



Table of Contents

SECTION 1 INTRODUCTION.....	1
1.1 INTRODUCTION.....	1
1.2 USER'S GUIDE	2
1.3 AGENCY OVERVIEW	3
1.4 AGENCY VALUES.....	4
1.5 DEFINITIONS	5

Section 1 Introduction

1.1 Introduction

Revised: Oct, 2008

Family Services of the North Shore (the Agency) is an accredited, not-for-profit, community based organization dedicated to providing education, support, and counselling to heal and connect the North Shore community.

Our Vision: A connected community where people care for one another.

The Agency serves three municipalities: the City of North Vancouver, District of North Vancouver, the District of West Vancouver, as well as the Village of Lions Bay, and Bowen Island.

Originally called North Shore Family Services, the Agency had its beginning in 1950 when Family Services of Greater Vancouver assigned a part-time caseworker to the North Shore. As the population grew, the work increased and in 1982, the Agency separated from Family Services of Greater Vancouver.

In May 1993, the Agency name was changed to Family Services of the North Shore. The Agency's fundraising arm, Family Services of the North Shore Foundation (the Foundation) was launched in 1999. The relationship between the two not-for-profits is clearly articulated in the Bylaws and Constitution of the Foundation.

The last decades have seen the Agency grow and change. The annual budget is now close to 3.5 million of which one third is fundraised. The Agency has close to 60 employees and independent contractors and over 300 volunteers annually give 14,000 hours of service to the Agency.

1.2 User's Guide

The Agency has developed the *Policies and Procedures Manual* (Manual) to ensure that Agency staff are aware of the policies and procedures that govern the work of the Agency. Some policies only apply to certain staff. Everyone who receives the manual will be asked to acknowledge in writing that they have received it.

The Manual will be reviewed periodically by the Leadership Team and policy changes will be forwarded to the Board of Directors for approval. Once approved all changes will be communicated.

Each section of the Manual is organized by subject. All information is filed sequentially according to the number assigned to the subject. The first number indicates the subject. The second number indicates the sub-titles under a particular subject. Each sub-title corresponds to the section in the Table of Contents.

The implementation date refers to the date on which the policy or procedure was first approved for distribution. When policies are revised, they will be dated and the revision will be provided to everyone along with a revised Table of Contents.

1.3 Agency Overview

The Agency offers a broad range of social services to children, youth, adults, couples, and families from a diverse array of cultural and economic backgrounds. The Agency believes that reaching out for help, connecting with others, and finding new ways of coping is a healthy way of dealing with life's struggles. The Agency treats its clients with respect, compassion and dignity.

Accredited

The Agency is accredited by the Council on Accreditation (COA), a North American standard.

Responding to Community Need

The Agency develops programs and services that meet the cultural values of a diverse community and that respond to community need, emerging issues and current demographics.

Advocating on behalf of Clients and Community

The Agency advocates to Federal, Provincial and Municipal decision makers on behalf of clients and the community.

Partnering and Collaborating with Stakeholders

The Agency partners and collaborates with its stakeholders including donors, funders, community partners and businesses to ensure the sustainability of effective and cost-efficient programs. The Agency offers leadership and expertise to stakeholders.

Reporting to the community

The Agency reports fiscal, statistical and service data to the community throughout the year through a number of vehicles including but not limited to articles, newsletters and the Annual Report. Information about upcoming courses, groups and events are posted on the website. The Audited Financial Statements, Strategic and Marketing and Communication plans 2008/09-2010/11 are available to our stakeholders.

Professionalism

The Agency has professional employees, independent contractors, interns and volunteers. The Agency is committed to providing a workplace where everyone feels valued and where interactions with management will be carried out in the spirit of consideration, collaboration, caring, cooperation and communication.

1.4 Agency Values

The Agency has grown and changed, but at its base are the core values of respect, integrity, community and growth that have allowed the Agency to make a difference in the lives of so many people for over sixty years. The Healthy Workplace Committee was established in 2008 to ensure the values continue to be fully honoured by the Agency.

Integrity:

Our word is our bond. We act fairly, responsibly and consistently.

Respect:

We honour people, their differences and similarities. We act with compassion and openness towards others.

Community:

We work as a community to serve our community. To us community is about creating healthy environments that allow us to achieve balance in all aspects of our lives.

Growth:

We are committed to expanding our knowledge and wisdom. We are creative in ensuring our approaches meet the ever changing needs of the people we serve.

1.5 Definitions

Employee:	Person who is employed by the Agency.
Independent Contractor:	A person who has a contract with the Agency to provide specific, periodic services on an as-needed basis.
Intern:	A student therapist who provides direct service to clients, under the supervision of therapists, for a period of one year. Interns are not paid for their services.
Volunteer:	Person who performs services on behalf of the Agency but does not expect nor receive payment. Does not include Board of Directors.
Supervisor:	Under the Agency's organizational chart, employee responsible for the immediate supervision of the work of other employees and/or independent contractors. This may include clinical supervision.
Program Manager:	Person responsible for planning, organizing and implementing designated programs. May also supervisor Agency staff.
Director:	Senior administrator responsible for both the day-to-day operations of the Agency, as well as larger scope planning and external relations on behalf of the Agency. May also act as a supervisor.
Staff:	All employees, independent contractors, interns and volunteers.
Clinical Staff:	Therapists, clinical supervisors, and the Director of Clinical Programs.
Community Staff:	Staff who primarily work in the community or at the <i>I hope family centre.</i>
Direct Service Provider:	Person who provides services directly to clients.



Leadership Team:	Executive Director, Director of Clinical Programs, Director of Community Programs, Manager of Finance, Manager of Fund Development, Manager of Human Resources as per the organizational chart of September 2008.
Board of Directors:	Elected members of the Board of the Agency, responsible for overseeing the governance of the Agency, in accordance with the Agency constitution and by-laws.
Stakeholders:	All of the above categories as well as community partners, donors and funders.



Table of Contents

SECTION 2 ETHICAL PRACTICE AND QUALITY IMPROVEMENT	1
INTRODUCTION	1
2.1 ETHICAL STANDARDS	2
2.2 PROTECTION OF REPORTERS OF SUSPECTED MISCONDUCT	3
2.3 POLICY COMPLAINT RESOLUTION	4
2.4 BOARD CONFLICT OF INTEREST	5
2.5 CONFIDENTIALITY BOARD OF DIRECTORS	8
2. 6 BOARD OF DIRECTORS CODE OF CONDUCT	9



Section 2 Ethical Practice and Quality Improvement

Introduction

Our Vision – “A connected community where people care for one another.”

At Family Services of the North Shore we understand that making our vision become an everyday reality for our community depends on each of us abiding by and holding each other accountable to high standards of ethical practice. These ethical standards inform our relationships with each other, clients, volunteers, community partners, funders, and stakeholders and are critically important to the long term sustainability of the Agency.

2.1 Ethical Standards

Implemented: July 2003
Revised: November 2008

Policy

The standards that inform ethical practice at the Agency are derived from many sources and include:

1. Agency Policies and Procedures
2. Professional Codes of Ethics
3. Agency Values
4. Personal Ethics and Values
5. Good Common Sense

At our Agency we understand that a particularly high standard of ethics and care is critical due to the vulnerable nature of our client population. These high standards include, but are not limited to, the following;

1. All staff will treat clients with respect, compassion, and dignity.
2. All staff will consider the potential impact of their power/authority inherent in their roles in the Agency (e.g. client-therapist) and will not use this for personal gain.
3. All staff understand that privacy and confidentiality are critical to providing effective services, and that all staff must adhere to our Agency's Confidentiality Policy.
4. No staff member may use their position at the Agency for personal gain beyond regular compensation.
5. All professional staff are strictly prohibited from engaging in dual relationships with clients as set out in each of their Professional Codes of Ethics. The Agency strictly prohibits any sexual contact or relationships with clients. The Agency expects all staff to ensure that all personal relationships with clients are kept within a professional / therapeutic context that preserves the client/therapist relationship. Professional staff are expected to consult with their supervisor if they become unsure as to the nature of their relationship with Agency clients.

2.2 Protection of Reporters of Suspected Misconduct

Implemented: October 2008

Policy

1. It is the responsibility of all staff to abide by and hold each other accountable to the Agency's ethical standards and to report any violations or suspected violations in accordance with this policy.
2. No staff member who, in good faith, reports that another staff member has violated the Agency's ethical standards shall suffer harassment, retaliation or adverse employment consequences. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including dismissal.

Procedure

1. Staff who feel that the Agency's Ethical Standards have been violated should immediately bring the matter to the attention of their supervisor. Should the employee feel that he/she cannot speak with their own supervisor, he/she may speak either to their supervisor's supervisor or to the Human Resources department. Supervisors and Managers are required to report any suspected violations to the Executive Director, or the Chair of the Board of Directors if there are concerns that the Executive Director may be involved. Should an employee feel that the violation is large and encompasses the management of the Agency, they may take their complaint directly to the Board of Directors.
2. All complaints will be investigated by either a committee of members of the leadership team, or by a committee of the Board of Directors should the leadership team not be appropriate.
3. Anyone filing a complaint concerning a violation or suspected violation of the ethical standards, who is acting in good faith and has reasonable grounds for believing the information disclosed to be a violation of the code will not have any repercussions from reporting even if the suspected violation proves to be unfounded. Any allegations that prove not to be substantive or have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offence.
4. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct adequate investigations.

2.3 Policy Complaint Resolution

Implemented: April 2006

Revised: September 2008

Policy

1. Everyone has the right to expect that the Policies adopted by the Agency will be applied fairly to all staff. Should anyone feel that a policy has either not been applied or has been applied unfairly, he or she has the right to initiate a complaint.
2. Should a policy need clarification, or if there is a need to discuss the implications of a particular policy, or clarification on the formal complaint procedure, he or she is invited to speak with their Program Director. This is not required before initiating a formal complaint.

Procedure

1. To file an official complaint, staff should complete the *Policy Complaint Resolution form* and submit it to their Program Director within six weeks from the time that you became aware of the incident. The person should identify the relevant policy and any steps that have been taken to resolve the issue.
2. The complaint will be reviewed by the Program Director within two weeks of receipt of the complaint. The Program Director will determine whether or not the policy in question has been violated and propose a course of action. The course of action will be communicated in writing within two weeks of receipt of the complaint. If there is still dissatisfaction, the complaint may be forwarded to the Executive Director. The Executive Director, or designate will make the final determination on the matter and advise the employee in writing of the outcome in not more than two weeks.

2.4 Board Conflict of Interest

Implemented: July 2003
New policy: November 2008

Policy

This policy is intended to govern the conduct of Directors of the Agency. It also sets out guidelines for avoiding and disclosing conflicts of interest.

1. Integrity

- These Conflict of Interest Guidelines are intended to ensure the highest standards and maintenance of the integrity of the Board. Directors shall act at all times in the best interests of the Agency. This means putting the interests of the Agency ahead of any personal interest or the interest of any other person or entity. It also means performing his/her duties and transacting the affairs of the Agency in such a manner that promotes confidence and trust in the integrity, objectivity and impartiality of the Board.

2. No Pecuniary Benefit

- No Director shall directly or indirectly receive any profit from his/her position as such, provided that, notwithstanding anything herein contained to the contrary, Directors may receive reimbursement for reasonable expenses incurred by them in the performance of their duties as permitted by the Bylaws and Constitution and approved by the Board.
- The pecuniary interests of immediate family members (including the immediate family members of a Director's partner or any corporation controlled by such persons) or close personal or business associates of a Director are considered to also be the pecuniary interests of the Director.

3. Definition of Conflict of Interest

- A conflict of interest refers to situations in which personal, occupational or financial considerations may affect, or appear to affect, a Director's objectivity, judgment or ability to act in the best interest of the Agency and includes conflicts as described in subsection 2.04 below.
- A conflict of interest may be *real*, *potential* or *perceived* in nature.
- A *real* conflict of interest arises where a Director has a private or personal interest, for example, a close family connection or financial interest.
- A *potential* conflict of interest may arise when a Director has a private or personal interest such as an identified future commitment.

- A *perceived* or apparent conflict of interest may exist when a reasonable, well informed person has a reasonable belief that a Director has a conflict of interest, even if there is no real conflict.
- Full disclosure, in itself, does not remove a conflict of interest.

4. Examples of Conflict of Interest on the Part of a Director

- The following examples constitute Conflicts of Interest under this Policy:
- Any circumstance that may result in a personal or financial benefit to a Director or his/her family, business associate or friend. This includes, but is not limited to, accepting any payment for services rendered to the Agency other than payment for services of a Director as permitted in this policy, including contracted work or honoraria; or accessing financial or other resources for personal use, i.e. transportation, training costs, supplies, equipment, etc.
- Seeking, accepting or receiving any personal benefit from a supplier, vendor or any individual or organization doing or seeking business with the Agency.
- Being a member of the board or staff of another agency which might have material interests that conflict with the interests of the Agency and dealing with matters on one board which might materially affect the other board.
- Any involvement in the hiring, supervision, grievance, evaluation, promotion, remuneration or firing of a family member, business associate, or friend of the Director.

5. Principles for Dealing with Conflict of Interest

- Both prior to serving on the Board and during their term of office, Directors must openly disclose a potential, real or perceived conflict of interest as soon as the issue arises and before the Board or its committees commence dealing with the matter at issue.
- If the Director is not certain whether he is in a conflict of interest position, the matter may be brought before the Chair of the Board for advice and guidance. It may be also be appropriate to seek legal advice.
- If a Director is concerned that another Director is in a conflict of interest situation, it is the responsibility of the Director to raise the issue for clarification, first with the Director in question and, if still unresolved, with the Chair of the Board.
- If a conflict of interest exists, the conflict shall be disclosed by the Director. Further, the Director must abstain from participation in any discussion on the matter, shall not attempt to personally influence the outcome and, unless otherwise decided by the Board, must leave the meeting room for the duration of any such discussion or vote.



- The disclosure of a conflict of interest shall be duly recorded in the minutes of the meeting.

6. Gifts and Hospitality

- Directors shall not directly or indirectly offer or accept cash payments, gifts, gratuities, privileges or other personal rewards, which are intended to influence the activities or affairs of the Agency. Directors may, however, give or receive modest gifts or hospitality as a matter of general and accepted business practice, provided the foregoing does not include cash or other negotiable instruments and provided further proper accounting of any such expenses is made.



2.5 Confidentiality Board of Directors

Implemented: November 2008

Policy

It is the responsibility of Directors to know what information is confidential and to obtain clarification when in doubt.

Procedure

1. Each Director, forthwith after being elected, shall meet with the President and Executive Director to review confidentiality and such other policies of the Agency that apply to Directors.
2. Each Director will protect the confidentiality of all information acquired in the role as a Board member or otherwise in keeping with Personal Information Protection Act, and other government acts and regulations.
3. Each Director is required to sign and agree to comply with the terms of a confidentiality agreement.

2. 6 Board of Directors Code of Conduct

Implemented: September 2008

Policy:

Board members are expected to:

1. Represent the interests of all people served by the Agency, and not favour special interests inside or outside of the Agency.
2. Not use service on the Board for personal advantage or for the advantage of friends, family or associates.
3. Respect and support the decisions of the Board.
4. Approach all Board issues with an open mind, prepared to make the best decisions for the Agency.
5. Uphold the trust of the Board and the people the Agency serves.
6. Focus efforts on the vision, mission and values of the Agency.
7. Never exercise authority as a Board member except when acting in a meeting with the full Board or as a delegate of the Board.



Table of Contents

SECTION 3 CLIENT RIGHTS..... 1

3.1 SUMMARY OF CLIENT RIGHTS 1

3.2 SERVING MINORS..... 2

3.3 NO DISCRIMINATION..... 3

3.4 ADMISSION PROCEDURES..... 4

3.5 ACCOMMODATING COMMUNICATION NEEDS 5

3.6 AGENCY DUTY TO MAINTAIN CLIENT CONFIDENTIALITY 6

3.7 CONSENT TO AUDIO/VIDEO TAPING FOR THERAPY SESSIONS..... 8

3.8 CONSENT FOR PUBLIC STATEMENTS AND VIDEOTAPING 9

3.9 INSERTING CLIENT STATEMENTS INTO THE CASE FILE 10

3.10 ENSURING CONTINUITY OF SERVICE 11

3.11 COMPLAINT PROCEDURES..... 12

3.12 RESEARCH INVOLVING CLIENTS 13

3.13 NO PAYMENT FOR REFERRALS 14

3.14 REFERRALS TO PRIVATE PRACTICE..... 15

3.15 FEE AND PAYMENT POLICY..... 16

3.16 BEHAVIOUR SUPPORT 17

3.17 USE OF UNCONVENTIONAL MODALITIES 18

3.18 PUNITIVE AND DISCIPLINARY PRACTICES 19

3.19 ADVERSE EFFECTS OF INTERVENTION..... 20



Section 3 Client Rights

3.1 Summary of Client Rights

Implemented: July 2003
Revised: September 2008

Policy

1. The Agency respects the rights and dignity of its clients.
2. Program staff inform all persons served of their rights and responsibilities as clients and provide the information necessary to make informed decisions about using agency services.
3. Client rights and responsibilities are posted in the lobby/waiting areas and written copies are provided during initial contact. Written information is available in the most common languages of the service populations, and in English.
4. When client rights and responsibilities are required in another language, arrangements will be made through the translation services.

Procedure

Procedures governing client rights are detailed in each Program Manual.



3.2 Serving Minors

Implemented: July 2003
Revised: September 2008

Policy

1. In all programs, minors may be served without parental/legal guardian consent, based on the authority of the Infant's Act. There are written procedures that describe the conditions under which those services will be provided and this information is available upon request.
2. Where it is determined by Agency staff responsible for provision of service that a client under the age of 19 meets the criteria described in the Infant's Act, service may be provided.



3.3 No Discrimination

Implemented: July 2003

Policy

The Agency is committed to offering services that are inclusive, supportive and accessible to persons served or applicants for services. The Agency does not discriminate in the manner in which it provides services.

Procedure

1. The Agency is committed to an inclusive vision of community.
2. Inclusiveness and barriers to service shall be discussed on a regular basis at program meetings and any issues or concerns raised by clients or the community regarding inclusiveness and barriers are brought to the attention of the Executive Director for a response.



3.4 Admission Procedures

Implemented: July 2003
Revised: September 2008

Policy

Admission procedures shall ensure that all persons desiring services are treated in such a way that any barriers to receiving service are identified; intake screening provides the basis for placement in programs; priority is given for emergency situations, and all persons desiring services are treated equitably.

Procedure

Procedures governing admissions are detailed in each Program Manual.



3.5 Accommodating Communication Needs

Implemented: July 2003
Revised: September 2008

Policy

1. The Agency recognizes the diversity of the clients it serves and strives to proactively address clients' communication needs to ensure equal access to our services. A range of language competencies within our staff group is one of the best ways to meet clients' communication needs and this is reflected in our hiring protocols.
2. Where the Agency is not able to directly meet these needs at our agency, the Agency will bring in outside resources as appropriate and/or assist clients in connecting with other agencies who can meet their needs.

3.6 Agency Duty to Maintain Client Confidentiality

Implemented: July 2003
Revised: September 2008

Policy

1. The Agency expects that all staff will act ethically and adhere to the highest standards of confidentiality in order to protect clients' rights to privacy. The Agency understands that clients hold the privilege with respects to any and all information entrusted to the Agency and staff must obtain permission from clients prior to disclosing information to another party.

2. Release of Information

- When the Agency receives a request for confidential information about a current or past client of the Agency, the Agency obtains written consent from the client, or parent/guardian, prior to releasing the information. The Program Director determines that releasing the information is in the best interest of the client. If that is not clear, the Program Director seeks legal counsel.
- A separate consent form is required for each person to whom information is released.
- Consent must be obtained using the "FSNS Consent to Release Information" Form.
- Detailed procedures related to releasing confidential information at the client's request are located in Program Manuals.

3. Limits to Confidentiality

There are a few limits to the standard of confidentiality, described below. Clients are informed of these limits prior to the start of counselling.

- *Suspected or confirmed child abuse or neglect.* If we suspect or know a child is at risk of being abused or neglected, we are legally required to report this to the Ministry of Children and Family Development.
- *Danger to self or others.* If we believe that a client is going to commit suicide or seriously harm or kill another person, we must notify the appropriate person or authority to stop the client from doing so.

- *Court order or subpoena.* If we are legally compelled by a judge to produce a client file as part of a legal proceeding, we will do so.

Note: Client's who are mandated to receive counselling at the direction of the Ministry of Children and Family Development (MCFD) are informed at the start of counselling that our staff will be consulting with MCFD social workers. Client's who do not give consent for our staff to consult with MCFD social workers are not eligible to receive those types of services.

4. Case Records

- Legal requirements govern the retention, maintenance and destruction of client records.
- All case records must be stored in a locked and secure file cabinet when not being used by Agency staff.
- Case Records are not to be taken out of the office under any circumstance.
- All case records are maintained permanently.
- Client's who request copies of their case record are given a photocopy. Original records are not sent out of the office, except as directed by court order.
- Client files are moved to storage in a central location two years after the completion of service.
- Electronic case records stored on our Client Information Management System (CIMS) are password protected, accessed only by authorized Agency staff, and backed up daily by designated Agency staff.



3.7 Consent to Audio/Video Taping for Therapy Sessions

Implemented: September 2008

Policy

1. Prior written consent is obtained before an audio or video recording is made of a therapy session. Consent is obtained using "Consent to Sound/Video Recording" form.
2. Recordings of therapy sessions are not part of the client record. They are used only for training or supervision and they are destroyed after they are used. No recording is kept after the end of the client's service.

3.8 Consent for Public Statements and Videotaping

Implemented: July 2003
Revised: September 2008

Policy

When a client's image or written or verbal statement is used for publicity purposes or other public materials, prior written consent is obtained. Consent may be withdrawn by the client.

Procedure

1. A time frame for consent will be agreed to between the Agency and the client.
2. The use of image will be agreed to between the Agency and the client.
3. Review consent form to ensure length of time and/or intended use.



3.9 Inserting Client Statements into the Case File

Implemented: July 2003
Revised: September 2008

Policy

Clients have the right to insert a written statement into their case files. In the event that Agency staff insert a statement in response, that statement will be placed on the client file and the client will be informed and will be given the opportunity to review the staff member's written response.

Procedure

Clients will be informed of their right to place their own written statements on their files and will also be given copies of any related written responses from staff.

3.10 Ensuring Continuity of Service

Implemented: July 2003

Policy

1. The Agency maintains continuity of service for those it serves by avoiding arbitrary or indiscriminate reassignment of its direct service personnel.
2. All program staff will ensure the assignment of personnel and the delivery of service will be offered in such a way as to avoid disruption that would otherwise compromise quality of service and ill serve its clients.



3.11 Complaint Procedures

Implemented: July 2003
Revised: September 2008

Policy

1. The Agency acknowledges the right of its clients or prospective clients to make complaints about service delivery to have those complaints resolved quickly and fairly, without fear of retribution.
2. When a client begins service, the direct service provider has the responsibility to help the client understand the complaint process.

Procedure

Procedures for complaints are detailed in each Program Manual.

3.12 Research Involving Clients

Implemented: July 2003
Revised: September 2008

Policy

1. The Agency will only agree to participate in or support research projects that are in keeping with its mission and values. The Agency has a responsibility to ensure that if and when it agrees to take part in research involving its clients, it does so in a manner that is ethical and protects the rights of its clients.
2. The Agency will not participate in or support research projects that:
 - conflict with its values, particularly those involving the dignity or the rights of clients,
 - conflict with its policies, particularly those relating to confidentiality, or
 - lack ethical or methodological clarity.

Procedure

1. The Leadership Team reviews all requests for involvement in research and the Executive Director approves all such requests. This includes review of research conducted for the purpose of program evaluation and educational projects performed by students and interns that are part of their professional training.
2. All clients who participate in research conducted by or with the cooperation of the Agency will sign a "Consent to Participate in Research" Form.
3. All approved research programs are reviewed annually by the Leadership Team.



3.13 No Payment for Referrals

Implemented: July 2003

Policy

The employees of the Agency shall not receive or make any other consideration in exchange for referrals.



3.14 Referrals to Private Practice

Implemented: July 2003
Revised: September 2008

Policy

1. The Agency prohibits steering or directing referrals to private practices in which staff, consultants or their immediate families are engaged.
2. If a client approaches the Agency requesting a referral to a private practice therapist, the Agency will provide a list of at least three practitioners. This list may include current or former agency staff, as appropriate.
3. At all times Agency staff will abide by the Agency's ethical standards and their own professional codes of conduct.

3.15 Fee and Payment Policy

Implemented: July 2003
Revised: September 2008

Policy

1. Individuals and families seeking services from the Agency are advised if there are fees charged for the program or service being requested, and of the exact amount they would be charged and the conditions under which fees are determined or changed. They are advised that payment is required at the time of service (unless some prior arrangement is made involving 3rd party billing) and that fees are charged for sessions that are cancelled without adequate notice. They are also advised of the consequence of non-payment and the discontinuation of service.
2. Third party benefits may be used to pay for service. When a client's third party benefits cease, the client is assessed on the Fee subsidy schedule and the client's eligibility is reassessed for other Agency services.
3. Clients who do not pay for a period of 2 or more sessions are subject to suspension of service and subsequent termination unless the non-payment is remedied. Program staff will suggest wherever possible other appropriate resources for funding or for provision of services and if necessary will refer the client to another program or organization who can meet the client's needs.
4. The Agency recognizes that there may be special circumstances that may require the Agency to continue to provide interim services during periods of non-payment. These circumstances may include, but are not limited to: suicidal risk, risk of emotional or physical harm. The Agency will determine on an individual basis its continuing ethical responsibility to provide service.

Procedure

Procedure for fee payments is outlined in the Program Manuals.

3.16 Behaviour Support

Implemented: July 2003
Revised: September 2008

Policy

1. The Agency's policies, procedures, staff training and agency culture all promote autonomy and responsibility in managing ones own behaviour. Staff model this philosophy in their relations with each other and with our clients.
2. The Agency prohibits all forms of restrictive behaviour management intervention; including, isolation, seclusion, manual restraint, mechanical restraint and chemical restraint.
3. All clients are assessed at Intake regarding the potential need for restrictive behaviour management techniques. The Agency will not serve a client who is likely to require restrictive behaviour management techniques, but will assist such a client in connecting with alternate appropriate services.
4. Support for Positive Behaviour
 - All staff are all trained in Non-Violent Crisis Intervention. Staff take a proactive role in setting a respectful tone and reminding clients, as required, that it is their responsibility to behave in positive, respectful ways while attending programs.
5. Prohibited Interventions
 - Staff are prohibited from physically intervening in the rare situation where a client or visitor is unable to maintain control over their behaviour. In such a situation, staff are trained to de-escalate through talking with the client and reminding the client about appropriate behaviour. Staff are trained to contain the situation as required (i.e. request support from other staff, remove other clients from the room) and to phone the police as a last resort.
 - Staff are prohibited from employing any kind of punishment that is physical, degrading or disrespectful.
 - Clients are informed at Intake that staff are prohibited from intervening physically with any client.

3.17 Use of Unconventional Modalities

Implemented: July 2003
Revised: September 2008

Policy

1. Wherever the Agency permits the use of non-traditional or unconventional service modalities and interventions, the Agency ensures relevant personnel are adequately trained, certified and/or qualified to practice, the Agency explains the benefits, risks and alternatives to the client or legal guardian; and it obtains written, informed consent of client or guardian.
2. All program staff will ensure that clients are duly informed and that clinical staff are fully qualified to use the range of interventions and modalities provided to clients in the course of their involvement with the Agency services. Any and all risks and benefits will be shared with the client, or appropriate guardian in the case of a child(ren).
3. Permitted unconventional modalities are described in each Program Manual.



3.18 Punitive and Disciplinary Practices

Implemented: July 2003

Policy

The Agency strictly prohibits the use of corporal punishment, aversive stimuli, nutrition withholding, or other punitive actions in keeping with the voluntary and non-intrusive nature of its programs and services.

3.19 Adverse Effects of Intervention

Implemented: July 2003

Policy

The Agency discontinues use of any intervention if it has adverse side effects, is psychologically damaging, or is ineffectual or detrimental to client service, or is deemed unacceptable vis-à-vis prevailing community standards.

Procedure

1. Wherever a program or service determines that its work is shown to have damaging or adverse side effects staff will attend to all such indications (whether physical illness, emotional stress, psychological harm) and ensure that the practice is reviewed and service plan is revised so as to prevent any further harm or threat of harm occurring.
2. Staff will immediately consult with their team and/or supervisor where it is shown that their interventions or modalities are at risk of doing harm to clients and where intervention appears detrimental to the client.
3. In the event that harm has been done in the course of offering service, staff will immediately discontinue the practice in question and revise the service plan to avoid further use of such practices unless it is safe to do so.
4. Where there is harm done to the client or any adverse consequences to the service modality provided, the immediate supervisor should be made aware of the situation and appropriate documentation noted on the file, including the completion of a critical incident report.



Table of Contents

SECTION 4 HUMAN RESOURCES	1
4.1 ANTI-DISCRIMINATION AND EQUAL OPPORTUNITY	1
4.2 NO NEPOTISM.....	2
4.3 SELECTION AND PLACEMENT	3
4.4 PROBATIONARY PERIOD	5
4.5 PERFORMANCE REVIEW	6
4.6 TERMINATION OF EMPLOYMENT	7
4.7 EXIT INTERVIEW	8
4.8 PRIVACY POLICY	9
4.9 NO HARASSMENT.....	10
4.10 CONFLICT RESOLUTION.....	12
4.11 APPEARANCE & DRESS CODE.....	14
4.12 COSTS OF LEGAL ASSISTANCE TO EMPLOYEES	15
4.13 WAGES.....	16
4.14 BENEFITS	17
4.15 HOURS OF WORK.....	18
4.16 STATUTORY HOLIDAYS	19
4.17 VACATION.....	20
4.18 SICK LEAVE	21
4.19 ACCESS TO PERSONNEL FILES	22
4.20 USE OF BUSINESS PREMISES.....	23
4.21 INCLEMENT WEATHER	24
4.22 COMPASSIONATE LEAVE.....	25
4.23 JURY DUTY OR WITNESS	26
4.24 LEAVE OF ABSENCE WITHOUT PAY	27
4.25 PERSONAL LEAVE (FLEX TIME)	28
4.26 PREGNANCY AND PARENTAL LEAVE	29
4.27 VOLUNTEERING AND FAMILY SERVICES OF THE NORTH SHORE	30

Section 4 Human Resources

4.1 Anti-Discrimination and Equal Opportunity

Implemented: April 2006

Revised: November 2008

Policy

1. The Agency will not discriminate against employees, prospective employees, interns, volunteers or contract workers based on their race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity, age or because that person has been convicted of a criminal or summary conviction offence that is unrelated to the employment or to the intended employment of that person.
2. This policy applies to all terms, conditions and privileges of employment including: recruitment, hiring and probationary periods, job assignments, supervision, promotion, rates of pay or benefits, transfer, layoff and recall, terminations and retirement.
3. The Agency reviews its employment patterns and strives to ensure that staff members reflect the diverse population we serve. In addition, the Agency may, from time to time, plan, advertise, adopt or implement an employment equity program that has as its objective the amelioration of conditions of disadvantaged individuals or groups who are disadvantaged because of race, colour ancestry, place of origin, physical or mental disability, or sex. When gaps are identified, the efforts are made to designate positions as they become available as targeted. On an interim basis, gaps in staffing may be filled by independent contractors until permanent positions are available.



4.2 No Nepotism

Implemented: April 2006

Policy

Relatives of members of the Board of Directors or the Executive Director of the Agency shall not be hired as permanent employees of the Agency. Two or more members of the same family shall not be employed in the same program except at the discretion of the Executive Director.

4.3 Selection and Placement

Implemented: April 2006

Revised: September 2008

Policy

1. The Executive Director is employed by the Board of Directors of the Agency. The Executive Director is responsible for the selection of all employees. In the case of the Leadership Team, the Executive Director, in consultation with the President of the Board, may select a committee to assist in the selection process.
2. The Executive Director shall determine whether or not vacant positions need to be filled, or whether new positions need to be created. All vacant positions shall be posted internally, and may also be posted externally.
3. All positions designated as “targeted” will be posted and identified as such.

Procedure

1. Postings will be prepared by the Human Resources Department, under the guidance of the manager involved and will contain the following information: title of the position, the required qualifications, a description of the work to be performed and the number of hours of work per week. All interested parties will be invited to apply to the Human Resources Department.
2. Selected candidates will be granted an interview. Interviews will generally be conducted by the relevant director, the manager and a member of the Human Resources staff. All interviews will be conducted by a minimum of two people. Regardless of the composition of the interview panel, compensation issues will only be discussed in the presence of members of the leadership team and Human Resources staff. Final hiring decisions will be made by the relevant director, in consultation with the Executive Director or designate.
3. Candidates will be given a prepared list of questions. These questions, their answers as well as a copy of the posting, the applicant’s resume and a job description will be placed in the employee’s personnel file. Employment is subject to the verification of references, and the employee receiving a criminal record check clearance. As required by *PIPA (Personal Information Protection Act)*, applications and notes for unsuccessful candidates who have been granted an interview will be kept for one year in the event an unsuccessful candidate instigates a complaint.
4. When candidates are equal in skills, knowledge and experience, an internal candidate will take precedence over an external candidate. Internal candidates are defined as permanent employees, or temporary employees or independent

Family Services of the North Shore



contractors who have been with the Agency for more than one year. Interns are not considered internal candidates. If two internal candidates are considered to be equal, seniority with the Agency will be the deciding factor. Seniority is defined as continuous employment with Family Services as a permanent employee, but does not include time spent on a personal leave of absence.

5. The Agency will confirm the offer of employment in writing outlining the start date of employment, salary, benefits and other conditions of employment. A written acceptance from the candidate is required and will form part of the employee's personnel file.
6. The candidate will receive a copy of the job description for the position, a copy of the Agency's Policies and Procedures and a description of the benefits applicable to that position. The employee will be required to sign that he or she has received the Policies and Procedures of the Agency.

4.4 Probationary Period

Implemented: April 2006

Policy

1. All new employees are required to serve a six-month probationary period. In some circumstances probationary periods may be extended. During the probationary period, employment may be terminated by either party with two weeks' written notice. The Agency may elect to pay two weeks' salary in lieu of notice.
2. During the first month of the probationary period, the employee will be provided with an assessment of his or her performance to date to ensure that any areas in need of improvement are identified and that the employee has an opportunity to address these concerns.
3. Once the probationary period is complete, the employee will receive a written performance evaluation and become a permanent staff member. Employment shall be deemed to have commenced on the first day of the probationary period.



4.5 Performance Review

Implemented: April 2006
Revised: September 2008

Policy

At the end of an employee's six-month probationary period, he or she shall receive a written performance evaluation. Following this evaluation, performance reviews will be carried out on an annual basis. The employee's supervisor will be responsible for conducting the evaluation. The current Performance Review Form will be used as a basis for the evaluation. Employees will have the opportunity to provide a written comment on their evaluation and have that form part of their permanent record.

4.6 Termination of Employment

Implemented: April 2006

Policy

1. Employees are requested to provide the Agency with written notice of their intention to leave their position. Senior staff and counsellors are requested to provide a minimum notice period of one month and a period of three months would be appreciated. Other staff members are requested to provide a minimum of two weeks' notice exclusive of accrued vacation time and a longer notice period would be appreciated.
2. When the Agency is required to reduce staff, employees affected will be provided with written working notice or pay in lieu of notice in accordance with the *Employment Standards Act*. Decisions regarding who will be affected by a staff reduction will be made based on: the programs, the seniority of the employees, and the priorities of the Agency.
3. At the sole discretion of the Agency, an employee may be dismissed without cause upon providing the employee with notice or, at the Agency's option, pay in lieu of notice or a combination thereof pursuant to the following:
 - At any time prior to the completion of three consecutive years of employment, two weeks' notice of termination or payment in lieu of notice.
 - After the completion of three consecutive years of employment, three weeks' notice of termination plus one week's notice of termination for each completed year of service, or payment in lieu of notice, to a maximum of eight weeks inclusive of all payments or entitlements to which the employee is entitled pursuant to the *Employment Standards Act*, or the amounts specified under the *Employment Standards Act*, whichever is greater.
4. The Agency may terminate the employment of an employee without notice or payment in lieu of notice with cause. Circumstances which may give cause for termination include, but are not limited to: harassment of other staff members or clients; a criminal conviction related to employment; a gross breach of practice standards; documented poor work performance; and other misconduct.
5. Employees who have been dismissed for cause have 7 days to request a review of their termination by the Executive Director or a designate from the Board of Directors. This review must be completed within 30 days.

4.7 Exit Interview

Implemented: April 2006

Policy

The Executive Director or Manager of Human Resources will offer employees who have terminated their employment with the Agency an opportunity for an exit interview. When a Director is leaving the Agency, an exit interview may be conducted by the President of the Board of Directors or designate.

4.8 Privacy Policy

Implemented: April 2006
Revised: September 2008

Policy

1. The Agency maintains the principles of integrity and trust with respect to the privacy of personal information. As part of this commitment, the Agency will protect the privacy of personal information by applicants for employment with the Agency, staff, independent contractors, interns and volunteers as well as personal information received by the Agency from other sources at all times during and after employment with the Agency. To ensure this commitment, the Agency agrees to comply in all material respects with all applicable privacy laws, and, in particular, the *Personal Information Protection Act* of British Columbia.
2. The leadership team will appoint the Agency's Privacy Officer from amongst its ranks. The Privacy Officer will perform an annual formal assessment of the Agency compliance with the Privacy Policy. The Privacy Officer will be assisted by members of the Privacy team drawn from human resources, the foundation and program staff. The Privacy Officer will be responsible for reviewing every allegation of violations of the Privacy policy. The Privacy Officer will determine what action is required up to and including disciplinary measures.
3. The Agency will inform employees and prospective employees of the purposes for which personal information is collected and disclosed. These purposes include: benefit plan administration, compensation, statutory disclosures to government agencies and work place management. Employees will have the option of choosing whether or not to have their home addresses and phone numbers appear on internal office lists.
4. In keeping with the *Personal Information Protection Act*, employee and independent contractor files will normally be destroyed two years after the employee has left the Agency.

4.9 No Harassment

Implemented: April 2006

Policy

1. The Agency is committed to providing a collegial working environment in which all employees, independent contractors, interns and volunteers are treated with respect and dignity. Each staff member has the right to work in a professional atmosphere, which promotes equal opportunities and prohibits discriminatory practices.
2. Harassment, as prohibited by this policy of and by staff will not be tolerated. Any staff member who breaches this policy may be disciplined, up to and including dismissal.
3. The Agency
 - Encourages staff members to communicate with each other directly about conduct that makes them uncomfortable;
 - Encourages reporting of all incidents of harassment, regardless of who the offender may be or the seriousness of the incident;
 - Is committed to ensuring that any staff member who complains of harassment will not experience reprisals or other adverse consequences; and
 - Will investigate all matters that are brought to its attention relating to this policy.
4. Any staff member who abuses this policy by initiating false and malicious complaints will be subject to discipline.
5. Harassment for the purpose of this policy is defined as behaviour that occurs at the workplace or occurs away from the workplace but is related to Agency services that is:
 - Based or focused on race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or age or because that person has been convicted of a criminal offence that is unrelated to the employment or to the intended employment of that person.
 - Unwelcome or is of such a nature that it would be reasonable to assume that it is unwelcome.
 - Detrimentially affects the work environment.
6. The harassment can take place at work-related functions, such as lunches, social functions, conferences, on business trips and during non-working hours.

7. The harasser may be an employee, a client, a contractor, a board member or other volunteer, a supplier of the Agency or an employee of an organization that partners with the Agency.
8. Examples of harassment include, but are not limited to:
 - Use of insulting or derogatory language;
 - Unwelcome physical contact such as touching or patting;
 - Unwelcome attention of a sexual nature such as leering, questions or remarks about sex life, and remarks about physical appearance;
 - Offensive remarks, jokes or innuendo;
 - Display of pornographic, racist or other offensive or derogatory material including through e-mail or the Internet;
 - Social invitations which are unwelcome or which reasonably would be perceived to be unwelcome;
 - Retaliation for bringing a complaint under this policy
9. If a staff member experiences harassment, he or she should first advise the other person in a reasonable and appropriate manner that the behaviour is unwelcome and should stop.
10. If for any reason a staff member is not able to address the other party directly or the behaviour does not stop, the complainant should file a formal complaint using the Conflict Resolution form. If the complaint can be resolved informally between the parties with the assistance of the complainant's supervisor, the informal resolution of the complaint will be documented, signed by both parties and the supervisor and placed in a confidential file kept by the Executive Director.
11. If the complaint cannot be resolved informally between the parties, the Agency will conduct a confidential investigation of the complaint in order to determine findings of fact and assess whether or not the Agency's policy has been breached. If the policy has been breached, the Executive Director of the Agency will determine the appropriate outcome, which may include discipline up to and including dismissal of any employee who has breached this policy.
12. All documentation respecting the complaint and its investigation will be kept by the Executive Director in a confidential investigation file. Any letters respecting discipline or dismissal will be placed on the file of the worker who is disciplined or dismissed.
13. A staff member who has been subjected to behaviour that could be a breach of the harassment policy by a client, contractor, board member or other volunteer, supplier or a partnering organization of the Agency should contact their supervisor. The supervisor will take whatever action is necessary to ensure that the Agency fulfills its responsibility to support and assist the employee who was subjected to harassment and to ensure that it does not happen again.

4.10 Conflict Resolution

Implemented: April 2006
Revised: September 2008

Policy

1. The Agency is committed to providing staff with a work place in which everyone is treated with dignity and respect, where all staff members are treated fairly and no one feels threatened, uncomfortable or intimidated due to the behaviour of other employees, independent contractors, supervisors, clients, or others they may encounter while representing the Agency.
2. The policy is intended to cover problems that may occur in the workplace. These include, but are not limited to, concerns between colleagues, disputes with supervisors, situations where clients or others one encounters as a representative of the Agency, treat staff in a disrespectful manner. The Agency is committed to addressing these concerns.
3. Staff members are encouraged to attempt to settle these matters themselves if possible. Should that not be possible, staff should take their concerns to their supervisor, or, if the supervisor would be the respondent, they should contact their supervisor's supervisor. If they feel that their complaint is not being addressed, they may launch a formal complaint. The Human Resources Manager is available to discuss the matter, explore options and assist in the drafting of the formal complaint should the staff member wish to consult with him or her. The employee is not required to bring their complaint to Human Resources and may instead proceed directly to the formal complaint.

Procedure

1. The exact procedure will depend on the individual circumstances and the relationship between the Agency and the respondent.
2. When possible, complaints should follow the following procedure: Complainants complete the *Conflict Resolution Form* and submit it to their supervisor. If the supervisor would be the respondent, then the complaint should be submitted to the leadership team. The team will assign a member who would attempt to mediate the matter by meeting with both parties, either individually, or together. Either party may have another staff member present during these meetings as a support and witness but not as a mediator. The mediator in this situation will attempt to resolve this situation within two weeks.

3. In the event, the mediator is unable to resolve the conflict, the complaint will be forwarded to the Executive Director. The Executive Director will either make a decision regarding the complaint, launch a formal investigation into the complaint, or forward the complaint to an external ombudsman should there be a perceived conflict of interest on the part of the Executive Director. This process must be completed within two weeks from the date the complaint is received by the Executive Director. If the Executive Director is the subject of the complaint, another member of the Leadership Team will perform this function. Complainants will not be disciplined for bringing complaints forward except in circumstances where the complaint is determined to be vexatious in nature.
4. In cases where the complaint involves a client or outside party, the complainant will complete the Conflict Resolution form to document the case and submit it to his or her supervisor. The supervisor will then follow-up with the complainant to discuss options and if necessary, formulate a plan of action. The supervisor will inform the Executive Director that the complaint has been received and the course of action that is being considered. The Executive Director, in consultation with the supervisor, will make the final decision on how to proceed. The exact procedure for contacting the respondent will vary depending on the nature of the relationship between the respondent and the Agency. The Executive Director, in consultation with both the complainant and the supervisor will make this decision.
5. Documentation of these proceedings will then be placed in the appropriate staff members' personnel files.

4.11 Appearance & Dress Code

Implemented: April 2006
Revised: November 2008

Policy

1. The Agency expects its staff to use common sense when dressing for work and be respectful of our clients and other staff members.
2. The direct supervisor will address any issues regarding appropriate attire.

4.12 Costs of Legal Assistance to Employees

Implemented: July 2003
Revised: November 2008

Policy

The Agency provides, and assumes the cost of legal assistance to employees against whom claims are made related to lawful, authorized actions taken within the scope of their duties. The Agency does not assume the costs for legal assistance in cases where the employee has committed an unlawful act, or for an act unrelated to their work or employment at the Agency. The Agency will not assume the costs of legal assistance in situations surrounding termination of employment.

Procedure

Under the Agency's insurance policies, there is coverage for legal defence expenses for employees against whom legal actions has been taken in the conduct of lawful, authorized activities on behalf of the Agency.

4.13 Wages

Implemented: April 2006
Revised: November 2008

Policy

1. The Agency shall offer employees a competitive salary for the non-profit sector which is within the means of the Agency.

Procedure

1. Positions are classified on a Job Rating Scale and all employees will be offered a salary based on the scale. As part of the annual budgeting process, the scale is reviewed each year by the Human Resources & Compensation committee of the Board of Directors. Each Job Rating has a 4-step scale and, except in times of Agency financial hardships, employees should expect to advance one step on the pay scale each year until they reach the fourth step.
2. The Agency consistently exceeds BC Employment Standards minimums for salaries for both permanent and temporary employees.
3. Wages are paid through direct deposit, on a semi-monthly basis.

4.14 Benefits

Implemented: April 2006
Revised: November 2008

Policy

1. The Agency is committed to providing employment benefits to its employees.

Procedure

1. Through our benefit providers and subject to any terms and conditions of the providers, all employees are offered the opportunity to participate in our full benefit package. The cost of benefit premiums is shared between the Agency and the employee. Employees are not able to exchange their benefit coverage for an increase in salary either at their own request or that of the employer. Benefits include, but are not limited to, vacation and sick time, provincial medical plan coverage, extended health, group insurance, employee assistance, dental and pension benefits. All benefits are mandatory for eligible employees. An employee may choose to waive participation in the Agency's extended health, dental or provincial medical plan benefits should they have coverage elsewhere, either through a spousal plan or other employment.
2. The Agency reserves the right to make changes to the benefit policies at any time.

4.15 Hours of Work

Implemented: April 2006

Revised: September 2008

Policy

1. The Agency is dedicated to providing a high level of service to clients and maintaining the quality of life of employees. Flexible hours of work are available for many of our employees. Employees are required to complete a monthly time sheet indicating hours worked and hours not worked.
2. Therapists are expected to work one evening per week providing direct client service. This can include either group work or 3 scheduled client appointments. For the purpose of this policy, evening appointments are appointments that begin at 5:00 pm or later.
3. Extra time is defined as time worked in addition to an employee's regular hours of work but does not include overtime as defined below. Extra time must be approved in advance and, except in unusual circumstances, taken as time off. Employees are encouraged to take their extra time off as soon as possible. Employees will not be compensated for extra time that is not approved. Should Agency employees choose to help with Agency special events, they will receive compensatory time off for time worked at these events.
4. Regular overtime is defined as time worked, in accordance with *the BC Employment Standards Act*, as:
 - In excess of 8 hours per day but less than 12 hours per day, OR
 - In excess of 40 hours per week.
5. Employees working 7 hours are entitled to a one-hour unpaid lunch break and two 15 minute paid coffee breaks per day. Every employee is entitled to a minimum of a ½ hour unpaid lunch break after 5 hours of work. Coffee breaks are to be pro-rated if an employee works fewer than 7 hours per day.
6. Please note that BC Reg 396/95, s34r(i), Part 4 of the *Employment Standards Act* exempts some classes of employees from the hours of work provisions. The *Act*, states that the exempt class includes "a counsellor employed by a charity to assist in a program of therapy, treatment or rehabilitation of physically, mentally or otherwise disabled persons". Therapists are therefore exempt from the overtime provisions. Managers and Directors are also exempt from these overtime provisions as they are not eligible for overtime pay.

4.16 Statutory Holidays

Implemented: April 2006

Policy

1. The following days are observed as statutory holidays at the Agency.
 - New Year's Day
 - Good Friday
 - Easter Monday
 - Victoria Day
 - Canada Day
 - BC Day
 - Labour Day
 - Thanksgiving Day
 - Remembrance Day
 - Christmas Day
 - Boxing Day
2. Employees working 28 hours per week or more and entitled to 7 hours off for each statutory holiday. Employees working fewer than 28 hours per week are entitled to a prorated number of hours off.
3. Please note that employees should deduct the number of hours they receive for a statutory holiday from the number of hours they work in a week to determine the number of hours that they should work during the week of the statutory holiday. For example, if one normally works a 24.5 hour week, the week of the statutory holiday the employee would only work 18 hours. If possible, statutory holiday time should be taken in the week it is earned. Employees may, in certain circumstances, carry forward statutory holiday time for a short period, with approval from their Supervisor.

4.17 Vacation

Implemented: April 2006

Revised: April 2008

Policy

1. Employees earn 4 weeks (8% of earnings) of vacation time per year (pro-rated for part-time staff). Employees who have completed 10 years of service earn an additional week of vacation time per year. No vacation shall be taken during the 6-month probationary period. Directors of the Agency receive an extra week of vacation time each year and are not able to accrue extra hours.
2. The timing of vacations is subject to the approval of the employee's Supervisor. The Supervisor will approve vacation requests based on the needs of the Agency, the date the request was received, previous vacation allotments and seniority within the Agency.
3. Vacation shall be taken in the year in which it is earned. A maximum of two weeks of vacation time may be carried forward. Employees must take the *Employment Standards* minimum of two weeks after one year of employment and three weeks after three years of employment before any time can be banked.
4. Please note that vacation time does not accrue during periods of leaves of absence of any kind from the Agency. The vacation allotment is based on a percentage of earnings and, when there are no earnings, there is no vacation entitlement.
5. A maximum of four weeks, including vacation and extra time may be taken at any one time.

4.18 Sick Leave

Implemented: April 2006
Revised: November 2008

Policy

1. Sick leave will be granted on the basis of 18 days per year (prorated for part-time staff). Unused sick leave will be carried forward to a maximum of six calendar months. In the event of a prolonged illness, and additional leave without pay, may be granted at the discretion of the Executive Director.
2. Any employee who is absent from work due to illness, injury, disability, or any other medical reason which prevents them from attending work, may be required to provide their supervisor with medical verification from an examining physician. A medical note may be required for any absence and is required for all absences of five or more working days.
3. In the event of a medical condition that could limit an employee's work duties or hours on return to work, the employee must provide medical information from his or her physician detailing the applicable medical restrictions and the prognosis for the employee's recovery. The Agency will take steps to accommodate medical disabilities and medical disability leaves in accordance with its legal obligations.
4. The Agency will treat all medical information as sensitive private personal information, as per our Privacy Policy. The purpose for the collection of such information is to verify an employee's absence and to ensure workplace safety.
5. Paid sick leave time may be used when the employee is ill, or to care for their ill child, spouse or parent. Paid sick leave time may not be used to care for a well child when the child's regular caregiver is ill.
6. Employees may also use their accumulated paid sick time for medical appointments if they are unable to schedule the appointments during non-working hours.
7. Should an employee have a serious illness while on scheduled vacation, and be unable to take their vacation, the time will be considered sick time rather than vacation.

4.19 Access to Personnel Files

Implemented: April 2006

Revised: September 2008

Policy

1. An employee may have access to his or her personnel file when a member of Human Resources is available to retrieve the file. Files must be viewed in the presence of a member of the Human Resources department and are not to be removed from the Human Resources department. Employees have the right to know the contents of their file, but do not have the right to determine the contents of their file. Direct supervisors may also review personnel files for their employees, contractors and interns.
2. Staff members have the right to question the accuracy of information and to have it corrected if it is determined to be inaccurate. Facts can be corrected, but not opinions.
3. In an emergency where it is necessary to access personnel files in the absence of a member of Human Resources, two people, including one Director must be present.

4.20 Use of Business Premises

Implemented: April 2006

Revised: September 2008

Policy

1. The premises of the Agency are to be used exclusively for the work of the Agency. Staff members are not to use the offices for personal activities. Although the Agency acknowledges that staff may, from time to time, have visitors to the office, staff members are required to refrain from socializing with friends or using the office as a meeting place for non-business purposes.
2. The Agency's offices are not to be used for a staff member's private counselling business or other non-Agency employment opportunities.

4.21 Inclement Weather

Implemented: April 2006

Revised: January 2008

Policy

1. In the event of inclement weather, or an emergency situation, the Executive Director, or the Clinical Director, in his or her absence, will determine whether or not the office will be closed.
2. If the office is closed, therapists are required to contact their clients by phone and advise them of the office closure.

Procedure

1. In the event of inclement weather or an emergency, the Executive Director will determine by 7:30AM whether or not the office will be closed. If the office is to be closed the Executive Director, or delegate, will leave a group voice-mail message for all staff. Staff members should call in prior to leaving for work.
2. If the office is remaining open, but individual staff members feel that they are unable to attend the office due to inclement weather, they can use vacation time, extra time accrued, personal leave (flex time) or take time off without pay to cover the time owed. Employees are required to contact their Supervisor if they are unable to attend the office.

4.22 Compassionate Leave

Implemented: April 2006

Policy

In the event of the death of an employee's spouse, child, parent, guardian, sibling, grandchild or grandparent, or any person who lives with an employee as a member of the employee's family, compassionate leave of two weeks (prorated for part-time staff) will be granted. The *BC Employment Standards Act* requires that we provide 3 days of bereavement leave. These 3 days are included in the two weeks.

4.23 Jury Duty or Witness

Implemented: April 2006
Revised: November 2008

Policy

If an employee is called to serve on a jury or appear as a witness in a court of law, he or she will be granted time off, with pay, to attend for a maximum of four weeks. The Agency requests that any fees paid to the employee for these services during those four weeks be remitted to the Agency.

4.24 Leave of Absence without Pay

Implemented: April 2006

Policy

An employee may request a leave of absence, without pay for a period of time not to exceed one year. Leaves of this kind are granted at the discretion of the Executive Director who will take into consideration Agency requirements before giving approval. All vacation time and extra time accrued must be used prior to beginning a Leave of Absence without Pay. Benefits may be maintained, if permitted by the benefit provider, with the employee paying both the employee and the employer portion of the benefit premiums. Vacation, sick leave, and seniority do not accrue during a leave of absence without pay.

4.25 Personal Leave (flex time)

Implemented: April 2006

Revised: April 2008

Policy

1. In the event that an employee has reason to need time off for personal business, leave with pay for 3-5 (one week, pro-rated for part-time staff) working days will be granted per year, at the discretion of the supervisor.
2. The *BC Employment Standards Act's* Family Responsibility Leave, provides for up to 3 days of unpaid leave per year for:
 - a) The care, health, education of a child in the employee's care, or
 - b) The care or health of any other member of the employee's immediate family.
3. This policy includes the requirement for Family Responsibility Leave.

4.26 Pregnancy and Parental Leave

Implemented: April 2006
Revised: November 2008

Policy

1. The Agency will provide birth mothers with pregnancy and parental leave in accordance with the provisions of the *Employment Standards Act*.
2. Non-birth parents may take an unpaid leave of absence to a maximum of 52 weeks on the birth or adoption of a child.
3. Benefits will be continued during these absences as permitted by the provisions of the benefit plans. Employees are responsible for the employee portion of the benefit premiums.

4.27 Volunteering and Family Services of the North Shore

Implemented: July 2003
Revised: November 2008

Policy

The Agency values volunteers and treats them with respect and with sensitivity to their strengths, capabilities, limitations and needs. The Agency annually appreciates and recognizes volunteers for their time, talents and skills.

Procedure:

1. Volunteers are involved in the a number of areas, including, but not limited to:
 - Board of Directors
 - North Shore Christmas Bureau
 - Hospice/Palliative Care partnership with Vancouver Coastal Health
 - ***I hope family centre***
 - Fund raising activities such as the Winter Family Ball
 - Community Activities such as the Northshore Auto Mall Family Day
 - Third Party Events which support the Agency
 - Advisory Committee such as Communications Committee
2. The Policies and Procedure Manual will be available at each volunteer location, to ensure volunteers have access to the policies and procedures which are applicable to them such as the Agency ethical standards, client rights and confidentiality.
3. All potential volunteers will be screened before they can be accepted and placed with the Agency.
4. Volunteers will receive an orientation to the Agency.
5. Volunteers will receive training and a Manual describing their roles and responsibilities. The extensiveness of the training will depend on the program area. For instance Hospice/Palliative Care volunteers receive extensive 30 hour training.
6. Ongoing screening through supervision, evaluation and feedback will ensure high standards in the volunteer program and the safety of clients.

Family Services of the North Shore



7. The Agency will ensure that it has the appropriate liability and accident insurance for all volunteers.
8. Volunteers under the age of 18 must provide a signed letter of consent from a parent or legal guardian prior to starting the screening process.
9. A criminal records check may be required depending on the program of the Agency where the volunteer will work. Potential volunteers are asked to sign a consent form stating that they will obtain a criminal record check. Potential volunteers are required to apply for the criminal records check in person. Upon receipt of the results, the potential volunteer will give the form to the Human Resources



Table of Contents

SECTION 5 TRAINING AND SUPERVISION 1

5.1 PROFESSIONAL DEVELOPMENT AND TRAINING 1

5.2 ORIENTATION OF EMPLOYEES..... 3

5.3 TRAINING CONTENT AND DEMONSTRATED COMPETENCE 4

5.4 CLINICAL PROGRAMS SUPERVISION 6

5.5 COMMUNITY PROGRAMS SUPERVISION 8

Section 5 Training and Supervision

5.1 Professional Development and Training

Implemented: April 2006

Revised: September 2008

Policy

1. The Agency provides extensive professional development and training opportunities to all staff in order to ensure effective, ethical, and creative service delivery.
2. The Agency's professional development and training program promotes team building, learning, skill enhancement, awareness of diverse client needs, and self-care.
3. The professional development and training program is reviewed and revised each year with considerable input from staff, Supervisors, and Management. Directors and Managers are responsible for developing and implementing a training program that meets the needs of the staff who report to them. They are also expected to work with the Executive Director to set priorities that meet the overall agency training needs. (e.g. Diversity Training)

Definitions

The training and development program is divided into distinct categories which are as follows.

Supervision: All staff receive individual and group supervision (also called team meetings for non-clinical staff) in order to support the work they do at the Agency. As part of the supervision process, supervisors evaluate the specific needs of their staff and deliver individualized or small group trainings on an as needed basis.

External Consultation: This type of ongoing training typically occurs in the Clinical Programs (Stopping the Violence Program by Ministry Contract) and is conducted by an outside consultant with specific expertise in a clinical area. The consultant may lead case consultations or provide specialized training (e.g. how to work with dissociated clients) based on the assessed needs of the clinical team.

Family Services of the North Shore



Mandatory Training: All staff are expected to attend Agency training initiatives that are Agency initiated and required for staff to do their jobs. These trainings may include all staff or may be Program specific. This type of training is initiated by a Manager or Director.

Staff Development: All staff are expected to use their yearly allocated Staff Development monies to enhance the skills they need to do their jobs effectively. The specific yearly allocation per employee is approved by the Board of Directors as part of the annual budgeting process and is announced to staff shortly thereafter so they may plan for the coming year. Staff Development is defined as staff initiated to be approved by the Manager or Director.

Professional Registrations: Professional registrations are registrations that are required by the Agency for employees to be able to do their jobs. The Agency will reimburse the fee to employees on a prorated full time equivalent (FTE) basis.



5.2 Orientation of Employees

Implemented: June 2003
Revised September 2008

Policy

1. Agency employees receive orientation within the first 60 days of their employment. Program supervisors and senior clinicians are responsible for orienting new program staff to professional practice issues.
2. All newly hired staff must participate in the Agency training program. Human Resources in conjunction with program Supervisors will ensure that staff meet training requirements within the first year of employment.

5.3 Training Content and Demonstrated Competence

Implemented: June 2003

Revised: September 2008

Policy

1. The Agency recognizes that our direct service providers have varying degrees of competence and prior training in important areas. This may depend on prior work experience, undergraduate/graduate education, training, and current/prior clinical supervision. In order to meet our training and competence requirements for this varied workforce, the Agency offers and supports individual and group learning opportunities for all employees. Where possible, the Agency encourages independent contractors to take part in training programs.
2. These opportunities are available within our Agency as part of individual and group supervision, program meetings, external consultation, mandatory trainings, staff development, and clinical/community training forums.
3. All employees are encouraged to use their staff development allocation, which includes paid time off, to meet their training and competency needs. In a collaborative process with final Supervisor approval, Supervisors and employees prioritize and agree on the types of training to attend throughout the year.
4. While we encourage employees to look at their training needs broadly, we do recognize that certain training topics are central to providing effective and ethical services. The following topics are central to our overall Agency training and development program.
 - Legal and ethical issues.
 - Agency policies and procedures.
 - Documentation of case records and confidentiality / privacy.
 - Understanding the needs of clients impacted by abuse, violence and neglect.
 - Community, health, and other public assistance needs of clients.
 - Working with a diverse client population and understanding one's own biases.
 - Substance Abuse and Addiction.
 - Accessing external resources.

Family Services of the North Shore



5. The Agency does offer a comprehensive training program to Graduate Student Interns that is tailored to meet their learning and development needs. The specific training topics are set-out in the Graduate Student Internship Program Manual.

5.4 Clinical Programs Supervision

Implemented: September 2008

Policy

1. The Agency believes that Clinical Supervision is critical to the delivery of effective, ethical clinical services. The Agency ensures adequate staff time for Clinical Supervision so that direct service staff deliver quality service to clients and receive the necessary emotional support to maintain job satisfaction and avoid stress / burnout. Supervisory ratios generally do not exceed 1:8.
2. The Clinical Program Managers are responsible for Clinical Supervision of direct service staff. If a Program Manager is not available, then direct service staff receive Clinical Supervision from the Clinical Director or another Program Manager.
3. The Director of Clinical Program is responsible for all Clinical Supervision of direct service work performed by the Program Managers, as well as the Intake Counsellor.

Procedures

1. All Clinical Program Managers meet as a group with the Clinical Director each month to receive feedback and consultation on their supervisory practices. This ensures that the Program Managers continue to advance their own learning as supervisors and self-reflect on how they might improve their supervisory relationships with direct service staff.
2. The Program Managers are hired based on their experience, knowledge, and overall competency related to the program they are managing. This ensures that the direct services staff receive experienced and informed direction in their clinical work. It is expected that all Clinical Supervisors will use their position in the agency to model healthy and effective ways of resolving conflicts, setting boundaries, communicating directly, and respecting differences.
3. In addition to Clinical Supervision, Program Managers are responsible for the following.
 - Assigning and overseeing work assignments.
 - Ensuring adherence to the mission, values, policies and procedures of the Agency.
 - Assessing individual training needs.
 - Conducting yearly performance evaluations.
 - Assigning staff to various agency committees.

Family Services of the North Shore



- Tracking the progress of individuals, children and families receiving services.
 - Collecting statistics to meet contracted direct service deliverables.
 - Managing all Critical Incidents that arise in their programs.
 - Meeting PQI and evaluation requirements.
 - Ensuring the collection of client outcome data.
4. The Agency also provides opportunities for Senior Clinicians to develop their Clinical Supervision skills by working with a Graduate Student Intern over the course of one year. All Senior Clinicians are supervised by the Clinical Director and attend an Intern's Supervisors meeting once a month.

5.5 Community Programs Supervision

Policy

The Director of Community Programs supervises all of the *I hope family centre* programs, including the clinical supervision of the counsellor in the Building Family Bonds (BFB) program. In addition, the Director of Community Programs supervises the Parent Educators, all of whom are on contract.

Procedure

1. The Director of Community Programs meets weekly with the Coordinator of the *I hope family centre*. The Coordinator oversees the daily administration, programming and physical operation of both locations of the *I hope family centre*. All *I hope family centre* staff meet monthly as a group with the Director of Community Programs. The Director of Community Programs meets monthly with the contracted Lactation Consultant who facilitates the Breastfeeding and Postnatal Support Group and is in regular phone and email contact. The Director of Community Programs is in regular phone and email contact with contractors in the Parent Education programs and they meet annually to discuss new programs.
2. As the Building Family Bonds (BFB) program is a clinical program, the BFB counsellor is supervised by the Director of Community Programs and adheres to the procedures outlined in the Clinical Programs Supervision section (Section 5.4) of this manual. The BFB counsellor receives a minimum of two hours of clinical supervision per month. As the BFB counsellor is somewhat isolated from group clinical support, the BFB counsellor also participates monthly in the Family Therapy Group Supervision.



Table of Contents

SECTION 6 GOVERNANCE OF THE AGENCY 1

6.1 TERMS OF REFERENCE BOARD OF DIRECTORS 1

6.2 BOARD ORIENTATION AND ONGOING DEVELOPMENT 5

6.3 TERMS OF REFERENCE BOARD PRESIDENT 6

6.4 TERMS OF REFERENCE EXECUTIVE DIRECTOR 7

Section 6 Governance of the Agency

6.1 Terms of Reference Board of Directors

Implemented: July 2003
Revised: September 2008

1. Introduction

The Agency is constituted under the *BC Society Act*. The Board of Directors (Board) acts in a position of trust for the community and is responsible for the effective governance of the Agency. Board members should refer to the Constitution and Bylaws of the Agency for a complete overview of duties and responsibilities.

The Board represents the interests of the community and serves as a link between the community and the Society. It guides the development of services and programs in response to community need and sets the tone of responsible stewardship to ensure policies, procedures and performance uphold the public trust.

While the primary role is fiduciary; the role also includes legal obligations, policy, strategic planning, fundraising, appointment and performance evaluation of the Executive Director, organizational and management oversight, risk management and communication with stakeholders.

2. Board Composition

To ensure a strong and effective governance board, the Agency would expect expertise in two of the following areas. As well, Board members would reflect the diversity of the North Shore.

- Finance & Audit
- Investment
- Risk Management
- Human Resources
- Legal
- Fund Development
- Communications / Marketing
- Previous Board experience / governance
- Strategic Planning
- Leadership
- Community Profile / Influence
- Previous volunteer experience
- Past Agency committee experience

3. Duties and Responsibilities

Legal

The Board:

- Follows legal duties imposed under Constitution and Bylaws.
- Directs the Executive Director to ensure legal requirements have been met, and documents and records have been properly prepared, approved and maintained.
- Adopts policy for the Agency.

Mission, Strategic Planning

The Board:

- Participates with the Leadership Team in the development and approval of the Strategic Plan.
- Ensures the operating budget supports the Strategic Plan.
- Monitors progress towards the objectives set in the Strategic and Operating Plans of the Agency.
- Participates with staff in the development of Vision, Mission and Values of the Agency.

Governance and Nominations

The Board:

- Plans its composition, size and duration of term.
- Reviews the skills and experience of Board members and determines criteria for electing and appointing Directors.
- Selects the President, Vice-President, Secretary and Treasurer and planning for succession.
- Ensures orientation and ongoing development of Directors.
- Implements a process for assessing the effectiveness of the Board of Directors.
- Reviews and recommends changes to the bylaws.

Human Resources

The Board:

- Appoints, and monitors the Executive Director's performance.
- Approves terms of reference for the Executive Director.
- Approves Executive Director's Goals and Objectives for the upcoming year and at least annually reviews performance against goals and objectives.
- Approves compensation for Executive Director.
- Ensures plans are made for the succession of Executive Director.

- Establishes the Agency's general compensation philosophy and oversees the development and implementation of compensation policies and programs.
- Approves the Agency's overall management structure and the Executive Directors proposals for changes.
- Approves severance or similar termination payments proposed to any member of staff.
- Approves pension and benefit plans provided to employees of the Agency.

Audit and Finance

The Board:

- Approves annual budget.
- Reviews financial statements on a regular basis. Responds to potential financial concerns.
- Ensures adequate controls are in place over revenue and expenditures and that Agency's assets are secure.
- Approves actions to address identified budget problems.
- Approves annual financial statements.
- Recommends appointment of auditors.
- Approves the accounting policies, procedures and financial reporting of the Agency and Foundation.
- Approves investment of funds. Monitors investments.

Fundraising

The Board:

- With the Executive Director, develops and executes the plan for fund development including major gifts.
- Identifies and introduces prospects to the agency.
- Solicits gifts.
- Attends the annual Fundraising campaigns.
- Personally donates.

Communication

The committee has primary responsibility for the development of a consistent message to the Agency stakeholders.

With staff, including the Executive Director, the Committee:

- Ensures all communication materials represent an inclusive vision of the community.
- Ensures all fund development campaigns have a communication component.
- Oversees the Agency program materials and web site.

Family Services of the North Shore



- Establishes branding guidelines.
- Develops Marketing and Communications plan.
- Circulates communications materials to the Board for information.
- Reports on a regular basis to the Board.

6.2 Board Orientation and Ongoing Development

Implemented: July 2003
Revised: September 2008

1. Introduction

Board Orientation and Ongoing development is the responsibility of the Governance and Nomination Committee in collaboration with the Executive Director and the Leadership Team.

2. Orientation of New Directors

New Directors will be provided with an orientation and education program which includes:

- Review of the Board Manual.
- Minutes from recent Board meetings.
- Overview of finance and budget issues.
- Tour of the Agency facilities.
- Overview and discussion regarding the Agency programs.

3. Ongoing Education

Directors will be provided with ongoing education as follows:

- Attendance at the Annual Board retreat.
- Presentations throughout the year by program staff.
- Attendance at seminars or conferences of interest.

6.3 Terms of Reference Board President

Implemented: July 2003
Revised: September 2008

1. Introduction

The Board President is elected annually by and reports to the Agency's Board of Directors. The President's primary role is to act in a position of trust and be responsible for the effective governance of the Agency. The Board President works closely with the Executive Director (ED) and in that role clearly demonstrates the division of duties between management and the Board. The Vice president shall carry out the duties of the President during his/her absence.

2. Duties and Responsibilities

The Board President with the Executive Director:

- Acts as a sounding-board, advisor and confidant to the ED.
- Works closely with the ED to ensure agenda, reports, plans, ideas, and strategies are appropriately presented in a timely fashion to the Board.
- Informs the ED of Board concerns in a timely fashion.
- Works closely with the Human Resources and Compensation committee re monitoring and evaluating the performance of the ED.

The Board President with the Board:

- Schedules and Chairs the Board meetings.
- Chairs the Annual General Meeting.
- Is an ex-officio member of all Board committees.
- Ensures appropriate issues are addressed at the Board level.
- Maintains liaison and communication with all Board members and Committee chairs to maintain effectiveness of the Board.
- Builds consensus and stresses teamwork.
- Reviews conflict of interest issues.
- Represents the Agency at official functions and meetings.
- Acts as a signing authority.

6.4 Terms of Reference Executive Director

Implemented: July 2003
Revised: September 2008

1. Introduction

The Executive Director provides strategic and operational leadership to the Agency. The Executive Director reports to the Board of Directors of the Agency and the Foundation. The Executive Director conducts the affairs of the Agency in accordance with commonly accepted ethical practices, Council on Accreditation standards and consistent with the Vision, Mission and Values of the Agency. The Executive Director ensures that the Agency is committed to an inclusive vision of community. The Executive Director does not sit on the Board of Directors for either the Agency or the Foundation.

2. Duties and Responsibilities

The Strategic Plan

The Executive Director:

- In collaboration with the Leadership team, staff and the Board of Directors formulates and recommends a Strategic Plan every three years to the Board for review and approval.
- Ensures the Strategic Plan reflects the diverse needs of the community.
- Reviews the Strategic Plan on a semi-annual basis with the Board to ensure progress in achieving objectives.

Finance and Administration Management

The Executive Director:

- Provides strategic vision in the development of the Annual Operating and Capital Budgets.
- Oversees the process for the annual operating budget including the fund development budgets for the Agency and Foundation as well as capital expenditures.
- Implements the budget, including fund development campaigns.
- Reports on a regular basis to the Board.
- Discusses rationale for variances and recommend modifications to the plan as required.
- Implements effective administrative systems to ensure the efficient use of the Agency's resources with the annual operating and capital budget.

Risk Management

The Executive Director:

- Identifies the Agency's principle risks.
- Ensures the implementation of systems to manage the risks
- Annually reviews the risk management plan with the Leadership team and the Board.

Organization and Human Resources

The Executive Director:

- Plans, organizes and directs all facets of the Agency operations within the approved strategic plan framework.
- Develops and maintains an effective organization structure that reflects the strategic direction of the Agency.
- Conducts the affairs of the Agency in accordance commonly accepted ethical practices, Council on Accreditation standards and consistent with the Vision, Mission and Values of the Agency.
- With the Leadership team develops and implements progressive Human Resources policies and programs that contribute to employee motivation and development.
- Ensures compensation philosophy and guidelines are in place.
- Fosters an environment of fair treatment of employees and volunteers through effective selection, training and appraisal systems.
- Ensures a succession plan for the emergency replacement of the Executive Director in the event of a sudden loss of services.
- Ensures the staff reflects the diversity of the community.

Leadership Team

The Executive Director:

- Reviews the appointment of the Leadership Team with the Board.
- Manages the Leadership Team.
- Provides opportunities for the Board to have exposure to the Leadership team.
- Implements a succession plan, Leadership Team development process and reviews this plan with the Board / HR committee on an annual basis.
- When the Executive Director is absent, authority is delegated to the Director of Clinical Programs. If the Director of Clinical Programs is absent, authority is delegated to the Director of Community Programs.

- During an extended absence, or in the event of a search for a new Executive Director, the Board of Directors makes a determination regarding delegation of authority. The Board of Directors has the responsibility for recruiting and hiring a new Executive Director.

Board Relations

The Executive Director:

- Informs the Board of relative trends, anticipated adverse media coverage, and material external or internal changes.
- Ensures the Board has all the information necessary to exercise its responsibilities.
- Provides effective support and ensure the flow of accurate and timely communications to the Board.
- Carries out all directions and recommendations made by the Board.
- Develops an annual list of personal performance objectives to be achieved by the Executive Director in the forthcoming year.
- In consultation with the Governance and Nomination committee ensures the orientation of new Board members to the Agency.
- Meets on a regular basis with the Board President to review important issues and to ensure the Board President is provided with timely and relevant information.
- Obtains Board approval when considering significant public service commitments and/or outside Board appointments.

Donor/ Stakeholder Relations

The Executive Director:

- Provides a leadership role with donors and stakeholders.
- Establishes a presence and take a leadership role representing the Agency at public events.
- Maintains effective working relationships and communications with donors, funders, and stakeholders.
- Develops new and manage existing community collaborations.
- Develops, maintain and enhance contract relationships such as United Way and Ministry for Children and Families.

External Communications

The Executive Director and the Board President are the spokespersons for the Agency. The Executive Director will consult with the Board President regarding communications in sensitive matters.

Internal Communications

The Executive Director:

- Ensures the development of a comprehensive Marketing and Communication plan.
- Ensures the Annual Report is prepared on behalf of the Board.
- Ensures internal communications with staff.



Table of Contents

SECTION 7 RISK MANAGEMENT 1

7.1 LEGAL AND REGULATORY COMPLIANCE..... 1

7.2 REVIEW OF RISK 2

7.3 INFORMATION ABOUT INSURANCE PROTECTION 4

7.4 INFORMATION SYSTEMS 5

7.5 INFORMATION MANAGEMENT AND USE 6

7.6 CONTRACTS AND SERVICE AGREEMENTS TO PROVIDE SERVICE..... 7

Section 7 Risk Management

7.1 Legal and Regulatory Compliance

Implemented: July 2003
Revised: September 2008

Policy

The Agency complies with all legislation and regulations relating to its work.

Procedure

1. The Agency reports to the Registrar of the *B.C. Society Act*, following its Annual General Meeting.
2. The Agency complies with all Labour legislation including Privacy Laws, the *Workers Compensation Act and Employment Standards Act*.
3. The Agency complies with all Federal and Provincial revenue requirements and submits statutory withholdings in a timely manner including a GST Rebate application which is completed annually and remitted to the Federal government for reimbursement.
4. The Agency will develop procedures relating to BC Gaming Commission and will review these on an ongoing basis to ensure compliance.
5. The Agency complies with Occupational Health and Safety Standards.
6. For direct services to clients, the Agency and its staff are governed by the provisions of the Family and Child Services Act, which sets out the duty to report suspected or reported child abuse and consents for services to minors.

7.2 Review of Risk

Implemented: July 2003
Revised: September 2008

Policy

1. The Executive Director and Manager of Finance annually review the Agency's exposure to potential risks and report to the September Board of Directors meeting.

Areas assessed and reviewed include but are not limited to:

- Compliance with legal requirements
 - Insurance and Liability to ensure adequate coverage
 - Health and Safety including use of facilities
 - Contracting Practices and Compliance
 - Staff training with regard to risk
 - Volunteer roles and oversight
 - Research involving program participants and other clients' rights and issues
 - Security of information including client confidentiality
 - Financial Risk
 - Governance
 - Clinical Practices
 - Client Complaints
 - Fundraising
 - Conflict of Interest
 - Employment Practices
 - Interagency Collaborations
2. The Agency conducts a review of immediate and ongoing risks and presents the findings quarterly to the Executive Director and the Performance Quality Improvement (PQI) Committee. The following reports are presented:
 - Clinical Critical Incidents reported by Director of Clinical Programs.
 - Community Critical Incidents reported by Director of Community Programs.
 - Facility related incidents and accidents reported by the Chair of Occupational Health and Safety.
 - Grievances reported by the Manager Human Resources.
 3. Recommendations from the quarterly review are then presented by the Executive Director at the next regularly scheduled Senior Management meeting.
 4. Action arising from the recommendations is reported by the Executive Director at the next PQI meeting and to the Board of Directors.

5. The Executive Director may conduct a review and or appoint an independent consultant to conduct a review of all incidents of actual harm, serious injuries and deaths.
6. Job descriptions of Leadership Team contain risk management responsibilities.

7.3 Information about Insurance Protection

Implemented: July 2003
Revised: September 2008

Policy

The Board of Directors and Agency staff are informed of the type and amount of insurance and limits of liability coverage related to their activities.

Procedure

The Board of Directors receive a written description of the Agency's insurance coverage including Directors and Officers Liability as part of their orientation to the agency. This information may be found in the Board Manual.

7.4 Information Systems

Implemented: April 2006
Revised: September 2008

Policy

1. The Agency has in place, for its own purposes, a computer network, inter and intranet systems, voice-mail system, computer hardware and software, fax system, website and databases. Together these are defined as the 'System' for the purposes of this policy.
2. All information that travels through or is stored in the System is not confidential to the User but remains property of the Agency. The System may not be used for improper purposes or for purposes which are inconsistent with the Agency's mandate and policies. For example, the System may not be used to access, down-load, store, copy or transmit pornographic, racist, or other offensive or derogatory material.
3. There is no guarantee of privacy with e-mail messages. All messages sent out of the Agency identify the Agency as the source. Users are advised to exercise discretion and common sense when creating and distributing e-mail messages.
4. Every Internet site visited using the System is capable of identifying the User as a representative of the Agency. All activity on the Internet must be governed by discretion and good judgment.
5. The content and maintenance of the Agency's web site is the responsibility of the Leadership team. No one may alter the Agency web site, including links to third-party web sites, or approve third-party links to the Agency's web site, without the approval of the Executive Director.
6. Authorized personnel only may access the System. Clients, friends, children of clients etc are prohibited from accessing the Agency's System.
7. With the exception of the website, the Office Manager, in his or her role as head of the 'Systems Department' is responsible for the content, performance and maintenance of the System. Any additions, deletions or request for changes to the System must be approved by the Systems Department. This includes software that Users may wish to install on their workstations. All passwords are to be kept confidential and not to be shared without permission of the Systems Department. Users of the System are responsible for ensuring all critical data stored on diskettes is backed-up regularly.

7.5 Information Management and Use

Implemented: July 2003
Revised: September 2008

Policy

1. Records, either paper or electronic are readily accessible to authorized staff. The Agency has a computer management system which permits the timely access of information.

Procedures

1. Files are stored on site and kept in a secure file cabinet. Files are kept locked unless being used by authorized staff.
2. The Agency's computer management system is used for the reporting of data for the following, but not limited to, the following purposes:
 - Donor Reports
 - Funder Reports
 - Comparison of data
 - Longitudinal reports

7.6 Contracts and Service Agreements to Provide Service

Implemented: July 2003
Revised: September 2008

Policy

Contracts and services agreements are considered and signed by the Executive Director. Negotiations may involve the Board of Directors and Legal Counsel as well as the Leadership Team. The benefit of the contract or service agreement to the Agency and its clients and the relationship to the Agency's Mission, Values and Strategic Plan is examined.

Procedure

1. The Manager of Finance has the responsibility for financial compliance.
2. The Program Directors have the responsibility for monitoring and ensuring contracted program outcomes are met.
3. Service contracts for each contracted service may contain the following provisions:
 - Description of services and related provisions
 - Desired outcomes
 - Service deliverables
 - Funding period
 - Purposes and objectives
 - Program components
 - Eligibility
 - Policies and standards
 - Operational principles
 - Fees and expenses
 - Statements and reports
 - Information management plan
 - General provisions relating to insurance; property; permits and licenses;
 - Service specific provisions relating to criminal records check; waivers of liability and rights of children in care
 - Conflict resolution protocol
 - Insurance requirements



Table of Contents

SECTION 8 HEALTH AND SAFETY.....	1
8.1 PROMOTION OF HEALTH AND SAFETY.....	1
8.2 PROVIDING SERVICES IN A PRIVATE & CONFIDENTIAL MANNER	2
8.3 ENVIRONMENTAL CONSERVATION POLICY	3
8.4 SMOKE FREE ENVIRONMENT	4
8.5 ACCESSIBILITY	5
8.6 COMPLIANCE WITH HEALTH AND SAFETY REGULATIONS.....	6
8.7 FUNCTIONAL SAFETY.....	7
8.8 MONTHLY SAFETY INSPECTIONS	9
8.9 TOOLS & EQUIPMENT	10
8.10 EMERGENCY PROCEDURES	11
8.11 INJURIES, ACCIDENTS AND ILLNESSES	12
8.12 EMERGENCY EVACUATION.....	13
8.13 SPECIAL HEALTH PRECAUTIONS	14
8.14 BUILDING SECURITY	15
8.15 PARKING AND TRAFFIC FINES	16
8.16 TRANSPORTATION	17

Section 8 Health and Safety

8.1 Promotion of Health and Safety

Implemented: July 2003

Policy

The Agency carries out its programs in an environment that is safe, accessible and appropriate to the needs of clients. The Agency ensures that its programs are housed, equipped and maintained in a manner that is suited to its program of services and reflects the Agency's positive regard for the clients. The Agency continually monitors the physical facilities striving to provide attractive and functional facilities for individual and group counselling as well as a family resource program.

Procedure

1. The Agency seeks the input of its clients regarding the service environment and focuses on resolving problems identified by clients. The Agency gathers information about quality of the service environment by means of a "Client Feedback Questionnaire" and verbally from clients.
2. The Agency responds quickly to emergencies involving potential risks to the health and safety of both staff and clients and strives to ensure services can continue in times of renovations / reconstructions.
3. The Occupational Health and Safety Committee (OH&S) monitors the work environment for the staff, ensuring that it is conducive to effective performance.

8.2 Providing Services in a Private & Confidential Manner

Implemented: July 2003
Revised: November 2008

Policy

The Agency is committed to providing services in a private and confidential manner and to ensuring that records pertaining to those services are also maintained in a private and confidential manner.

Procedure

1. All counselling services provided to clients are private and confidential. All staff must sign confidentiality agreements prior to working with clients.
2. Each clinical program site provides areas for interviewing individual clients, families and children in a private and confidential manner. Program offices are sound-proofed, attractively furnished and well maintained.
3. The two locations of the *I hope family centre* are supplied with age-appropriate equipment for their clientele.
4. The reception area has glazed windows to protect clients' privacy. Reception staff greets clients by first name only. Information regarding clients and/or appointments is not provided over the phone by the reception staff. All inquiries are directed to the appropriate therapist. Reception staff does not confirm or deny the presence of a client in the office or acknowledge whether an individual is a client except when speaking to the client's therapist.
5. All client information is secured at all times. Files are locked either in the CIMS filing room or in therapists' filing cabinets. Any mail, faxes or other documentation pertaining to clients is always secured in envelopes. Client schedules are never left unattended and are locked up at night. The CIMS data system is password protected and only accessible by authorized personnel. Access is limited to pertinent data.

8.3 Environmental Conservation Policy

Implemented: October 2008

Policy

The Agency is committed to taking steps to reduce it's environmental impact in its daily operations.

Procedure

1. The Occupational Health & Safety committee addresses environmental concerns on an ongoing basis. There is a "Greening the Office" sub-committee of the Occupational Health & Safety committee.
2. The Agency is committed to a program of recycling and currently recycles paper, both confidential and non-confidential as well as refundable containers. Each office is equipped with a container for non-confidential paper and there are two centrally located, in-office sites for confidential paper. Containers are placed in the blue-box in the staff lunchroom. Non-confidential paper and containers are recycled weekly. Confidential paper is stored in secured bins and shredded on-site, once per month.

8.4 Smoke Free Environment

Implemented: July 2003
Revised: November 2008

Policy

1. The Agency maintains a smoke-free environment for the health and comfort of its clients and staff.
2. Smoking is not permitted in any of the Agency's facilities.
3. Outside the buildings smoking is not permitted within 3 meters of doorways, windows and air intakes.

8.5 Accessibility

Implemented: July 2003

Revised: October 2008

Policy

1. The Agency facilities are designed to ensure accessibility to all the people we serve.
2. Program sites endeavour to be free of architectural barriers. In the event that this is not the case, the program in question will provide home visits or alternative access to service, in order to meet the needs of the people we serve.

Procedure

1. The Agency main office and adjacent *I hope family centre* has at least one doorway which is wide enough to accommodate a wheelchair or scooter and one washroom is accessible. The *I hope family centre* at Maplewood is also wheelchair accessible.
2. The Agency is centrally located, near public transportation and other community services, including the John Braithwaite Community Centre. There is parking for the disabled in our underground parking facility as well as a drop-off/loading zone in front of our offices. The *I hope family centre*, Maplewood has flat, accessible parking.
3. Individual needs regarding accessibility are discussed with clients. If the Agency is unable to accommodate the client's needs, the Agency recommends another organization that is better able to do so.

8.6 Compliance with Health and Safety Regulations

Implemented: July 2003

Revised: October 2008

Policy

The Agency complies with all required health & safety regulations.

Procedure

1. All inspection reports that demonstrate The Agency's compliance with applicable Health, Safety and Fire Codes are maintained at the Agency's offices.
2. Occupancy rates for our *I hope family centre* are set at 35 participants for the West 1st location and 50 participants for the Maplewood location which are far below the maximum occupancy limits.
3. Safety reviews are carried out on a regular basis by the OH&S committee to ensure compliance with regulations.
4. The reviews include reviewing:
 - Insurance inspections.
 - Occupations Safety and Health administration reports.
 - Incident reports.
 - Reports of health, sanitation, fire, and other safety inspections.
 - Certificates of occupancy.
 - Reference copies of the applicable Zoning and Building Codes, Health and Safety and Fire Codes and Regulations.

8.7 Functional Safety

Implemented: July 2003
Revised: November 2008

Policy

The Agency follows procedures that address the safety of its staff both when off-site and when working in isolation and has developed specific methods of maintaining periodic contact with them.

Procedure

1. Family Preservation (FPR) and Family Support Programs (FSS), mandated by Provincial Contract, require staff to provide clinical services to clients in the community, often in people's homes. The fact that these services are expected to be provided away from the office, without staff support and immediate back-up, brings an inherent risk to Agency personnel that must be evaluated prior to accepting a referral and commencing counselling/support work. It also demands that we have specific protocols to be in place so that the risk to our Agency personnel is limited.
2. Each referral to the FPR and FSS programs will be evaluated by the Program Manager, and also by the assigned employee to assess any potential risk. If it is determined that the employee may be at risk, the acceptance of the referral will be discussed with the referring Ministry of Children and Family Development (MCFD) Social Worker. If the Program Manager or assigned staff member does not feel comfortable with the potential risk, the Program Manager will develop a plan to reduce risk prior to accepting the assignment (e.g. only see the client in our offices when support is available), or refuse the assignment and explain the reasons to MCFD.
3. If the Program Manager and assigned staff member determine that they are comfortable with the level of risk, the following steps will be followed:
 - At the beginning of each work week, all community staff will be required to fill out a weekly schedule with client family names and CIMS # and, the approximate amount of time spent with each client:
 - For initial consultations where some level of risk is determined, the assigned staff member will contact his/her supervisor prior to beginning of the session and call the supervisor at the end of the session;
 - If the staff member believes that they are, or may be, at risk once a session in the community has begun, they are required to end the session, call 911, or take other protective measures to ensure their own safety.

Family Services of the North Shore



- All community workers will have ready access to a cellular phone at all times in case of an emergency;
 - At the end of the day, all community workers are to call the office and confirm the end of their last appointment up to 7pm. If the last scheduled appointment is later than 7pm, they are expected to call their supervisor on his/her cell
 - If community workers are planning to work on the weekends (Saturday or Sunday) they are required to call their supervisor at the beginning of their scheduled meeting and call again at the termination of their appointment;
 - The receptionist is not to be alone in the Agency. If the final client and therapist leave prior to the end of the receptionist's shift, the receptionist may leave early.
 - Staff members who are working in the office after dark are advised to move their cars from the underground parking lot to the street level and to leave the office in pairs.
4. Reception staff is on-site until 7 p.m. Monday – Thursday to accommodate evening client appointments on evenings where no appointments, groups or meetings are scheduled, the receptionist may leave when the last staff member is leaving.

8.8 Monthly Safety Inspections

Implemented: September 2003

Revised: October 2008

Policy

The Agency performs comprehensive monthly safety inspections and follows through with preventative maintenance of its premises, equipment, and fixtures to ensure safety to clients, staff and visitors.

Procedure

1. Occupational Health and Safety committee members perform a safety review on a monthly basis, using a standard Health and Safety Checklist to determine compliance or whether preventative measures or repairs are needed.
2. When preventative steps are necessary, they are reported, in writing, to the Office Manager who schedules the repairs. The repairs are recorded on the monthly review list when completed. If there is an immediate risk, repairs are made right away, otherwise repairs are made in a timely fashion.
3. The fire extinguishers and sprinkler system are checked annually and the alarm system is tested monthly.

8.9 Tools & Equipment

Implemented: October 2008

Procedure

1. All toys, art supplies and equipment at the two locations of the ***I hope family centre*** are age-appropriate for the service recipients. Toys and equipment are cleaned on a regular basis to assist with the reduction of the transportation of germs. The cleaning procedure is as follows:
 - On a daily basis, toys that have been in a child's mouth are placed by parents in the appropriate basket for washing by staff at the end of the day.
 - Between morning and afternoon sessions, when staff are putting toys away, they check for broken toys or toys needing washing.
 - There is a regular rotation for toy washing in batches and the items and date washed are recorded.
 - When the centres are closed in December, March, June and August, all toys are once again washed.
2. All equipment is used under the direct supervision of the child's caregiver. Both locations of the ***I hope family centre*** are supervised by Family Resource Facilitators who oversee the use of all materials.
3. Play therapy toys are cleaned on a regular basis. Children involved in play therapy are not left unattended in play therapy rooms.
4. All Agency appliances are maintained as appropriate and repaired or replaced when malfunctioning. When renovating, the Agency is committed to installing low-volume fixtures and appliances to reduce water usage.

8.10 Emergency Procedures

Implemented: October 2003

Updated: February 2009

Policy

1. The Agency maintains a comprehensive written plan, to which all personnel are oriented, for fire, medical, natural disasters, and other life threatening emergencies. This plan includes evacuation procedures for each program and is responsive to clients' needs. The Agency maintains a written plan for emergencies that takes into account the hazards of the workplace and addresses emergency conditions that may arise within or adjacent to the work site.
2. The Agency conducts annual fire drills and periodic earthquake drills.

Procedure

1. All fire and earthquake drills are documented in the Earthquake/Fire Drill Log Book. Emergency drill procedures and evacuation routes are posted in a number of appropriate places.
2. In the event of an evacuation:
 - Notify staff, including the first aid attendant, of the nature and the location of the emergency.
 - Evacuate staff, clients and visitors, including those with impaired mobility, safely.
 - Check and confirm safe evacuation of staff, clients and visitors, including those with impaired mobility.
 - Notify the fire department or other emergency responders, if appropriate.
 - Notify adjacent workplaces or residences that may be affected.
3. In the event of a potentially threatening or harmful situation:
 - a. Panic buttons are strategically located in the reception area and clinical wing of the office to alert the local police (RCMP) in case of threat of harm or violence to a staff member or client.
 - b. Safety plans are put into place for any clients or staff members who are in potentially harmful situations either within or outside of the office.
 - c. Training is provided to staff periodically on non-violent confrontation to prepare staff to deescalate potentially violent situations.
 - d. In the event of a potentially toxic event, the area is immediately sealed off and specialized companies are brought in to address the situation.

8.11 Injuries, Accidents and Illnesses

Implemented: July 2003

Revised: October 2008

Policy

All Agency staff must report injuries or serious illnesses of staff, clients or visitors to the Agency.

Procedure

1. The Agency ensures that training, and upgrading of First Aid certificates is offered on an annual basis. The Agency ensures that sufficient employees are trained to ensure that there is always at least one first-aid trained employee working at all times. First-aid trained employees are listed on staff phone list.
2. The Safe Work Practice handout (WCB issue) is posted in the Agency's lunchroom and a copy is at the ***I hope family centre***, Maplewood site.
3. First Aid kits are clearly marked and accessible.
4. In the event of an accident to a client, a Critical Incident Form is filled out and submitted to the supervisor and the OH&S committee.
5. In the event of an accident or injury to a staff member of the Agency, an Accident Report form is filled out and forwarded to the supervisor, the Executive Director and to the OH&S committee.
6. In the event that a staff member needs to take time off work due to a work-place incident, the Human Resources Manager will forward the appropriate reports to WCB.

8.12 Emergency Evacuation

Implemented: July 2003

Policy

In the event of a workplace emergency that causes the Agency facilities to be unusable, there is procedure in place to secure an alternate site, to retrieve computer data and a means to establish communications with the Board of Directors, staff, clients and the public.

Procedure

1. Computer systems are routinely backed up and stored off-site.
2. The Agency maintains a close working relationship with local print media, who would be utilized to communicate alternative planning in the case of an emergency.
3. Arrangements have been made to have available emergency telephone, internet, and fax machine through other community service organizations.
4. The Board of Directors and staff would be informed by the use of alternative e-mail and voice mail systems available off-site.
5. Alternative worksites are available through other community service organizations on a temporary basis.
6. The Agency maintains a website, off premises, that would be utilized to pass along information.

8.13 Special Health Precautions

Implemented: October 2008

Policy

1. The Agency seeks to protect its staff and clients from airborne and blood borne pathogens.
2. Staff members, clients or service participants who have been exposed to airborne or blood borne pathogens or serious communicable diseases need a note from a public health professional or a doctor to resume attendance at the Agency or any of the Agency's programs.

Procedure

1. Staff members are trained in universal disease precautions to help prevent the spread of communicable diseases within the Agency.
2. If staff members have been exposed to a contagious/infectious disease while visiting clients in their home, the following steps should be taken:
 - Leave the home immediately, with explanation to the client;
 - Consult with a medical professional;
 - File an incident report; and
 - Monitor their condition.
3. If staff members come into contact with blood borne pathogens or bodily fluids they should:
 - Handle blood/bodily fluids only if absolutely necessary, and only after donning CSA approved rubber gloves;
 - Consult with a medical professional;
 - File an incident report;
 - Monitor their "condition".
4. Clients are informed of their responsibility to contact their service provider should they be exposed to a serious communicable disease and not attend the Agency or see their service provider until they have received clearance from a medical professional. Clients may still receive therapeutic services over the phone.
5. Once the Agency is aware that there has been potential exposure to air or blood borne pathogens or serious communicable diseases, staff will notify clients and other service recipients attending the affected program of same.
6. Program staff will notify a family where a communicable disease or condition is present to request that a medical note indicating the absence of the condition, will accompany them on their return to the program site. The note will be kept in the client file.

8.14 Building Security

Implemented: April 2006
Revised: September 2008

Policy

The Agency follows procedures that address the safety and security of staff members and their personal items while on the premises.

Procedure

1. Staff members are asked not to bring valuable personal items to the office and are requested to keep personal belongings locked up to avoid theft. The Agency assumes no responsibility or liability for personal property that is lost or stolen on the premises or while on Agency business.
2. New staff members if required are oriented to the office security procedures. New staff members are provided with keys and instructions on the proper use of the office alarm system and proper procedures for both locking and unlocking the office.
3. Keys remain the property of the Agency and are to be returned to the Office Manager upon termination of employment.
4. Panic buttons are strategically located in the reception area and clinical wing of the office to alert the police in case of threat of harm or violence to a staff member.

8.15 Parking and Traffic Fines

Implemented: April 2006

Procedure

Underground parking spots will be assigned on the following basis:

- Management
- Employees requiring their cars for business purposes
- Other employees as available

If demand exceeds supply, a waiting list will be established. Employees are also welcome to make their own arrangements for off-site parking. Parking, either at the office, or off-site, will be subsidized by the employer to the maximum of 75% of the cost of the underground parking at the office.

Although arrangements will be made through the Office Manager for acquiring underground parking when available, all problems associated with parking, on or off-site, are the responsibility of the employee.

It is expected that anyone driving on Agency business will observe all traffic and parking bylaws. Any violation of these bylaws and any fines that may result are the responsibility of the employee.

8.16 Transportation

Implemented: April 2006

Revised: September 2008

Policy

1. Some staff may be required to use their own motor vehicles for Agency business. The Agency will reimburse staff for mileage at a rate established by the leadership team.
2. Motor vehicles used for Agency purposes must be in good working order, properly licensed and adequately insured. A minimum of 5 million dollars (\$5,000,000) of third party liability is recommended for staff who transport clients. Copies of the driver's license, proof of insurance, registration and an annual vehicle inspection must be provided to Human Resources for all staff who may be transporting clients. The Agency will pay the difference between the cost of insurance for to and from work and business use.
3. All motor vehicles used for Agency purposes must have adequate restraints for all passengers. This includes proper restraints for children. The Agency will provide appropriate child restraints for use by Agency staff for the transportation of clients. If an employee's motor vehicle does not have a tether strap bolt installed, the Agency will pay for the cost of the installation.
4. All children under the age of twelve must be seated in the back seat.



Table of Contents

SECTION 9 FINANCIAL MANAGEMENT..... 1

9.1 GOVERNING BODY FINANCIAL RESPONSIBILITIES 1

9.2 ANNUAL AUDIT 5

9.3 REVENUE SOURCES 6

9.4 ANNUAL BUDGET 7

9.5 REVIEW OF BUDGET 8

9.6 ANALYSIS OF REVENUE AND EXPENSES 9

9.7 FINANCIAL MANAGEMENT & INTERNAL CONTROLS 10

9.8 QUALIFICATIONS OF MANAGER OF FINANCE..... 12

9.9 INVESTMENTS 13

9.10 PAYROLL RECORDS 14

Section 9 Financial Management

9.1 Governing Body Financial Responsibilities

Implemented: July 2003

Revised: October 2008

Policy

1. The Audit and Finance Committee (AF) of Family Services of the North Shore (Agency) and Family Services of the North Shore Foundation (Foundation) shall have broad responsibility to review financial policies and procedures, monitor the financial health of the Agency/Foundation (Societies) and make recommendations thereon to the Board. The AF shall have specific responsibility:
 - To give broad direction for the development of the budgets and to recommend the budgets to the Boards.
 - To review financial statements and respond to potential financial concerns, and to advise the Boards on the financial position of the Societies.
 - To ensure that adequate controls are in place over revenue and expenditures so that the assets of the Societies are secure.
 - To advise the Boards if problems with budgets or policies are foreseen, and to recommend actions accordingly.
 - To review the annual audited financial statements and to recommend the approval of the statements to the Boards.
 - To recommend to the Boards the appointment of Auditors and to meet with the Auditors to review the annual audits and discuss any potential issues.
 - To ensure that appropriate financial policies and procedures are developed and approved for the Societies, and to monitor compliance to the policies.

Family Services of the North Shore



- To advise the Boards on investment approaches and to monitor investments for the Societies.

2. Composition and Organization of the AF

The AF shall be constituted as follows:

- The Chair of the Committee shall be the Treasurer of the Societies and shall be a member of the Boards.
- The Committee shall consist of not fewer than three members who are appointed by the Boards.
- Members cannot also serve as a manager of the Societies, or receive compensation for professional services they provide as consultants.
- The term of office for the Chair shall be two years, which can be renewed.
- The President (and/or Designate) and the Executive Director shall be Ex-officio members of the AF.
- The Manager of Finance will be the staff resource to the Committee and shall have custody of all records pertaining to the Committee and act as secretary to the Committee.

3. Meetings of the AF

- The Committee shall meet at least three times a year and at the call of the Chair. At least one of these meetings shall be with the Auditors.
- A majority of the members shall constitute a quorum and no formal motions on policy or budget shall be transacted without a quorum.

4. Duties and Responsibilities of the AF

Responsibilities of the AF shall be as follows:

Budget Development

- To give broad direction on the development of the budgets.
- To review the budgets and forward to the Boards for approval.

- To advise the Boards of potential problems in developing or meeting budget objectives.

Financial Monitoring and Reporting

- To review, at minimum, quarterly and annual financial statements of the Societies.
- To inform the Boards if the Committee feels that significant deviations from the budget are to be expected and to review solutions or actions developed to rectify identified problems.
- To ensure the Leadership Team develops adequate controls over revenues, expenditures, and commitments so that the assets of the Societies are secure and to monitor the implementation and ongoing operations of these controls.

Financial Policy Development and Review

- To approve the accounting policies, procedures and financial reporting of the Societies and to make recommendations to the Boards as required.
- To ensure compliance to these policies.

External Audits

- To review and recommend to the Boards the engagement of an external Auditor.
- To review the annual audit fees.
- To meet with Auditors, review the management letters, and respond in a timely manner (within 180 days of the fiscal year-end). Direction may be given to the Leadership Team regarding actions to be taken to ensure compliance with Auditors' recommendations.
- To meet at least once annually with the external Auditors without members of the Leadership Team present.
- To recommend the approval of audited financial statements to the Boards.

Investments

- To research and recommend investment approaches to the Boards.
- To review and approve the investment of funds as per Board policy.
- To keep the Boards apprised of investment returns and related information.

Reporting

- The Chair shall take direction from the Boards and shall report the recommendations of the Committee to the Boards at their regular meetings.
- The Manager of Finance, with the approval from the AF, shall submit a report in writing prior to the Annual General Meeting for inclusion in the Annual Report.
- The Chair shall preside at all meetings of the Committee and shall be responsible to the Boards for all activities of the Committee.
- The Chair shall be responsible for keeping the activities of the Committee within the terms of reference as stated in this section, and shall seek approval of the Boards before the Committee takes on activity outside its terms of reference.
- During the absence or inability of the Chair, the duties and powers of the Chair may be exercised by a Chair appointed pro tem from among its members.
- The Committee shall report directly to the Agency's Board of Directors.

9.2 Annual Audit

Implemented: July 2003

Revised: October 2008

Policy

1. An independent public accounting firm, appointed annually by the Board of Directors, performs a financial audit of the Agencies within 90 days of the end of its fiscal year. The fiscal year is from April 1 to March 31.
2. The President and Treasurer of the Board of Directors certify in writing that the audited financials statements are accurate and fairly represent the financial condition and operations of the Agency and the Foundation.
3. The auditor's report is subsequently made available for public inspection.

9.3 Revenue Sources

Implemented: July 2003

Revised: October 2008

Policy

1. The Agency considers all sources of funding, including government, which at present is the single largest source of revenue, in order to diversify its funding base.
2. The Board and the Leadership Team ensure that any alternative funding sources are not in conflict with Family Services' beliefs or vision.

9.4 Annual Budget

Implemented: July 2003

Revised: February 2009

Policy

The Board of Directors considers, and approves an annual operating budget, which sets out budgeted revenues and expenses for the fiscal year, and serves as the official plan for managing the Agency's financial resources.

Procedure

1. The procedure for budget planning is as follows for each year unless otherwise determined by the Board of Directors:
2. By the end of December: Manager of Finance and Executive Director review nine months actual operating results. At this time, discussion takes place as to how Directors and Managers expect their programs to perform from a fiscal perspective to year-end taking into consideration direction set by the Board.
3. By the end of January: Manager of Finance has developed a draft budget based on all available information. The following areas are considered:
 - a. direct and indirect operating expenditures;
 - b. contractual requirements;
 - c. performance improvement data;
 - d. changing costs and conditions; and
 - e. anticipated revenue for the program year.

Budgets are prepared on a department-by-department, line-by-line detailed basis, reflecting all known and expected changes. Final approval of the draft budget is given by the Executive Director with significant input from the Leadership Team.

4. By the end of February: The draft budget is discussed with the Audit and Finance Committee. The Manager of Finance then adjusts the budget, if necessary, based on the recommendations of the Committee.
5. At the Fiscal Year-End Board meeting: The Treasurer and Manager of Finance present the recommended budget to the Board for approval.

9.5 Review of Budget

Implemented: July 2003

Revised: October 2008

Policy

The Agency ensures that budget-to-actual variance analyses are performed throughout the year, and that material deviations from the budget are reviewed and approved appropriately according to the procedures below.

Procedure

1. The Manager of Finance produces a monthly Operating Statement, which compares actual operating results against budget on a monthly basis. Significant variances are analyzed and discussed at Leadership Team meetings and remedial action, if necessary, is taken.
2. A Summary of the Financial Operating Report is included in the Executive Director's report to the Board of Directors on, at minimum, a quarterly basis.
3. The Executive Director may approve transfers of budget dollars, up to a maximum of \$40,000 per transfer, when it has been determined that the original approved budget is not required, or the dollars can be better utilized elsewhere. The Audit & Finance Committee shall be informed of significant transfers (over \$35,000).
4. The Board must approve all expenditures that have not been included in the budget with the following exceptions:
 - The Executive Director may approve any expenditure not in the budget, which does not exceed \$2,500 at any one time, but not more than a cumulative total of \$10,000 over the fiscal period.
 - The Audit and Finance Committee will be consulted about expenditures over the forgoing limits, and has the authority to approve additional unbudgeted expenditures up to a maximum of \$10,000.

9.6 Analysis of Revenue and Expenses

Implemented: July 2003

Revised: October 2008

Policy

The Agency routinely analyzes service revenue and accumulates costs on a program basis to allow for program costing and reporting to funding agencies.

Procedure

1. The Manager of Finance sets up the General Ledger with an account structure which allows costs to be accumulated on a program basis.
2. Operating Statements are prepared on a program-costing basis and circulated to the appropriate Managers/Directors on a monthly basis.
3. Administrative costs are allocated to programs on a basis established in the budget.

9.7 Financial Management & Internal Controls

Implemented: July 2003

Revised: October 2008

Policy

1. The Agency has implemented, to the extent possible, financial systems and internal controls that have been established in accordance with Generally Accepted Accounting Principles and sound financial management.
2. Internal controls are reviewed on an annual basis by the Manager of Finance, and the external auditors.

Procedure

1. Program Income and Expenditures
 - The Agency maintains a chart of accounts, by department, which allows for individual program costing.
 - The Agency promptly records and accurately maintains records of all income and expenditures.
 - All income is deposited to the appropriate bank account with the record of deposit showing the source of funds. The appropriate General Ledger (G/L) codes are assigned for all income categories.
 - All expenditures are paid through a voucher system, quoting the cheque number, date, payee, explanation of expenditure, G/L code for expenditure, and record of costs involved. GST amounts are separated. An invoice, receipt, or alternative authorization for each expenditure accompanies each voucher.
 - Cheque numbers correspond to vouchers, and cheques and vouchers are reviewed by the Manager of Finance, prior to obtaining signatures.
2. Month-End
 - All vouchers, bank statements and deposits, bank reconciliations, cheques, and journal entries are compiled on a monthly basis.
 - The General Ledger is updated at month-end.
 - Bank reconciliations are completed by the bookkeeper, and reviewed by the Manager of Finance.
 - Weekly back up is kept in a safe place off site. Financial records are maintained on a computerized accounting system (ACCPAC), with limited user access controlled by passwords.

Family Services of the North Shore



- Month end reports are reviewed with the appropriate Director/Manager on an ongoing basis.

3. Petty Cash

- Petty cash access is limited to the people assigned.
- Petty cash is to be used for incidental expenses.
- Petty cash reconciliation is done each quarter.
- The external auditors may perform a surprise petty cash audit periodically.
- If the payee is the same as the signee, the signee must have another person approve the petty cash voucher.

4. Year-End Accounting

- The Manager of Finance gathers all records required by the auditor.
- The accrual method of accounting is used at the fiscal year-end.
- The Manager of Finance records any year-end adjusting entries, and prints out final year-end Operating Statements for all programs to be kept on file.

5. Expenditure Controls

- The appropriate Director/Manager is responsible for overseeing its budget and ensuring that all spending is within its budget. Refer to Policy 9.5 for procedures on unbudgeted expenses.
- Separation of duties is utilized to the degree possible.
- All expenditures must be approved by the appropriate manager prior to a cheque being issued.
- All cheques must be signed by two of the signing officers approved by the Board (any member of the Leadership Team and/or the Board of Directors may be chosen to be a signing officer). Any cheques over the amount of \$30,000 must bear the signature of a member of the Audit and Finance Committee, with the exception of payroll, rent and credit card transfers. The Executive Director will be one of the signatories to cheques over \$10,000, in addition to cheques or transfer of funds relating to payroll.
- Expense claims made by the Executive Director must be approved by a member of the Audit and Finance Committee.

6. Additional Financial Procedures

- Competitive bids are requested for supplies and services wherever practical (example: audit, insurance, janitorial).
- All regular bills, unless specified, are paid no later than 30 days following receipt.
- The Agency does not lend money or advance pay to employees.

9.8 Qualifications of Manager of Finance

Implemented: July 2003

Revised: October 2008

Policy

The Agency requires the Manager of Finance to have appropriate qualifications including a professional accounting designation (CA, CGA, CMA) and related experience.

9.9 Investments

Implemented: February 2008

Revised: October 2008

Policy

1. The Agency will maintain sufficient short term liquid assets to cover at least two months' salary and benefits and rent related costs.
2. The Agency will endeavour to operate each year at least on a break-even basis, recognizing that reserves may permit the Board to approve a deficit budget to provide transitional or development funding for specific programs.
3. The Foundation shall be responsible for investing funds which are in excess to the operational needs of the Agency.

Procedure

1. Long Term Investments

- A long term investment pool shall be placed with an institution for investment with the final total to be at the discretion of the Audit and Finance Committee and with notification to the Board.
- The Vancouver Foundation was selected in February 2008 to manage a pool through a retractable fund called Family Services of the North Shore Endowment Fund. The intent is to have a long term investment horizon but retain the option of withdrawing funds for emergencies or planned purposes in the future.
- Timing of passing funds to the Vancouver Foundation will be at the discretion of the Audit and Finance Committee, with notification to the Board.

2. Other Deposits and Investments

- Short term funds shall be lodged with institutions that have \$100,000 CDIC or unlimited CUDIC insurance. The \$100,000 level should not be exceeded for CDIC insured institutions unless the institution has a credit rating of R1 (Mid) or higher.
- Funds will be invested in Term Deposits, Guaranteed Investment Certificates, or Federal and Provincial Government instruments (i.e. Treasury Bills, Bonds, Mortgage Backed Securities), not exceeding five years. Exceptions to this require Board approval.
- The final selection of financial institutions shall be made by the Audit and Finance Committee.

9.10 Payroll Records

Implemented: July 2003

Revised: October 2008

Policy

The Agency's payroll practices comply with all federal and provincial wage and hour laws. Payroll and time records are reviewed and approved by appropriate management staff.

Procedure

1. Payroll records include written authorization of hiring, terminations, and changes in rate of pay and deductions.
2. The payroll administrator reviews and ensures appropriate approval of payroll expenditures, makes necessary changes in time and overtime records, ensures appropriate authorizations are in place for payment for new hires and severance for terminations, and provides oversight for mandatory deductions and pay rates.
3. The payroll administrator performs an annual reconciliation of gross pay with all Canadian Revenue Agency deductions and requirements.
4. Payroll records are reviewed monthly by the Manager of Finance or the Executive Director.



Table of Contents

SECTION 10 FUND DEVELOPMENT 1

10.1 ETHICAL FUNDRAISING 1

10.2 INCLUSIVE VISION OF COMMUNITY 2

10.3 PRIVACY 3

10.4 DONOR RIGHTS 4

10.5 ACCOUNTABILITY 5

10.6 RELATIONSHIP BETWEEN AGENCY AND FOUNDATION 6

10.7 FUNDRAISING PLAN AND BUDGET 7

10.8 THIRD PARTY EVENTS 8

10.9 RECORDING DONATIONS 9

10.10 TAX RECEIPT POLICY 10

Section 10 Fund Development

10.1 Ethical Fundraising

Implemented: March 2003

Policy

The Agency and Foundation have adopted the Canadian Centre for Philanthropy's *Ethical Fundraising and Financial Accountability Code* as its policy. In so doing, members of the governing board commit to:

- Being responsible custodians of donated funds.
- To exercise due care concerning the governance of fundraising and financial reporting.
- To ensure to the best of their ability that the organization adheres to the provisions of the *Code*.

Procedure

Each member of the governing board has received a copy of the *Ethical Fundraising & Financial Accountability Code* and a copy will also be provided to each person who is subsequently elected to the governing board.

10.2 Inclusive vision of community

Implemented: November 2008

Policy

The Agency is committed to an inclusive vision of community.

Procedure

The fund development and communication committee will ensure that all materials, events and activities reflect the vision, mission and values of the Agency.

10.3 Privacy

Implemented: July 2003
Revised: September 2008

Policy

The Agency respects the privacy of its donors and only publishes names of donors with permission. The provisions of the *Personal Information Protection Act* are followed.

Procedure

1. Donor information will be used solely to fulfill the donation and shall not be shared unless permission is granted by the donor.
2. All requests to remain anonymous will be honoured.
3. Donors may request to be removed from the mailing list and will be flagged in the donor base as DO NOT MAIL (DNM).
4. The donor list will not be sold or used for any purpose other than the raising of funds for the Agency or Foundation.

10.4 Donor Rights

Implemented July 2003

Revised: September 2008

Policy

Donors have the following rights:

1. To be informed of the Vision, Mission and Values of the Agency.
2. To be informed of the intended use of their donation.
3. To know the names of the Board of Directors.
4. To expect the Board will steward the donation appropriately.
5. To be assured their gift will be used as solicited.
6. To receive appropriate acknowledgement and recognition.
7. To remain anonymous if requested.
8. To be removed from a direct mail list.
9. To be assured their information will be kept confidential.
10. To expect that FSNS will not sell the mailing lists.
11. To ask questions when making a donation and to receive prompt and accurate information.
12. To direct their gift to a specific program.

10.5 Accountability

Implemented: July 2003

Policy

The Agency and Foundation are accountable to their donors and to Canadian Revenue Agency (CRA) for the proper usage and disposition of all donations and grants received.

Procedure

1. The Agency and Foundation will follow established professional accounting and financial reporting procedures and guidelines in accordance with policies and applicable laws.
2. There will be an annual audit of both the Agency and the Foundation.
3. To ensure transparency, an overview of the audit results will be printed with the Annual Report. As well, upon request, copies of the full audit will be available.

10.6 Relationship between Agency and Foundation

Implemented: July 2003

Policy

1. At the end of the fiscal year, the Foundation will transfer any monies required by the Agency to ensure the annual operating costs are met. The amount will be determined at a Board meeting at the end of the fiscal year and a motion regarding the transfer of funds and the amount to be transferred will be recorded.
2. Any excess funds raised by the Foundation will be invested according to the Terms of Reference of the Audit and Finance Committee.

10.7 Fundraising Plan and Budget

Implemented: July 2003

Policy

The Agency and Foundation will authorize fundraising activities in support of the annual operating plan when:

- The activity is consistent with the vision, mission and values of the Agency;
- The activity accurately describes the Agency's programs and the intended use of the funds; and
- Budget and staff resources are in place.

Procedure

1. The Executive Director, in consultation with the Manager of Fund Development will develop an annual fundraising plan to ensure the operating costs of the Agency are met. The plan will be approved by the Agency and Foundation Boards with careful review to ensure the cost effectiveness of the fundraising programs.
2. Methods of Annual fundraising campaigns include but are not limited to:
 - Direct Mail
 - Special Events
 - Third Party Events
 - Silent Auctions
 - Donations of Shares
 - Major Gift solicitations
 - Grant and Foundation applications
3. Neither the Agency nor the Foundation participates in telephone solicitation activities.
4. Regular updates on the status of the campaigns will be provided on a regular basis in the Executive Director's Board report to the Agency and Foundation.

10.8 Third Party Events

Policy

In the case of a partnership or a third party event, the partner will be required to demonstrate the following:

- The activity is consistent with the Vision, Mission and Values of the Agency.
- The activity accurately describes the Agency's programs and the intended use of the funds.

Procedure

1. The partner will be required to sign a third party agreement.
2. The partner will be required to provide tangible support for the fundraising effort.
3. The success of the event will be reported to the supporters of the event.

10.9 Recording donations

Implemented: July 2003

Procedure

1. The Manager of Fund Development will maintain a system for tracking donors, donations, grants, pledges and donor information.
2. Upon receipt, all donations will be forwarded to the fund development department for coding, thank you letter and charitable receipt. This includes in kind donations as well as monetary gifts.
3. Donations will be deposited by the accounting department.
4. Instructions received from donors regarding frequency of mailings or donors who wish to remain anonymous will be flagged appropriately on the donor database.
5. The Executive Director will provide regular updates to the Agency and Foundation Boards.
6. Donations designated for a specific project will be assigned to that project.
7. Donations which are not designated will be assigned where appropriate by the Manager of Fund Development.
8. Donations designated for annual operating costs will be deposited and used within the fiscal year.
9. Donations over \$500 will be recognized in the annual report.
10. Donor receptions and recognition events will be planned annually to thank donors and to discuss the impact of their gift.
11. The Manager of Fund Development will respond promptly to any questions or complaints by a donor or prospective donor and seek direction from the Executive Director if the matter remains unresolved. Remarks will be noted on the donor's record.

10.10 Tax Receipt Policy

Implemented: July 2003

Revised: October 2008

Policy

The Agency, Foundation and Family Services of the North Shore Christmas Bureau are registered charitable organizations with Canada Revenue Agency (CRA). Donations received will be receipted where acceptable to CRA.

Procedure

1. Cash Donations

Tax receipts are issued for all cash donations for the taxation year in which they are received.

2. Gift in Kind Donations

1. Receipts for Gifts in Kind are issued under a number of circumstances such as:
 - On receipt of the donated item(s)
 - On receipt of a completed Donor Information Form with appropriate documentation to support the value of the item.
2. Receipts are issued for donations purchased where the sales receipt is attached to the donor form.
3. Personal goods valued at over \$1000 will be receipted once an independent appraisal is received.