

2023-2024

ANNUAL REPORT

of the Office of the Seniors Advocate



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA



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SENIORS ADVOCATE
BRITISH COLUMBIA

July 2024

The Honourable Adrian Dix
Minister of Health
PO Box 9050 STN PROV GOVT
Victoria BC V8W 9E2

Dear Minister Dix,

It is my pleasure to present the 2023-2024 Annual Report of the Office of the Seniors Advocate in accordance with Section 4(4) of the *Seniors Advocate Act*.

This is the tenth annual report from the Office of the Seniors Advocate and reports on the period of April 1, 2023, to March 31, 2024.

Sincerely,

Dan Levitt
Seniors Advocate
Province of British Columbia

Message from the BC Seniors Advocate



The 2023/24 fiscal year has been one of transition for the Office of the Seniors Advocate as Canada's first seniors advocate, Isobel Mackenzie, retired after setting up the office in 2014. Last year, she focused on completing several new reports including: systemic reviews of assisted living and the challenges facing seniors in rural areas in B.C., as well as an update of a previous review of contracted long-term care funding and a second survey of every resident in long-term care in B.C. The office also issued our annual Long-Term Care and Assisted Living Directory and Monitoring Seniors Services reports.

I'd like to take this opportunity to recognize the unparalleled commitment and dedication to improving the lives of B.C. seniors that Isobel brought to the role of BC Seniors Advocate over the past decade. I think all British Columbians would agree she was compassionate, data-driven, accessible, and outspoken. Isobel has been a tireless advocate and her tenure was marked by her willingness to travel to all corners of the province to meet with seniors, speaking to small groups in local libraries and seniors centres, as well as large conferences with audiences in the thousands. She challenged the status quo at every turn and asked the hard questions of decision-makers. I am honoured to be her successor and look forward to carrying her passion for seniors' well-being into the future.

Since joining the office in March 2024, my priority has been meeting with seniors throughout British Columbia and hear about their successes and challenges first hand. Our Council of Advisors has been particularly helpful in facilitating meetings in communities throughout the Province and I'm very grateful for their assistance and expertise. While many of the current challenges are similar to those taken on by my predecessor, there are also new concerns facing older people as the office enters its tenth year of operation. A summary report of what I heard from seniors

was released in a report Ageing Matters: Listening to B.C. Seniors in June 2024 which is available on our website.

I'm excited to take on the role of BC Seniors Advocate and pleased to be working with the small but very skilled team at the office. Additionally, staff at several ministries, health authorities and other agencies are integral to the work of the office and I appreciate their assistance in helping us fulfill our mandate. Together, we will work hard to ensure that B.C. seniors can age with dignity and enjoy a high quality of life as they grow older.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Levitt". The signature is fluid and cursive, with the first name "Dan" being more prominent than the last name "Levitt".

Dan Levitt
Seniors Advocate
Province of British Columbia

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1 About the Office

The Office of the Seniors Advocate (OSA) was created in 2014 under the authority of the *Seniors Advocate Act*. The OSA is mandated to address issues related to seniors aged 65 and older in the areas of health care, housing, transportation, income and personal care. The OSA focuses on overall systemic issues while also connecting people to organizations that can help resolve their individual needs.

Through the OSA, the BC Seniors Advocate fulfills the legislative duties, responsibilities and authorities outlined under the Act by:

- monitoring seniors' services
- identifying and analyzing systemic issues affecting seniors' well-being
- making independent recommendations to government and service providers
- collaborating with persons delivering seniors' services to improve efficiency and effectiveness of services
- promoting awareness of resources available to seniors and connecting seniors with the information and services they need

Under the Act, the Seniors Advocate also has a duty to advise, in an independent manner, the Minister responsible for seniors, public officials, and persons who deliver seniors' services. Areas in which the Seniors Advocate can provide advice include systemic challenges faced by seniors, policies and practices respecting those challenges, and the changes needed to address those issues.

To fulfill our legislated mandate, the office focuses on four main areas of activity:

- outreach and engagement with seniors and families, stakeholders and government agencies
- information and referral – through a partnership with BC211, the information and referral line is available 24/7
- annual monitoring on services provided to B.C. seniors
- reviewing and reporting on systemic issues

The Seniors Advocate is also supported in their role by a diverse Council of Advisors comprised of seniors from all areas of the province who provide valuable insight into the key issues affecting B.C. seniors.

2 Outreach and Community Engagement

Through a variety of outreach activities, the OSA hears from thousands of seniors, their families, stakeholders and service providers each year. These engagement opportunities are a critical component for the office to further understand systemic issues and challenges facing B.C. seniors and the people who provide services and support for them.

CONNECTING WITH SENIORS

In 2023/24, the Seniors Advocate continued to connect directly with seniors through community presentations, site visits and town hall meetings on topics such as seniors' services, long-term care, home community care, health care, income and affordability, housing and transportation issues.

Town Hall and
Community
Presentations

96

CONNECTING WITH STAKEHOLDERS

The Seniors Advocate regularly liaises with stakeholders to further develop an understanding of the issues and challenges faced by both seniors and people who provide services and supports to B.C. seniors.

In 2023/24, the Seniors Advocate presented at the House of Commons Committee in Ottawa to speak to Bill C-319 OAS Amendment Act and presented to the Special Committee to Review Passenger Directed Vehicles in Victoria, B.C.

Stakeholder
Meetings

71

CONNECTING GEOGRAPHICALLY

In 2023/24, the Seniors Advocate visited 43 communities across B.C. in all five regional health authorities. As the experiences of seniors vary widely depending on where they live, the Seniors Advocate continues to prioritize visiting as many communities in B.C. as possible.

Communities
Visited

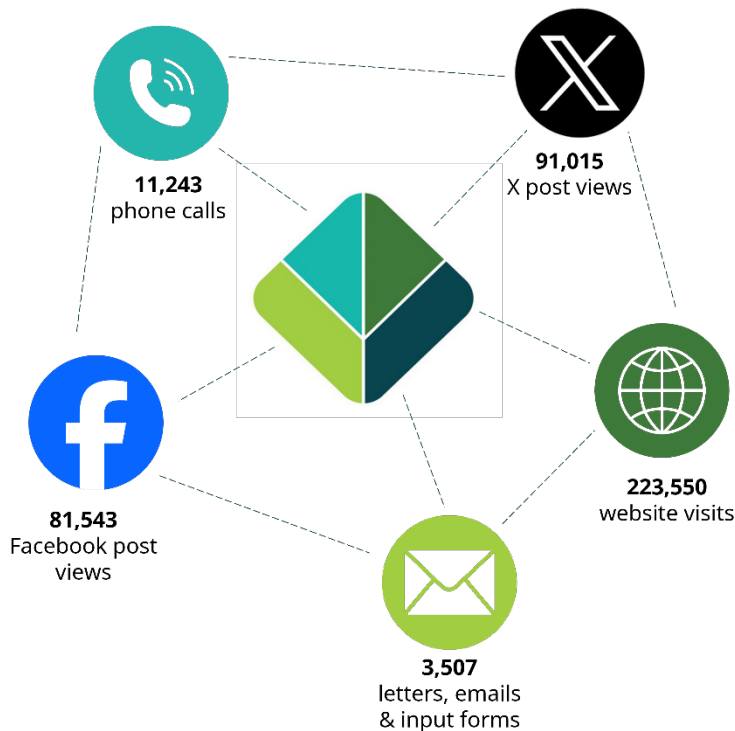
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3 Information and Referral

The OSA provides thousands of seniors with information regarding the supports and services available to them. We operate a 24-hour toll-free information and referral phone line and a website providing links to the BC Seniors Guide, our reports, publications and the Long-Term Care and Assisted Living Directory. In addition to providing information to seniors, the OSA receives information from seniors through telephone calls, emails, the website and public engagements. The feedback from seniors on the issues that matter to them is integral to the work of the OSA.

3.1 METHODS OF CONTACT

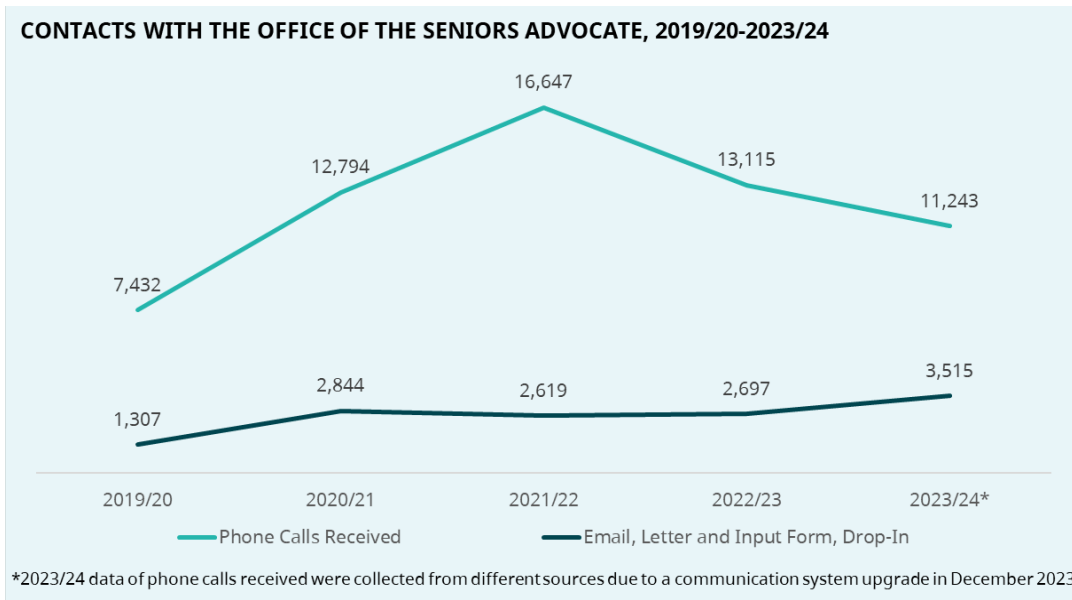
The OSA records all contacts with our office by every method of communication. We track and monitor information about each contact, the area(s) of concern, and our response and follow-up. This information helps identify the systemic issues important to B.C. seniors and highlights possible areas for future research. In addition to phone calls, letters, emails and our website, the public can also pose questions to our office using social media.



3.1.1 DIRECT CONTACTS WITH THE OFFICE OF THE SENIORS ADVOCATE

Members of the public have several avenues to access the OSA directly – including telephone, email, website form, social media and mail. The toll-free information and referral phone line allows for 24-hour access to seniors support services. The OSA website features an input form that provides a space for the public to inform the OSA of issues impacting many seniors, and to submit ideas, solutions and comments related to these matters.

Staff responding to phone calls and correspondence have a wide variety of knowledge and experience. Some are health professionals with many years of experience working with seniors, community-based programs and the health care system, while others have extensive experience with government programs and front-line customer service. All are dedicated to supporting seniors, their families and the general public with important information and referrals to services and programs that can help them resolve their issues.

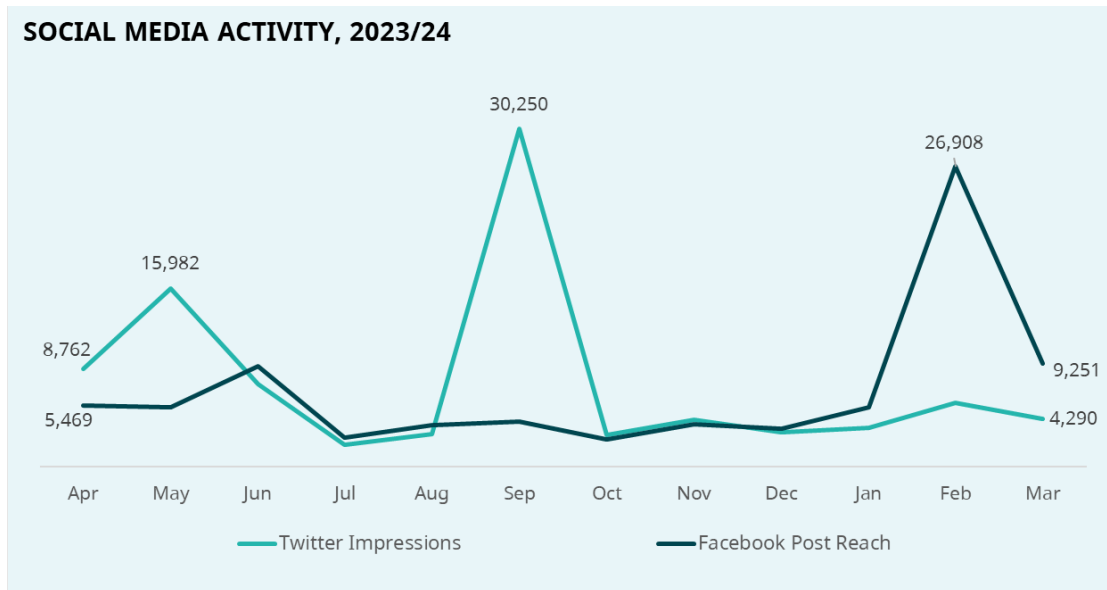


The number of phone calls the OSA received continued to stabilize to the pre-pandemic level, with over 11,000 calls in total. Enquiries and questions related to long-term care and affordable housing remained the top topics we heard from seniors.

This year, the OSA also received a number of calls from seniors seeking information about Canadian Dental Care Plan, a new program launched by the federal government in December 2023.

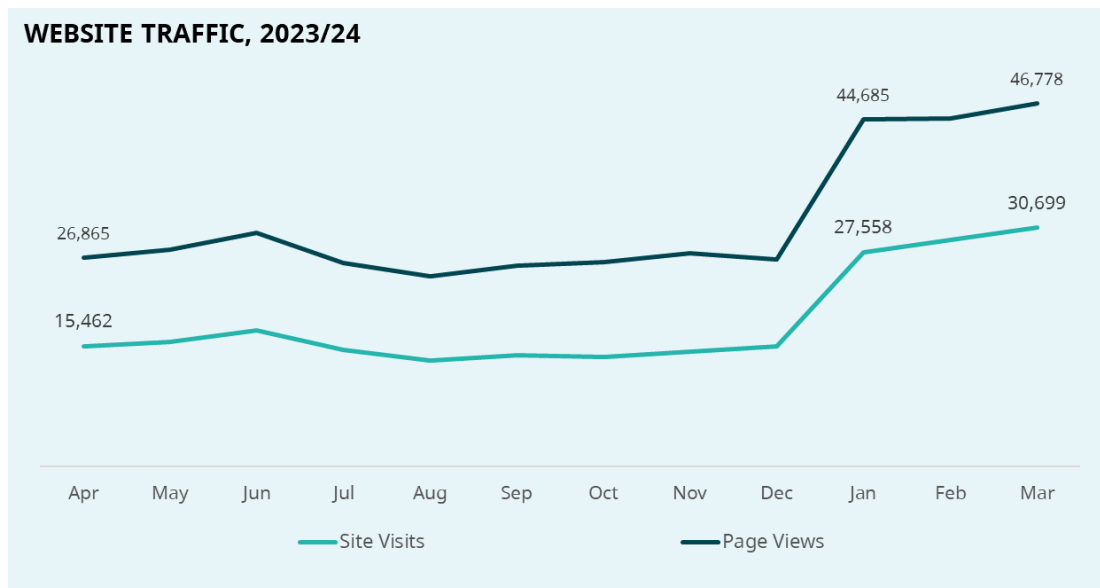
3.1.2 SOCIAL MEDIA

This year, the OSA has been actively interacting and engaging with the public about current events and relevant topics. Posts on X (formerly Twitter) were viewed by users 91,015 times. On Facebook, our posts reached 81,543 people throughout the year. OSA’s X interactions were significantly higher in September 2023, coinciding with the release of the report *Billions More Reasons to Care: Contracted Long-Term Care-Funding Review Update*, which highlights the spending differences between for-profit and not-for-profit long-term care facilities. In February 2024, the Seniors Advocate was visiting rural areas of B.C. and holding Town Halls to engage with seniors, their loved ones and health care providers. The OSA’s Facebook posts were viewed and shared widely.



3.1.3 WEBSITE

OSA website traffic continued its growing trajectory in 2023/24 with 223,550 visits, a 38% increase from last year. Activities included 6,172 searches of the Long-Term Care and Assisted Living Directory and over 18,500 file downloads in total. The Long-Term Care and Assisted Living Directory Summary and Monitoring Seniors Services reports continued to be the most downloaded content in 2023/24 following the release. Income tax tips for seniors and details of the Canadian Dental Care Plan also attracted many site viewers in February and March.

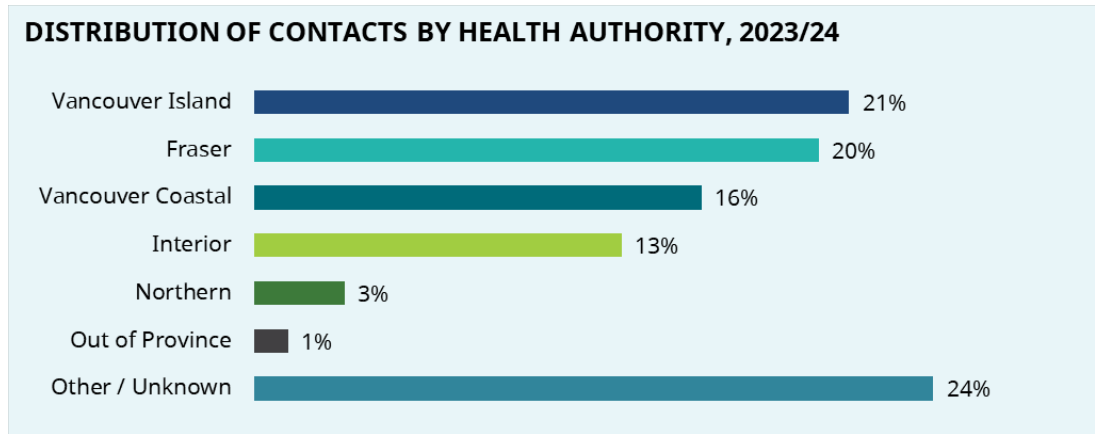


3.1.4 OSA UPDATES

The OSA newsletter is a monthly publication that includes information about the activities of the office and the Seniors advocate, current events, provincial and national news, recent provincial and federal government announcements and recent research papers related to seniors. These updates are emailed to contacts and stakeholders and posted on our website. The OSA continues to improve its website to help seniors and their families more easily access information to help them make informed decisions.

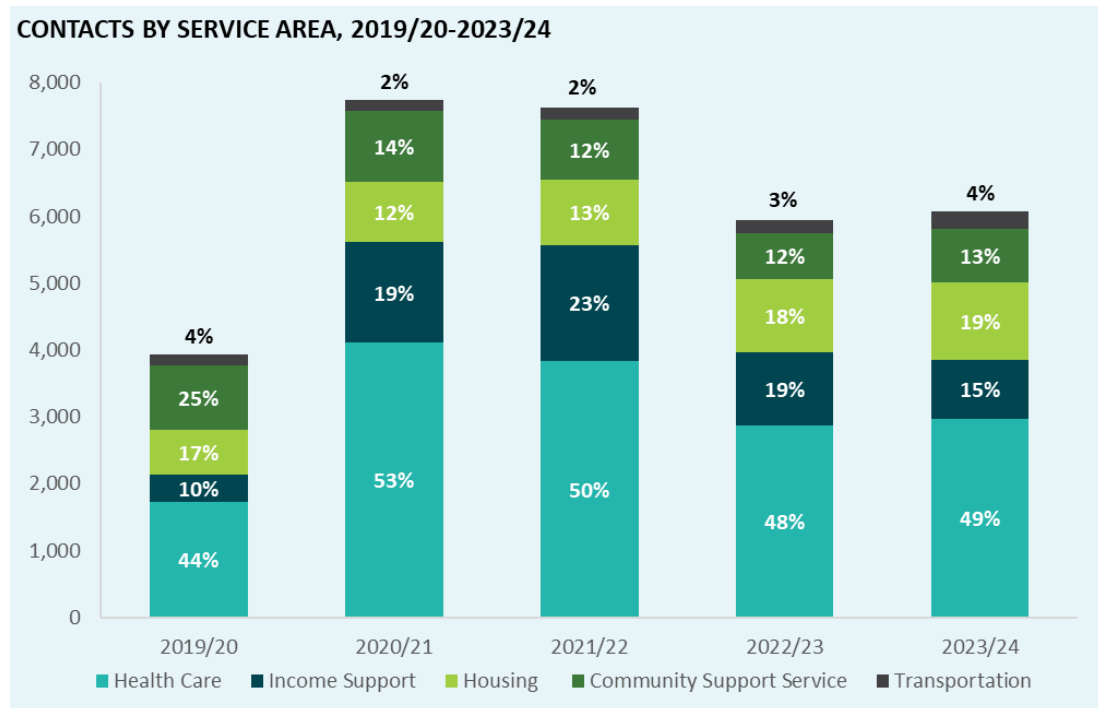
3.2 DISTRIBUTION OF CONTACTS

Wherever possible, the geographic location of the person contacting our office is captured and recorded by health authority. The variation in the distribution of contacts by health authority over the past five years was small, with Vancouver Island and Fraser Health Authority being the primary hubs for people contacting the OSA each year.



3.3 REASONS FOR CONTACTING THE OSA

In addition to geographic location, we also track why people contact us. The most consistently generated questions are once again related to health care, followed by housing, income support programs, community support services and transportation. Housing was the second most inquired area in the last two fiscal years.



We continue to receive many requests for the latest edition of the BC Seniors’ Guide, which was initially released in 2016. In 2023/24, 29,492 copies were distributed, 70% for English version, 12% for Chinese, and 4% for Punjabi.

Common enquiries to the OSA in 2023/24 included:

- assistance navigating the health care system and accessing home and community care
- increasing cost of living for rental housing, groceries and other items
- access to Primary Care Physicians and Nurse Practitioners
- assistance with government financial supports available for low-income seniors

- assistance with issues around home support including financial barriers to access and staffing shortages
- acute care admissions and concerns around discharge planning
- increased difficulty accessing online registrations and support for seniors who do not have access to the technology or skills to navigate online processes
- information about Power of Attorney and representation agreements
- assistance for seniors experiencing abuse, neglect or self-neglect, including financial scams

3.4 REFERRALS TO SERVICES

Many people contacting our office, particularly those by telephone, were referred to another agency or service that could provide further assistance. The OSA provided 7,272 referrals in 2023/24. Most referrals were directed to local area service providers or organizations (10.3%), Seniors First BC/Seniors Abuse and Information Line (SAIL) (8.8%) and Patient Care Quality Offices (7.9%).

TOP 10 AGENCIES AND SERVICES REFERRED TO - 2023/24

1. Local Area service provider or organization
2. Seniors First BC/Seniors Abuse and Information Line (SAIL)
3. Patient Care and Quality Office
4. Health Authority/Home and Community Care
5. Service Canada
6. Better at Home
7. Seniors Services Society
8. Ceridian Cares
9. Ministry of Social Development and Poverty Reduction
10. Tenant Resource and Advisory Centre (TRAC)

3.5 SYSTEMIC ISSUES IDENTIFIED

People contact the OSA to inform us of challenges facing seniors related to health care, housing, transportation, income supports and community support. Listed here is a summary of issues that were frequently reported.

3.5.1 HEALTH CARE

- Concerns around admission to long-term care and wait-list processes
- Barriers to home health and home support services including limited hours of care and client rates
- Decreased access to primary care, family physician or nurse practitioners
- Concerns around acute care admissions, such as overcrowding, and understanding hospital discharge planning
- Increased expectation of individuals to pay for private long-term care while waiting for subsidized long-term care
- Concerns around eligibility and limitations of the Canadian Dental Care Plan

We often hear from seniors who are concerned about the amount they have to pay for home support services. The provincial Continuing Care Fees regulation sets out the client contribution fees and allows home support clients who have earned income to be charged no more than \$300 per month regardless of their assessed daily rate and income level.

Claudette, 81, contacted us in great distress because she had just received a notice from the health authority that her husband's home support would increase from \$300 per month to almost \$5,000 per month. Claudette's husband, Francois, 85, has a degenerative illness and requires assistance four times each day. When Claudette contacted the health authority after receiving the notice, the case manager explained that as Francois no longer had any earned income reported on his income tax notice of assessment, he was no longer entitled to the \$300 monthly cap for people with earned income. Up until two years ago, Francois had been earning a small amount of income (approximately \$750) per year from a previous venture and now faces paying the full client contribution for home support.

HEALTH CARE (CONTINUED)

We urged Claudette to review their situation with the health authority Case Manager and forward her concerns to the Patient Care Quality Office (PCQO). She did this but was told they could only offer a temporary rate reduction if she and Francois could demonstrate financial hardship. As she pointed out, a temporary rate reduction was of little comfort as they could not seek employment and change their current financial circumstances.

Seniors often find it very difficult to pay for medical supplies which are not covered by government funding. Whether it is covering the cost of ongoing supplies, such as incontinence products, or paying for a major purchase, such as a specialized wheelchair or new hearing aides, seniors on fixed incomes often cannot afford these expenses and many end up simply doing without these necessary items.

When seniors live in assisted living or long-term care, they are still responsible for the purchase of some specialized medical supplies and equipment. Roland, 87 and living in long-term care, was told he needed a specialized tilting wheelchair. Even though the care home provided one at a reduced price of \$4,000, Roland was not able to afford it on his \$1,525 per month income. Roland's wife phoned us and was very upset as she was struggling to live on their limited income herself in subsidized assisted living and had no way to purchase, or save up for, such an expensive item.

Our office directed Roland and his wife to a number of resources which may be able to help them acquire an appropriate wheelchair, including AssistList, a website to connect with others who may have used equipment available, and Ceridian Cares, a Canadian non-profit organization providing assistance to seniors.

We also suggested the couple talk to Roland's case manager about Involuntary Separation (spouses living apart for reasons beyond their control), which recognizes that spouses living separately for medical reasons should receive the benefits allocated to single seniors.

3.5.2 HOUSING

- Risk of homelessness due to increased cost of living and scarcity of affordable market rental units and subsidized housing
- Timely access to long-term care and assisted living
- Lack of appropriate housing for people living with dementia or cognitive impairment
- Insufficient income to meeting increased rent and utility costs
- Lack of tenancy protections for people in independent living and assisted living

Evictions can be difficult at any age but are particularly stressful for low-income seniors who may have very few choices for accommodation. We have increasingly heard about ‘renovictions’, where older buildings with low rents are sold to a developer who can build more expensive housing on the property often beyond the budget of the current tenants.

Like many seniors, Sunanda, 86, had lived in her supportive living building for a number of years and the rent increase had been in line with Residential Tenancy Act (RTA) guidelines. Her daughter contacted us to say how upset her mother was because she and all the tenants in her building had been given three months’ notice to move. The new owner had encouraged them to move out as soon as possible, offering to pay them the three months’ rent and cover their moving expenses. Like the others, Sunanda had nowhere to go and the suite she had been paying \$1,023 for per month would be at least \$1,650 in the current market.

OSA encouraged her daughter to reach out to the Senior Housing Information and Navigation Ease (SHINE) Program which can provide access to a housing navigator, BC Housing for subsidized housing opportunities and speak to Seniors First BC about whether there was any legal actions that could delay the eviction.

HOUSING (CONTINUED)

We hear from many seniors living in independent living experiencing issues related to their tenancy rights under the Residential Tenancy Act (RTA), particularly about increases to their rent and service fees higher than the amount allowed under the RTA and other tenancy issues such as damage deposits and evictions that contradict the RTA.

Sandy contacted our office when her 95-year-old father received a notice from the landlord of a significant increase to his independent living rate. Contrary to the original tenancy agreement which included dinner and housekeeping services in one rental rate, the notice of rate increase was now separated into two fees: “services” and “rent”.

Sandy shared that the proposed increase to the service side was 8.5%, well above the 2% allowable rental increase regulated by the RTA at that time. She said her father was very stressed about this situation and he was unable to find an organization to help him. OSA staff provided Sandy with information about the Compliance and Enforcement unit within the Residential Tenancy Branch and shared information about other organizations that may be able assist with the legal side of the Residential Tenancy Branch processes. However, there are very few organizations that can provide legal representation to seniors for a Residential Tenancy Branch hearing, and those organizations cannot serve the majority of individuals seeking help.

3.5.3 TRANSPORTATION

- Difficulty accessing reliable and cost-effective public transportation in rural areas and smaller communities
- Cost of public transportation for low-income seniors who do not meet eligibility requirements for the BC Bus Pass Program
- HandyDART services including access and cost
- Cost and necessity of completing Drivers Medical Examination Reports (DMER)
- High costs and/or low availability of non-emergency medical transportation

Transportation to medical appointments is always challenging for seniors who live in smaller communities as they may not have access to services such as volunteer drivers, HandyDART or health authority buses. This can be even more difficult for people with low income and who may have medical conditions which require special care when traveling.

Sheilagh, 78, contacted us about transportation options to get her husband, Hugh, 81, to his medical appointments. They had to visit their local hospital on a regular basis as well as going to the regional hospital occasionally. They live in a small town in the Okanagan and even though public transportation is available in their area, it is not suitable as Hugh is an amputee in a wheelchair. His doctor had advised him not to take HandyDART as the footrests are unsafe for him.

They had previously taken a taxi, but at \$50 a roundtrip, it was too expensive for them to use for regular appointments as they are spending a great deal on home support, incontinence supplies and wound care already. Sheilagh had contacted Better at Home, but they had recently stopped the medical drives program in order to put more funding towards the housekeeping program.

OSA advised her to contact another seniors' resource society in her community, but it turned out that they too were no longer able to offer volunteer drivers. The Taxi Saver program turned out to be their best option as they would at least save half the fare, but even this was a significant payment for them. Gillian decided to contact her MLA's office to share her concerns.

3.5.4 INCOME SUPPORTS

- Insufficiency of SAFER benefit to mitigate financial impact of current market rental rates
- Concern that federal and provincial income benefits are not sufficient to cover basic costs of living
- Increased need for local organizations to address food and housing insecurity
- Financial hardship due to involuntary separation of a spouse due to admission to long-term care or death
- Waitlists for non-profit adult guardianship services for low-income seniors

Even a small reduction in income can have a negative impact when a senior is living on a basic income. The basic income support for seniors of Old Age Security (OAS)/ Guaranteed Income Supplement (GIS)/BC Seniors Supplement (BCSS) are partially dependent on what other income the senior has, resulting in a reduction of these benefits if they have additional income in the year.

Edward was barely managing on his basic income of OAS/GIS/BCSS but had some savings in a Registered Retirement Savings Plan (RRSP). Last year he was in desperate need of some dental work and reluctantly withdrew \$5,000 from his RRSP. As RRSP withdrawals count as income for income tax purposes and used in the calculation of benefits, Edward's benefits were reduced by almost \$300 per month. This has left him with approximately \$1,500 per month to live on which is not enough to pay for his basic expenses. Edward is no longer able to work and was phoning us to ask if there were any other government benefits available.

This is a scenario we hear on a regular basis from seniors who have to withdraw from their savings for necessary expenditures but then have their benefits reduced the following year. We referred Edward to the Ministry of Social Development and Poverty Reduction, Service Canada and Ceridian Cares.

3.5.5 COMMUNITY CARE

- Caregiver burnout while waiting for long-term care
- Waitlists to access Better at Home programs in urban areas
- Fragmentation of community supports available in rural and urban areas
- Volunteer shortages in non-profit organizations impacting service availability
- Uncertainty regarding continuity of service from non-profit organizations that are dependent on annual government funding

Like everyone, seniors often face complex legal issues but may find it especially difficult when they are low-income and very frail. We hear from surviving partners and adult children about the difficulties they face when their loved one passes without a will and/or with outstanding debts.

When Emma phoned us, she was extremely upset. She is 79 years old and had recently lost her common-law partner of over twenty years. She and her common law partner, Michelle, had lived together but kept their relationship private and Michelle passed without leaving a will. Her estate was administered by the Public Guardian and Trustee (PGT) who had told Emma she must move out of the house within six months and advised her to hire a lawyer. Emma could not afford a lawyer and did not feel she should have to move out of their shared home. We were able to put her in touch with legal services through Seniors First BC and Dignity Seniors Society of BC which provides information and support to 2SLGBTQI+ seniors.

COMMUNITY CARE (CONTINUED)

Seniors often need extra help around the house when they have an unexpected fall or medical incident. Ensuring they have assistance allows them to return safely from hospital and not risk reinjuring themselves. The Better at Home program provides a number of support services to seniors but is not available to all rural and remote communities. Due to a shortage of volunteers and paid staff, they are now experiencing waitlists for some essential services.

Miriam was seeking our help with finding someone to help her manage at home. She has a disability and suffered a recent fall which meant she could not do her housework or keep the garden maintained. Miriam only has her OAS/GIS/BCSS to live on and cannot afford to hire anyone to help. She had contacted her local Better at Home but was told they were at full capacity for both housekeeping and gardening and the wait time could be several months. We connected Miriam with a volunteer centre in her community who arranged assistance for her with both housekeeping and lawn mowing until she could access Better at Home.



4 Monitoring Seniors Services in B.C.

4.1 MONITORING SENIORS SERVICES REPORT



The annual Monitoring Seniors Services report highlights where seniors' needs are being met and where improvements are required. With a growing seniors' population, the focus on vital services falling under the Advocate's legislated mandate becomes more significant. Access to health care and personal supports, appropriate housing and transportation, sufficient income, and protection from abuse and neglect are key to the health and well-being of seniors.

The ninth edition of the report was released in March 2024 for the 2022/23 fiscal year. The Monitoring Seniors Services 2023 report advises on the status of a wide range of services and supports for seniors. The report measures progress over the past year and looks at the trends over time in the key areas. Overall, the B.C. seniors' population is continuing to grow both in the number of people and the proportion of the population 65 and older. While we have seen progress in some areas, the increase in the past five years has not been sufficient to meet the needs of a growing senior's population and unmet, persistent demands for services.

HEALTH CARE

- From 2019 to 2023, the number of publicly subsidized long-term care (LTC) beds increased 3% while the senior's population aged 85+ grew 8%.
- The proportion of LTC residents taking antipsychotic medications without a diagnosis of psychosis in 2022/23 increased by 4% to 28.9%, the highest in the last five years, but 13% lower than in 2013/14.
- The number of clients in interim care waiting for their preferred care home declined 20% from last year, and the average wait time was 265 days compared to 216 days in 2022.
- Over the last five years, the rate of home support clients per 1,000 of seniors (75+) has decreased 7% and the average hours per client has decreased 4%.
- The waitlist for subsidized registered assisted living increased by 34%. The number of personal care hours provided in subsidized assisted living increased 3% from the previous year.

- About 26% of emergency visits and 47% of hospitalizations in B.C. were for seniors. The hospitalization and emergency visit rate per 1,000 seniors (65+) increased 2% and less than 1% respectively from last year.
- Over the last five years, there has been an increase in physicians (14%), nurses (10%), care aides and community health workers (38%), physiotherapists (19%) and occupational therapists (18%) in the health care sector.
- 19% of seniors (65+) are living with high complexity chronic conditions, and 5% are diagnosed with dementia.
- 84% of alternate level of care days were for seniors. The average LOS in ALC for seniors has increased nearly 12% last year.
- Adult Day Programs (ADP) have not fully rebounded from COVID-19 pandemic closures. The number of clients (excluding Northern Health) and program days fell 6% and 21% respectively since 2018/19.

COMMUNITY SUPPORTS

- In 2022/23, there were 402 approved community-based projects in B.C. with federal funding of nearly \$8.6 million, a 2% increase in funding from the previous year and 75% increase from 2018/19.
- FIRST LINK® dementia support served over 13,000 clients, of which nearly 6,300 were new. The number of client contacts continued to increase for three years in a row, 7% from the previous year and 32% from 2018/19.
- The Better at Home program served close to 14,000 clients and provided approximately 283,000 services. Over the last five years, the number of clients and services increased 18% and 52% respectively.

HOUSING

- Most households maintained by seniors are owned. New users of the Property Tax Deferral Program increased 48% in 2022/23 compared to the previous year.
- The number of seniors' subsidized units reported in B.C. has increased 6% over the past five years. The waitlist has increased 59% over the last five years, with 17% of applicants waiting more than 5 years.
- The average monthly rent paid by Shelter Aid for Elderly Renters (SAFER) recipients increased 4%, while the average monthly rent subsidy was \$198 per month, less than 2% increase from last year.
- In 2022/23, BC Rebate for Accessible Home Adaptations (BC RAHA) approved 339 applications and the average value of adaptations was \$10,234. Both the number of applicants and average value decreased from 2021/22.

TRANSPORTATION

- The majority of seniors in B.C. (80%) still hold an active driver's licence and number of seniors with active driver's licences (846,100) increased 18% from five years ago.
- Nearly 56,000 seniors received the annual BC Bus Pass available to seniors receiving the Guaranteed Income Supplement (GIS), a 4% decrease from last year and the lowest in the last five years despite the number of B.C. seniors receiving GIS increasing by over 7% last year.
- RoadSafetyBC opened approximately 112,118 driver fitness cases; 7% of these cases were aged 80 or older and 27% of cases (80+) were subsequently referred for an enhanced road assessment (ERA).
- The number of new HandyDART clients decreased by 10% from last year and 22% from five years ago.

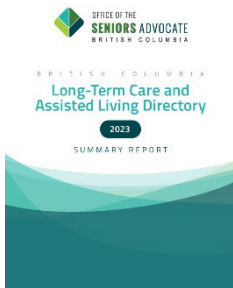
INCOME SUPPORTS

- Overall, 93% of B.C. seniors receive Old Age Security (OAS), 30% receive the GIS, over 90% receive the Canada Pension Plan (CPP) and 9% receive the BC Seniors Supplement (BCSS).
- As of January 2023, OAS increased 7% to a maximum of \$687.56 for seniors aged 65 to 74, GIS increased 7% to a maximum of \$1026.96 and the BCSS remained the same amount of \$99.30 maximum, after doubling in 2021
- PharmaCare covered 31% of B.C. seniors' prescription medications or supplies. 43% of pharmacies in B.C. charged over \$10 dispensing fee.
- In June 2023, the maximum CPP benefit was \$1,306.57 per month with an average of \$772.71 per month. The maximum increased by 4% and the average increased by 6% in the last year.

SAFETY AND PROTECTION

- Seniors Abuse and Information Line (SAIL) received 6,283 inquiries, 44% increase over the last five years. 45% were abuse related, 44% were non-abuse matters, and 11% for general information.
- Designated Agencies received 2,203 suspected cases of abuse, neglect and self-neglect of seniors, with 816 confirmed cases.
- 77% of all referrals (1,688) of suspected cases of abuse, neglect or self neglect to the Public Guardian and Trustee involved seniors (1,295) which increased 5% last year and 2% five years ago.
- Missing seniors reported to the RCMP (932) and the Vancouver Police Department (342) decreased 9% and 16% respectively from 2018.

4.2 LONG-TERM CARE AND ASSISTED LIVING DIRECTORY



The B.C. Long-Term Care and Assisted Living Directory lists information for publicly subsidized long-term care facilities and assisted living residences in B.C. and has been a highly sought-after resource since its initial publication in March 2016.

The OSA makes diligent efforts to ensure that the information remains current and relevant. The ninth edition, released in December 2023, includes information on 297 publicly subsidized long-term care facilities and 135 registered publicly subsidized assisted living residences in British Columbia.

4.2.1 LONG-TERM CARE FACILITIES

FACILITY CHARACTERISTICS

- The directory contains information on 297 publicly subsidized long-term care facilities in B.C. with 28,064 publicly subsidized beds.
- 113 facilities (9,032 beds) are operated directly by health authorities and 184 (18,762 beds) are operated by a contractor with funding from health authorities.
- 91% of rooms are single-occupancy rooms, 6% are double-occupancy, and 3% are multi-bedrooms (three or more beds).

RESIDENT PROFILE

- The average age of residents in long-term care is 83 years old; 53% were 85 years or older.
- 32% of residents are totally dependent on staff for their activities of daily living (ADL 5+), such as bathing, dressing, and getting out of bed.
- 28% of residents have severe cognitive impairment (CPS 4+).
- 48% of residents are assessed as “low” on the social engagement scale (ISE 0-2).
- The overall average length of stay in long-term care was 827 days or 2.3 year. The length of stay was shorter in health authority owned facilities (807 days; 2.2 years) compared to contracted facilities (837 days; 2.3 years).
- Currently, 50% of residents are in long term care for less than 482 days or 1.3 years. Median length of stay was shorter in health authority owned facilities (437 days; 1.2 years) compared to contracted facilities (509 days; 1.4 years).

SERVICES

- On average, facilities were funded for 3.42 direct care hours per bed per day, a 0.9% increase over 2021/22; 100% of facilities were funded at the 3.36 provincial guideline last year for the first time.
- The average per diem rate in contracted facilities was \$255.76 per bed per day, a 3% increase over 2021/22.
- The average actual raw food cost increased 9% to \$10.12 per resident per day, with a range across all facilities from \$6.68 to \$26.92.
- Residents receiving physical therapy (11%), occupational therapy (6%) and recreational therapy (30%) remained stable from the previous year and from five years ago.
- 88% of residents and 39% of health care workers were vaccinated against influenza, decreasing from 90% and 54% in 2021/22 respectively; 84% of residents were vaccinated for four doses of COVID-19.

4.2.2 ASSISTED LIVING RESIDENCES

RESIDENCE CHARACTERISTICS

- The directory contains information on 135 publicly subsidized assisted living sites in B.C. with 4,337 publicly subsidized units.
- 7 residences (180 units) are operated directly by health authorities and 128 residences (4,157 units) by a for-profit or not-for-profit contractor with funding from health authorities.

RESIDENT PROFILE

- The average age of residents in assisted living ranged from 80 to 83 years in four health authorities, whereas it is slightly lower at 77 years in Interior Health.
- Over 90% of residents living in assisted living reported they felt at ease when they interact with family, friends and health professionals, however, 27% of residents said or indicated they were lonely.
- The percentage of residents with ADL 3+ was 16% and ranged from 8% in Vancouver Coastal Health to 28% in Fraser Health.
- The percentage of residents with IADL 3+ was 77% and ranged from 83% to 97% in four health authorities but was significantly lower in Vancouver Island Health at 33%.
- The percentage of residents with MAPLe 4+ was 49% and relatively consistent across health authorities, ranging from 42% in Vancouver Island Health to 57% in Northern Health.
- The percentage of residents with CPS 3+ was 12%, while in the Interior Health, Vancouver Coastal Health and Vancouver Island Health was 10% or below while it was almost 20% in Fraser Health and Northern Health.

SERVICES

- On average, the wait time for admission into a publicly subsidized assisted living residence varied from 75 days (Vancouver Coastal Health) to 408 days (Northern Health).
- On average, the length of stay for a publicly subsidized assisted living resident was 1,209 days and varied in health authorities between 905 days (Interior Health) and 1,487 days (Vancouver Coastal Health).
- The average food cost increased 7.5% from 2021/22, from \$8.53 to \$9.17 per unit per day in 2022/23.
- 84% of residents in assisted living were vaccinated against influenza; 86% of assisted living residents were vaccinated for four doses of COVID-19.



5 Initiatives and Progress to Date

5.1 SYSTEMIC REVIEWS

The Office of the Seniors Advocate prepares reports based on our systemic reviews of major issues affecting seniors in British Columbia. Reports are posted on the OSA website and can be found under Reports and Publications at www.seniorsadvocatebc.ca. Brief highlights of the systemic reviews completed in 2023/24 are presented below, in addition to other work that is underway and will be released in 2024/25.

5.1.1 IT'S TIME TO ACT: A REVIEW OF ASSISTED LIVING IN B.C.



This review examines the state of assisted living in B.C., including past and current trends and assesses the effectiveness of the assisted living model in meeting the needs of residents. The report highlights a confusing legislative landscape that needs clarity regarding what services, oversight and protections apply for seniors in assisted living and independent living. There is a growing demand for publicly subsidized assisted living and the review found an increase in private pay assisted living units. There are no regulatory requirements for staffing levels or staff qualifications and no requirements for annual inspections in assisted living.

The report makes five recommendations to address the systemic issues in the assisted living program in B.C. to ensure that it protects the needs of our aging population.

5.1.2 BILLIONS MORE REASONS TO CARE: CONTRACTED LONG-TERM CARE FUNDING REVIEW UPDATE



This is the second review into government's funding of publicly subsidized contracted long-term care homes. The review found spending differences impacting care for residents, costs increases exceeding inflation, continued lack of clarity on many reported expenses and inequitable funding for capital assets. The report examines five years of financial information that found

patterns of spending different in for-profit care homes compared to not-for-profit care homes. Not-for-profit care homes spent more on resident direct care and delivered more hours of direct care than for-profit care homes.

The report makes four recommendations to ensure that residents receive the same high-quality care no matter which publicly subsidized long-term care facility they call home.

5.1.3 EVERY VOICE COUNTS: LONG-TERM CARE RESIDENT AND VISITOR SURVEY RESULTS 2023



This is the second province-wide survey of the experiences of residents and their family members in all publicly subsidized long-term care homes in B.C. The first survey was conducted in 2016/17, which was the most extensive study of residents' quality of life in Canada. The survey received responses from nearly 11,000 residents and almost 8,000 family members and close friends. The results show there has been little improvement in areas such as frequency of bathing, help at mealtimes, meaningful activities, engagement with staff and the overall ratings of quality remain relatively unchanged. However, residents continue to give high marks to care home staff for their skill, compassion, and ability to treat residents with respect.

The report makes eight recommendations to improve the experience and quality of life for residents living in long-term care and their families.

5.1.4 RESOURCEFUL AND RESILIENT: CHALLENGES FACING B.C.'S RURAL SENIORS



This review focuses on the challenges to healthy aging experienced by seniors living in B.C. rural communities. The report examines the differences between rural and urban seniors' populations and compares services available in both rural and urban areas of the province. The report shows that rural B.C. has a proportionately higher and faster growing seniors' population with fewer resources and services compared to seniors living in urban areas.

The vastness of rural B.C. makes accessing supports by aging seniors more difficult.

The report makes seven recommendations to recognize the unique challenges facing rural seniors.

5.1.5 PROTECTING THE RIGHTS OF SENIORS IN INDEPENDENT LIVING AND PRIVATE PAY ASSISTED LIVING

Most British Columbians who rent their homes have rights and protections under the BC Residential Tenancy Act (RTA), which sets standards and protections for both tenants and landlords. Historically, it has been assumed that residents of independent living are covered by the RTA while residents in assisted living are not covered by the RTA. However, there has been significant confusion by the public, operators and regulators, of the interpretation and application of the legislation regarding tenancy protections and rights of residents in independent living and private pay assisted living.

The OSA continues to hear from seniors who have experienced no tenancy protections regarding rent increases and evictions as well as no protections against unreasonable cost increases for services in the private pay seniors' living market. A systemic review is planned for 2024/25.



5.2 SUBMISSIONS & STAKEHOLDER ENGAGEMENT

5.2.1 ENGAGEMENT WITH THE UNITED NATIONS WORKING GROUP ON AGEING

In April 2023, the Seniors Advocate attended the United Nations 13th Open Ended Working Group on Ageing (OWEGA) session with delegates from the International Longevity Centre Canada (ILCC). The ILCC, is a non-profit nongovernmental organization that advocates for the rights of older Canadians. The OWEGA session focused on two areas: ‘right to health and access to health services’ and ‘social inclusion’.

5.2.2 SPECIAL COMMITTEE TO REVIEW PASSENGER DIRECTED VEHICLES

In November 2023, the Seniors Advocate appeared before the Special Committee to Review Passenger Directed Vehicles to speak about the experiences of seniors in B.C. accessing taxi and ride-hailing services. The Advocate spoke about the need for the Province to provide transportation services differently for older British Columbians and proposed developing a province-wide seniors ride-hailing program, distinct from other ride-hailing services like Uber or Lyft, that would connect drivers and seniors. The program would operate on a provincial platform, be unique to seniors’ needs and affordable. Seniors have told the OSA transportation is a common barrier they experience, particularly in small and rural communities where access to public transportation is limited.

5.2.3 ENGAGEMENT BETWEEN CANADA’S THREE SENIORS ADVOCATE AND THE FEDERAL MINISTER FOR SENIORS

In November 2023, British Columbia, New Brunswick and Newfoundland and Labrador Seniors’ Advocates met with representatives of the federal government in Ottawa. The Advocates met with the Federal Minister for Seniors, Honourable Seamus O’Regan and the National Seniors Caucus Chair, MP Joanne Thompson. Discussions centred on key issues facing seniors including affordability and cost of living, seniors’ housing needs, the cost differences between provinces for home support, and the national dental care program.

5.2.4 BC OFFICE OF THE HUMAN RIGHTS COMMISSIONER COMMUNITY ROUNDTABLE – ADULT GUARDIANSHIP ACT (AGA)

The BC Office of the Human Rights Commissioner (BCOHRC) launched a new inquiry into involuntary detentions under the Adult Guardianship Act (AGA) to understand how emergency powers granted by the AGA are used and determine whether detention practices align with human rights laws and standards. To support the inquiry, the BCOHRC held Community Roundtables to seek perspectives from community organizations that work with people who have been subjected to the exercise of powers under the AGA. In February 2024, the BC Seniors Advocate participated in a Community Roundtable discussion on the emergency assistance provisions in section 59 of the AGA. The Seniors Advocate recommended to government to undertake a review of the AGA and regulations to provide clarity and guidance on specific practice that is required to protect adults in OSA's 2021 report, "Hidden and Invisible: Seniors Abuse and Neglect in British Columbia".

5.2.5 HOUSE OF COMMONS' STANDING COMMITTEE ON HUMAN RESOURCES, SKILLS AND SOCIAL DEVELOPMENT AND THE STATUS OF PERSON WITH DISABILITIES – BILL C-319, ACT TO AMEND THE OLD AGE SECURITY ACT

In February 2024, the Seniors Advocate appeared as part of a panel of witnesses on Bill C-319, an Act to amend the Old Age Security Act (amount of full pension). The Advocate spoke about the significant financial challenges that B.C. seniors are facing with rising costs, affordability and the increasing number of seniors who are living with limited incomes. In B.C., the median income for those 65 and older is below the income of minimum wage earners and nearly 65% lower than the median income of the working age population. The Advocate supports the provisions of Bill C-319 to raise the Old Age Security for seniors 65 to 75 years of age to match that of those over 75 years of age and to increase the earnings exemption for Guaranteed Income Supplement (GIS) recipients. Seniors receiving GIS are the lowest income seniors and struggle disproportionately with rising costs related to aging that is not covered by the public health care system.

5.3 ISSUES IDENTIFIED BY THE SENIORS ADVOCATE

The responsibilities of the BC Seniors Advocate, as defined in the Seniors Advocate Act, include analyzing issues they have identified as important to the well-being of seniors and advocating for their interests. There are several areas of concern that the former and current advocate continues to champion including: increasing access to affordable housing, improving supports for low-income seniors; public accountability in home and community care including long-term care. Improvements were seen in some of these issues this year.

5.3.1 AFFORDABLE HOUSING

The Seniors Advocate continues to hear from seniors about the lack of access to affordable housing in their communities. There are growing numbers of senior renters who are paying well over 50% of their income towards monthly rent. Seniors who receive financial supports through the BC Housing Shelter Aid for Elderly Renters (SAFER) are receiving less subsidy because the SAFER program is inadequate and has not kept pace with rising rents and inflation.

The demand for BC Housing Seniors Subsidized Housing continues to grow; the number of seniors waitlisted has increased nearly 60% over the last five years. The Advocate continues to hear from many senior homeowners with low to moderate incomes who cannot afford the costs of home maintenance and home adaptations. The Seniors Advocate will continue to push for significant changes to existing housing programs and subsidies for seniors.

5.3.2 LOW INCOME SENIORS AND COST OF LIVING

The Seniors Advocate continues to hear from older people throughout the province on the issue of affordability and the rising costs of living. Whether it is about paying rent, the cost of groceries, or the price of the supports and services needed as one ages, many seniors find the limits of their pension incomes a challenge. There continues to be a growing number of seniors turning to food banks and meal programs for help. The Advocate continues to raise awareness about the economic situation faced by seniors and the challenges they face in affording the necessities for daily living.

5.3.3 LONG-TERM CARE WAITLIST

There are about 28,000 seniors living in publicly subsidized long-term care, however, the waitlist has increased to over 5,000 people. The average wait time has increased over 50% since 2019, from 136 days to 209 days last year. While there has been significant investments in some home and community care services, there continues to be increasing unmet demand for home support services that is likely impacting the wait for long-term care. Home support is often a lifeline that keeps seniors from moving into long-term care and provides assistance with daily personal care and help with medication management. One of the most significant challenges continues to be the cost of the assessed fees that clients must pay which can be a financial barrier for many seniors. The Seniors Advocate continues to call on the Province to eliminate or drastically reduce the home support fees for seniors.

5.3.4 USE OF ANTIPSYCHOTICS IN LONG-TERM CARE

The use of antipsychotics without a diagnosis has steadily increased in long-term care in B.C. Antipsychotic medications are sometimes used to manage difficult behaviours associated with dementia. Data from the Canadian Institute of Health Information (CIHI) show that approximately 28.9% of long-term care residents in B.C. were given antipsychotics without a diagnosis of psychosis compared to the national rate at 24.4%. B.C. rates are consistently higher than in provinces like Alberta and Ontario. The Seniors Advocate continues to monitor this issue as an indicator of quality of care.

5.3.5 PROPERTY TAX DEFERRAL PROGRAM

The BC Property Tax Deferral Program allows homeowners 55+ to defer all or some of their annual property taxes. The Province pays the tax to the local government on behalf of the senior homeowner and the deferred taxes are repaid to the Province when the home is sold. Senior homeowners struggling with the rising costs of living and aging should consider deferring their property taxes. Seniors who defer their property taxes can put as much as \$500 per month back in their pocket to help pay for the costs of aging such as medications, mobility aids, personal care support and other activities of daily living which are vital for people as they get older. The Seniors Advocate continues to work with the government to offer more meaningful cost relief to senior homeowners.

6 Council of Advisors

The Office of the Seniors Advocate has a Council of Advisors (COA) with members with a wide range of educational, professional, and socio-economic backgrounds who are engaged and connected seniors from across the province.

The COA is focused on re-engagement and renewal with several members retiring in 2023 and 2024. The COA Recruitment Committee began searching for new members in Spring 2023 and five of the successful candidates joined the council in 2023. The others will fill remaining vacancies starting in September 2024.

MEMBERS OF THE COUNCIL OF ADVISORS

FRASER REGION	INTERIOR REGION	NORTHERN REGION
Bong-Hwan Kim Jerry Gosling Royce Shook	Greg Howard Leo M. Campeau Sandy Zeznik	Caroline Alexander Dawn Hemingway Margaret Sutton
VANCOUVER COASTAL REGION	VANCOUVER ISLAND REGION	
Barb Mikulec Sandra Gerbhardt Diana Leung	Geraldine Hinton Lynn Wood Pauline Gobeil	

7 2023/24 OSA Operating Budget

The OSA budget for 2023/24 was \$3.21 million with total expenditures of \$3.01 million. Expenditures focused on consulting with seniors in their own communities, conducting the second province-wide survey of the experiences of residents living in publicly subsidized long-term care homes, monitoring key services to seniors, systemic reviews and producing reports with recommendations to government and service providers to address issues and improve services to seniors.

While the \$474,000 for professional services was above the planned budget of \$325,000 due to final completion costs of conducting the long-term care survey, cost savings in other areas resulted in overall expenditures well below the \$3.21million budget allocated.

EXPENSE TYPE	2023/24 BUDGET	2023/24 ACTUALS
Salaries	\$1,904,779	1,687,296
Employee Benefits	483,813	438,721
Travel	85,000	35,933
Legal Services	45,000	17,540
Professional Services	324,771	474,246
Information Services	40,000	26,825
Office, Business and Reporting Expenses	330,620	330,620
TOTAL EXPENSES	\$3,213,983	\$3,011,181

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BRITISH COLUMBIA

