



**GOVERNMENT OF  
NEWFOUNDLAND AND LABRADOR**

Department of Health & Community Services  
Children and Youth Services

**MEMORANDUM**

**To:** Lyla Andrew, Director – Child, Youth and Family Services  
Delia Connell, Vice President – Community, Children’s Services and Aboriginal Affairs

**Fr:** Michelle Shallow, Program Consultant – Child, Youth & Family Services Division,  
Department of Health and Community Services

**Re:** Feedback on Draft Safe House Manuals

**Date:** July 4, 2006

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On May 16<sup>th</sup> 2006, the undersigned met with Mr. Jim Rockwood (at his request) to discuss the development of the Innu Safe Houses. Following this meeting, it became clear that this issue was broader than the Child, Youth & Family Services program and a decision was made to involve other program areas within the Department of Health and Community Services and, other government departments. A meeting was arranged for Mr. Rockwood on June 20<sup>th</sup>, 2006 at the Department of Health and Community Services with representatives from Mental Health, Addictions, Community Corrections, Intervention Services, Women’s Policy, Labrador & Aboriginal Affairs and Regional Health Operations (Board Services). Mr. Rockwood provided copies of the draft policy manuals for both Sheshatshiu and Natuashish prior to the meeting.

Please find attached the feedback provided to Mr. Rockwood from the following individuals:  
Mental Health – Sharon Barnes  
Intervention Services – Joy Thorne Sparkes  
Community Corrections – Paul Ludlow  
Regional Health Operations – Allan Corbett  
Women’s Policy Office – Mona Wall  
Child, Youth and Family Services – Susan Walsh, Ethel Dempsey, Ivy Burt & Michelle Shallow

A response from Renee Ryan (Addictions) will be provided directly to Mr. Rockwood.

c.c.: Lynn Vivian Book  
Ivy Burt  
Susan Walsh  
Ethel Dempsey



**GOVERNMENT OF  
NEWFOUNDLAND AND LABRADOR**

Department of Health & Community Services  
Children and Youth Services Division

**June 27, 2006**

Mr. Jim Rockwood  
Project Coordinator  
Innu Safe House Development

**Re: Responses from Child, Youth & Family Services (CYFS) Division**

Dear Mr. Rockwood,

Thank you for the opportunity to discuss the development of Safe Houses for the Innu communities of Sheshatshiu and Natuashish. Staff from the CYFS Division of the Department of Health and Community Services have reviewed copies of the draft policy for both operations and have compiled the following response. Separate responses from other program areas and government departments have been forwarded through email as they were received by the undersigned. These responses also raise some very significant issues for consideration in the development of the Safe Houses.

- 1) The draft policy states that the safe houses will operate in accordance with the *Child, Youth and Family Services Act (CYFS Act)* of Newfoundland and Labrador. In 2003, the Department of Health and Community Services advised the Department of Indian & Northern Affairs and Health Canada that there is no provision to operate a Safe House under this legislation.
- 2) The CYFS Act provides authority for a regional director of CYFS who is to be appointed by a regional integrated health authority. These appointed directors are given the authority to place children in their legal care or custody in an approved setting. The placement must meet established program standards. The use of the facility by the regional director of CYFS as a placement for children (12-15) and youth (16-18) will be determined based on standards of practice for interventions with these children and youth where there is/should be Child, Youth and Family Services involvement. These assessments/interventions will assist the director in determining what the needs of the children, youth and their families are and, whether the Safe House will be an appropriate placement. Protocols will need to be established between the Labrador/Grenfell Regional Integrated Health Authority and the operators of the Safe House facility to address these issues.

- 3) Consultation is required with Mental Health and Addictions regarding the needs of children and youth who may require placement in this facility. Based on identified needs in the community, training and expertise in these areas as well as program standards and best practice will be an essential component.
- 4) The Safe House manuals refer to placements for youth (12-18). Under the CYFS Act however, children are defined as individuals who are actually or apparently under the age of 16. A youth is defined as an individual who is 16 years of age or over but under 18. In terms of the youth population (16-18<sup>th</sup> birthday), and where it is deemed that the Youth is requesting CYFS involvement, this may be assessed through the Youth Services program. All assessments must be completed by a social worker employed with the regional integrated health authority. This is a voluntary program that is available to youth who are assessed as being unable to reside in their family home because of risk of abuse or maltreatment or, there is no parent willing or able to care for the youth. Any youth who is considered for placement in the Safe House and is requesting involvement with CYFS must do so on a voluntary basis, and in accordance with the established standards for this program.
- 5) The use of secure care is not provided for under this CYFS Act. In fact, the only legislation that allows children or youth to be placed in a facility that has a secure component would be the Mental Health Act (which is currently under review) or the Youth Criminal Justice Act. It is recommended that this issue be considered as part of the development of these facilities and that relevant provincial and regional staff be involved in the drafting of protocols and agreements as it pertains to this issue.
- 6) The manual provides information around staffing models and there is concern that these may not be adequate to meet the complex needs of the children and youth who may access these facilities. Other responses that have been emailed to you also speak to issues regarding staffing models and training for these individuals.
- 7) There is also concern with the admission criteria. As stated in the June 20, 2006 meeting, funding and admission criteria is linked to situations where women, children or youth are living in a situation where there is family violence. One concern is that admission not be solely linked to family violence as there will be other reasons that individuals may have to access the Safe Houses. In terms of relevance to CYFS program, Subsection 14 of the CYFS Act provides the definitions for determining whether a child is in need of protective intervention. One of these is Subsection 14(j) which defines a child to be in need of protective intervention where he/she is living in a situation where there is violence. It is important that where family violence exists and there are children involved, a referral must be made to CYSF social worker and appropriate assessments be completed (as would be the case where there is any suspected child abuse or maltreatment).

- 8) Other noted issues that may be worked out through protocols/agreements include:
- ✓ Consents – Consent as it relates to both children and youth entering the facility and the associated liability for the person providing the consent whether this be the parent or the Director for Child, Youth & Family Services.
  - ✓ Provision of activities for children & youth while they reside in the Safe House.
- 9) The manuals for both Sheshatshiu and Natuashish have been forwarded to the Department of Justice for a legal review. Any issues rising from this review will be forwarded at a later date. We are expecting the review by June 30, 2006.

I trust the above is satisfactory and we look forward to engaging in further discussion as development of these resources progresses.

Sincerely,

Michelle Shallow MSW, RSW  
Program Consultant  
Child, Youth & Family Services Division  
Department of Health and Community Services  
1<sup>st</sup> floor, West Block  
Confederation Building  
St. John's, NL



*First Natuashish*

Sincerely,

Ivy Burt MSW, RSW  
Provincial Director  
Children & Youth Services

**From:** Michelle Shallow  
**To:** jrockwood@ns.sympatico.ca  
**Date:** 6/27/2006 10:28:27 AM  
**Subject:** Fwd: Commentary on Safe Houses

Hi Jim,

Attached is the response from Sharon Barnes who is the Mental Health consultant with the Department of Health & Community Services, Government of NL. Sharon can be reached at 729-7740 for further consultation if required. Also, Sharon notes in her response that Renee Ryan will be forwarding her response later this week or next. She is on leave at this time. Renee was at the June 20 meeting and is the Addictions consultant for the Department of Health & Community Services. She can be reached at 729-1335.

Thanks,  
Michelle

**CC:** Ivy Burt

**From:** Sharon Barnes  
**To:** Shallow, Michelle  
**Date:** 6/23/2006 2:01:59 PM  
**Subject:** Commentary on Safe Houses

Hi Michelle -

Attached please find my very brief comments on the draft Safe House policy manuals. As Renee indicated to you - she'll respond when she returns from holidays in a week's time.

We are interested in reading others' comments to these policy manuals. Would it be possible to share?

Thanks,  
Sharon Barnes

cc Debbie Sue Martin  
Renee Ryan

Sharon Barnes  
Mental Health Consultant  
Mental Health & Addictions Services  
Department of Health and Community Services  
Phone: (709) 729-7740 Fax: (709) 729-5824  
E-mail: sharonbarnes@gov.nl.ca

CC: Martin, Debbie Sue; Ryan, Renee

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Department of Health & Community Services  
Mental Health and Addictions Division  
Regional Health Operations Branch

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**Commentary on *Safe House* Policy Manuals  
(working drafts)  
Natuashish and Sheshatshiu, Labrador**

Policy manuals are generally seen as the primary source for employee information on how to carry out both day-to-day and exceptional facility operations. To become helpful policy manuals, the next drafts of these documents must include substantive, measured, step-by-step guidance for employees to offer consistent, safe, secure care, in what promises to be a unique and very challenging environment. The fact that these Safe Houses will be relying on supports from other community agencies also suggests the need for mutually-negotiated and shared policies on how these relationships will be activated, accessed and coordinated.

The absence of detail and under-development of policies in these drafts may infer a lack of understanding for the complexities and challenges that will most certainly present when these facilities are opened.

What follows are more specific comments pertaining to health, and – specifically – mental health and addictions concerns:

- The Secure Room
- Mental health Legislation
- Other health issues
- Medication
- Age of majority / informed consent
- Detoxification

### The Secure Room

The description of the safety design features of this room suggests some level of awareness of the potential for seriously harmful and aggressive behaviour. To be blunt: two staff will not manage this sort of behaviour. Two staff won't get an out-of-control youth into a safe room; nor will they successfully move an out-of-control youth to the bathroom. Calling in contingency supports to back up these two staff will involve waiting. The staff may not have that luxury.

### Mental Health Legislation

It is difficult to imagine a scenario where this legislation could be a consideration for a client of a safe house. Mental health legislation requires that an individual must: a) have a diagnosed mental illness, and b) be seen as a danger to self, others or property, and c) refuse to accept voluntary treatment. When law enforcement personnel are called upon to detain someone suspected of needing this form of protection, they must take the person to a place where he / she can be formally assessed by a physician. Then, if the individual's mental status is believed to warrant the application of this legislation, the person must be accompanied to hospital and assessed by a psychiatrist.

Mental health legislation is silent concerning age. However, in this province the certification of youth is a rare event.

### Other Health Issues

Totally apart from what has transpired to bring someone to a safe house, residents may – and many of them will – have other health issues, such as diabetes, epilepsy, allergies, etc. Staff will need assessment procedures capable of identifying other health issues, and response protocols capable of supporting the required management safely and securely. This attention will often have more far-reaching implications – such as special dietary considerations.

### Managing Medications

When it is learned that a safe house client requires prescription medication to manage a pre-existing health condition, a whole new range of potentially complex issues will require attention, such as obtaining the medication if the client did not bring it with him / her, the absolute security of that medication, (a significant safety issue not only for the person who owns the medication, but also for other residents who might be tempted to access it), administering (or withholding) the medication if the resident is currently under the influence of other substances, etc. medication management is not always as straightforward as offering a pill as per prescribed instructions. There can be new layers of complexity, accountability, and liability when a carer assumes this responsibility. This

issues has implications both for very secure facility design re medication storage, and the most stringent of personnel policies.

#### Age of Majority and Consent

Newfoundland and Labrador does not have legislation determining the age at which a youth may become legally independent and responsible for his/her own well-being. This writer understands that the “age of majority” referred to in these documents pertains to such issues as right to vote.

In health care circles we talk, not about ‘consent’, but about ‘*informed* consent’. My own understanding of the requirements for obtaining informed consent involve ensuring the ability of the parent or guardian to process information, understand choices and consequences, and make a considered decision in the best interest of their dependent’s welfare. If parents or legal guardians are intoxicated I would question their ability to provide a legal informed consent.

#### Detoxification

I understand that the safe houses will not be providing detoxification treatment. However, the absence of treatment will not prevent the occurrence of that physiological withdrawal experience of detoxification, for those clients who come into the safe house under the influence of certain substances. Detox will happen – whether there is treatment or not. Staff will need to know what to expect and how to respond. This is not treatment; it is safety and care.

There are many other opportunities for comment, particularly pertaining to concerns about addictions issues, substance abuse, and withdrawal. However, the Addictions Consultant was unable to respond to this request for commentary in the timelines requested. She will be providing information as soon as possible after her return to the office in a week or so.

Sharon Barnes  
Mental Health Consultant  
2006 – 06 - 23

**From:** Michelle Shallow  
**To:** jrockwood@ns.sympatico.ca  
**Date:** 6/27/2006 10:24:23 AM  
**Subject:** Fwd: Re: Safe Houses - Innu Communities

Hi Jim,  
Attached is the response from Mona Wall who is the Manager for the Provincial Violence Prevention Initiative with the Women's Policy office, Government of NL. Mona can be reached for further consultation if required at 729-5730.  
Thanks,  
Michelle

**CC:** Ivy Burt

**From:** Mona Wall  
**To:** Michelle Shallow  
**Date:** 6/23/2006 1:11:09 PM  
**Subject:** Re: Safe Houses - Innu Communities

Hi Michelle. I am attaching my comments. Mona

>>> Michelle Shallow 6/21/06 1:38 PM >>>

Hi All,

Just following up from the meeting yesterday to request that you have your responses to me no later than Friday, June 23. For those of you who've already responded..thanks. For those of you who couldn't make the meeting, please contact me and I will fill you in on what is happening with this.

Thanks,

Michelle Shallow

Comments on Labrador Innu Safe House concept  
From Violence Prevention Initiative  
Mona Wall, Manager, VPI

#### Policy Manuals-General Comments

Both policy manuals present as comprehensive operational policy manuals to guide various aspects of admissions, staffing, training, physical plant items, and other items related to the operations of the facilities once they open. The VPI does not have the expertise to comment on these items with the exception of the outreach and training section.

The manuals appear to lack a policy framework which presents a rationale for the establishment of the centres and outlines basic principles and beliefs which should guide both the operation of the centres and any programs and services which may be developed.

The policy manuals might also benefit from the inclusion of the key stakeholders and/or service providers who will be impacted by this facility and, guidelines for collaboration among stakeholders on the development and implementation of the centres.

#### Outreach and Training Suggestions

The items listed for training are all very relevant.

With regard to the dynamics of family violence it would be important for this training to have a gender lense and be culturally sensitive.

The Violence Awareness and Action Training (VAAT) of the Government of Newfoundland and Labrador is one suggested offering.

The Canadian Red Cross has two programs: Respect Ed, and Walking the Prevention Circle: Abuse Prevention for Aboriginal Communities

Other training might include self care for workers to deal with burn-out and other issues associated with working in crisis environments.

Training on community outreach will be important if volunteers and other community agencies will be expected to support the shelters.

#### Suggestions for Policy Framework:

1. A preamble and description of the purpose or rationale for the policy framework
2. A listing of guiding principles such as:
  - a. self-determination
  - b. cultural appropriateness
  - c. holistic approach
  - d. healthy relationships
  - e. collaboration and coordination
  - f. child rights and protection
  - g. health and well being of staff
  - h. harm reduction
3. Evaluation framework
4. Roles and responsibilities
  - a. Governance
  - b. Funding agencies
  - c. Staff
  - d. Residents
  - e. Volunteers
5. Programs and services

Suggested resources:

1. Interdepartmental Anti-Violence Policy Framework, VPI at [www.gov.nl.ca/vpi](http://www.gov.nl.ca/vpi) - publications
2. Moving Toward Safety: Responding to Family Violence in Aboriginal and Northern Communities of Labrador, 2002 at [www.gov.nl.ca/vpi](http://www.gov.nl.ca/vpi) - publications



**From:** Michelle Shallow  
**To:** jrockwood@ns.sympatico.ca  
**Date:** 6/27/2006 10:21:37 AM  
**Subject:** Fwd: comments re: Safe House Documents

Hi Jim,  
Attached is the response from Joy Thorne Sparkes. Joy is currently the consultant for Intervention Services here at the Department of Health & Community Services. She can be reached for further discussion at 729-3550.  
Thanks,  
Michelle

**CC:** Ivy Burt

**From:** Joy (EHCSB\_HrGrace) Sparkes  
**To:** Michelle Shallow  
**Date:** 6/23/2006 11:07:44 AM  
**Subject:** comments re: Safe House Documents

Michelle,

Here are my comments. I am sure that some of them have already come from other people at the meeting. If you need any clarification or further information let me know.

Joy

Effective behavioral programming depends on addressing issues from two different perspectives.

**Situational Management of Behavior ( Reactive Strategy )-** What do we do when the behavior is occurring to bring it under control and prevent harm/injury to the client, staff, and property?

**Proactive Strategy-** What do we do to lessen the likelihood of the behavior occurring again?

In order to affect change both components of the plan need to be well developed. While there is some reference to situational management in the document, it doesn't show a clear understanding of the need to develop proactive strategies for the client.

Page 6 of the Sheshatshiu Innu manual discusses "care of clients in the secure room" I would assume if we have out of control behavior occurring at that time we would need to address it with Situational Management strategies. The manual doesn't indicate any protocol/procedure that staff would follow to keep themselves safe. It also does not outline what staff would be expected to follow in keeping clients safe from self harm. Without clear policies staff will not have a consistent approach.

Page 7 talks about "Length of Stay in the Secure Room". Bed availability is an administrative issue. There is no indication that the clients " behavior " or " evidence of self control " are factors which would determine moving to a less secure part of the safe house. Policies need to be written in this area.

Page 10 " Exit Process" There is no reference to the ISSP process and planning and linking with services in the community.

Page 19 "Retention of client files".. This is not related to behavior but just wondered if files can be destroyed after 7 years as they suggest. I didn't think they could.

Page 20 "Emergencies".. Is this saying that staffs first and foremost responsibility is their own safety and clients are second. This seems odd to me.

Page 21 "Job Descriptions" There is no information regarding the qualifications of staff. I realize that safe house workers may not be "professional staff" but will there be a professional component ie: BMS's, Social Workers to guide the operation and programming of the safehouse. My feeling is that this would be totally necessary.

Page 23 "Code of Conduct".. I think that a Certificate of Conduct and Child Protection Records Check should be mandatory for staff.



**From:** Michelle Shallow  
**To:** jrockwood@ns.sympatico.ca  
**Date:** 6/27/2006 10:19:17 AM  
**Subject:** Fwd: comments from meeting

Hi Jim,

Attached is the response from Allan Corbett. He is a Health Care Consultant with Regional Health Operations Branch here at the Department of Health & Community Services and is also working on policy for Transition Houses in NL. Again, any inquiries regarding his response should be directed to Mr. Corbett (729-2379)

Thanks,  
Michelle

**CC:** Ivy Burt



**From:** Allan Corbett  
**To:** Shallow, Michelle  
**Date:** 6/22/2006 2:34:22 PM  
**Subject:** comments from meeting

I want to make several brief but specific comments regarding our meeting on the Innu safe house policy manuals. Firstly, the Transition House Association of Newfoundland and Labrador would be a significant resource that to date has not been involved. They have authored several reports that may be of benefit and have significant experience in the area. Secondly, the Department is nearing completion of an operational procedures manual that may be of assistance to the consultant. And thirdly, that the space, as identified on the floor plans, may present some concern in relation to the common wall between the youth and family bedrooms particularly for the Natuashish facility.  
TKS

Allan Corbett  
Regional Consultant, Board Services Division  
Department of Health and Community Services  
709-729-2436  
acorbett@gov.nf.ca

**CC:** Reid, Janet



**From:** Michelle Shallow  
**To:** jrockwood@ns.sympatico.ca  
**Date:** 6/27/2006 10:15:34 AM  
**Subject:** Fwd: Safe House Proposals

Hi Jim,  
Attached is the response from Paul Ludlow. He was at the June 20th meeting and is the manager for the Community Corrections program. Any further discussion regarding his response should be directed to him.  
Thanks,  
Michelle

**CC:** Ivy Burt

**From:** Paul Ludlow  
**To:** Shallow, Michelle  
**Date:** 6/21/2006 12:02:50 PM  
**Subject:** Safe House Proposals

As discussed in the meeting of June 19, I have some concerns about the nature and usage of the physical link between the existing Group Home and the proposed Safe House. Such a link does not in itself present insurmountable difficulties, and could have a valuable function in terms of amalgamation of administrative and support services between the two facilities. However, there are two aspects of the proposed usage that give rise to some cautions:

- 1) The link will be a direct and highly visible connection between the high traffic living areas of both facilities, without a natural "buffer" area.
- 2) As proposed, all food and utility service for the Safe House will be provided from the Group Home, through the link. Presumably, this includes cleaning supplies, laundry, personal care items, meals, snacks, drinks, and virtually anything else requiring refrigeration, heating, or supply storage.

Given the physical layout and the proposed usage, it is apparent that there will be frequent and routine daily traffic through the link, and all movement will have the visibility to be potentially disruptive to both facilities. This may present difficulties and frustrations for staff in two ways: they will perceive their routine movement as being impeded by double locking doors, and the youths will likely try to create constant opportunities to make contact with friends in the adjoining facility. It could also have occasional safety implications, since only one staff person will be present for short, but frequent periods during the day.

In order to reduce the potential pitfalls of this arrangement, I would suggest the following measures:

- 1) The ability to block open the link doors be prevented by either alarming an open door after a reasonable time delay, or alarming the doors when both are open at the same time.
- 2) Clear standards be established that limit the reasons, the amount of time, and interaction staff have when entering the adjoining facility, as well as establish limits around socialization between facilities during working hours. It must be recognized that excessive socialization between staff is often a natural tendency when working in such high stress environments.
- 3) Necessary movement through the link should be limited to sleeping hours to the greatest extent possible in the operational policies (eg. laundry, moving daily use supplies, etc)
- 4) Consideration could be given to a personal panic button system, given the fact that single staff will be present on a routine basis.
- 5) It is strongly recommended that provision be made for on-site refrigeration of snacks and drinks (eg. mini-fridge) as well as secure storage of daily use cleaning and personal care supplies. This could reduce day-time movement through the link considerably.

**CC:** Burt, Ivy

Michelle Shallow - Safe Houses
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Page 1
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**From:** Renee Ryan  
**To:** Shallow, Michelle  
**Date:** 7/7/2006 11:35:42 AM  
**Subject:** Safe Houses

Michelle,

I am away from the office until July 17 and absolutely could not get a chance to write up detailed comments on the safe houses. I will do this when I return. My main concern is that even though this cannot be called a detox for political reasons, people will be detoxing there and, therefore, detoxing needs must be taken into account. I am certainly open to connecting with Jim around some of these requirements. Please pass this along to him and I will follow up when I return. My main concern does not need to be taken into account immediately for these manuals but will need to be considered in program and policy development.

Thanks,  
Renee

Renee Ryan  
Addictions Consultant  
Department of Health and Community Services  
Main Floor, West Block  
Confederation Building P.O. Box 8700  
St. John's, NL A1B 4J6  
(709) 729-1335  
(709) 729-5824 Fax

**SHESHATSHIU INNU  
SAFE HOUSE MANUAL (WORKING DRAFT)  
SHESHATSHIU, LABRADOR**

**Note on the document:**

As directed by the Project Co-ordination Committee, this document was prepared with input from the Department of Social Health; Sheshatshiu Innu First Nation; Health Canada; Indian and Northern Affairs Canada; and Child, Youth, and Family Services, Labrador-Grenfell Regional Health Authority. The work was based on Health Canada's Concept Paper of September, 2005. Background consultations included, in addition to the above, the Sheshatshiu Adolescent Group Home, the Sheshatshiu Detachment of the RCMP, and the designers of the facility. There was also considerable research on similar facilities in other First Nations as well as Canadian and U.S. cities and towns.

**Please note that this document is a draft, providing templates, and that is subject to revision as the process of establishing and operating the safe house continues.**

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## **SECTION ONE OPERATIONAL REQUIREMENTS**

The safe house will be operated by the Department of Social Health, Sheshatshiu Innu First Nation. It will be owned by and is under the ultimate authority of Sheshatshiu Innu First Nation.

The safe house will be funded by Health Canada and Indian and Northern Affairs through contribution and related agreements.

The safe house will operate in accordance with provincial legislation to be determined.

### **REPORTING REQUIREMENTS AND ACCOUNTABILITY**

Sheshatshiu First Nation will comply with the minimum financial and non-financial reporting requirements set out in Indian and Northern Affairs Canada's Family Violence Prevention Program National Manual and in Health Canada's Building Healthy Communities Program.

Additional reporting requirements will be inserted into the Contribution Agreements to ensure the successful and appropriate operation of the safe house. Appropriate data collection and reporting forms will be provided to Sheshatshiu Innu First Nation to meet these requirements in as streamlined a fashion as possible.

There will also be an operating agreement with Canada Mortgage and Housing Corporation.

### **PROTOCOLS AND AGREEMENTS**

The safe house will utilize supports and have relationships with and linkages to other agencies, in the community and beyond. The safe house will negotiate agreements with these agencies to deal with a variety of issues. One of the main responsibilities of the co-ordinator will be to develop and maintain these protocols and agreements. Given the labour-intensive nature of protocol and agreement development and the ongoing maintenance of these agreements, as well as the specialized skills required, support will be made available to the safe house co-ordinator to complete this task.

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The list of agencies will include but is not necessarily limited to:

- Labrador-Grenfell Regional Health Authority: medical needs of clients, response and assessment procedures, ongoing service provision, etc.
- Child, Youth and Family Services, Government of Newfoundland and Labrador: legislation, consent, child protection, care of youth protocols, etc.
- RCMP: emergency response, referrals, transportation, etc.
- Indian and Northern Affairs (funding agency): short- and long-term support, Accountability Framework, reporting requirements, etc.
- Health Canada (funding agency): short- and long-term support, Accountability Framework, reporting requirements, etc.
- Canada Mortgage and Housing Corporation: roles and responsibilities, construction schedules, operating agreement, etc.
- Sheshatshiu Innu First Nation (sponsoring agency): roles, responsibilities, accountability, schedules, short- and long-term support, etc.
- Peenamini McKenzie School: school attendance or re-entry of clients in safe house, etc.
- Charles J. Andrew Youth Treatment Centre, Sheshatshiu: referrals, advice, etc.
- Mushuau Innu Safe House, Natuashish: mutual support, etc.

## LANGUAGE

The working, day-to-day language of the safe house is Innu-eimun, although the operators of the safe house can decide to hire non-Innu-eimun speaking staff members. Written records will be kept in English to more easily facilitate the reporting requirements of the Accountability Frameworks, etc.

## SECTION TWO

### ADMISSION POLICIES AND PROCEDURES

#### ADMISSIONS CRITERIA

Youth who have no safe place to go and are in immediate or imminent danger of physical harm may be admitted to the SIFN Safe House. This includes youth who are abusing substances and are in danger of physical harm. Youth between age 12 and 18 are eligible<sup>1</sup>. The safe house is not a detoxification facility and will not provide treatment.

12-15  
16-18

Their time in the safe house will provide clients with safe shelter, allow clients to “come down” off substance abuse, if necessary, get support, and begin to plan for a safer future.

When there is more demand than the safe house can accommodate, staff will give priority to:

- children or youth in immediate physical danger, such as freezing or suicidal behaviour; this includes youth abusing substances
- children aged 12 to 14 who may come to physical danger
- children or youth with insufficient protective factors (e.g. a lack of support from family members) who may come to physical danger
- children or youth with no safe place to go at night who escaping family violence or may be at risk of physical harm due to their having no safe place to go

Staff will always keep the safety of and risk to potential and actual clients in mind as they make decisions regarding admittance.

If a potential client is turned away for any reason, staff members will fill out a turn away form.

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<sup>1</sup>Note that according to the Child, Youth, and Family Services Act, a child is defined as a person who has not reached their 16<sup>th</sup> birthday; someone between 16 and 18 is considered a youth, although exceptions may be made, especially for those in care. The age of majority in Newfoundland and Labrador is 19.

**REFERRAL AND ASSESSMENT FOR ADMISSIONS PROCESS**

Safe house clients—or potential clients—may be referred through:

- the RCMP (following a crisis call)
- Child, Youth, and Family Services (when a child or youth cannot be supported by his/her family or caregiver)
- other community members or agencies who see children or youth abusing solvents, putting themselves at risk
- self-referral (if a child or youth feels he or she is at risk of immediate or imminent physical harm as a result of substance abuse or violence)

Safe house staff must obtain written consent from the client's parent or caregiver if he or she is to enter the safe house. If it is not possible to obtain such support, Child, Youth, and Family Services may make an emergency safe house placement.

The parent or caregiver will consent to the sharing of relevant information and a medical exam for his or her child or youth.

Accompanied by a safe house staff member or social worker, the RCMP may transport clients to the safe house if necessary.

Safe house staff members will assess potential clients for admission according to:

- the safe house mandate
- the needs of the potential client
- whether or not the potential clients meets admission criteria
- if necessary, staff discretion, with the support of the co-ordinator

When demands exceed facility availability, staff will refer to the priorities for each client group.

**ADMISSION PROCEDURES**

Staff members will collect the consent form from parents or caregivers.

Staff will complete out an admissions form for all clients.

Clients will enter the secure room upon arriving. They will leave any possessions or anything potentially harmful outside.

At an appropriate time, staff members will give new clients copies of the safe house rules. If they are too young or not readers, the staff member will read the rules to them, ensuring they understand. In the case of youth coming down off substances, this should occur when they are transferred to the regular bedrooms.

New clients will be given towels and a face cloth at an appropriate time (i.e. when they are out of their emergency situation).

New clients will be given a tour the building, with emergency features pointed out to them. Staff members will tell them that the secure office is off limits. Staff members will explain the roles of the staff.

Clients will be told that if they leave the safe house for more than 24 hours, it is assumed they have left and no longer need the services of the safe house.

**Relevant Forms:**

Admission/consent form-youth  
Turn away form

## **SECTION THREE IN-HOUSE POLICIES**

### **SECURE ROOM POLICY**

The SIFN Safe House will have a secure room in which those clients who need to can "come down" off an episode of substance abuse. This room will be occupied by one client at a time. The room will be off-limits to all other people except safe house staff members and any person(s) designated by staff (e.g. medical personnel).

### **ADMISSION TO SECURE ROOM**

Clients will be assessed by SIFN Safe House staff members according to the Admissions Policies of the safe house. Only after this process is complete will clients be admitted to the safe house.

### **SAFETY IN THE SECURE ROOM**

The safety of clients in the secure room is paramount. The physical set up of the room and furnishings must take this into account. A protocol that outlines these details may be developed.

### **CARE OF CLIENTS IN THE SECURE ROOM**

As part of their assessment, clients admitted to the SIFN Safe House may be seen by a medical care provider in accordance with the protocols/agreement that will be developed with the Labrador-Grenfell Regional Health Authority.

A staff member (and/or any other designate, such as a police officer or medical care provider) will stay with the client during his or her first hour in the secure room. Staff or others may stay longer, depending on the circumstances; this decision will be made at their discretion, which will be informed by the training they have undergone.

After a decision has been made to leave a client alone in the secure room, he or she will be checked on every 15 minutes. Each 'check' will be recorded on a chart posted outside the room.

If a staff member feels a client is being violent to an extent that s/he is threatened or feels outside intervention is necessary, the staff member will contact the RCMP. Indications of violence include hitting, biting, scratching, etc. any person who approaches the client.

Clients will be provided with food and drink as necessary. Their food will be given to them in a plastic bowl or plate with a plastic spoon (no forks or knives of any material will be available).

#### **LENGTH OF STAY IN SECURE ROOM**

The safe house will provide safe, short-term shelter for clients in immediate need. Clients will stay in the secure room 48 to 72 hours, although each case may be different and will depend on such factors as bed availability.

#### **POST-SECURE ROOM SERVICES**

After the client has successfully "come down" off his or her episode of substance abuse (if applicable) in the secure room, he or she will move to a regular bedroom in the safe house (except if they are in need of medical attention or an emergency occurs). *who determines things*

#### **RECORD-KEEPING**

All information related to the assessments of and referrals for clients will be duly recorded in their individual file. Records will include: the client's length of stay with dates, any medical or health information, the name of those involved with the assessment and referral, decisions made, actions taken, etc.

A chart will record every time the client is checked on and whether or not there is anything to note during these checks. (Any incidents will also be recorded in the safe house incident log.)

These records will be kept confidential, available only to the client and staff. The exception is a "need to know" basis, such as Child, Youth and Family Services if a child or youth is at risk. Aggregate information from the records will be produced to report to key stake holders including SIFN, the regulatory agencies, and project funders as per the Accountability Framework.

**POST-SECURE ROOM POLICY**

After their time in the secure room, clients will take part in post-secure room services, as explained below.

**ASSESSMENT AND REFERRAL PROCESS**

The referral process for clients will take place once these clients have moved to regular bedrooms in the safe house.

Staff will work with the client to develop an assessment and referral plan. Staff members will be supervised by the safe house co-ordinator through this process. Whenever possible, they will involve the client's parents, caregivers, or extended family. They will consider such factors as the client's individual issues, his or her level of co-operation, the professional opinion of social workers, protective factors, and available resources in and outside the community.

Elements of the plan might include participation in a treatment program, a gradual or complete return to school, placement in the Sheshatshiu Adolescent Home, a return to the client's family home, etc.

Staff members will arrange any and all appointments related to the client's assessment and referral process.

**LENGTH OF STAY IN THE SAFE HOUSE REGULAR BEDROOM**

A client may stay in the SIFN Safe House for up to one month, depending on safe house resources and whether or not they need to prepare for treatment. This will provide them with safe, short-term shelter and assessment once they are willing and able to participate in the assessment process.

During the assessment process, a plan of care will be developed for the client with the input of all relevant service providers. This plan will focus on more long-term placement resources for the client.

## **GUIDELINES FOR THE CARE OF CLIENTS**

### **Day-to-day Care**

Staff on duty are responsible for the basic, day-to-day care of clients in the safe house. This will include providing meals, medication, assuring there is adequate bed clothing, and adhering to the secure and bedroom protocols. Staff members will escort clients to medical and any other appointments outside the safe house.

### **Parental Responsibilities**

The client's parent or legal guardian remains responsible for his or her care while she or he is in the safe house. If the child or youth is under the care of Child, Youth, and Family Services, that agency is responsible for their care.

### **Child Protection**

If a staff member witnesses or suspects child abuse, s/he is required by provincial law to report the incident or his/her suspicions to Child, Youth, and Family Services. S/he must also make the same report to the co-ordinator and notify the co-ordinator that a report has been made to Child, Youth, and Family Services.

### **Transportation**

The safe house will provide transportation to all necessary appointments for clients. Records of each trip will be kept by staff in the transportation log book.

## **SECTION FOUR**

### **EXIT POLICY**

#### **EXIT POLICY**

All SIFN Safe House youth clients will take part in an exit process that is aimed at ensuring their needs are met.

#### **EXIT PROCESS**

All people involved in the client's assessment and referral plan will meet as a group with the client prior to his or her exit from the safe house. This meeting should take place one week before the client leaves the safe house. The client's parent or caregiver should be present, if possible. The purpose of this meeting is to discuss the client's plans upon leaving the safe house, ensuring there is clarity among all involved.

A staff member should also meet individually with each client to discuss their safety plans and provide support. The client's parent or caregiver should be present, if possible. This meeting should occur during the client's last week in the safe house.

Each client will have an exit meeting with a staff member. During this meeting, the client, their parent/caregiver and/or Child, Youth and Family Services as the case may be will be provided with a list of contacts and numbers that may be useful to them after they leave. The client (or their parent/caregiver or CYFS) will also be given a written summary of their plans.

The staff member will ensure the client has all their possessions with them. The staff member will remind them of the confidentiality rules of the safe house, which all clients are asked to adhere to even after they have left the safe house. Finally the staff member will provide them with encouragement.

Exiting clients will be asked to sign an exit form. This form may be signed by their parent/caregiver or, if applicable, CYFS.

#### **Relevant Forms**

Exit Form

## **SECTION FIVE GENERAL GUIDELINES**

### **VISITORS**

For confidentiality, security, and liability reasons, visitors are not permitted in the safe house.

Members of the RCMP, health care providers, maintenance workers, and other professionals or workers, such as firefighters, may enter the safe house in relation to their work at the facility.

### **COMMUNICATIONS**

#### **Television**

There will be no TV in the safe house.

#### **Telephone/E-mail**

The telephone and e-mail will be in the secure offices. These are not available to any clients.

The safe house telephone and email are to be used for safe house business only. Only staff members may answer the phone. Staff may not use telephone or e-mail for recreational or personal purposes.

### **SAFE HOUSE ROUTINES**

#### **Meals**

Clients are to take their meals in the safe house.

There must be two staff members in the safe house at all times. If staff need to be relieved to take their meals outside the safe house, the co-ordinator will work out arrangements with outside agencies to facilitate this.

The safe house will not provide meals for on-duty staff members.

### **Making Purchases**

Groceries and supplies must be purchased weekly by staff designated by the safe house co-ordinator. Staff will consult the purchase list in preparation for shopping. Receipts and totals will be recorded in the purchasing log. Where possible, staff will purchase the least expensive brand.

If emergency purchases are necessary, staff will use their discretion but also record the purchases, receipts, and the reason for the purchase.

Staff must ensure that all cleaning products, including detergents, are disinfecting.

Staff members will not purchase any product to which another staff member or a client has a serious or airborne allergy (e.g. peanuts). Allergens that are ingested, such as milk or shellfish, will be avoided through cooperation among staff and clients.

When planning purchases, staff should make sure that there are working flashlights and batteries in the safe house. These are necessary for any power outages that might occur. Candles will not be used in the safe house.

### **MEDICAL PROTOCOLS**

Any injuries that take place in the safe house must be tended to as quickly as possible, through First Aid and/or calling medical personnel. Staff members will get medical assistance for those injured when required. The co-ordinator must be notified of any injuries. This procedure also applies to anyone needing medical care.

Any injury (self- or other inflicted), verbalized suicide ideation, suicidal behaviour, and visits to or by medical personnel must be noted in detail in the Incident Log. The entry should be signed and dated.

Safe house protocols and agreements with Labrador-Grenfell Regional Health Authority (to be developed) must be followed.

## RECORDS MANAGEMENT

### Records

Record-keeping is an important part of the safe house operation since it is necessary for the funding agencies, good planning, etc. Record-keeping and management is the ultimate responsibility of the safe house co-ordinator. Written records will be kept in English to meet the requirements of the Accountability Frameworks.

The safe house records will consist of:

- staff Log
- the Incident Log
- the Purchasing Log
- client files (including check charts for secure room, admissions form, safety plan, exit form, etc.)

(More information on client files is contained in other sections, including the section on security and related matters). Staff members should write legibly in these and all records.

Staff members should sign and date all entries in files and logs.

### The Staff Log

The Staff Log is central to the safe house record keeping. The following are recorded in the Staff Log:

- the time staff begin their shift
- calls which require follow-up
- any uncompleted tasks and the reason(s) why they are uncompleted
- any new clients (in-house or drop-in)
- any non-staff entering the house (e.g. maintenance people, etc.)
- any incidents that occurred (in brief; refer to the Incident Log)
- reports submitted (e.g. to Child, Youth, and Family Services, etc. with a note to see the appropriate file)

There is no need to record:

- who briefed you when you came on shift
- that routine tasks were completed

**Relevant Forms**

Purchase log

Incident log

Staff log

List of Purchases

## SECTION SIX SECURITY AND SAFETY PROCEDURES

### SECURITY AND SAFETY FEATURES

Safe house security adheres to all applicable federal and provincial residential standards. The house's security and security features include:

- a central alarm system throughout the house, monitored through the office
- alarmed, one-way windows fitted with safety glass
- alarmed exterior doors that open only from the inside
- cameras in common areas
- a camera in the secure room
- secure windows in the regular bedrooms for clients
- a one-way window made of safety glass looking into the secure room
- an indoor causeway connecting the safe house and the Sheshatshiu Adolescent Home
- the absence of electrical outlets in the bathrooms
- a camera monitoring the area near the exterior door
- soundproofing between the adjacent facilities
- a ban on smoking
- smoke detectors in every room
- a sprinkler system throughout the house
- fire extinguishers

Staff will be trained in the basic workings and use of each security and safety feature in the safe house.

Besides the cameras in the secure rooms, plastic-coated (not plastic-wrapped) mattresses on the floor will be used for sleeping. This is so that there will be no wooden or other hard furniture in the room which could lead to harm. For safety reasons, bunk beds will not be used.

Pull handles on doors will face the floor.

Velcro curtain attachments (as opposed to curtain rods) will be used on all windows.

Metal or steel shower rods will not be used; shower rods will be collapsible.

Safety and security must be considered in all decisions on safe house furnishings.

#### **ALCOHOL AND STREET DRUGS**

Alcohol and street drugs are not permitted in the safe house. (The only drugs permitted in the safe house are prescription drugs.) Any safe house client using alcohol or street drugs after admission to the safe house will be released from the safe house.

#### **MEDICATION**

All medication will be stored in the locked storage space in the secure office. Clients' medication should be put in a bag with the client's name on the label.

Staff will dispense medication to clients as per their prescription instructions.

#### **EXTERIOR DOORS**

All safe house exterior doors, which lock to the outside and are equipped with panic hardware, must be locked at all times.

Outside doors may only be answered by a staff member who has verified who is outside. If the staff person does not recognize the person, s/he should ask for identification. Staff must advise all clients not to answer the door.

#### **SECURE OFFICE**

The secure office doors will be kept locked at all times. Only staff can retrieve the key to gain entry to the secure offices.

#### **OTHER LOCKED DOORS**

Staff should keep their safe house keys on them at all times while on duty. Staff are not to share any of these keys with clients.

**KEYS**

There will be a locked key box for all spare or extra keys.

Any lost or stolen keys must be reported to the co-ordinator and noted in the Incident Log immediately.

**KITCHEN**

Youth clients are not permitted to use the kitchen facilities, which are located in the Sheshatshiu Adolescent Home. Staff will bring food for clients over to them.

**REGULAR BEDROOM DOORS**

Bedroom doors will be closed but not locked at night for safety reasons. In order to respect clients' privacy, it is important to knock and wait for answer before entering a bedroom. Exceptions may be made during emergencies or if staff members have reason to believe an emergency may occur.

**OTHER SAFETY GUIDELINES**

Poisons, matches, tobacco, curling irons, irons, and hot liquids are not permitted in the the safe house. Cleaning solvents are to be stored in the Sheshatshiu Adolescent Home.

No radios are allowed in the bathroom, including transistor radios. There will be no electrical outlets in the bathrooms.

No one is permitted to burn candles in the safe house.

Balloons are a choking hazard so they are not allowed in the safe house.

Toys and other entertainment items that may pose hazards are not allowed in the safe house. This includes but is not limited to toy guns and knives are not permitted in the safe house. Since the safe house environment must encourage non-violence, war games of any kind (e.g. on handheld devices) are not permitted.

**FOOTWEAR**

Staff should wear rubber-soled shoes or other slip-proof footwear at all times in the safe house.

Staff and clients should remove outdoor footwear as they enter the safe house.

**PERSONAL BELONGINGS**

Staff are not encouraged to bring personal belongings to work. However, purses, etc. may be kept in the locked closet. The safe house is not responsible for missing items.

## **SECTION SEVEN PRIVACY**

### **PRIVACY POLICY**

Privacy is another important part of security. Respecting the privacy of all past and present clients is safe house policy.

### **DISPOSAL OF FILES**

Notes (not files)—such as the fifteen minute secure room checks—should be destroyed when clients reach 18 years of age or when a full year has passed since they exited the safe house. Exceptions may be made if the safe house co-ordinator deems it necessary.

Files may be destroyed through shredding. The co-ordinator should witness the destruction, along with at least one staff member, and record the destruction in the safe house files.

### **RETENTION OF CLIENT FILES**

All other client files should be retained for seven years after the client has exited the safe house. This includes incident reports, admission forms, safety plans, exit forms, etc.

Before these files are destroyed, staff should make a record of the following on the client: name, date of birth, date of admission, and exit date. This permanent record should itself be dated.

The co-ordinator should ensure that any statistical information is recorded before notes or files are destroyed.

## **SECTION EIGHT**

### **EMERGENCY PROCEDURES**

#### **EMERGENCIES**

An emergency may consist of a fire, a break-in, a client becoming violent, a client threatening staff, etc. Emergencies may put staff members at risk of physical harm. In such cases, staff members must ensure their own personal safety and then get help by calling the police and/or local fire services. Then staff members may be able to assist safe house clients.

The death of a client, by accident, unexpected illness or suicide, is another potential emergency. In such cases, the authorities should be called immediately. This includes medical personnel and the RCMP.

All emergencies should be recorded in the Incident Log.

#### **INFORMING CLIENTS OF EMERGENCY PROCEDURES**

Staff must inform new clients of the safe house security and emergency procedures as soon as is feasible after clients are admitted. New clients should be made aware of emergency exits, for example, as soon as possible after they are admitted.

#### **EMERGENCY DRILLS**

An emergency drill (e.g. fire) will be held once a month, in cooperation with local authorities. All clients and staff will take part in the fire drill.

During the drill, a staff person will count those who have left the building and alert the co-ordinator and emergency responders if anyone who is missing.

## **SECTION NINE**

### **HUMAN RESOURCES POLICIES**

#### **STAFF LEVELS**

There will be eight staff members at the safe house in order to keep the facility operational 24 hours a day, seven days a week. This will include the co-ordinator. Two staff members will be at the safe house at all times. The co-ordinator will have to facilitate arrangements with other agencies to ensure these staffing levels if resources are stretched due to transportation of clients, etc.

#### **JOB DESCRIPTIONS**

A job description is required for every staff position at the safe house. These job descriptions should be evaluated regularly.

Positions may be posted on notices throughout the community, on the HRDC web site, on the community television channel, etc. They should be distributed as widely as possible.

The job title and the nature of the work should be specified. The posting should also outline the required experience, skills, and qualifications. Any desired personal characteristics (e.g. patience) should be listed.

All contact information and application deadlines should be clearly stated.

Innu-eimun will be the working day-to-day language of the safe house but the operator and co-ordinator will decide whether or not fluency in Innu-eimun will be a condition of employment at the safe house.

#### **CONDUCTING INTERVIEWS**

The goal of interviews is to identify applicants with the appropriate abilities, experience, and suitability to do the job effectively.

After s/he is in place, the co-ordinator will take part in all interviews. Interviews will be conducted with more than one interviewer, e.g. a representative of a relevant community agency, the Band Council, etc.

Interviewers may choose to conduct interviews in Innu-eimun or English, taking the needs and abilities of the interviewee into account. The interview language should be agreed upon before the interview.

Interviews will take place in a quiet, comfortable room where interruptions are unlikely to occur. Interviewers should allot enough time for each interview as well as time afterwards to review the interview among themselves.

Interviews will begin with an overview of the goals and planned operations of the safe house.

Questions will be prepared before the interviews. All applicants will be asked the same questions. Questions should not violate any relevant human rights guidelines: see [http://www.chrc-ccdp.ca/publications/screening\\_employment-en.asp](http://www.chrc-ccdp.ca/publications/screening_employment-en.asp)

Applicants may respond to questions in the language of their choice.

Applicants may wish to pass on a particular question and return to it later.

Interviewers may take notes during the interviews.

Interviewers may ask for references from each applicant, written or oral. They may also ask for documentation regarding qualifications, e.g. First Aid certificate.

#### **EMPLOYEE QUALITIES**

The goal of selecting employees with certain qualities is to enhance the clients' experience while at the safe house.

'Best Practices' in this area have been identified as follows:

- employees have the ability to identify clients' needs
- employees have the ability to respond to clients' needs
- employees are committed to their own personal wellness
- employees understand traditional and non-traditional methods of assessment, intervention, treatment, and counselling.

## CODE OF CONDUCT

The Safe House Code of Conduct, to be developed, is an important part of operations. All prospective employees must understand, agree with, and sign the Code of Conduct as a condition of employment. (A Code of Conduct template is attached as an appendix.)

## OFFERS OF EMPLOYMENT

An offer of employment should be in writing, specifying the position, start date, and rate of pay. Potential employees will be asked to respond to the offer as soon as possible after it has been made.

## EMPLOYEE COMMITMENT AND MORALE

A number of best practices regarding enhancing employee morale and commitment have been identified.

One of these is to hold an orientation for new employees. An orientation should be directed by the safe house co-ordinator and should involve:

- an introduction to other staff members
- clarification of the new staff member's roles and responsibilities, including giving the employee a written job description
- a review of safe house employment and other policies
- a short period job shadowing a more experienced employee, if possible

Other best practices that can contribute to morale and commitment include:

- recognizing employees' career and learning goals and aspirations
- allowing agreed-upon time off for family responsibilities
- employee recognition (e.g. positive reinforcement, compliments on work done well, employee achievement certificates, etc.)
- a commitment to avoid negativity in the workplace
- manageable workloads
- opportunities for employee wellness, such as cultural leave
- a conflict or problem resolution process, of which all employees are aware
- an employee grievance process, of which all employees are aware

- scheduled, planned leave for all employees, rather than 'call-in' leave or leave on no notice

#### TERMINATION OF EMPLOYMENT

Termination must be for just cause, such as stealing, inability to carry out job responsibilities, repeated, unexplained absences, etc. The co-ordinator must fully document any such areas of concern. S/he should also discuss her concerns with the safe house governing authority before proceeding to terminate any employee's employment.

A written notice of termination should be hand-delivered to the employee.

Termination procedures should follow all relevant legislation and any relevant Band Council by-laws (see below).

A record of employment (ROE) should be delivered to the employee as soon as possible after she completes her employment at the safe house. The ROE will specify the reason for job-leaving, e.g. illness, lack of work, etc.

#### EMPLOYMENT STANDARDS

The Employment Standards Regulations of the Government of Newfoundland and Labrador applies on-reserve, except when it is inconsistent with the provisions of the Indian Act or any order, rule, regulation, or by-law made thereunder. This includes those by-laws made by the Mushuau Innu First Nation Band Council.

Highlights from the Employment Standards Regulations are included here:

**Overtime Pay:** over 40 hours per week at 1.5 times the regularly hourly wage, where overtime pay is not less than 150% of the province's minimum wage.

**Vacation Entitlement:** two weeks after one year of employment; three weeks after 15 years of employment.

**Statutory Holidays:** New Year's Day; Good Friday; Canada/Memorial Day; Labour Day; Remembrance Day; and Christmas Day.

Statutory Holiday Pay: two times daily wages or alternate day with pay or credit annual vacation.

Maternity, Pregnancy or Adoption Leave: 17 weeks after 20 weeks of employment.

Parental Leave: 35 weeks after 20 weeks of employment.

Notice of Termination by Employer: one week for employees with three months to two years service; two weeks for employees with between two and five years service, etc.

Record Keeping: retain records for four years after the work was performed.

#### **CULTURAL LEAVE**

Cultural leave is an option for the safe house and is a feature of similar Aboriginal facilities across the country. This might involve scheduled, planned time off for *nutshimut*, for example.

#### **PERFORMANCE APPRAISALS**

The co-ordinator will complete annual performance appraisals for each staff person. The Department of Social Health will complete performance appraisals for the co-ordinator. These appraisals should recognize the staff member's strengths and accomplishments, assess her performance in key areas, noting areas where improvement is necessary, and identify her professional goals for the coming year.

Each staff member will be provided with a written copy of his or her appraisal within two working days after the appraisal meeting has taken place.

#### **STAFF MEETINGS**

There will be regular staff meetings, arranged by the safe house co-ordinator. All staff are expected to attend staff meetings. Those staff members not on duty will make arrangements with the safe house co-ordinator to be compensated for their participation (e.g. through time off, etc.).

### CONFLICT RESOLUTION

A conflict resolution process should be developed to deal with conflict between employees. It should be a process that will work in the safe house and Innu cultural setting. This process should be made clear to all. The conflict resolution might involve, for example:

- a commitment to respect and peaceful resolution
- conflict resolution techniques intrinsic to Innu culture
- the use of active listening
- the presence of a third party

### GRIEVANCE PROCEDURE

A more formal grievance procedure might be needed for conflicts that cannot be resolved through the conflict resolution process. Usually grievances are filed against the employer or supervisor. The purpose of a grievance procedure is to minimize the involvement of outside agencies, like legal representatives.

A grievance procedure should:

- be developed before most employees are hired (and after the co-ordinator is in place)
- involve a commitment to respect and peaceful resolution
- be dealt with in a timely manner
- be clearly stated, written down, and known to all employees

A grievance procedure would likely involve a third party, possibly an outside mediator trained in workplace conflict resolution, mediation, and grievances. The employee filing the grievance should provide a detailed account of her grievance. The details should be made known to the person who is the object of the grievance. Every effort should be made to minimize—and ideally to avoid entirely—workplace gossip about the grievance.

## **SECTION TEN OUTREACH AND TRAINING**

There is a widespread recognition that outreach, with an emphasis on education and prevention, is essential to dealing effectively with the issue of family violence in the community. It is understood that the safe house is a response to violence and not a cure. Accordingly, there is a need for community outreach.

It is also understood that outreach is a process, not a person or an event; it is a tool to tackle the problem of family violence. Accordingly, there is a need for community outreach.

The safe house will have as one of its goal the development of an outreach strategy. Outreach would involve school, community group and public workshops, sessions, perhaps one-on-one educational meetings (not counseling, which requires different skills), working with various community groups to promote non-violence, etc. Outreach should reflect the values promoted by Sheshatshiu Innu First Nation and the Department of Social Health as well as traditional Innu values of caring and sharing. A protocol for the safe house's outreach strategy and activities should be developed as early as possible in the process of establishing the safe house. The co-ordinator would lead the development of such a strategy with support from other agencies.

The need for outreach must be considered in the development of training schedules for safe house staff.

### **TRAINING POLICY**

The SIFN Safe House will have trained staff who can offer clients appropriate services. Participation in training will be a condition of employment. Specific training programs will be identified by the safe house co-ordinator, working with the Department of Social Health.

NECHI training has been identified as the best available training, specifically its addictions counselling programs (see Appendix for these and other training programs).

Training will be provided within the community whenever possible.

**REQUIRED TRAINING**

SIFN Safe House staff members will have a minimum of training in:

- First Aid and CPR
- Non-violent crisis intervention
- Prevention and Management of Aggressive Behaviour
- Suicide Prevention

**DESIRABLE TRAINING**

If they do not already have training in the following areas, staff members will undergo training in:

- addictions and substance abuse
- the dynamics of family violence
- communications
- feminist counselling
- child development

NECHI training has been identified as the best available training, specifically its addictions counselling programs (see Appendix for these and other training programs).

Training will be provided within the community.

**TRAINING COSTS**

All required funds for training will come from the operating budget of the SIFN Safe House. This includes:

- tuition
- course materials
- accommodation, meals, and transportation

**TRAINING SCHEDULE**

The SIFN Safe House Co-ordinator will be responsible for the scheduling and arrangement of training courses or programs for all staff members. The co-ordinator will accommodate staff members' scheduling preferences to the extent possible.

## APPENDIX ONE EXISTING TRAINING PROGRAMS

### 1. NECHI Institute

PO Box 34007  
Kingsway Mall  
Edmonton, AB  
T5G 3G4  
phone: 780-459-1884  
[www.nechi.com](http://www.nechi.com)

#### Community Addictions Training Certificate

An eight-week program delivered over a 10 month period  
Cost: \$4000.00, including accommodations

#### Program Management

Three five-day courses in:

- Internal Relations and Communications
- Strategic Planning and Evaluation

External Relations and Proposal Writing

Cost: \$1500.00

Journey to Hope and Healing: Beyond Abuse and Trauma: effects of trauma, coping strategies, effective interventions, etc.

Youth Addictions: child and youth development, health issues, parenting, risk and protective factors, etc.

Survival Skills for Youth Workers: balance, facilitating self-esteem, establishing boundaries, crisis intervention, etc.

#### Communicating with Youth

These are all five-day courses that cost \$500 each (plus \$25 or so for materials)

#### Training of Trainers

Four modules of one week each.

Cost: \$2500.00

## 2. Living Works

A non-profit international program with a Canadian presence, including programs delivered to Aboriginal people.

[www.livingworks.net](http://www.livingworks.net)

[info@livingworks.net](mailto:info@livingworks.net) or contact

[cdooley@nl.rogers.com](mailto:cdooley@nl.rogers.com) (Gerry Dooley, Newfoundland and Labrador trainer)

phone: 709-781-1224

### Applied Suicide Intervention Skills Training (ASIST)

A two-day workshop.

### ASIST Trainer the Trainers

A five-day course.

Cost: \$500 plus \$35 for materials.

## 3. BC Association of Specialized Victim Assistance and Counselling Program

728-602 West Hastings

Vancouver, BC

phone: 604-633-2506

[www.vcn.bc.ca](http://www.vcn.bc.ca)

### Stopping the Violence Feminist Counselling Core Training

A 12-day course, delivered in four-day modules over three months. Includes training in:

- feminist counselling
- intake and assessment
- the role of the family
- program and records management
- self-care and vicarious trauma
- etc.

Cost: \$300.00 total due to subsidies from the BC government; usual cost is \$1200.00

**APPENDIX TWO**  
**TEMPLATE: ADMISSION FORM**

To parents or caregivers:

We welcome your child to the safe house. We hope that \_\_\_\_\_ will feel supported during your time here and that taking part in the service will be a good experience for him or her.

NAME:

MCP NUMBER:

BAND NUMBER:

DATE OF BIRTH:

PARENT(S) OR CAREGIVER(S):

PARENT'S OR CAREGIVER'S PHONE NUMBER (if applicable):

DATE:

TIME:

REFERRED BY:

ADMITTING STAFF MEMBER:

REASON FOR ADMISSION:

- solvent abuse
- alcohol abuse
- no safe place to go

Has youth sustained any injuries? (If so, specify)

Is youth experiencing any medical problems? (If so, specify)

STAFF NOTES:

We will try to protect your child's confidentiality at all times. However, we may have to share information about your child. For example, if he or she needs medical attention, is being abused, or is suicidal. In any of those cases, we may have to share information with agencies such as Child, Youth, and Family Services.

\_\_\_\_\_  
SIGNATURE OF PARENT OR CAREGIVER

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

**APPENDIX THREE**  
**TEMPLATE: EXIT FORM**

I have been a client of the safe house for \_\_\_\_\_ (length of time) and am now leaving the safe house.

I have developed a safety plan, which I now have a summary copy of.

I have all my possessions with me.

I will continue to respect the confidentiality of all safe house clients.

\_\_\_\_\_  
NAME (OF CLIENT OR CAREGIVER)

\_\_\_\_\_  
SIGNATURE (OF CLIENT OR CAREGIVER)

\_\_\_\_\_  
STAFF MEMBER

\_\_\_\_\_  
DATE

**APPENDIX FOUR  
TEMPLATE: TURN AWAY FORM**

NAME OF PERSON TURNED AWAY:

DATE:

TIME:

REFERRED BY (if applicable):

STAFF MEMBER:

REASON FOR TURNING AWAY:

STAFF NOTES:

\_\_\_\_\_  
SIGNATURE OF STAFF MEMBER

\_\_\_\_\_  
DATE

**APPENDIX FIVE  
SUGGESTED ELEMENTS FOR INCIDENT LOG**

The Incident Log should include the following information:

- nature of incident
- date and time of incident
- names of those clients (or others) involved
- name of staff members involved
- outcome or resolution
- use of outside services or agencies
- whether or not medical attention was needed and by whom

The entry should be signed and dated by a staff member and witnessed by another staff member.

**APPENDIX SIX**  
**SUGGESTED ELEMENTS FOR RECORD OF DESTRUCTION**

The Record of Destruction should include the following information:

- name of client
- age of client
- dates of stay at safe house
- date document destroyed
- method of destruction
- staff member responsible for destruction
- staff member who witnessed destruction
- signature and dates of both staff members

Staff should make sure all statistical information has been collected and that the permanent record is dated.

**APPENDIX SEVEN**  
**SUGGESTED LIST OF PURCHASES**

This list or one similar to it should be kept with the Purchase Log. It will need to be modified to suit the diet in Natuashish and the availability of certain food and other items.

Note that an Aboriginal version of Canada's Food Guide is being developed and is scheduled to be released in the fall of 2006.

TABLE 1 SUGGESTED LIST OF PURCHASES						
VEGETABLES	FRUITS	CANNED & BOTTLED FOODS	DRY GOODS	BEVERAGES	MEATS	FROZEN FOODS
<ul style="list-style-type: none"> <li>• Potatoes</li> <li>• Carrots</li> <li>• Onions</li> <li>• Tomato</li> <li>• Lettuce</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Oranges</li> <li>• Apples</li> <li>• Bananas</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Pickles</li> <li>• Mustard</li> <li>• Ketchup</li> <li>• Miracle Whip</li> <li>• Cheese Whiz</li> <li>• Relish</li> <li>• Vinegar</li> <li>• Salad Dressing</li> <li>• Pancake Syrup</li> <li>• Canned Soup</li> <li>• Canned Pasta</li> <li>• Spaghetti Sauce</li> <li>• Canned Tomatoes</li> <li>• Canned Mushrooms</li> <li>• Canned Corn</li> <li>• Canned Fish</li> <li>• Canned Beans</li> <li>• Canned Fruit</li> <li>• Vegetable Oil</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Spaghetti</li> <li>• Kraft Dinner</li> <li>• Beans &amp; Peas</li> <li>• Crackers</li> <li>• Coffee</li> <li>• Tea</li> <li>• Rice</li> <li>• Cereals</li> <li>• Flour</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Milk</li> <li>• Juice</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Caribou</li> <li>• Ground Beef</li> <li>• Stewing Beef</li> <li>• Chicken</li> <li>• Ham</li> <li>• Pork Chops</li> <li>• Sandwich Meats</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Bread</li> <li>• Buns</li> <li>• Eggs</li> <li>• Cheese</li> <li>• Yogurt</li> <li>• Butter</li> <li>• Margarine</li> <li>• Other</li> </ul>

<b>TABLE 1 (Con't)</b>					
<b>SUGGESTED LIST OF PURCHASES</b>					
<b>BREAD &amp; DIARY</b>	<b>BABY SUPPLIES</b>	<b>TOILETRIES</b>	<b>CLEANING SUPPLIES</b>	<b>HOUSEHOLD SUPPLIES</b>	<b>MEDICINE</b>
<ul style="list-style-type: none"> <li>• Bread</li> <li>• Buns</li> <li>• Eggs</li> <li>• Cheese</li> <li>• Yogurt</li> <li>• Butter</li> <li>• Margarine</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Diapers</li> <li>• Similac</li> <li>• Baby Wipes</li> <li>• Vaseline</li> <li>• Oragel</li> <li>• Infant Tylenol</li> <li>• Shampoo</li> <li>• Q-Tips</li> <li>• Cereal</li> <li>• Bottled Vegetables</li> <li>• Bottled Fruit</li> <li>• Baby Juice</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Facial Soap</li> <li>• Hand Soap</li> <li>• Shampoo</li> <li>• Toothbrushes</li> <li>• Toothpaste</li> <li>• Combs</li> <li>• Tampons</li> <li>• Pads</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Dish Detergent</li> <li>• Mr. Clean</li> <li>• Javex</li> <li>• Liquid Soap</li> <li>• Windex</li> <li>• Liquid Soap</li> <li>• SOS Pads</li> <li>• Oven Cleaner</li> <li>• Garbage Bags</li> <li>• Mop</li> <li>• Broom</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Stretch Wrap</li> <li>• Tin Foil</li> <li>• Sandwich Bags</li> <li>• Freezer Bags</li> <li>• Paper Towels</li> <li>• Toilet Paper</li> <li>• Kleenex</li> <li>• Napkins</li> <li>• Lightbulbs</li> <li>• Flashlight &amp; Batteries</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Cough Syrup</li> <li>• Children's Cough Syrup</li> <li>• Halls Cough Drops</li> <li>• Vicks Vapour Rub</li> <li>• Tylenol</li> <li>• Ibuprofen</li> <li>• Calamine Lotion</li> <li>• Polysporine</li> <li>• Other</li> </ul>

**APPENDIX EIGHT  
SUGGESTED LIST OF CHORES**

- Clean clients' bathrooms
- Sweep and mop kitchen floors
- Sweep and mop common areas
- Clean laundry area
- Cook meals
- Wash dishes
- Clean microwave
- Clean walls
- Clean fridge, at least weekly
- Wash kitchen cupboards
- Tidy office area
- Shovel snow
- Clean yard

## APPENDIX NINE CODE OF CONDUCT TEMPLATE<sup>1</sup>

Each staff member shall sign and adhere to the following Code of Conduct. Any staff member found to be in violation of the Code of Conduct will be subject to disciplinary action, termination of employment, and/or legal action.

1. I understand and respect the needs of each client.
2. I respect the uniqueness of each individual.
3. I respect and have no biases in terms of differences in sexuality, ability, or physical appearance.
4. I recognize that each client has different developmental stages and therefore different needs.
5. I recognize that each behaviour is a meaningful attempt to have needs met.
6. I recognize that each person has a different perspective of his/her environment and that our relationship depends on understanding that perspective.
7. I recognize the necessity of a consistent, holistic approach in utilizing a variety of resources to help meet each client's needs.
8. I recognize that my goal is to provide the physical, emotional, social and spiritual support which will enhance opportunities for clients.
9. I have a working knowledge of relevant legislation as identified by the safe house governing authority.
10. I will not ask clients to 'keep secrets'.

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<sup>1</sup> Based mainly on the Code of Conduct of the Alternate Shelter Society, Vancouver, B.C. (as well as other facilities), all of which have a mainly or exclusively Aboriginal clientele. Sheshatshiu and Natuashish may want to revise this and add to it to suit their values and realities.

11. I will inform clients that I do not 'keep secrets' and that I am bound to disclosure policies (e.g. Child, Youth and Family Services Act).

12. I fully understand the absolute need for confidentiality. I will not share information about clients with anyone not employed by the safe house or by the agencies we are working with; anyone I share information with will have a professional need to know.

13. I recognize my responsibility to remain objective and non-judgmental.

14. I will participate in staff training so that my own knowledge may be furthered. I will keep an open mind in training.

15. I will make clear decisions in crisis situations.

16. I will not enter into substance-using, financial, or sexual relations with any clients of the safe house.

17. I will rectify any violations of ethical, moral or legal standards that come to my attention. I will work with the co-ordinator to do this.

18. I will establish good working relationships with outside agencies.

19. I will ensure that the policies and procedures of the safe house are carried out.

20. I will disclose any potential conflict of interest on my part with the co-ordinator or, if I am the co-ordinator, with the governing authority of the safe house.

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Signature of staff member

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Signature of witness

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Date

**APPENDIX TEN  
NOTE ON TRAINING NEEDS**

**Training Needs**

The importance of ongoing training is recognized.

There are a number of people in Sheshatshiu training as NECHI counsellors and not employed elsewhere; our community contacts believe some of these individuals would wish to work in the safe house. It is also possible to hire personnel from nearby communities, if necessary. Thus, the community does not anticipate recruitment difficulties from a skills and availability perspective.

However, in our discussions one urgent issue has been flagged by community leaders: while code of conducts will be required prior to hiring especially for those working with children, some potential staff members may not be able to get them. There is currently an initiative underway in Sheshatshiu to encourage many people affected to apply for pardons.

The community has been asked to identify potential staff members as soon as possible so a training schedule can be completed and any necessary training can begin. NECHI training has been identified as the most appropriate.