

2020 24 Hour Census Report

A One-Day Snapshot of the Transition Housing
and Support Programs in BC



BC Society of
Transition Houses

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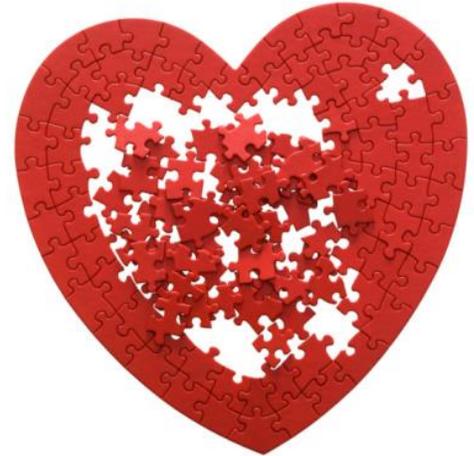
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IN JUST ONE 24 HOUR PERIOD

This snapshot offers some insight into the realities of Women's Transition Housing and Supports Programs (referred to as Transition Housing Programs throughout this report) in BC.

In just 24 hours, between December 2nd & 3rd, 2020

844 people were sheltered or supported in-person or remotely through Transition Housing Programs across BC.



An additional **77 people were still waiting for services or had to be turned away from these programs.** This was largely due to reduced capacity at transition housing programs in order to meet COVID-19 public health mandates, women feeling apprehensive about coming into the program because of COVID-19 protocols in the house, and women feeling concerned about living in a communal setting during COVID-19.

85 Transition House, Second and Third Stage programs and Safe Homes in BC participated in the 2020 BC Society of Transition Houses (BCSTH) 24 Hour Census. The Census provides an unduplicated count of how many women, children and youth were helped, and how many more were unable to get help, during just one day in BC.

This year, additional questions were added to the 24 hour census survey to assess the impact of COVID-19 on Transition Housing Program service delivery and demand for services.

During the 24-hour period 85 Transition Housing Programs in BC:

- supported and safely sheltered **535** women, children and youth
- supported in-person but did not shelter **99** women, children and youth

- supported remotely, but did not shelter **210** women, children and youth
- responded to **682** calls, emails and texts to provide information and support

**TRANSITION HOUSING PROGRAMS RESPONDED TO 682 CALLS, EMAILS
AND TEXTS: AN AVERAGE OF 28 CALLS, EMAILS
AND TEXTS AN HOUR.**

BCSTH thanks the Transition, Second Stage and Third Stage and Safe Home programs who took time out of their busy pandemic days to participate in the 2020 24 Hour Census. We appreciate all that you do and recognize the difference you are making in thousands of lives each day.

WOMEN, CHILDREN AND YOUTH SERVED

In 24 hours, **844** women, children and youth were helped through Transition House, Second Stage and Third Stage and Safe Home programs in BC (collectively referred to as Transition Housing programs) (table 1).

TABLE 1: NUMBER OF PEOPLE SHELTERED OR SUPPORTED IN-PERSON OR REMOTELY BUT NOT SHELTERED IN A 24 HOUR PERIOD

	Sheltered	Supported in-person, not sheltered	Supported remotely, not sheltered	TOTAL
Female older adults (55yrs +)	45	13	33	91
Female adults (19 – 54yrs)	247	71	162	480
Female youth (11-18yrs)	40	3	4	47
Female children (0-10yrs)	99	3	7	109
Male older adults (55yrs +)	0	1	0	1
Male adults (19 - 54yrs)	0	0	2	2
Male youth (11-18yrs)	26	0	0	26
Male children (0-10yrs)	77	7	0	84
Trans-identified older adults (55yrs +)	0	0	0	0
Trans-identified adults (19 - 54yrs)	1	1	2	4
Trans-identified children/youth (11-18yrs)	0	0	0	0
Trans-identified children/youth (0 -10yrs)	0	0	0	0
TOTAL	535	99	210	844

159 WOMEN SERVED BY TRANSITION HOUSING PROGRAMS DURING THE 24 HOUR CENSUS PERIOD WERE KNOWN TO HAVE BEEN THREATENED BY A FIREARM OR ANOTHER WEAPON.

15 WOMEN SERVED BY TRANSITION HOUSING PROGRAMS DURING THE 24 HOUR CENSUS PERIOD WERE KNOWN TO BE PREGNANT.

"Honestly, if I had not come here I might be dead." (Program Participant)

"I am so thankful to staff, my children and I have safety and all the support provided, I didn't know this was possible" (Program Participant)

STANDING BESIDE: SUPPORT AND ADVOCACY

"Thank you for giving us PPE and keeping us safe, and listening to us and our stories, thank you for caring, and helping me with Zoom, and getting me in counseling" (Program Participant)

Individual support was the activity most frequently engaged in by Transition Housing Programs on December 2nd - 3rd 2020, with more than 85% of respondents engaging in this work. The majority of whom were using a mixed service delivery model (i.e., providing support both in person and remotely) due to COVID-19 (table 2).

"...we are offering a lot more virtual support by phone or email than we did before" (Transition Housing Program Worker)

TOP 7 TRANSITION HOUSING PROGRAM ACTIVITIES DURING 24 HOUR CENSUS

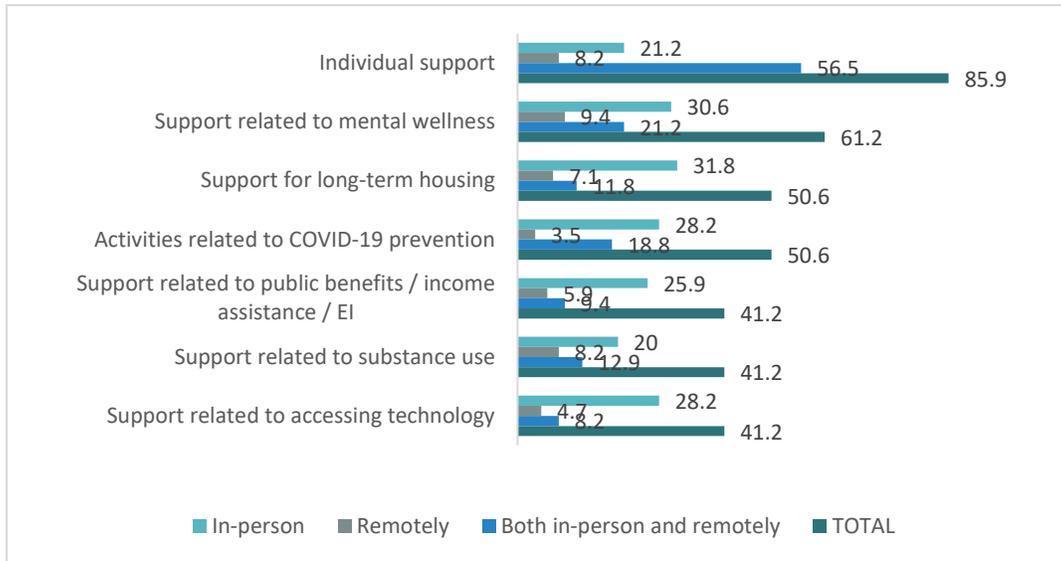


TABLE 2: PERCENTAGE OF TRANSITION HOUSING PROGRAMS WHO REPORTED PROVIDING EACH ACTIVITY DURING THE CENSUS PERIOD

Providing support relating to mental wellness was the next most common activity identified by census respondents, with more than 60 per cent reporting engaging in this activity during the 24 hour census period. Effectively supporting women with varying mental health issues can be time and resource intensive, and the COVID-19 pandemic and associated physical distancing requirements have put additional strain on women’s mental health.

“Women in our housing program are feeling isolated. Their existing mental health conditions are exacerbated by COVID and isolation. They are unable to access mental health and addiction services easily and this creates challenges with recovery.” (Transition Housing Program Worker)

An equal number of respondents (50.6%) identified support to find long-term housing and activities related to COVID-19 prevention as the third most frequently engaged in activity. Violence is the leading cause of homelessness for women (Huey & Broll, 2018), and the affordable housing crisis in BC makes this transition even more stressful, and sometimes impossible, often forcing women to choose between returning to a violent situation or face homelessness¹.

“Covid-19 has made it even harder to get affordable housing.” (Transition Housing Program Worker)

“Housing is very difficult to find. Women are very stressed out and think twice about leaving.” (Transition Housing Program Worker)

While respondents noted that they are grateful to be able to provide refuge to women, children and youth fleeing violence during the COVID-19 pandemic, they repeatedly emphasized the impact of preventative measures such as cleaning and sanitization requirements on service delivery. These added responsibilities have increased workload while reducing the amount of time available to provide direct support to women and their children.



¹ BCSTH (2019) Getting Home Project: [Overcoming Barriers to Housing after Violence - Community Needs Assessment Report.](#)

“Having to cook and clean during the shift has increased staff work load, often taking away from time previously taken to support and meet with women.”

(Transition Housing Program Worker)

Again, an equal number of respondents (41.2%) identified providing support related to financial aid including public benefits, Income Assistance and Employment Insurance; support related to substance use; and support related to accessing technology (i.e., cell phones, laptops, tablets, internet, Wi-Fi etc.) as the fourth most common activity that they engaged in during the 24 hour census period.

“COVID-19 has made it difficult for clients to access some services due to programing from other agencies that have gone to online or working remotely... we have had to do some double duty support service to ensure clients are getting their needs met for those difficult to reach service providers.” (Transition Housing Program Worker)

Not only are Transition Housing Program staff busy meeting the immediate needs of the women, children and youth they serve, but they also conduct training and public education sessions. In this 24 hour period, Transition Housing Programs delivered **17** trainings or public education sessions (nine in-person and eight remotely) to **595** people.

UNMET NEEDS

MORE THAN ONE QUARTER OF TRANSITION HOUSING PROGRAMS
(29.4%) REPORTED THAT THEIR SHELTER **WAS FULL** DURING THE 24-HOUR
CENSUS PERIOD.

"We have had to keep two rooms closed (saved for isolation), therefore [we are] not operating at full capacity. We put a family in a hotel and needed extra staff to provide services off-site." (Transition Housing Program Worker)

In just one day, **77** people seeking support were unable to be served. This was due in large part, to reduced capacity at transition housing programs in order to meet COVID-19 public health mandates (e.g., physical-distancing requirements); women feeling apprehensive about coming into the program because of COVID-19 protocols in the house (e.g., that they may limit contact with friends and family outside the house or the ability to come and go from the house, etc.); and women feeling concerned about living in a communal setting during COVID-19 (table 3).

TABLE 2: TOP 6 REASONS TRANSITION HOUSING PROGRAMS WERE UNABLE TO SERVE WOMEN, YOUTH & CHILDREN

	Very Relevant	Somewhat Relevant	Not Relevant	Unanswered
Reduced housing capacity in order to meet COVID-19 Public Health mandates	17 (20%)	7 (3.4%)	19 (22.4%)	41 (48.2%)
Women apprehensive about coming into the program because of COVID-19 protocols in the house	7 (8.2%)	12 (14.1%)	23 (27%)	43 (50.6%)
Women concerned about living in a communal setting during COVID-19	8 (9.4%)	10 (11.8%)	25 (29.4%)	42 (49.4%)
No available beds/suites	12 (14.1%)	4 (4.7%)	25 (29.4%)	44 (51.8%)
Woman unable to live in communal setting (e.g., due to issues related to mental health or substance use)	7 (8.2%)	9 (10.6%)	24 (28.2%)	45 (52.9%)
Insufficient resources to support women, children or youth with varying levels of mental wellness and/or substance use needs	6 (7.1%)	10 (11.8%)	25 (29.4%)	44 (51.8%)

Almost one quarter (23.4%) of respondents said that reduced housing capacity in order to meet COVID-19 public health mandates was either very or somewhat relevant to them being unable to serve all women, children and youth who requested services during the 24-hour period. Respondents noted that factors such as limited space, limited COVID-19 hotel space, difficulty offering in-person

supports, reduced external programming, lack of childcare and inability to offer transportation all played a role in being unable to meet requests for services.

“Reduced beds, lots of restrictions which create a barrier for some women to access our services. Harder to do in-person counseling, our in-person groups are not available.” (Transition Housing Program Worker)

Almost the same number of respondents (22.3%) cited women feeling apprehensive about coming into the program because of COVID-19 protocols in the house (e.g., that they may limit contact with friends and family outside the house or the ability to come and go from the house, etc.) as one of the top 6 reasons they were unable to provide services to everyone who requested it.

“With the policy and guidelines that need to be followed for safety and COVID-19 precautions, women [and their] children are not staying.” (Transition Housing Program Worker)

Just slightly fewer (21.2%) reported that women feeling concerned about living in a communal setting during COVID-19 was very or somewhat relevant to not being able to serve everyone in need during the 24-hour period.

“A lot of times women don't want to come to a communal environment during COVID.” (Transition Housing Program Worker)

An equal number of respondents (18.8%) reported that the following factors were the next most relevant reasons for being unable to serve all women, children and youth during the 24-hour period:

- lack of available beds/suites;

- women being unable to live in a communal setting (e.g., due to issues related to mental health or substance use);
- insufficient resources to support women, children or youth with varying levels of mental wellness and/or substance use needs.

Almost 40% of the Transition Housing Programs (38.8%) reported operating with four or less staff (working either remotely or in-person) during the 24 hour census period, and almost one-fifth (18.8%) had just one staff on shift at any given time during the entire 24 hours. Table 4 displays the percentage of Transition Housing Programs operating with just one staff for different lengths of time during the 24-hour period.

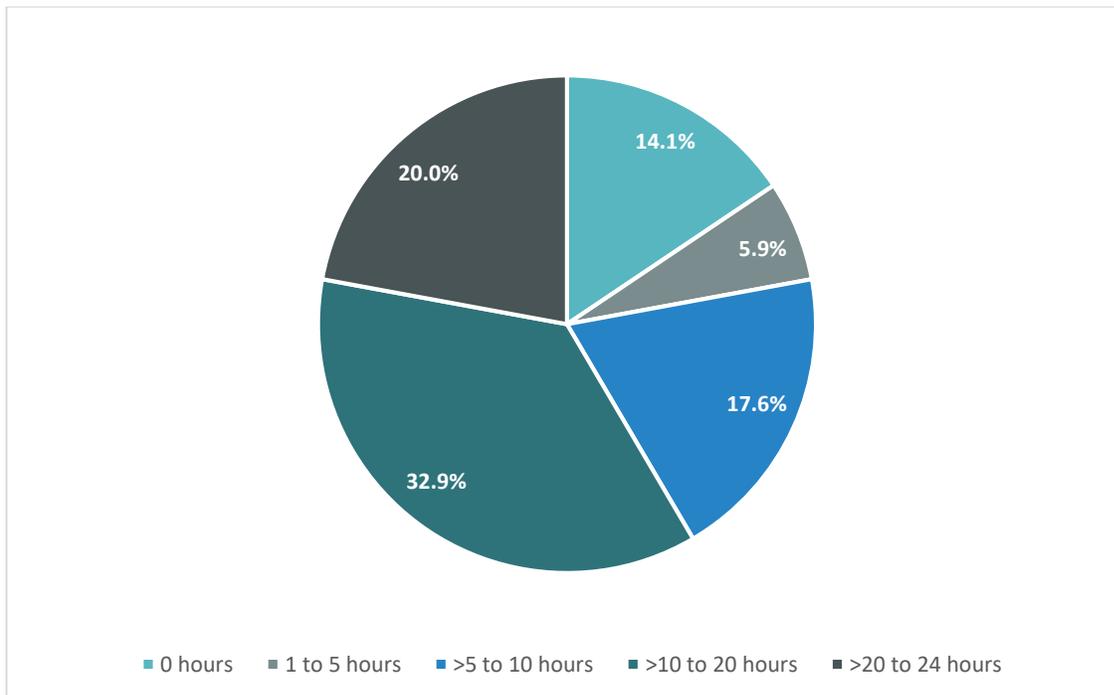


TABLE 4: PERCENTAGE OF TRANSITION HOUSING PROGRAMS OPERATING WITH JUST ONE STAFF FOR DIFFERENT LENGTHS OF TIME WITHIN A 24 HOUR PERIOD

"Staff are doing the best they can in a difficult situation. Being single staffed has its own challenges to add." (Transition Housing Program Worker)

IMPACTS OF COVID-19 ON TRANSITION HOUSING PROGRAMS SERVICE DELIVERY

“[COVID]’s put added stress on staff as well as clients to abide by COVID protocols. It also impacts transportation and our support sessions don’t feel the same due to distance and mask requirements. There is increased burnout amongst staff and increased stressors on clients.” (Transition Housing Program Worker)

It is clear from the 24-hour census survey responses that there are many serious impacts of COVID-19 on service delivery amongst Transition Housing Programs in BC. For example, physical distancing requirements mean that services that are usually offered are often unavailable, such as transportation and childcare.

Rates of domestic violence have spiked globally since the outbreak of COVID-19². In Canada and BC, anecdotal evidence of this reported by transition houses and women’s shelters includes increased calls for support, increased severity of violence, or being eerily quiet as women have fewer opportunities to contact shelters when they are sheltering at home with their abuser. This was reflected in the 24-hour census responses, with some program reporting concerns that *“the women who need to be in the house aren’t coming in”* and others stating that *“our numbers of women served has gone up 250%”*.

² Bradley, N.L. et al. (2020): [Health care practitioners’ responsibility to address intimate partner violence related to the COVID-19 pandemic, CMAJ, 192 \(22\)](#)

“...we have noticed a significant increase in violence at home, and transient women coming through the [town] since the COVID-19 pandemic began.” (Transition Housing Program Worker)

It is clear from the census survey responses that workloads have increased due to factors such as increased crisis calls and demand for services, additional COVID-19 prevention activities, and additional staffing needs to cover off-site COVID-19 locations (i.e., COVID-19 hotels). However, not only are programs forced to operate with reduced staff numbers but they are also restricted as to which programs staff can work in to help prevent the spread of COVID-19.

“[We have] limited Relief staff as Relief can only work at specific programs to limit the spread of COVID -19.” (Transition Housing Program Worker)

Furthermore, staff are more likely to require time off for COVID-19 testing if they are displaying cold, flu or other COVID-19 symptoms, or if they are required to isolate. Some respondents also reported that more staff absences have occurred due to burnout and stress.

“Numerous staff on leave. Numerous staff taking time off due to minor cold/flu symptoms while getting tested for COVID-19.” (Transition Housing Program Worker)

When staff are at work, their time is often taken up with COVID-19 prevention activities such as sanitization, cleaning and cooking requirements, resulting in less time to directly support and make meaningful connections with the women, children and youth they support. Personal Protective Equipment (PPE) is much needed and gratefully received, however many respondents noted that PPE such

as masks, in addition to physical distancing requirements, can make it harder to provide emotional support to women, children and youth.

“With COVID-19 women are more stressed on top of their personal stress that includes guests and staff. It has made forming a connection very impersonal, the very connection these women rely on to feel safe and begin their transition and transformation. It can be challenging to see someone in trauma and only be able to comfort them with a mask on from six feet away.” (Transition Housing Program Worker)

While respondents expressed relief at being able to offer services remotely where necessary, and while this connection was described as a “lifesaver” by some program participants, it was again noted that providing services remotely can impede the ability to build rapport and connection. Other downsides such as connectivity issues, access to technology, poor digital literacy and inability to offer childcare during remote sessions were all reported to impact participation.

“Health screenings before interactions and social distancing make interacting with and building relationship more challenging as it feels awkward. Offering wellness classes online instead of in person has resulted in much lower attendance as mothers don't feel they can properly participate from home with their children running around them - when we did in person programming we provided child minding.” (Transition Housing Program Worker)

The 2020 24 hour census survey responses demonstrate the added pressures resulting from the COVID-19 pandemic on women experiencing violence and on workers who are already operating at capacity with limited resources.

“People are discouraged, it's a long time of isolation. People are less resilient and it's wearing thin. Same goes with how staff are feeling.”

(Transition Housing Program Worker)

“Our frontline workers are essential to helping women and children during the pandemic. The wage top up for essential services was very much needed and appreciated. Our hope is [for it] to [be] recognized that the pandemic is still here and [another] wage top up is very much needed. ”

(Transition Housing Program Worker)

SUPPORTING TRANSITION HOUSING PROGRAMS

Despite these ongoing challenges, every day Transition Housing Program staff develop creative and resourceful ways to support and ensure the safety of women, children and youth who have experienced violence.

“This is a loving home and a place I never experienced in 41 years of being abused and tormented.” (Program Participant)

Transition Housing Program staff and the BCSTH are ever grateful for the valuable funding from BC Housing and the Ministry of Public Safety and Solicitor General. Still, much work remains to be done collaboratively to ensure that every woman, child and youth who has experienced violence has access to safe shelter and appropriate supports, especially during the current pandemic times.

“[I’m] just happy this place is here.” (Program Participant)

“We are grateful to have a safe place to be.” (Program Participant)

Please visit the [BCSTH directory of members and programs](#) or the [BC Housing List of Transition Housing Programs](#) to find out more about support offered in your community.