

Welcome to the Healthy Relationships Program

The **Healthy Relationships Program** is a prevention program offered by the Calgary Women's Emergency Shelter in collaboration with the Calgary Board of Education, Calgary Catholic School Division and the Rockyview School Division. The Healthy Relationships Program supports youth to live free from abuse and violence by promoting healthy relationships and empowering them to make positive and healthy choices. The program is offered year-round in schools providing both group and individual counselling for youth around issues such as violence and abuse, conflict in relationships, communication, and the healthy expression of feelings. Groups run weekly between 8 to 15 weeks. Short-term (6-10 sessions) individual counselling can help youth address more specific concerns about their relationships. The program is open to youth 12 to 21 years old, with referrals made through the school, partner programs, or by parents and youth themselves.

The Healthy Relationships Program is for youth who:

- Want to explore healthy relationships;
- May be having difficulty maintaining healthy dating relationships or have experienced dating violence;
- May have concerns about violence within the family, or have experienced conflict or abuse;
- Have struggled to create or maintain healthy relationships with others at school, home or in the community.

All services provided by Healthy Relationships are offered by facilitators who are skilled and educated therapists. In some cases, therapists may be Provisional Psychologists. Provisional Psychologists are required to undergo a period of supervision by a Registered Psychologist to ensure they develop and meet the high standards of practice laid out by the College of Alberta Psychologists. Any and all information shared during this period of supervision is bound by agency policies as well as strict ethical codes and professional guidelines defined by the College of Alberta Psychologists.

In order to provide the best possible service, we will ask your child to tell us how we did while they are in the program and/or after. We will ask them what changed, what was most helpful, and other questions. They don't have to answer anything they don't want to, and it will not change how we work with them now or in the future. We will use their feedback, linked with other information they may tell us, to make the program better, to show how we help, and to share this information with others, like our funders. Their information is stored in secure databases and only certain staff have access to their information. We will not share any personal information that could identify them to others.

Your child has requested to become involved in the Healthy Relationships Program. As your child's guardian, your consent for your child's involvement in the program is required and is to be given voluntarily after being provided with a clear understanding of the program. We will follow-up with you, either by phone or in person, to provide you an opportunity to ask questions and to ensure you have all the information about the program that you may need to make an informed decision. Please provide us with your name, the best number to contact you at, and let us know if you have any preferences about when you would like us to connect with you.

Parent/Guardian Name: _____ Phone # _____

Preferred day or time of contact/ Additional Comments : _____

In addition to your consent for your child to participate in the program, we will also seek the assent of your child. This will include reviewing with your child the purpose of our program, the activities/sessions that they will participate in, and their rights. We will also provide your child with this information in writing. If you would like a copy of the program brochure, you may request it or access it through our website at www.calgarywomensshelter.com.

All clients receiving services through the Calgary Women's Emergency Shelter are supported and encouraged to know their rights and be fully informed about the meaning of those rights. Below is a brief description of those rights. If you want more information about these rights, please contact the Healthy Relationships Program Manager, at 403-466-3457.

Grievance Procedure – Clients have the right to raise concerns if there are issues with how they are being treated or supported. We encourage clients to talk to the person and/or people with whom the issue lies, if they feel comfortable doing so (they can have a support person help them with this). The grievance procedure ensures client concerns are heard and issues are resolved quickly and fairly.

Advocacy – Clients have the right to their opinions and a voice about what happens to, with, and for them. We have a responsibility to listen to and support clients in any way we can. Clients can also identify others they would like to be involved in the service provided to them including family, significant adults, and/or other professionals.

Confidentiality – We follow strict legal and ethical guidelines to ensure the privacy of clients is protected and confidentiality is maintained. We will not release your child's information without your permission. We may be required to release information without your permission in the following circumstances:

- There is a medical emergency
- We receive a legal order;
- We have information to suggest that the client's safety is at risk, or the safety of someone else;
- We have information that suggests that a child is at risk of or has experienced abuse and/or neglect.

Involvement in Care and Future Planning - Clients have the right to be involved in making decisions about the care they receive. This includes the right to set and monitor their own goals. In the Healthy Relationships Program, this process is done informally through conversation with your child.

Voluntary Involvement - The Healthy Relationships Program is completely voluntary. All clients have the right to choose not to be involved in the program and cannot be forced to participate by parents, school staff, or anyone else.

Aboriginal/Cultural/Spiritual Resources - Clients have the right to be connected with an Aboriginal Resource Person and/or a resource person connected to their cultural or spiritual community. Clients can let program staff know if they want to be connected to a resource and it will be coordinated through the school.

Supported in Uniqueness/Diversity – We respect each client's uniqueness and individuality. Clients can let program staff know if they have a cultural, spiritual, developmental or learning need, sexuality, or gender identity, or other need that we can support.

As your child's legal guardian, you also have the right to access your child's information and to be informed of any concerns we may have about your child. Your child's safety is our priority. We will inform you when we are concerned about your child's safety using our clinical judgement to decide on timing after carefully weighing the level of risk and the advantages and disadvantages of doing so. If you have any questions or concerns about this, please contact us.

I have read and understand the above regarding my child's request to be involved in the **Healthy Relationships Program** I verify that I am the parent or legal guardian of _____ (child's name). I confirm that I have the authority to offer permission for my child to receive service, and I give my consent for my child to participate in the Healthy Relationships Program voluntarily and without coercion. I understand I can be revoke my consent at any time by notifying the program verbally or in writing. This consent is valid for one year from signing.

My child may participate in ☐ **Group Counselling** and/or ☐ **Individual Counselling**.

Date

Parent/Guardian Signature