

Capacity for Care (C4C)

Position:

The Edmonton Humane Society (EHS) supports and practices Capacity for Care (C4C). This includes practices such as managed intake, diverting the intake of animals, and supporting pet retention to promote the welfare of animals both within and outside of the shelter.

Definitions:

Capacity for Care: Also known as C4C, this shelter population management model ensures all animals are provided with humane care. The basic premise of C4C is to meet the needs of every animal in shelter by ensuring adequate resources are available. Determining the number of animals that can be adequately cared for in shelter is based on the availability of resources, including enriched housing, staffing levels, and availability of veterinary care. Considered holistically, C4C means meeting the welfare needs of every animal admitted to a shelter, regardless of how they came in, when they came in, or their age, health status and personality. Every sheltering organization must acknowledge their C4C and function within it to allow them to be the best resource for the animals and people in their community.

Five Freedoms: A set of guidelines developed by the Farm Animal Welfare Council (FAWC) which determine a basic standard for animals to be deemed as having good welfare:

- Freedom from hunger and thirst
- Freedom from discomfort
- Freedom from pain, injury, or disease
- Freedom from fear and distress
- Freedom to express normal behaviour

Managed Intake: The practice of regulating intake and considering a shelter's capacity for care when admitting animals. Managed intake can include scheduled owner surrender appointments instead of same-day surrenders, limited admission hours, and providing alternatives to intake.

Summary

- Every shelter has a finite set of resources which affects the number of animals they can appropriately serve at any given time while meeting the welfare needs of those animals. The number of animals a shelter can responsibly care for based on these limits is known as a shelter's capacity for care.
- C4C is a management strategy which maximizes welfare through managing shelter populations and staying within a shelter's capacity. Practicing C4C:
 - promotes positive welfare of animals in shelter,
 - gives optimal housing to animals,
 - reduces illness in shelter such as Upper Respiratory Infections (URI),
 - reduces shelter euthanasia rates,
 - reduces animals' length of stay,
 - and provides alternatives to help animals avoid entering the shelter.

- Through these benefits, shelters ultimately help more animals overall by moving animals through the shelter and into homes faster.
- C4C allows for the Five Freedoms to be met for animals in shelter, along with a sixth freedom: freedom from euthanasia for animals who are not medically or behaviourally unsound.

Rationale

- The basic premise of C4C is to provide optimal care for every shelter animal by protecting their Five Freedoms through allocating shelter resources appropriately, providing enriched housing, and utilizing population management. This ensures a shelter's capacity for care is not exceeded and that animals spend a minimal amount of time in shelter.
- Exceeding capacity to care can negatively impact animals in shelter by leading to increased illness and a longer length of stay. When length of stay increases, it is detrimental to the individual animal's welfare by delaying their adoption into a home, and ultimately decreases the overall number of animals a shelter can serve.
- Physical holding capacity, or the number of kennels available, should not be the only factor which determines an animal's admission to a shelter. A finite set of resources, such as adequate staffing, enriched housing, availability of veterinary care, and the ability to minimize an animal's length of stay are crucial to maintaining animal welfare and must be considered when choosing to place an animal in a shelter or not.
- Controlling population numbers, or managing intake, allows for a shelter to operate within its capacity to care and can be achieved through scheduling or diverting animal intakes.
 - Scheduled intake: The practice of regulating or scheduling the intake of animals based on when the necessary space and resources will be available, as opposed to accepting any animal at any time when the shelter may not have the capacity to provide optimal care.
 - Diverting intake: Providing alternatives to an animal entering the shelter, such as assisting finders in locating owners, or foster placement for underage kittens. Pet retention can also be encouraged by providing owners with behaviour resources and referrals to other organizations, such as providers of affordable veterinary care.
- EHS offers alternatives to intake and community supports through programs like the free behaviour hotline, veterinary support for sick and injured animals through a partnership with Tails of Help, kitten co-op, and a trap neuter return program.
- The implementation of C4C at EHS and five other pilot shelters resulted in the following²:
 - reduced the number of sick cats by an average of 48%,
 - reduced the length of stay by an average of 20%,
 - and reduced euthanasia rates by an average of 34%.
- Following C4C is recognized as best practice by Humane Canada and the Association of Shelter Veterinarians.

References

1. UC Davis Koret Shelter Medicine Program. "Overview of Capacity for Care (C4C)", 2016
2. Humane Canada. "Capacity for Care (C4C) Case Studies: Final Report", 2018.
3. Million Cat Challenge. "Capacity for Care", n.d.

4. The Association of Shelter Veterinarians. "Guidelines for Standards of Care in Animal Shelters", 2010.
5. Humane Canada. "Humane Canada Accreditation Standards", 2020.
6. An Observational Study of the Relationship between Capacity for Care as an Animal Shelter Management Model and Cat Health, Adoption and Death in Three Animal Shelters." *The Veterinary Journal*, vol. 227, 1 Sept. 2017, pp. 15–22, www.sciencedirect.com/science/article/pii/S1090023317301545, 10.1016/j.tvjl.2017.08.003.
7. Hurley, Kate F. "The Evolving Role of Triage and Appointment-Based Admission to Improve Service, Care and Outcomes in Animal Shelters." *Frontiers in Veterinary Science*, vol. 9, 4 Mar. 2022, 10.3389/fvets.2022.809340.
8. British Columbia Society for the Prevention of Cruelty to Animals. "Capacity for Care (C4C)", February 2017.
9. Hobson, Samantha. "Examining Potential Impacts of Capacity for Care (C4C) as a Strategy to Manage Shelter Cat Populations", January 2020.
10. UC Davis Koret Shelter Medicine Program. "Length of Stay (LOS)", June 7, 2015.

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Capacity for Care

Briefing Package

Introduction

Capacity for care (C4C) is a population management model. In C4C shelters do not determine the number of animals they can hold at any given time based only on the number of kennels available. Instead, other factors like staffing levels, the ability to provide an enriched space for every animal, and availability of veterinary care are considered when determining the number of animals a shelter can care for. The idea of C4C is to provide quality care to every animal, regardless of their condition, and to operate within a shelter's means. Using C4C allows for positive welfare in shelter, better allocation of resources, and for a shorter length of stay per animal, which allows shelters to help more animals overall by moving animals into adopters' homes faster.

Position

The Edmonton Humane Society (EHS) supports and practices Capacity for Care (C4C). This includes practices such as managed intake, diverting the intake of animals, and supporting pet retention to promote the welfare of animals both within and outside of the shelter.

Rationale

- C4C allows for shelters to provide appropriate and quality care to all animals in their care.
- C4C helps animals get through the shelter and into homes faster.
- C4C increases the total number of animals shelters can care for over time.
- C4C ensures animals have their Five Freedoms met, and provides them with a sixth freedom: freedom from euthanasia for animals who are not medically or behaviourally unsound.
- C4C protects staff from burnout and compassion fatigue by keeping the shelter population manageable and promoting positive outcomes for animals.

Context

C4C is a recommended best practice by multiple organizations. EHS implemented the model as part of their commitment to the Million Cat Challenge, [which they joined in 2015](#), and [Humane Canada's Accreditation](#). Defining and monitoring capacity is recognized as best practice by [ASV Shelter Guidelines](#) and [Humane Canada's Accreditation standards](#).

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The practice of defining capacity and managing the shelter population can impact partnerships with other organizations which transfer animals to EHS. When EHS is nearing or over its 'Capacity for Care' animals may not be transferred to us, which can impact the animal's outcome and our relationship with transfer partners. An important aspect of practicing C4C at EHS is ensuring that one of our largest partners, ACCC, understands our approach and practices a similar approach to ensure a manageable flow of animals. Because ACCC transfers a significant number of animals to us and we have a contract with them it can be difficult to both accept the number of transfers we are contractually bound to while operating within our capacity.

Since shelters have historically operated as "all hours" and "no questions asked", placing limits on intake and changing the way a shelter intakes animals can be controversial and met with opposition. Questions like "where do the animals go?", "will rescue groups be overwhelmed if shelters don't intake all animals?", and "What if the animal can't wait?" are often asked and based in concern. Alternatives to intake, such as fostering found animals, searching the area for owners, and providing owners with resources to increase pet retention can address this and provide better outcomes for animals rather than immediate intake. Requests for intake are also triaged based on the needs of the animal: for example, an animal who appears to be sick or injured will be prioritized over a healthy stray animal.

Frequently Asked Questions

How is C4C determined?

There are [calculators](#) which provide guidelines. Historical data, the proportion of fast and slow track animals, daily care time, foster capacity, and length of stay are all factored in to determining a shelter's unique capacity.

How does reducing intake like C4C typically recommends help animals? Shouldn't shelters intake all animals they can?

C4C doesn't explicitly instruct shelters to intake less animals, but it's often what shelters find they should do when implementing C4C. Holding less animals means that the animals in shelter should have more space, and since this space is an enriched space they are able to perform natural behaviours and have better welfare in shelter. This leads to less illness, better emotional well-being, and an animal who should present well to adopters. Additionally, this also enables staff to better complete their duties and provide quality care to all animals. These factors allow for an animal to spend less time in shelter and be adopted quicker, which means shelters can intake more animals and adopt them with lower lengths of stay. The quantity of animals a shelter can take in or physically hold is not the only determining factor in whether a shelter should intake.

How does EHS implement C4C?

- Managed Intake: scheduled appointments, determining if an animal is fast or slow track and prioritizing intake based on this, providing alternatives to surrender, managing number of intakes when possible (i.e., those not contractually obligated)



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- Determining capacity: the Animal Flow Specialist manages capacity calculator and capacity spreadsheet which tracks number of animals in shelter
- Enriched housing: portalized kennels, providing animals with as much space as possible, and providing enrichment to animals (e.g. cat scratching pads)
- Optimizing population: The proportion of fast and slow track animals is monitored, and the availability of animals for adoption is designed to improve outcomes and length of stay (LOS)

Attachments

Additional Resources:

<https://winnipeghumanesociety.ca/explaining-the-capacity-for-care-shelter-model/> - Winnipeg Humane Society's public facing explanation of C4C

<https://www.nacanet.org/wp-content/uploads/2022/04/Appointment-Based-Intake-2022-Revised.pdf> - Scheduled Intake FAQ

<https://www.sheltermedicine.com/library/capacity-for-care-c4c-resources/> - [UC Davis Koret Shelter Medicine Program C4C resources](#)

<https://www.dvm360.com/view/managed-intake-and-capacity-care-tools-remarkable-population-management-parts-1-2-proceedings> – Explanation of C4C by Dr. Karsten of UC Davis

<https://humanecanada.ca/wp-content/uploads/2020/03/Capacity-For-Care-English.pdf> - Humane Canada Report of 2016 C4C Pilot which EHS participated in

<https://www.maddiesfund.org/capacity-for-care-and-population-management.htm?p=topic1010> - "Capacity for Care & Population Management", 2019 ASPCA Maddie's Cornell Shelter Medicine Conference recording