

BEST PRACTICES MANUAL

FOR SUPERVISED ACCESS SERVICE PROVIDERS

**SUPERVISED ACCESS PROGRAM
THE MINISTRY OF THE ATTORNEY
GENERAL**

FEBRUARY 2000

July 4, 2003

Best Practices Manual –Supervised Access
Program Ministry of the Attorney General
Province of Ontario

Last Revised: 08/13/01

PLEASE NOTE:

THESE ARE BEST PRACTICES/GUIDELINES TO HELP YOU PROVIDE HIGH QUALITY AND CONSISTENT SERVICE.

THE CONTENTS OF THIS MANUAL ARE INTENDED TO PROVIDE A GUIDELINE FOR MINIMUM ACCEPTABLE STANDARDS OF PRACTICE.

THIS DOCUMENT IS A WORK IN PROGRESS AND WILL BE UPDATED REGULARLY IN ORDER TO MEET THE DEMANDS OF CHANGING CLIENT NEEDS AND ORGANIZATIONAL STRUCTURE.

INDEX

TOPIC	PAGE NUMBER
<u>SECTION 1</u>	
1. OBJECTIVES OF THE SUPERVISED ACCESS PROGRAM	8
2. REASONS FOR REFERRAL	9
3. VISIT PROHIBITIONS & RULES	10
4. EXCHANGE PROHIBITIONS & RULES	11
<u>SECTION 2</u>	
5. AGREEMENT FOR SERVICE	12
6. FREEDOM OF INFORMATION	13
7. CONFIDENTIALITY	14-15
8. COURT ORDERS	16-19
9. INTAKE INTERVIEW	20-22
10. FRENCH LANGUAGE SERVICES	23
<u>SECTION 3</u>	
11. ARRIVAL AND DEPARTURE TIMES	24
12. CANCELLATION OF VISITS	25
13. CHILD REFUSAL OF VISITS	26-27
14. SUPERVISED ACCESS VISITS	28-31

TOPIC	PAGE NUMBER
15. PHOTOGRAPHS, RECORDING DEVICES, CELL PHONES & PAGERS	32
16. TERMINATION OF SERVICE BY THE PROGRAM	33
17. TERMINATION OF SERVICE BY THE PARTIES	34
 <u>SECTION 4</u>	
18. RECORD KEEPING	35
19. CLIENT FILE MANAGEMENT	36-37
20. CRITICAL INCIDENTS	38
21. GRIEVANCE PROCEDURE	39
22. OBSERVATION NOTES	40-42
23. RETENTION AND DESTRUCTION OF FILES	43
 <u>SECTION 5</u>	
24. DECLINING CASES	44-45
25. CHILDREN’S AID SOCIETY	46
26. CHILD IN NEED OF PROTECTION	47
27. DUTY TO REPORT	48-49
28. EMERGENCY PROCEDURES	50
29. UNIVERSAL HEALTH AND MEDICAL PRECAUTIONS	51
30. SAFETY	52-54
31. MEDICATION	55

32. ANAPHYLACTIC REACTIONS

56-58

TOPIC

PAGE NUMBER

SECTION 6

33. FEES

59-61

34. FUNDRAISING

62-63

35. PROMOTIONS AND PUBLIC RELATIONS

64-66

SECTION 7

36. STAFF

67

37. VOLUNTEERS

68-69

APPENDICES

Appendix A : Confidentiality	70
Appendix B : Confidentiality (Bilingual)	71
Appendix C : Intake Guidelines	72
Appendix D : Consent to Participate	73
Appendix E : Letter of Agreement	74-79
Appendix F : Intake Forms	80-87
Appendix G : Consent to Disclosure of Information	88
Appendix H : Critical Incident Report	89-90
Appendix I : Observation Note	91-95
Appendix J : Safety: An Example of Action	96-97
Appendix K : Payment Plan	98
Appendix L : Schedule of Payment	99
Appendix M : Volunteer Application Form	100
Appendix N : Volunteer Agreement	101
Appendix O : Volunteer Guidelines	102
Appendix P : Writing Observation Notes	103-105
Appendix Q : Exit Forms	106-107
Appendix R : Resources and Information on Anaphylactic reactions	108-110

LIST OF REVISIONS

AUGUST 13, 2001

111-115

MAY 4, 2001

116

OBJECTIVES OF THE SUPERVISED ACCESS PROGRAM

- ⇒ To provide a safe and non-threatening, CHILD-FOCUSED, neutral environment for children to visit with or be transferred to non-custodial parties or other family members.
- ⇒ To provide a safe drop-off or exchange point where children may be transferred between a custodial party or other relative, or the non-custodial party;
- ⇒ To help ease the tensions of access arrangements for children and for both the custodial and non-custodial parties, eliminating their need to interact directly, thus diminishing opportunities for children to be subjected to family disputes;
- ⇒ To ensure the safety of all persons involved in the program, including staff and volunteers;
- ⇒ To assist families in carrying out their access requirements as stipulated by court orders;
- ⇒ To directly supervise and monitor all interactions between participants and children, in a way that is non-stigmatizing to the child and other participants and which does not interfere with the natural course of the visits except where safety is an issue;
- ⇒ To intervene on the child's behalf, if his/her health, safety or welfare is at risk;
- ⇒ To ensure that both parties are following the centre's policies and procedure guidelines, which are provided to clients, during the intake process;
- ⇒ To provide to the courts or legal counsel on request, factual reports on the interaction between participants and children during access visits or exchanges;
- ⇒ To assist anyone seeking to use our services where appropriate within the parameters of the service. Our staff are NOT Lawyers, Counsellors or Agents of either party and cannot be treated/considered as such;
- ⇒ To develop and maintain strong liaisons with professionals in the community.
- ⇒ To provide supervised access services that are sensitive to and responsive to the needs of the community in which they are provided.

REASONS FOR REFERRAL

- ⇒ Where there is alleged spousal assault and/or where there is an ongoing threat of assault;
- ⇒ Where there are allegations of physical, sexual and/or emotional abuse of the child or where there is a fear of such abuse occurring;
- ⇒ Where there are concerns regarding parenting ability;
- ⇒ Where the non-custodial party has been absent from the child for a lengthy period of time and requires the opportunity to re-establish a relationship;
- ⇒ Where the non-custodial party has a history of psychiatric disability;
- ⇒ Where the non-custodial party has a history of alcoholism and/or drug abuse;
- ⇒ Where there are concerns regarding abduction;
- ⇒ Where the animosity and mistrust between the parties is so great that access visits become very difficult to exercise;
- ⇒ Where continuity of access has been problematic or denied.

VISIT PROHIBITIONS & RULES

PROHIBITED ACTIVITIES:

- Alcohol or drug use prior to or during a Visit
- Smoking
- Abusive behaviour; making verbal or physical threats to anyone at the Centre
- Discussion of negative, inappropriate comments or access issues, assessment and discussion of other party in presence of the child(ren)
- Whispered conversation
- Weapons
- Physical discipline toward the child(ren)

ANY ACTS OF VIOLENCE WILL RESULT IN POLICE INTERVENTION

RULES

- Arrive and depart at the appointed time
- Wait in the assigned areas
- Children will be released only to previously approved designates
- Other visitors are permitted only upon prior approval by Custodial party or by Court Order
- Custodial party must make arrangements with the Centre in the case of an emergency by providing a contact name, phone number, and relationship (to the child).
- To cancel, the Centre must be contacted as soon as possible so the Centre can inform the other party
- Washroom visits by the child with non-custodial party will be monitored
- Courtesy toward staff, volunteers, and others is expected
- Observation notes will be taken for each visit
- All messages regarding the child will be reviewed, noted and passed by the program

EXCHANGE PROHIBITIONS & RULES **(WHILE ON CENTRE PREMISES)**

PROHIBITED ACTIVITIES:

- Alcohol or drug use prior to or during an Exchange
- Smoking
- Abusive behaviour; making verbal or physical threats to anyone at the Centre
- Discussion of negative, inappropriate comments or access issues in presence of the child(ren)
- Whispered conversation
- Weapons
- Physical discipline toward the child(ren)

ANY ACTS OF VIOLENCE WILL RESULT IN POLICE INTERVENTION

RULES:

- Arrive and depart at the appointed time
- Wait in the assigned areas
- Children will be released only to previously approved designates
- To cancel, the Centre must be contacted as soon as possible so the Centre can inform the other party
- Be courteous toward staff and others
- For each exchange, observation notes will be taken and may be reviewed by either party by prior arrangement with centre staff
- The only messages passed will be with regard to the best interest of the child
- All messages regarding the child will be passed and reviewed by the program staff and noted
- Materials may be passed at the discretion of the Centre

TOPIC: AGREEMENT FOR SERVICE

BEST PRACTICE:

Custodial and non-custodial parties using the Centre are required to sign a Service Agreement.

It is recommended that all other visitors also sign an Agreement for Service before attending the centre.

The Centre strives to provide services in a sensitive and thoughtful manner reflective of our concern for the well being of children and their families. Staff, volunteers and clients are encouraged to address any questions or concerns to the Centre Coordinator.

GUIDELINES:

Agreements between service providers and clients may include, but are not limited to, the following:

- Individual Centre rules and regulations
- Visit structure (extra guests)
- Emergency/safety measures
- Access schedule
- Termination of service
- Fees for service
- Initial interviews
- Medication procedures
- Exchanging of information
- Program specific policy and procedures (e.g. cancellation policy, scheduling, etc.)
- Client confidentiality
- Client questions and concerns

TOPIC: FREEDOM OF INFORMATION

BEST PRACTICE:

Though Supervised Access Centres are in general NOT government agencies and therefore NOT bound by the Freedom of Information and Protection of Privacy Act (FIPPA), it is the best practice of Supervised Access to adhere to the basic tenants of the Freedom of Information Act with regards to collection and use of information.

NOTE: If the Supervised Access SERVICE PROVIDER is bound by the Freedom of Information Act, the Supervised Access Centre is bound by the same.

GUIDELINES:

The following suggestions may be useful in helping to avoid potential contentious issues/problems:

- Explain to both parties during their individual intake interviews that information may be shared with those who require it to perform their job
- In general, under Freedom of Information, no information will be treated as confidential even if it is marked as such except for addresses, telephone numbers, and child(ren)'s school information as requested by individual parties.
- Consent should be specific and informed in order to avoid any future issues/problems. To ensure that the individual understands the process:
 - Have all participants sign a consent to disclosure form
 - Go over this form in detail, answering any necessary questions.
 - Explain to participants that legal investigations will not be obstructed

NB: See Sections 39-42 of the Freedom of Information and Protection of Privacy Act

EXCEPTIONS:

- 1. ADDRESS AND PHONE NUMBER OF THE PARTIES ARE NOT BE DISCLOSED IF CONFIDENTIALITY IS REQUESTED**
- 2. NAME, ADDRESS AND CHILD(REN)'S SCHOOL DO NOT HAVE TO BE DISCLOSED AND SHOULD REMAIN, IF REQUESTED, STRICTLY CONFIDENTIAL (in all regards)**

TOPIC: CONFIDENTIALITY

BEST PRACTICE:

It is the basic practice of the Supervised Access Centre to keep all information strictly confidential.

Information is only to be shared amongst centre staff/volunteers as required to perform their jobs.

Confidential information includes all files, records, telephone contacts/messages, correspondence, meetings, discussions, visits and exchanges pertaining to the Centre and the client.

Exceptions:

- Court directed (subpoena, search warrant or other legal orders);
- Legislative (reporting suspicion of child abuse or a child in need of protection of the Children's Aid Society); and/or
- Safety (telling someone in a position of authority if a client is in imminent danger of harming themselves or others).

GUIDELINES:

The Supervised Access Centre must:

1. Ensure that **all staff/volunteers sign a Statement of Confidentiality** (SEE APPENDICES A & B).
2. Ensure that, through direct contact with Supervised Access Clients:
 - Written permission to disclose information is obtained (SEE APPENDIX G)
 - All possible invitations to socialize during working hours and outside the Centre at any time are refused
 - Any client requests for staff and/or volunteer information about home phone numbers/addresses are refused. **THIS IS A SAFETY MEASURE**

3. Ensure that the Supervised Access Centre fosters a Confidential setting by:
 - Concealing private papers (reports, observational notes, court orders, files, telephone messages, staff notes, etc.) at all times;
 - Providing staff and volunteers with covered clipboards
 - Locking the filing cabinets when unattended and not in use;
 - Locking the staff office door(s) when unoccupied;
 - Erasing client phone numbers from telephone memory;
 - Never playing back telephone messages when others may hear;
 - Screening out the potential for clients to overhear conversations to the best of the Centre's ability;
 - Using only the first name of the staff/volunteers at all times;
 - Refraining from discussions involving client issues in the presence of other clients or anyone else.

4. Ensure that discussions with members of the community (general public inquiries) foster confidence in the services of the Centre by:
 - Using general statements about the Centre. For example: "separated/divorced people use the Centre to provide a safe, neutral setting for their children to have access to both parties." Do not disclose information about who is or who is not using the Centre.
 - Using the statement: "I am not at liberty to provide you with this type of information", if asked to disclose client information without consent.
 - Suggesting that people contact the Coordinator when in doubt whether or not information is to be shared.

FOR SAMPLE FORMS SEE APPENDICES A AND B.

TOPIC: COURT ORDERS

BEST PRACTICE:

Where a court order specifies that a party must be granted access to a child, it is the best practice of the Supervised Access Centre to endeavour to honour such a judgement to the best of its ability and subject to the discretionary power of the Centre Coordinator with respect to admissions and program hours of operation.

Court orders will be followed according to the spirit of the law and the availability of staff and facility. Consequently, the need to alter days or times may be unavoidable in order to accommodate a family's use of the service.

GUIDELINES:

In order to ensure the smooth operation of the Supervised Access Centre and minimize the disruption to the children the Centre must:

- Obtain a copy of the court order and follow instructions as per form and content to the best of the Centre's ability.
- Explain to the custodial and non-custodial party that his/her patience and flexibility may be required if dates/times do not meet the Centre's hours of operation
- Never agree with a party who contacts the Centre to say that a child does not want a visit/exchange. The party must be reminded that a court order generally expects the child to follow through with the intent clearly established in the document. **ALWAYS MAINTAIN AN OBJECTIVE STANCE**
- Advise parties to contact lawyers when problematic access issues arise between the parties.
- Investigate "unusual requests" and/or "uncertainties" with the lawyers representing each party prior to offering an answer about access.
- Speak directly to both parties (separately) if they are not represented by a legal professional and/or suggest further court action when issues cannot be resolved.

- Inform clients that any behaviour which undermines the neutral, safe use of the Centre will be reason to discuss the possibility with the parties' referring sources of termination of service (NOTE: A COURT ORDER SPECIFYING THE USE OF THE SUPERVISED ACCESS CENTRE IS NOT GROUNDS TO TOLERATE INAPPROPRIATE BEHAVIOURS).
- The Centre staff cannot recommend, negotiate or authorize changes to court orders

CONSIDERATIONS:

Supervised Access Centres have discussed the topic of court orders for a number of years. Notably with regard to the topics of:

- Wording; and
- Use of a Supervised Access Centre

The goal is to clarify the terms and conditions of the access thereby reducing opportunities for conflict and misunderstanding.

The following suggestions for families, the bench and the bar are recommendations for information and education purposes only. Ideally, Centre Coordinators are encouraged to meet with their local judges and family law bar to discuss these issues.

HOURS, DAYS DURATION:

Except in special circumstances orders should set out the number of hours, and the number of visits per week, but should not specify the actual day or time. A three-hour maximum for visits is recommended. Centre staff have determined that longer visits in the Centre are difficult for children and adults due to the limited nature of the facilities.

Sample wording: “the child will have supervised visits one weekend day and one day during the week for a period of two hours as the resources of the access Centre permit”.

When hours and days are specified, they are sometimes not during the Centre's regular hours of operation. Clients may then be required to return to court to change the order. NOTE: There have been instances where clients have gone to court to try to find the Centre in contempt of the order. This approach has not been successful as the legislation

specifies that supervised access is provided on the agreement of the provider. As well, a family may be accommodated faster if they can be flexible about the day and time.

NAMING THE CENTRE:

By having a clause that allows for another Centre, yet unnamed, to be mutually agreed upon, families that move or require changes may do so because it is already in their order. The Centre is not put in the position of approving the change, which in any case they do not have the authority to do.

Sample wording: "...supervised visits/exchanges with the child(ren) at NAME OF CENTRE or such other mutually agreeable facility/access Centre...".

SPECIFY THE TYPE OF SERVICE: Supervised Visits or Supervised Exchanges should be specified so that there is no confusion and the Centre is not expected to determine the type of service to be provided.

REVIEW MECHANISMS:

Court orders should contain a mechanism for reviewing the need for supervised access. Final court orders for supervised access or exchanges with no mechanism for families to review their on going need for service should be discouraged except in special circumstances.

Some individuals may not want to return to court to vary their orders, while others are not aware of how to vary their order. It is not the role of the Centre to vary orders or approve client agreements to vary orders.

Interim orders that set return dates or specify the number of visits or exchanges to occur before a return to court are helpful.

Final orders should specify that there is supervised access until such time as the parties mutually agree to a change in the access arrangement through: mediation, assessment, or a return to court for a variation of the existing order.

Sample wording: "the access issue is adjourned to DATE to be spoken to" or "it is the parties' intention that X number of supervised visits/exchanges will take place before the return of this matter"

Informally, some Centres create a schedule for each family covering up to 3-4 months of visits/exchanges or covering just up until or just beyond the next court date. This requires families to reschedule or to notify the Centre of any changes to the order that may result from the return to court. Centres find that they are not always kept informed of changes once the families return to court.

OTHER ISSUES TO ADDRESS: Addressing the following issues in a court order or agreement reduces possible conflict and misunderstandings and reduces the chances that a matter will have to return to court or require legal intervention.

- a) long weekends;
- b) school holidays;
- c) family holidays;
- d) other visitors;
- e) photography;
- f) gifts;
- g) fee payment;
- h) cancellation of visits/exchanges if different from Centre policy and procedure;
- i) whether or not a report issue requires payment

TOPIC: INTAKE INTERVIEW

BEST PRACTICE:

In the best interest of all parties and in order to avoid future problems, information should be clearly provided. The interviewer must ensure that all parties involved understand this information. **Interviews must be conducted separately with each party.**

GUIDELINES:

CUSTODIAL AND NON-CUSTODIAL PARTIES:

- Review the guidelines of the Centre, role of the Centre and fee schedule-Remember to read the guidelines with the parties, as some individuals may not be able to read
- Ensure that you have a copy of the Court Order or written agreement. Review the Court Order/Agreement with the parties.
- Sign a service agreement form or consent of compliance with Centre guidelines, a consent to disclosure of information form, and a guardian authorization form re: obtaining medical treatment and any other required forms based on individual Centre policy
- Complete intake form
- Review visit/exchange observation notes and explain purpose of reports
- Review time schedules/dates of visits/exchanges. Explain Centre's role and each party's role in agreeing to a regular schedule that is consistent for the child. Also explain that sometimes the time or day may need to be changed, due to unforeseen reasons (e.g. the child falls ill, party is unable to come). Parties may need to be flexible at these times
- Ensure that appropriate consents are signed and file forms in appropriate file. Record times of visit/exchange in the scheduling book
- Address concerns as they arise so they may be resolved in a timely manner (should there be a problem). Once visits/exchanges begin it is more difficult to resolve problems. E.g. child refusal of visits

- Explain the role of each party and their part in making the visit/exchange positive for their child. The custodial party must prepare their child ahead of time for the visit/exchange
- Explain the importance to both parties of not speaking negatively and not discussing any unresolved conflicts in front of the child
- Advise parties of Centre procedure for dealing with distressed children during a visit and our role in encouraging court ordered access.

FORMS SIGNED:

- A *Consent to Disclosure of Information* form must be signed by both parties at intake. This consent gives the Coordinator authority to discuss all matters related to the supervised access arrangement, and authorizes consent to release any reports or documents prepared by the access Centre or by other staff of the Supervised Access Program, to the court, lawyers of the custodial and non-custodial party, or the lawyer representing the child(ren). The *Consent to Disclosure of Information* is effective as long as the file remains open unless the Service Provider's policy requires otherwise, in which case the forms are valid until the required expiry date, at which time the forms should be resigned. Discharge policy indicates that if a family has not been using the program for a three month period they will be discharged
- A *Service Agreement* form must be signed by both parties before or at the first visit/exchange. Each party must sign a separate form. Signature on this form indicates that the party is willing to participate in the program according to the policies and procedures outlined, and that they have received a copy of the Policies, Procedures and Guidelines of the Centre.

SPECIAL CONSIDERATIONS

BEST PRACTICE:

Supervised Access is a child-focused program, mandated to provide service in the best interest of the child. The focus, therefore, is on ensuring the comfort of the child. This should be explained to all parties during the intake process.

Issues may arise that could potentially affect the child's comfort in his/her use of the Centre

The following are some issues that can be discussed (or may arise) during the intake interview.

CUSTODIAL PARTY:

- Parties should be advised to prepare the child(ren) for the visit/exchange at the Centre prior to the start of service - THIS SHOULD INCLUDE ORIENTATION TO CENTRE FACILITIES BEFORE THE FIRST VISIT/EXCHANGE
- Be aware that some custodial parties do not want the child to refer to the non-custodial parent as "mom" or "dad". Make clear the potential negative affect this will have on the child. Explain that sometimes "mom" or "dad" may come out accidentally. CENTRE STAFF WILL NOT ENFORCE PARENTS' REQUEST IN THIS REGARD
- If a party feels the need to tell their child the above, they should seek professional help to gain guidance on the effect this might have on the child(ren).

NON-CUSTODIAL PARTY:

- Notify non-custodial parties that it may take some time for the child to adjust. Patience may be required.
- Ask whether or not the party has a car seat when doing an exchange. Keep in mind it is not the Centre's responsibility, due to liability issues, to inspect the car seat or to ensure it meets safety standards.
- Explain the importance of concentrating on the present visit and re-directing the children's questions or comments regarding the custodial party or future arrangements, back to the visit at hand
- Based on Centre policy, advise the non-custodial party that it may be their responsibility to provide a snack or meal, depending on the time of the visit. This issue should be discussed at intake.
- Based on Centre policy, it is usually expected that the non-custodial party provide activities for the child(ren)

FOR SAMPLE FORMS SEE APPENDICES C, D, E, F AND G.

TOPIC: FRENCH LANGUAGE SERVICES

BEST PRACTICE:

It is the best practice of Supervised Access to provide equally accessible services (within the limits of Centre means) to all members of the community using Supervised Access. When necessary, and under certain circumstances, this may require provision of French language services, including direct service and French translation of forms and documents.

GUIDELINES:

In all communities, but especially in those communities designated in the French Language Services Act as bilingual, Centres should, if possible, facilitate access through the following:

- Bilingual staff
- Bilingual volunteers
- Bilingual or French versions of forms (i.e. record of visits, observation notes, critical incident forms, etc)
- Bilingual or French versions of Books and Games

TOPIC: ARRIVAL AND DEPARTURE TIMES

BEST PRACTICE:

Logistics of arrival and departure times will be staggered so that contact between the custodial and non-custodial party does not occur.

General practice: **The Supervised Access Coordinator can use his/her discretion to implement an arrival/departure pattern based on Centre policy and the security concerns of the file**

GUIDELINES:

- Based on Centre facilities, there may be the option to arrange for the custodial party to remain in a waiting room; however, it is preferred that the custodial party be strongly encouraged to leave the premises (except by prior arrangement with the Centre).
- On arrival, the child will be met by Centre staff and taken into the visitation room.
- There is to be a 10-20 minute time delay between the arrival and departure of custodial and non-custodial parties in order to prevent contact.
- If possible, parking facilities should be observable and monitored by Centre Staff, so as to ensure the safe arrival and departure of staff, volunteers, children and the parties.

TOPIC: CANCELLATION OF VISITS/EXCHANGES

BEST PRACTICE:

It is the best practice of Supervised Access Centres to uphold the values of neutrality and safety and therefore, with regards to the cancellation of visits/exchanges, to ensure: an equitable and consistent procedure for the cancellation of visits/exchanges; and, the safety of staff, volunteers, and Centre participants.

GUIDELINES:

- Due to the group nature of the supervised visits, a regular access visit should be cancelled in cases where the child(ren) has/have a contagious illness.
- In accordance with Centre policy, notification of a cancelled visit/exchange should occur as early as possible in the week prior to the visit/ exchange or as required by court order
- Centre staff must document the details surrounding the cancellation and are responsible for informing the other party
- Cancellation documents become part of the Supervised Access Centre file and can be read or ordered for court purposes by either party or lawyers for either party
- All supervised access visits/exchanges will be scheduled according to staff and volunteer availability. In cases where the Centre must cancel visits/exchanges due to staff or volunteer shortages, inclement weather, or any other unforeseen problems with the physical site, documentation will clearly reflect the reasons for the cancellation and that the responsibility for the same rests with the Centre
- Any potential “make-up” visits/ exchanges will be left to the discretion of the individual centres according to their scheduling, ability to provide service and policy
- A visit that is not attended by one of the parties, or both parties, and that has not been cancelled in advance with a call to the Centre, will be documented as a “NO SHOW”. Three “NO SHOW”s by one party may result in the file being reviewed by the Centre Coordinator, and may result in termination of any further visits. In this instance, letters will be written to both parties/counsel outlining the reasons for withdrawing the Centre’s privileges.

TOPIC: CHILD REFUSAL OF VISITS/EXCHANGES

BEST PRACTICE:

It is the Best Practice of the Supervised Access Centre to ensure equitable, consistent, and quality service/visits/exchanges and to provide for the safety of staff, volunteers and program users. The Supervised Access Centre reserves the right to terminate services in situations where the child refuses to attend.

Ensure that both parties are aware that Centre Staff will not force children to attend visits/exchanges and include this in the service agreement that is signed before visits/exchanges begin.

GUIDELINES:

The Supervised Access Centre should respect the following:

- If a child refuses to attend a visit or an exchange, every effort will be made to facilitate the access, including: requesting the custodial party to provide items the child is comfortable with; requesting the custodial party to remain at the Centre in a room other than the visitation room; or requesting the custodial party to bring the child to the Centre for more frequent contacts with the Supervised Access Staff in order to acclimatize the child to his/her surroundings.
- STRATEGIES IMPLEMENTED WILL BE CHILD FOCUSED AND APPROPRIATE TO THE AGE OF THE CHILD(REN).
- On occasion, a child may refuse to attend a visit. When this occurs, staff should make every effort to encourage access as ordered by the court. Staff should assure children who have been exposed to or have suffered physical and/or sexual abuse that they are safe in the Centre. A non-verbal sign may be established to terminate the visit if necessary.
- Advise children they will not be left alone during the visit. A staff or volunteer will always be present.
- Custodial parties are reminded during the intake procedure that it is their responsibility to prepare the child(ren) for access visits and/or exchanges

- If a party calls the police to enforce the visit/exchange, the situation must be removed from the Centre. The Centre does not support this type of intervention.
- Encourage children to come in and say hello to the non-custodial party. Also advise children they can leave whenever they want to.
- With an infant or toddler, the worker will assure the custodial party if the child does not settle after 10-15 minutes, the staff or volunteer will bring the child back to the custodial party.
- Speak with both parties regarding any suggestions they may have to make the child feel more comfortable
- Staff will not physically enforce a court order unless the child is too young to verbally express his/her desire to have a visit. In this instance, staff will carry children to the place of visit.
- Last resort (based on centre policy, facilities and staffing abilities) –Have the custodial party settle the child down in the visiting room; once the child is distracted have the custodial party LEAVE and then have the non-custodial party come in to the room to begin the visit.
- Program staff will do their best to understand what the child's concerns are when visits are refused and will document these concerns in the cancellation notes. After three consecutive refusals by the child, the matter will be referred back to the lawyers for review by the courts. **Children will not be required to be continually brought to the Centre if visits cannot be facilitated.** In some Centres, if the child refuses to attend after three visits, the Supervised Access Coordinator will VERBALLY notify the parties of the Coordinator's decision to terminate service. Separate letters confirming the decision will be forwarded to the parties and copies will be provided to counsel (if retained), and to the parties' files.
- If a matter goes back to court on contempt charges due to a child's refusal of visit, the court should be made aware in writing of the Centre's policy not to force children. THIS SHOULD BE PART OF THE SUPERVISED ACCESS CENTRE'S EDUCATION AND LIAISON WITH BENCH, BAR AND COMMUNITY.

TOPIC: SUPERVISED ACCESS VISITS

BEST PRACTICE:

The goal of staff during the visit is to ensure children are having a safe and positive experience. Staff are to supervise all parties and children in an unobtrusive manner by placing themselves strategically around the room to ensure they are always within hearing distance of conversations and always able to view the visit. At least one staff must be in the visiting area at all times. At least one staff will be monitoring the incoming and outgoing parties and children. All visits are to be held on site.

GUIDELINES:

- Greet custodial party and child(ren). Record arrival time in log. Obtain medication (if any), record instructions and store as per medication policy. Record any specific instructions regarding childcare on observation notes.
- Note the party's and child's actions and words when preparing for the visit on the observation notes
- Escort the child(ren) into the visiting room and exchange area (one family at a time) and record greeting on the observation notes
- Once the children have settled, inform the custodial party that they may leave and mark in the log. Obtain a telephone number where they may be contacted, if different from that in the file
- Staff will supervise children in the event that a visit is terminated prematurely until the other party can be notified and return to the Centre. No child will be left unsupervised while on the Centre site.

NOTE: ARRIVAL/DEPARTURE PROTOCOLS MAY DIFFER DEPENDING ON CENTRE POLICY AND FACILITIES. THE IMPORTANT GUIDELINES ARE:

- **STAGGERED PARTY ARRIVAL/DEPARTURE**
- **NO CONTACT BETWEEN PARTIES**
- **CHILD COMFORT**

There may be situations in which staff have to intervene. These include:

- A) escorting young children to the washroom; diapering infants/toddlers

- B) where interactions are “awkward/uncomfortable” between parties and child
- C) where child or party are engaging in dangerous or unsafe play
- D) where physical discipline has been employed by a party
- E) when party and child have had a lengthy separation
- F) when a child/ party is interacting with other families to the point of distraction
- G) when conversation and or comments are not appropriate between party and child

A) Escorting Young Children to the Washroom/Diapering

- Staff are required to escort children to the washroom.
- Non-custodial parties may diaper the child under the supervision of staff except in special circumstances. If there is a court order or another reason prohibiting the non-custodial party from diapering the child, staff will change the child. If applicable, custodial party can diaper the child, depending on individual Centre rules. Where there are allegations or a history of child sexual abuse the non-custodial party is NOT allowed to diaper or accompany the child to the washroom even under supervision.
- Staff should ensure that they obtain any instructions about special circumstances during the intake interview
- Staff will ensure that both parties’ are made aware of any arrangements during the intake interview
- Staff will closely monitor diaper changes and document on the observation note.

B) Where interactions are difficult between parties and children

- Parties should be encouraged to address and work through difficulties.
- If a child appears uncomfortable, expresses uneasiness, or becomes visibly upset, staff should intervene.
- This intervention may include remaining with the family during the visit or offering the child the opportunity to leave the visiting area.

SUGGESTED STEPS:

- Initial intervention - staff should move closer to the family
- If the party is unable or unwilling to settle his/her child, staff should then become more involved.
- If the CHILD CANNOT BE CALMED, staff may want to suggest the child be brought to see his/her custodial party if available (this is common with infants and toddlers)
- In the event that a party is visibly upset or agitated, staff may also suggest that he/she leave the visiting area to regain composure

C) Where a party or child is engaged in dangerous or unsafe play

- It may be necessary to intervene when a party and/or child are using gym or play equipment in an unsafe manner
- It may also be necessary for staff to intervene if children are fighting or engaging in play fight, or if a party is engaging his/her child in activities that are not age appropriate.

D) Where physical discipline has been employed

- Staff MUST INTERVENE if any physical discipline is employed.

- Staff must decide whether or not to terminate the visit
- If a child is misbehaving and the party has not initiated intervention, staff should assist with alternative discipline practices (if required).

E) Where a party and child have had a lengthy separation

- When there has been a lengthy separation between a child and a non-custodial party, staff may need to reintroduce the family
- After introductions are made, if the child or party appears uncomfortable, staff should show the family equipment and toys and suggest an activity
- It may be necessary to remain longer with the family and take part in activities until the child appears comfortable

F) Where a child/ party is interacting with others to the point of distraction

- It may be necessary to redirect a party or child to their visit if they are not interacting within their family unit for a prolonged length of time

G) Where conversation and/or comments are not appropriate between party and child

- Staff are required to redirect inappropriate conversations (i.e. negative comments towards custodial party, future visits outside of Centre, court issues, etc.)

KEEP IN MIND:

- Other visitors will not be allowed on site during the visit unless permission has been received from both parties in advance of the visit, or visitors are indicated in the court order
- No one other than the non-custodial party may pick-up or drop-off the children during exchanges unless there is approval by the custodial party and/or the lawyer. The Centre must be notified of any new arrangements
- The party may not question the child regarding the other party or discuss concerns regarding the other party or the terms of access in the presence of the child. In order to enforce this policy, whispering will be discouraged by staff.
- Parties are to ask staff permission before visiting the playground (should individual Centres have a playground)
- Parties are responsible for their child(ren) during the visit. If parties cannot appropriately control their child(ren), staff and volunteers have the authority to terminate the visit

ALSO:

1. Staff are not expected to check non-custodial party's vehicle for appropriate car seats. Parties are responsible for appropriate car seats
2. Families are expected to put toys away after use. No "war" toys are allowed at the Centres, this includes water guns
3. The custodial party should provide staff with the telephone number and address of a trusted person who can be contacted in case of an emergency if the custodial party is not immediately available

4. The custodial party is requested to supply clothing, bottles, formula or whatever else is needed for care of the baby during the visit. A well-known stuffed toy or blanket can be sent with the child to facilitate his/her emotional comfort while at the Centre. In the summer months, a hat and sunscreen are also requested if there are outdoor facilities
5. To ensure a healthy environment for children, the Centre has a *no smoking* policy
6. Children are *not to be involved* in telephone calls at the Centre

AT THE END OF THE VISIT:

1. Toward the end of the visit, inform the family that the visit is almost over. This will allow party/child(ren), time to prepare for the end of the visit.
2. Inform the custodial party of any possible concerns.
3. Return the child(ren) to the custodial party (one family at a time) and record their reactions in the observation notes. Request that they leave immediately.
4. Ensure that there is no contact between custodial and non-custodial party. If custodial party leaves first, ensure that non-custodial party remains on site for 10-20 minutes. If non-custodial party leaves first, ensure that custodial party remains on site for 10-20 minutes.
5. Complete visitation report (including all observation notes) and critical incident documents.

TOPIC: PHOTOGRAPHS, RECORDING DEVICES, CELL PHONES & PAGERS

BEST PRACTICE:

It is important to respect the privacy of individuals, including staff, volunteers and other clients during visits or exchanges that take place at the Supervised Access Centre. For this reason it may be necessary to restrict or limit the use of recording devices, either visual or audio, cameras, telephones or pagers.

It is important to remember that due to confidentiality issues, no unauthorized individuals or families, children, staff or volunteers should be included in any photographs or recorded on either visual or audio devices.

CENTRES DO NOT PERMIT CELL PHONES, AUDIO OR VIDEO RECORDING DEVICES IN THE VISIT ROOM.

**PAGERS ARE NOT PERMITTED IN THE VISIT ROOM.
(unless the non-custodial party requires it for emergencies as part of his/her profession – see policy below).**

GUIDELINES:

Centres may have varying policies regarding issues of photographs, recording devices and pagers. When making a decision regarding policy, Centres should consider the following:

- The taking of photographs may or may not be permitted depending on Centre policies and the terms of the court order
- If photographs are agreed to, it is the responsibility of the visiting party to bring the camera and show it to the staff upon arrival. Some Centres may require that only Centre staff or volunteers be permitted to take the photographs to ensure client confidentiality (i.e. no other clients are to appear in the photographs).
- Cell phones are not permitted on site during a Supervised Visit because staff cannot supervise what is being said to a child over the telephone.
- Some Centres, under special circumstances, may allow visiting parties who must be available during visiting hours (i.e. fire fighters), to wear a pager into the visit. If paged, the visiting party can then decide whether or not to respond. Should they decide to leave, the visit would be terminated at that time.

TOPIC: TERMINATION OF SERVICE BY THE PROGRAM

BEST PRACTICE:

The Supervised Access Program reserves the right to terminate services in situations where:

1. Safety or other issues involved in the case cannot effectively be managed by the service
2. Either party fails to adhere to Centre Procedures and Policies

GUIDELINES:

- If termination is being considered, the Supervised Access Coordinator will suspend services, and notify the offending client verbally of the Coordinator's decision to suspend said service. A meeting will be requested with the offending client to discuss the issues. A letter confirming the suspension and an invitation to meet will be provided to the client, with copies to counsel (if retained) and to the client's file.
- The Supervised Access Coordinator will inform and consult with the non-offending party about the issues leading to the suspension. A separate letter will be provided to the non-offending party confirming the suspension, with copies to counsel (if retained) and the client's file
- Should the offending client not contact the Coordinator, a final letter will be mailed out informing the client that service will be terminated. Copies will be provided to counsel (if retained) and to the client's file. A separate letter informing the non-offending party of the closure will also be provided with copies to counsel (if retained) and to client's file
- If the Supervised Access Coordinator and the offending party are unable to resolve the issues, the Coordinator will terminate service and advise both parties and their respective counsel with regard to the reason for termination. These reasons will be confirmed in writing to both parties and any counsel if involved, with copies to the file.

TOPIC: TERMINATION OF SERVICE BY THE PARTIES

PARTIES NO LONGER REQUIRING SUPERVISED ACCESS SERVICES

BEST PRACTICE:

If parties are no longer attending (i.e. missing visits for extended periods of time), the Centre reserves the right to close the file.

Based on Centre Policy, files should be reviewed after (at least) three months of no activity, if not sooner. If deemed inactive, these files should be closed.

BEST PRACTICE:

- If both parties notify the Centre coordinator that they no longer want to use the Centre, the coordinator will advise them to return to court to vary their order
- If parties indicate that they have no plans to do so, the Centre will require a written confirmation and will close the file.

TOPIC: RECORD KEEPING

BEST PRACTICE:

The maintenance of confidential records is essential. There are several areas that require record keeping, including: client files, personnel files and administrative files.

Supervised Access Client Files are to be maintained separately from other agency files/databases. Where files and information are stored electronically, Centre information is to be kept on a dedicated workstation accessible ONLY to Supervised Access Centre Coordinator(s) and staff.

Additional information relating to the new Case Management /Database system requirements will be added to this section (once implemented)

GUIDELINES:

Confidential information is shared with others only if it is essential to the performance of his/her duties. Otherwise, confidential information will only be released with the consent of *all* individuals in question.

It is suggested that for the benefit of all parties involved (including the Centre), consent be provided in writing.

TOPIC: CLIENT FILE MANAGEMENT

BEST PRACTICE:

Client file management is a necessary and integral function of the Supervised Access Centre. The Supervised Access Centre will create and maintain client files for each individual receiving service. An identifying name or number should be issued to each client file. This number should not be given to any other file opened by the program. The latter practice is essential in order to keep the families' files together as well as to ensure individual files are kept separate.

The Centre maintains files and records in order to provide: historical data for future identification, verification of facts if and when necessary, as well as material for research purposes.

GUIDELINES:

1. The program recognizes its ethical and moral obligation to respect, preserve, and safeguard the privacy, dignity and human rights of those individuals to whom it provides services
2. All client files, paper documents, and computer records pertaining to open cases must be maintained at the administrative location. Copies of pertinent information, which may include names, telephone numbers and court orders will be transported to individual site (i.e. satellite) locations. Documents should be "secured" in a locked filing cabinet or locked room. Information should be kept private (not left lying around) and business should be conducted in a location where conversations/messages CANNOT be overheard
3. POLICIES RE: STORING OF CLIENT INFORMATION AND THE CASE MANAGEMENT DATABASE SYSTEM WILL BE INCLUDED ONCE THE SYSTEM IS IMPLEMENTED.
4. All client files will include, but not be limited to, the following:
 - Intake forms
 - Emergency information forms
 - Consent to Disclosure forms
 - Service Agreement/Consent to Participate
 - Fee Agreement
 - Pertinent screening information
 - Correspondence
 - Court Orders
 - Letter of closure
 - Exchange/Visit Schedules
 - Observation Notes

ALL exit forms, questionnaire, satisfaction surveys, etc. completed by any Centre clients should be maintained in a separate administrative file, and not directly in the client file. Client names are not generally included on the above forms.

5. All client files, paper documents and computer records pertaining to closed files must be maintained at the office in compliance with legal requirements.

PERSONNEL

- PERSONNEL FILES:** Records must be kept of all staff and volunteers including:
- Police check (CPIC)
 - Reference check
 - Signed confidentiality statement
 - Signed conflict of interest form
 - Performance evaluation
 - Employment contract (staff only)
 - Volunteer application form (volunteers only)

ADMINISTRATION

- ADMINISTRATION FILES:** Records must be kept with regards to the following:
- Payroll
 - Charitable receipts/GST
 - Insurance
 - Board /Advisory Committee information (minutes, AGM, by-laws, etc)
 - Statistics
 - Ministry correspondence
 - Policies and procedures

TOPIC: CRITICAL INCIDENTS

BEST PRACTICE:

Critical incidents and serious occurrences are to be reported IMMEDIATELY to the Coordinator. CRITICAL INCIDENT REPORTS are to be completed IMMEDIATELY and INDEPENDENTLY by each Staff Member and Volunteer working the shift.

EXAMPLES of Critical Incidents include (but are not limited to):

- Child abduction
- Reporting emotional/physical child abuse or neglect
- Death
- Suicide attempt
- Allergic reaction
- Vandalism
- Incidents of a sexual nature
- Violent behaviour (any situation where child, participant, staff or volunteer is threatened, placed in a situation of risk, or actually harmed)
- Breach of confidentiality
- Where the Police have been called
- Where the CAS has been called
- Serious injury (e.g. injuries resulting in bruises, first aid care or emergency medical assistance)

GUIDELINES:

1. Notify the coordinator immediately
2. Complete the Critical Incident Report thoroughly being as specific as possible. Include all persons involved, all actions taken and directions from the Coordinator, if any
3. Give the Critical Incident Report to the Coordinator or place it in a sealed envelope
4. The Coordinator will proceed as per Ministry guidelines
 - Inform the direct Supervisor (Centre Coordinator, Executive Director, Board Chair)
 - Inform the Board of Directors
 - Inform the Ministry of the Attorney General
 - Include a copy of all Critical Incident Reports with the Monthly Statistical Report sent to the Ministry
5. A copy of the completed Critical Incident Report will be placed in the Client's file
6. Notify counsel of each party and counsel for the child

FOR FORM, SEE APPENDIX H

TOPIC: GRIEVANCE PROCEDURE

BEST PRACTICE: All Centres must have a written policy and procedure to address grievances/complaints of staff and volunteers and clients.

COMPLAINTS/GRIEVANCES OF STAFF/VOLUNTEERS:

- Staff and volunteers should first verbally discuss their concerns/complaints with the Supervisor. If this does not resolve the grievance to their satisfaction, the staff/volunteer should be advised to direct their concern/complaint to the Executive Director/Board Chair in writing.
- The Executive Director/Board Chair will give a written response within 30 days of notification.
- Problem and grievance resolution is achieved in accordance with the policies and guidelines set out by each Supervised Access Centre's Service Provider's Policy Manual

COMPLAINTS/GRIEVANCES OF CLIENTS:

- Any problem or grievance brought to the attention of staff by clients should be responded to by staff on an individual basis in accordance with their personal understanding of what is best for the child(ren) concerned.
- If this does not resolve the problem the supervisor should be notified.
- All complaints and responses are to be documented.
- If the client is still not satisfied, they may make a written request for a meeting with the Executive Director/Board Chair.
- Problem and grievance resolution is achieved in accordance with the policies and guidelines set out by each Supervised Access Centre's Service Provider's Policy Manual

TOPIC: OBSERVATION NOTES

BEST PRACTICE:

It is the best practice of the Supervised Access Centre to have the observation notes completed at the time of the visit or exchange.

Notes taken during party-child interactions offer useful factual observations for the lawyers involved and the court.

GUIDELINES:

NOTES:

- Observation Notes must be hand written
- Observation notes will include only factual observations to produce a clear picture of the access visits or exchanges
- Notes will include the names of all parties involved, ages of the children, terms of the access visit
- Notes should include the scheduled and actual times of arrival and departures, any interactions and conversations exchanged and should reflect a clear summary of any incident affecting the health, safety or well being of any child, participant or staff
- Notes must be recorded objectively, must not include personal opinions or thoughts and should reflect observations made from the time the child arrives at the access Centre
- If during the time of the visit any type of intervention occurs then such intervention must also be clearly noted

MISTAKES:

Observation notes should not be altered. If any errors are made, the errors should be corrected by drawing a single line through the error and initialling the change.

Volunteers completing observation notes should only be identified by their initials or their first name and last initial.

CONFIDENTIALITY:

Confidential information given to staff such as a new address or telephone number should NOT be included on the observation note. Such information should be recorded on a separate sheet of paper and placed in the client file.

REVIEW: All observation notes will be forwarded to the Centre Coordinator for review, prior to filing or submission to counsel.

Review of the observation notes will be conducted to monitor the participants' cooperation with the Centre, help identify any patterns which may become problematic at a later date and to ensure the notes are completed and maintained.

DOCUMENTATION: Document conversations between parties and child through the use of quotes as opposed to paraphrasing.

EXCHANGES: During an exchange, the time the child was dropped off by the custodial party is to be noted as well as a brief description of the conversation that took place prior to the party leaving or the child being separated from the custodial party.

Any activities and/or discussions that the child and Centre staff were involved in with the non-custodial party, during the period prior to the child's departure, should also be noted.

Repeat procedure when the child is returned to the custodial party.

VISITS: During a supervised visit, follow same monitoring and note-taking procedure as per an exchange with the following amendments:

- Centre staff is required to observe the entire supervised visit, making notes on conversations and any activities associated with the visit.
- Notes should include: the names of authorized guests and their relationship to the child such as aunt or grandparent
- Notes should include: anything the visiting party provided for the visit such as snacks or gifts as per the terms of the access visit
- It is important to document displays of parenting skills, for example, how the party handles conflict between siblings.

CANCELLATIONS: All cancelled visits or exchanges must be noted as follows: note should be made regarding who cancelled the visit or exchange, why, when and how notification was given and when the other party was informed of the cancellation.

Failure of a custodial or visiting party to attend a scheduled visit (i.e. no show) must also be documented.

ABUSE:

It **is** appropriate for a staff/volunteer to note any bumps or bruises on the child that are visible while the child is at the visit location

It **is** appropriate for a staff/volunteer to note if a party informs them that the child has a bruise, for example, on their hand as a result of a fall while playing at home

It **is not** the role of the Supervised Access Centre to inspect children by lifting their shirts to check their bodies for marks or bruises on the non-custodial party's request

If the non-custodial party has concerns about abuse, they should be advised of their obligation to contact the Children's Aid Society.

Staff and Volunteers are required to report any concerns with regard to (suspected) abuse to the CAS.

FOR FURTHER DETAILS REFER TO SECTION 5

REPORTS:

When requested, reports compiled from factual observation note entries and recorded during visits and exchanges, or copies of all observation notes will be forwarded to counsel for all parties or to the individuals themselves

- **Reports based on observation notes will be released simultaneously to all parties**
- **If a serious occurrence happens during a visit, a critical incident report will accompany the observation note**
- **Fee schedule for reports should comply with the Ministry directive (See Section 6).**

FOR SAMPLE FORMS SEE APPENDICES H AND I. FOR DOCUMENTATION SUGGESTIONS, SEE APPENDIX P.

TOPIC: RETENTION AND DESTRUCTION OF FILES

BEST PRACTICE:

The Program adheres to clearly established retention schedules, which comply with the host agency requirements and/or the Ministry of the Attorney General, and other relevant legislation and regulations.

It is the Centre's responsibility to determine when it is no longer necessary to retain certain files, as deemed by law and by good service practice. Given the sensitive nature of the confidential information, the procedure for destruction of the files includes shredding of hard copy information and deletion of computer records.

GUIDELINES:

- Files are to be retained and destroyed based on individual agency policy.
- In the absence of other policies, Client Files are to be retained on site for 1 year after file closing and stored off site for either:
 - 7 years
 - Until the child(ren) involved reach 18 years of age

NOTE: IF CLIENT DATA IS KEPT ELECTRONICALLY, COMPUTER HARD-DRIVES SHOULD BE DE-GAUSED (MAGNETICALLY ERASED) BEFORE THEY ARE SOLD OR DISPOSED OF.

TOPIC: DECLINING CASES

BEST PRACTICE:

Supervised Access Centres are to ensure a safe, neutral environment for all participants of supervised access services, including clients, staff and volunteers. To ensure that consistent and quality practice is maintained in declining unsafe referrals, the Service Provider may refuse to accept any case if the safety of participants and staff cannot reasonably be assured.

The Service Provider may refuse referrals where:

- The family refuses to consent to the terms of the Service Agreement
- The family refuses to provide screening information (i.e. releases of information)
- There exists an unstabilized psychiatric disability
- An individual's behaviour is volatile and there is staff concern about his/her ability to control it
- CAS or CCAS involvement is non-voluntary
- The child/children are Crown wards
- A referral is made while CAS or CCAS are investigating

GUIDELINES:

- The Supervised Access Coordinator will at intake, secure copies of all relevant court documents, and other screening information (e.g. releases of information, etc)
- The Supervised Access Coordinator will decline services to cases where the client refuses to provide releases of information for access to police records, court documents, or medical records (if required), or where continued violence between the parties threatens the safety of others at the Centre
- The Supervised Access Coordinator may decline services in cases where: the client behaves in an abusive manner during intake interview, and/or the client arrives intoxicated to the intake interview
- The Supervised Access Coordinator will advise those involved of his/her decision to decline the referral
- Should disagreement arise between the Supervised Access Coordinator and the family and/or referring agent, the complaint will be handled as per the client complaint procedure of the Service Provider.

Where CAS or CCAS is involved:

- At the time of intake, if the CAS is investigating, Supervised Access services may not be appropriate

- If the child is in the care of CAS or a Ward of the state, Supervised Access services may be declined

Please see page 46 for more detailed policies re: CAS cases.

Where there is no agreement to participate:

- The program will not proceed with referrals if either party is not in agreement and refuses to participate in the program
- In such circumstances, legal council for both parties will be notified
- The file will be closed if the non-custodial party chooses not to participate. The non-custodial party may reapply and, space permitting, may be placed back on the waiting list for service
- The intake file will be kept open if the custodial party is in non-compliance. The length of time is at the discretion of the Centre Coordinator

Services CAN AND SHOULD be refused if it is felt the client is not appropriate for the Centre and/or the services we provide.

TOPIC: CHILDREN’S AID SOCIETY

BEST PRACTICE:

The Child and Family Services Act (Section 72(2)) defines “a child in need of protection”. **This best practice must be regularly updated according to changes in the Child and Family Services Act.**

The law obligates **every** person to report to a Children’s Aid Society if they believe on reasonable grounds that a child is or may be in need of protection.

THIS BEST PRACTICE IS CURRENTLY BEING REVISED. A COPY OF THE BEST PRACTICE GUIDELINES WILL BE FORWARDED TO ALL CENTRES AS SOON AS IT IS COMPLETED.

CHILD IN NEED OF PROTECTION
(Excerpt from the Child and Family Services Act – January 2001)

72 (2) A child is in need of protection where,

- (a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child;
- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child;
- (c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;
- (d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);
- (e) the child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment;
- (f) the child has suffered emotional harm, demonstrated by serious,
 - (i) anxiety,
 - (ii) depression,
 - (iii) withdrawal,
 - (iv) self-destructive or aggressive behaviour, or
 - (v) delayed development,and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
- (f.1) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;
- (g) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;
- (g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm;
- (h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition;
- (i) the child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody;
- (j) the child is less than twelve years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment;
- (k) the child is less than twelve years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately; or

(l) the child's parent is unable to care for the child and the child is brought before the court with the parent's consent and, where the child is twelve years of age or older, with the child's consent, to be dealt with under this Part. R.S.O. 1990, c. C.11, s. 37 (2); 1999, c. 2, s. 9.

DUTY TO REPORT

(Excerpt from the Child and Family Services Act – January 2001)

DUTY TO REPORT CHILD IN NEED OF PROTECTION

72. (1) Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
3. The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.
4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.
5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.
6. The child has suffered emotional harm, demonstrated by serious,
 - i. anxiety,
 - ii. depression,
 - iii. withdrawal,
 - iv. self-destructive or aggressive behaviour, or
 - v. delayed development,and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.
7. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.
8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.
9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.
11. The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

12. The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment.

13. The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

ONGOING DUTY TO REPORT

(2) A person who has additional reasonable grounds to suspect one of the matters set out in subsection (1) shall make a further report under subsection (1) even if he or she has made previous reports with respect to the same child.

Person must report directly

(3) A person who has a duty to report a matter under subsection (1) or (2) shall make the report directly to the society and shall not rely on any other person to report on his or her behalf. 1999, c. 2, s. 22 (1).

Offence

(4) A person referred to in subsection (5) is guilty of an offence if,

(a) he or she contravenes subsection (1) or (2) by not reporting a suspicion; and

(b) the information on which it was based was obtained in the course of his or her professional or official duties. 1999, c. 2, s. 22 (2).

Same

(5) Subsection (4) applies to every person who performs professional or official duties with respect to children including,

(a) a health care professional, including a physician, nurse, dentist, pharmacist and psychologist;

(b) a teacher, school principal, social worker, family counsellor, priest, rabbi, member of the clergy, operator or employee of a day nursery and youth and recreation worker;

(c) a peace officer and a coroner;

(d) a solicitor; and

(e) a service provider and an employee of a service provider.

Same

(6) In clause (5) (b),

"youth and recreation worker" does not include a volunteer.

Same

(6.1) A director, officer or employee of a corporation who authorizes, permits or concurs in a contravention of an offence under subsection (4) by an employee of the corporation is guilty of an offence.

Same

(6.2) A person convicted of an offence under subsection (4) or (6.1) is liable to a fine of not more than \$1,000. 1999, c. 2, s. 22 (3).

SECTION OVERRIDES PRIVILEGE

(7) This section applies although the information reported may be confidential or privileged, and no action for making the report shall be instituted against a person who acts in accordance with this section unless the person acts maliciously or without reasonable grounds for the suspicion. R.S.O. 1990, c. C.11, s. 72 (7); 1999, c. 2, s. 22 (4).

EXCEPTION: SOLICITOR CLIENT PRIVILEGE

(8) Nothing in this section abrogates any privilege that may exist between a solicitor and his or her client. R.S.O. 1990, c. C.11, s. 72 (8).

NB: TO BE REGULARLY UPDATED AS ACT IS AMENDED.

TOPIC: EMERGENCY PROCEDURES

BEST PRACTICE:

In cases of violent or impending violent behaviour, fires, injuries, abductions, etc, the SAFETY OF THE CHILDREN, PARTICIPANTS, STAFF and VOLUNTEERS HAS PRIORITY. It is better to have the police, ambulance or fire department present and not need them, than vice versa.

GUIDELINES:

All Centres will have an emergency procedures plan with which all staff and volunteers are familiar. Plan should be reviewed regularly.

Emergency Procedures should be developed in consultation with local police and fire safety professionals.

Portable security devices (i.e. cordless/cellular phones) should be carried by Staff and Volunteers.

FOR SAFETY CASE SCENARIOS AND SAMPLE EMERGENCY PROCEDURES SEE APPENDIX J.

TOPIC: UNIVERSAL HEALTH AND MEDICAL PRECAUTIONS

BEST PRACTICE:

Supervised Access Staff should at all times take precautions to minimize the risk of disease and spread of infection among staff, volunteers and clients

GUIDELINES:

HAND WASHING:

Staff should routinely wash hands after: cleaning, handling dirty laundry, soiled clothes and diapers, administering first aid or accompanying a child to the washroom:

1. Scrub hands with warm soapy water using liquid soap
2. Use paper towels to dry hands
3. Dispose of paper towels in the waste basket

OPEN CUTS:

ALL open sores or cuts must be covered with a Band-Aid

FIRST AID:

Before tending to a bleeding wound, ALWAYS PUT ON LATEX GLOVES located in the first aid kit. Once you have finished with the gloves and all other materials (rags, paper towels, etc.), place DIRECTLY IN A PLASTIC BAG AND SEAL for disposal

BLOOD SPILLS:

Using LATEX GLOVES, wet surface with freshly diluted household bleach (1 oz Javex to 9 oz water), and let stand for 10 minutes. Wipe off and wash with hot soapy water. Dispose of GLOVES AND SOILED RAGS, ETC. IN A SEALED PLASTIC BAG

DISINFECTING TOYS/CHANGE TABLE:

INFANT TOYS:

After each visit, toys that have been in children's mouths must be washed with disinfecting solution

CHANGE TABLE:

After each use, table must be wiped with a solution of Javex and water, rinsed with clean water and dried. SOILED DIAPERS must be placed in a sealed plastic bag before placing in the garbage can

TOPIC: SAFETY

BEST PRACTICE:

Providing a safe environment for children, participants, staff and volunteers is a priority of the Centre

GUIDELINES:

- **EMERGENCY:** CALL 911 or the emergency number in the area (should be able to speed dial on the phone).
- **BAGS/PARCELS:** All bags and parcels brought into the Centre are to be inspected before they are allowed into the visit area. Discourage gift-wrapped parcels.
- **COMMUNICABLE DISEASES (i.e. lice, chicken pox):** Children (and or adults) with communicable disease will not be permitted at the Centre
- **NO CONTACT:** The Centre must ensure the safety of participants and staff. Therefore parties must not have contact with each other.
- **MESSAGES:** Only information related to childcare, visits and exchanges will be passed from one party to another. Information relating to anything other than childcare will not be passed. Written material will be read by Centre staff. Messages may be photocopied at the discretion of Centre staff.
- **SECURED ENTRANCE:** All entrances and exits to the access Centres should be locked and participants should be asked to use the buzzer. Exits should be alarmed. Doors should be monitored while Centre is in use
- **FIRE:** In the event of a fire at the Centre, visiting parties are asked to leave the building via the closest exit. Visiting parties and children will walk to the parking lot in the company of staff. If visits have already begun, custodial parties are asked to wait in their car. Children remain with the visiting parties and staff until the emergency has passed. All Centres should have their facility and exit procedures

reviewed by their local fire department to ensure that necessary precautions are taken.

- **ALCOHOL/DRUGS:** No participant who is believed to be under the influence of alcohol or who shows indication of substance abuse shall be allowed at the Centre. Suspicion regarding the impaired state of a person is sufficient reason to request that the person leave the Centre's premises immediately. In such a situation, visits would be cancelled. Regarding exchanges, if the Centre's staff/volunteer suspects that a party has consumed alcohol or drugs on drop-off, the incident will be noted. On pick-up, the child(ren) will not be released to the party if he/she is believed to be under the influence of alcohol or drugs. Lawyers for both parties will be notified of any suspicion of impairment during exchanges. CAS may be contacted.
- **INAPPROPRIATE LANGUAGE & BEHAVIOUR:** The use of swearing, threats or actual verbal or physical aggression will not be tolerated and participants who do so will be requested to leave the Centre. Any act of physical violence will result in termination from the program and be subject to possible criminal prosecution.
- **WEAPONS:** No one is to bring any weapons or any sharp objects (pocket knives, screwdriver, cutting knives) that could be perceived to be a threat to others using the Centre. Participants who come to the Centre with such items will be asked to either leave them outside the Centre, or have the articles locked in the staff filing cabinet. Should they refuse, the visit will be terminated.
- **ACCOUNTABILITY:** Policy regarding general non-compliance with Policies, Procedures and Guidelines:
 1. Remind party of the rules
 2. Provide a verbal warning that if non-compliance continues, visits/exchanges will end
 3. If non-compliance continues, participant will receive written warning that visits/exchanges will be terminated at the next incidence of non-compliance. The other party and respective lawyers will receive copies
 4. Party is notified in writing that visit/exchange is terminated. The other party and respective lawyers will receive copies

NB: All clients sign an agreement to abide by the rules of the Centre.

- **TRANSPORTING CLIENTS:** No staff member, volunteer or team leader is to transport clients.
- **PROGRAM SUPPLIES:** The facility is not normally operated by less than 3 people. Glue guns, scissors, etc. are used only with closest scrutiny. It is always understood that even if a particular child can be trusted with a potentially hazardous device, the chance exists that the child will leave the device unattended where it could be accessed by another child.

Kitchen supplies including knives, kettles, coffee makers, etc. should be kept out of reach of children or kept in a locked drawer or room.

Facilities, toys and games should be age appropriate to a variety of developmental stages and should be clean, unbroken and safe to use. Playground facilities **MUST** be both enclosed and attached to the building.

- **EVACUATION:** In the event of evacuation (if safe) notify Police, Fire Dept., have a list of names of occupants; check hiding places, corners, washrooms, etc.
- **CALLING THE POLICE:** The most senior person present able to use the telephone calls for police assistance as soon as it is judged that any person may be at, or become a risk
- **ABDUCTION:** If the non-custodial party does not return with the child(ren) from an exchange, notify custodial party immediately, then phone police. During a supervised visit, if a child is abducted or there is an attempt to abduct a child from the Centre, the police are called first and the custodial party is contacted immediately. Notify Executive Director and/or Centre Coordinator immediately.

TOPIC: MEDICATION

BEST PRACTICE:

If it is necessary for a child to take medication during visits/exchanges, the custodial party must remain on site or make necessary arrangements for medication to be administered by them PRIOR to the visit/exchange or by the non-custodial party DURING the visit/exchange.

GUIDELINES:

The Supervised Access Centre shall:

- Not be responsible for the supervision/administration of any medication
- Ensure that the custodial party provides written consent allowing the visiting party/relative permission to administer the medication when necessary.

TOPIC: ANAPHYLACTIC REACTIONS

BEST PRACTICE:

All children are entitled to a safe and healthy environment including an allergen safe environment while using our services. This position constitutes a major challenge in those cases where a child has a life-threatening allergy (Anaphylaxis).

GUIDELINES:

ALLERGIC EXPOSURE:

When there is no identified allergic child utilizing the Centre and the Centre is NOT in a facility designated as peanut free, staff should use their discretion when deciding the need to implement avoidance strategies and safe environments.

In order to minimize the danger to children while in attendance at the Centre, staff should implement avoidance strategies to minimize risk to all allergic children to:

- a) peanuts and nuts,**
- b) other foods: e.g. milk, wheat, fish, shell-fish, soy, eggs,**
- c) insects causing anaphylactic reactions: e.g. bees, wasps,**
- d) latex products: e.g. balloons.**

The avoidance strategies should emphasize that the staff are entitled to request the removal of such items as necessary.

IDENTIFY ALLERGIC CHILD:

Immediately following the receipt of information that a child has a life-threatening allergy, staff should flag the child's chart and keep a record of all information regarding the allergy, which is accessible to all staff and volunteers.

INFORMATION GATHERING:

At the intake level, staff should obtain all relevant information about a child's allergies including:

- a) type of allergy
- b) severity of allergy
- c) treatment of allergy
- d) a letter from the child's physician confirming the type and severity of the child's allergy
- e) written consent from the custodial party agreeing to permit the non-custodial party to administer the medication
- f) non-custodial party's training in administering medication accompanied by a letter by family physician that the non-custodial party has received training in administering the medication
- g) child's understanding of the allergy and ability to follow avoidance strategies and administer own medication
- h) custodial and non-custodial parties' willingness to sign an agreement between the Centre and the parties stating that an allergy free zone cannot be completely guaranteed and therefore the parties accept this risk by utilizing the services.

SCHEDULING VISITS:

At each visit staff should check the epipen to ensure that it is current and that the name on it is that of the person for whom it is intended. Stale dated medications may have diminished potency and dosages differ by age and weight.

Whenever possible, staff should coordinate visits for the child with food allergies to occur before other families bring food into the Centre in order to minimize residue and therefore the possibility of an allergic reaction.

INFORMING FAMILIES:

All families should be educated about the dangers of exposing children to allergic substances. Families should be provided with a handout at intake that outlines the Centre's protocol regarding the allergen safe environment, including the risks to allergic children associated with not complying. (See Appendix R)

DISINFECTING AREA:

Before each visit, toys that may be used by the child should be washed with disinfecting solution.

Tables should be cleaned by staff prior to and after visits by wiping with a solution of Javex and water, rinsed with clean water and then dried.

MONITORING CHILD:

Additional staff/volunteer should be on site during visits between the allergic child and the non-custodial party, whenever possible.

The staff/volunteer should monitor the child's activities during the visit to ensure the child does not come into contact with substances that may cause an allergic reaction.

USE OF EPIPEN:

STAFF SHOULD ENSURE THAT THE CHILD'S EPIPEN IS UP-TO-DATE (NOT EXPIRED) AND IS PRESCRIBED IN THE CHILD'S NAME

If an EpiPen is required, the family **must** bring it to the Centre.

If the EpiPen is not present with the child, is stale dated or is not in the child's name, the staff should refuse to allow the visit to occur for that session.

Staff should be assured that the visiting party can administer medication if necessary.

In cases where the non-custodial party cannot administer the medication, and where possible as permitted by the Centre's facilities, the custodial party should remain on site in the waiting room.

Staff should be provided training in the management of anaphylaxis, including the use of an auto-injector device (EpiPen) and should administer EpiPen only in cases of emergency.

Immediately following a response to a perceived anaphylactic reaction with auto-injector device, staff should ensure the child seeks medical attention. (Refer to Best Practice Emergency Procedure)

TRAINING:

All staff and volunteers should be provided orientation training in the management of anaphylaxis, including the use of an auto-injector device (EpiPen) for cases of emergency.

The coordinator should further provide staff and volunteers with on-going training, including updates of new information as it comes available.

SEE APPENDIX R FOR RESOURCES AND INFORMATION ON ANAPHYLACTIC REACTIONS

TOPIC: FEES

USER FEES:

BEST PRACTICE:

Fees serve to supplement the funding received from the Ministry of the Attorney General.

In compliance with the guidelines set by the Ministry of the Attorney General the fee schedule should reflect the following:

- A maximum of \$25.00 per visit or exchange OR an annual administration fee not to exceed \$200/per family may be charged to participants of the program;
- Fees must be waived or negotiated at a lower rate for those who are unable to pay the full amount;
- Supervised Access services will be available to all those who need it. Within the limits of available funding, the provider shall make services available to all families regardless of ability to pay.

GUIDELINES:

- Those seeking a waiver or reduction will be required to provide verification of income. Continued proof will be required on the anniversary of service.
- There is generally a sliding scale of fees, based on ability to pay, by which fees are adjusted
- Prior to service being provided the participant will be required to sign a Fee agreement
- The fee for service will be payable either at the beginning of each month prior to services being delivered or will be collected at the time of the visit/exchange. A receipt will be issued upon payment
- Fees are paid weekly, monthly or annually based on the policies of individual Centres

BILLING:

BEST PRACTICE:

To ensure that billing practices are applied equitably to all clients participating in the Supervised Access program, billing practices should be standardized.

Billings will be computed at the end of each month for the following month prior to services being delivered.

SAMPLE INVOICE FORMAT

Date: Sept 30/98	
ABC SUPERVISED ACCESS CENTRE 123 MAIN STREET, ANYWHERE, ONTARIO, A2B 3Z4	
<u>INVOICE FOR SERVICES PROVIDED TO: MS. MARY JONES</u>	
FOR MONTHS OF: <u>SEPTEMBER AND OCTOBER 1998</u>	
<u>SERVICES/PAYMENTS</u>	
SEPTEMBER	
(CREDIT)/DEBIT (\$'s)	
• Payments Received	(10.00)
• Services Provided	<u>8.00</u>
• Balance Owing	(2.00)
OCTOBER	
• Visits Scheduled (4 @ \$2.00 each)	8.00
TOTAL OWING AND DUE OCTOBER 1/98	<u>\$6.00</u>
NOTE: Fee for service is payable at the beginning of each month prior to services being delivered.	
If paying by cheque, please make cheque payable to: ABC SUPERVISED ACCESS CENTRE	

CLIENT ACCOUNTS:

BEST PRACTICE:

Client files will be reviewed monthly to ensure that user fee collection is current and that there are no delinquent accounts.

GUIDELINES:

Client accounts will be reviewed on a monthly basis by the program administrative staff

- **In situations where clients are able, but unwilling to pay, the following can be applied:** Delinquent accounts in excess of one month will result in a notice of non-payment, given to the offending client with copies to the non-offending party, copies to counsel and client files, indicating that further access will be suspended if payment is not received prior to the next scheduled appointment, and asking that either the client or counsel contact the Coordinator directly to discuss payment options
- After consulting with the Supervised Access Coordinator, the Coordinator may negotiate a payment plan and renegotiate future fees if the financial circumstances of the client has changed
- Should the client or counsel not contact the Coordinator, the client will be informed by letter that service will be discontinued if full payment is not received within three weeks. Copies of this letter will be sent to counsel, non-offending party, and counsel representing non-offending party
- If payment is not received, services are discontinued

REPORT FEES:

BEST PRACTICE:

Fees serve to supplement the funding received from the Ministry of the Attorney General, and to defray the cost associated with the generation of reports.

In compliance with the guidelines set by the Ministry of the Attorney General, the fees charged for reports is not to exceed \$250.00 per report.

GUIDELINES:

THE CHARGE FOR PROVIDING REPORTS MAY VARY ACCORDING TO INDIVIDUAL CENTRE POLICY

The following is a sample fee schedule for photocopying notes and a cover letter:

1 to 10 Observation Notes and a Report of Cancellations	\$20.00/report
11 to 20 Observation Notes and a Report of Cancellations	\$40.00/report
21 to 30 Observation Notes and a Report of Cancellations	\$60.00/report
31 to 40 Observation Notes and a Report of Cancellations	\$80.00/report
over 40 Observation Notes and a Report of Cancellations	\$100.00/report

FOR SAMPLE FORMS SEE APPENDICES K AND L.

TOPIC: FUNDRAISING

BEST PRACTICE:

Fundraising is a vital way of increasing revenues for Supervised Access Programs. The process of fundraising also serves as a vehicle for public relations and program exposure within individual communities. When undertaking a fundraising venture, be it events or a “direct ask” campaign, the following points should be considered

GUIDELINES:

- **Charitable Number:** This enables your organization to give receipts for donations that are tax deductible. This is usually necessary for Corporate donations.
- **Solid Planning:** Define your project and do a cost analysis. Set your fundraising goal and consider how you will reach it, i.e. planning special events or approaching individuals or groups directly. You may also wish to involve your Board or committee members by having a fundraising sub-committee
- **Event planning:** Although events are time consuming to organize, they may be profitable especially if you can involve a group of fundraising volunteers to help with the project. They can also be a great occasion to build your community profile. Event sharing may be considered where you can partner with other community agencies for a larger event, e.g. golf tournament
- **Direct donations:** If individuals or corporations are directly approached for donations, presentations may be a more effective tool than just a letter or a phone call. Give your potential donor group information and statistics about your program. Research your donor to know what their area of interest is, i.e. children, women, community safety, etc., and focus your presentation accordingly.
- **Donor recognition:** Donor recognition is very important. In addition to ensuring donors are thanked with a letter, continue to involve them in the life of your program. Invite them to an open house, or send them an update on new program initiatives. If you plan special events, always provide signage (i.e. on a silent auction table) or recognize donors in other visible ways (e.g. a “Donor Wall” at the Centre, signage on a play ground)
- **Record keeping:** Record all financial gifts received, including “in kind” items, no matter what the amount.

FUNDRAISING SUGGESTIONS:

- Raffle (with prizes donated by local company)
- Sell a product (i.e. chocolates, Entertainment Books, other Coupon books)
- Prepare and sell a cookbook (with recipes from staff, volunteers, families, friends, etc.)
- Sell donation cards (i.e. “a donation has been made in your honour to Barrie-Midland Supervised Access....)
- Join efforts with a small or large corporation for special formal or informal event (i.e. gala dinner, country music night, etc.)
- Become a “third party” receiver. Get an organization, company, etc. to raise money and donate part of the funds raised to the Supervised Access Centre
- Apply for relevant public and/or private GRANTS

OTHER WAYS TO RAISE MONEY:

- Court Report Fees: see Ministry guidelines
- Lawyers’ letter: i.e. \$25.00, if requests are made in writing
- Court Ordered Donations: A letter of request can be sent to your local judiciary requesting that court ordered donations be diverted to the local Supervised Access Centre. Make sure you provide a charitable receipt
- Probation & Parole: Let them know you accept court ordered donations, providing they can decide or recommend where their client can donate

TOPIC: PROMOTIONS AND PUBLIC RELATIONS

COMMUNITY LIAISON

BEST PRACTICE:

Supervised Access Services are greatly enhanced when the larger community is aware of the local service, its mandate and main operational policies. It is important for the Supervised Access Centre to become associated with social service agencies in the community as well as the local Family Law Bar Association and the Judiciary. Connection to these groups can be made through contacts on Advisory Boards or Boards of Directors, or by contacting your local Bar Association and Family Court Administrator

GUIDELINES:

Some avenues to consider when establishing or strengthening community linkages may include:

- Contacting local volunteer association. Attend some meetings and consider joining
- Developing and distributing an information brochure for your program. Places to send your brochure include; Courts, Victim/Witness Assistance Program (V/WAP), local MPP offices, Women's Shelters, Counseling Agencies, Children's Mental Health providers, local Police Services, CAS, Adult Protective Services, and local Family Law practitioners
- Contacting agencies listed above and offering to attend a staff meeting or inservice to present further information on your service. Attending a Bar Association meeting for the same purpose
- Contacting local groups who administer the Family Violence Prevention or Abuse Prevention protocol in your community and letting them know about your program
- Developing a protocol with you local Police Services that details your policies and procedures that effect the interface between your two agencies
- Inviting other community members involved with related service agencies to staff/volunteer meetings to make presentations about their services

PROMOTIONAL MATERIAL

BEST PRACTICE:

All Centres must have a brochure.

Other promotional materials, including websites, can also be used to raise funds and educate clients, community, and lawyers.

Promotional materials are to be reviewed by the Ministry as required in the Service Agreement.

Promotional materials should be available in languages reflective of the community the Centre services.

GUIDELINES:

CLIENTS:

Centre handbooks can be used to educate and promote the program to prospective users of the facilities. This can also include some relevant policies, e.g. termination. The Centre handbook can be introduced during the intake interview to ensure everyone understands their responsibilities and agrees to follow the policies and guidelines of the program. Included in the handbook may be the following:

- How to arrange visits or exchanges
- Fees
- Timing visits (staggered) & Loitering rules
- Lateness
- Guests
- Washroom arrangements
- Meals & Snacks
- Medication
- Substance Abuse policy (zero tolerance)
- Neutrality
- Staff/Volunteer role
- Accidents policy
- Serious Occurrence Policy
- Violence Policy (zero tolerance)
- Breach of a Court Order
- Breach of Centre Policies
- Right to cancel or refuse services to any person at anytime
- Hours & Location

COMMUNITY:

Brochures can be used to promote and explain your access program. Included in the brochure should be the following:

- What is Supervised Access
- Centre Objectives and/or Mission Statement
- Who can use the Centre
- User fees
- When Supervised Visits may occur
- When Supervised Exchanges may occur
- Rules extract
- Centre Hours & Location
- Funding information
- Registered Charity Number

LAWYERS:

Since brochures are your primary source of referrals it is very important that they are available to family lawyers. Brochures should include:

- Hours & Location
- Objectives
- Who can use the Centre
- How to access the Centre
- Fees
- Information required by the Centre from the lawyers

TOPIC: STAFF

BEST PRACTICE:

Providing a safe environment for children, participants, staff and volunteers is a priority of the Centre

GUIDELINES

- The number of staff members should reflect the number of clients being serviced
- A minimum of 2 staff plus necessary volunteers (based on the number of families) should be the norm
- Staff should be professional, mature, responsible, with a strong focus and insight into child and family issues
- A social work, child care and/or psychology background is useful and recommended

TRAINING

- All staff should be provided with first aid & CPR training
- New and ongoing staff/volunteers should be trained prior to service provision.
- Staff should have the opportunity to participate in professional development. (i.e. they should be regularly provided with opportunities to update/refresh their skills)

SUPERVISION AND EVALUATION

- The Centre should carry out regular supervision and evaluation of staff and volunteers (i.e. Based on individual Centre policy, Coordinator should meet with and evaluate staff/volunteers and Service Provider supervisor/Chair of the Board should meet with/evaluate Centre Coordinator at designated periods of time)

TOPIC: VOLUNTEERS

BEST PRACTICE:

Supervised Access Centres will strive to provide services and programs in an environment free of danger, harassment and abuse. In addition, we will protect the clients, staff and the community from these hazards by taking all reasonable measures to ensure the safety of our premises and programs. We will ensure this by carefully screening staff and clients

Since proper staff selection and training are critical to the success and safety of our programs, all staff (paid, volunteers, students) will be screened, trained and evaluated. All staff require a current police records check (CIPC), 3 character references and orientation training.

GUIDELINES:

VOLUNTEER RECRUITMENT: Flyers and brochures can be distributed to prospective sources of recruitment including the following;

- Local Colleges and Universities, placement students and volunteers
- Recreation Centres & Senior Centres
- High schools (minimum 18 years of age)
- Community newspapers
- Flyers in local shopping Centres and malls
- Community agencies & Local service clubs
- Lawyers mailings

VOLUNTEER AGREEMENT: Applicants will sign a volunteer agreement including a commitment to complete “x amount of” shifts for “y hours” according to individual Centre policy. Volunteers will also sign a Confidentiality Agreement.

DISMISSAL:

All applicants will be asked to read the aforementioned policies during the final interviews. Volunteers who do not adhere to the rules and procedures of the agency or who fail to satisfactorily perform their volunteer assignment are subject to dismissal. The dismissal process for volunteers is as follows:

- Based upon performance standards established for each position and the results of the performance reviews of all volunteers

- Includes a sequence of verbal and written warnings

JUST CAUSE:

Just cause may result in the termination of the volunteer's placement with the organization.

Volunteers may be discharged without warning for "just cause"...which may include, but is not limited to:

- Unwillingness or inability to support and further the mission of the organization and/or the objectives of the program
- Failure to meet physical or mental standards of performance
- Failure to abide by agency policies or procedures
- Abuse or mistreatment of clients or co-workers
- Illegal, violent or unsafe acts
- Lies or falsification of records
- Theft of property or misuse of agency funds, equipment or materials
- Being under the influence of alcohol or drugs while performing volunteer assignment
- Gross misconduct or insubordination

FOR SAMPLE FORMS SEE APPENDICES M AND N. FOR GUIDELINES, SEE APPENDIX O.

AGREEMENT TO MAINTAIN CONFIDENTIALITY

I, _____ ACKNOWLEDGE, AGREE AND CONFIRM documentation and data being the property of _____, that I will use said information, documentation and data solely for the purpose of participation in the deliberations of family and children's services.

AND I FURTHER AGREE THAT except as provided herein, I will keep forever secret, confidential and inviolate and will not directly or indirectly disclose or use at any time any secret or confidential information, knowledge or data of or relating to _____ that comes to my attention as a result of said family and children's service activities without the consent of said Executive Director to such disclosure or use.

SIGNED this _____ day of _____ 19_____

Witness

Signature

Address

Address

STATEMENT RESPECTING CONFIDENTIALITY

I hereby acknowledge that I understand that in the course of carrying out my duties, I will be dealing with information contained in files and records that is confidential or that reveals or tends to reveal the identity of the person who is the subject of the record or the identity of a person who has provided information about the subject of the record.

I agree to hold such information confidential and except as I may be legally required, I will not disclose or release it, except under the conditions and provisions set forth in the Case Information Disclosure Policy Manual of the Ministry of the Attorney General.

I further understand that client files are and shall remain the property of _____ and that provisions for the retention and disposal of these records shall be stipulated in appropriate policies and procedures of the agency.

Dated this _____ day of _____ 19_____

Witness

Signature

.....

DECLARATION DE CONFIDENTIALITE

J'ousigne(e) atteste par la presente la prevision que durant le cours de mon travail, je prendrai connaissance de l'information contenue dans les dossiers personnels des clients, laquelle est confidentielle par le fait qu'elle revele, ou tente de reveler, l'identite soit du client, soit d'un individual qui a fourni des renseignements au sujet du client.

Je respecterai la nature confidentielle de cette information et, outre que j'en serai legalement oblige(e), je n'en divulguerai en rien, sauf sous les confitions et provision etablies dns le Manuel de politique concernant la divulgation d'information du Ministere du Procureur general.

De plus, je reconnais que les dossiers des clients sont et demeureront la propriete du _____ et que les details gouvernant la retention ainsi que la destruction de des dosiers seront stipules u niveau des politiques et procedures de l'agence.

Signe a _____ ce jour de _____ 19 _____

Temoin

Signature

SAMPLE DOCUMENT

Appendix C

HOW TO CONDUCT A FORMAL INTAKE:

1. Greet and speak to clients in a non-threatening manner.
2. Escort the client into the office.
3. Give verbal and written (pamphlet) information to the client about the centre and explain that the “program fees” need to be paid before services can be used.
4. Explain, what the centre can and cannot do (i.e. we do not provide assessments but we do provide observation reports and observation notes).
5. Complete required centre paperwork associated with the intake including a review of centre rules and expectations.
6. Secure the client’s signature on necessary forms; signature should be based on informed consent
7. Identify any fears or misunderstandings the client may have about the centre and its services.
8. Identify concerns that the child(ren) may have about the centre; arrange an orientation date for the child(ren) if applicable.
9. Decide if the client’s concerns can be addressed by the services provided by the centre or if a referral to another agency is necessary
10. Determine fees; determine if other documents/info are required.
11. Provide the client with the set time, place and frequency of future meetings.

SAMPLE DOCUMENT

Appendix D

CONSENT TO PARTICIPATE

I understand that _____ staff and volunteers will not reveal any information about me to another person or agency without consent from me. I understand that exceptions to this policy will be made if I present a danger to myself or others, or if there is any concern of child abuse, or in the case of a medical emergency. I also acknowledge that if I go to court, the court can subpoena information about me. Under these circumstances, _____ is required by law to release any relevant information that would assist in the situation.

I have read and reviewed with program staff the policies and guidelines of _____, and I agree to follow these polices and guidelines while participating in Supervised Access.

Signature (custodial person)

Date

Staff Witness

Date

File No. _____
Name: _____

(**ENTER NAME OF CENTRE**)
(**Enter Address and Telephone Number**)

AGREEMENT FOR SERVICE (CUSTODIAL PARTY)
PARTICIPANTS AGREE TO THE FOLLOWING TERMS AND CONDITIONS

IT IS AGREED THAT ALL PARENTS/RELATIVES AND STAFF WILL MAKE EVERY EFFORT TO ENSURE CHILDREN HAVE AN ENJOYABLE VISIT WITH FAMILY MEMBERS.

1. SAFETY

- a) *The Access Centre staff request that only one person enter the building to drop-off/pick-up the child(ren).*
- b) *Visiting parents/relatives will not have consumed either illicit drugs or alcohol prior to the visit.*
- c) *Staff reserve the right to check all parcels and baggage.*
- d) *The Access Centre prohibits the use of verbal aggression (eg. profanity, abusive language, etc), physical aggression, or acts of intimidation. Weapons are not permitted.*
- e) *Participants are required to visit or wait in assigned area and they must remain in this area until notified by staff.*
- f) *Each participant is to arrive and depart at the specified times. Visiting parents/relatives are expected to arrive prepared for the visit and not to leave the Access Centre during visitation. The arrival and departure times of the participants will be staggered by at least (enter # of minutes).*
- g) *It is the expectation of the Access Centre staff that proper child restraint devices (car seats, seat belts) will be used by all parties when transporting children.*
- h) *Children are not to be removed from the Access Centre except as previously agreed to for an exchange. In the event of a medical emergency a child may be removed only when accompanied by the Program Coordinator or designated staff person.*

2. MEDICATION:

If medication is needed during visits, written consent from the custodial parent is required, giving permission to the visiting parent/relative to administer the medication. Arrangements are to be made with the Program Coordinator or designate prior to the visit otherwise the custodial parent is to remain on site (in a separate area) and be available to administer the medication. The Access Centre staff will not be responsible for the supervision /administration of any medication.

3. SCHEDULING

- a) *The frequency and duration of visits will be subject to the availability of the Access Centre.*
- b) *All visits must be approved and scheduled by the Program Coordinator or designate. This schedule is to be confirmed by (enter **date**) before the (enter **time**).*
- c) *Parents/authorized visitors are to arrive at and depart from the Access Centre precisely at the prearranged times. Repeated lateness could result in service being discontinued.*

4. CANCELLATIONS

- a) *If a cancellation of a visit/exchange is necessary, the participant must notify the Program Coordinator or designate as soon as possible. Failure to do so may result in a cancellation fee.*
- b) *When it is necessary for a visit to be cancelled, the cancelling party shall make arrangements for a make-up visit, by calling the Program Coordinator or designate on the next business day. Consensus among all parties will be required prior to scheduling.*

5. PICK-UP AND DROP-OFF OF CHILDREN BY CUSTODIAL PARENT:

- a) *The custodial parent will be responsible for the drop-off/pick-up of the child(ren), unless otherwise specified by the court order. At the time of intake the custodial parent provides the names of two emergency contact people who may be designated to provide transportation, if necessary. These individuals will be required to show photo identification.*

- b) *Should the custodial parent fail to pick up the children at the scheduled time, the emergency contact person will be notified. If Access Centre staff are unable to reach the designated persons, the Children's Aid Society will be contacted.*

6. CUSTODIAL WHEREABOUTS DURING VISIT:

The custodial parent is responsible to inform Access Centre staff of his/her whereabouts during the visit. The custodial parent may:

- a) *Provide a phone number where he/she can be reached*

7. VISITORS

Visitors will not be permitted to attend the visit without prior approval of the Program Coordinator or designate. Unless visitors are court ordered, both parents must agree to their attendance. Attendance at visits are subject to space availability, therefore the visiting parent must contact the Program Coordinator in advance.

8. VISITING PARENT/RELATIVE VISITATION GUIDELINES

Visiting parent/relative and guest agree to the following:

- a) *The visit should focus on the present so that the child experiences a calm and pleasurable visit. References to past events and future plans should be avoided in discussions with the child. (Past events may have caused stress/trauma and the child is uncertain about the future.)*
- b) *Visitors can invite, but not demand or coerce, physical contact with the child.*
- c) *Visitors are not to be alone with the child or engage in whispered conversations.*
- d) *Visitors are not to speak ill of the other parent – or his or her relatives, friends or loved ones.*
- e) *Visitors are not to ask children for information about the other parent's household, friends, income or activities.*
- f) *Visitors are not to ask the children for information about where they go to school, where they live or any other identifying information.*
- g) *Visitors shall be responsible for the clean up of toys, food and beverages at the end of the visit.*

9. RELAY OF INFORMATION BETWEEN CUSTODIAL AND NON-CUSTODIAL PARENTS:

- a) *We encourage the use of communication books between parties for information exchange regarding the children for visits outside the Access Centre*
- b) *During on site visits the staff will only pass written information from one party to the other concerning the immediate care of the child(ren). Staff will read all correspondence and communication books. Staff reserve the right to photocopy all correspondence.*

10. FEES FOR SERVICE:

- a) *Fees will be assessed to each party during intake procedures.*
- b) *The fee for service is payable at the beginning of each visit and a receipt will be issued. Parties are asked to bring the exact amount, as making change is not always possible (varies from centre to centre) They are expected to adhere to the agreed upon fee unless otherwise discussed with the Program Coordinator or designate.*

11. WITHDRAWING SERVICE:

- a) *The Access Centre reserves the right to refuse access, cancel or terminate a visit when there exists a violation of the Agreement for Service or when the Program Coordinator or staff feel it is not in the best interest of the children and/or others involved with the Access Centre.*

12. IN ADDITION:

- a) *If requested in writing, we will provide **a summary report/copies of the observation notes** to the parties and/or their lawyers regarding factual observations of the visits/exchanges. There is an additional fee for this service and the written request must include the name of the party responsible for payment.*
- b) *Client information is confidential and cannot be released without written informed consent, except when required by legislation or directed by the courts. Examples of such exceptions may include reporting suspicion of child abuse or a child in need of protection to the Children's Aid Society; informing someone*

File No. _____

Name: _____

in a position of authority if a client is in imminent danger of harming themselves or others; or, providing information as directed by the courts through subpoena, search warrant or other legal order.

- c) *From time to time individuals other than Access Centre staff and volunteers may be on site. Example: students and assessors.*
- d) *Smoking is not permitted on (enter **center name**) property.*
- e) *The custodial parent is requested to supply clothing, bottles, formula or whatever else is needed for good care of the child (ren) during the visit. A well-loved stuffed toy; blanket or game can be sent with the child (ren) to facilitate his/her emotional comfort while at the Access Centre.*
- f) *Cameras for still photography are permissible unless the court order states otherwise. The camera is to be used according to Access Centre rules. The use of cell phones, pagers, and other recording equipment (e.g. video cameras, tape recorders) is not permitted during visits.*

13. COMPLAINT PROCEDURE:

- a) *Problems or concerns regarding Supervised Access services should be discussed with the respective staff member and/or the Program Coordinator. If unresolved the complaint can be addressed in accordance with the client complaint procedure of the sponsoring agency, (enter **service provider name here**).*

(Enter SAC name here) is funded by the Ministry of the Attorney General and operated by *(service provider name here)*. Our responsibility is to ensure a safe visit to all participants. We strive to provide services in a sensitive and thoughtful manner reflective of our concern for the well being of children and families. At any time should you have a question or concerns regarding the service you receive, we would appreciate hearing about these. We encourage you to contact the Program Coordinator and/or our name of *(service provider executive director/manager and phone number here)*.

I have read the **AGREEMENT FOR SERVICE** and I agree to comply with these policies. I understand failure to comply may result in immediate withdrawal of the service being offered.

Custodial Party's Signature

Date

Staff Signature

Date

Name of Centre

SAMPLE DOCUMENT

File No. _____

Name: _____

(*ENTER NAME OF CENTRE*)
(*Enter Address and Telephone Number*)

AGREEMENT FOR SERVICE (VISITING PARTY) PARTICIPANTS AGREE TO THE FOLLOWING TERMS AND CONDITIONS

IT IS AGREED THAT ALL PARENTS/RELATIVES AND STAFF WILL MAKE EVERY EFFORT TO ENSURE CHILDREN HAVE AN ENJOYABLE VISIT WITH FAMILY MEMBERS.

1. SAFETY

- a) *The Access Centre staff request that only one person enter the building to drop-off/pick-up the child(ren).*
- b) *Visiting parents/relatives will not have consumed either illicit drugs or alcohol prior to the visit.*
- c) *Staff reserve the right to check all parcels and baggage.*
- d) *The Access Centre prohibits the use of verbal aggression (eg. profanity, abusive language, etc), physical aggression, or acts of intimidation. Weapons are not permitted.*
- e) *Participants are required to visit or wait in assigned area and they must remain in this area until notified by staff.*
- f) *Each participant is to arrive and depart at the specified times. Visiting parents/relatives are expected to arrive prepared for the visit and not to leave the Access Centre during visitation. The arrival and departure times of the participants will be staggered by at least (enter # of minutes).*
- g) *It is the expectation of the Access Centre staff that proper child restraint devices (car seats, seat belts) will be used by all parties when transporting children.*
- h) *Children are not to be removed from the Access Centre except as previously agreed to for an exchange. In the event of a medical emergency a child may be removed only when accompanied by the Program Coordinator or designated staff person.*

2. MEDICATION:

If medication is needed during visits, written consent from the custodial parent is required, giving permission to the visiting parent/relative to administer the medication. Arrangements are to be made with the Program Coordinator or designate prior to the visit otherwise the custodial parent is to remain on site (in a separate area) and be available to administer the medication. The Access Centre staff will not be responsible for the supervision /administration of any medication.

3. SCHEDULING

- a) *The frequency and duration of visits will be subject to the availability of the Access Centre.*
- b) *All visits must be approved and scheduled by the Program Coordinator or designate. This schedule is to be confirmed by (enter date) before the (enter time).*
- c) *Parents/authorized visitors are to arrive at and depart from the Access Centre precisely at the prearranged times. Repeated lateness could result in service being discontinued.*

4. CANCELLATIONS

- a) *If a cancellation of a visit/exchange is necessary, the participant must notify the Program Coordinator or designate as soon as possible. Failure to do so may result in a cancellation fee.*
- b) *When it is necessary for a visit to be cancelled, the cancelling party shall make arrangements for a make-up visit, by calling the Program Coordinator or designate on the next business day. Consensus among all parties will be required prior to scheduling.*

5. PICK-UP AND DROP-OFF OF CHILDREN BY CUSTODIAL PARENT:

- a) *The custodial parent will be responsible for the drop-off/pick-up of the child(ren), unless otherwise specified by the court order. At the time of intake the custodial parent provides the names of two emergency contact people who may be designated to provide transportation, if necessary. These individuals will be required to show photo identification.*
- b) *Should the custodial parent fail to pick up the children at the scheduled time, the emergency contact person will be notified. If Access Centre staff are unable to reach the designated persons, the Children's Aid Society will be contacted.*

6. CUSTODIAL WHEREABOUTS DURING VISIT:

The custodial parent is responsible to inform Access Centre staff of his/her whereabouts during the visit. The custodial parent may:

- a) *Provide a phone number where he/she can be reached*

7. VISITORS

Visitors will not be permitted to attend the visit without prior approval of the Program Coordinator or designate. Unless visitors are court ordered, both parents must agree to their attendance. Attendance at visits are subject to space availability, therefore the visiting parent must contact the Program Coordinator in advance.

8. VISITING PARENT/RELATIVE VISITATION GUIDELINES

Visiting parent/relative and guest agree to the following:

- a) *The visit should focus on the present so that the child experiences a calm and pleasurable visit. References to past events and future plans should be avoided in discussions with the child. (Past events may have caused stress/trauma and the child is uncertain about the future.)*
- b) *Visitors can invite, but not demand or coerce, physical contact with the child.*
- c) *Visitors are not to be alone with the child or engage in whispered conversations.*
- d) *Visitors are not to speak ill of the other parent – or his or her relatives, friends or loved ones.*
- e) *Visitors are not to ask children for information about the other parent's household, friends, income or activities*
- f) *Visitors are not to ask the children for information about where they go to school, where they live or any other identifying information.*
- g) *Visitors shall be responsible for the clean up of toys, food and beverages at the end of the visit.*

9. RELAY OF INFORMATION BETWEEN CUSTODIAL AND NON-CUSTODIAL PARENTS:

- a) *We encourage the use of communication books between parties for information exchange regarding the children for visits outside the Access Centre*
- b) *During on site visits the staff will only pass written information from one party to the other concerning the immediate care of the child(ren). Staff will read all correspondence and communication books. Staff reserve the right to photocopy all correspondence.*

10. FEES FOR SERVICE:

- a) *Fees will be assessed to each party during intake procedures.*
- b) *The fee for service is payable at the beginning of each visit and a receipt will be issued. Parties are asked to bring the exact amount, as making change is not always possible (varies from centre to centre) They are expected to adhere to the agreed upon fee unless otherwise discussed with the Program Coordinator or designate.*

11. WITHDRAWING SERVICE:

- a) *The Access Centre reserves the right to refuse access, cancel or terminate a visit when there exists a violation of the Agreement for Service or when the Program Coordinator or staff feel it is not in the best interest of the children and/or others involved with the Access Centre.*

File No. _____

Name: _____

12. IN ADDITION:

- a) *If requested in writing, we will provide a **summary report/copies of the observation notes** to the parties and/or their lawyers regarding factual observations of the visits/exchanges. There is an additional fee for this service and the written request must include the name of the party responsible for payment.*
- b) *Client information is confidential and cannot be released without written informed consent, except when required by legislation or directed by the courts. Examples of such exceptions may include reporting suspicion of child abuse or a child in need of protection to the Children's Aid Society; informing someone in a position of authority if a client is in imminent danger of harming themselves or others; or, providing information as directed by the courts through subpoena, search warrant or other legal order.*
- c) *From time to time individuals other than Access Centre staff and volunteers may be on site. Example: students and assessors.*
- d) *Smoking is not permitted on (enter **center name**) property.*
- e) *The custodial parent is requested to supply clothing, bottles, formula or whatever else is needed for good care of the child (ren) during the visit. A well-loved stuffed toy; blanket or game can be sent with the child (ren) to facilitate his/her emotional comfort while at the Access Centre.*
- f) *Cameras for still photography are permissible unless the court order states otherwise. The camera is to be used according to Access Centre rules. The use of cell phones, pagers, and other recording equipment (e.g. video cameras, tape recorders) is not permitted during visits.*

13. COMPLAINT PROCEDURE:

- a) *Problems or concerns regarding Supervised Access services should be discussed with the respective staff member and/or the Program Coordinator. If unresolved the complaint can be addressed in accordance with the client complaint procedure of the sponsoring agency, (enter **service provider name here**).*

(Enter SAC name here) is funded by the Ministry of the Attorney General and operated by *(service provider name here)*. Our responsibility is to ensure a safe visit to all participants. We strive to provide services in a sensitive and thoughtful manner reflective of our concern for the well being of children and families. At any time should you have a question or concerns regarding the service you receive, we would appreciate hearing about these. We encourage you to contact the Program Coordinator and/or our name of *(service provider executive director/manager and phone number here)*.

I have read the **AGREEMENT FOR SERVICE** and I agree to comply with these policies. I understand failure to comply may result in immediate withdrawal of the service being offered.

Visiting Party's Signature

Date

Staff Signature

Date

Name of Centre

SAMPLE DOCUMENT

SUPERVISED ACCESS INTAKE FORM: CUSTODIAL PARTY

AGENCY: _____ LOCATION: _____ DATE: _____

Name: _____ Sex: _____

Address: _____

Phone: _____

Emergency Contact #1: _____
Name
Phone

Emergency Contact #2: _____
Name
Phone

Children Involved:

Full Name	Sex	Date of Birth	Health Number	Physician Name/Phone

Special needs to be considered (language, cultural, medical):

	CUSTODIAL PARTY'S LAWYER	CHILDREN'S LEGAL COUNSEL
NAME		
ADDRESS		
HOME PHONE		
BUSINESS PHONE		

SUPERVISED ACCESS INTAKE FORM: CUSTODIAL PARTY

Clinical assessment of this family WAS/IS being conducted by:

A COPY of the assessment report IS/IS NOT attached.

Referred by: Court/Court Order _____ Custodial Party _____ Non-Custodial Party
_____ Lawyer for Custodial Party _____ Lawyer for Non-Custodial Party
_____ Office of the Children’s Lawyer _____ Other (specify)

Referral Date: _____

Legal proceedings ARE/ARE NOT continuing.

The family HAS/DOES NOT HAVE a separation agreement

The Custodial party AGREES WITH/IS NEUTRAL ABOUT/DISAGREES WITH the referral

Main reason For referral	Other reasons for referral	
_____	_____	Spousal assault
_____	_____	Concerns regarding physical, sexual/or emotional abuse of the child
_____	_____	Concerns regarding parenting ability
_____	_____	Non-Custodial party has been absent from child for a long time
_____	_____	History of psychiatric illness
_____	_____	History of alcohol or drug abuse
_____	_____	Concerns regarding abduction
_____	_____	Unresolved conflict between parents, or others, interfering with access visits
_____	_____	Other (specify)

Custody: ___ Mother ___ Father ___ Joint ___ Other(specify) _____

SUPERVISED ACCESS INTAKE FORM: CUSTODIAL PARTY

Service requested is supervision of VISITS/EXCHANGES

Previous access arrangements:

Length of time since most recent access: _____ WEEKS/MONTHS/YEARS

Service decision: PROVIDE SERVICE AS REQUESTED / PROVIDE ALTERNATIVE DECISION / NO
PROVISION OF
SERVICE

If “NO PROVISION OF SERVICE” indicate reason: Custodial party refused to comply with intake process/Non-Custodial party refused to comply with intake process/Program unable to accommodate requests made by referral sources (e.g. one on one supervision, etc.)/ Referral inappropriate for the program/ Other (specify)

Designates authorized to drop-off and/or pick-up the child(ren) on behalf of the Custodial party.

Name Relationship

Identity of persons authorized to accompany Access person on visits with the child

OR

Identity of persons authorized to pick-up/dorp-off the child(ren), other than Access person, for exchanges.

Name Relationship

Describe any concerns regarding contact between Custodial party and Access person at the time of the visit or exchange:

SUPERVISED ACCESS INTAKE FORM: CUSTODIAL PARTY

SERVICE SCHEDULE:

Service schedule for:

VISIT OR EXCHANGE	FREQUENCY	DROP- OFF TIME	DAY	PICK-UP TIME	DAY

FEE AMOUNT: _____

CLIENT SIGNATURE: _____
(acknowledges above entries, this page only)

Date: _____

SAMPLE DOCUMENT

PAGE 1 OF 4 FILE # _____

SUPERVISED ACCESS INTAKE FORM: NON-CUSTODIAL PARTY

AGENCY: _____ LOCATION: _____ DATE: _____

Name: _____ Sex: _____

Address: _____

Phone: _____

Emergency Contact #1: _____ Emergency Contact #2: _____
Name Name

_____ Phone

_____ Phone

Children Involved:

Full Name	Sex	Date of Birth

Special needs to be considered (language, cultural, medical):

Clinical assessment of this family WAS/IS being conducted by:

A COPY of the assessment report IS/IS NOT attached.

Referred by: Court/Court Order _____ Custodial Party _____ Non-Custodial Party
Parent _____ Lawyer for Custodial Party _____ Lawyer for Non-Custodial
_____ Office of the Children's Lawyer _____ Other (specify)

Referral Date: _____

SUPERVISED ACCESS INTAKE FORM: NON-CUSTODIAL PARTY

Legal proceedings ARE/ARE NOT continuing.

The family HAS/DOES NOT HAVE a separation agreement

The Non-Custodial party: AGREES WITH/IS NEUTRAL ABOUT/DISAGREES WITH the referral

Main reason For referral	Other reasons for referral	
_____	_____	Spousal assault
_____	_____	Concerns regarding physical, sexual/or emotional abuse of the child
_____	_____	Concerns regarding parenting ability
_____	_____	Non-Custodial parent has been absent from child for long time
_____	_____	History of psychiatric illness
_____	_____	History of alcohol or drug abuse
_____	_____	Concerns regarding abduction
_____	_____	Unresolved conflict between parents, or others, interfering with access visits
_____	_____	Other (specify)

Custody: ___ Mother ___ Father ___ Joint ___ Other(specify) _____

Service requested is supervision of VISITS/EXCHANGES

Previous access arrangements:

Length of time since most recent access: _____ WEEKS/MONTHS/YEARS

Service decision: PROVIDE SERVICE AS REQUESTED / PROVIDE ALTERNATIVE DECISION / NO PROVISION OF SERVICE

If "NO PROVISION OF SERVICE" indicate reason: Custodial party refused to comply with intake process/Non-Custodial party refused to comply with intake process/Program unable to accommodate requests made by referral sources (e.g. one on one supervision, etc.)/ Referral inappropriate for the program/ Other (specify)

SUPERVISED ACCESS INTAKE FORM: NON-CUSTODIAL PARTY

Identity of persons authorized to accompany Access person on visits with the child:

Name	Relationship
_____	_____
_____	_____
_____	_____

Describe any concerns regarding contact between Custodial party and Access person at the time of the visit:

SERVICE SCHEDULE:

Visitors:

VISIT OR EXCHANGE	FREQUENCY	DAY	TIME

FEE AMOUNT: _____

CLIENT SIGNATURE: _____
 (acknowledges above entries, this page only)

Date: _____

SUPERVISED ACCESS INTAKE FORM: NON-CUSTODIAL PARTY

VISIT AND EXCHANGE PROCEDURE

You are to arrive at the Centre PROMPTLY at the AGREED upon time. Ring the doorbell, identify yourself when asked, and enter. Check in with the supervisor.

At this time:

1. Tell her/him who you are visiting
2. Receive any pertinent information needed about the visit
3. Confirm the date and time of next access.
4. Pay user fee for visit.

CONSENT TO DISCLOSURE OF INFORMATION

I _____ of _____
(Print full name of person) (address)

consent that the staff of _____
(name of access centre)

- A) Discuss any and all matters related to access with;
- B) Release any reports and documents prepared by or received by staff of the Supervised Access Program to, and all information including records, documents and other material about me and my child(ren) to: (initial next to all that are relevant)
1. _____
(custodial person)
 2. _____
(non-custodial/visiting person)
 3. the Court
 4. the lawyer representing the custodial person
 5. the lawyer representing the non-custodial/visiting person
 6. the lawyer representing the child(ren)
 7. the Child Protection Agency
 8. the Police Services
 9. Other (must specify) _____

When a report is requested it will be released to all parties simultaneously.

Signature Date

Witness Date

- C) I consent to a confidential review of my file contents by a review team composed of Coordinators from other Supervised Access Centres for the purpose of a peer review of the Centre to maintain service quality which includes forwarding a confidential service quality report to the Supervised Access Program at the Ministry of the Attorney General. I understand that my access to service is in no way related to my consent to this review.

Signature Date

Witness Date

Expiry Date (if applicable): _____

File No.

PAGE 1 OF 2

CRITICAL INCIDENT FORM

NAME OF CUSTODIAL PARTY: _____

NAME OF NON-CUSTODIAL PARTY: _____

NAME (S) OF CHILD(REN) INVOLVED:

DATE/TIME OF INCIDENT: _____

SERVICE BEING PROVIDED: VISIT _____ EXCHANGE _____

STAFF AND VOLUNTEERS PRESENT:

STAFF: _____

VOLUNTEERS: _____

FACTUAL DESCRIPTION OF INCIDENT

(IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THE BACK OF THIS FORM)

CRITICAL INCIDENT FORM

DESCRIPTION WRITTEN BY: _____

DATE DESCRIPTION WRITTEN: _____

• **DESCRIBE STEPS TAKEN BY STAFF AND/OR VOLUNTEERS**

A) WERE POLICE CONTACTED? YES NO

NAME OF POLICE CONTACTED: _____ DATE: _____

B) WAS CAS CONTACTED? YES NO

NAME OF WORKER CONTACTED: _____ DATE: _____

OTHER ACTIONS TAKEN:

NOTIFIED EXECUTIVE DIRECTOR/COORDINATOR (DATE): _____

NOTIFIED MINISTRY (DATE): _____

DEBRIEFED STAFF, ETC. (DATE): _____

ADDITIONAL COMMENTS: _____

REPORT REVIEWED BY: _____

SIGNATURE: _____

DATE: _____

OBSERVATION NOTE – SUPERVISED VISIT

DATE OF VISIT: _____ **FILE NO:** _____ **VISIT NO:** _____

NAME OF CUSTODIAL PARTY: _____

NAME OF NON-CUSTODIAL PARTY: _____
(or other relative)

AUTHORIZED GUESTS:

Name of Authorized Guest(s)	Relationship to the Child(ren)	Familiar Name to the Child(ren)	Permitted to pick-up / drop-off	Car: Make and Licence Plate Number

CHILD(REN) INFORMATION:

Name of Child(ren)	Birth Date	Special Needs

INSTRUCTIONS OF CUSTODIAL PARTY REGARDING CARE OF CHILD(REN) DURING VISIT:

CRITICAL INCIDENTS: YES _____ NO _____
(If "YES", please attach copy of Incident Report)

ATTENDANCE:

	CUSTODIAL PARTY	NON-CUSTODIAL PARTY
SCHEDULED TIME OF ARRIVAL		
ACTUAL TIME OF ARRIVAL		
NO SHOW		
CANCELLATION		
REASON		
SCHEDULED TIME OF DEPARTURE		
ACTUAL TIME OF DEPARTURE		

OBSERVATION NOTE – SUPERVISED VISIT

❖ SITUATIONS REQUIRING STAFF/VOLUNTEER INTERVENTION

FOLLOWING END OF VISIT:

GENERAL COMMENTS/REQUESTS MADE BY PARTIES AND/OR CHILDREN:

SIGNATURE OF VOLUNTEER: _____

DATE: _____

SIGNATURE OF STAFF: _____

DATE: _____

***SHOULD YOU REQUIRE MORE WRITING SPACE, PLEASE USE THE BACK OF THIS PAGE

OBSERVATION NOTE – SUPERVISED EXCHANGE

DATE OF EXCHANGE: _____ **FILE NO:** _____ **EXCHANGE NO:** _____

NAME OF CUSTODIAL PARTY: _____

NAME OF NON-CUSTODIAL PARTY: _____
(or other relative)

NAMES OF OTHERS AUTHORIZED TO PICK-UP/DROP-OFF

Name	Relationship to Child(ren)	Car: Make and Licence Plate Number

CHILD(REN) INFORMATION:

Name of Child(ren)	Birth Date	Special Needs:

INSTRUCTIONS OF CUSTODIAL PARTY REGARDING CARE OF CHILD(REN) DURING EXCHANGE:

OTHER INSTRUCTIONS REGARDING EXCHANGE:

CRITICAL INCIDENTS: YES _____ NO _____
(If “YES”, please attach copy of Incident Report)

ATTENDANCE:

	CUSTODIAL PARTY	NON-CUSTODIAL PARTY
SCHEDULED TIME OF ARRIVAL		
ACTUAL TIME OF ARRIVAL		
NO SHOW		
CANCELLATION		
REASON		
SCHEDULED TIME OF DEPARTURE		
ACTUAL TIME OF DEPARTURE		

File No.

OBSERVATION NOTE - SUPERVISED EXCHANGE

PRIOR TO THE EXCHANGE:

FOLLOWING THE EXCHANGE:

SITUATIONS REQUIRING STAFF/VOLUNTEER INTERVENTION:

GENERAL COMMENTS/REQUESTS MADE BY PARTIES AND/OR CHILDREN:

SIGNATURE OF VOLUNTEER: _____

DATE: _____

SIGNATURE OF STAFF: _____

DATE: _____

***SHOULD YOU REQUIRE MORE WRITING SPACE, PLEASE USE THE BACK OF THIS PAGE

SAFETY PLAN: AN EXAMPLE OF ACTION

STEP ONE: At the first sign of a problem developing, the Coordinator or the Access Worker states clearly and politely: “I am asking you to leave now. We’ll try this some other day after you’ve had a chance to speak with the Coordinator”.
 Isolate and diffuse DO NOT TAKE ANY CHANCES.

All Access Workers shall:

1. Make sure that a portable security device is close at hand.
2. Keep eyes and ears open for further problems
3. Begin to think of possible means to provide protection to all Clients. All Staff and Volunteers need to act as a team

The Client Leaves:

The intervention stops here. All information is recorded in the Observation Forms.

Suggest that the POLICE will be called only as a last resort. Premature suggestions of police intervention might make a volatile situation worse.

The Client does not leave:

STEP TWO: Escort children to a safe area. The Coordinator or Access Worker politely repeats the request: “I really think you should leave now. We’ll talk later”. Make the aggressor feel secure. Explain to the aggressor that they may return at a later date to try the visit again and that they may call the Coordinator to arrange an interview to talk about this situation

All Access Workers shall:

Realize that a potentially serious problem could be developing and be prepared to move Clients to safety

The Client leaves:

The intervention stops here. All information is recorded in the Observation Forms.

The Client does not leave:

STEP THREE: The Coordinator or the access Worker states: “If you choose not to leave, you leave me no choice but to call the police”. Make the aggressor feel secure and understood. DO NOT CHALLENGE, DEFEND OR ARGUE.

The Client leaves:

The intervention stops here. All information is recorded in Observation Forms.

The Client does not leave:

All Access Workers shall:

1. Escort the child(ren) to a safe area, close and lock the door. REMAIN WITH THE CHILD(REN)

2. Move all Clients to safety while the Coordinator or Access Worker activates a silent alarm and/or calls the Police by using the quick dial button on the phone
3. Give police precise information about who you are, the name of the Centre, and the situation that is occurring. **State that the safety of Clients is at stake and this is a priority one call.** If no one is free to go to the front door and let the Police Officer(s) in, then give exact information about the place, the code, and the keys in the combination locked box hanging at the entrance
4. Once the Police arrive, COOPERATE totally with the Police by assisting them and providing all required information
5. When the Coordinator is not present, call or page the Coordinator IMMEDIATELY
6. Staff and volunteers shall NOT engage in a VERBAL or PHYSICAL struggle with the Client
7. Maintain the safety for self and others at the Centre
8. When the Client prevents the Coordinator or Access Worker from making the call to the Police, use the portable security device. DO NOT ANSWER THE TELEPHONE. Wait for the Police to arrive

All Staff and Volunteers must IMMEDIATELY complete a CRITICAL INCIDENT FORM after the incident

SAMPLE DOCUMENT

USER FEE SCHEDULE FORM

DATE: _____

FILE#: _____

THE FEE: _____

EFFECTIVE: _____
(Date of first visit)

THE PAYMENT PLAN

(Check one)

THE PERSON(S) MAKING THE PAYMENT(S) WILL BE:

- CUSTODIAL AND NON-CUSTODIAL
- CUSTODIAL
- NON-CUSTODIAL
- OTHER (specify) _____

THE PAYMENT(S) WILL BE:

	AMOUNT	CUSTODIAL	NON-CUSTODIAL/ OTHER
<input type="checkbox"/> LUMP SUM			
<input type="checkbox"/> MONTHLY			
<input type="checkbox"/> WEEKLY			
<input type="checkbox"/> PER VISIT			
<input type="checkbox"/> OTHER (SPECIFY)			

THE METHOD OF PAYMENT:

	CUSTODIAL	NON-CUSTODIAL/OTHER
<input type="checkbox"/> CASH		
<input type="checkbox"/> CHEQUE		
<input type="checkbox"/> MONEY ORDER		
<input type="checkbox"/> OTHER (SPECIFY)		

FILE # _____

USER FEE SCHEDULE OF PAYMENTS

#	DATE	AMOUNT RECEIVED	RECEIPT	CUSTODIAL	NON-CUSTODIAL	OTHER	BALANCE	INITIALS
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								

SAMPLE DOCUMENT

SUPERVISED ACCESS PROGRAM VOLUNTEER APPLICATION FORM

DATE: _____

NAME: _____

ADDRESS: _____
(number) (street) (apt)

_____ (town/city) (postal code)

TELEPHONE: _____ (home) _____ (work)

BEST TIME TO CALL: _____

NAME OF EMPLOYER/COMPANY/ORGANIZATION:

EDUCATION:
HIGH SCHOOL: _____
(name)

COLLEGE: _____
(name and course of study)

UNIVERSITY: _____
(name and course of study)

INTERESTS: _____

LANGUAGES SPOKEN: _____

BIRTHDAY: _____

SUPERVISED ACCESS PROGRAM VOLUNTEER AGREEMENT

This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of this agreement is to assure you both of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

ACCESS PROGRAM:

_____ Supervised Access Program agrees to accept the services of the following volunteer and we commit to the following:

1. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of the volunteer position
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
3. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
4. To treat the volunteer as an equal partner with staff, jointly responsible for completion of the program mission

VOLUNTEER:

I, _____ agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to program rules and procedures, including record keeping requirements and the CONFIDENTIALITY of agency and client information.
3. To meet the time and duty commitments of a minimum 3.5 hours biweekly, or to provide adequate notice so that alternate arrangements can be made.

AGREED TO:

(volunteer)

(program coordinator)

(date)

(date)

VOLUNTEER GUIDELINES SUPERVISED ACCESS PROGRAM

- ⇒ As a volunteer supervisor in this program your primary responsibility is to ensure the safety of the child(ren) at all times, which means that the child(ren) must be close enough to be seen and heard for the duration of the visit.

- ⇒ Secondly, your role is to facilitate the visit between the non-custodial visiting parent and their child(ren), which means encouraging appropriate interaction. Your presence as an observer should be apparent, but not intrusive

- ⇒ As part of your role you will be asked to complete a brief form (observation note) at the end of the visit. Accuracy is essential as these are the only written materials to leave the program and may be requested by parents' lawyers.

- ⇒ Maintain a neutral position as far as possible in relation to both parents. The needs of the child should be the main concern. If you observe an inappropriate action or hear an inappropriate comment, it is your responsibility to intervene. This may vary from a suggestion that a parent change the subject if you observe tension in the child, to removing the child from the room while you talk over the situation with one of the staff. There will always be a staff member available for consultation.

- ⇒ If a parent wishes to discuss a concern, please make every effort not to discuss this in front of the child(ren) but rather ask that they refer to their lawyer or that they telephone the program coordinator.

- ⇒ Our main aim is to make the visit as relaxed and positive as possible for the children involved.

HOW TO WRITE OBSERVATION NOTES

- ⇒ When out of space, write on the opposite side of the page. Start at the top of the page so others can write after you

- ⇒ Use as many EXAMPLES as possible to show interactions between parent and children

- ⇒ Use formal names. Avoid words such as:

<u>Avoid</u>	<u>Use</u>
▪ I	The volunteer / The student / The staff
▪ Father.....	Mr. Jones
▪ Mother.....	Mrs. Jones
▪ Children.....	John and Jill
▪ Mr. Jones’ family.....	another family

- ⇒ Refrain from writing your opinions, feelings or impression of clients: Never write:
 - It seems
 - It appears.....

- ⇒ Write the conversation between parent and child(ren) that took place during the visit

- ⇒ Don’t use abbreviations, spell the full word

- ⇒ Try to reconstruct what happened during the visit “the bare facts” for example, illustrate the description of action, appearance, voice quality, facial expressions, emotional reaction, etc.

- ⇒ Please make sure your handwriting is legible so others can read it.

Style of Recording

SUBJECTIVE

IF YOU STATE....

She was happy to see her Dad.

He was aggressive.

She seemed upset.

He did not want his Dad to leave.

He obviously didn't want his Dad to go.

She seemed OK with this answer.

OBJECTIVE

DESCRIBE BEHAVIOUR WITNESSED....

She was smiling and running happily to Dad with outstretched arms.

He pushed, shoved, pulled, hit, slammed the ball against the wall.

Her head was lowered, her face flushed, arms pulled in.

The child held on to his Dad's arm as he attempted to leave and said "Don't go!" (If, in fact, he said something).

He dug in his heels, picked up the baseball bat, and said, through clenched teeth, "I don't want you to go!"

She nodded her head and smiled as she responded.

EMOTION	FACIAL EXPRESSIONS	VOCALIZATIONS	BODY LANGUAGE
HAPPY	smiling, laughing Eyes wide, grin from Ear to ear, turned up Mouth	glee, chattering sighs, cheering, giggling, laughing, screeching, Boisterous, elated	playful, arms outstretched, eyes light up, run/move toward person, bouncing around, Relaxed, big hug
SAD	frown	silent, non-verbal	eyes cast down, head down
ANGRY	eyes narrow, tight Lipped	shouting, yelling raised voice	wave arms, red in the face, pacing, refusal Combative stance, push someone away, Throw objects, angry outbursts
UPSET	red in the face, Fisted hands	crying, sobbing	on the verge of tears, head down, flushed face, pacing, sullen, hiding, breathing heavily, blinking a lot, shaky voice, avoid eye contact
NEUTRAL		talking, interacting, Low key	

File No. _____

SUPERVISED ACCESS EXIT FORM

PAGE 1 OF 2

THIS EXIT FORM IS BEING COMPLETED BY THE (circle one):

CUSTODIAL PARTY NON-CUSTODIAL PARTY OTHER (specify): _____

SITE LOCATION: _____

COURT DISTRICT: _____

CURRENT MARITAL STATUS:

_____ Separated
Date: _____

_____ Remarried
Date: _____

_____ Divorced
Date: _____

_____ Other (Please specify) _____
Date: _____

_____ Living with Common Law Partner
Date: _____

DATE OF LAST VISIT/EXCHANGE WHILE IN THE PROGRAM: _____

TERMINATION OF SERVICE REQUESTED BY:

_____ Supervised Access Program

_____ Court Order

_____ Custodial Party

_____ Non-Custodial Party

_____ Other relative

_____ Other (Please specify) _____

REASON FOR TERMINATION:

_____ Failure of Custodial Party to complete intake process

_____ Failure of Non-custodial Party to complete intake process

_____ Failure of Custodial Party to comply with Centre rules

_____ Failure of Non-custodial Party to comply with Centre rules

_____ Non-custodial Party no longer requires supervised access

_____ New access arrangements made

_____ Child refuses to attend

_____ Other (Please specify) _____

File No.

SUPERVISED ACCESS EXIT FORM

NEW ACCESS ARRANGEMENTS MADE:

- Access supervised by other agency
- Unsupervised access
- No access arrangement
- Other (specify) _____
- Access supervised by friends or relatives
- Supervised exchange
- Do not know

SATISFACTION OF PARTICIPANT WITH:

(1=very satisfied; 2=somewhat satisfied; 3=neither satisfied nor dissatisfied, 4=somewhat dissatisfied, 5=very dissatisfied)

- Hours of service
- Facilities & equipment
- Neutrality of service
- Safety of environment for the child
- Safety of environment for self
- Restriction of visits to the site of the program
- Cost of service (if applicable)
- Staff
- Distance to program
- Provision of reports describing visits
- Visiting in a group setting

SATISFACTION WITH THE SUPERVISION OF VISITS

WERE THE VISITS (please check one):

- Too strictly supervised
- About right
- Not supervised enough

WHAT OTHER SERVICES (RELEVANT TO ACCESS) HAVE THE YOU ACCESSED IN THE PAST OR ARE YOU USING NOW? WHAT OTHER SERVICES WOULD THE YOU LIKE TO USE FOR YOURSELF/ YOUR CHILDREN?

Past/Present	Future	Past/Present	Future
<input type="checkbox"/>	<input type="checkbox"/> Group counselling	<input type="checkbox"/>	<input type="checkbox"/> Parenting classes
<input type="checkbox"/>	<input type="checkbox"/> Individual counselling	<input type="checkbox"/>	<input type="checkbox"/> Assessment
<input type="checkbox"/>	<input type="checkbox"/> Dispute mediation	<input type="checkbox"/>	<input type="checkbox"/> Legal and clinical services
<input type="checkbox"/>	<input type="checkbox"/> Family therapy	<input type="checkbox"/>	<input type="checkbox"/> Support Group

Please write down any other comments you have regarding the Supervised Access Program:

Thank you for completing this form.

NOTE: This information is being collected for evaluation purposes and will not be provided as part of your file for reporting purposes.

RESOURCES AND INFORMATION ON ANAPHYLACTIC REACTIONS

RESOURCES:

Anaphylaxis Project of Allergy Asthma Information Association (Ontario Branch)
Telephone: 416-785-4684

The Allergy and Asthma Information Association (Main Branch)
30 Eglinton Avenue West, Suite 750
Mississauga, Ontario. L5R 3E7
Telephone: 905-712-2242

The Ontario Allergy Society
2 Demaris Avenue
Downsview, Ontario. M3N 1M1
Telephone: 416-633-2215

Peanut Allergy – What You Need To Know, Produced by Allergy, Asthma and Immunology Society of Ontario
<http://www.oma.org/phealth/peanuts.htm>

Health Advice On Peanut Allergy Published, Produced by the United Kingdom Department of Health:
<http://www.doh.gov.uk/cmo/cmo989.htm>

Peanut Allergy: How Much Peanut Is Too Much?, Produced by Calgary Allergy Network:
<http://cgi.cadvision.com~allergy/howmuch.html>

Peanut Allergy Management, Produced by Judy Tidwell:
<http://allergies.about.com/health/allergies/library/weekly/aa010499.htm>

PEANUT ALLERGY ALERT



FAMILIES ARE REQUESTED

NOT

TO BRING PRODUCTS CONTAINING
PEANUTS/ PEANUT PRODUCTS

(PEANUT OIL, PEANUT BUTTER)

TO THE CENTRE

THIS IS A **VERY SERIOUS CONCERN**

AND WE THANK YOU FOR YOUR

CO-OPERATION

PEANUT ALLERGY ALERT

DEAR PARENTS,

This is a reminder that there are children with severe allergies to nuts that share your child's space at the Centre. Allergies to nuts include: peanuts; peanut oils; and peanut products.

The allergy is so severe that not only eating small amounts but also trace amounts will trigger a life threatening anaphylactic reaction.

Emergency treatment involves an immediate drug injection and a rush trip to the hospital.

Even though the children may have been taught to refuse offered snacks, we must all try to provide these children with a safe environment.

We therefore, respectfully ask that you not send snacks with your child to the visits, or bring snacks for the visits that contain peanuts/nuts, peanut butter, peanut oil and peanut/nut products. The staff and volunteers will be happy to provide snack suggestions.

Please make sure your child washes his/her hands prior to the visits to remove any traces of peanut butter or peanut products.

Please wash your hands prior to the visits as well to ensure a safe environment for the children at the Centre.

Your co-operation in this matter is greatly appreciated.

If you have any questions, please feel free to approach our staff or volunteers at any time.

REVISIONS
SUPERVISED ACCESS PROGRAM: BEST PRACTICES MANUAL

The following is a list of recent revisions made to the Best Practices Manual.

Page #	Section	Sub-Section	Revision (General Area of Revision)
N/A	N/A	N/A	Use of term Non-Custodial Party through out document (vs. access parent/party, visiting parent/party, etc.)
N/A	N/A	N/A	Use of term Service Provider through out document (vs. Host Agency, etc.)
N/A	N/A	N/A	Use of term Centre through out document (vs. Program)
4	Section 5	Declining Unsafe Cases	Changed to Declining Cases
8	Objectives of the SAP	N/A	Use of term non-custodial party, use of term Centre, minor revisions re: grammar and language
9	Reasons for Referral	N/A	Second last bullet reads "...where the animosity and mistrust between the parties is so great that..."
11	Visit/Exchange Prohibition and Rules	N/A	Minor revisions re: grammar and language throughout
12	Agreement For Service	Guidelines	To read "...agreements between service providers and clients may include, but are not limited to, the following..."
13	Freedom of Information	Exceptions	Added "...address and phone number of the parties are not to be disclosed if confidentiality is requested..."
18-19	Declining Unsafe Cases	N/A	Moved BP to Section 5, pages 44-45
20	Intake Interview	Custodial and Non-Custodial Parties	Changed "...sign a service agreement form or consent of compliance with Centre...and a guardian authorization form re: obtaining medical treatment..."
21	Intake Interview	Forms Signed	Changed "...The consent to disclosure of information is effective as long as the file remains open unless the Service Provider's policy.....required expiry date...."
21	Intake Interview	Forms Signed	Added "...each party must sign a separate form..."
22	Intake Interview	Non-Custodial Party	Added "...it is not the Centre's responsibility, due to liability issues, to inspect the car seat or to..."

Page #	Section	Sub-Section	Revision (General Area of Revision)
22	Intake Interview	Non-Custodial Party	Added “.based on Centre policy, advise the non—custodial party that it may be their responsibility to provide a snack or meal...”
22	Intake Interview	Non-Custodial Party	Added “.based on Centre policy, it is usually expected that the non-custodial party provide activities...”
24	Arrival and Departure Times	Guidelines	Revised “.based on Centre facilities, there may be the option to arrange for the custodial party to remain in a waiting room....”
24	Arrival and Departure Times	Guidelines	Added “.if possible, parking facilities should be observable and monitored by Centre Staff...”
25	Cancellation of Visits/Exchanges	Best Practice	Revised language to read visit/exchange
25	Cancellation of Visits/Exchanges	Guidelines	Revised “In accordance with Centre policy...”
26	Child Refusal of Visits/Exchanges	Guidelines	Revised “Advise children they will not be left along during the visit. A staff or volunteer will always be present”
27	Child Refusal of Visits/Exchanges	Guidelines	Revised “Last resort (based on Centre policy, facilities and staffing abilities)....”
28	Supervised Access Visits	Guidelines	Added “Note: Arrival/departure protocols may differ depending on Centre policy...”
29	Supervised Access Visits	Escorting Young Children to the Washroom/Diapering	Added “staff should ensure that they obtain any instructions about special circumstances during the intake interview” and “staff will ensure that both parties’ are made aware of any arrangements...”
31	Supervised Access Visits	At the End of the Visit	Added “complete visitation report...and critical incident documents...”
32	Medication		Moved BP to Section 5, page 55
32	Photographs, recording devices, cell phones & pagers	Best Practice	Added “It is strongly recommended that the centre not permit...” ..“cell phones are not permitted...” ... “pagers are not permitted...”
34	Termination of Service by the Parties	Best Practice	Added “based on Centre Policy, files should be reviewed after (at least) three months of no activity..”
35	Record Keeping	Best Practice	Added “.where files and information are stored electronically, Centre information is to be kept on a

Page #	Section	Sub-Section	Revision (General Area of Revision)
			dedicated workstation accessible only to”
35	Record Keeping	Best Practice	Additional information to be added with the implementation of the electronic case management/database system
35	Record Keeping	Guidelines	Added “it is suggested that for the benefit of all parties involved...consent be provided in writing”
36	Client File Management	Guidelines (3)	Policies re: storing of client information and the case management database system will be included once the system is implemented.
37	Client File Management	Guidelines (4)	Added “all exit forms, questionnaires...should be maintained in a separate administrative file...”
38	Critical Incidents	Best Practice	Added “reporting emotional/physical child abuse or neglect”... “where the CAS has been called”
38	Critical Incidents	Guidelines (4)	Added “...inform direct supervisor...”
42	Observation Notes	Abuse	“...staff and volunteers are required to report any concerns with regard to abuse to the CAS...”
43	Retention and Destruction of Files	Guidelines	Added “Note: If client data is kept electronically, computer hard-drives should be de-gaused (magnetically erased” before they are sold....”
44	Declining Cases	Where CAS or CCAS is involved	“..Please see page 46 for more detailed policies...”
45	Declining Cases	N/A	“services can and should be refused if it is felt the client is not appropriate for the Centre....”
46	Children’s Aid Society	N/A	Policy is currently being updated
N/A	A Child in Need of Protection	N/A	Added excerpt from the CFSA Jan 2001, page 47.
48	Duty to Report	N/A	Policy is updated, pages 48-49
50	Emergency Procedures	Best Practice	“In cases of violent or impending violent behaviour, fires, injuries, abductions, etc....”
50	Emergency Procedures	Guidelines	Added “..emergency procedures should be developed in consultation with local police and fire safety professionals...”

52	Safety	Guidelines, Emergency	“...call 911 or the emergency number in the area..”
52	Safety	Guidelines, Messages	“...messages may be photocopies at the discretion of Centre staff...”
Page #	Section	Sub-Section	Revision (General Area of Revision)
54	Safety	Guidelines, Abduction	“...if the non-custodial party does not return with the child(ren) from an exchange...”
55	Medication	Best Practice	“...make necessary arrangements for medication to be administered by them PRIOR to the visit/exchange or the non-custodial party DURING the visit/exchange ...”
56	Anaphylactic Reactions	Identify Allergic Child	Wording revised.
57	Anaphylactic Reactions	Information Gathering (e)	Added “...written consent from the custodial party agreeing to permit the non-custodial...”
57	Anaphylactic Reactions	Scheduling Visits	“...at each visit staff should check the epipen to ensure that is current...” ... “...Whenever possible, staff should coordinate visits for the child with food allergies...”
58	Anaphylactic Reactions	Use of Epipen	“staff should ensure that the child’s epipen is up-to-date (not expired) and prescribed in the child’s name...” ... “in cases where the non-custodial party cannot administer the medication and, where possible as permitted by the Centre’s facilities...”
65	Promotions and Public Relations	Promotional Material	Added “...Promotional materials should be available in languages reflective of the community the Centre services...”
72	How to Conduct a Formal Intake	N/A	Minor revisions through out.
73	Consent to Participate	N/A	Separate forms should be signed for each party. Revised form has space for only one signature. Separate form should be created for the non-custodial person/other parties.
74-79	Agreement for Service	N/A	Revised Forms.
88	Consent to Disclosure of Information (Appendix G)	N/A	To include release of information to peer review committee
91-95	Observation Notes	N/A	Revised Forms.

96-97	Safety Plan: An example of Action	N/A	Appendix J – Record of Exchange/Visit was removed. Safety Plan: An example of Action becomes Appendix J.
Page #	Section	Sub-Section	Revision (General Area of Revision)
98	Payment Plan	N/A	Now Appendix K
99	Schedule of Payment	N/A	Now Appendix L
100	Volunteer Application Form	N/A	Now Appendix M
101	Volunteer Agreement	N/A	Now Appendix N
102	Volunteer Guidelines	N/A	Now Appendix O
103-105	Writing Observation Notes	N/A	Now Appendix P
106	Exit Form	N/A	Now Appendix Q
106	Exit Form	N/A	Revised Form (from four pages to two pages).
108	Resources and Information on Anaphylactic Reactions	N/A	Now Appendix R
N/A	Revisions		A new section listing all the revisions made to the BP Manual has been included. Revision lists will be included most recent first.

Date: August 13, 2001

REVISIONS

SUPERVISED ACCESS PROGRAM: BEST PRACTICES MANUAL

The following is a list of recent revisions made to the Best Practices Manual.

Page #	Section	Sub-Section	Revision (General Area of Revision)
19	Declining Unsafe Cases	Where CAS or CCAS is involved	“Note: The Ministry.....”
20	Intake Interview	Best Practice	“Interviews must be conducted separately...”
20	Intake Interview	Custodial and Access Parent	“Review the guidelines....”
28	Supervised Access Visits	Best Practice	“All visits are to be held...”
36	Record Keeping	Best Practice	“...on a dedicated workstation, with email, accessible ONLY to Supervised ...”
37	Client File Management	Guidelines	“2. All client files, paper documents and computer records....”
49	Safety	Bags/Parcels	“Discourage gift-wrapped parcels...”
49	Safety	Secured Entrance	“...doors should be monitored...”
49	Safety	Fire	“...All Centres should have their facility and exist procedures...”
51	Safety	Program Supplies	“...kitchen supplies including knives, kettles, coffee makers....”
52	Anaphylactic Reactions	N/A	New Policy
62	Promotional Material	Best Practice	“Other promotional materials, including website....”
62	Promotional Material	Best Practice	“Promotional material should be available in languages....”
64	Staff	Training	New Sub-Section
64	Staff	Supervision and Evaluation	New Sub-Section
112	Anaphylactic Reactions	Appendices	New Appendices

Date: May 4, 2001