



2007-2008 Transition Home Survey

Please complete and return by May 16, 2008

Please make any corrections to the address label here:

Name of contact	
Name of organization	
Postal Address	
City	
Province/Territory	Postal Code

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PURPOSE OF THE TRANSITION HOME SURVEY

The purpose of the Transition Home Survey is to collect data on residential services for abused women and their children during the previous 12 months of operation, as well as to provide a one day "snapshot" of the clientele being served on a specific date. The Transition Home Survey is distributed across Canada to all residential agencies serving women victims of family violence. While participation in this survey is voluntary, your co-operation is important to ensure that the information collected in this survey is as accurate and as comprehensive as possible. The information collected will be useful to service providers, non-profit organizations and governments in developing programs, policies and services for abused women and their children.

PLEASE READ THE ATTACHED GUIDEBOOK FOR INSTRUCTIONS AND DEFINITIONS BEFORE COMPLETING THE QUESTIONNAIRE.

SECTION 1 - FACILITY PROFILE AS OF NOON APRIL 16, 2008

FACILITY

1. Please indicate which best describes your facility.

(Check only one. If there is more than one facility, for example a transition house and a second stage house, please complete two questionnaires.)

REFER TO THE ATTACHED GUIDEBOOK FOR DEFINITIONS

- 1 Transition House
- 2 Second Stage Housing
- 3 Safe Home Network
- 4 Satellite
- 5 Women's Emergency Centre
- 6 Emergency Shelter
- 7 Rural Family Violence Prevention Centres (Alberta only)
- 8 Interim Housing (Manitoba only)
- 9 Family Resource Centre (Ontario only, residential)
- 10 Other (please specify):

a) _____

2. What is the total number of beds within your facility?

(Count each bed, child's bed and crib. Do not count emergency beds [e.g. cots, sofas, sleeping bags, etc.] unless funded or licensed).

1 | | | | | | _____ Number of beds

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Date Received DD MM YYYY	Edited DD MM YYYY	Keyed DD MM YYYY	FSC

AREA

3. Please indicate the area(s) your facility serves. (**Check all that apply**)
- 1 Urban/suburban (1,000 or more people)
 2 Rural/Village (less than 1,000 people)
 3 Reserve

4. Is your facility owned or operated by a band council? (Band council refers to a group of representatives elected by the on-reserve residents of the community.)

- a) Owned by a band council? 1 Yes 2 No
 b) Operated by a band council? 1 Yes 2 No

5. Is your facility located on a reserve? 1 Yes 2 No

SERVICES

6. Please indicate all services **your facility** provides on a regular basis to residents (column 1), to non-residents (column 2) and to ex-residents (column 3). If your facility does not distinguish between non-residents and ex-residents please use the non-resident column (column 2). In column 4, please indicate all services provided **by other agencies** to residents of your facility. (**Check all that apply**).

	Column 1	Column 2	Column 3	Column 4	Column 5
	Services provided by your facility to:			Services provided by other agencies to your residents	Not applicable
	Residents of your facility	Non-residents of your facility	Ex-residents of your facility		
A) Services for Women					
1) Individual short-term counselling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
2) Individual long-term counselling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
3) Group counselling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
4) Family counselling programs (includes mother, child(ren) and partner)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
5) Safety planning or protection planning	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
6) Addiction counselling (e.g. information or support)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
7) Crisis telephone line (staffed 24 hour line)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
8) Medical services (e.g. information or support)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
9) Mental health services (e.g. information or support)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
10) Legal services (e.g. information or support, paralegal services)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
11) Financial assistance or welfare (e.g. information or support)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
12) Life skills (e.g. banking, groceries, day-to-day management)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
13) Job training or employment search	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
14) Parenting skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
15) Housing referral	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
16) Culturally sensitive services for Aboriginal women	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
17) Culturally sensitive services for ethno-cultural and visible minority women	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
18) Lesbian sensitive services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
19) Services for women with disabilities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
20) Recreation services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
21) Advocacy on behalf of women	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
22) Transportation/accompaniment (e.g., transportation to the shelter, to court)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
23) Specialized services for older women (55+)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
24) Other services for women (<i>please specify</i>):					
a) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

	Column 1	Column 2	Column 3	Column 4	Column 5
	Services provided by your facility to:			Services provided by other agencies to your residents	Not applicable
	Residents of your facility	Non-residents of your facility	Ex-residents of your facility		
B) Services for Children					
25) Individual counselling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
26) Group counselling or support	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
27) Programs for child witnesses or victims of abuse (e.g. play therapy)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
28) Culturally sensitive services for Aboriginal children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
29) Culturally sensitive services for ethno-cultural and visible minority children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
30) School classes or tutoring for children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
31) Child protection or family services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
32) Supervised visiting for non-resident parent	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
33) Baby-sitting services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
34) Outdoor recreation spaces for children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
35) Indoor recreation spaces for children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
36) Temporary placement of children without parents	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
37) Other services for children (<i>please specify</i>):					
a) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
C) Services for Abusive Partners					
38) Treatment or counselling services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
39) Other (<i>please specify</i>):					
a) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
D) General Services					
40) Information	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
41) Public education or prevention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
42) Outreach programs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
43) Advocacy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
44) Political or social action (e.g. writing letters to politicians, marches, protesting)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
45) Help with pet accommodation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
46) Food bank	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
47) Clothing items	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
48) Furniture items	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
49) Other (<i>please specify</i>):					
a) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

7. Are there any services that are **currently needed but not offered** or **not offered at the level required to meet the needs** of the residents, former residents or non-residents your facility serves? If so, please indicate the most important of these services (up to 3).

- 1) _____
- 2) _____
- 3) _____

ACCESSIBILITY

8. In what languages can your facility provide services? Include languages that staff, volunteers or others can speak to **verbally communicate** when providing services. **(Check all that apply)**

- 1 English
- 2 French
- 3 Arabic
- 4 Chinese (Mandarin, Cantonese, Hakka)
- 5 Cree
- 6 Dutch
- 7 German
- 8 Greek
- 9 Inuktitut
- 10 Italian
- 11 Ojibway
- 12 Polish
- 13 Portuguese
- 14 Punjabi
- 15 Spanish
- 16 Tagalog (Pilipino)
- 17 Ukrainian
- 18 Vietnamese
- 19 Urdu
- 20 Persian (Farsi)
- 21 Russian
- 22 Hindi
- 23 Other languages(s) *(please specify)*:
 - a) _____
 - b) _____

9. Is at least one of your building entrances wheelchair accessible? (e.g. access ramps, street-level entrances, automatic or easy-to open doors, etc.)

- 1 Yes
- 2 No → **Go to Question 12**

10. Are any bedrooms within your facility wheelchair accessible? (e.g. widened doorways, automatic or easy-to-open doors, etc.)

- 1 Yes
- 2 No

11. Are any bathrooms within your facility wheelchair accessible? (e.g. widened doorways, grab bars, automatic or easy-to-open doors, etc.)

- 1 Yes
- 2 No

12. Does your facility have services for people who are deaf or hearing impaired, such as:

- a) TTY/TDD? (Teletypewriter, Telephone Device for Deaf)..... 1 Yes 2 No
- b) Sign language communication or interpretation? 1 Yes 2 No
- c) Other services?..... 1 Yes 2 No

↓
(please specify): 1) _____
2) _____

13. Does your facility have services for people who are blind or visually impaired, such as:

a) Braille reading materials?..... 1 Yes 2 No

b) Large print reading materials?..... 1 Yes 2 No

c) Other services?..... 1 Yes 2 No

(please specify): 1) _____

2) _____

MALE YOUTH

14. How does your facility handle the admission of male youth?
(Check only one)

1 Male youth are automatically admitted up to an age limit. → Go to Question 15

2 Male youth may be admitted up to an age limit, but each case is reviewed individually before deciding whether or not to admit. → Go to Question 15

3 There is no age limit, but each case is reviewed individually before deciding whether or not to admit. → Go to Question 16

4 Not applicable (facility does not accept any children). → Go to Question 18

15. What is the age limit?

1 years

16. Does your facility refer male youth elsewhere?

1 Yes

2 No → Go to Question 18

17. To whom or to what type of organization does your facility refer male youth?
(Check all that apply)

1 Youth shelter

2 Social services or child protection services

3 Family service centre

4 Youth centre

5 Family or friends

6 Other type of organization (please specify):

a) _____

b) _____

c) _____

SECTION 2 - RESIDENT PROFILE AS OF NOON ON APRIL 16, 2008

The purpose of Section 2 is to obtain a **one-day snapshot** of the clientele being served on a particular day in the year (i.e., April 16, 2008). Appreciating that a number of residents to whom space has been assigned may be temporarily absent on April 16, 2008, please include all **admitted** residents when completing the following questions including those who are temporarily absent.

18. For each adult woman residing in your facility **as of noon on April 16, 2008**, please indicate the reason(s) she came to your facility.

Count all the reasons that apply.

For example, a woman suffering physical abuse, financial abuse and threats who is also experiencing mental health problems would be counted once in each of the 4 corresponding categories.

Please ensure that only the women are counted.

Do not count the children in this question.

	Number
1) Physical abuse	1
2) Sexual abuse	2
3) Financial abuse	3
4) Emotional/Psychological abuse	4
5) Threats	5
6) Harassment	6
7) Protection of her child(ren):	7a
a) Physical abuse	7b
b) Sexual abuse	7c
c) Threats	7d
d) Psychological abuse	7e
e) Neglect	7f
f) Witnessing abuse of mother	8a
8) Other abuse (please specify):	8a
a) _____	8b
b) _____	8c
c) _____	9a
9) Housing problems	9a
a) Housing emergency (e.g. had to leave last home because of eviction or damage caused by fire, flood or natural disaster)	9b
b) Unable to find affordable housing	9c
c) Short-term housing problem (e.g. on list for subsidized housing or waiting to move but unable to secure housing in the meantime)	10
10) Mental health problems	11
11) Drug and alcohol addiction	12a
12) Other (please specify):	12a
a) _____	12b
b) _____	12c
c) _____	13
13) Reason unknown/Don't know	13

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Number of residents (women and children) as of noon on April 16, 2008

Count each woman and child only **ONCE**

	Women	Children	Total
19. Of the total number of residents in your facility as of noon on April 16, 2008, how many women and accompanying children were there primarily because of ABUSE ? (Enter "0" if there were none.)	1	2	3
20. Of the total number of residents in your facility as of noon on April 16, 2008, how many women and accompanying children were there primarily for reasons OTHER THAN ABUSE (e.g. housing problem)? (Enter "0" if there were none.)	1	2	3
21. Please indicate the TOTAL number of women and children who were residing in your facility as of noon April 16, 2008. (Enter "0" if there were none.)	1	2	3

22. What were the referral sources for each woman?
Count as many referral sources as apply for each woman.

	Number		Number
a) Self-referred only	1	h) Clergy, minister of religion	8
b) Family/friend	2	i) Police or RCMP	9
c) Ministry for Children and Families	3	j) Other Transition House	10
d) Ministry of Human Resources	4	k) Aboriginal or First Nations organization or reserve	11
e) Other Ministry	5	l) Other community agency	12
f) House resident (current or former)	6	m) Other	13
g) Hospital, doctor, nurse, other health care practitioner or hospital social worker	7	n) Don't know/no data	14
		TOTAL	15

23. a) Of the women residents in the facility as of noon on April 16, 2008, how many had been there before?

Number
1

If number of repeat residents equals ZERO, go to Question 24.

	Number
b) How many women have been there: 1 time in the last 12 months?	1
2-4 times in the last 12 months?	2
5+ times in the last 12 months?	3
How many women have stayed in the facility in the last 12 months for an unknown number of times?	4
How many women have stayed in the facility before, but it has been more than 12 months since their last stay?	5
Total (Should equal number of women in Question 23 a)	6

QUESTIONS 24 to 26 APPLY ONLY TO PEOPLE WHO ARE RESIDING IN YOUR FACILITY AS OF NOON APRIL 16, 2008 AND CAME PRIMARILY BECAUSE OF ABUSE (See Question 19)

Characteristics

24. As of noon on April 16, 2008, indicate the number of residents from abusive situations in each of the following age groups (*Count each woman and child only once*):

A. Age categories of women

	Number of Women
15-19 years	1
20-24 years	2
25-29 years	3
30-34 years	4
35-44 years	5
45-54 years	6
55-64 years	7
65 years +	8
Age unknown	9

Total Women
(Should equal total number of women in Question 19).

Age categories of accompanying children

	Number of Female Children	Number of Male Children
Under 1 year	11	21
1-4 years	12	22
5-9 years	13	23
10-12 years	14	24
13-15 years	15	25
16-18 years	16	26
19-24 years	17	27
25-29 years	18	28
Age unknown	19	29
Total	<input type="text" value="20"/>	<input type="text" value="30"/>

Total Children
(Should equal total number of children in Question 19).

B. As of noon on April 16, 2008, indicate the number of women (Count each woman only once):

	Number
a) Who were admitted with their children	1
b) Who were admitted without their children	2
c) Who have no children or parenting responsibilities	3
d) Facility doesn't know if they have children or parenting responsibilities	4
e) Total (Should equal total number of women in Question 19)	<input type="text" value="5"/>

C. As of noon on April 16, 2008, indicate the number of residents with a disability.

	Number
Women	1
Children	2
Total residents with a disability	<input type="text" value="3"/>

(If total residents with a disability equals ZERO, go to Question 25)

Don't know → Go to Question 25

D. As of noon on April 16, 2008, indicate the number of residents with:
(Count each woman and each child as often as applies, if more than one disability. Include residents with permanent and temporary physical disabilities [e.g., someone on crutches due to a broken leg])

	Women	Children
a) Mobility disabilities	1	8
b) Visual disabilities	2	9
c) Hearing disabilities	3	10
Other disabilities (please specify):	4	11
d) _____	5	12
e) _____	6	13
f) _____	7	14
g) Don't know		

Relationship to abuser

25. As of noon on April 16, 2008, please indicate the number of women residents by the relationship with their abuser. (Count each woman only once. Do not include children)

	Number
a) Spouse (legally married)	1
b) Common-law partner	2
c) Ex-spouse	3
d) Ex-common-law partner	4
e) Dating relationship (couples who do not live together)	5
f) Ex-dating relationship	6
g) Relative (parent, child, other)	7
h) Friend or acquaintance	8
i) Caregiver (a non-relative responsible for taking care of the victim full or part-time. Caregivers who are also relatives should be categorized as "relative")	9
j) Authority figure (teacher, professor, employer, person in a position of trust)	10
k) Other (please specify): _____	11
l) Don't know	12
m) Total (Should equal total number of women in Question 19)	13

Involvement of the criminal justice system in the most recent abusive situation

This question refers to the most recent abusive situation for which the woman was admitted to your facility. It DOES NOT refer to previous incidents of abuse for which the police may have been involved.

26. As of noon on April 16, 2008, please answer the following questions in relation to the involvement of the criminal justice system for the most recent abusive situation of each woman (Enter "0" if there were none.)

In how many cases:	Yes (number)	No (number)	Don't know (number)	Total (Should equal total number of women in Question 19) (number)
a) was the incident reported to police?	1	2	3	4
b) were charges laid against the abuser (e.g. by the woman, police or Crown)?	1	2	3	4
c) was an order obtained for the abuser to stay away (peace bond, restraining order, undertaking to keep the peace and have good conduct, conditions of probation, emergency intervention order, emergency protection order, victim's assistance order, order to abstain from persistently following a person about from place to place, etc.)?	1	2	3	4

**SECTION 3 - DEPARTURES AND TURN-AWAYS:
MIDNIGHT TO NOON ON APRIL 16, 2008**

Questions 27 to 30 apply to Departures and Turnaways that occurred between midnight and noon on April 16, 2008.

Departures

27. How many women and children departed from your facility between midnight and noon on April 16, 2008?

	Number
Women	1
Children	2
Total Departures	3

If total departures equals ZERO,
Go to Question 29.

28. Upon departure where did the women go?

This question refers to departures between midnight and noon on April 16, 2008.
(Count each woman only once. Do not count the children in this question.)

	Number		Number
a) Returned to spouse/ common-law partner	1	i) Residential services (e.g. group home, hostel, detox centre, addictions rehabilitation centre or other adult care facility)	9
b) Returned home without spouse/ common-law partner	2	Other (please specify):	10
c) Second stage housing	3	j) _____	11
d) Another emergency shelter	4	k) _____	12
e) Out of province/territory shelter	5	l) _____	13
f) New accommodation without spouse/common-law partner	6	m) Unknown	
g) Living with friends or relatives	7		
h) Hospital	8	n) Total (Should equal number of women in Question 27)	14

Turn-aways

29. How many women and children were turned away from your facility between midnight and noon on April 16, 2008?

	Number
Women	1
Children	2
Total Turn-aways	3

If total turn-aways equals ZERO,
Go to Question 31.

30. Please list the reason(s) women and children were turned away.
(Check all that apply)

- 1 Shelter was full
 - 2 Alcohol and drug issues
 - 3 Mental health issues
 - 4 Transportation issue
(e.g., no transportation to get to facility)
 - 5 Accessibility issues
(e.g., not wheelchair accessible)
 - 6 Language barrier
 - 7 Under age without parent
 - 8 Non-admit or caution list
 - 9 Other (please specify):
- a) _____
- b) _____
- c) _____

SECTION 4 - SERVICES FOR NON-RESIDENTS AND EX-RESIDENTS

The purpose of Section 4 is to obtain information on contacts for assistance from non-residents and ex-residents. Question 31 deals with contacts **on the day of April 16, 2008** and contacts for an **average month**.

- 31.** Please report the number of phone, letter, e-mail, fax, walk-in or other contacts received from **non-residents** and **ex-residents** for housing related and non-housing related needs. This includes outreach services. **(Enter "0" if there were none. Count each contact for assistance) (REFER TO THE ATTACHED GUIDEBOOK FOR DEFINITIONS)**

	A. Contacts on April 16, 2008	B. Contacts for an average month
Housing related (e.g. crisis, needs housing because of abuse; housing problem, non-abuse, etc.)	1	1
Other (non-housing related) (e.g. crisis, needs medical help; general information; emotional support; etc.)	2	2
	3	3
TOTAL		

Outreach work (REFER TO GUIDEBOOK FOR DEFINITIONS)

- 32.** How many hours per week are dedicated to doing outreach?
(Please note, if there are 3 staff each doing 20 hours of outreach work per week this would equal 60 hours. Include paid staff, volunteers and others.)

Hours per week
1

SECTION 5 - ANNUAL INFORMATION

The purpose of Section 5 is to obtain annual information on admissions and physical repairs and improvements for your residential facility. This information is to be provided for a 12-month fiscal period, for example, April 1, 2007 to March 31, 2008.

- A. Reference period:** Please specify the 12-month period used in providing information for Section 5.

From: ¹ DD MM YYYY To: ² DD MM YYYY

- 33.** Please indicate the total number of admissions during the reference period.
(Enter "0" if there were none):

	Number
Number of women	1
Number of children	2
Total admissions	3

B. Adult males

Questions 34 to 38 refer to adult men, 15 years of age and over, who were admitted to a facility with or without their dependent children. **(DO NOT include adult men who were admitted with a parent.)**

- 34.** Does your facility have a policy on admitting adult men (15 years and over) with or without children?
(Check only one)

- 1 Policy allows adult men to be admitted
- 2 Policy does not allow adult men to be admitted → **Go to Part C. Physical repairs or improvements**
- 3 There is no facility policy on admitting adult men

35. During the reference period (between April 1, 2007 and March 31, 2008 or during your 12-month fiscal period if March 31, 2008 is not your fiscal year end), how many adult men were admitted to your facility? **(If no men were admitted, enter "0" and go to Part C. Physical repairs or improvements)**

Number of men

Number
1

36. During the reference period, were any adult men admitted for reasons of abuse? ¹ Yes

² No → **Go to Part C. Physical repairs or improvements**

37. During the reference period, how many adult men were admitted to your facility for reasons of abuse? **(If no men were admitted, enter "0" and go to Part C. Physical repairs or improvements)**

Number of men

Number
1

38. During the reference period, of those adult men admitted for reasons of abuse, how many were victims of spousal violence? **(If no men were admitted, enter "0")**

Number of men

Number
1

C. Physical repairs or improvements

The purpose of Questions 39 to 42 is to collect information on physical repairs or improvements that have been made to your facility during the reference period (between April 1, 2007 and March 31, 2008 or during your own 12-month fiscal period if March 31, 2008 is not your fiscal year end). In this section, **do not include** funds received from Canada Mortgage and Housing Corporation (CMHC) for the **construction of new units**.

DO NOT INCLUDE REGULAR MAINTENANCE WHEN RESPONDING TO THESE QUESTIONS. Regular maintenance refers to painting, repairing leaky faucets, furnace cleaning, etc.

39. Have any physical repairs or improvements (e.g., new roof, flooring, windows, floor tiles, plumbing fixtures) been made to your facility during the reference period? ¹ Yes

² No → **Go to Question 43**

40. What types of physical repairs or improvements have been made to your facility during the reference period? **(Check all that apply)** ¹ Major

² Minor

³ Structural Improvements

Major physical repairs or improvements refers to defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc. In other words, there is a legal necessity to make these repairs so that your facility is in accordance with municipal building codes. These repairs are deemed essential for safety reasons and for meeting municipal standards.

Minor physical repairs or improvements refers to missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.

Structural improvements refers to improvements not required for safety reasons or meeting municipal standards, such as making rooms wheelchair accessible, adding a new security system, adding ramps, adding an outside play area for children, creating a ventilated inside smoking area.

41. How were the physical repairs or improvements made during the reference period funded?
(Check all that apply)

- 1 Shelter enhancement program (CMHC)
- 2 Other federal department funding
- 3 Provincial or Territorial government funding
- 4 Joint Federal/Provincial/Territorial agreement funding
- 5 Regional/Municipal government funding
- 6 Fundraising
- 7 Donations
- 8 Other (please specify):
 a) _____
 b) _____
- 9 Don't know

42. How much did the physical repairs or improvements made during the reference period cost?
(If the exact cost is not available please provide an accurate estimate.)

	Cost
a) Exact	1 \$ _____
b) Estimate	2 \$ _____
c) Don't know	3 <input type="radio"/>

43. Within the next five years, do you anticipate necessary physical repairs or improvements to your facility?
(Check all that apply)

Major physical repairs or improvements refers to defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc. In other words, there is a legal necessity to make these repairs so that your facility is in accordance with municipal building codes. These repairs are deemed essential for safety reasons and for meeting municipal standards.

Minor physical repairs or improvements refers to missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.

Structural improvements refers to improvements not required for safety reasons or meeting municipal standards, such as making rooms wheelchair accessible, adding a new security system, adding ramps, adding an outside play area for children, creating a ventilated inside smoking area.

- 1 Major
- 2 Minor
- 3 Structural Improvements

44. Within the next five years, from which of the following do you anticipate funding for these necessary physical repairs or improvements?
(Check all that apply)

- 1 Shelter enhancement program (CMHC)
- 2 Other federal department funding
- 3 Provincial or Territorial government funding
- 4 Joint Federal/Provincial/Territorial agreement funding
- 5 Regional/Municipal government funding
- 6 Fundraising
- 7 Donations
- 8 Other (please specify):
 a) _____
 b) _____
- 9 Don't know

SECTION 6 - ISSUES AND CHALLENGES

45. A) What would you identify as the top three issues or challenges facing **your facility** in the upcoming year?

- 1) _____

- 2) _____

- 3) _____

B) What would you identify as the top three issues or challenges for **the women and children using your facility** in the upcoming year?

- 1) _____

- 2) _____

- 3) _____

Interdepartmental Agreements

In order to reduce response burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements under Section 12 of the *Statistics Act* with the Public Health Agency of Canada and the Canada Mortgage and Housing Corporation. The information we provide to these agencies will be kept confidential and used only for statistical purposes. Under Section 12 of the *Statistics Act*, you may refuse to share your information with the agencies listed above by writing to the Chief Statistician and returning your letter of objection along with the completed questionnaire in the enclosed return envelope.

Questionnaire completed by

Questionnaire completed by (in block letters):	Date	Telephone Area code	For office use only

Comments

Thank you for taking the time to complete this questionnaire. Please keep a copy of the completed questionnaire in the event that Statistics Canada contacts you for clarification of information given. National, provincial and territorial fact sheets for this survey are available for free at www.statcan.ca/english/freepub/85-404-MIE/free.htm. It is hoped that the information will assist us in better understanding the services available within the community to address the needs of victims of abuse. Should you have any comments or questions regarding the questionnaire or the survey itself, please do not hesitate to contact us at 1-800-387-0479. The following space is provided for those of you who would prefer to write down your comments. *Please print carefully.*

FOR INFORMATION ONLY