

New Brunswick Domestic and Intimate Partner Violence Sector Requests for Provincial Budget 2024-2025: Supplemental Information

November 2023



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1. Introduction

The domestic and intimate partner violence (DIPV) sector's services are becoming increasingly formalized here in New Brunswick (and nationally) through the introduction of services like Emergency Intervention Orders, Danger Assessments, and the Coordinated Community Response meetings. In comparison, funding to raise current wages, or to increase staff numbers, has not changed at all. While there have been increases for operational funding, it has not been enough to bridge the gap that organizations throughout the province experience. This is problematic for a number of reasons, but most significantly, because it impacts the vulnerable women and children experiencing violence in this province.

Echoing this concern is the "[Building a National Narrative: A Select Review of Domestic Violence Policies, Legislation, and Services Across Canada](#)" report from Women's Shelters Canada (2021):

"These system gaps translate to out-of-touch, inappropriate, and inadequate service agreements and contracts, impacting shelter workers as well as women and children on the ground. For example, eligibility restrictions or funding holes sometimes reflect a lack of understanding about the actual services shelters offer and the communities they serve. This disconnect means that women fleeing violence are not guaranteed the same services and support from one shelter and jurisdiction to the next" (pp. 6-7).

In light of this observation, we would like to submit our recommendations for your consideration in the preparation of the 2024-2025 provincial budget. You will find our requests listed in point-form in a letter that is attached. The purpose of this document is to provide additional context to those requests, by describing the challenges faced by the DIPV sector.

Transition houses and second stages need an increase in their core operational funding to ensure organizational stability and sustainability, appropriate staffing levels on an ongoing basis, comprehensive and timely service delivery to clients, and delivery on service agreements.

2. Overview of the NB DIPV Sector

In NB, there are two provincial organizations that work to eliminate domestic and intimate partner violence:

Réseau des services pour victimes de violence du Nouveau-Brunswick (Réseau)

- 1 full time coordinator
- Formed in 2008, Incorporated in 2019

Domestic Violence Association of New Brunswick (DVANB; formerly the NB South Central Transition House and Second Stage Coalition)

- 1 full time coordinator
- Formed in 2008, Incorporated in 2012

The Réseau and DVANB members include the following services¹:

- 15 Transition Houses (2 Federally funded for Indigenous Women and children)
- 10 Second Stage Houses

Transition houses provide emergency, temporary (30 days) housing, supports, and programs for women and children fleeing domestic and intimate partner violence. Second stage houses provide longer-term, but still temporary (1 to 2 years), safe, affordable housing, as well as ongoing supports and programs. Both types of organizations play a crucial role in helping victims break the cycle of violence and transition into healthy independent living.

The Réseau and DVANB also represent other services within the DIPV sector, including:

- Domestic Violence Outreach Programs (14 outreach workers are funded by GNB)²
- 4 Sexual Assault Centers
- 1 Violence Prevention Centre
- 1 Family Crisis Center

The impact of NB DIPV services are wide reaching, reflecting the same reality as sister organizations across Canada as explained in Women's Shelters Canada's "More Than a Bed" report (2019). According to this report, "Canadian DIPV services help a great deal of people with complex backgrounds:

- 80% welcomed Indigenous women
- 79% helped women with complex mental health issues
- 79% helped women with substance abuse
- 70% helped homeless women
- 66% welcomed racialized women

¹ Some services for victims of violence or prevention are not named here, since they are not members of the Réseau or the DVANB. An example is the organization, Sexual Violence NB (<https://svnb.ca/en>)

² Note, not all 14 outreach grants are associated with a transition house or second stage facility, and in some regions, the houses have fundraised to hire additional outreach workers to meet service demand.

- 60% welcomed women with mobility issues
- 50% welcomed people identifying transgender or genderfluid” (p. 35).

While this does not include statistics about sex workers, various disabilities, victims of human trafficking and other very important issues, NB is not exempt from those realities.

3. Violence in NB

In 2022, rates of police-reported IPV in NB (440 cases in total per 100,000 people, and 668 cases who are female per 100,000 people) were higher than the national average (347 cases in total per 100,000 people, and 537 cases who are female per 100,000 people). In fact, rates in NB were higher than all other provinces, with the exception of Saskatchewan and Manitoba (i.e., NB had the third highest rates in the country in 2022, when not accounting for the territories) (Stats Can, 2022). The same is true for rates of police-reported family violence in 2022 (Stats Can, 2022).

Significant increases in family and intimate partner violence were seen in NB from 2009-2021 (Stats Can, 2022).

- "Among the provinces, the largest increases in family violence from 2009 to 2021 were in Quebec (+23%) and New Brunswick (+22%), while the largest decreases were in British Columbia (-28%) and Prince Edward Island (-16%)."
- "During this time, the provinces with the largest increases in intimate partner violence were New Brunswick (+39%) and Quebec (+28%), while the largest decreases were in British Columbia (-28%) and Prince Edward Island (-19%)."

In New Brunswick, 191 homicides were committed for the period of 1999-2018 including 52 homicides related to domestic violence, which represent 27% of all murders committed in the province over a twenty-year period (Gill, 2021). Furthermore, "In Canada, women are more likely to be victims of domestic homicide (Statistics Canada, 2010). The same is true in New Brunswick; the majority of victims of domestic homicide are females (N=38/73.1%)." (Gill, 2021).

4. Government Programs Provided by the Sector

Over the past six years (2017-2023), there have been two programs introduced by the government that have impacted the sector’s workload, with a third soon to be added.

a) Emergency Intervention Orders (EIOs)

This is a much needed program that the DIPV sector supports, but the resources required to complete EIOs have not matched the increased amount of work. While committed to assisting with EIOs, the sector needs funding to hire additional staff to ensure other regular services are maintained while someone is busy with an EIO.

According to data reported by the Court of Queen's Bench, the services in the NB DIPV sector (transition houses, second stage facilities, and outreach workers) completed the highest number of EIOs compared to other service providers, and their applications are the most successful.

- Between 2021 and 2022, of a total of 193 EIOs requested, the DIPV sector completed 121 (63%). Of the 125 successfully granted, the DIPV sector completed 81 (65%).
- Between 2022 and 2023, of a total of 284 EIOs requested, the DIPV sector completed 180 (63%). Of the 150 successfully granted, the DIPV sector completed 95 (63%).

Moreover, time invested in EIOs by staff in the DIPV sector goes beyond those EIOs that were completed. Considerable time is dedicated to providing information about the program, support, and initial assistance with applications that, for various reasons, clients may choose not to proceed with.

It is encouraging to see the program succeed; however, our sector services report several challenges to the implementation of this program. Such as:

- An EIO takes a full day of work.
 - This means at a **transition house**, a crisis intervener has to put aside all her tasks to assist with the EIO. This is incredibly difficult for facilities to manage and often an additional staff member must be called in – this is a shift that has not been budgeted for.
 - At a **second stage facility**, this also affects staffing ratios deferring other important tasks for overtime hours.
 - For **domestic violence outreach workers**, taking a day to help with an EIO means a day they cannot get to the calls for support coming in, assisting the clients on their caseloads already, and falling behind on general case management tasks.

As stated by the Public Legal Education and Information Services NB's booklet on EIOs, the first step is to contact a service provider.

The Act indicates that only the following service providers can assist:

- police officers,
- victim services (both provincial Victim Services and police-based victim/witness programs can assist their clients),
- transition houses,
- second stage housing,
- domestic violence outreach workers, or
- Department of Social Development social workers can assist their clients.

By this list, victim services and Social Development social workers are not obligated to complete EIOs for anyone who is not their client. The DIPV sector and police officers are supposed to assist everyone else. However, police officers have had to take on increased geographical reach in the province, which limits their resources and does not allow an officer to spend a full-day on an EIO with a victim. This is a significant onus to put on our underfunded DIPV services.

b) Coordinated Community Response (CCR)

This too is a welcomed program by the sector; working collaboratively for safety is an effective approach. However, the CCR meetings are two mornings a week in some communities with additional emergency meetings when needed. This impacts staffing in the sector for the delivery of regular services.

This program falls under the Department of Justice and Public Safety with Victim Services doing the CCR case coordination. CCR Case Coordinators have reported struggling to manage this role due to resource issues and increased cases. As a result, other partners are being asked to take on additional tasks related to CCR case coordination, however, Social Development social workers are declining to do this as they have too much work, and policing services are declining as they are concerned this may create a conflict for them; this leaves the DIPV sector.

DIPV services have been asked to take on additional tasks or share tasks within CCR such as additional work for:

- the intake process, (i.e., complete the intake and consent forms);
- complete risk management forms;
- case closures and schedule and facilitate meetings

While sharing of CCR coordination tasks varies from region to region, DIPV services are the only group at the table who end up taking on each of these cases as new clients.

Increased funding is needed so that additional staff can be hired to compensate for the additional time that CCR coordination tasks and meetings take.

c) Canada Housing Benefit for Survivors of Gender-Based Violence

Once again, this is a government-led program that the sector is pleased to see happen and to be involved in. It will undoubtedly help to address the financial barriers to escaping violence and provide survivors with support to lead independent, healthy lives. However, the program does propose some concerns for the sector, namely the eligibility requirement of being a client of DIPV services (transition house, second stage, or outreach). While the sector is well-positioned to help clients through the application process, there will inevitably be an increase in demand for service and clientele; many people need access to affordable housing, and it is difficult to acquire. A benefit like this

one will be very popular. Therefore, the sector will require funding to hire additional staff to ensure that the demand can be met, without impacting the delivery of other regular services.

5. The Most Common Challenges

Transition Houses

- Underfunding of operational costs.
- Number of people employed per shift, recruitment and retention of staff.
- According to a report from Women’s Shelters Canada called “More Than a Bed” (2019), NB has the lowest wage in the country for shelter workers.
- For now, provincial grants fund \$13 per hour. Any surplus is at the discretion of the institution.
- Minimum wage increased in 2022 (April and October 2022), but no announcement to guide and assist facilities in making this increase.

The following table, taken from a recent study³ conducted by our sector and a consulting firm (2023), shows the realistic budget for operating a transition house⁴, with inflation, from the middle of 2022 to the end of that year. It also provides a forecast of that budget for the next 3 years (2023-2025). We want to include this information given the continuation of sectoral program review. While the sectoral program review may help with the chronic underfunding situation of our services, we want to stress the fact that our services need financial help during this exercise.

Realistic Budget, Adjusted for Salaries, Services & Indexing				
	2022 forecast (CPI @6.8%/ Jan 23)	2023 forecast (CPI @4.1%)	2024 forecast (CPI @2.4%)	2025 forecast (CPI @1.9%)
Income				
Core funding	\$441,080	\$459,164	\$470,184	\$479,118
Other grants	\$62,706	\$65,276	\$66,843	\$68,113
New grants for professional services	\$180,800	\$188,213	\$192,730	\$196,392
Philanthropy	\$0	\$0	\$0	\$0
Other revenues	\$10,484	\$10,914	\$11,176	\$11,389
Total Income	\$695,070	\$723,568	\$740,933	\$755,011
Expenses				
Salaries & benefits	\$388,370	\$404,293	\$413,996	\$421,862
Food and personal supplies	\$16,282	\$16,950	\$17,356	\$17,686
Utilities (Elect., tel., water & sewer, gas)	\$16,170	\$16,833	\$17,237	\$17,564
Traning	\$9,709	\$10,107	\$10,350	\$10,547
Insurance	\$5,018	\$5,224	\$5,349	\$5,451
Admin exp., Bank fees, office equip. & supplies, dng. serv.	\$24,758	\$25,773	\$26,392	\$26,893
Maintenance	\$9,612	\$10,006	\$10,246	\$10,441
Other expenses	\$44,350	\$46,169	\$47,277	\$48,175
Professionnels services	\$180,800	\$188,213	\$192,730	\$196,392
Total Expenses	\$695,070	\$723,568	\$740,934	\$755,012
<small>Note: Canadian CPI forecasts sourced from Bank of Canada, IMF & OECD data on Jan 5 2023</small>				
<small>Projection assumption: In the absence of services demand growth data, the volume is projected as stable per 2022 model. Any growth in demand could create additional funding requirements.</small>				

³ Collective Report – Operational study: Addendum (January 2023)

⁴ At this time, this information is only available for transition houses, as not enough data about second stages was generated during the study. That is not to say second stages are exempt from the financial strain of inflation, currently or over the next three years.

Second Stage Housing

- Underfunding of operational costs.
- Second stages do not receive the required amount of funding to deliver essential onsite educational and support programs.
- There are child support workers in most transition houses (funded by SD) but not for second stage; however, children need just as much support in this stage.
- Standards for second stage services have not been established meaning there are differences in positions (e.g., resident support worker, child guidance, case manager) and funding for those positions amongst programs.⁵
- Long waitlists for potential clients, need for additional units and facilities.

Second stage housing needs a second increase (ongoing, following the March 2022 increase).

In New Brunswick, more second stage facilities are needed – for this, GNB needs to streamline the development process between Women’s Equality and Housing. A common issue is that some Housing staff who oversee new Affordable Rental Housing Program agreements do not always understand where second stage housing fits in their funding programs, and as the funder for the second stage programming, Women’s Equality has a limited budget to commit to new facilities being created. Affordable housing is difficult to develop, developing second stage housing facilities is even harder, but just as essential. *Recommendation:* A Housing department employee (SD) could be identified as the specialist in second stage housing development to be a resource to those looking to build new facilities.

Domestic Violence Outreach Program

- Not enough workers to meet high demands for service, large geographical areas (including rural areas) to be covered, and increasingly complex cases.
- There are many operational costs to the program which are not fully covered by the funding the province provides (such as wages and merchs, benefits, WorkSafe payments, training and personal development, transportation costs, laptops and cell phones/plans, office costs including utilities, administration costs including payroll & bookkeeping).

While the significant increase to the Outreach Program in 2022 has been beneficial, the program was greatly underfunded for more than a decade. Therefore, an increase like this does not cover the shortages created over a long period of time. The provincial government should continue to increase funding, and consider adding more workers to further enhance outcomes in response and prevention and ensure their safety.

⁵ A report by the Alberta Council of Women’s Shelters includes tools and guides for programs, staffing, and policy for second stage.

Sexual Assault Services

While the significant investments from WE in sexual violence services in 2022 and 2023 have been beneficial, it has been noted that some organizations still require provincial help regarding implementing new sexual assault services and programs to provide onsite, wrap-around services to clientele. For example, certain organizations have implemented examination rooms for youth and adults and purchased equipment from their own operational budgets, which has been a considerable expense. Continuing to fund sexual violence services offered by the DIPV sector would help to achieve complete and quality services for victims of sexual assault across NB.

In addition, specialized sexual assault services for children and youth require funding. In 2019, the Child Sexual Harm Advisory Committee published recommendations for NB stating that there is a “lack of affordable specialized therapeutic services for children and their families” and that the province should “take steps to ensure victims and families are connected with sufficient, empirically-supported, treatment and resources in a timely manner; this work should include removing financial barriers to treatments” (p. 109). The child and youth advocacy centers (CYAC) model, which is being used in NB by the Boreal Centre (a member of the Réseau), has proven itself as an efficient model of intervention (Herbert & Bromfield, 2016; Hebert & Bromfield, 2019), especially in Canada (Shaffer & al., 2018; Department of Justice Canada, 2018; Davidson & Ornstein, 2023). Investing in and supporting existing and future CYAC services and similar services across jurisdictions will promote quality and evidence-based service delivery in our province and will be a viable investment toward a safer New Brunswick for children, youth, and their families.

6. Government Funding versus the Cost of Living

As the provincial government is aware, the cost of living goes up every year for citizens and corporations alike. In early 2022, inflation hit its highest point in 30 years (5.1%), only to climb even further, reaching an annual average of a 6.8% increase. On April 1, 2023, a 4.8 percent increase in electricity rates from NB Power came into effect for the next 12 months.

This means that the DIPV facilities’ operational costs go up each year:

- Groceries for the transition house
- Utilities
- Insurance
- Internet and telephone

Additionally, the dedicated people who work in the DIPV sector need to pay their personal bills which also go up each year, but their salaries do not. Salaries are stunted by external cost of living expenses that each facility must pay more to each year.

Over the past 15 years, the Government of New Brunswick has increased its financing to the DIPV sector only twice.

Even with the increases that transition houses received in 2018 and second stage houses received in 2022, these did not address the significant deficits each facility faces each year. Also, these increases came without commitment to further increases.

The chronic under-funding means the DIPV services must spend valuable programming time fundraising, and it limits the ability to make long-term plans for programs and services.

The current base wages for staff in the DIPV sector do not reflect an income with dignity. Based on the NB Coalition for Pay Equity's most recent wage analysis in the care sector (2020), the average hourly wage for a crisis intervener is between \$14.40/hr and \$16.70/hr. In comparison, the NB Coalition for Pay Equity (2020) calculated the fair wage for a crisis intervener to be \$25.13/hr. As per the 2022 Saint John Human Development Council's annual Living Wage report, the living wage calculation for NB ranges from \$19.20 – \$23.45/hr. As stated in Women's Equality's 2023 Gender Impact Statement, "In 2022, Canadian Labour Force Survey indicated female employees in New Brunswick earned an average of \$26.22 per hour." With all things considered, government funding must increase to ensure fair livable incomes for the people working in the DIPV sector.

With the arrival of the pandemic, NB DIPV facilities received federal funds to both increase wages for workers and in some cases, hire additional staff. This federal funding has shown our sector that increased funding results in improved services for victims of violence. However, these federal grants were temporary solutions.

The federal Covid-19 funds ended on September 30th, 2023. However, the needs remain and organizations from our sector are facing further financial distress. This is a prime opportunity for GNB to demonstrate commitment to supporting women and children experiencing DIPV.

The NB DIPV sector is hopeful that the sectoral program review will lead to additional support for services in the future. However, as previously brought to the attention of Women's Equality and Social Development, the sector is currently in a state of crisis, and action is required of GNB now to ensure that services are not reduced.

7. In Summary

The New Brunswick Domestic and Intimate Partner Violence sector has always demonstrated incredible resilience as have the women and children we have served. The sector and DIPV victims can no longer be asked to carry the task of ending violence against women alone, nor do we believe it can be solved by just the Department of

Social Development and Women's Equality. It is time for innovation, for cross-sectoral partnerships and funding, and for the province's government to show DIPV victims that they are supported.

There are many more recommendations, ideas, and conversations out there, but this is a start to ongoing work between the sector and the government. We await meaningful action from Premier Higgs and his government.

8. References

[Building a National Narrative: A Select Review of Domestic Violence Policies, Legislation, and Services Across Canada](#) (Women's Shelters Canada, 2021)

[More Than a Bed](#) (Women's Shelters Canada, 2019)

[Intimate partner and non-intimate partner victims of police-reported violent crime and traffic offences causing bodily harm or death, by age and gender of victim](#) (Statistics Canada, 2022)

[Family and non-family victims of police-reported violent crime and traffic offences causing bodily harm or death, by age and gender of victim](#) (Statistics Canada, 2022)

[Victims of police-reported family and intimate partner violence in Canada, 2021](#) (Statistics Canada, 2022)

[Domestic Homicide in New Brunswick: When the Inconceivable Happens!](#) (Carmen Gill, Ph.D. & Mary Aspinall, Ph.D. Candidate, 2021)

[Emergency Intervention Orders](#) (PLEIS-NB, revised March 2023)

[Collective Report- Operational study: Addendum, Jan. 11 2023](#) (NuFocus, 2022)

[Alberta Council of Women's Shelters Second-stage Shelter Project: Transitioning from Domestic Violence to Stability](#) (Alberta Council of Women's Shelters, revised June 2015)

[Need Analysis and Best Practices Review for the Increased Prevention and Intervention of Child Sexual Harm in New Brunswick](#) (Child Sexual Harm Advisory Committee, 2019)

[Evidence for the Efficacy of the Child Advocacy Center Model : A systematic Review](#) (Herbert & Bromfield, 2016)

[Better Together? A Review of Evidence for Multi-Disciplinary Teams Responding to Physical and Sexual Child Abuse](#) (Hebert & Bromfield, 2019)

[Child and youth advocacy centres: A change in practice that can change a life](#) (Shaffer, C. L., Smith, T. D. & Ornstein, A. E., 2018)

[Understanding the Development and Impact of Child Advocacy Centres \(CACs\)](#) (Department of Justice Canada, 2018)

[The Child and Family Traumatic Stress Intervention in Canadian child and youth advocacy centres](#) (Davidson, L. Ornstein, A. E., 2023)

[Inflation rates for 2022](#) (Statistics Canada, 2022)

[New NB Power Rates Effective April 1, 2023](#) (NB Power, 2023)

[The Value of Care: Pay Equity maintenance in home care, transition houses, and community residences](#) (NB Coalition for Pay Equity, 2020)

[Living Wages in New Brunswick 2022](#) (Human Development Council, 2022)

[Gender Impact Statement 2023](#) (Province of New Brunswick, 2023)

APPENDIX A: A Day in the Life of a Transition House Crisis Intervenor

I arrive at work ready for the day. I get caught up with the intervenor going off duty in a shift change. Meanwhile, three different residents knock on the office door, needing medication, to be let out the door, or to use the phone.

After the other staff member leaves, I walk through the transition house, doing room checks. I return to the office to answer the phone and retrieve messages. After that, I take the phone with me everywhere.

Someone has just shown up at the door with bags of donations. At that moment, the fire alarm is pulled by a child, and I need to contact the authorities to say that it was an accident, then I document the "incident."

Social Development is calling to confirm an appointment they have with a resident. A school is calling wanting to talk to a mom about her child's attendance at school. A family member is calling because they are worried about their loved one and they want to know what WE can do about it.

A bank calls, wanting to get a picture taken with a cheque donation.

A woman calls who has been calling regularly, gathering the information and courage to leave the abusive relationship she is in. She is worried how she can do it on her own – has never lived on her own before. She is on a disability pension and is frightened she might not be able to afford her own apartment and that she would be scared by herself at night. I invite her in for day services so she can develop a level of comfort she might need to come to stay.

A resident comes to the office door complaining that another resident is smoking pot in the designated smoking area. I talk to the ED about how to handle this.

The police call, saying they are bringing a woman and three children to the transition house NOW. I ensure there is a room ready. The Child Support Worker prepares to welcome and spend time with the children while I am starting intake documents with their mother.

I catch up on progress notes and see what kind of situation each resident might need support for today. I start doing the "office chores" of the day – updating files, phone log, stats/data entry on computer, checking for emails and messages via Facebook, when a

resident brings a child in and asks if I can check for head lice. I check and... sure enough, she has head lice. I immediately go into our protocol for head lice.

The doorbell rings with two women standing at the door, clearly upset. I spend almost two hours sorting out what the situation is with these women, help them get calmed down, provide some emotional support and start talking about options.

Now it's time for the "household chores" for my shift – checking through the house, preparing the grocery list, organizing fridge and kitchen cupboards. I vacuum the living room and the phone rings three times while I am doing this and two different residents ask to be let out.

Every ten minutes or so, someone knocks on the door asking a question, needing something that is kept in the office, like prescriptions, wanting to use the computer. While one of them is in the office, I ask if she can stay and visit for awhile. We catch up on what she has been going through and I offer to go through an exercise with her to help sort out where she is right now and where she wants to go. Next, I update progress notes, talking about unfinished business or any new goals that the women revealed during my shift.

A resident comes to the office door, to say she is "thinking" of going back. He has been promising to change, promising to get help, promising to be a better father. I let her know I understand the dilemmas she is facing. I review a safety plan with her, and I tell her that we just want the best for her and just want her to be safe and that we would really want to hear from her regularly if she returns to her home. I also tell her that we would welcome her back if it "didn't work out" the way she wanted it to. This conversation takes 1.5 hours and I am getting ready to go off shift, so I write up these notes and do my final paperwork.

Just before the new crisis intervenor (CI) shows up at the door, I get a call that a woman needs to come in and do an Emergency Intervention Order (EIO). I give her the address. A resident comes to the door saying that she and another resident are butting heads about parenting.

New CI arrives and I update her. I let her know that someone might be coming to do an EIO and that two residents want some mediation support. Because of all the info that needs to be passed on, I leave work 45 minutes late and EXHAUSTED.

APPENDIX B: A Day in the Life of a Second Stage Executive Director

On the way to work I stop to pick up our mail and other essentials needed for the day. I run into an ex-client who wants to update me on her situation, so I am 15 minutes late getting into work, the disinfection guy is waiting at the front door to spray the offices, and I already have a full day.

A resident is also waiting for me to discuss a situation that arose with another resident in the parking lot the night before. I meet with both women to defuse problems and respond to the numerous messages from other residents who were caught up in or concerned about the situation that had taken place. With traumatized families living in close proximity, defusing problems is a regular occurrence.

I start work on some administration tasks, but the phone keeps ringing and my staff are mostly working from home due to Covid-19 measures and positive cases that are cropping up among residents. I am on my own. I take calls from desperate women trying to connect with Outreach. I advise it could be a few days to a week before they will receive a call back. I provide them with crisis line numbers in the meantime. I know we had already had four referrals the day before and one of those was for an EIO which takes a minimum of a full day to complete. We receive funding for one Outreach Worker in our region, but we have had to find funding for three; and they are still overwhelmed with complex cases. I have 24 emails unopened on my computer, but I have to prioritise payroll, accept some e transfers for rent payments and make up a bank deposit for some donations that arrived in the mail last week that I haven't got around to depositing.

I do the payroll, e-transfers and make up the deposit, when a resident stops in to pay her rent in cash and needs some food from our donation room. I take her to the donation room, and when I get back to the office the plumber has arrived to fix the toilet in one of the apartments. The resident is not home, so I have to supervise him. I attend to the dozen or more emails that came in whilst I was doing my other tasks on my phone whilst in the apartment. This is taking forever, and I have to finish the grant application to find additional funding for my Outreach program. The application deadline is midnight. I also have to print all the invoices/paperwork for the bookkeeper who is coming tomorrow to settle our monthly accounts, and everything has to be coded correctly. The plumber needs a part so has to leave but will be back in an hour. I go back to the office.

I open the grant application. I try to focus on it knowing I have an end of year report due by the end of the week for another grant application, then I have to make the new

application for the next fiscal year the following week. I keep everything written down as I can't remember what is due and when, as there are more than 6 that fall due during the same time of year. If I don't apply for the grants, I will lose staff or programs. The children desperately need their Child Guidance Worker. I can't afford to lose her or one of my Outreach Workers. I am so stressed I have a quick cry, but I keep typing. It is lunchtime. I never take a lunchbreak, but coffee always helps.

While I am making my coffee, an ex-resident drops in and needs help completing some student loan forms. I print out the forms, make photocopies of the documents she needs, and provide her with an envelope and stamp to send the application. The plumber has arrived back and is impatient to get into the apartment, time is money. I finish up quickly with the client and feel guilty that I rushed her as I go back to the apartment with the plumber. My coffee is still in the machine.

While I am with the plumber another resident calls, to tell me her heat pump has stopped working. She tried switching it off and then back on, it did not work. I call the heat pump guy and ask for an emergency call out.

I get back to the office and notice in my agenda a zoom meeting with the local Homelessness Council. As the only representative for women's housing and homelessness experiences in the group, it's important I attend and provide input into the community's housing plans.

As I finish the meeting, I take a call for a large furniture donation. It's great timing as a new resident needs furniture, but they cannot deliver, and I don't have a truck or the manpower to pick it up and deliver it to the resident who is up two flights of stairs. I have to decline their offer even though I know it's needed.

I start back on my grant application, but a donor calls and wants to bring a cheque in an hour. They would also like some pictures, an acknowledgement on social media and if possible, a quick tour. I say yes and get back to my application. The donor arrives and it is 4pm when she leaves. I get back to my application. I receive a call from Social Development wanting to know if I have any Second stage units for their client who is desperate to leave an abusive partner. Transition houses cannot take her as she has a disabled adult son who lives with her. I have nothing, I have three residents on a transfer list with NB Housing, waiting to move out into affordable housing. One has been waiting for over a year. I cannot take anyone in

until I move these clients out. There is nothing out there for women with adult dependent sons or for men needing to leave abusive relationships.

I get back to my grant application. It is now 5pm, the phones are quiet, I can concentrate. 2 hours pass. I hit submit and give a sigh of relief. I am spent but still have the book-keepers paperwork to do. It is 8pm. It is dark and I am tired. I decide to come in an hour or so early tomorrow to tackle that and the emails I did not get to today, in the morning. Right now, I want to go home and go to bed. I consider a Timmies sandwich on the way home as I had not yet eaten supper. As I leave, I realize my coffee is still on the machine.