



COVID-19 BC GENDER EQUALITY REPORT CARD

**ACCESS TO
JUSTICE**
D
PAGE 7

**ECONOMIC
SECURITY**
B-
PAGE 10

**FREEDOM FROM
VIOLENCE**
C
PAGE 15

**HEALTH
CARE**
C-
PAGE 18

**JUSTICE FOR THOSE
CRIMINALIZED**
D
PAGE 22

**RIGHTS OF
PARENTS, CHILDREN
AND YOUTH**
C
PAGE 25

DECEMBER 2020

COVID-19 BC GENDER EQUALITY REPORT CARD

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The views expressed by dialogue participants in this report are their own. Any errors, however, are West Coast LEAF's.

This report is for the purposes of education and discussion only. It is not intended to give you legal advice about your particular situation. Because each person's case is different, you may need to get help from a lawyer or advocate.



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CONTENTS

**ABOUT THE COVID-19 BC
GENDER EQUALITY REPORT CARD..... 4**

- Process5
- Grading6

ACCESS TO JUSTICE7

- Action taken8
- Inaction9
- Overall comments.....9

ECONOMIC SECURITY 10

- Action taken 11
 - Shelter and housing..... 11
 - Employment 12
 - Financial and social supports 12
- Inaction 13
- Overall comments..... 14

**FREEDOM FROM
GENDER-BASED VIOLENCE 15**

- Action taken 16
- Inaction..... 16
- Overall comments..... 17

HEALTH CARE 18

- Action taken 19
- Inaction and harmful action 20
- Overall comments 21

**JUSTICE FOR PEOPLE
WHO ARE CRIMINALIZED 22**

- Action taken 22
- Inaction and harmful action 23
- Overall comments 24

**RIGHTS OF PARENTS,
CHILDREN, AND YOUTH 25**

- Action taken 26
- Inaction and harmful action 27
- Overall comments 27

ENDNOTES 28

ABOUT THE COVID-19 BC GENDER EQUALITY REPORT CARD

WEST COAST LEAF's Gender Equality Report Card assesses BC's record on gender justice over a given time period. It is a tool to hold the BC government accountable to respecting the rights of trans and cis women, trans people of other genders, and Two-Spirit, non-binary, and gender non-conforming people.

When West Coast LEAF was finalizing the *BC Gender Equality Report Card 2019/2020*, which was published in May 2020, BC had just entered an unprecedented health emergency due to COVID-19. The mainstream public

With this COVID-19 edition of the Gender Equality Report Card, we aim to highlight the disproportionate harms of COVID-19 for people facing intersecting oppressions based on their gender, Indigeneity, race, ability, class, family status, and other aspects of their identity and experience.

conversation about the pandemic seemed to exclude the voices of the very communities who were bearing the brunt of the crisis. With this COVID-19 edition of the Gender Equality Report Card, we intend to amplify those voices and to call on BC to act in alignment with community knowledge and leadership. We also aim to highlight the disproportionate harms of COVID-19 for people facing intersecting oppressions based on their gender, Indigeneity, race, ability, class, family status, and other aspects of their identity and experience. People of marginalized genders, particularly those who are racialized,¹ have faced distinct threats to their safety, health, and economic security as a result of the pandemic, while simultaneously leading the frontline health, service, and caregiving response. In the words of community dialogue participants:

"COVID has exposed and shone a giant spotlight on how our society is so stratified and unequal."

"This pandemic has really shown all the cracks we have in our system and the real lack of accessibility."

The COVID-19 BC Gender Equality Report Card evaluates the provincial government's pandemic response in six issue areas: access to justice, economic security, freedom from gender-based violence, health care, justice for people who are criminalized, and the rights of parents, children, and youth.

West Coast LEAF warmly thanks our funders, the Law Foundation of BC and the Health Sciences Association of BC, for supporting us to produce this Report Card in a way that aligns with our values.

PROCESS

The three community dialogue groups who generously shared their insights for the *BC Gender Equality Report Card 2019/2020* agreed to continue supporting us with their expertise for this edition: members of the 2Spirit Collective at Urban Native Youth Association (UNYA), the Trans Supper Club at PACE Society, and the Coalition Against Trans Antagonism (CATA). We held two online meetings with each group during the fall of 2020. At the first meeting, we re-introduced ourselves, shared our intentions and the scope of the project, answered questions, and reviewed guidelines for informed consent. We also heard participants' thoughts on the BC government's pandemic response in the six issue areas, using themes that had been identified during community dialogues for the *BC Gender Equality Report Card 2019/2020* as starting points. Participants shared observations about the impacts of the pandemic in their communities, and how those realities lined up with the BC government's actions — both helpful and harmful — and areas of inaction. At the second meeting, we presented our research findings and identification of dialogue themes to ensure we had accurately interpreted community insights, and invited participants' input on grading.

Comments from community dialogue participants are sometimes represented in the Report Card in their exact words, and other times in wording based on notes taken by West Coast LEAF staff. Some comments have been edited for clarity and length.

The views of participants are their own. While participants' insights are central to the Report Card, specific comments don't necessarily represent West Coast LEAF's analysis, the views of others in the dialogue group, or the views of the host organization.

We are extremely grateful to all dialogue participants and to the representatives of host organizations who did so much work to coordinate the dialogues. The *COVID-19 BC Gender Equality Report Card* project is infinitely richer for including firsthand community knowledge, and we look forward to continuing to learn from community for future Report Card editions.

We would also like to thank the thoughtful and diligent research volunteers who added so much depth and nuance to this Report Card.

Finally, our warm thanks go out to community reviewers at frontline service and advocacy organizations, who provided attentive feedback on portions of the draft.

Without the support of dialogue participants and coordinators, volunteers, community reviewers, and our generous funders, this *COVID-19 BC Gender Equality Report Card* would not have been possible.

“This pandemic has really shown all the cracks we have in our system and the real lack of accessibility.”

GRADING

This Report Card focuses on BC’s response to the COVID-19 pandemic up to and including early November 2020. We used the following scale to assign grades in each area:

A	SIGNIFICANT ACTION TAKEN. ON THE RIGHT TRACK.
B	CONSIDERABLE ACTION TAKEN. NEEDS SOME IMPROVEMENT.
C	SOME ACTION TAKEN. NEEDS CONTINUED IMPROVEMENT.
D	VERY LIMITED ACTION. NEEDS SIGNIFICANT IMPROVEMENT.
F	TOTAL INACTION OR HARMFUL ACTION.

The grading of this Report Card was informed by consultation with community dialogue participants, community reviewers, and research volunteers. When assigning grades, West Coast LEAF staff made a concerted effort to consider the range of views expressed during these conversations.

The letter grades evaluate BC’s handling of COVID-19 in terms of impacts for gender justice. They do not reflect the overall effectiveness of the government programs and policies in each issue area. Higher grades indicate that there has been considerable effective action in response to the pandemic — not that people’s needs in BC are now being fully met and their rights fully respected — while lower grades reflect minimal effective action or even harmful steps.

ACCESS TO JUSTICE

THE NEED FOR community-based, healing alternatives to existing legal processes emerged as a strong theme in the Report Card dialogues. Some participants shared that “[the] current system does not bring real solutions or closure to anyone involved,” causes repeated trauma, and dehumanizes all parties involved. Participants also highlighted widespread discrimination in the legal system based on mental illness, race, trans identity, Indigeneity, class, culture, language, and involvement in sex work.

Participants criticized limitations on the duration, scope, and accessibility of legal aid, the result of decades of underfunding. Adequate legal representation and information continue to be privileges of the wealthy and abled. Dialogue contributors shared that many oppressed groups, such as incarcerated people who are deaf or hard-of-hearing, struggle to obtain legal help (particularly with the shift to phone-based services during the pandemic²). Indeed, as of October 2020, searching the Legal Aid BC website for “deaf,” “ASL,” and “American Sign Language” turns up no results.³

Given the rising rates of family violence⁴ and increased challenges securing parenting time and child support during the pandemic, women and other people of marginalized genders are more likely than ever to need legal help. Yet, they may be unable to access services remotely if they cannot afford phone and internet services, live in remote areas with poor cell phone reception and internet connectivity, lack stable housing, or are unable to make safe and confidential phone calls because of violence at home.

ACTION TAKEN

In July, BC introduced a temporary process to change provincial court child or spousal support orders where income has changed due to COVID-19. The process can involve out-of-court dispute resolution or needs assessment, as well as help preparing for court and completing documentation.⁵ The new process helps payors (disproportionately men⁶) seek an adjustment of their

D

**Very limited action.
Needs significant
improvement.**

Given the rising rates of family violence and increased challenges securing parenting time and child support during the pandemic, women and other people of marginalized genders are more likely than ever to need legal help.

The new process helps payors (disproportionately men) seek an adjustment of their support rates if they have lost income because of the pandemic. However, it does not assist recipients (disproportionately women) to secure outstanding payments owed to them, even though they too may be facing pandemic-related financial pressures and may depend more than ever on fair access to child and spousal support.

support rates if they have lost income because of the pandemic. However, it does not assist recipients (disproportionately women) to secure outstanding payments owed to them,⁷ even though they too may be facing pandemic-related financial pressures and may depend more than ever on fair access to child and spousal support.

In September, Legal Aid BC announced a new type of limited family law legal aid with slightly expanded financial eligibility parameters, offered on a trial basis.⁸ However, this program allows for a lawyer to put in only eight hours in general preparation over a maximum of four months, nowhere near enough time for most matters to be resolved. It also restricts lawyer time attending court to a maximum of three hours, leaving family law legal aid clients (most of whom are women⁹) to represent themselves.¹⁰

Also in September, BC announced three new Indigenous Justice Centres (IJC) in Merritt, Prince George, and Prince Rupert, and plans to develop 15 more in additional communities in the coming years.¹¹ The IJCs, created in partnership with the BC First Nations Justice Council, offer child welfare and criminal legal advice and representation, referrals, support in dealing with police or the child welfare system, information about transitioning from prison to the community, and restorative justice options.¹² The BC First Nations Justice Council reports that COVID-19 has slowed the opening of IJCs, prompting the Council to consider establishing a virtual IJC.¹³

In another step for Indigenous peoples' access to justice in BC, the Provincial Court of BC announced an Indigenous sentencing court to open in Hazelton in the spring of 2021, planned by Gitksan and Wet'suwet'en communities in collaboration with the BC Prosecution Service, Ministry of Attorney General, First Nations Health Authority, and others.¹⁴ Another proposal for an Indigenous sentencing court in Port Hardy, brought forward by the Gwa'sala-Nakwaxda'xw First Nations and other stakeholders, will be reviewed by Judicial Council of BC in January 2021.¹⁵

INACTION

An online survey of more than 1,200 low-income people in BC¹⁶ found that 36% of the legal problems reported in the last three years were caused or worsened by COVID-19. Of those respondents who reported a serious legal problem that they did not act on, 15% said that the closure or inaccessibility of services due to the pandemic was a reason they did not act. Of those who believed that their legal problem would have had a better outcome with more legal help, 57% thought that better availability of services during the pandemic would have been beneficial.¹⁷ Considering the near future, it is easy to imagine that the phasing out of pandemic protections for workers

and renters will result in a surge in demand for legal help, which BC's overburdened legal services will be completely unable to meet.

Given that this survey was conducted online, it may seriously underrepresent people without consistent internet access and thus downplay the barriers in getting legal help during the pandemic. For example, Family Justice Centres and Justice Access Centres are providing services only by phone and videoconferencing during the pandemic.¹⁸ Duty counsel are no longer available for many courts, reducing opportunities for self-represented litigants to become aware of legal aid services.¹⁹ Even those who do manage to meet with a lawyer or legal advocate remotely may find it harder than usual to build trust, particularly if they come from communities that face injustices in the legal system.²⁰

As many legal proceedings have moved to virtual formats, some advocates report that clients who miss court appearances due to technological barriers may face serious unjust consequences in the child welfare and criminal legal systems.²¹ Even lawyers report difficulties finding clear information about how to access remote proceedings, which take place on a patchwork of different platforms. With improved delivery and access, remote legal processes and services could increase accessibility for people with disabilities, people who lack transportation to attend court, and survivors of violence who feel greater safety when they can avoid being in the physical presence of an abuser. Virtual formats should be improved and maintained after the pandemic, alongside other options.

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Technology-related barriers in the justice system compound deeply entrenched inequalities, given that only about 25% of Indigenous communities in BC have basic internet connectivity.²² BC's Attorney General has acknowledged that the pandemic has compromised access to justice for Indigenous people, self-represented litigants, and communities reliant on circuit courts²³ (courts held periodically in remote areas without a full-time court²⁴). Poverty — which is itself strongly linked with inequalities based on gender, race, disability, and more — also limits access to technology and legal help during the pandemic.

OVERALL COMMENTS

BC's failure to correct disparities in access to technology and legal services during the pandemic has worsened the already uneven playing field of access to justice. At a time when legal needs are greater than ever, especially for survivors of gender-based violence, BC's small temporary investment in expanded family law legal aid is wholly inadequate. Steps towards improved access to justice for Indigenous peoples, while critically important, do not counteract the exclusion of many Indigenous communities from remote legal services and proceedings.

ECONOMIC SECURITY

B-

Considerable action taken. Needs some improvement.

In BC, women overall saw a 16% decrease in employment between February and May, compared to only 12% for men.

COMMUNITY DIALOGUES revealed deep concerns about economic security in BC, including the lack of safe housing, particularly for communities facing displacement due to gentrification and stigma; disproportionate barriers for people living in poverty and people with disabilities to get their needs met during the pandemic; classist discrimination; the need for equitable, accessible financial supports, including for sex workers; and the need for inclusive social services led by people with lived experience.

“Moving from one place to another, end up with racism and discrimination by landlord or building manager.”

“The government should have jumped in and supported [sex workers], a group that was disproportionately impacted by the need to isolate.”

COVID-19 has exacerbated deep economic inequalities based on gender, race, and ability across Canada. As pandemic restrictions rolled out in March, employment for women aged 25 to 54 nationwide dropped by 5%, more than double the decline for men in the same age group.²⁵ COVID-19 shutdowns have especially affected feminized sectors such as accommodation, food services, retail, and social services (an observation also shared in community dialogues).²⁶ Temporary, casual, non-unionized, and low-waged employees have disproportionately lost jobs or hours of work.²⁷ A survey of more than 200 migrant care workers in Canada found that more than a third lost their jobs during the pandemic (and also their housing, in the case of live-in workers). Of those who stayed employed, many were subjected to wage theft, extreme overwork, and abusive restrictions on their personal freedoms.²⁸ A survey of people with disabilities and long-term health conditions found that more than a third lost jobs or hours of work between February and April,²⁹ and 61% were struggling to meet at least one essential need.³⁰

Even as employment rates bounced back somewhat in August, the gains were concentrated in full-time work,³¹ largely leaving behind racialized people, young people, and women (all of whom are more likely to work part-time and low-wage jobs).³² Since women tend to assume disproportionate caregiving responsibilities, many depend on access to child care to gain or retain

employment,³³ particularly in the context of school and daycare closures. Employment remained dramatically lower for Arab, Black, and Southeast Asian people than for their white counterparts³⁴ and *declined* for Indigenous people living off-reserve.³⁵

In BC, women overall saw a 16% decrease in employment between February and May, compared to only 12% for men. Women who recently immigrated to Canada, women younger than 25, and mothers of young children (particularly single mothers) were especially impacted.³⁶ While there is a lack of published data on the economic impacts of COVID-19 for trans and non-binary people in BC, underemployment is a major concern for these communities, with fewer than half of BC respondents to the Trans PULSE survey employed full-time in 2019, although 68% held a post-secondary degree.³⁷

Many sex workers have faced financial devastation as a result of the pandemic. These workers — who are more likely than people in other occupations to be Indigenous, young, and non-heterosexual, and to identify as women³⁸ — may not qualify for government financial supports if they don't meet the work and income requirements, nor if they haven't historically reported their income.³⁹ While some sex workers have moved their services online or to the phone, this adaptation requires privileged access to a safe and consistent work space and internet and phone services, and it may present privacy concerns. Even those sex workers who have moved services online have typically lost significant income.⁴⁰

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ACTION TAKEN

Shelter and housing

Beginning in March, the provincial government worked with municipal governments to secure about 1,000 accommodations in community centres and hotels in Vancouver and Victoria to allow for physical distancing by people staying in three tent encampments.⁴¹ BC indicated in September 2020 that it had allocated \$158 million for “temporary housing and meal supports for vulnerable populations” and \$111 million for purchasing hotels to house homeless people.⁴² However, many people remain without safe and permanent homes in BC, and groups including the Union of BC Indian Chiefs (UBCIC),⁴³ Pivot Legal Society,⁴⁴ and the Lived and Living Experience of Homelessness Network and Awesome Allies⁴⁵ have criticized the forcible displacement of people from encampments in parks, with some advocates pointing out that tent cities can provide a sense of community and greater safety than single-room occupancy hotels.⁴⁶ As one dialogue participant remarked, BC's response to people living in tent cities highlights the lack of willingness to truly address the housing crisis for those most marginalized.

After years of advocacy, WISH Drop-In Centre received temporary provincial funding to operate a 23-bed shelter for trans, cis, and Two-Spirit women sex workers for one year. The shelter will also offer peer-based harm reduction services. WISH's Executive Director Mebrat Beyene remarked, “[W]e are going to work so hard to make sure [services] are not clawed back when things go back to ‘normal.’”⁴⁷

“We’ve been overwhelmed with messages from tenants who don’t know how they’re going to afford rent next month. [...] No one should have to choose between spreading the COVID-19 virus and paying rent.”

Between April and August, renters in BC who were experiencing a loss of income and were below certain income thresholds in 2019 were eligible for a rental supplement (\$300 for households with no dependents and \$500 for those with dependents), paid to landlords.⁴⁸ Although rent relief was certainly needed, many criticized the low amount and short duration of the supplement and the fact that it was not available to people receiving income assistance.⁴⁹ As advocacy group LeadNow noted, “We’ve been overwhelmed with messages from tenants who don’t know how they’re going to afford rent next month. [...] No one should have to choose between spreading the COVID-19 virus and paying rent.”⁵⁰

In June, BC announced a temporary moratorium on rent increases and evictions for non-payment of rent.⁵¹ Disappointingly, the rent freeze does not extend to residents of rent-geared-to-income BC Housing units.⁵² However, in a welcome step for housing security during the pandemic, BC extended the end date of the rent freeze from December 1, 2020 to July 10, 2021.⁵³ The eviction moratorium ended on August 18.⁵⁴ Landlords are now required to give tenants a repayment plan for unpaid rent or utilities from the period of the eviction moratorium, and they cannot evict tenants for those unpaid amounts unless tenants default on the repayment plan.⁵⁵ However, many tenants simply cannot afford installment payments for rent arrears. The Tenant Resource Advocacy Centre has recommended forgiveness of unpaid rent for tenants who might otherwise lose their housing, and government financial assistance for landlords facing hardship as a result of lost rental income.⁵⁶

Employment

On March 24, BC temporarily changed the *Employment Standards Act* to allow workers to take an unlimited unpaid leave if they are unable to work for certain approved reasons related to COVID-19 (including caring for a child or other dependent).⁵⁷ At the same time, a three-day unpaid sick leave was permanently added to the *Employment Standards Act*, making BC the last province to protect workers’ right to job-protected sick time.⁵⁸ However, unpaid leave simply is not an option for workers already struggling to make ends meet. It is unacceptable that fewer than half of BC workers age 25 to 65 currently get paid sick time, and that younger adults, part-time workers, and Indigenous people are particularly unlikely to have access.⁵⁹ Groups advocating for 21 days of paid sick time include the BC Poverty Reduction Coalition (for all workers regardless of immigration status),⁶⁰ the BC Employment Standards Coalition, the Retail Action Network, and others.⁶¹

Also in May, BC announced a temporary pandemic pay boost available to about 25,000 eligible frontline health, social services, and corrections workers, worth about \$4 per hour over 16 weeks.⁶² Disappointingly, this

initiative excludes child care workers, as well as people working public-facing jobs in essential businesses such as grocery stores⁶³ (many of them racialized women).

In September, the provincial government released the Stronger BC for Everyone Economic Recovery Plan, which indicated the total cost of the province's pandemic measures at more than \$8.25 billion.⁶⁴ Among other investments, the Plan includes \$15 million for skills training and education programs in Indigenous communities⁶⁵ and \$20 million in grants for non-profits to hire workers with disabilities.⁶⁶

Financial and social supports

In late March, BC provided a \$3 million grant to Food Banks BC.⁶⁷ While 80,000 people use food banks monthly across the province,⁶⁸ community advocates have long argued that food banks do not address the root cause of food insecurity: poverty.⁶⁹ Dialogue contributors emphasized the importance of self-determination when it comes to food, sharing that waiting in line for services such as food banks creates time poverty and limits well-being and opportunities. They observed that “safe access to food is a class privilege, especially during the pandemic” and called for access to “food that makes people feel good.”

Beginning in April, BC automatically provided a \$300 monthly COVID-19 Crisis Supplement to people who were receiving income assistance, disability assistance, or the BC Senior's Supplement, and who were not also receiving Employment Insurance or federal emergency supports. The \$300 monthly top-up makes a significant difference to the BC Senior's Supplement, which normally tops out at \$49.30, has not increased since 1987, and is the second-lowest provincial benefit of its kind in Canada.⁷⁰ While the COVID-19 Crisis Supplement was initially announced for three months,⁷¹ it was eventually extended through to December 2020⁷² following community advocacy to maintain the increase. In an open letter, disabled and neurodivergent organizers with the 300ToLive Campaign noted that the additional \$300 has improved food and housing security and access to other essentials for many, although it is not enough to alleviate poverty.⁷³ Dialogue participants noted that “\$300 extra a month makes my life a little more bearable” and “It is better but could be better still.” 300ToLive is joined by Acorn Canada⁷⁴ and the BC Poverty Reduction Coalition⁷⁵ in calling for the rate increase to be made permanent.

Dialogue contributors observed that “safe access to food is a class privilege, especially during the pandemic” and called for access to “food that makes people feel good.”

Also in April, BC announced a one-time, \$3.5-million investment in emergency funds for domestic students attending public post-secondary institutions and experiencing pandemic-related financial pressure.⁷⁶ Disappointingly, this non-repayable financial support was not available to international students,⁷⁷ who already shoulder the financial burden of higher tuition. Additionally, BC invested \$1.5 million to increase the Indigenous Emergency Assistance Fund, which helps Indigenous students with financial emergencies that may affect their ability to complete their studies.⁷⁸

In May, BC began accepting applications for the BC Emergency Response Benefit for Workers (BCERBW), a tax-free, one-time payment of \$1,000 for those who lost employment income as a result of the pandemic,⁷⁹ a program the provincial government says costs more than \$1 billion.⁸⁰ Concerningly, the BCERBW is not available to people receiving income or disability assistance, nor to people incarcerated for a period of 90 days

or longer that includes March 15.⁸¹ However, BC does have the distinction of being the only province not to claw back any of the Canada Emergency Response Benefit (CERB) from those receiving income or disability assistance who also qualify for this federal support.⁸²

BC also announced a one-time investment of \$50 million to enhance internet services in rural, remote, and Indigenous communities.⁸³ While this step was urgently needed, it falls far short of the action recommended by the BC Poverty Reduction Coalition to close the digital divide, including \$10-a-month Internet for everyone living in poverty or enrolled in publicly funded education.⁸⁴ At a time of unprecedented need for technology, many people living in poverty were abruptly cut off from internet and computer access as libraries and community centres were forced to close during the pandemic.

INACTION

Research by the Indigenous Business and Investment Council reveals that Indigenous-owned businesses in BC are experiencing significant hardship because of COVID-19, with 49% expecting to cut staff by more than half and 70% expecting to lose more than half of their revenue.⁸⁵ Yet, BC has not yet acted on the call by UBCIC to implement Indigenous-specific economic recovery plans and support measures.⁸⁶

BC has also failed to provide supports specifically for working-age people with disabilities and their families.⁸⁷ Many people with disabilities are at increased risk from COVID-19 because of underlying health conditions and are thus facing a strict and prolonged isolation.⁸⁸ As a result, they are shouldering the financial burden of delivery fees and higher-than-normal utility, phone, and internet costs, on top of facing disproportionate rates of poverty even before the pandemic.⁸⁹

Finally, community dialogue participants pointed out that many services for people experiencing poverty perpetuate stigma and dehumanization, and that many are unwelcoming or exclusionary for trans people. They urged the BC government to work closely with marginalized communities to develop policies that attend to their needs, and to support services delivered by people with lived experience.

OVERALL COMMENTS

BC has introduced some crucial pandemic measures in the areas of housing, employment, and financial supports. Yet, more work is needed to address the long-term economic impacts of COVID-19 for those facing the most severe poverty. Assistance rates in BC continue to fall far below the cost of housing, nutritious food, and other essentials. Poverty puts lives at risk, and the pandemic has intensified the threat: it is nearly impossible to practice physical distancing when couch surfing or living in crowded conditions, or to take a sick day when struggling to make ends meet. BC must commit to sustained action to tackle economic inequalities that have been deepened by the pandemic, and to create a society where everyone's needs are met.

FREEDOM FROM GENDER-BASED VIOLENCE

DATA COLLECTED by the federal department of Women and Gender Equality suggests that rates of intimate partner violence nationwide have increased by 20 to 30% during COVID-19,⁹⁰ part of a global trend that the United Nations has called a shadow pandemic.⁹¹ This surge in violence has disproportionately harmed Indigenous women, girls, and gender-diverse people, one in five of whom faced intimate partner violence in the first few months of the pandemic in Canada.⁹² Unfortunately, there continues to be a lack of disaggregated data about violence against trans people, especially trans women of colour.

Many factors have contributed to increased violence, including added economic stressors, public health measures that have isolated people with perpetrators of violence, higher rates of harassment against frontline workers, heightened mental health challenges, and increased risks associated with changing relationship and housing structures.

As rates of gender-based violence have risen, access to life-saving anti-violence support services has become more limited. In fact, many programs reported an initial decline in the use of services, likely caused by pandemic-related factors such as difficulties connecting with help when isolated with an abuser; concerns about COVID-19 transmission; the lack of accessible programs in rural, remote, and Northern communities; and perceptions about the availability of support services during the pandemic.⁹³ Community dialogue participants shared that, in this dire context, “trans people always come last,” continuing to face significant barriers to accessing services and the justice system in BC.

Participants also noted that, while many people have been using the internet to connect with loved ones, online spaces can be rife with harassment and discrimination against trans and queer people. Research also suggests that sexual and gender minorities are more likely to experience harassment and violence online and are more likely to limit their interactions online in order to protect themselves, thereby experiencing greater isolation in times of quarantine.⁹⁴

Finally, dialogue contributors shared their profound concerns about hate crimes in BC. Between 2019 and 2020, hate crimes reported to the Vancouver



**Some action taken.
Needs continued
improvement.**

Federal government data suggests that rates of intimate partner violence nationwide have increased by 20 to 30% during COVID-19, part of a global trend that the United Nations has called a shadow pandemic.

Online application processes often disadvantage people with disabilities, people who cannot read and write in English fluently, people living in communities with poor internet access, people who cannot afford technology, and people sharing living space with an abuser.

Police Department nearly doubled, with anti-Asian hate crimes spiking to seven times the 2019 rate during the first few months of the pandemic.⁹⁵ Participants also expressed dismay that hate speech against gender and sexual minorities is seldom taken seriously by law enforcement, and that many trans feminine people face transmisogyny at the hands of officers. They shared that many trans and queer people place “zero trust in police.”

ACTION TAKEN

Following almost two decades of funding cuts, in May 2020, the province announced a three-year, \$10-million grant program to support the delivery of emergency sexual assault services across BC.⁹⁶ The funding is being administered by the Ending Violence Association of BC (EVA BC) in collaboration with the Ministry of Public Safety and Solicitor General, the Ministry of Finance Gender Equity Office, and the Minister’s Advisory Council on Indigenous Women. While this is a major step toward improving the response to sexual assault in BC, even more necessary during a time of rising gender-based violence, the funding is time-bound and falls far short of the needs of survivors. West Coast LEAF, EVA BC, and the Victoria Sexual Assault Centre have called on the BC government to commit to further funding aimed at meeting the health care needs of survivors of gender-based violence, such as access to counselling and forensic nurse examiners across BC.⁹⁷

The province also funded 300 more spaces for people fleeing domestic violence during the pandemic⁹⁸ — a positive step, but a drop in the bucket of what is needed. Additionally, as detailed in the Economic Security section of this Report Card, BC provided temporary financial support for WISH Drop-In Centre to open a 23-bed emergency shelter for sex workers, the first of its kind in Canada.⁹⁹ The WISH shelter is an important safety resource in the context of pandemic-related economic threats to sex workers and increasingly dangerous working conditions, as described by dialogue participants.

The Crime Victim Assistance Program, which helps survivors of violent crime cover costs relating to their recovery, introduced an online application process.¹⁰⁰ While this change makes the application process more streamlined and easier for those with consistent internet access, the program remains seriously under-resourced. Moreover, online application processes often disadvantage people with disabilities, people who cannot read and write in English fluently, people living in communities with poor internet access, people who cannot afford technology, and people sharing living space with an abuser.

INACTION

Frontline anti-violence workers have reported to West Coast LEAF and EVA BC that many survivors must wait about 18 months to access counselling from community-based anti-violence organizations, as a result of continued underfunding of these life-saving programs.

For survivors who are trans or Two-Spirit, there may be few safe and welcoming options for support following an assault. Some advocates have been calling for government funding for programs and services to be contingent on trans inclusion. The Urban Native Youth Association (UNYA), in its submission to the Select Standing Committee on Finance and Government Services, explained that, as a result of discrimination, transgender and Two-Spirit people face higher rates of violence yet are less likely to access supports because many currently funded services are “trans-exclusionary or trans-unaware.”¹⁰¹ The Committee accepted UNYA’s submissions that the best programs are “informed and led by their user base” and recommended that the government prioritize funding Indigenous, trans, and Two-Spirit led programs.¹⁰²

The Committee also called on the government to create a comprehensive emergency response to sexual assault, including minimum standards, collaboration with community services, and access to appropriate, specialized, and trauma-informed care. Advocates point out that, in planning these measures and standards, BC must consider access for people with disabilities, as many current programs do not adequately meet accessibility needs.

Additionally, in response to calls from sex workers and their allies, the Committee recommended that the government fund programs that are inclusive for sex workers and that promote their safety, including a provincial bad date reporting system.¹⁰³

OVERALL COMMENTS

BC’s \$10 million investment in community-based sexual assault services is a meaningful and overdue step. Yet, at a time of massive need, many survivors of gender-based violence continue to find that support services are out of reach — because of underfunding, access barriers, or discrimination and exclusion.

HEALTH CARE



Some action taken.
Needs continued
improvement.

Drug toxicity deaths continued to exceed COVID-19 deaths in the province. The opioid crisis is taking a disproportionate toll on Indigenous people, who died from drug toxicity at five times the rate of other BC residents from January to May 2020.

COMMUNITY DIALOGUES highlighted discrimination as a barrier to obtaining health care; the need for access to comprehensive gender-affirming care, including during the pandemic; the mental health consequences of COVID-19, especially for those dealing with the most severe isolation and discrimination; and the devastation the opioid crisis has caused for marginalized communities: “A lot of trans and gender non-conforming people use in order to survive life and survive COVID, and so [the drug toxicity crisis] is just doubling down on marginalized people;” “People are affected differently in the pandemic and by safe supply based on being homeless, Indigenous, their appearance, more.”

BC has seen a tragic spike in lives lost to drug toxicity during the pandemic.¹⁰⁴ As of late October, drug toxicity deaths continued to exceed COVID-19 deaths in the province.¹⁰⁵ The crisis is taking a disproportionate toll on Indigenous people, who died from drug toxicity at five times the rate of other BC residents from January to May 2020.¹⁰⁶ BC’s Public Health Officer, Dr. Bonnie Henry, explained several reasons for the increase in drug deaths: border closures have worsened the toxicity of street drugs; harm reduction services have become harder to access due to pandemic-related public health measures; and people are spending more time alone¹⁰⁷ (and in some cases, facing illegal bans on visitors to their suites in social housing¹⁰⁸). Henry noted that Indigenous women have been especially hard-hit by the poisoned drug supply and reiterated her call to decriminalize personal drug possession¹⁰⁹ (or, as one community dialogue contributor put it, “make it a medical problem, not a criminal one”).

Across Canada, the pandemic has deepened harms and disparities in the health system for Indigenous women¹¹⁰ and other Indigenous people giving birth. Many birth workers report that restrictions on support workers and companions in hospitals are disproportionately undermining care for Indigenous women, who may want a trusted person with them because of the discrimination they face in the medical system and may need people present in order to perform birth ceremonies.¹¹¹ Some Indigenous people may also avoid health facilities due to concerns about contracting COVID-19 and spreading it to their community, especially if they live in close quarters with others or share space with elders.¹¹²

ACTION TAKEN

After the news media publicized reports that health providers in BC were engaging in appalling racist conduct including blood alcohol “guessing games” targeting Indigenous patients, BC’s Health Minister announced an independent investigation into anti-Indigenous racism in BC’s medical system.¹¹³ In June, Mary Ellen Turpel-Lafond, a member of Muskeg Lake Cree Nation, was appointed to lead the investigation;¹¹⁴ more than 10,000 people contacted her team in the span of just three months.¹¹⁵ In an interview, Turpel-Lafond shared preliminary findings of the investigation, including the prevalence of racist views that Indigenous people “are to blame for their health issues, that they’re of less value,” and the devastating consequences of racism for access to health care and life expectancy.¹¹⁶

In late March, BC announced that people at risk of both COVID-19 and substance-related harms could access a prescription for a take-home safe drug supply from a physician or nurse practitioner.¹¹⁷ About six months later, the province also enabled registered nurses and registered psychiatric nurses to prescribe a safe supply.¹¹⁸ Community dialogue participants commented that “giving nurses authority to prescribe safe supply was really good and progressive” and that this step “makes things so much easier — hopefully it will be able to reach a wider amount of folks.” BC also deemed supervised consumption sites to be essential services and exempted them from orders prohibiting gatherings.¹¹⁹

However, the snap election stalled the flow of information about the new safe supply measures, to the dismay of activists who had been fighting for swift action on the deadly crisis.¹²⁰ Advocates have pointed out that many barriers to accessing safe drugs remain, including the hesitancy of health providers to write prescriptions¹²¹ and the denial of drugs to patients who miss their pharmacy pick-ups.¹²² Medical gatekeeping can be particularly intense for people of colour, who may be subjected to discriminatory treatment like extra dispensing restrictions and screening requirements.¹²³ Additionally, some long-term stimulant users have found that the dosing available through safe supply prescriptions is inadequate, forcing them to top up their dose with street drugs in order to avoid withdrawal symptoms.¹²⁴ As one dialogue contributor remarked, “Announcements of new policies are one thing, but how are the changes being carried out, and are they actually making a difference to people’s safety?”

In August, BC announced \$36 million over three years to add 123 substance use treatment spaces for youth aged 12 to 24 province-wide (doubling the existing spaces).¹²⁵ However, advocates point out that BC youth need specialized harm reduction services in addition to treatment.¹²⁶

BC also made several investments in mental health, including Assertive Community Treatment (ACT) teams to provide 24/7 support to people with severe mental illness in six new communities,¹²⁷ increased mental health supports in schools,¹²⁸ and online mental health services available during the pandemic.¹²⁹

Reproductive health services, including abortions, were considered essential and continued to be available even while elective surgeries were cancelled.¹³⁰ However, the pandemic presented new hurdles for those seeking reproductive health services, as some clinics were converted to COVID-19 testing locations; people isolated with abusers could not safely access telehealth appointments for contraception or medical abortion; and people who had lost income faced new financial barriers to accessing birth control.¹³¹ The pandemic has underscored the need for BC to provide universal coverage for prescription contraception — including copper IUDs, which are excluded from Fair Pharmacare¹³² despite being the only form of emergency contraception that is effective regardless of body weight.¹³³

To prevent the spread of COVID-19 in long-term care facilities, BC prohibited workers from being employed at more than one site and committed to temporarily paying all workers in private and subcontracted facilities the same wage as those in public, unionized facilities.¹³⁴ As a result, two-thirds of workers in the sector, many of whom are racialized women, received an average raise of almost \$7 hourly.¹³⁵ These workers have long been grossly underpaid, and their raise should be made permanent.

Other government steps to protect the health of seniors include the EquipCare program to fund infection prevention and control and other quality-of-care measures in assisted living and long-term care;¹³⁶ staffing at all public long-term care facilities to coordinate safe visits by one designated person for each resident;¹³⁷ new long-term beds planned for Surrey¹³⁸ and the Interior¹³⁹; expanded access to the flu vaccine;¹⁴⁰ an initiative to recruit and train 7,000 care workers;¹⁴¹ and a program enabling eligible patients to receive round-the-clock care at home rather than in hospital.¹⁴² BC has also contributed funding to some programs to reduce seniors' isolation and assist them with errands.¹⁴³

In a welcome step towards health equity, BC made COVID-19 testing and treatment available to all uninsured people, including all migrants,¹⁴⁴ although advocates report that some patients were still billed for COVID-19 hospital care. BC also temporarily extended MSP coverage to eligible temporary foreign workers and to people whose work or study permits had recently expired,¹⁴⁵ and waived the three-month waiting period for people entering or returning to Canada to access MSP from March through to July.¹⁴⁶ While the temporary suspension of the wait for MSP was a step in the right direction, BC is one of the last provinces that still requires migrants to wait for health coverage.¹⁴⁷ Delays in accessing care can be particularly devastating for migrants coping with the health consequences of gender-based violence and persecution, and for those needing gender-affirming care.

INACTION AND HARMFUL ACTION

While it is understandable that some medical services were suspended in the spring to control the spread of COVID-19, dialogue contributors expressed concerns about the impacts of pandemic restrictions on gender-affirming health care. They criticized the lack of clear communication about access to this life-saving care, medical gatekeeping, and chronic long waits that became even longer. As procedures deemed elective were suspended at the start of the pandemic (creating a backlog that could take two years to clear¹⁴⁸), gender-affirming surgeries were put on hold from March until June.¹⁴⁹ Additionally, the public health order closing personal service businesses in March 2020 meant that funded, medically necessary gender-affirming hair removal was also inaccessible at the start of the pandemic.¹⁵⁰ While surgical readiness assessments were conducted virtually, and the Trans Care BC Care Coordination Team offered phone and email support,¹⁵¹ these services required access to technology. In June, BC confirmed that it would fund the surgical portion of stays in Montreal for gender-affirming surgeries, as well as recovery stays in L'Asclépiade convalescent home.¹⁵² However, patients would be required to cover the costs of flight changes, accommodation, and other travel needs if they developed COVID-19 symptoms and were required to self-isolate in Montreal rather than returning to BC at the scheduled time,¹⁵³ a fact that one dialogue contributor felt was shocking and a major barrier to care.

In a backwards step for human rights, BC's Minister of Mental Health and Addictions introduced a bill that would allow for detention of youth following an overdose without consent, including use of restraints.¹⁵⁴ The

bill was developed without the consultation with Indigenous peoples required by BC's *Declaration Act on the Rights of Indigenous Peoples*, despite the disproportionate consequences it would carry for Indigenous youth.¹⁵⁵ The bill would also undermine gender justice, in light of the high representation of girls, young women, and trans youth of all genders in mental health detention; the paternalistic attitudes that undermine their self-determination; and the re-traumatizing impacts of non-consensual touching and clothing removal for survivors of gender-based and colonial violence.¹⁵⁶ After the bill was condemned by human rights groups,¹⁵⁷ it was put on hold in July for further examination.¹⁵⁸ Some community dialogue participants remarked that the bill was fuel for the drug war and ongoing colonialism and called instead for barrier-free, gender-inclusive, voluntary treatment options for youth.

A wave of COVID-19 outbreaks and deaths in long-term care early in the pandemic led to the implementation of stringent visitor restrictions. A report by BC's Seniors Advocate found that most family members were not made aware that they could apply to visit their loved ones in long-term care after a new policy came into effect, and almost half of those who did apply were denied.¹⁵⁹ The Seniors Advocate's study also found evidence of harms to residents' health from the extreme limitation of visits¹⁶⁰ and recommended action to involve residents and their loved ones in the decisions impacting them.¹⁶¹ The self-determination and social connectedness of people in long-term care in BC are certainly gender justice issues, given that about 65% of residents are women,¹⁶² and trans, Two-Spirit, non-binary, and gender non-conforming residents may face distinct harms when cut off from a supportive outside community.

Access to home care is also a gender justice issue. Women make up 66% of people receiving these services in BC;¹⁶³ women are overrepresented among Community Health Workers, who earn less than other care workers and are predominantly employed on a casual or part-time basis;¹⁶⁴ and women tend to assume a large share of unpaid caregiving and household work when home support is out of reach. A report by the BC Care Providers Association identified inadequate government coordination of personal protective equipment (PPE) as a barrier to maintaining private home care during the pandemic.¹⁶⁵ Unfortunately, BC entered the pandemic with severely eroded public home-care services¹⁶⁶ — and with more than 4,000 people in long-term care who could safely live at home if home care were available.¹⁶⁷

Finally, midwives in BC report that demand for their services has skyrocketed as the pandemic has led many to opt for home births, yet the BC government has not provided them with PPE or pandemic replacement income should they be required to self-isolate due to work-related COVID-19 exposure.¹⁶⁸

OVERALL COMMENTS

BC's move to make a safe drug supply available by prescription was hard-won and significant, yet drug toxicity deaths continue to exceed COVID-19 deaths in the province, underscoring the need for greater access. Bill-22 was a counterproductive response to the drug toxicity crisis, threatening to undermine the human rights and self-determination of youth, particularly those who are Indigenous and/or marginalized based on their gender. Moreover, BC's health system could have communicated more clearly with people affected by major pandemic-related changes, including people awaiting gender-affirming medical treatment and long-term care residents and their loved ones. Finally, it is disappointing that BC has yet to cover the costs of prescription contraception, even as the pandemic has intensified barriers to reproductive choice.

JUSTICE FOR PEOPLE WHO ARE CRIMINALIZED

D

**Very limited action.
Needs significant
improvement.**

BC Corrections implemented some measures to reduce COVID-19 transmission in provincial prisons, including suspending double-bunking (housing two people in a single cell), a practice that community members had long fought to end.

COMMUNITY DIALOGUE participants criticized what they saw as a dangerous lack of government concern for the safety and well-being of prisoners, evident in both “day-to-day stuff” and the management of COVID-19. They called for action to address discriminatory and abusive conduct by justice system actors: “You think cops are bad, prison staff are horrendous;” “Police need better training covering a huge span of topics — e.g. BIMPOC [Black, Indigenous, mixed race, and people of colour] and LGBTQ2S+, anti-oppression, harm reduction, de-escalation, non-violent communication, and so much more;” “Let’s not confuse the need for more training with a need for more money in the hands of the police.” Finally, they raised concerns about increasing wait times for trial, sentencing, and release during the pandemic.

ACTION TAKEN

In the spring of 2020, the BC government and the First Nations Justice Council launched the First Nations Justice Strategy (FNJS), aimed at:

- Combatting the overrepresentation of Indigenous peoples in the justice system, including by pursuing alternatives to criminal court wherever possible;
- Addressing violence against Indigenous peoples, and particularly women and girls;
- Improving access to justice for Indigenous peoples; and
- Developing culturally safe services and processes.¹⁶⁹

The FNJS commits to developing a First Nations Women Justice Plan within a year that considers of the final report of the National Inquiry into Murdered and Missing Indigenous Women and Girls,¹⁷⁰ as well as a strategy on intimate partner violence.¹⁷¹ In a media release, UBCIC outlined the significance of the FNJS for Indigenous women, who experience distinct harms in the criminal legal system.¹⁷² Indigenous women are frequently criminalized when they

report crimes against them and not provided with police protection when they seek support.¹⁷³ They are also more likely to navigate the court system without a lawyer to represent them or a Gladue report to inform the judge about the impacts of colonialism in their lives.¹⁷⁴ Not surprisingly given this lack of resources, Indigenous women are more likely to plead guilty when charged and to serve longer sentences (often for poverty-related offenses).¹⁷⁵ While the FNJS has the potential to bring about some overdue changes for Indigenous women, it is troubling that it makes no reference to Two-Spirit, transgender, and gender-diverse Indigenous peoples, apart from one broad statement about respect for gender diversity and the safety of 2SLGBTQQIA people.¹⁷⁶ Moreover, some observers have questioned the adequacy of BC's financial support for the FNJS.¹⁷⁷

After public outcry over violence and discrimination in policing, BC formed a Special Committee on Reforming the Police Act. The Committee was tasked with addressing racism in policing and inconsistencies between the *Police Act* and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).¹⁷⁸ Yet, when BC's snap election was called, the Committee's work was essentially cancelled. Groups scheduled to present to the Committee received a vague update that "there may be opportunities to participate in a future inquiry."¹⁷⁹

BC Corrections implemented some measures to reduce COVID-19 transmission in provincial prisons, including suspending double-bunking (housing two people in a single cell), a practice that community members had long fought to end.¹⁸⁰ Although small numbers of COVID-19 cases were reported at Okanagan Correctional Centre,¹⁸¹ North Fraser Pretrial Centre,¹⁸² and Surrey Pretrial Services Centre,¹⁸³ these provincial facilities avoided the severe outbreaks that occurred in several federal prisons.¹⁸⁴

In July, BC Corrections adopted a policy defining meaningful human contact, prioritizing face-to-face contact for inmates, and requiring staff to note reasons in a log when face-to-face contact is deemed unsafe.¹⁸⁵ In the pandemic context of intense isolation, maintaining relationships is vital. However, the policy seems to leave human contact at the discretion of prison workers, stating that opportunities for contact are "determined on a case-by-case basis by correctional staff in consultation with others involved in case management [. . .]."¹⁸⁶ No mechanisms for enforcement are specified.

INACTION AND HARMFUL ACTION

BC made several harmful pandemic-related changes in the criminal legal system. These include reducing visits to correctional facilities; suspending programs (such as substance use and anti-violence programs); reducing reintegration services;¹⁸⁷ and cutting back on parole officer visits to remote and rural communities.¹⁸⁸ Reducing visits can be particularly devastating to Indigenous parents because of the historical and ongoing trauma caused by the state's forcible separation of families.

Furthermore, some people entering custody during the pandemic were held in "induction units" where they were isolated for most of the day,¹⁸⁹ a serious human rights concern. Although BC Corrections reports that the proportion of people held in segregation has remained relatively unchanged before and during the pandemic (about 5%),¹⁹⁰ advocates note that Indigenous, Black, and other racialized people seem to be disproportionately subjected to solitary confinement,¹⁹¹ and that people with mental health disabilities continue to be held in isolation despite severe risks to their safety and health.¹⁹² This occurs against a backdrop where the community-based mental health supports that could interrupt the cycle of criminalization are lacking.¹⁹³ Because of histories of gender-based violence, solitary confinement can be especially

re-traumatizing for women, Two-Spirit people, gender non-binary people, and trans people of all genders, increasing the likelihood of self-harm and suicidal thoughts.¹⁹⁴

From the beginning of the pandemic, advocates have been calling on governments to release from custody everyone who can safely live in the community, to prevent COVID-19 outbreaks.¹⁹⁵ The threat of transmission is particularly acute for Indigenous people, who are vastly over-incarcerated and have also experienced

BC must make more fundamental changes in order to confront the injustices of the colonial legal system. Incarcerated Indigenous women and Two-Spirit, trans, and gender-diverse Indigenous people continue to be profoundly harmed by solitary confinement and separation from family and community — harms that have intensified during the pandemic.

disproportionate rates of COVID-19.¹⁹⁶ It is disappointing that only 35 people were released early from BC prisons due to the pandemic, and that the early release initiative ended in June.¹⁹⁷

The pandemic has resulted in court closures¹⁹⁸ and severe delays,¹⁹⁹ despite the appointment of six new provincial court judges to reduce the backlog.²⁰⁰ Doug White, the chair of the First Nations Justice Council, explained that about two-thirds of accused persons held in provincial jails were left waiting for a decision on their charges during the pandemic.²⁰¹

Even before the pandemic, people awaiting trial outnumbered those already sentenced in BC prisons, and the trend has been worsening for years.²⁰²

Finally, funding for Prisoners' Legal Services has stagnated for years despite a huge increase in demand, resulting in dangerous waits for legal help²⁰³ even as COVID-19 poses new threats to prisoners' rights.

OVERALL COMMENTS

While the FNJS is a welcome measure, BC must make more fundamental changes in order to confront the injustices of the colonial legal system. Incarcerated Indigenous women and Two-Spirit, trans, and gender-diverse Indigenous people continue to be profoundly harmed by solitary confinement and separation from family and community — harms that have intensified during the pandemic. Furthermore, it is extremely disheartening that BC abruptly dropped its preliminary work to address racism and violence in policing, without any clear commitment to further action in this area.

RIGHTS OF PARENTS, CHILDREN, AND YOUTH

THE PANDEMIC HAS AMPLIFIED the hardships faced by BC families who were already struggling due to economic insecurity and a lack of caregiving supports. Community dialogue contributors shared that COVID-19 has intensified barriers to family reunification; increased women's share of unpaid care work; and worsened the scarcity of supportive programming for families and youth, particularly youth in care.

"The foster care system is not only damaging the parent and the child but the whole family — what will happen to those kids in the future, and how do we recover from it?"

COVID-19 has exacerbated harms faced by children and youth in government care,²⁰⁴ as well as the inadequacy of child care²⁰⁵ and other family services, posing particular challenges for families of children and youth with disabilities.²⁰⁶ Isolation has taken a toll on young people's mental health and safety. BC's Representative for Children and Youth reports a 16% increase in child critical injury and death investigations,²⁰⁷ and the Kids Help Phone reports a 70% increase in call volume in BC.²⁰⁸

Child care centre and school closures, coupled with a rise in illnesses, have vastly increased women's time spent performing unpaid care work.²⁰⁹ A heavy, uncompensated caregiving workload undermines labour market participation and advancement,²¹⁰ worsens economic insecurity for single-parent families (often women-led), and compromises health. As one dialogue contributor remarked:

How difficult [it is] with lots of schools and daycares closing down. If one parent stays at home — it is often the mom — how stressful that is when kids are at home.

C

**Some action taken.
Needs continued
improvement.**

COVID-19 has intensified barriers to family reunification; increased women's share of unpaid care work; and worsened the scarcity of supportive programming for families and youth, particularly youth in care.

A heavy, uncompensated caregiving workload undermines labour market participation and advancement, worsens economic insecurity for single-parent families (often women-led), and compromises health.

ACTION TAKEN

In April, BC announced a Temporary Emergency Funding (TEF) program to increase the Child Care Operating Fund to seven times its normal amount for eligible licensed child care providers that remained open during the pandemic, and to double its normal amount for those that closed.²¹¹ In November, BC also launched a grant program providing \$325 per licensed child care space to offset pandemic costs.²¹²

BC maintained the Affordable Child Care Benefit for eligible families whose child care providers remained open and were charging fees, even if their children were not attending child care due to the pandemic.²¹³ Until August 31, child care centres receiving the TEF were not allowed to charge fees to families who had temporarily withdrawn their children from care.²¹⁴

Financial supports introduced during the pandemic helped some child-care centres stay open and others re-open more quickly. However, as there is only enough licensed child care for about 20% of children in BC, spaces were not available for all children of essential workers.²¹⁵ Because private child care facilities were left to decide whether to remain open, many did close, and those that stayed open were functioning at far less than normal capacity.²¹⁶ While BC did create referral centres in 38 communities to match essential service workers with available child-care spaces,²¹⁷ advocates say the government should have implemented a coordinated plan to ensure child care for every family needing it.²¹⁸

Families eligible for Children and Youth with Special Needs Family Support Services could access an additional \$225 monthly for up to three months through the Emergency Relief Support Funding.²¹⁹ There was also a temporary suspension on maintenance payments for children on special needs agreements between April and August.²²⁰ These measures were intended to ease some of the stress associated with parenting children with extra support needs during the pandemic. However, advocates argue that this funding, while a good start, was insufficient for families with caregivers providing full-time support to children with special needs.²²¹ One dialogue contributor observed that relief funding has been out of reach for families who have been unable to obtain or are awaiting a diagnosis for their child.

Following community advocacy, the Ministry of Children and Family Development (MCFD) agreed to transfer the \$300 one-time pandemic top-up to the federal Canada Child Benefit directly to kinship caregivers,²²² as well as the one-time top-up of \$600 to the federal Child Disability Benefit.²²³ However, it is troubling that MCFD continues to receive the principal portion of these federal benefits on behalf of children and youth in care rather than passing the funds directly to kinship caregivers.²²⁴

In response to community calls to support youth aging out of care, youth who turned 19 while in foster care, out-of-care placements, or contracted residential agencies, or while on Independent Living Agreements or Youth Agreements, saw their placements and agreements extended until the end of March 2021.²²⁵ However, the new guidelines are subject to a new Temporary Housing Agreement being accepted by MCFD/Delegated Aboriginal Agencies (DAAs) and do not guarantee continued housing.²²⁶

Youth participating in the Agreements with Young Adults (AYA) program also saw their agreements extended until September 30, 2020.²²⁷ The AYA provides up to \$1,250 monthly to youth aged 19 to 26 who were previously in foster care or had a Youth Agreement with MCFD/DAA.²²⁸ However, some youth cannot access AYA²²⁹ and have therefore been left without support during the pandemic.

INACTION AND HARMFUL ACTION

As the BC Coalition to End Youth Homelessness (CEYH) has noted, COVID-19 has exacerbated the risks of youth homelessness and highlighted youth's systemic lack of access to harm reduction programs, emergency housing, technology, and food security.²³⁰ The CEYH has called on the government to provide comprehensive and universal after-care supports to all youth in the foster care system, without eligibility barriers, and develop more youth-specific emergency housing.²³¹ Dialogue participants stressed the need for youth programs run by and for trans and queer communities, as many existing programs are unwelcoming or exclusionary to trans and queer young people.

In a move that harmed family well-being and connectedness, MCFD suspended in-person visits with family for children and youth in care in late March.²³² It is not clear whether public health experts were involved in the decision, whether less drastic alternatives were considered, or whether visits could have restarted earlier with safety measures in place.²³³ BC's Restart Plan outlined protocols for re-opening salons, restaurants, bars, pubs, hotels, and movie theatres,²³⁴ yet made no reference to family visits for children and youth in care. In contrast, judges in family law matters repeatedly found that it is in the best interests of children to maintain in-person contact with both parents during the pandemic unless one parent is not following COVID-19 precautions.²³⁵ While BC had granted about 150 special exceptions to the visit suspension by late May, the number of children and youth in care is almost 40 times higher.²³⁶ Furthermore, while the government encouraged virtual connections, many children in care and their families lack access to the technology needed to visit remotely.²³⁷

BC's pandemic response failed to prioritize family connectedness for children and youth in care — even though the need for strong relationships is greater than ever.

OVERALL COMMENTS

While BC took some valuable steps to keep child care providers afloat during the pandemic, it lacked a coordinated strategy to ensure access for all families needing care. Meanwhile, progress on child welfare remains grossly inadequate. BC's pandemic response failed to prioritize family connectedness for children and youth in care — even though the need for strong relationships is greater than ever.

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In collaboration with community, West Coast LEAF works to advance gender equality and human rights through equality rights litigation, law and policy reform, and public legal education in British Columbia.

West Coast LEAF is an incorporated BC non-profit society and federally registered charity. It is governed by an elected Board of Directors and supported by active members, committed volunteers, and a dedicated staff.



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