Worker however this is not the norm and is decided at the discretion of the Executive Director or designate
2. Applicants are fleeing abuse: see Policy 10 a)
3. Other Shelters help the applicant complete and then fax the MRWSA S.S. Referral Sheet to MRWSA
4. The applicants are requested to sign a consent form between themselves, MRWSA and the referring agency or social worker. Children's Services workers will be contacted by the admitting staff for information and to initiate a process of collaboration regarding services.
5. An appointment is made for applicant to be interviewed at MRWSA, to tour MRWSA and to view an apartment. Applicants are informed as to the expectations of living at MRWSA and participating in the counseling program.
6. The interviewer decides whether the applicant meets the entrance criteria or would be appropriate to participate in the MRWSA program.
7. If a woman is accepted to move into MRWSA, they are given a rent report which, if they are on income assistance, is taken to their worker to process. Clients pay rent and security deposit according to the MRWSA grid
8. Once funding is secure, the family may move into MRWSA. Move in times are Monday to Thursday from 8 am to be finished by 5 pm. There are no move ins during the evenings, Friday, weekends or Statutory holidays. Most move in dates will be the beginning of the month.

Exceptions to above Criteria

- a) women deemed by admitting staff to be better served by other agencies
- b) clients who have been previously admitted where it is felt that repeating the program would not benefit the family
- c) women with active addictions or untreated mental health issues where they would become a risk to the families here at MRWSA
- d) When it is determined by admitting staff that admission would put the safety of other clients(s) at risk

Intake Procedure

Second Stage Staff

Once a family is admitted staff will ensure that the following documents have been completed:

- Partner Identification form
- Entrance Survey See Policy 14
- Health Information

Staff will also provide another tour of the Mountain Rose Centre and Second Stage Shelter area to reacquaint the family as to the location of group room, laundry room and childcare. Staff will provide any pertinent information regarding MRWSA rules eg. Reminder of curfew

Staff will welcome the family and if time and staffing permit, accompany the woman to her apartment and help her move her belongings upstairs. Staff will inform the woman of essential services in the community such as location of grocery stores, post office and schools

A lease and an apartment inspection is completed with the Second Stage Shelter staff. At this time Schedule A is also read and agreed upon with the client before the lease can be signed.

Second Stage Staff

Program staff will meet the new client within 48 hours of her arrival. The first visit is to assess essential needs, eg. Does the family have food or require medical attention. Is there an immediate court date etc.

Program staff will make every effort to complete the client's history of violence intake within a week of her admittance to the program. All pertinent information is documented in the file.

The program staff will have the clients complete the Consent for Admission to services form as well as the service intake form within the first two weeks of admittance

The program staff will admit the client into the OUTCOME TRACKER program

The program staff will write pertinent information regarding the clients risk in the staff communication book.

Policy 9

Policy 11

Policy 12 & Policy 14

Re-admission

Policy

MRWSA may accept applicants who have previously been clients.

Procedure

Ex-clients apply to MRWSA using the same procedure as new applicants previously noted.

Repeat admissions are rare. Usually they occur because the client did not complete the program previously and had an early departure date. This is often due to the fact that they got housing earlier than expected. At times women left for other services, eg. Substance abuse treatment program.

Sometimes women re-apply to MRWSA when another referral may be more appropriate but they require information and help with the referral process.

If it is felt that returning to MRWSA would benefit the family, and space is available, the family will be accepted.

Policy 11

Policy 12

Policy 14

Non-Admitted Clients

Policy

MRWSA ensures that clients not accepted for admission are referred to other appropriate services.

Second Stage staff will use the Crisis Call flow chart to discern what guidance to give someone who calls in for support

Procedure

Women and/or families turned away due to lack of space or because they do not fulfill entrance criteria will be given information regarding appropriate referrals :

- Crisis Shelters
- Second Stage Shelters

- Children's Services (if appropriate)
- AADAC or other drug/alcohol treatment residences
- Appropriate medical care
- Mental Health supports

Any woman who comes for an interview also receives guidance regarding safety planning whether or not she is accepted into the MRWSA program

Women who are appropriate for the MRWSA program but not accepted due to lack of space are placed on the Wait List until space is available. It is the responsibility of the woman to call in closer to month end to see if there will be space available for her family.

Holding Space

When a client has called and stated she has funding and will move in, space will be held for the family for 48 hours. After that time, if the woman does not move into MRWSA, then the space may become available to another family on the Wait List.

Staff will determine should the client not arrive by the mutually agreed upon time if further steps should be taken to ensure the client's safe arrival (ie. Contacting the police)

Policy 4

Policy 10

Extensions to Stay

Policy

Extensions to the normal 18 months may be granted by the Executive Director or her designate.

Procedure

Program staff inform the ICM team and the Executive Director of any requests for extension of stay during the weekly ICM team meeting.

Criteria for extensions of stay are:

- During the spring months to allow the family to complete the school year
- If the woman has given birth during her stay at MRWSA within the past 3 months
- If a woman has had surgery during her stay at MRWSA within the past 3 months
- If the risk of a family has escalated due to an upcoming court date or the release of a partner who was incarcerated
- Unable to secure safe housing at the time of her departure
- Family is assessed as requiring continued service

Denial of Extensions

A family would be denied an extension if they present a risk to the building or other families at MRWSA.

A family would be denied an extension if they are not participating in the programs or following through on goals and service plan.

A family may be denied an extension if the Executive Director, in conjunction with the ICM team, deem an extension as not benefiting the family

Policy 8

Policy 14

Exit Criteria

Policy

Exit from the shelter shall occur when one of the following criteria are Met:

- a) the client decides to leave MRWSA
- b) The client has resided at MRWSA for 6 months and is seen as having completed the program
- c) A woman has seriously breached her lease and Schedule A policy as in the case of substance abuse on the property, violence or non-payment of rent
- d) The client or her children have put other clients or themselves at risk by their behaviour.
- e) When the Executive Director or designate has determined that the client's needs would be better served by another agency (ie a treatment centre or hospital)

Procedure

When discharge is determined by the client, which usually requires one month's written notice, staff are responsible for:

- documenting the departure in the communications book
- getting the apartment key back from the client
- get a forwarding address from the client
- Once the client is out of the building, check the apartment to ensure windows are closed, that no water is running and that the garbage has been taken out. Document the state of the apartment and the above information in the communications book.
- All departures are reported at shift change.

Requests for Mandatory Discharge

The Executive Director decides whether or not a client should be evicted from MRWSA. The Executive Director puts her request for departure in writing for the client.

- If clients are evicted due to non-payment of rent, MRWSA is willing to work with the client if they have a payment plan that they have discussed with the Executive Director
- If clients are evicted due to substance abuse, appropriate referrals and information are given by the counseling staff
- Counseling staff, or the Executive Director will inform the staff via the communications book of the eviction and the departure plan
- Notification of eviction will be made in private and disruption to other clients kept to a minimum
- Two staff member should be present whenever the reason for eviction issue of violence or there is reason to believe the client may become violent

Exit Plan- ICM Team

Policy

The ICM team will assist the person departing from MRWSA with information and referrals and support needed for the client's transition.

Procedure

ICM staff will complete the following processes in regards to the family leaving MRWSA:

- Begin departure at the beginning of the month that the client is moving. Process feelings regarding the transition and their growth at MRWSA.
- Complete a needs assessment and give information and/or referrals regarding community support for the family
- Discuss with client the possibility of Follow Up Support and if appropriate give the referral to the follow-up worker
-
-
- Refer client for furniture
- Support client regarding acquiring household goods
- Program Coordinator will provide client with a cleaning list and cleaning supplies and apartment to be cleaned before move out
- Assist the client in developing a moving plan
- Complete all documentation for discharge
- Safety plan re: being in the community
 - a) Summary of Stay
 - b) MRWSA Evaluation Survey
 - c) Exit Survey
 - d) Discharge client from OUTCOME TRACKER
 - e) Ensure file notes are complete and organized

In the case of mandatory departures the client will be informed and file documentation will indicate:

- Specific reasons for the eviction
- When she is expected to leave
- Options provided for alternative accommodation
- Options provided for transportation

Client Relations

Policy

Second Stage Shelter Staff will NOT accompany a client to any residences off MRWSA property

Staff will maintain good social boundaries and professionalism with clients at all times.

Procedure

Accompanying a Client to Her Home

Staff will recommend that the client make other arrangements if she needs to retrieve belongings from her home:

- Police escort
- Friends or family after the situation has been safety planned and conditions set by a lawyer

Professional Staff /Client Relationship

- Staff will not socialize or fraternize with the clients outside of MRWSA
- Staff will respect the suggested guidelines by the Alberta Council of Social Workers and not employ, socialize with or have any dual relationship with clients for at least two (2) years after completing the MRWSA Program
- Staff will not accept gifts from clients
- Staff will not purchase any item from a client or ex-client
- Staff will not sell any item or property to any client or ex-client
- Clients shall not volunteer at MRWSA programs until after the completion date of completing their program at MRWSA. Exception is work experience or paid employment at MRWSA Thrift Store
- Counseling staff, Follow-Up Staff and management may transport and accompany clients to select appointments, agencies, court or meetings that are directly involved with the programming and welfare of the client
- Staff will treat all clients equally. Staff will not favor or treat any client as being more special than others either by way of privileges or donations.

Client Care and Treatment

Policy

MRWSA recognizes that all human beings have an inherent right to respect for their human worth and dignity. All women and children admitted to the shelter will be treated in a respectful manner at all times.

Scope

1. All members of the staff, volunteers and students are prohibited from using any form of corporal punishment or engaging in any form of conduct which ridicules, humiliates, degrades, insults or otherwise undermines the dignity or self-worth of a client. Shouting, swearing, sarcasm and any form of ridiculing behaviour will not be permitted during any staff/client interaction and will result in disciplinary action up to and including dismissal.
2. Staff is obligated to verbally report any abuse of a client to the Executive Director immediately and file an Incident Report before the end of their shift.
3. All reports of alleged abuse will be investigated and a written summary of the outcome will be kept on file including any recommendations for subsequent corrective or disciplinary action. A copy of the summary will be provided to the staff member(s) involved.
4. Failure to report observed abusive behaviour toward a client will be grounds for disciplinary action and will be investigated and dealt with in a similar manner.

Policy 1

Policy 3

Policy 12

Policy 17

Policy 18

Discrimination or Racism

Policy

There shall be no discrimination, restriction or coercion exercised or practiced by MRWSA staff by reason of race, creed, national origin, political or religious affiliation, sexual orientation, age socio-economic status or mental/physical disability.

Procedure

This policy applies to all Clients of MRWSA .

Policy 1

Policy 7

Policy 11

Policy 14

Client's Right to Privacy

Policy

MRWSA recognizes the right of all clients to full privacy with respect to their person and their information.

Scope

In practice, staff are responsible for ensuring that, to the extent that there is a communal living component to our residence, the privacy of clients is respected at all times.

At a minimum staff will ensure:

- Client privacy when interviewing or counseling clients
- That families are accommodated in private, lockable and furnished apartments.
- That families are protected from any willful and/or unexpected invasion of their privacy except in the interests of protecting individual family members and /or when the safety interests of other shelter clients or society at large are jeopardized.
- It is not standard procedure for shelter staff, volunteers and/ or students to enter a client's apartment without reason; every reasonable attempt should be made to notify the client of the need to enter an apartment. If possible, staff should give 24 hours written notice of the need to enter an apartment.
- Client files are kept in a locked secure office. Only counseling staff and the Executive Director have access to files.
- Staff do not inform clients of the content of the communication book.
- Staff do not review the security camera tapes with clients. If a client requests that tapes be reviewed staff must bring their request to the Executive Director or designate. The tapes will be reviewed in private without any clients present.
- Staff will close the office door when discussing client's either with other staff during shift change or if they are on the phone with their supervisor or with an agency responding to an urgent call eg. Crisis Unit

Policy 5

Policy 7

Policy 15

Client's Right to Self-Determination

Policy

Staff shall insure that services and programs are designed and delivered in a manner that promotes the self-esteem, independence and individual decision making of the women and children we serve.

Scope

- a) In practice, staff will demonstrate the respect for the strengths and/or needs of each client and those of her children, by offering a full range of services and supporting the client's right to choose which services she will utilize in the community.
- b) In practice, staff will secure client consent before making contact with any agency or outside professional on the client's behalf and that she is aware that she may say "no" or change her mind if she so chooses. Staff will ensure that the woman understands that we present as much information as possible only so she can make an informed decision and that as service providers we take our direction from her. Staff are expected to routinely explore options and offer information regarding choices in a manner that validates her right to make her own life choices.
- c) Staff may request services if the families in the shelter are at risk or the health of a person is at risk even if the client does not wish those services.
 - Police
 - An ambulance where staff deem it necessary.
- d) In practice, when staff deems a woman to be incapable of understanding and giving consent, by reason of legal, mental, or physical disability the circumstances will be reviewed by support staff at shift change, and/or ICM Team and a plan for disclosure of information will be developed. Time permitting, a supervisor will be consulted before information is released. The plan will include, but not be limited to, content to be released, to who and the person assuming responsibility, responsibility for doing so. At intake program requirements and commitment are thoroughly explained.

Note: The priority of MRWSA services is to promote safety of the families and whenever possible preserve life.

Policy 2 Policy 10 c 1
Policy 4 Policy 12
Policy 5b Policy 14
Policy 6
Policy 9

Grievance

Policy

MRWSA ensures that clients are provided with formal opportunities to register complaints, air grievances and appeal decisions made by MRWSA staff.

Procedure

1. An appeal may be initiated by a client when she believes that a decision or act of any MRWSA employee or volunteer violated or infringed on her rights or the rights of her children.
2. Appeals will be initiated when efforts to resolve the situation in an informal manner between the client, staff members and immediate supervisor have been unsuccessful.
3. A written appeal will include:
 - A description of the events, background, etc. pertaining to the situation
 - An assessment of the undesirable state of affairs which will or may exist as a result of the decision
 - A request for resolution stating what options the Appellant determines as most desirable
 - a) The written appeal must be received by the Executive Director or her designate as soon as possible and up to fourteen (14) days following the submission of the written appeal
 - b) The Executive Director or her designate will set up a meeting as soon as possible

If the client is not satisfied with the Appeal decision they may take their appeal to the Human Rights Commission or to Children's Services

The Executive Director shall maintain a record of the outcomes of all formal client complaints and grievances and appeals.

Release of Client Information and Informed Consent

Policy

Agency staff shall, under no circumstances, confirm admission or divulge the whereabouts of clients admitted for services to the shelter to any other person without the consent of the client unless required to do so by legislation, judicial order or medical crisis.

MRWSA ensures protection of the client's right of privacy in relation to the services provided. While a client does not have the property rights to our records, she has the right to protection of all information therein.

Any misuse of client information is considered a breach of confidentiality and will be cause for disciplinary action.

Procedure

The only exception to the above policy are situations where police, fire or medical intervention is required because the woman, her children, staff and /or volunteers are at risk.

MRWSA staff will not disclose any information pertaining to the personal history or record of a client.

- Requests for personal history information, client information or for copies of file contents will be referred to the Executive Director or her designate.

Agency staff will ensure that a General Release of Information form has been signed before releasing any information regarding a client.

1. Whenever MRWSA staff are required to obtain a client's consent, the consent sought must be given voluntarily, without coercion or undue influence, and only after the client has been fully informed of:
 - All aspects of the specific service, program procedure, treatment, training or other action proposed, and
 - Her right to withhold, give and revoke such consent.
2. In the event that the client is incapable, by reason of mental or physical incapacity of understanding and giving consent, staff will consult with the Executive Director or designate whenever possible regarding the extent of information to be released
3. Should an emergency situation demand immediate release of information staff would release need-to-know information only.

4. The Executive Director or designate will be informed immediately following the emergency disclosure of client information not covered by client consent.
5. MRWSA recognizes that it is against the law for staff to refuse to give a police officer the information requested regarding a woman's whereabouts.
 - a) When MRWSA staff are contacted by police requesting information in pursuance of a Missing Person's Report, they will obtain the officer's names, badge and telephone number.
 - b) The staff member will call the station and ask the switchboard operator for the officer by name.
 - c) Information released is limited to whether or not the woman is safe
 - d) Should an officer have reason to serve a Court Order on a client he/she will be asked to wait and the client will be informed of the officer's presence and purpose.
 - e) Should the woman be a client of MRWSA and not be in the shelter at that time, the officer will be informed accordingly.
 - f) All police inquiries will be recorded in the communications book and an incident report completed

Policy 5

Policy 7

Policy 15

Policy 20 c

Policy 33

Intensive Case Management Policy

Policy

Agency staff recognize that every client has a unique set of needs and through the use of a weekly Case Conference to develop, review and adjust services plans designed to meet these needs.

Confidentiality is essential.

Procedure

ICM meetings are held weekly for the purpose of reviewing individual files and assessing: The client is not present at these meetings.

- The client's stated perception of the issues she needs to deal with and the need for agency services
- Staff perception of the issues and the need for agency services
- The services and referrals to be provided
- Safety Planning
- Identify any special needs of the client (legal, risk, housing, financial, health, furniture etc.) and determine arrangements by which these needs are to be met
- Determine objectives of services, and note objectives that have been met and the expected duration of services
- Goal setting
- Exit or departure plan

Client and Staff Conferences

At times there are case conferences where the client's needs are discussed with the client and other workers that are involved in providing service to the client. The most common would be service plan meetings with Children Services workers.

Recommendations and service plan goals should be noted in the client file as well as any future case meetings.

Policy 4

Policy 5

Policy 9

Policy 14

Client Documentation

Policy

MRWSA staff maintain a daily information record on the clients for the purpose of communication among staff to assess client needs and ensure safety.

MRWSA counseling staff maintain file documentation clients history, incidents of note, and service planning.

Clients are entitled to access their file at any time during their stay. Clients wishing to view their files need to make an appointment with the 2nd Stage Shelter Supervisor and/or Executive Director to review the file at a mutually agreed upon time.

Procedure

Staff

staff are responsible to keep the communications book up to date at all time. Staff note phone calls, incidents or conflicts in the building, maintenance concerns, Please note:

Entries in the log book are kept in a professional manner. Recommended writing procedures are taken from the ACWS guidelines. They are as follows:

1. Communication and information sharing between staff persons.
 - a. regarding client needs
 - b. regarding phone calls for staff or clients
 - c. regarding concerns regarding the facility
 - d. regarding scheduling or program changes
 - e. all memos sent to clients
2. Record the needs and plans of client including babysitting, overnight contact numbers as well as safety planning.
3. Record important events and incidents as well as the intervention strategy eg. Calls to police, or other agencies

Guidelines

1. Document facts, not opinions.

Examples:

- a) She is depressed. (Depressed is a clinical term that only qualified practitioners can use)
Instead write: She states that she is depressed.
- b) She seems anorexic.
Instead write: She has not eaten for three days.
- c) She fears her husband.
Instead write: She states that she fears her husband.

d) She went to her room and slept.

Instead write: She went to her room.

2. Only document relevant information : Be concise

3. Avoid using judgmental statements;

Examples: She is a terrible mother.

She is impossible to get along with

She's not too bright

She's not a good mother.

4. Avoid using words that suggest blame or imply judgment.

Examples: "she claims" "She denies" "supposedly" "failed"

"merely" "refused"

Notice the difference in these statements.

a) She claims that her husband physically abused her.

She states that her husband physically abused her.

b) Helen supposedly went apartment hunting today.

Helen informed staff that she went apartment hunting today.

c) Helen refused to sign her release of information.

Helen chose not to sign her release of information.

d) Helen denies using non-prescription drugs.

Helen indicated that she does not use non-prescription drugs.

5. Write in the third person. This helps to make the documentation more formal and less personal.

Examples:

a) I called Capital Region Housing on behalf of Jane today

Instead write: Writer called Capital Region Housing on behalf of Jane today.

b) I explained shelter guidelines to Mary today.

Instead write: Staff explained shelter guidelines to Mary today.

c) During our discussion Mary shared with me that she had been hit by her husband.

Instead write: Mary shared with staff that she had been hit by her husband.

5. Be sure to contextualize the information. Before writing in the log book or file that Mary yelled at her kids, look at the context. Is this normal behaviour for Mary? Have you observed it before? Is this a pattern, or is it an isolated incident?

6. Below please find phrases that can be used to summarize information without providing details that may be harmful for the client:
 - Discussed current issues
 - Discussed options
 - Client chose to
 - Listened to concerns
 - Encouraged to go to
 - Writer suggested
 - Writer reinforced her decision
 - Writer will follow-up
 - She indicates
7. Other points to consider
 - Do not use white out. Cross out and initial any errors.
 - Do not use other client names in a client's file(you can in the log book)
 - Sign or initial log entries. .
8. **We are required by law to report Child Safety concerns to the authorities.**
9. **Files may be subpoenaed to court. Shelter client files are legal documents.**

Client Records

MRWSA will retain client records for a 6 year period.

The agency keeps all client records current from intake to exit.

Each client progress note is signed by staff

MRWSA ensures the safety and security of client files by storing the files in a secure environment

Inactive client files are shredded to protect client confidentiality after the 6 year retention period

Client Documentation

The documentation guidelines used for log books is also used for the files. Note: names of other clients should not be entered into a client's file. You may say another client or another child.

File Documentation Requirements: (hard copy or electronic)

- Outcome Tracker admittance
- Face Sheet
- Partner Identification form (kept in front office)
- Completed entrance survey (kept in file cabinet)
- Lease and apartment inspection
- Intake forms and write ups
- Client Contact Sheets
- Service Contact and Referral information page
- Medical form and AHC Copy(kept in front office)
- Consent for Admission to Services
- Consent for Collaboration with Children and Family Services (as needed)
- Any legal forms(copies) (restraining orders, custody papers, letters etc.)
- No Contact Orders and custody papers are copied and kept in the partner ID Binder
- Letters regarding commitment to MRWSA program
- Summary of Stay
- Electronic reports of Outcome Tracker information
- MRWSA Evaluation Survey (kept in file cabinet): Client feedback on MRWSA services at 6 & 12 months
- OUTCOME TRACKER Discharge

Policy 5

Policy 14

Policy 15

Policy 33

Incoming Calls

Policy

For Security reasons all telephone calls are answered by MRWSA staff.

Staff log all calls concerning MRWSA business, whether from an agency or from an individual in the community,

Procedure

All calls are to be taken in a professional manner. Please answer the main line:

“Good Morning (Afternoon Mountain Rose Centrename speaking”

If a call is to be transferred please ensure you have the name of the person first

If a call is to be put to voice mail, also get the name of the caller

Clients

1. Personal calls for Clients

People who call for clients are given no information regarding whether or not a client is at MRWSA. The standard answer is:

“I would be pleased to take a message, and if there is someone here by that name, I will see that she receives it”.

This answer is given even if the person has called several times or insists that they know a client is at MRWSA. Telephone manners are essential for all staff answering the phones.

Personal telephone calls for clients are not transferred but rather messages are taken and placed on to the client

Please transfer calls from children to their mother living in 2nd stage unless this behaviour becomes unmanageable and frequent.

2. Calls from Agencies and Workers

Calls from Agencies and Workers may be transferred provided:

- We have screened the call to get the name, number and agency of the worker
- We are already familiar with the worker who is calling. If the staff member is unsure of the identity of the caller the standard message will be given.
- The client has accepted the call and wishes to speak with the person
- The client is home and the above conditions have been met

3. Long Distance Calls-for 2nd stage clients

We do accept collect long distance calls from:

- Clients who are out of town and may be at risk
- Ex-clients who are out of town and may be at risk
-

Confidentiality

As noted previously, every effort is made to ensure the confidentiality of clients.

Staff:

- Personal information of staff such as phone number, address, cell numbers are **never** given but a staff may be called in for support by another staff under the direction of the Second Stage Supervisor or Executive Director

Crisis Calls:

The identification of Crisis calls are essential.

- Please follow the flow chart on the next page. Appendix
- Please give any pertinent numbers of shelters.
- If it is assessed that the woman is in immediate danger, ask for the address and call police.
- Time is of the essence. The caller may not be able to make another call.
- If possible, obtain a phone number of the caller, if safe to do so

Documentation:

- All calls must be noted in the log book or Outcome Tracker
- Crisis calls and calls from ex-clients need to be written anecdotally (write out the details and reason for the call).
- A call contact must be completed for Crisis calls and for ex-client calls. Incident report should be completed if necessary
- All call contacts must be entered into the OUTCOME TRACKER program.

Policy 7

Policy 20 c

Long Distance Client Calls

Policy

MRWSA staff may make long distance calls or accept calls that pertain to clients

Clients may make long distance calls in the designated area

Procedure

MRWSA staff may place long distance calls when:

- a) The staff is required to advocate on a client's behalf
- b) Conducting the day to day agency business
- c) Calls made for advocacy should be documented in the client file

Staff may accept collect calls when:

- a) it is a 2nd stage shelter client or ex-client who is calling to inform us of plans or for emotional support
- b) calls for emotional support must be kept brief unless a client is at risk
- c) the content of collect client calls is to be documented in the client file

Policy 4

Policy 20 c

Suicide Prevention

Policy:

All front line support staff are required to have completed a course on Suicide Prevention

Staff will keep a copy of their certificate stating they have completed this course in their personnel file.

All staff will review the following steps/procedures on suicide risk assessment and intervention.

Procedure

- a) Staff will call 911 if a client has attempted suicide in any manner
- b) Staff will inform the Executive Director or designate if a client has attempted suicide as soon as possible
- c) Staff will document the incident in both the client file and complete an incident report
- d) Staff will call Crisis Unit that the client has attempted suicide has children in her care who need care
- e) Staff may have another client temporarily keep the children in their care until emergency services are complete
- f) Staff will respect the confidentiality of clients stating simply that an ambulance was called. Staff will not give specifics regarding the client's care to other clients.
- g) Staff will debrief with management regarding the incident

See Level of Risk Appendix

Policy 20

Policy 27

Level of Risk Appendix

While several factors can influence the potential for a person to consider suicide as an option for ending pain, three factors should be taken into account for determining degree of risk. These are current plan, prior experiences with suicide, and resources for coping with suicidal feelings.

The following questions should be asked to help determine level of risk:

Plan: Access IMMEDIACY and LETHALITY (determine current level of risk)

- What degree of planning has he reached?
- When will the suicide take place?
- Where will it take place?
- How will it be committed?
- Are the means available?

Prior Experience with Suicide: (affects potential risk)

Have there been previous attempts

- How many? When? What triggered it?
- What happened?
- How did they survive?
- What did they learn?

Have there been any previous thoughts of suicide

- What triggered it?
- When?
- What did they do instead? How did they get through it?
- Did they tell anyone or get support?

Have there been previous losses to suicide

- Has anyone close to them attempted suicide?
- Who? When? What happened?
- What, if any, healing has occurred? Did they get support?
- How is this presently affecting their life or their thoughts of suicide?

Resources: (Strongly affects Potential for future risk)

- What inner recourses or strengths help in reducing the suicidal thoughts?
- What coping mechanisms can: keep them going? Distract them from suicidal thoughts? Keep them connected to life?
- What steps can be taken to increase hope?
- What steps would decrease their isolation?
- Who in their life would they trust to talk about their feelings?

- Are there some strategies that could help in problem solving or addressing the issues connected with the suicidal thought?

Levels of Risk

	Low	Moderate	High
Plan	No Plan	Some Planning	Clear plan; ready to go
Time frame	None	Uncertain or somewhat distant	Immediate

Priors: More experience, especially if it is unhealed, can increase the potential risk

Resources: The client's ability and willingness to access recourses is a strong indicator of whether the risk will likely escalate or de-escalate

Appendix

Responding to Level of Risk

Action Planning

The Level of Risk governs the urgency and intensity as well as the timeframe of planning

Reporting

Level of Risk also determines who needs to be informed and when. Appropriate documentation of the risk assessment, conversation and action plan. See Suicide Prevention for Policy and Procedure.

Contracting

No matter what the level of risk, contracting is a helpful tool. A contract is a promise to reach out for help instead of attempting suicide. It can be a verbal or written and is most powerful if the person themselves says the words "I promise...." If a person will not contract it can be helpful to discuss the reasons; perhaps it is possible to come to some other agreement about help seeking.

Appendix

Some Characteristics of Suicidal Thoughts

The decision to take one's own life usually involves a thought process over a period of time. An understanding of some characteristics of this thought process can lead to a better understanding of how to be supportive of a suicidal individual.

1. A Desire to End Pain

The life situation that leads to thoughts of suicide may be sudden traumatic event, longstanding unresolved personal issues or an accumulation of loss or change over a short period of time that has overwhelmed a person's ability to cope. Regardless of the sores, the resulting pain is becoming unbearable. On top of that, options for dealing with the pain have become limited or used up. Suicide begins to look like the only way to escape or to express the agony that is felt.

2. Helplessness

Suicidal thought involves a sense of being powerless in the face of pain, of having no recourse to impact the situation or to sort out the intense emotions involved with it. Thoughts include "nothing I do can make a difference" or "I've already done all that I can". There is often a feeling of being out of control; the last remaining thing that can be controlled is whether to live or die.

3. Hopelessness

Hopeless thoughts involve the perception that others can do nothing to help either. This includes thoughts that things will never be different, that the future holds only continuing or increasing suffering. There seems to be no reason to go on.

4. Ambivalence

The decision to die is not an easy one. Once the idea of suicide is considered, a mental "tug-of-war" Begins between the desire to end it all and the in-born will to live. This can be a time of great internal struggle and confusion. The fears, taboos, questions and doubts which must be faced add to the pain; planning for death may begin. This swinging back and forth between the choice for life and that of death is called ambivalence. The confusion of this ambivalent thought can lead to "clues" or warning signs in speech or behavior that may alert others to the suicidal state of mind and also can lead suicidal people themselves to reach out for help. This time of struggle and confusion can provide an opportunity to recognize the trouble and intervene.

The danger of this ambivalence is that it may be misunderstood. Others may come to believe that the person is not serious about their suicidal intention and may become

impatient and withdrawal their support. Uncompleted attempts at suicide may be perceived as manipulation or attention seeking when they are actually expressions of ambivalence.

A further danger is a sudden loss of ambivalence. This may occur when the decision to die has been made. The suicidal person may then appear much more settled, calm, or even happy. This can lull others into believing that the crisis is over and things are better now, when in fact the person's death is very near at hand. A sudden improvement in mood of any person who has been suicidal should be cause for serious investigation.

5. Isolation

The perception of being cut off from others is a common feature of suicidal thought. This may arise from the belief that no-one else could understand the situation or that others may have too many problems of their own. There may be a pattern of protecting oneself from hurt by withdrawing from others. Other previous attempts to cope with pain (such as alcohol or drug use or running away) may have caused friends and family to be angry or to withdraw their support. Often people attempt suicide because they can think of no other way to reach out. It is important to remember that people who are suicidal may have more supportive connections than they are able to perceive. It may be necessary for others to reach in to impact this isolated state of mind.

Appendix to be made local

Some Other Community Recourses

Crisis Services:

- Police
- Hospital Emergency Departments
- Adult Mental Health Crisis Response Team
 - 482-0222; 24 hrs
- Children's Mental Health Community Response Team
 - 413-4733
 - Monday to Friday 8am – 11pm
 - Saturday and Sunday 10am – 6pm

Assessment and Treatment

- Medical Health Clinics
 - Edmonton, Leduc, Sherwood Park, St. Albert, Fort Saskatchewan, Stony Plain, Wetaskiwin, Drayton Valley, Edson, Hinton
 - To see a therapist in your AB Health care coverage
 - For numbers call Health link: 408 – LINK
- Children's Mental Health Regional Intake
 - 413-4700
 - Central Assessment/ intake Organization for all the children's mental health services
- University of Alberta Hospital – Outpatient Psychiatry Services
 - 407-6501
- Family Doctors or Psychiatrists
- Therapists, Psychologists or Counselors

Death in Residence

Policy: To be taken from emergency shelter policy binder

Procedure:

- Instruct other staff to call 911 and report the emergency
- Enter the room only if it appears safe to do so. Check hazards that may cause harm to yourself or another.
- Immediately begin appropriate life saving techniques and continue until emergency medical personnel arrive
- Staff will note the exact time and details of the environment and condition of the client.
- Secure the area until the police or emergency medical personnel arrive. This may require that a bedroom door be closed and no one allowed to enter the room
- Staff members will co-operate with the emergency medical personnel and police and are responsible for remaining calm and minimizing the effect of the emergency on the other clients in MRWSA o
- Staff will contact the Executive Director or their immediate supervisor as soon as possible for in-house assistance. The Executive Director will act to provide crisis support to all clients and staff members as quickly as possible and in cooperation with any investigation conducted by the police.
- The Executive Director is responsible for notifying the client of the Board as soon as possible.
- Staff will refer all media inquiries to the Executive Director
- Staff will document all involvement with the occurrence such as:
 - a) time of first awareness of concern, when emergency services were called, and when these arrived
 - b) any attendants of the death scene, what actions were taken, any movement of the body, articles, notes, personal effects
 - c) any awareness of the movements of the deceased prior to death and /or the presence of a non-client in or around MRWSA
 - d) any verbal information volunteered by the witnesses or others related to the events immediately prior to death
 - e) and any circumstances or information considered suspicious

First Aid

Policy

All front line support staff are required to hold a valid First Aid Certificate/AED and CPR or equivalent. The certificate should include the units specific to infants and children.

Procedure

First Aid

All frontline support staff () are required to maintain a valid First Aid Certificate or equivalent.

- A copy of each employee's First Aid certificate is filed in their Personnel file

First Aid Kits are stocked according to Occupational Health and Safety Standards and are available in the designated area .

- The 2nd stage Supervisor are responsible for inspecting the first aid kits on a monthly basis and replacing items as required

Staff involved in providing first aid will complete an Incident Report and note it in the client file if client related.

Staff involved in calling 911 for an ambulance will complete an Incident Report

Policy 27

Communicable Diseases

Policy MRWSA shall adhere to Universal Safety Precautions and refer to the communicable disease manual, Public Health Act to prevent the spread of communicable diseases.

Procedure:

1. Staff will minimize direct contact with blood or other body fluids, and take precautions against penetrating injuries from needles and other sharps. Taking such precautions will provide protection from infectious agents such as hepatitis B, HIV and some other acquired infections.
2. Public Health will be notified of an outbreak of an infectious disease.
 - staff will report the outbreak to the Executive Director or designate and the Health Unit will be notified as soon as possible
3. Staff and volunteers will follow Universal Precautions.
 - They will wear disposable rubber gloves when;
 - a) Cleaning apartments, making beds, handling dirty laundry
 - b) Treating scrapes, cuts and nosebleeds
 - c) Changing diapers.
4. Hands (and any skin surface) contaminated with blood or other body fluids should be washed thoroughly as soon as possible.

To wash hands, use plain soap and vigorously rub together all surfaces of lathered hands for at least 10 seconds. Rinse thoroughly under a stream of water. Avoid the use of abrasive soaps and brushes.
5. Spills of blood or other body fluids and contaminated surfaces will be cleaned promptly with detergent and water, using bleach solution and left to dry.

Bleach solution—dilution of chlorine bleach mixed one part bleach to nine parts water.
6. Linen and clothing which have been soiled with blood or other body fluids may be washed with regular laundry.

Linen and clothing which have been heavily soiled with blood or other body fluids will be transported in bags that prevent leakage and loaded directly into the washing machine.
7. Sharps will be placed in disposable, puncture-resistant containers which will be given to the V.O.N. nurse for disposal.
8. Clients under medical evaluation for suspected HIV infection or having been diagnosed with HIV infection are to be managed the same as other clients unless otherwise indicated for medical or behavioural reasons.
 - Clients with HIV infection are to be housed with the general population and are to have standard access to recreational activities, group, visitation

privileges, bathroom facilities, childcare, food services and other activities.

- Clients with HIV are not to be isolated unless they are too ill to have good hygiene practices or their behaviour is significantly altered by central nervous system infections.
-

9. MRWSA does not insist on immunization of children but does strongly recommend it as a way to prevent communicable diseases and promote health.

10. MRWSA provides the opportunity for staff to receive the flu shot annually.

Policy

Storage and Access of Medication

Policy

Clients are to store their medication in their apartments in a responsible manner.

Should a client be assessed at being at risk for suicide, or if the client has overdosed whether intentionally or not, their medication will be stored downstairs for safekeeping.

Procedure

The Executive Director or designate may request that a client allow staff to store her medication for her own safety and health. This request will be made if counseling staff or the Executive Director

- a) assess that the woman is at risk of suicide
- b) that the woman has indeed overdosed and medical intervention was necessary
- c) that the woman appears to be under the influence of medication to the point where she is not able to care for her children or to behave in a responsible manner.

If it is necessary for staff to store medication it will be done in the following manner;

- a) The will store medication in a labeled container stating the name of the client, name of the medication , dosage and directions for use.
- b) The medication will be kept in the front office in a locked cabinet
- c) The client will request her medication as needed
- d) Staff will record the date, time and amount of medication taken by the client. The client will sign.
- e) The medication will be returned by staff when it is assessed that the client may be responsible for taking her medication as prescribed and if necessary for following through with Mental Health supports.

If the client departs from MRWSA and leaves her medication staff will;

- a) continue to keep her medication in safekeeping for 48 hours
- b) unused medications will be given to the 2nd stage supervisor for disposal

Child Abuse Reports

Policy:

All concerns of child abuse will be reported to the proper authorities be it Children's Services, Police or Emergency response teams.

MRWSA recognizes their responsibility in reporting abuse and encourages collaboration with other agencies to support children who need protective services.

It is the responsibility of MRWSA by law to report suspected, or reported, cases of physical, sexual, psychological abuse or neglect to Child Protection Services.

Procedure:

- 1. Immediately report the incident to the Executive Director or designate.**
- 2. Document all details observed in the file of client involved: documentation to be reviewed by staff involved and Executive Director &/or designate prior to a report being filed.**
- 3. Child Protection Services maintains a high order of jurisdiction over confidentiality; therefore, it is necessary to cooperate with a Child Intake Worker in releasing information without parental consent.**
- 4. Assist in documentation for Child Protection Services report.**
- 5. Upon intake interview, shelter staff shall record any indicators of child abuse observed or reported by the mother. MRWSA staff will follow the direction of Child Protection Worker. RCMP may be involved in a case by case basis.**
- 6. MRWSA staff members will promote a philosophy of teaching as opposed to imposing values and expectations. The child's mother is responsible for disciplinary actions. If a mother's disciplinary actions are inappropriate, staff will meet with her privately to discuss positive alternatives. Staff will be willing to discuss problems and possible solutions openly with both mother and child(ren)**

Policy 3

Policy 17

Policy 18

Policy 19

Child Support Programming

Policy

MRWSA provides professional Child Support staff to ensure support and play programming for the children as well as support for the clients while in MRWSA.

All programs are under the supervision and direction of the 2nd Stage Shelter Supervisor

Procedure

Childcare Programming

- Child Support staff are responsible for designing and implementing age appropriate play and support programming for children living in 2nd stage shelter.

Child care is available for the families:

- During group time when the Mother is in group.
-
- For some specific appointments with permission from staff or management
- All Mothers need to complete an intake form for their children regarding a child's specific needs and health history
- Childcare also provides parenting support for women who wish to discuss their child's behaviour with the Family Support Worker and 2nd Stage Shelter Program Coordinator

Child and Youth Program

- Family Support Worker and program coordinator provide weekly groups for the elementary school children and youth on a variety of topics.
- Staff are responsible to plan and implement these groups under the direction of the 2nd Stage Shelter supervisor
- Parental permission is needed for children to participate in children's activities.

Disciplining Children

Policy

MRWSA staff are not permitted to use corporal punishment when disciplining children in MRWSA Services.

Procedure

It is the philosophy of MRWSA that you teach, not impose values in order to change behaviour. Staff are expected to be good role models in teaching alternative ways to discipline and set limits for children's behaviour. Staff will reflect a positive attitude in what they do-one which others would wish to model.

- Staff will not threaten a child with physical punishment
- Staff will remain in control of their emotions when dealing with children
 - a) If staff feel like they are about to "lose it: they will step back from the situation and allow time to "cool off" before retuning to the problem
 - b) Staff will talk with, rather than talk at the children
- Staff will get down to the child's level, both physically and in their choice of language
- Staff will offer children choices whenever possible and in order to teach them that they have choices for their own behaviour.
- Staff will be open to discuss problems and possible solutions with both the mothers and children
- Staff will document serious behaviour problems and interventions in Outcome Tracker and , depending on the severity of the behavior, an incident report may be warranted.

Staff are not responsible for the supervision of children in the playground, except during formal childcare programs. However, staff will intervene if the outdoor play has become too aggressive or if it is unsafe by:

- a) informing the Mothers that the children need supervision or intervention
- b) requesting children come back into the building and have a time out from the playground

- c) bringing everyone in from the playground and locking the gate so that the grounds may not be used until there is proper supervision by the clients and the children have calmed down.

Policy 3

Transportation

Policy

MRWSA provides transportation in the form of taxi to clients for essential appointments. Staff may also provide direct transportation in some conditions.

Procedure:

staff, , are responsible for determining need and authorizing provision of appropriate service:

MRWSA's company van will be used for transport. Employees that utilize the van must be pre-authorized by the Insurance Company by completing the required Insurance Information (Eg. Driver's Abstract)

- Emergency cab may be called to or from the hospital if the need is urgent and there is an immediate need for medical attention. Taxi trips are documented on the travel log sheet.
- An ambulance is called if a person is not conscious, unable to walk or it is assessed that their condition is life threatening and warrants emergency medical services. Eg. Chest pains

Counseling Staff

Staff transporting clients:

- Staff need to have \$2,000,000 liability coverage insurance to transport clients to appointments
- Staff are expected to transport clients when staff have been requested to attend the clients appointment with them eg. Court or medical
- Staff will be reimbursed for mileage for transporting clients
-
- Staff will retain receipts for parking and be reimbursed for that amount

Visitors

Policy:

Clients are permitted visitors while they are client at MRWSA

Procedure:

- **PARTNERS ARE NEVER PERMITTED IN MRWSA 2nd Stage Shelter**
- Staff reserve the right to decline visitors in the building based on their conduct, suspected substance abuse or not following through with the expectations

Male Visitors

- There are no male visitors allowed on 2nd Stage Shelter floor. The only exception to this are male workers from Children's Services (Child Welfare) youth workers or in home workers that have been previously cleared with the program coordinator
- Clients are to inform staff when these visitors will be coming to MRWSA. They must sign in and wear a name tag while in the building.
- Male Pastors and Elders cannot visit at MRWSA unless it has been arranged previously with the program coordinator.
- At times, MRWSA may require the services of professional maintenance/cleaners. Clients will be notified.

Female Visitors

- Women may visit here at MRWSA provided the client is aware that they are coming.
- Clients need to inform staff if a woman will be visiting them.
- Staff need to call upstairs when the visitor arrives and the client will be expected to accompany the visitor to the apartment .
- Women may stay overnight if they have made pre-arrangements .
- It is the responsibility of the client to ensure that visitors follow MRWSA guidelines.
- Clients must remain in the building with their visitor. No visitors can be alone in the apartment.

No visitors can baby-sit. Exceptions to this are when there is an arrangement which has been confirmed by the Executive Director. Such examples are rare but may be allowed if a client has had a baby or has had surgery and requires extra in home care. This

arrangement must have been discussed at Case Management with the counseling team and Executive Director or designate.

Community Service Providers

Workers from the community may visit the families provided the client and the program coordinator are aware that the client has involvement with this community.

Examples are:

Child and Family Services Worker, Health 4-2, Public Health, in home worker and Police. There may be others. If you are uncertain clear with counseling staff or the person on call.

Out of Town Guests(must live 100km or greater from RMH)

- Out of town guests may be in the apartment while the client is in group as it is not feasible for them to have another location to go to at that time.
- Out of town guests must have permission of the 2nd stage supervisor or designate before staying at MRWSA.
- Clients must inform the 2nd stage supervisor or Designate the arrival and departure date of out of town guests.
- All guests will be noted both in the communication book and the client files.
- Only 2 guests at a time will be allowed per client unless other approvals have been given by the 2nd stage supervisor.
- Length of stay is 3 consecutive nights unless other arrangements are approved by 2nd stage supervisor