



Monitoring Seniors Services 2025 Report



MESSAGE FROM THE SENIORS ADVOCATE

MARCH 2026

The annual Monitoring Seniors Services report is an opportunity for the Office of the Seniors Advocate to measure the performance of a wide range of important services year-over-year. This is the eleventh year we have published the report and I'm pleased we have over a decade of data to monitor the status of many vital public services that seniors and their loved ones need to stay safe and healthy as they age.

It is well established that B.C.'s population is ageing as the baby boomers now range from 62 to 80 years old. Just as there were not enough teachers or schools for many students in the 50s and 60s, and a shortage of childcare as more women entered the workforce in the 80s and 90s, the need for public services to expand and adapt continues as this generation starts to reach life's later years.

The pressure to meet the needs of an older population is a global issue and there is an opportunity now to strengthen the many public services we all rely on as we age. In B.C., several improvements have made a positive impact in people's lives including the Better at Home program, which supports ageing in place, and increased rent subsidies for seniors with low incomes. Despite these gains, we are struggling to provide adequate services today and are not yet prepared for the challenges of the future. Each year, the demand for essential services such as home support, affordable seniors' housing, long-term care beds, caregiver respite and income supports increases as more of us reach our senior years.

Not only are there large gaps in services now, but we are failing to plan how we will deliver more care in the next decade. It's family caregivers – children and spouses – along with hospitals and family doctors, who will have to manage the unmet need that everyone saw coming. This report shares some startling data that should be a call to action for governments, communities, service providers, seniors and loved ones:

- In 2024, B.C.'s seniors' population (65+) was 1,127,346 and has grown 19% over six years and 44% over ten years.
- Over the last six years, the rate of home support clients per 1,000 seniors (75+) decreased 7%.
- The rate of publicly-subsidized long-term care beds per 1,000 seniors (75+) decreased 16% over the past six years
 - There were 7,029 people waiting for a long-term care bed in 2025, a 9% increase from last year and nearly 200% more than six years ago (2,603).
 - Wait times have also grown, from an average of 144 to 287 days over six years.
- The rate of seniors subsidized housing units per 1,000 seniors (55+) declined 5% over six years with population growth far outpacing supply.
 - There were 13,216 approved applications, 50% more than in 2019/20, and only 7% of applicants (894) received a unit.
- Emergency department visits by seniors increased 11% and hospitalizations by 9% compared to six years ago.
- 84% of people waiting in hospital for safe discharge (alternate level of care or ALC patients) are seniors.
 - There were 20,449 ALC cases (65+) last year, a 7% increase from the previous year and 14% increase from 2019/20.



- Volumes for the top five surgeries completed for seniors increased over the past six years, however, median wait times rose significantly and the number of seniors on waitlists increased for all top five procedures with the exception of cataract surgery for both measures.

This information paints a stark picture of vital services for older adults facing increasing pressure year after year. However, there are some improvements including:

- The life expectancy at 65 years is 22.8 years, up from 21.7 years in 2015.
- The number of clients (7,406) in adult day programs increased nearly 8% from the previous year and 2% from 2019/20. Similarly, the number of program days increased nearly 13% from the previous year and just below 2019/20 levels.
- Over the last six years, the health care sector has seen increases in staffing: physicians (20%), nurses (18%), care aides and community health workers (56%), physiotherapists (28%) and occupational therapists (21%).
- The Better at Home program has experienced significant growth over the last six years, serving nearly 70% more clients and delivering 90% more services. In 2024/25, the program supported over 20,000 clients, including 7,700 new clients, and delivered more than 363,000 services.

The glaring need to improve and expand services for older adults is running head on into significant fiscal pressure across all levels of government. However, the Province has prioritized improving health care and continuing to support frontline services, many of which seniors and their families rely on. It is in this context that I again reiterate the need for a cross-ministry seniors plan to identify required services and outline how to expand capacity as efficiently as possible. I will continue to advocate for the development of this plan in my meetings with cabinet ministers and ministry executives.

In conclusion, older British Columbians are the generation that fought for social justice, launched the modern environmental movement, and helped create new technologies, including the internet. Often, they went without and made sacrifices to achieve their dreams and build better lives for their families. Today, seniors are caring for their loved ones, volunteering and some continue to work either to stay engaged or make ends meet. It is incumbent on all of us to ensure that programs, services and supports are in place to support healthy ageing today, and in the years to come.

Sincerely,

A handwritten signature in black ink that reads "Dan Levitt". The signature is fluid and cursive, with the first name being more prominent.

Dan Levitt
BC Seniors Advocate

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**Full Data Sets/Tables are available in a supplementary document

ACKNOWLEDGMENTS & NOTES

Many people across all levels of government and a wide range of service providers were involved in the creation of this report. The Office of the Seniors Advocate (OSA) extends its sincere thanks to everyone who contributed to this work.

This report compiled information from a range of sources which are listed in the Data Sources section at the end of the report.

Unless otherwise noted, the data presented are for fiscal year 2024/25 (April 1, 2024 to March 31, 2025) or calendar year 2024. In some cases, different reporting periods have been used and are identified in relevant sections. Comparative year-over-year data are provided in the Supplementary Data Tables document. Numbers may not exactly match other publications and percentages may not sum up to 100% due to rounding. “Percentage point change” refers to the simple difference between two percentages, while “percentage change” expresses the relative change compared with the original value.

For 2025, most tables were expanded to include six years of data to support a comprehensive assessment of the impacts of COVID-19 in 2020. In addition, targeted revisions and new content were incorporated to better reflect reported information.

The following new tables were added:

- 1.9.3 Job Vacancies and Vacancy Rate – Nursing and Resident Care Facilities
- 1.3.11 Fall-Related Hospitalizations Rate per 100,000 Population
- 5.2.9 Employment Rate for Seniors

The following tables were enhanced to include additional supporting data:

- 1.5.2 Waitlist for Adult Day Programs, at March 31
- 2.1.2 New Horizons for Seniors Program - Pan-Canadian Stream (B.C.)
- 2.2.3 Better at Home - Services Provided
- 2.2.4 Better at Home - Waitlist
- 5.2.5 Maximum Monthly Supplement Amounts for Single Seniors, by Province, 2020–2025

Finally, Involuntary Mental Health Hospitalizations has been moved up to the health care section.

2025 HIGHLIGHTS

This year, a six-year data trend comparison is used, where data permit, instead of the standard five-year review to account for any issues related to the COVID-19 pandemic year (2020/21).

B.C. DEMOGRAPHICS HIGHLIGHTS

- In 2024, B.C.'s seniors' population was 1,127,346. The seniors' population has grown 19% over six years and 44% over ten years. Seniors represent 20% of the provincial population compared to 19% in 2019 and 17% in 2014.
- The number of people 85 years and older has grown 13% over six years and 28% over the past decade. The largest growth in the seniors' population was the 75 to 84 age group which grew 5% last year and 30% over six years.
- There were 193,431 seniors living in rural B.C., representing one quarter of the total rural population. The number of rural seniors increased nearly 3% last year and 20% compared to six years ago.
- The life expectancy at 65 years in B.C. is 22.8 years (24.1 years for females and 21.3 years for males) up from 22.2 years in 2019 and 21.7 years in 2015.
- Over 35,000 seniors (65+) died in 2024, 14% more than in 2019 and about the same as 2023. The fatality rate for seniors (65+) was 313 per 10,000 seniors, a 3% decrease from last year.
- The top five leading causes of death for people aged 65 and over are cancer (26%), heart disease (19%), cerebrovascular diseases (stroke) (6%), chronic lower respiratory diseases (4%) and Alzheimer's disease (3%). These leading causes have remained relatively stable over the past ten years with the exception of diabetes mellitus replaced by COVID-19 in 2022.

HEALTH CARE HIGHLIGHTS

- 19% of seniors aged 65 and older are living with high complexity chronic conditions, and 5% are diagnosed with dementia; these percentages have remained relatively stable over the last ten years.
- 82% of residents in publicly-subsidized long-term care (LTC) were vaccinated for influenza, compared to 84% last year and 85% six years ago. Only 34% of staff were vaccinated for influenza, the lowest in the past six years due to lower rates of self-reporting.

- Seniors accounted for about 642,000 (27%) of the 2.3 million emergency visits and about 216,000 (45%) of the nearly 476,000 hospitalizations. Emergency visits among seniors increased by less than 1% and hospitalizations increased just over 2% from the previous year. Compared to six years ago, emergency visits increased 11% and hospitalizations by 9%.
- The average inpatient length of stay for seniors was 8.6 days, nearly 4 days longer than the younger population.
- Seniors accounted for more than 80% of all alternate level of care (ALC) cases. There were 20,449 ALC cases (65+), 7% increase from the previous year and 14% increase from 2019/20.
- 83% of ALC days were for seniors and this proportion was relatively stable over the last ten years, ranging from 80% to 84%.
- Seniors (65+) designated as ALC stayed in hospital for an average of 24 days - about one day longer than the previous year and six years ago. Seniors in ALC (65+) waiting to be transferred to LTC experienced the longest stays, averaging 38 days, four days longer than the previous year and five days longer than 2019/20.
- There were 19,672 fall-related hospitalizations among seniors (65+), 3% increase from the previous year and 14% increase from 2019/20. The rate of fall-related hospitalizations among seniors (85+) was 3.5 times higher than the rate for seniors aged 65 and older.
- Over the last six years, volumes for each of the top five surgeries completed for seniors increased, however, median wait times rose significantly and the number of seniors on surgical waitlists increased for all top five procedures with the exception of cataract surgery for both measures.
- Over the last six years, the number of home support clients increased 16% and the average hours per client increased 3%. However, the rate of home support clients per 1,000 seniors (75+) decreased 7%.
- Of all home support hours delivered, 64% were provided through long-term support and 13% through short-term support; the most significant

growth occurred in short-term support where hours nearly doubled since 2019/20 and average hours per client increased 51% in that same period.

- Over the last six years, 13% more seniors received community-based professional services (i.e., case management, occupational therapy, physical therapy, home care nursing) but the rate of clients per 1,000 seniors (65+) decreased 5% over the same period.
- There were 638 home care complaints received by the Patient Care Quality Office, a 1% decrease from last year and 9% decrease from six years ago.
- Adult Day Programs (ADP) have rebounded from COVID-19 pandemic closures and returned to pre-pandemic levels. The number of clients (7,406) increased nearly 8% from the previous year and 2% from 2019/20. Similarly, the number of program days increased nearly 13% from the previous year and just below 2019/20 levels.
- Of the 122 Adult Day Programs (ADPs), 114 reported waitlists with a total of 1,404 clients waiting to access ADP, 11% more than the previous year and 18% more than 2019/20.
- Overall, there are 241 overnight respite beds in the province, 4 fewer than the previous year and 7 fewer than in 2019/20, marking the third consecutive year of decline.
- There were 1,219 people waiting for publicly-subsidized assisted living, similar to the previous year but 37% higher than in 2020. Over the same period, the rate of publicly-subsidized units per 1,000 seniors (75+) decreased 19%, while average care hours per unit increased 5%.
- There are 28,856 publicly-subsidized LTC beds across 301 sites. Over the last six years, the number of publicly-subsidized LTC sites increased 2% and beds increased 5%. However, the rate of publicly-subsidized LTC sites and beds per 1,000 seniors (75+) decreased 3% and 16% during that same period.
- 79% of LTC residents live in single occupancy rooms, a three-percentage point increase over the past six years.
- The average (855 days) and median (537 days) lengths of stay for residents living in LTC increased 2% and 13% respectively over the last six years.
- Over 10,000 seniors were admitted to LTC – 49% from hospital and 51% from the community. Total LTC admissions increased 3% from the previous year but 2% lower than in 2021/22.
- There were 7,029 clients waiting for a publicly subsidized LTC bed, 9% increase from last year and nearly 200% more than six years ago (2,603). The average wait time for people on the waitlist has also grown, from 144 days to 287 days over the same period.
- There were 5,287 clients in interim care waiting for their preferred care home, an 18% increase from the previous year and nearly 100% more than six years ago. On average, clients waited 526 days, slightly longer than 506 days last year and 510 days six years ago.
- In 2024/25, 28.9% of LTC residents were taking antipsychotic medications without a diagnosis of psychosis. The rate has steadily increased from 24.7% in 2019/20 and remains higher than the national average with no meaningful improvement over time.
- There were 20,235 reportable incidents in LTC, which rose 14% from last year and 13% higher than in 2019/20. Of these, 72% were related to expected deaths (36%) and unexpected illness (35%).
- The Patient Care Quality Office received 831 complaints about LTC, 6% more than the previous year and 11% more than six years ago.
- Over the last six years, the health care sector has seen increases in staffing: physicians (20%), nurses (18%), care aides and community health workers (56%), physiotherapists (28%) and occupational therapists (21%). The job vacancy rate in nursing and resident care facilities peaked at 5.7% in 2022 and fell to 4% in 2024, reflecting a slowdown in labour demand.

2025 HIGHLIGHTS, continued

COMMUNITY SUPPORTS HIGHLIGHTS

- In 2024/25, the federal New Horizons for Seniors Program approved 371 new community-based projects in 57 communities across B.C., providing over \$8 million in total funding. While this is fewer than last year's 457 projects, it is 88 more than in 2019/20.
- First Link® dementia support served over 13,500 clients, including nearly 6,200 new clients in 2024/25. The total number of clients represented a 4% decrease from the previous year and was consistent with levels from six years ago. However, client contacts increased by 9% compared to the previous year and were 68% higher than six years ago.
- Better at Home supported over 20,000 clients, including approximately 7,700 new clients, and delivered more than 363,000 services in 2024/25. Over the past six years, the number of clients and services provided increased nearly 70% and 90% respectively.
- The Better at Home waitlist declined 19%, from 4,768 to 3,864 people, with over half seeking light housekeeping services, followed by friendly visits (9%), light yard work (9%) and prepared meal delivery (6%). Waitlists increased due to lack of available contractors, a need for more subsidized service spots and insufficient volunteer capacity.

HOUSING HIGHLIGHTS

- 95% of seniors live independently in private homes, while 5% of seniors live in assisted living or LTC. A higher proportion of B.C. seniors live independently compared to five years ago.
- There were 83,124 Property Tax Deferral Program users, including 9,222 new participants in 2024/25. New participation decreased 8% compared to the previous year and was 14% lower than six years ago.
- The average property tax amount deferred was \$5,369, a 6% increase from 2023/24 and 23% increase from 2019/20.
- There were 24,065 seniors (60+) receiving the Shelter Aid for Elderly Renters (SAFER) subsidy, a 5% increase from the previous year but 4% lower than six years ago. There were 4,216 first-time SAFER recipients in 2024/25, 27% more than the previous year, but 1% fewer than 2019/20.

- The average SAFER subsidy increased to \$330 per month, 72% higher than the previous year and 59% above the \$207 average six years ago.
- The average monthly rent for SAFER recipients was \$1,244, up 7% from last year and 20% from 2019/20.
- The average monthly income of single SAFER recipients was \$1,793, a 10% increase over the six-year period.
- In 2024/25, 37% of recipients paid rents averaging \$351 above the SAFER rent ceiling compared to 80% the previous year (average of \$355 above the rent ceiling).
- There were 32,819 Seniors' Subsidized Housing (SSH) units, an increase of 5% compared to six years ago. However, the rate of SSH units per 1,000 seniors (55+) declined 5% over the same period with population growth far outpacing supply.
- There were 13,216 SSH applications, 5% fewer than the previous year, but 50% more than in 2019/20. However, access to units continue to be limited, as only 894 applicants received a unit (7% of all applicants).
- As of March 31, 2025, there were 12,322 approved SSH applicants waiting, an increase of 53% over the past six years. Nearly half have been waiting two years or more, and 20% have waited more than five years.
- In 2024/25, the BC Rebate for Accessible Home Adaptations (BC RAHA) program approved 329 applications, with an average rebate value of \$16,410. Compared to 2023/24, the number of approved applications decreased 13%, while the average value of adaptations increased 48%.

TRANSPORTATION HIGHLIGHTS

- A total of 911,600 seniors (81%) maintained an active driver's licence, a 3% increase from the previous year and 22% more than six years ago. The largest increase was among people aged 80 to 84 years which increased by 7%.
- RoadSafetyBC opened 177,000 driver fitness cases and 40% of cases involved drivers aged 80 and older. Approximately 2% of cases of people aged 80+ were referred for an Enhanced Road Assessment (ERA) or driver's road test.

- Nearly 65,000 seniors received the annual BC Bus Pass available to seniors receiving the Guaranteed Income Supplement (GIS). This represents a 10% increase from the previous year but remains 1% below the 2019 level. Participation has gradually increased each year since 2021.
- Over the past six years, the number of active HandyDART clients decreased 13% for BC Transit and increased 20% for TransLink; rides provided declined 13% for BC Transit and 6% for TransLink meaning more people were added as clients but fewer rides were provided.

INCOME SUPPORTS HIGHLIGHTS

- Overall, 93% of B.C. seniors receive Old Age Security (OAS), 31% receive the GIS, over 90% receive the Canada Pension Plan (CPP) and 9% receive the BC Senior's Supplement (BCSS). These percentages have remained relatively stable over the past six years.
- As of October 2025, OAS increased 2% to a maximum of \$740.90 for seniors aged 65 to 74 and \$814.10 for seniors (75+) over the previous year. GIS also rose 2% to \$1,105.43, while BCSS remained unchanged at a maximum of \$99.30, following its doubling in April 2021.
- As of July 2025, the maximum CPP benefit was \$1,433 per month, while the average benefit was \$848.37 per month. Over the past year, the maximum benefit increased 5% and the average benefit increased 4%.
- Among B.C. seniors, nearly 15% aged 65 and older were employed, with the highest employment rate (30%) among 65 to 69 year olds. These rates have remained relatively stable over the past six years.
- The provincial government, individual seniors and insurers spent nearly \$1.9 billion on prescription medications and medical supplies or devices. PharmaCare plans covered \$580 million, while the remaining \$1.29 billion, an increase of 10% compared to the previous year, was paid out-of-pocket by seniors or through third-party insurers. The share covered by PharmaCare was 31%, down from 33% in 2019/20.

SAFETY & PROTECTION HIGHLIGHTS

- Overall, calls (7,700) to the Seniors Abuse and Information Line (SAIL) increased 39% over the last six years and calls reporting abuse specifically increased by 71% in that same time period.
- There were 2,267 cases of abuse, neglect and self-neglect of seniors reported to Designated Agencies, an increase of 16% compared to 2019.
- 75% of all referrals (1,922) of suspected cases of abuse, neglect or self-neglect to the Public Guardian and Trustee involved seniors (1,440) which increased 2% from the previous year and 17% from six years ago.
- Victims of violent offences against seniors reported to the BC RCMP increased 29% but complainants of property offences dropped 7% in the last six years. Assaults account for 78% of all violent offences in 2024. Fraud (29%) was the most common type of property offence followed by mischief to property (27%) and theft under \$5,000 (13%).
- Cases of financial abuse (440) and physical abuse (221) against seniors reported to the Vancouver Police Department (VPD) decreased 2% and 12% respectively from the previous year. Compared to six years ago, financial abuse increased 65% while physical abuse decreased 6%.
- Missing seniors reported to the BC RCMP (1,211) and the Vancouver Police Department (317) increased 12% and decreased 10% respectively from six years ago.

OVERVIEW

The 2025 Monitoring Seniors Services Report highlights the performance and trends of a wide range of supports and services for B.C. seniors and their families. Through comprehensive year-over-year comparisons, we can see improvement and gaps in the areas of health care, community supports, housing, transportation, income support and the safety and protection of seniors.



HEALTH CARE

A comprehensive continuum of health care services is required to provide optimal care and support for seniors in B.C., including primary health care, specialist care, chronic disease management programs, hospital care, home care, long-term care and palliative care. Traditionally, the gateway to the health care system is through the family physician.



COMMUNITY SUPPORTS

A variety of personal support services are available to seniors to help them maintain healthy, independent and dignified lives designed to complement government operated programs. Programs are also available to provide information and support to seniors living with chronic and degenerative conditions.



HOUSING

Seniors in B.C. live in a range of housing types, from detached homes, where they live independently, to long-term care, where they receive 24-hour care. Many seniors are homeowners while others rent. Financial and supportive housing programs are available to help both homeowners and renters.



TRANSPORTATION

Many B.C. seniors are active drivers. For people who prefer to take public transportation or have had to give up their driver's licence, many other options are available such as buses or HandyDART, often with reduced rates for seniors.



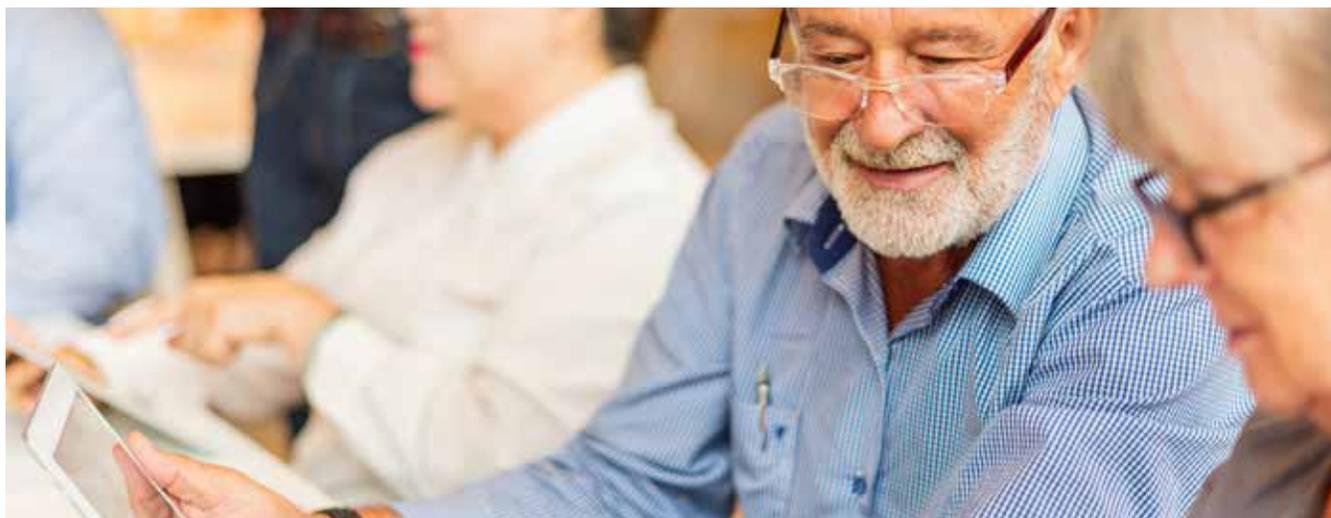
INCOME SUPPORTS

Both the federal and provincial governments provide income support programs for seniors such as the Canada Pension Plan (CPP), Old Age Security (OAS), Guaranteed Income Supplement (GIS) and the BC Senior's Supplement (BCSS). There are also federal and provincial tax credits and provincial health insurance plans that benefit seniors.



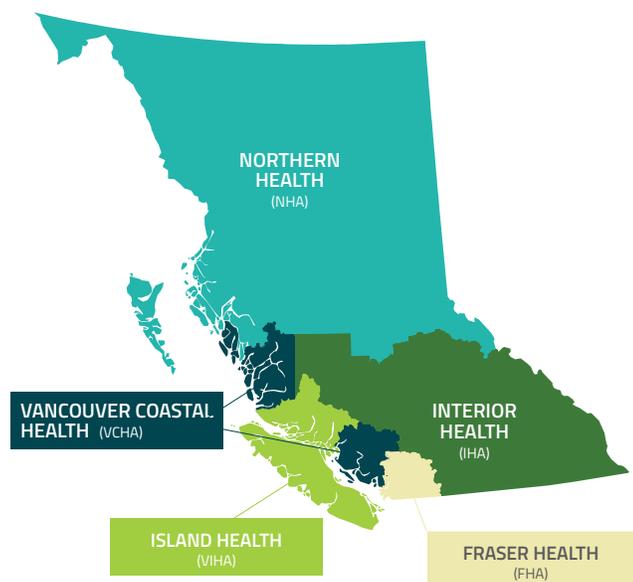
SAFETY AND PROTECTION

Approximately one in six people aged 60 years and older experienced some form of abuse in community settings; this is predicted to increase as countries experience rapidly ageing populations. Many seniors and/or families turn to multiple organizations to seek help, which can include Community Response Networks, designated agencies (provincial health authorities), Community Living BC and the Public Guardian and Trustee.



B.C. DEMOGRAPHICS

In 2024, the population of B.C. was 5,698,430, a 3% increase from the previous year. The number of seniors aged 65 and older (1,127,346) grew 3% and people aged 85 and older (131,675) grew 3%. Over the last ten years, the seniors' population grew 44% while the overall population grew by 21%. The largest proportion of seniors live in Vancouver Island Health and Interior Health regions.



There were 193,431 seniors living in rural B.C., representing a quarter of the total rural population and 17% of all B.C. seniors. More than two-thirds of rural seniors live in the Interior Health (43%) and Vancouver Island Health (25%) regions. The seniors' population in rural B.C. is also growing faster than in urban areas.

B.C. SENIORS DEMOGRAPHICS

POPULATION BY HEALTH AUTHORITY AND AGE GROUP, 2024

	<65	65+	ALL AGES	% 65+
IHA	666,123	223,413	889,536	25%
FHA	1,851,438	368,552	2,219,990	17%
VCHA	1,122,459	242,880	1,365,339	18%
VIHA	679,877	240,733	920,610	26%
NHA	251,187	51,768	302,955	17%
B.C.	4,571,084	1,127,346	5,698,430	20%

SOURCE(S): 1

B.C. SENIORS DEMOGRAPHICS

POPULATION BY RURAL/URBAN, 2024

	<65	65+	ALL AGES	% 65+
RURAL	563,748	193,431	757,179	26%
URBAN	4,007,336	933,915	4,941,251	19%

SOURCE(S): 1

B.C. SENIORS DEMOGRAPHICS

POPULATION BY HEALTH AUTHORITY AND RURAL/URBAN, 65+, 2024

	RURAL	URBAN	% RURAL	% URBAN
IHA	82,766	140,647	37%	63%
FHA	16,592	351,960	5%	95%
VCHA	18,296	224,584	8%	92%
VIHA	49,234	191,499	20%	80%
NHA	26,543	25,225	51%	49%
B.C.	193,431	933,915	17%	83%

SOURCE(S): 1



HEALTH CARE

A comprehensive continuum of health care services is required to provide optimal care and support for seniors in B.C., including primary health care, specialist care, chronic disease management programs, hospital care, home care, long-term care and palliative care. General practitioners, also known as family doctors, are the gatekeepers to health care in B.C. While most seniors in the province have a family doctor to manage their care, the ongoing shortage can be particularly problematic for people with complex chronic health conditions.

LIVING WITH ILLNESS

Overall, seniors in B.C. are healthy and independent. As seen in the table below, in 2023/24: 14% of seniors did not use the health care system; 28% had low complexity chronic conditions; 28% had medium complexity chronic conditions; and 19% had high complexity chronic conditions. Only 5% of seniors were diagnosed with dementia. All percentages remained essentially the same between 2018/19 and 2023/24.

LIVING WITH ILLNESS
LIVING WITH ILLNESS, 2023/24

	40-64	65+	40+
DEMENTIA			
PERCENTAGE OF POPULATION DIAGNOSED WITH DEMENTIA	0.2%	5.0%	2.0%
	0-64	65+	ALL AGES
POPULATION SEGMENTS			
NON-USERS OF HEALTH CARE AND HEALTHY POPULATION	61.1%	13.6%	51.6%
LOW COMPLEXITY CHRONIC CONDITIONS	23.5%	28.2%	24.4%
MEDIUM COMPLEXITY CHRONIC CONDITIONS	4.3%	27.9%	9.0%
HIGH COMPLEXITY CHRONIC CONDITIONS	1.4%	19.4%	5.0%
FRAIL IN LONG-TERM CARE AND END OF LIFE	0.1%	3.2%	0.7%
OTHER	9.5%	7.7%	9.2%

NOTE(S): Individuals who died during the fiscal year are excluded. Population segments may not sum to 100% due to rounding. The “other” category includes individuals in the following population segments: adult major illness, child and youth major illness, severe mental health and substance abuse, maternity and healthy newborns, frail in community, and cancer. Individuals may have health conditions that fall into multiple population segments but have been categorized into the highest level for this grouping. The Chronic Disease Registry (CDR) updated the definition of dementia in 2021/22, and years have been updated based on the new definition. The CDR case definition for dementia limits age to 40 and over, hence population denominator is restricted accordingly. Population based on client roster.

SOURCE(S): 2

IMMUNIZATION

INFLUENZA IMMUNIZATION

The Public Health Agency of Canada recommends vaccination against influenza for everyone over the age of six months, and particularly people who are at higher risk of complications such as seniors. However, vaccination is only one part of preventing the spread of respiratory illness. Care homes and home support organizations should also have strong infection prevention and control policies in place. For example, masking of unvaccinated staff and staff education have important roles in preventing the spread of infectious diseases such as influenza.

SOURCE(S): 3

INFLUENZA IMMUNIZATION IN THE COMMUNITY

Pharmacies across B.C. dispensed 1,177,918 publicly-funded vaccinations, 7% fewer than last year but 49% more than in 2019/20. Overall, seniors accounted for 47% of dispensed publicly-funded vaccinations, a proportion that has remained relatively consistent to past years. The number of vaccinations administered to seniors has increased in all health authorities over the last six years, with Vancouver Coastal Health showing the largest increase (95%).

IMMUNIZATION

PERCENT OF POPULATION VACCINATED AT PHARMACIES, 2024/25

	<65	65+	ALL AGES
IHA	12%	45%	20%
FHA	12%	44%	17%
VCHA	19%	47%	24%
VIHA	17%	54%	27%
NHA	8%	35%	13%
B.C.	14%	47%	21%

NOTE(S): Years are defined as July 1 to June 30, which covers flu season each year. Excludes vaccinations that were privately paid for. Health authority rates are estimates as individuals may or may not obtain flu vaccines at pharmacies within the health authority where they live.

SOURCE(S): 1, 4, 5

INFLUENZA IMMUNIZATION BY PHYSICIAN OR NURSE IN CLINIC AND OFFICE

About 2% of seniors received their flu vaccine from a physician or nurse. Physicians/nurses administered the

publicly-funded flu vaccinations to 65,286 people, 36% of whom were seniors. There were 2% more people vaccinated by a physician/nurse in 2025 compared to last year. More seniors continue to access influenza vaccinations from pharmacies than in physicians' offices and clinics.

IMMUNIZATION

PERCENT OF POPULATION VACCINATED AT PHYSICIAN OFFICES, 2024/25

	<65	65+	ALL AGES
IHA	0.1%	0.5%	0.2%
FHA	1.1%	2.7%	1.3%
VCHA	1.7%	4.5%	2.2%
VIHA	0.2%	0.5%	0.3%
NHA	0.2%	0.8%	0.3%
B.C.	0.9%	2.1%	1.1%

SOURCE(S): 1, 6

INFLUENZA IMMUNIZATION IN HOME CARE AND LONG-TERM CARE

The proportion of influenza immunization is lower for home care clients than in long-term care (LTC). The percent of home care clients vaccinated against influenza decreased to 69% compared to 72% the previous year.

IMMUNIZATION

INFLUENZA VACCINATION COVERAGE FOR HOME CARE CLIENTS, 2024/25

	CLIENTS
IHA	74%
FHA	64%
VCHA	68%
VIHA	76%
NHA	70%
B.C.	69%

NOTE(S): Each year of reporting represents home care clients that have been vaccinated within the last two years. NHA data may be incomplete and undercounted. Health authority rates are estimates as home care clients may or may not obtain flu vaccines within the health authority where they live.

SOURCE(S): 7



BC Centre for Disease Control (BCCDC) data showed 82% of LTC residents and 34% of LTC staff received their influenza vaccine. The resident vaccination rate was 2 percentage points lower than 2023/24 and 3.1 percentage points lower than 2019/20. Staff vaccination rates continued to decline and are the lowest recorded since the influenza prevention policy was enacted in 2012, largely attributed to lower self-reporting rates by health care staff.

IMMUNIZATION
INFLUENZA VACCINATION COVERAGE IN LONG-TERM CARE, 2024/25

	RESIDENTS	STAFF
IHA	79%	32%
FHA	84%	26%
VCHA	84%	44%
VIHA	82%	38%
NHA	77%	28%
B.C.	82%	34%

NOTE(S): This data includes only publicly-subsidized care homes that focus on care for seniors which are included in the OSA Long-Term Care and Assisted Living Directory. This includes publicly-subsidized and private pay LTC beds, and short-term care beds such as convalescent, end-of-life and respite beds. Care homes that provide specialized care such as acquired brain injury, AIDS or mental health are excluded.

SOURCE(S): 8

COVID-19 IMMUNIZATION

COVID-19 is an infection of the airways and lungs caused by the SARS-CoV-2 coronavirus. While some people with COVID-19 may have no symptoms or only mild symptoms, others can require hospitalization and/

or be at risk of death. Serious illness is more common for older people and those with certain chronic health conditions such as diabetes, heart disease or lung disease. It is strongly recommended that adults 65 years and older receive the COVID-19 vaccine to prevent serious illness, hospitalization and death.

COVID-19 IMMUNIZATION IN THE COMMUNITY

As of June 30, 2025, 43% of B.C. seniors received COVID-19 vaccinations.

IMMUNIZATION
COVID-19 VACCINATION COVERAGE, JUNE 30, 2025

	5-64	65+	ALL AGES
IHA	14%	44%	22%
FHA	11%	37%	15%
VCHA	17%	43%	22%
VIHA	20%	54%	29%
NHA	10%	36%	15%
B.C.	14%	43%	20%

NOTE(S): The vaccinated population is B.C. residents vaccinated with booster doses of COVID-19 vaccine as of June 30, 2025 from Provincial Immunization Registry (PIR). The total population are P.E.O.P.L.E. estimates for 2025. The records with invalid or missing PHN, geography, age were excluded from this calculation.

SOURCE(S): 1, 9

COVID-19 IMMUNIZATION IN LONG-TERM CARE

In 2024/25, 69% of residents in publicly-subsidized LTC facilities received COVID-19 vaccinations. A resident may not be vaccinated for a variety of reasons including certain pre-existing health conditions.

COVID-19 VACCINATION COVERAGE IN LONG-TERM CARE, 2024/25

	RESIDENTS
IHA	65%
FHA	70%
VCHA	70%
VIHA	73%
NHA	69%
B.C.	69%

NOTE(S): This data includes only publicly-subsidized care homes that focus on care for seniors which are included in the OSA Long-Term Care and Assisted Living Directory. The coverage period is from July 1, 2024, to June 30, 2025.

SOURCE(S): 8

HOSPITAL CARE

HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS

About 27% of emergency visits and 48% of hospitalizations across B.C. involved seniors. Overall, emergency visits for seniors increased less than 1% and hospitalizations for seniors increased just over 2% from the previous year. The hospitalization and emergency visit rate per 1,000 seniors (65+) decreased less than 2% and 3% respectively compared to 2023/24, and decreased 4% and 7% respectively, compared to 2019/20. In 2024/25, the average inpatient length of stay for seniors was 8.6 days, almost 4 days longer than the younger population.

HOSPITAL CARE

HOSPITAL CARE, 2024/25

	<65	65+	ALL AGES
HOSPITALIZATIONS	528,795	486,061	1,014,856
INPATIENT	259,630	216,339	475,969
DAY SURGERY	269,165	269,722	538,887
INPATIENT AVERAGE LENGTH OF STAY (DAYS)	5.1	8.6	6.7
EMERGENCY DEPARTMENT VISITS	1,697,054	642,366	2,339,420

NOTE(S): Hospitalization data includes hospital records coded as acute care, rehab, and day surgery. Data has been adjusted to remove still births, abortions, cadaver donors and clients without a valid BC personal health number or local health authority. Emergency department visit excluded B.C. residents without active MSP coverage during the fiscal year of emergency department visit.

SOURCE(S): 10, 11, 12

ALTERNATE LEVEL OF CARE

Alternate level of care (ALC) is a designation used when patients remain in hospital after their treatment has ended and they no longer require acute care services. These patients remain in hospital while waiting for appropriate care or supports in another setting, such as home support, rehabilitation or LTC.

There were 20,449 ALC cases (65+), an increase of 7% from the previous year and 14% from 2019/20. Seniors accounted for more than 80% of all ALC cases. About one in ten inpatient cases involving seniors were designated as ALC, this proportion has fluctuated less than 1% over the last six years.

HOSPITAL CARE

ALC CASES IN HOSPITAL BY AGE GROUP, 2024/25

	<65	65+	ALL AGES
ALC CASES	3,874	20,449	24,323
% ALC CASES OF TOTAL INPATIENT CASES	1.7%	9.8%	5.6%

SOURCE(S): 10

Hospital inpatient days designated as ALC increased 10%, with seniors accounting for 83% of these days. More than 80% of ALC days were attributed to seniors across all health authorities except Vancouver Coastal Health, where the proportion was 74%. ALC days for seniors increased across all health authorities.

HOSPITAL CARE

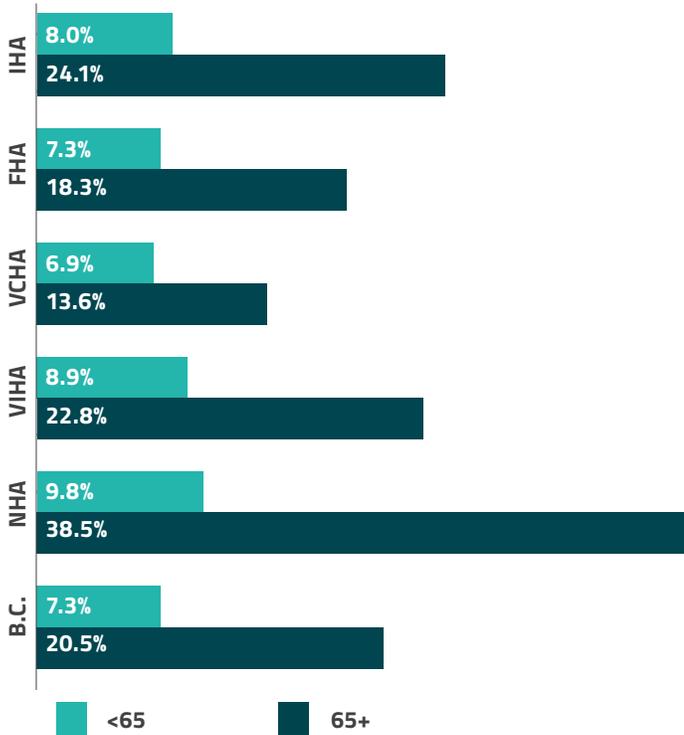
ALC DAYS BY HEALTH AUTHORITY AND AGE GROUP, 2024/25

	<65	65+	ALL AGES
IHA	16,344	94,963	111,307
FHA	30,589	143,151	173,740
VCHA	24,635	71,339	95,974
VIHA	20,606	116,597	137,203
NHA	8,818	57,635	66,453
B.C.	100,992	483,685	584,677

SOURCE(S): 10

ALC days as a percent of total inpatient days was 16% overall and 21% among seniors, remaining at approximately the same levels as the previous year.

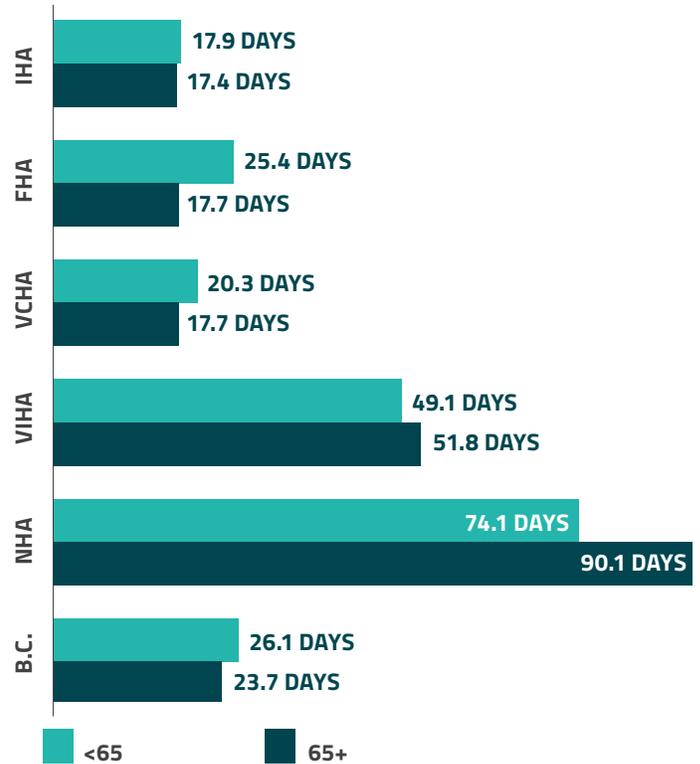
HOSPITAL CARE
ALC DAYS AS A PERCENT OF TOTAL INPATIENT DAYS BY HEALTH AUTHORITY AND AGE GROUP, 2024/25



SOURCE(S): 10

In 2024/25, the average length of stay in ALC for seniors was 24 days, about one day longer than the previous year and six years ago. Overall, average length of stay for ALC has increased since the pandemic, a trend observed across all health authorities. The ALC length of stay for seniors ranged from 17 days in Interior Health to 90 days in Northern Health in 2024/25. The shortest ALC stay in the past six years was 11 days in Interior Health in 2020/21.

HOSPITAL CARE
AVERAGE LENGTH OF STAY IN ALC (DAYS) BY HEALTH AUTHORITY AND AGE GROUP, 2024/25



SOURCE(S): 10

ALTERNATE LEVEL OF CARE PATIENTS WAITING FOR SERVICES OR SUPPORTS TO BE AVAILABLE

Delays in discharging seniors from hospital can result from several factors including the availability of family support, waiting for safety equipment to be installed in the home, coordinating care or waiting for a LTC bed.

Among ALC cases for seniors, 17% were discharged home without requiring support services, with an average length of stay of 13 days. This proportion has remained relatively stable over the past six years. One in five seniors were discharged home with support services, a five-percentage-point increase from 2019/20. The average length of stay for this group was also 13 days, consistent with the previous year and continuing a steady year-over-year increase since 2020/21.

HOSPITAL CARE

ALC FOR SELECT DISCHARGE LOCATIONS FOR 65+, 2024/25

	# ALC CASES	% ALC CASES	AVG LOS (DAYS)
B.C.	20,449	9.8%	23.7
DISCHARGED HOME (NO SUPPORT SERVICE REQUIRED)	3,367	16.5%	12.5
DISCHARGED HOME WITH SUPPORT	4,081	20.0%	13.3
TRANSFER TO LONG-TERM CARE	5,975	29.2%	37.7

NOTES: Patients who are discharged home (no support service required) are discharged without supports or referral for community at home services.

SOURCE(S): 10

The proportion of seniors discharged to LTC was 29%, a 3% decrease from 2019/20. These seniors experienced the longest ALC average length of stay at 38 days, four days longer than the previous year. Overall, the average length of stay for seniors discharged to LTC has increased 15% over the past six years.

ALC patients transferred to LTC consistently have higher ALC stays across all health authorities. Northern Health and Island Health had the highest average ALC days for patients transferred to LTC at 152 days and 94 days respectively, while Interior Health had the lowest number at 27 days.

The proportion of ALC patients discharged home with support was higher than those discharged home with no support services required in Fraser Health, Vancouver Coastal Health and Island Health ranging from 20% to 25% in 2024/25. In contrast, Interior Health and Northern Health reported a higher proportion of patients discharged home with no support services required (22% to 25%).

SOURCE(S): 10

FALL-RELATED HOSPITALIZATIONS

Falls are the leading cause of injury-related deaths and hospitalizations among seniors 65 years and older. The most common injuries include hip fractures, lower leg fractures and head injuries. Most falls occur in the home and often result in longer hospital stays than other types of injuries. Falls are also the leading cause of loss of independence among seniors and can result in disability,

increased caregiver responsibilities, reduced quality of life, and admission to LTC. According to the BC Injury Research and Prevention Unit, the total cost attributed to falls among older adults was \$1.41 billion.

SOURCE(S): 13, 14, 15

There were 19,672 fall-related hospitalizations for seniors (65+) in 2024/25, an increase of 3% from the previous year and 14% from 2019/20. In 2024/25, the rate of fall-related hospitalizations per 100,000 seniors aged 85+ in B.C. (6,102 per 100,000 population) was 3.5 times higher than the rate for those aged 65+ (1,745 per 100,000 population). Northern Health had the highest rate at 7,738 per 100,000 population, followed by Interior Health at 6,527 per 100,000. Overall, the rate of fall-related hospitalizations has declined due to the growth in the seniors' population. Among seniors who are hospitalized after a fall, 41% were aged 85+. This proportion was highest in Vancouver Coastal Health (46%) and lowest in Northern Health (31%).

HOSPITAL CARE

FALL-RELATED HOSPITALIZATIONS BY HEALTH AUTHORITY, 2024/25

	65+	85+	% 85+
IHA	4,063	1,641	40%
FHA	6,163	2,567	42%
VCHA	3,929	1,788	46%
VIHA	4,353	1,689	39%
NHA	1,052	327	31%
B.C.	19,672	8,035	41%

SOURCE(S): 1, 10

INVOLUNTARY HOSPITALIZATIONS

The Mental Health Act (the Act) outlines the legislative requirements for involuntary care for people with mental disorders and facilities in B.C. designated to provide this level of care. The Act's primary purpose is to provide authority criteria and procedures for invoking involuntary status for an acute care patient and treatment of mental illness, while safeguarding individuals' rights.

A patient can only be designated with involuntary status under the Act if the following criteria are met:

- suffer from a mental disorder that seriously impairs their ability to react appropriately to their environment, or to associate with others,
- require psychiatric treatment in or through a designated facility,
- require care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration, or for their own protection or the protection of others, or
- are not suitable as a voluntary patient.

There were 23,558 acute care cases designated with involuntary status under the Act of which 2,100 (9%) were aged 65 and older in 2024/25. This represents a 1.2% increase to last year, but an 8% decline compared to 2020/21. A physician or nurse practitioner who provides involuntary psychiatric treatment of care may authorize the person’s involuntary admission and document the mental health diagnosis. In most cases, a mental health diagnosis was the primary reason (most responsible diagnosis) for involuntary admission. However, in approximately 2,182 cases, a mental health condition was identified as a contributory factor (comorbidity); 25% of these cases involved patients aged 65 years and older.

Seniors with involuntary status had an average length of stay almost three times longer than non-seniors. Cases with mental disorder as a comorbidity had the longest average length of stay, followed by cases where mental disorder as the most responsible diagnosis and cases with unspecified mental disorder.

HOSPITAL CARE
INVOLUNTARY MENTAL HEALTH HOSPITALIZATIONS, 2024/25

	<65	65+	ALL AGES
CASES			
MENTAL DISORDER AS MOST RESPONSIBLE DIAGNOSIS	19,276	2,100	21,376
MENTAL DISORDER AS A COMORBIDITY	1,148	472	1,620
UNSPECIFIED MENTAL DISORDER	494	68	562
AVERAGE LENGTH OF STAY (DAYS)			
MENTAL DISORDER AS MOST RESPONSIBLE DIAGNOSIS	13.6	35.6	15.7
MENTAL DISORDER AS A COMORBIDITY	14.6	53.8	26.0
UNSPECIFIED MENTAL DISORDER	3.7	20.6	5.8

SOURCE(S): 16

SURGICAL WAIT TIMES

More than 300,000 surgeries are performed in B.C. each year. Only scheduled surgeries are placed on the waitlist by priority; emergency or unscheduled procedures never appear on waitlists. The wait for surgery is measured from the time the booking form is received by the health authority and ends when the patient receives the scheduled surgery. This wait time does not include time between referral and seeing a surgeon.

SOURCE(S): 17

COMPLETED AND WAITING SURGICAL CASES

There were 286,343 completed scheduled surgeries (all ages) in 2024/25, 4% (10,500) more than in 2023/24 and 15% (38,000) more compared to 2019/20. This increase reflects additional resources implemented through the Province’s surgical renewal commitment to address the backlog of postponed non-urgent surgeries resulting from the pandemic.

Of the completed cases, 143,779 (50%) were for patients 65+. Among seniors who had surgery in 2024/25, the median wait time was 6 weeks compared to nearly 8 weeks in 2019/20. One in ten seniors waited 28.6 weeks or longer for surgery, down from 32.7 weeks in 2019/20.



As of March 31, 2025, there were 96,879 patients (all ages) on the surgical waitlist, 2% fewer than in 2023/24 and 3% more than 2019/20. Of those patients, 43,561 (45%) were 65+. Half of seniors have waited less than 11 weeks, three weeks shorter than in 2019/20. One in ten seniors continued to wait 48.4 weeks or longer for surgery.

SURGICAL WAIT TIMES
SCHEDULED SURGICAL CASES AND WAIT TIME, 2024/25

	<65	65+	ALL AGES
CASES COMPLETED	142,564	143,779	286,343
50TH PERCENTILE WAITING TIME	6.9	6.0	6.3
90TH PERCENTILE WAITING TIME	33.0	28.6	30.7
CASES WAITING	53,318	43,561	96,879
50TH PERCENTILE WAITING TIME	14.0	11.0	12.0
90TH PERCENTILE WAITING TIME	55.4	48.4	51.4

SOURCE(S): 18

The top five scheduled surgeries performed for seniors remained unchanged over the last six years: cataract surgery, knee replacement, abdominal hernia repair, hip replacement and prostate surgery. In 2024/25, the number of completed surgeries increased across all top five scheduled surgeries for seniors, most notably for hip replacements (10% increase) over the previous year. There were 66,389 cataract surgeries performed on seniors, 6% more over the previous year and 29% more compared to 2019/20. While more cataract surgeries

were completed last year, there were 27% fewer seniors waitlisted compared to six years ago. However, it is still the longest waitlist among all surgeries for seniors.

SURGICAL WAIT TIMES
TOP FIVE SURGICAL PROCEDURES, COMPLETED AND WAITING CASES (65+), 2024/25

	COMPLETED CASES	WAITING CASES (MARCH 31, 2025)
CATARACT SURGERY	66,389	15,161
KNEE REPLACEMENT	9,061	7,100
ABDOMINAL HERNIA REPAIR	6,048	2,102
HIP REPLACEMENT	5,598	3,554
PROSTATE SURGERY	5,087	1,411

SOURCE(S): 18

SURGICAL WAIT TIME

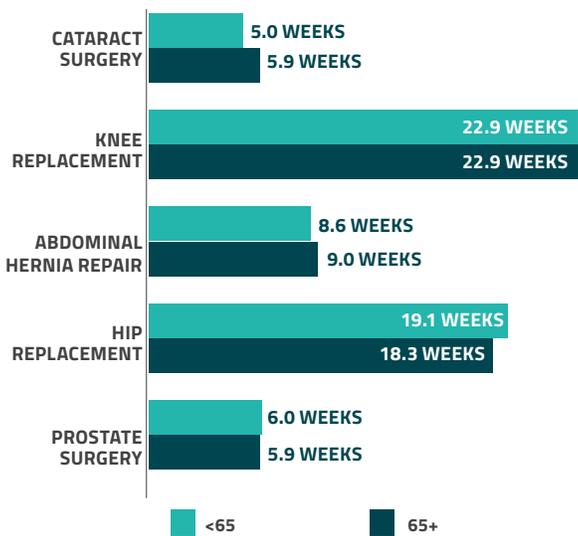
For most of the six-year period, seniors experienced longer median wait times than patients under age 65 for cataract, knee replacement and abdominal hernia repair surgeries but shorter median wait times for hip replacement and prostate surgeries.

Overall, the median wait times for priority procedures improved compared to last year with the exception of abdominal hernia repair (5% higher) and hip replacement (6% higher). Half of seniors waited up to 23 weeks for knee replacement surgery and up to 18 weeks for

hip replacement surgery. Knee replacements had the longest wait time for seniors, with one in ten waiting for more than one year (56 weeks) for surgery.

Seniors in Northern Health continue to experience the longest median wait times for major surgeries, particularly cataract (11.4 weeks), knee replacement (53.7 weeks) and hip replacement (31.4 weeks). In contrast, shorter wait times varied by procedure across other health authorities, with Vancouver Coastal reporting the shortest median wait times for knee replacement (19 weeks) and hip replacements (14.7 weeks), Vancouver Island Health for prostate surgery (4.1 weeks), and Interior and Fraser Health for cataract surgery (5 weeks).

SURGICAL WAIT TIMES
TOP FIVE SURGICAL MEDIAN WAIT TIME FOR COMPLETED CASES, 2024/25



SOURCE(S): 18

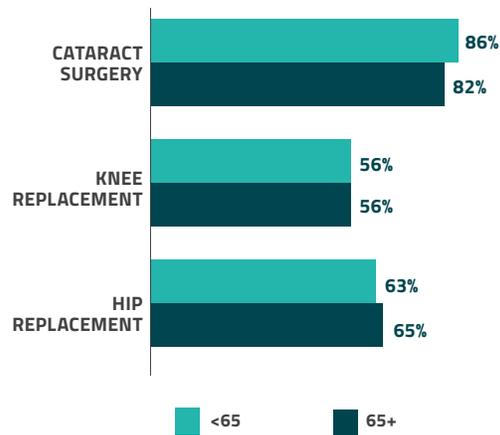
The Canadian Institute for Health Information (CIHI) collects national data on wait times for priority procedures. The federal benchmarks for cataract surgery, knee replacement and hip replacement are 16 weeks, 26 weeks and 26 weeks respectively.

In 2024/25, 82% of cataract surgeries for seniors were completed within 16 weeks. However, only 56% of knee replacements and 65% of hip replacements for seniors were completed within federal benchmarks, both remaining at or near the lowest levels in the last six years.

In 2024/25, Northern Health had the lowest proportion of surgeries for seniors completed within the federal benchmarks for cataract (68%), knee replacement (35%) and hip replacement (47%). In contrast, Vancouver Coastal Health had the highest proportion of knee replacements (66%) completed within the federal benchmarks.

SOURCE(S): 18, 19

SURGICAL WAIT TIMES
PERCENTAGE OF SURGERIES COMPLETED WITHIN FEDERAL BENCHMARK (WEEKS), 2024/25



NOTE(S): The federal benchmarks for cataract surgery, knee replacement and hip replacement are 16 weeks, 26 weeks and 26 weeks respectively.

SOURCE(S): 18



HOME AND COMMUNITY CARE

Publicly-subsidized home and community care services provide a range of health care and support services for people who have acute, chronic, palliative or rehabilitative healthcare needs. Services include home support, professional home care services, adult day programs, respite care, assisted living and LTC. In this section, client counts represent the number of individuals served within each health authority. Because some clients may receive services from more than one health authority during the year, the provincial total may count the same person more than once.

their eligibility for home support services and level of financial contribution. Home support is provided on a long-term basis for clients with ongoing needs or on a short-term basis for clients with time limited needs, such as immediately following discharge from hospital. This short-term service is paid for by the health authority, but long-term clients may be required to pay a contribution based on income. Clients may also organize their own services through the Choice in Supports for Independent Living (CSIL) program.

SOURCE(S): 20

COST OF HOME SUPPORT

In B.C., the client contribution, or daily rate, is calculated based on client and spousal income. If both members of a couple receive home support services, only one person is charged the full daily rate. If either person reports earned income on their tax return, their assessed charges for home support are capped at a maximum of \$300 per month. The client contribution is waived if a client receives one of the following:

- Guaranteed Income Supplement, spouse's allowance or the survivor's allowance under the Old Age Act (Canada),
- Income assistance under the BC Employment and Assistance Act,
- Disability assistance under the BC Employment and Assistance for Persons with Disabilities Act,

HOME CARE

HOME SUPPORT

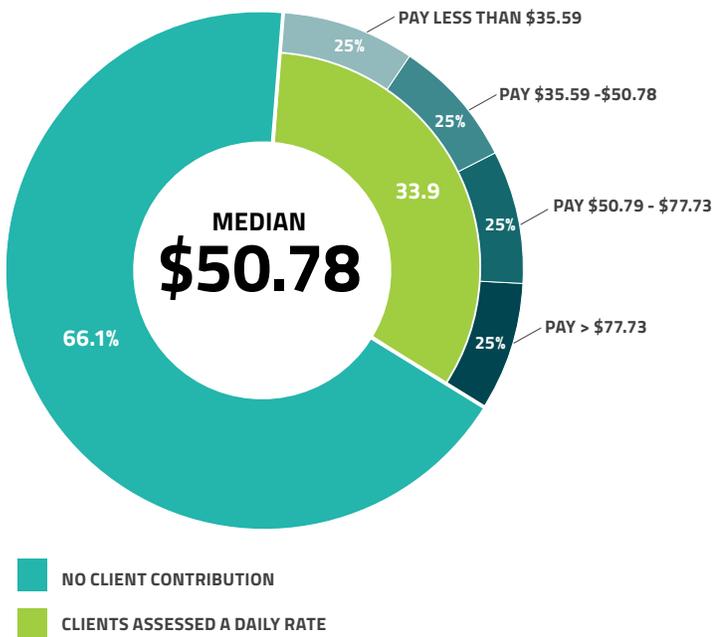
Home support is a publicly-subsidized service within the Province's Home and Community Care program delivered by community health workers and other clinical staff. The service helps clients with their daily personal care activities such as bathing, dressing or toileting, referred to as the 'activities of daily living'. It does not include assistance with activities such as grocery shopping, banking, driving to appointments, or other activities of independent living. Clients are assessed by a health authority case manager or clinician to determine

- War Veterans Allowance under the War Veterans Allowance Act (Canada), or
- BC Palliative Care Benefits program.

SOURCE(S): 21

Two thirds of long-term home support clients in B.C., including those in the CSIL program, had their client contribution waived, and the rest were assessed a daily rate. The median assessed daily rate increased 9% from the previous year, from \$46.63 to \$50.78; and 37% since 2019/20 (from \$37.10).

HOME CARE
ASSESSED CLIENT CONTRIBUTIONS PER DAY FOR HOME SUPPORT, 2024/25



NOTE(S): Includes long-term home support and CSIL

SOURCE(S): 22

HOME SUPPORT CLIENTS AND HOURS

More than 56,500 clients of all ages received nearly 15 million hours of publicly-subsidized home support services, with an annual average of 262 hours of service per client. The number of clients and total hours increased 4% and 10% respectively over the previous year, and 16% and 19% compared with 2019/20. The average hours per client went up 5% from the previous

year and 3% over six years ago. The rate of home support recipients per 1,000 seniors aged 75 or older was 114, relatively unchanged from the previous year but 7% lower than in 2019/20.

HOME CARE
HOME SUPPORT CLIENTS AND HOURS, 2024/25

	CLIENTS	HOURS	AVG HOURS PER CLIENT
IHA	10,616	2,058,081	194
FHA	17,937	4,729,893	264
VCHA	12,457	3,935,516	316
VIHA	11,270	3,588,170	318
NHA	4,233	493,211	117
B.C.	56,513	14,804,872	262

NOTE(S): Includes long-term, short-term and CSIL clients. Clients may receive service in more than one health authority. Client counts are unique within each health authority but B.C. totals are the sum of these and are therefore not unique client counts. Client counts and hours are for all ages. NHA's client counts are estimates, as they're unable to provide distinct counts.

SOURCE(S): 23

Of all home support hours delivered, 64% were provided through long-term support, 13% through short-term support and 22% under the CSIL program. The number of clients receiving long-term and short-term support increased over the previous year and over 2019/20. The service hours for long-term home support, short-term home support, and CSIL rose 10%, 22% and 3% respectively from 2023/24, and 13%, 92% and 10% respectively, compared with 2019/20.

The most significant growth has occurred in short-term home support, where total hours have nearly doubled (92%) since 2019/20. The average hours of care for short-term home support increased 15% from 2023/24 and 51% from 2019/20. For long-term home support, average hours rose 5% from the previous year and less than 1% from 2019/20. Average hours of care under CSIL increased 3% over the previous year and 4% from 2019/20.



HOME CARE

HOME SUPPORT BY SERVICE TYPE, 2024/25

	LONG-TERM	SHORT-TERM	CSIL
NUMBER OF CLIENTS	36,400	28,051	1,029
NUMBER OF HOURS	9,522,564	2,179,761	3,102,547
AVERAGE HOURS PER CLIENT	262	78	3,015

NOTE(S): Clients may receive more than one type of service and in more than one health authority. Client counts are unique within each health authority for each service type, but B.C. totals are the sum of these are therefore not unique client counts. Client counts and hours are for all ages.

SOURCE(S): 23

The number of clients receiving professional home care services and the total number of visits increased in Vancouver Coastal, Vancouver Island and Fraser Health authorities compared with the previous year. In contrast, total visits declined in Interior Health and Northern Health by 2% and 4% respectively. The average number of visits per client decreased in most health authorities, with the exception of Fraser Health with a slight increase (1.4%) and Vancouver Coastal which remained unchanged from 2023/24.

PROFESSIONAL HOME CARE

Professional services are also part of the Home and Community Care program and include nursing, physical therapy (PT), occupational therapy (OT), nutritional support and social work services provided by registered professionals. These services are generally provided on a short-term basis to address health issues after discharge from hospital or an episodic illness or injury. There is no client contribution for professional services.

PROFESSIONAL HOME CARE CLIENTS AND VISITS

The number of clients receiving professional home care services continued to rise over the past six years, increasing 3% from the previous year and 13% compared with 2019/20. The number of visits grew 2% over the previous year and 9% from 2019/20, with clients receiving an average of 12 visits, down 3% from 2019/20.

HOME CARE

PROFESSIONAL HOME CARE CLIENTS AND VISITS, 2024/25

	CLIENTS	VISITS	AVG VISITS PER CLIENT
IHA	31,098	353,916	11
FHA	36,800	414,556	11
VCHA	26,891	355,537	13
VIHA	36,690	528,595	14
NHA	15,300	106,958	7
B.C.	146,779	1,759,562	12

NOTE(S): Includes case management, community nursing services, community rehab services and clinical social work clients. Clients may receive service in more than one health authority. Client counts are unique within each health authority but B.C. totals are the sum of these and are therefore not unique client counts. Client counts and visits are for all ages.

SOURCE(S): 23

HOME CARE COMPLAINTS

Clients are encouraged to try to resolve issues immediately by speaking with the person who provided the care or their case manager. If a satisfactory response is not received, the complaint may be escalated to

the Patient Care Quality Office (PCQO) at the health authority. The PCQO registers complaints about the care received and works with the client to identify a reasonable resolution. If the matter is still unresolved, it may be escalated to the Patient Care Quality Review Board, which reports directly to the Minister of Health, for an independent assessment.

PCQO data does not separate complaints received for home support and professional services but includes all complaints from the home care sector.

The PCQO received a total of 638 complaints in all health authorities, decreasing 1% from the previous year and 9% from six years ago; 12 of which were reviewed by the Patient Care Quality Review Board. The number of complaints ranged from 29 in Northern Health to 342 in Fraser Health. While the reasons for complaints cover a broad range of concerns, 78% were about:

- Care (30%) – primarily delayed or disruptive care or service, or inappropriate type or level of care
- Accessibility (21%) – primarily care program or service denied, or not available
- Attitude and conduct (14%) – primarily uncaring attitude or inappropriate conduct, and
- Communication (13%) – primarily inadequate or incorrect information, or relatives or carers not informed

SOURCE(S): 24

ADULT DAY PROGRAMS AND RESPITE CARE

ADULT DAY PROGRAMS

Adult Day Programs (ADPs) are publicly-subsidized services that assist seniors and adults with disabilities to continue to live in their own homes by providing supportive group programs and activities in the community. Clients attending these services travel to a location within their own community or catchment area where they may receive personal assistance, health care services, therapeutic social and recreational activities, health education or caregiver support.

Many ADPs are connected with LTC facilities, while others operate independently. The number of days each client attends depends on the type of ADP. A nominal

daily rate, not exceeding \$10, may be charged to clients to assist with the cost of craft supplies, transportation (if provided) and meals. This fee may be waived if serious financial hardship would prevent a client from accessing the services.

SOURCE(S): 25

ADULT DAY PROGRAM CLIENTS AND DAYS

ADPs served 7,406 clients, who attended 286,581 program days, averaging 39 days per client. ADPs have returned to pre-pandemic service levels after being suspended during the pandemic. The number of clients is slightly higher (2%) than in 2019/20; while the average number of days per client remains largely unchanged.

ADULT DAY PROGRAMS AND RESPITE CARE

ADULT DAY PROGRAM CLIENTS AND DAYS, 2024/25

	CLIENTS	PROGRAM DAYS	AVG DAYS PER CLIENT
IHA	1,669	59,160	35
FHA	2,273	79,994	35
VCHA	1,671	76,745	46
VIHA	1,683	67,066	40
NHA	110	3,616	33
B.C.	7,406	286,581	39

NOTE(S): Clients may receive service in more than one health authority. Client counts are unique within each health authority but B.C. totals are the sum of these and are therefore not unique client counts.

SOURCE(S): 23

WAITLIST FOR ADULT DAY PROGRAMS

Waitlist tracking remains a challenge for some health authorities as they continue to refine data collection and reporting systems. Despite these limitations, reported data shows 1,404 clients were on the waitlist as of March 31, 2025, ranging from 61 in Northern Health to 648 in Vancouver Island Health. Average wait time data were available from Interior Health, Fraser Health and Vancouver Coastal Health, with reported waits ranging from 31 days to 158 days. Notably, Vancouver Coastal Health saw the largest increase with average wait times nearly tripling from 59 to 158 days, even as the number of waiting clients decline.



ADULT DAY PROGRAMS AND RESPITE CARE
WAITLIST FOR ADULT DAY PROGRAMS, MARCH 31, 2025

	ADPS	ADPS WITH WAITLIST	CLIENTS WAITING	AVERAGE WAIT TIME
IHA	38	38	71	31
FHA	21	16	405	80
VCHA	21	18	219	158
VIHA	27	27	648	n/a
NHA	15	15	61	n/a
B.C.	122	114	1,404	n/a

NOTE(S): VIHA is in a process of creating a new electronic waitlist system for ADPs; the wait times for ADPs is not available after 2022/23.

SOURCE(S): 26

OVERNIGHT RESPITE

Respite care is short-term care that provides a client’s primary caregiver a period of relief or provides a client with a period of supported care. Respite services may be provided at home through home support services, in the community through adult day services or, on a short-term basis in a LTC facility, hospice or other community care setting. To qualify, a client must meet eligibility criteria for home and community care, be assessed as requiring short-term care services and agree to pay the applicable daily rate.

SOURCE(S): 27

As of March 31, 2025, there were 241 respite care beds across the province ranging from 36 in Northern Health to 59 in Interior Health. This represents four fewer beds than the previous year and seven fewer than in 2019/20,

marking the third consecutive year of decline. Fraser Health experienced the largest reduction, with beds declining from 63 in 2020 to 52 in 2025 (five fewer than the previous year).

SOURCE(S): 26

ASSISTED LIVING

Assisted living is a housing option that provides seniors with enhanced supports to maintain their independence. Services include housing, hospitality services and regulated assisted living services. Housing can range from one room to fully self-contained apartments. Hospitality services include two meals per day, weekly housekeeping, access to basic social activities, laundry and a 24-hour emergency response system. Regulated assisted living services can vary and may include assistance with bathing, grooming, dressing and mobility, or tasks delegated by a health care professional. Registered assisted living is regulated under the Community Care and Assisted Living Act (CCALA) and the Assisted Living Regulation.

SOURCE(S): 28

Assisted living units in B.C. must be registered with the provincial Assisted Living Registry and are either publicly-subsidized or private pay units. In addition, there are independent living units, which are not subsidized by the government and are not registered with the Assisted Living Registry.

ASSISTED LIVING RESIDENCES AND UNITS, MARCH 31, 2025

	SITES	PUBLICLY-SUBSIDIZED UNITS	PRIVATE PAY UNITS
PUBLICLY-SUBSIDIZED REGISTERED	135	4,334	1,364
PRIVATE PAY REGISTERED	66	n/a	2,639

NOTE(S): Kiwanis Suites and Kiwanis House are separately registered in the Assisted Living Registry, as are Marrion Village 1950 and Marrion Village 1980. Therefore, they are not the same as the numbers reported in OSA Long-Term Care and Assisted Living Directory.

SOURCE(S): 29

In March 2025, there were 135 publicly-subsidized assisted living residences with 4,334 publicly-subsidized units, eight fewer units than the previous year but 72 (2%) more than six years ago. The number of private units in publicly-subsidized assisted living residences increased 3% from the previous year, and 5% (67 more units) compared with 2020.

SOURCE(S): 29

COST OF PUBLICLY-SUBSIDIZED ASSISTED LIVING

In publicly-subsidized assisted living, residents pay a set monthly rate of 70% of their after-tax income (including the spouse’s income if they co-reside), subject to a minimum and maximum monthly rate. The minimum monthly rate is set by the Ministry of Health.

In 2025, the minimum monthly rate was \$1,219.40 for a single client and \$1,857.30 for a couple living together in a publicly-subsidized assisted living unit. The maximum client rates are determined by each health authority based on a combination of the market rent for housing and hospitality services for the respective community and the actual cost of assisted living services received by the client.

The maximum monthly rate ranged from \$2,350 to \$4,762 for a single client and from \$2,850 to \$7,369 for a couple. As of March 31, 2025, there were 75 clients across the province paying the maximum amount, representing 1.5% of clients in publicly-subsidized assisted living units. This was a 25% increase from the previous year but 12% lower than six years ago.

SOURCE(S): 26, 28

MAXIMUM MONTHLY RESIDENT RATES (\$) FOR PUBLICLY-SUBSIDIZED ASSISTED LIVING BY HEALTH AUTHORITY, 2025

	SINGLE	COUPLE	CLIENTS PAYING MAXIMUM RATE
IHA	\$4,681-\$4,762	\$5,293-\$7,356	4
FHA*	\$4,143-\$4,537	\$5,076-\$7,369	14
VCHA	\$2,350-\$3,530	\$2,850-\$4,030	24
VIHA**	\$3,250	\$3,750-\$4,750	16
NHA	\$2,674-\$3,564	\$4,349-\$5,239	17
B.C.	\$2,350-\$4,762	\$2,850-\$7,369	75

NOTE(S): The maximum client contribution rate is determined by individual service providers and are not available from the Ministry of Health. Therefore, clients assessed at the maximum rate are not included resulting in an underestimation of the average and median rates. “Clients paying maximum rate” is the count of clients based on actual payment not the assessed monthly rate.

SOURCE(S): 8, 26

The assessed average client contribution for publicly-subsidized assisted living was \$1,709, a 9% increase from the previous year and 19% increase from 2020. However, averages can be skewed by high income earners. The median contribution is a more stable measure and is lower than the average. The assessed median client contribution (\$1,490) has risen every year over the last six years with an increase of 9% over the previous year and 20% from 2020.

ASSESSED CLIENT CONTRIBUTIONS IN PUBLICLY-SUBSIDIZED ASSISTED LIVING, 2025

	AVERAGE	MEDIAN
IHA	\$1,636.25	\$1,457.80
FHA	\$1,802.25	\$1,543.03
VCHA	\$1,648.82	\$1,419.63
VIHA	\$1,650.27	\$1,501.79
NHA	\$1,872.34	\$1,571.50
B.C.	\$1,708.77	\$1,489.83

NOTE(S): The maximum client contribution rate is determined by individual service providers and are not available from the Ministry of Health. Therefore, clients assessed at the maximum rate are not included resulting in an underestimation of the average and median rates. “Clients paying maximum rate” is the count of clients based on actual payment not the assessed monthly rate.

SOURCE(S): 22



PUBLICLY-SUBSIDIZED ASSISTED LIVING CLIENTS AND HOURS

Since there is occupancy turnover throughout the year, there will be more clients in publicly-subsidized assisted living throughout the year than there are units. In 2024/25, there were 5,125 clients living in assisted living, declining 1% and 6% from last year and 2019/20 respectively. The number of clients living in assisted living decreased across all health authorities, except in Interior Health and Fraser Health.

The number of personal care hours (i.e., daily home support) provided in publicly-subsidized assisted living increased 3% from the previous year and 7% from 2019/20. The average care hours per publicly-subsidized unit reflects the care hours each client receives in the publicly-subsidized units at any given time, regardless of turnover. On average, just over one hour of personal care was provided for one publicly-subsidized unit each day, a level that has slightly increased by 5% over this period, resulting in only a few additional minutes of care per day. The average care hours per publicly-subsidized unit increased in Interior and Vancouver Island Health over the last year; Vancouver Coastal Health showed a 1% decrease and Fraser and Northern Health region was unchanged.

ASSISTED LIVING
PUBLICLY-SUBSIDIZED ASSISTED LIVING UNITS AND CARE HOURS, 2024/25

	UNITS	TOTAL CARE HOURS	AVG HOURS PER SUBSIDIZED UNIT
IHA	926	441,515	477
FHA	1,333	619,122	464
VCHA	847	190,513	225
VIHA	935	458,616	490
NHA	293	110,500	377
B.C.	4,334	1,820,265	420

NOTE(S): NHA's values are estimates, as they're unable to provide the exact values.

SOURCE(S): 23, 29

WAITLIST FOR PUBLICLY-SUBSIDIZED ASSISTED LIVING

On March 31, 2025, 1,219 people were waiting for publicly-subsidized assisted living, similar to the previous year and 37% higher than in 2020. The largest increase was in Fraser Health (44%, from 116 to 167), followed by Vancouver Coastal Health (24%, from 144 to 178).

SOURCE(S): 26

FALLS IN REGISTERED ASSISTED LIVING, 2024/25

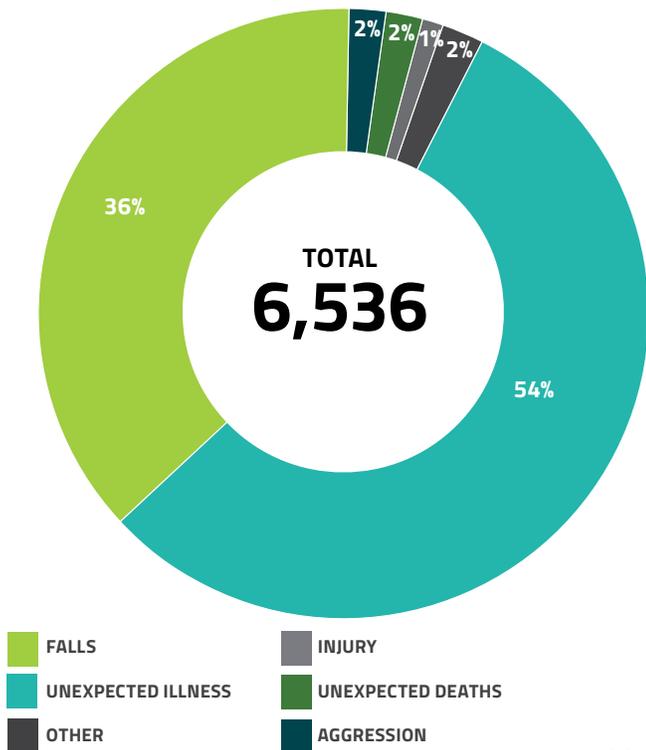
	TOTAL FALLS	FALLS PER 100 UNITS
IHA	666	34
FHA	556	20
VCHA	303	22
VIHA	750	40
NHA	61	19
B.C.	2,336	28

SOURCE(S): 29, 30

REPORTABLE INCIDENTS FOR REGISTERED ASSISTED LIVING

Both publicly-subsidized and private pay registered assisted living residences are required to report serious incidents to the Assisted Living Registrar (ALR), where the health or safety of a resident may have been at risk. Following changes in reporting requirements in 2019, the number of reported incidents increased significantly over the last few years, with 6,536 incidents in 2024/25 compared to 1,789 in 2019/20. Unexpected illness (54%) and falls (36%) accounted for 90% of all reported incidents.

REPORTABLE INCIDENTS IN REGISTERED ASSISTED LIVING, 2024/25



SOURCE(S): 29, 30

Since the 2019 changes to the reporting guidelines, the number of reported falls in registered assisted living has increased steadily. Falls increased from 1,958 in 2021/22 to 2,336 in 2024/25, while the rate per 100 units increased from 23 to 28 over the same period. In 2024/25, Island Health reported the highest rate at 40 falls per 100 units and Northern Health reported the lowest rate at 19 falls per 100 units.

COMPLAINTS IN REGISTERED ASSISTED LIVING

The Assisted Living Registrar (ALR) oversees compliance with the Community Care and Assisted Living Act (CCALA) and its associated regulations in both publicly-subsidized and private pay registered assisted living residences. Data on substantiated complaints are now available for two consecutive years.

In 2024/25, the ALR received 63 complaints, 31% fewer than the previous year but 11% more than 2019/20. These complaints raised 156 issues. Overall, six complaints were substantiated, indicating the residence was non-compliant with the CCALA or the regulations.

SOURCE(S): 31

SITE INSPECTIONS FOR REGISTERED ASSISTED LIVING

Inspections and investigations by the ALR have varied over the last six years, ranging from 84 in 2021/22 to 50 in 2022/23, with 60 conducted in 2024/25. The focus of inspections has shifted over time with complaint-related inspections gradually increased over this period, while site visits, site inspections and education inspections have declined. Other inspection types have remained low and stable including applications for registration and possible unregistered residences.

SOURCE(S): 29



LONG-TERM CARE

Long-term care (LTC) homes provide seniors with 24-hour professional supervision and care in a safe and secure environment. The data presented in this section cover publicly-subsidized LTC homes, including those operated by health authorities and those contracted by the health authority to provide services. Contracted operators include private for-profit and private not-for-profit organizations. Approximately 3% of B.C. seniors live in publicly-subsidized LTC.

SOURCE(S): 1, 8

LONG-TERM CARE BEDS AND ROOM CONFIGURATION

As of March 31, 2025, there were 30,094 LTC beds at publicly-subsidized facilities for B.C. seniors; 28,856 were publicly-subsidized beds and 1,238 were private pay beds. Of the publicly-subsidized beds, 32% were in health authority operated facilities and 68% were in contracted facilities. There were approximately 58 publicly-subsidized beds per 1,000 population aged 75 or older and 219 publicly-subsidized beds per 1,000 population aged 85 or older. Since 2019/20, these rates have decreased 16% and 7% respectively. From 2020 to 2025, the number of publicly-subsidized beds increased 5% while the seniors population aged 85 and older grew 13%.

SOURCE(S): 1, 8

The Office of the Senior Advocate (OSA) collects information from LTC operators on room configuration. Under CCALA, residents are required to be accommodated in single occupancy rooms, but some facilities were built under older standards and may

have rooms that accommodate two or more residents. The room configuration within publicly-subsidized LTC facilities has remained relatively consistent over the years.

In 2024/25, 91% of rooms were single occupancy, two percentage points higher than in 2019/20. Nearly 80% of beds are in single occupancy rooms.

LONG-TERM CARE

ROOM AND BED CONFIGURATION IN LONG-TERM CARE, MARCH 31, 2025

	ROOMS	BEDS
SINGLE OCCUPANCY ROOMS	91%	79%
DOUBLE OCCUPANCY ROOMS	6%	11%
MULTI-PERSON ROOMS	3%	11%

NOTE(S): This data includes only publicly-subsidized care homes that focus on care for seniors which are included in the OSA Long-Term Care and Assisted Living Directory. This includes publicly-subsidized and private pay LTC beds, and short-term care beds such as convalescent, end-of-life and respite beds. Care homes that provide specialized care such as acquired brain injury, AIDS or mental health are excluded.

SOURCE(S): 8

COST OF LONG-TERM CARE

Residents in LTC pay a monthly fee of up to 80% of after-tax income that is subject to a minimum and maximum rate, ensuring that a client retains at least \$325 per month for personal expenses. The minimum rate is calculated using the maximum amount of Old Age Security and Guaranteed Income Supplement as of July 1 of the previous year minus a \$3,900 deduction (\$325 x 12 months). The maximum is adjusted every year in line

with inflation. If the assessed monthly rate would cause financial hardship, residents can apply to their health authority for a temporary monthly rate reduction.

LONG-TERM CARE

MONTHLY RATES FOR CLIENT CONTRIBUTIONS IN LONG-TERM CARE, 2025

	COST PER PERSON
MINIMUM - SINGLES	\$1,466.20
MINIMUM - COUPLES SHARING A ROOM	\$1,039.17
MAXIMUM	\$4,073.40

SOURCE(S): 32

On March 31, 2025, 10% of clients in publicly-subsidized beds were paying the maximum annual rate for LTC in B.C., two percentage points higher than in 2019/20.

SOURCE(S): 8, 26

Average assessed client rates increased 7% from the previous year and 23% from 2019/20. However, averages can be skewed by high income earners. The median contribution is a more stable measure and is lower than the average. In 2024/25, the median assessed rate increased 10% over the previous year and 24% over 2019/20.

LONG-TERM CARE

ASSESSED CLIENT CONTRIBUTIONS IN LONG-TERM CARE, 2024/25

	AVERAGE	MEDIAN	CLIENTS PAYING MAXIMUM RATE
IHA	\$2,345.80	\$1,930.30	623
FHA	\$2,293.90	\$1,872.00	766
VCHA	\$2,221.46	\$1,709.26	742
VIHA	\$2,449.18	\$2,049.53	723
NHA	\$2,446.39	\$1,947.23	107
B.C.	\$2,327.21	\$1,882.33	2,961

SOURCE(S): 22, 26

LONG-TERM CARE CLIENTS AND DAYS

Taking bed turnover into account, the number of seniors living in LTC homes (42,620) increased 2% from the

previous year and 3% from 2019/20. Of these, 10,245 were new admissions, a 3% increase from the previous year and 2% decrease from four years ago.

LTC days are generally defined as occupied bed days. Any days where a client is hospitalized but not discharged from LTC are included in the length of stay. Overall, the average length of stay in publicly-subsidized beds was 855 days. However, the median length of stay is a better measure than the average as it is less prone to skewing by a few residents with very long stays. The median length of stay in LTC for all clients discharged from publicly-subsidized beds during the year was 537 days, a 9% increase from the previous year and 13% from 2019/20.

SOURCE(S): 8, 23

LONG-TERM CARE

LONG-TERM CARE DAYS AND LENGTH OF STAY, 2024/25

	CLIENTS	DAYS	MEDIAN LENGTH OF STAY
IHA	10,650	2,158,774	423
FHA	12,756	3,186,706	526
VCHA	9,205	2,424,175	744
VIHA	8,248	2,067,602	531
NHA	1,761	421,817	804
B.C.	42,620	10,259,074	537

NOTE(S): Clients may receive service in more than one health authority. Client counts are unique within each health authority but B.C. totals are the sum of these and are therefore not unique client counts.

SOURCE(S): 8, 23

WAITLIST FOR LONG-TERM CARE

Once assessed for placement, people may wait in hospital or at home for admission into a LTC facility. On March 31, 2025, there were 7,029 clients waiting to be admitted to LTC, more than two and a half times the waitlist in 2019/20. The average wait time for people on the waitlist as of March 31 was 287 days, a 19% increase over the previous year and almost doubled compared to 2019/20. Median wait times ranged from 89 days in Interior Health to 258 days in Northern Health.



LONG-TERM CARE

WAIT TIMES (DAYS) FOR PLACEMENT INTO LONG-TERM CARE, MARCH 31, 2025

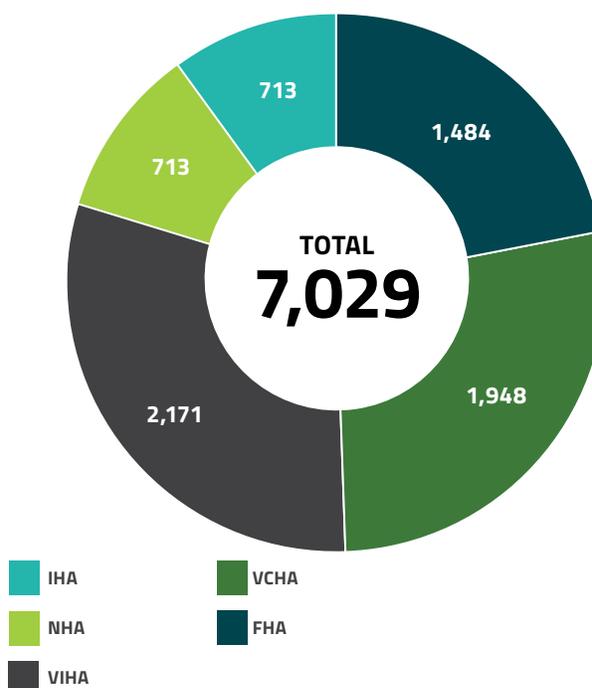
	AVERAGE	MEDIAN	MAXIMUM
IHA	163	89	1,211
FHA	250	211	1,284
VCHA	328	231	2,825
VIHA	290	229	1,861
NHA	369	258	1,609
B.C.	287	n/a	2,825

NOTE(S): The B.C. average wait time is a calculated weighted average; this time is based on people (on the waitlists) waiting for placement into LTC as of March 31, 2025. NHA's values are estimates, as they are unable to provide the exact values.

SOURCE(S): 26

LONG-TERM CARE

NUMBER OF CLIENTS WAITING FOR PLACEMENT INTO LONG-TERM CARE, MARCH 31, 2025



SOURCE(S): 26

In 2024/25, there were 10,245 admissions into LTC throughout B.C.; 5,219 were admitted from the community and 5,026 were admitted from hospital. Wait times varied, depending on where the client was admitted from. On average, clients waited 182 days when admitted from community and 70 days when admitted from hospital (including those admitted from hospital while previously waiting in community). These wait times increased 25% and 19% respectively, from 2023/24.



Clients admitted from hospital (excluding Northern Health) who had previously been waiting in community (127 days) experienced wait times more than 2.5 times than those waiting in hospital (47 days), representing increases of 19% and 16%, respectively, from 2023/24. Overall, average wait times for clients admitted to LTC have increased over the last six years.

LONG-TERM CARE
AVERAGE WAIT TIMES (DAYS) FOR CLIENTS ADMITTED TO LONG-TERM CARE, 2024/25

	IHA	FHA	VCHA	VIHA	NHA	B.C.
FROM COMMUNITY	134	139	159	299	245	182
NON-URGENT	150	399	486	404	n/a	337
URGENT	68	78	88	148	n/a	99
FROM HOSPITAL - TOTAL	51	54	31	190	252	70
FROM HOSPITAL	32	28	28	144	n/a	47
FROM HOSPITAL - PREVIOUSLY WAITING IN COMMUNITY	128	102	41	249	n/a	127

NOTE(5): The B.C. average wait time is a calculated weighted average based on IHA, FHA, VCHA and VIHA only.

SOURCE(S): 33

Urgent admissions from community are clients identified by the health authority as living with intolerable risk including people with immediate risk of abuse and neglect, experiencing caregiver breakdown or considerable risk of hospital admission. Non-urgent

admissions (or routine admissions) are clients who need LTC and can be kept safely at home with appropriate community supports until a LTC bed becomes available. There are differences in wait times for clients in the community for non-urgent or routine admission compared to urgent admissions.

The average wait time of urgent admission in 2024/25 (excluding Northern Health) was 99 days, 34% longer than the previous year and more than double compared to four years ago. The average wait time was 337 days for non-urgent admissions (excluding Northern Health), a 38% increase over the previous year and nearly 112% higher than in 2021/22. The average wait times for non-urgent admissions varied across the health authorities, ranging from 150 days in the Interior Health to 486 days in Vancouver Coastal Health.

SOURCE(S): 33

PREFERRED BED ACCESS

In July 2019, the provincial Long-Term Care Access policy was revised. While beds continued to be allocated based on need and risk, clients can identify up to three preferred care homes to move into. While they will be offered the first available bed, clients can choose to accept this bed without losing their place on the waitlist for their preferred care home, or they can choose to wait for their preferred care home without penalty.

In addition to clients waiting in community or hospital for placement into LTC, there were clients in an interim care home waiting for transfer to their preferred care

home. On March 31, 2025, there were 5,287 clients in an interim care home waiting for transfer to their preferred care home with a median wait time ranging from 225 days in Fraser Health to 563 days in Interior Health.

SOURCE(S): 26

For clients admitted to their preferred care home, wait times also varied depending on where they were admitted from. On average, clients waited 244 days to be placed in their preferred care home when admitted from the community and 348 days when admitted from an interim care home; these wait times have increased 73% and 69%, respectively, since 2021/22. These wait times varied across health authorities; average wait time ranged from 155 days to 344 days for clients placed in their preferred care home when admitted from community and ranged from, on average, 251 days to 504 days when admitted from an interim care home.

LONG-TERM CARE

AVERAGE WAIT TIMES (DAYS) FOR CLIENTS ADMITTED TO PREFERRED LONG-TERM CARE HOME, 2024/25

	IHA	FHA	VCHA	VIHA	NHA	B.C.
FROM COMMUNITY	155	229	312	344	n/a	244
NON-URGENT	183	503	486	452	n/a	335
URGENT	67	79	104	154	n/a	100
FROM INTERIM CARE HOME	251	309	504	458	n/a	348

NOTE(S): The B.C. average wait time is a calculated weighted average based on IHA, FHA, VCHA and VIHA only.

SOURCE(S): 33

On average, the wait time for clients admitted to their preferred care home was 100 days for urgent cases compared to 335 days for non-urgent cases. For urgent cases, the average wait time varied across health authorities, ranging from 67 days in Interior Health to 154 days in Vancouver Island Health. For non-urgent cases, the average wait time ranged from 183 days in Interior Health to 503 days in Fraser Health.

SOURCE(S): 33

USE OF ANTIPSYCHOTICS IN LONG-TERM CARE

Antipsychotic drugs are sometimes used to manage behaviours of residents with dementia, however, their use raises concerns about safety and quality of care. In 2024/25, 37% of LTC residents were administered antipsychotic medications, a 1% increase over the previous year. This rate of antipsychotic use has risen each year over the last six years, reaching its highest level in 2024/25. Another measure of antipsychotic usage is the percent of residents prescribed an antipsychotic without a diagnosis of psychosis. This measure excludes residents with symptoms that may be treated with antipsychotics, such as hallucinations or delusions.

Antipsychotic medications were administered to 29% of residents without a diagnosis of psychosis, a slight decrease from the previous year and four percentage points lower than 2019/20. Both measures of antipsychotic usage in B.C. are above the national level, five percentage points higher for antipsychotic usage and four percentage points higher for antipsychotic usage without a diagnosis of psychosis.

LONG-TERM CARE

PERCENTAGE OF RESIDENTS IN LONG-TERM CARE TAKING ANTIPSYCHOTICS, 2024/25

	IN B.C.	IN CANADA
WITHOUT A DIAGNOSIS OF PSYCHOSIS	28.9%	24.4%
WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	36.5%	32.9%

NOTE(S): Data reflects facilities with publicly-subsidized beds. Results for Newfoundland and Labrador, Ontario, Alberta, British Columbia and Yukon reflect full coverage in that province/territory. Results for the remaining provinces/territories are based on partial coverage (i.e., only certain facilities and/or regional health authorities submitted data to CCRS). Without a diagnosis of psychosis is the adjusted rate.

SOURCE(S): 34

REPORTABLE INCIDENTS IN LONG-TERM CARE

Licensed LTC facilities are required to report incidents as defined under the Residential Care Regulation. Licensing officers perform any necessary inspection or follow-up.

Health authority licensing offices received 20,235

incident reports, a 14% increase from the previous year and 13% from 2019/20. Over 70% of reportable incidents involved expected deaths and unexpected illness. Falls with injury (12%) continued to be the next most commonly reported type, followed by aggressive behaviour (5%).

The 2,487 reported falls with injury equate to 8.8 falls per 100 beds in B.C., a 7% increase from the previous year but a slight 1% decline from 2019/20. The falls rate was highest in Vancouver Island Health (11.6) and lowest in Northern Health (7.2).

LONG-TERM CARE
INCIDENTS AND FALLS WITH INJURY PER 100 BEDS, 2024/25

	REPORTABLE INCIDENTS	FALLS WITH INJURY
IHA	87.3	10.5
FHA	67.5	7.6
VCHA	63.0	7.5
VIHA	72.1	11.6
NHA	65.9	7.2
B.C.	-71.6	8.8

NOTE(5): Data is not available for Hospital Act facilities in Vancouver Island Health and therefore only includes facilities licensed under the Community Care and Assisted Living Act (CCALA). These facilities reported 15 adverse events, but these are not comparable to reportable incidents defined in the Residential Care Regulations

SOURCE(S): 8

COMPLAINTS IN LONG-TERM CARE

All clients are encouraged to address issues about care or services in LTC facilities by first speaking with the person who provided the care or the relevant manager. If a satisfactory response is not received, the complaint may be escalated to the Patient Care Quality Office (PCQO) at the health authority. The PCQO registers complaints and works with clients to identify a reasonable resolution. If the matter remains unresolved, it may be further escalated to the Patient Care Quality Review Board (PCQRB), which reports directly to the Minister of Health, for an independent assessment.

The PCQO received a total of 831 complaints across all health authorities, a 6% increase from the previous year and 11% from 2019/20; 18 were reviewed by the PCQRB.

While the reasons for complaints cover a broad range of concerns, 77% were about:

- care (40%) – e.g., inappropriate type of care, or delayed or disruptive care
- accommodation (11%) – primarily dissatisfied with placement or preferred accommodation not available
- communication (9%) – e.g., relatives/carers not informed or inadequate/incorrect information
- attitude and conduct (8%) – e.g., inappropriate conduct, uncaring attitude, unwelcome physical contact or physical/sexual/verbal abuse
- accessibility (7%) – e.g., visiting hours issues, or programs services denied, delayed or not available
- administrative fairness (3%) – primarily policy or procedure interpreted or applied unfairly

SOURCE(S): 24

LTC licensing offices in each health authority also receive complaints about facilities. Licensing officers conduct investigations to determine whether the complaint can be substantiated and identify any resulting licensing violations. Facilities in Interior and Northern health authorities licensed under the Hospital Act do not track complaints and substantiated complaints.

Reporting facilities received 398 complaints, of which 152 were substantiated resulting in some type of licensing infraction. Overall, complaints decreased 3% from the previous year and 31% from 2019/20. Substantiated complaints decreased steadily over five consecutive years before rising in 2024/25. Despite an increase of more than 20% that year, complaint volumes remained 22% lower than the 2019/20 baseline. Vancouver Island Health continued to have the highest number of complaints and substantiated complaints, with substantiated complaints rising 62% over the previous year. The rate of substantiated complaints per 1,000 beds remained well above the provincial average (5.3) in Vancouver Island Health (14.8).



LONG-TERM CARE

COMPLAINTS IN LONG-TERM CARE RECEIVED BY LICENSING OFFICES, 2024/25

	COMPLAINTS RECEIVED	SUBSTANTIATED COMPLAINTS	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS
IHA*	67	20	3.7
FHA	77	11	1.1
VCHA	56	29	4.4
VIHA**	182	89	14.8
NHA***	16	3	3.3
B.C.	398	152	5.3

NOTE(S): This data includes only publicly-subsidized care homes that focus on care for seniors which are included in the OSA Long-Term Care and Assisted Living Directory. This includes publicly-subsidized and private pay LTC beds, and short-term care beds such as convalescent, end-of-life and respite beds. Care homes that provide specialized care such as acquired brain injury, AIDS or mental health are excluded. * Interior Health: Complaints and substantiated complaints are only available for facilities licensed under the CCALA. ** Vancouver Island Health: Substantiated complaints are not available for facilities licensed under Hospital Act in 2024/25. *** Northern Health: Complaints and substantiated complaints are only available for facilities licensed under the CCALA. Aurora Home was removed from the 2024 Directory. Therefore, the figures differ from those published last year.

SOURCE(S): 8

SITE INSPECTIONS FOR LONG-TERM CARE HOMES

LTC facilities in B.C. are regulated and licensed under the Community Care and Assisted Living Act or the Hospital Act, whether they receive funding from a health authority, another agency or if clients pay privately. The Health Authority Community Care Facility Licensing offices issue licences and conduct regular inspections to ensure facilities are providing safe care to residents. Inspections should be conducted on a regular basis but

there is no mandatory frequency. Additional inspections may be required when complaints are received.

At least one inspection was conducted in 94% of LTC homes during the fiscal year; this has dropped two percentage points since last year. The inspection rate varied across health authorities with 100% in Fraser Health and Vancouver Island Health, 90% in Interior Health, 88% in Northern Health, and 87% in Vancouver Coastal Health. There were a total of 789 inspections conducted, resulting in 1,061 licensing infractions.

Due to variation in the size of care homes and the number of care homes inspected, it is more meaningful to compare infraction rates per 1,000 beds in the facilities inspected. The infraction rates in the facilities inspected was the highest in Interior Health (61.0) and lowest in Fraser Health (12.5). Most infractions related to records and reporting (22%), care and supervision (18%), staffing (16%), and the physical environment (15%).

LONG-TERM CARE

INSPECTIONS AND INFRACTIONS IN LONG-TERM CARE, 2024/25

	PERCENT OF FACILITIES INSPECTED	LICENSING INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED
IHA	90.1%	61.0
FHA	100.0%	12.5
VCHA	87.3%	52.0
VIHA	100.0%	38.7
NHA	88.0%	28.1
B.C.	94.0%	36.9

SOURCE(S): 8

FATALITIES

In B.C., reporting deaths is the responsibility of physicians, nurse practitioners and coroners. Examining fatality data is essential in understanding the characteristics and circumstances of deaths, determine life expectancy and comparing fatality trends overtime. To monitor the health status of seniors, fatality data can help answer questions such as how many seniors are dying and why, how long are seniors living and what are the top causes of death among the seniors population. The BC Vital Statistics Agency (VSA) registers all deaths in the province. Fatality statistics are presented by calendar year and are provisional, based on available death statistics data from VSA. The BC Coroners Service investigates all unnatural, sudden and unexpected, unexplained or unattended deaths in British Columbia. Due to the backlog of undetermined death cases (including those still under investigation) from the BC Coroners Service, data should be interpreted with caution.

LIFE EXPECTANCY AT 65

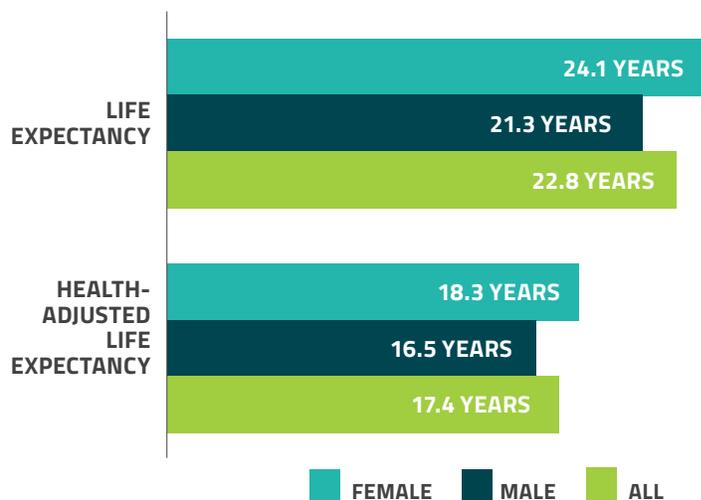
Life expectancy is a measure of a population’s ability to live a long life. Life expectancy at 65 is the average number of years that a person can expect to live after age 65. B.C. seniors who are 65 years of age could expect to live an additional 22.8 years - 24.1 years for senior women and 21.3 years for senior men. The life expectancy at age 65 increased 0.4 years over the previous year and 0.6 years compared to 2019.

Health-adjusted life expectancy (HALE) at 65 is the number of years in full health that a person can expect to live based on current rates of morbidity and mortality. HALE adjusts the life expectancy by the number of years lived in less than perfect health and is more comprehensive measure than life expectancy alone by measuring both quality and length of life.

In 2024, the HALE for B.C. seniors (65+) was 17.4 years; 18.3 years for senior women and 16.5 years for senior men. This represents an increase of 0.3 years from the previous year and 0.4 years respectively compared to 2019.

FATALITIES

LIFE EXPECTANCY AT 65 AND HEALTH-ADJUSTED LIFE EXPECTANCY (HALE) AT 65, 2024



SOURCE(S): 35

FATALITY TRENDS

In 2024, 35,308 seniors died in B.C., about the same as the previous year and 14% higher than in 2019. The fatality rate was 313 deaths per 10,000 seniors, a 3% decrease from the previous year and a 4% decrease from 2019. Vancouver Coastal Health reported the lowest fatality rate at 281 deaths per 10,000 seniors, while Northern Health had the highest at 366 deaths per 10,000 seniors.

FATALITIES

NUMBER OF DEATHS AND AGE-SPECIFIC FATALITY RATE BY HEALTH AUTHORITIES, 65+, 2024

	NUMBER OF DEATHS	AGE-SPECIFIC FATALITY RATE
IHA	7,640	342
FHA	11,133	302
VCHA	6,817	281
VIHA	7,821	325
NHA	1,897	366
B.C.	35,308	313

NOTE(S): Age-specific mortality rate is expressed per 10,000 of age-specific population.

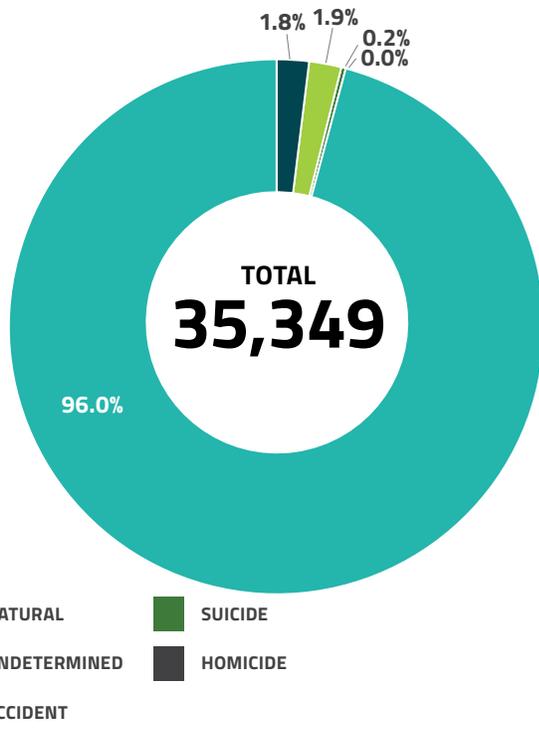
SOURCE(S): 1, 36



MANNER OF DEATH

Most seniors died from natural causes, which accounted for 96% of all senior deaths. The number of undetermined deaths among seniors remained elevated at roughly five times pre-pandemic levels; however, the 647 undetermined deaths recorded in 2024 represented only 2% of total senior deaths.

FATALITIES
MANNER OF DEATH 65+, 2024



NOTE(S): Undetermined: includes open cases still under investigation by the coroner; "closed" cases where the coroner's investigation is complete and the death cannot reasonably be classified as natural, accidental, suicide or homicide due to insufficient evidence or inability to determine manner of death.

LEADING CAUSES OF DEATH

The top five leading causes of death for seniors have remained fairly consistent over the last six years. These were cancer, heart disease, cerebrovascular disease (including ischemic and hemorrhagic stroke), chronic lower respiratory diseases (including bronchitis, chronic obstructive pulmonary disease, and asthma) and Alzheimer's disease. Together, these accounted for 58% of seniors' deaths in 2024. Data should be interpreted with caution due to the volume of "undetermined" cases from BC Coroners Service.

Cancer (malignant neoplasms) and heart disease were the top two leading causes of death among seniors (65+) over the past six years. In 2024, one in four seniors died from cancer (9,263, 26%) and almost one in five seniors died from heart disease (6,645, 19%). Across all health authorities, the number of seniors who died from cancer and heart disease increased compared to six years ago while seniors who died from cerebrovascular diseases decreased over the same period.

SOURCE(S): 36

FATALITIES

TOP FIVE LEADING CAUSES OF DEATH, 65+, 2024

	DEATH COUNT	PROPORTION OF OVERALL DEATHS
MALIGNANT NEOPLASMS	9,263	26%
DISEASES OF HEART	6,645	19%
CEREBROVASCULAR DISEASES	1,948	6%
CHRONIC LOWER RESPIRATORY DISEASE	1,527	4%
ALZHEIMER'S DISEASE	1,131	3%

NOTE(S): All causes are identified according to the World Health Organization's International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) which is a statistical coding system and the accepted international standard for mortality coding. The groups of codes used to define particular topics are noted in the Appendix.

SOURCE(S): 36

Seniors in LTC had different top five leading causes of death: heart disease, Alzheimer's disease, cancer, cerebrovascular diseases and chronic lower respiratory diseases. Heart disease has been the leading cause of death for seniors (65+) in LTC in the past six years. Alzheimer's disease has been the second leading cause in both 2023 and 2024.

SOURCE(S): 36

FALL-RELATED DEATHS

Falls are the leading cause of injury among seniors in Canada and can have negative outcomes ranging from fractures and head injuries to long-term hospitalizations and deaths. Fall-related deaths are defined as deaths in which a fall initiated the chain of events leading to the person's death. There were 540 fall-related deaths of seniors (65+) and 334 for older seniors (85+), an 11% and 8% decrease from the previous year and an 8% decrease from 2019 for both age groups. Fall-related deaths accounted for 2% of seniors' deaths in 2024.

SOURCE(S): 36

FATALITIES

FALL-RELATED DEATHS OF SENIORS, 2024

	65+	85+
NUMBER OF DEATHS	540	334
AGE-SPECIFIC FATALITY RATE	5	25

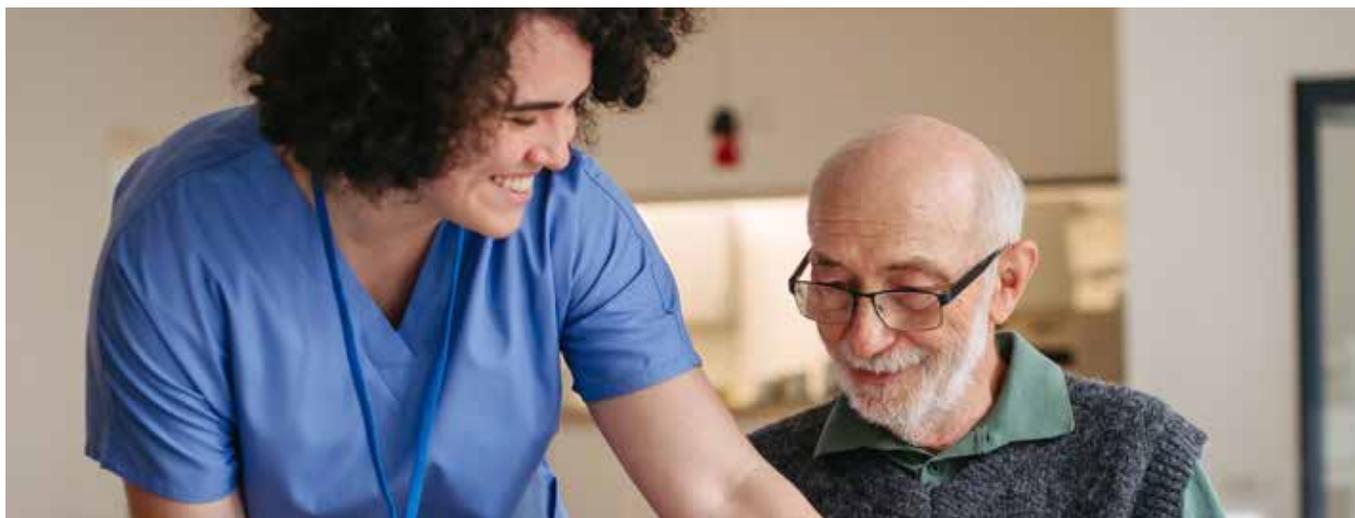
SOURCE(S): 1, 36

HEALTH HUMAN RESOURCES

Delivering quality health care requires an adequate supply of health care clinicians. The seniors' population is steadily increasing and the supply of new health care professionals must expand significantly to meet future needs. Building a sustainable workforce involves increasing the number of qualified health care providers, increasing productivity through education and effective use of skills, and increasing staff retention by strengthening working conditions. The following section provides some information on the current status of B.C.'s health care workforce.

ACTIVE REGISTRANTS

The number of active registrants was on an upward trend for all professions listed in the table below in the last six years except a dip in 2020/21 for physiotherapists. Nurse practitioners had the largest increase (13%) from the previous year and 108% from 2019/20, followed by care aides and community health workers (8% and 56% increase).



HEALTH HUMAN RESOURCES

NUMBER OF ACTIVE REGISTRANTS IN SELECT HEALTH CARE OCCUPATIONS, 2024/25

	NUMBER OF ACTIVE REGISTRANTS
PHYSICIANS	15,861
GENERAL/FAMILY PRACTITIONERS	8,017
SPECIALISTS	7,767
NURSES	62,071
REGISTERED NURSES	45,333
NURSE PRACTITIONERS	1,160
LICENSED PRACTICAL NURSES	15,578
CARE AIDES & COMMUNITY HEALTH WORKERS	56,223
PHYSIOTHERAPISTS	5,407
OCCUPATIONAL THERAPISTS	3,227

SOURCE(S): 37, 38, 39, 40

The Health Career Access Program (HCAP) is a provincially-funded program that provides a path for applicants with little to no experience to be trained as a health care assistant or a mental health and addictions worker. Over the past six years, the number of new registrants who graduated from Health Care Assistant (HCA) programs has shown a fluctuating yet upward trend, rising 85% from 2,405 in 2019 to 4,453 in 2024, the highest level recorded during this period.

SOURCE(S): 39

WORKFORCE

The Health Employers Association of British Columbia (HEABC) represents the strategic labour relations and human resources interests of many publicly-funded health care employers, including six health authorities and more than 200 affiliate organizations.

While HEABC represents many employers for acute care and home care, they represent a minority of employers in the LTC sector. Therefore, data related to care aides may not be representative of the entire LTC sector.

For organizations that reported to HEABC, employee changes over the previous year are the following:

- Registered nurses and registered psychiatric nurses increased 6%,
- Nurse practitioners increased 6%,
- Licensed practical nurses increased 5%,
- Care aides increased 3%,
- Community health workers increased 7%,
- Physiotherapists decreased 1%, and
- Occupational therapists increased 2%.

The average age of employees and the years of seniority have not changed substantially over the years between 2019 and 2024. In 2024, the average age of employees ranged between 41 and 46 across all the listed professions. Community health workers and care aides had an average of six years of seniority; licensed practical nurses and nurse practitioners had an average



of seven years; registered nurses, physiotherapists and occupational therapists had an average of eight years.

SOURCE(S): 41

HEABC job vacancy data is not available for this report.

JOB VACANCIES AND VACANCY RATE

According to Statistics Canada, job vacancies in nursing and resident care facilities in B.C. rose 42% from 2019 to 2024, while employment grew 10%, from 64,439 to 70,945. Both fell in 2024, with vacancies down 25% and employment down 11%. The job vacancy rate peaked at 5.7% in 2022 and dropped to 4.0% in 2024, suggesting the demand for staffing is starting to level off.

HEALTH HUMAN RESOURCES

JOB VACANCIES AND VACANCY RATE - NURSING AND RESIDENT CARE FACILITIES, 2024

B.C.	2024
JOB VACANCIES COUNT	2,930
PAYROLL EMPLOYEES COUNT	70,945
JOB VACANCIES RATE	4.0%

NOTE(S): Job vacancies count is the sum of job vacancies over the available quarters divided by the number of available quarters. The job vacancy rate is the number of job vacancies expressed as a percentage of labour demand; that is, all occupied and vacant jobs. For further details on organizations included/excluded, vacancies counted and jobs included see the Guide to the Job Vacancy and Wage Survey.

SOURCE(S): 42



COMMUNITY SUPPORTS

A range of community and personal support services are available to help seniors maintain healthy, independent and dignified lives, including seniors living with chronic or degenerative conditions.

COMMUNITY SUPPORT PROGRAMS

SENIORS CENTRES

Seniors centres and community centres throughout the province provide social, educational and recreational activities for older adults. These centres are generally operated by not-for-profit organizations or by municipal or regional governments. Most seniors centres charge an annual membership fee (usually less than \$100) that allows seniors to participate in activities for free or at a discounted rate. Some centres allow non-members to participate for a nominal fee, while other centres do not require membership but may charge a fee per activity. The goal of these programs is to help seniors maintain, improve and develop new skills and interests, build social connections, and enhance their quality of life.

NEW HORIZONS

The New Horizons for Seniors Program (NHSP) is a federal grants and contributions program that supports projects led or inspired by seniors who make a difference in the lives of others and their communities. The program has two funding streams: community-based grants (up to \$25,000 per year per organization) and pan-Canadian grants supporting projects for up to

five years. Approved projects must address one of the five program objectives:

- promote volunteerism among seniors and other generations,
- engage seniors in the community through the mentoring of others,
- expand awareness of elder abuse, including financial abuse,
- support the social participation and inclusion of seniors, or
- provide capital assistance for new and existing community projects and/or programs for seniors.

SOURCE(S): 43

In 2024/25, 371 approved community-based projects in B.C. received more than \$8 million in federal funding, a 19% decrease from the previous year and a 62% decrease from 2019/20. These projects are based in 57 communities across the province and support a wide range of social and educational opportunities for seniors. There are three on-going pan-Canadian contribution agreements totaling \$7.8 million from 2024/25 to 2029/30.

SOURCE(S): 44

PERSONAL SUPPORT PROGRAMS

FIRST LINK® DEMENTIA SUPPORT

First Link® dementia support, available provincially, is jointly funded by the Ministry of Health and the Alzheimer Society of B.C. The program connects people with dementia and their families to supports from the time of diagnosis and through all stages of the disease. In 2024/25, the service operated in 421 communities, one more than the previous year and 11 more than five years ago. The number of clients declined 4% from the previous year, returning to 2019/20 levels. In contrast, the number of client contacts continued its upward trend, rising 9% from the previous year and 68% over the past six years.

expanded group activities, social meals, more flexible transportation options, information and referral services, digital literacy/technology support, and more. The most frequently provided services were light housekeeping (31%), meal delivery (18%), and friendly visiting (16%).

The waitlist for Better at Home services declined by 19%, from 4,768 individuals in 2023/24 to 3,864 in 2024/25. The largest proportion of clients were waiting for light housekeeping (52%), followed by light yard work (9%) and friendly visiting (9%). The main factors contributing to waitlists were a lack of available contractors (27%), the need for subsidized service spots (23%), and insufficient volunteer capacity (16%).

SOURCE(S): 46

PERSONAL SUPPORT PROGRAMS

FIRST LINK® PROGRAM, 2024/25

	NUMBER
TOTAL UNIQUE CLIENTS	13,512
NEW CLIENTS	6,152
FORMAL REFERRAL	2,895
SELF-DIRECTED CONTACTS	3,257
CLIENT CONTACTS	58,212
COMMUNITIES SERVED	421

SOURCE(S): 45

BETTER AT HOME

Better at Home is a provincial government-funded program that helps seniors with daily tasks so they can continue to live independently in their own homes. The program is managed by the United Way British Columbia. Services, designed to complement existing government home support services, are provided by local non-profit organizations.

In 2024/25, staff, contractors, and 3,430 volunteers delivered 363,725 services to 20,126 clients, 80% of whom were seniors aged 65 and over. Both the number of clients and the volume of services have increased annually over the past six years, except in 2020/21 when data were combined with the Safe Seniors, Strong Communities initiative and separate reporting for Better at Home was unavailable. In 2024/25, Better at Home expanded its service offerings to include peer support,



HOUSING

Across B.C., housing options range from owned or rented detached homes, where seniors live independently, to LTC, where they receive 24-hour care. The proportion of people living independently (in houses, apartments and other similar structures) has remained high over the past decade, representing more than 90% of B.C.'s seniors' population. Approximately three-quarters of seniors who are 85+ continue to live independently in their own houses, condos and apartments.

95%
OF B.C. SENIORS
LIVE **INDEPENDENTLY**
IN PRIVATE DWELLINGS

5%
OF B.C. SENIORS LIVE IN
ASSISTED LIVING OR
LONG-TERM CARE



SOURCE(S): 47, 48



HOMEOWNERS

According to the 2021 Canadian Census, approximately 80% of B.C. households maintained by seniors are owned, and 68% of these households have no mortgage. Among B.C. senior homeowners, the median income is \$36,000 and 13% spend more than 30% of their income on shelter.

SOURCE(S): 49, 50, 51

HOME OWNERSHIP COSTS

In 2024, average home prices in B.C. varied widely from just over \$300,000 to nearly \$3 million, depending on location. Provincewide, home prices have risen substantially over the past decade, reaching an average of \$981,766 in 2024, up from \$567,501 ten years ago. This represents a modest 1% increase from 2023 (\$971,785) and a 40% increase compared to 2019 (\$701,314).

In 2025, average estimated property taxes and municipal charges increased 7% compared to 2024 and 37% compared to 2020. BC Hydro electricity rates rose 3.8% from 2024.

SOURCE(S): 52, 53, 54

HOMEOWNER GRANT FOR SENIORS

Homeowners who are residents of B.C. are eligible to claim a grant that reduces property taxes for their principal residence. An additional grant may be claimed for homeowners 65 years and older, persons with disabilities, veterans, or a spouse or relative of a deceased owner. For homes valued up to \$2.175 million,

the maximum grant for seniors is \$845 in urban areas; homeowners may be eligible for an additional \$200 if they live in a northern or rural area. For homes valued above \$2.175 million threshold in 2024, the additional homeowner grant was reduced by \$5 for every \$1,000 of assessed value above the threshold until the value of the grant was \$0. While the property tax owing is reduced when the additional homeowner grant is applied, homeowners must still pay at least \$100 in property tax annually to contribute to essential services, such as road maintenance and police protection.

Seniors with an adjusted net income of \$32,000 or less may qualify for the Low-Income Grant Supplement for Seniors if the Homeowner Grant has been reduced or eliminated because of the high assessed value of their principal residence. Most seniors who qualify for this grant are reimbursed \$845 from the province (\$1,045 in northern and rural areas), however, the amount of the grant depends on income level and assessed value of the home. Homeowners must apply separately for the Homeowner Grant for Seniors and the Low-Income Grant Supplement for Seniors on an annual basis.

SOURCE(S): 55

In 2024, there were 497,328 Homeowner Grants for seniors claimed. Additional grants are based on criteria for disability, surviving spouse or relative of deceased owner, or surviving spouse of a veteran who received the War Veterans Allowance. The additional grants are not claimed by seniors who are qualified for senior grants.

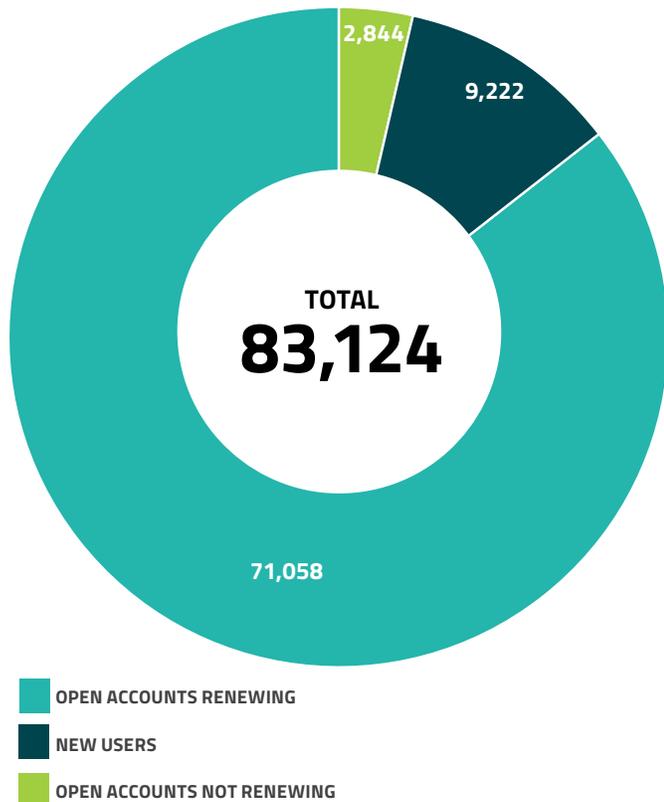
SOURCE(S): 56

PROPERTY TAX DEFERMENT

B.C.'s Property Tax Deferment Program allows eligible homeowners 55 and older, surviving spouses and persons with disabilities to defer paying their property taxes for a low simple interest (non-compounding) charge that accrues until the account is paid in full when the homeowner passes away or sells the property. While both the total value of newly deferred taxes and the number of new users declined last year, the amount deferred by continuing participants increased 11%, and the number of homeowners continuing to defer rose 4% compared to the previous year. Compared to six years ago, 20% more homeowners were deferring their property taxes.

HOMEOWNERS

NUMBER OF PROPERTY TAX DEFERMENT USERS, 2024/25



SOURCE(S): 56

The total amount of property tax dollars deferred in 2024/25 exceeded \$431 million, a 9% increase over the previous year and 52% higher than in 2019/20. Of this total, over \$39 million (9%) was newly deferred.

The median assessed value of homes in B.C. for which property taxes were deferred in 2024/25 under the regular program was \$1.331 million, down 2% from the

www.seniorsadvocatebc.ca

previous year. The median increased 1% in Vancouver and the Lower Mainland and declined 2% in the Capital Regional District.

The interest rate was 5.2% between April and September 2024, before decreasing to 4.95% between October 2024 to March 2025. The annual interest accrued in 2024/25 on the average deferred tax amount in B.C. (\$5,369) was \$272.47, a 15% increase over the previous year. Homeowners participating in this program have deferred an average cumulative amount of \$26,799 in property taxes.

The total amount of property tax deferred increased each year, and repayments to the province was \$228 million, a 53% increase over 2023/24.

This program began in 1974 and, as of March 31, 2025, the total cumulative amount of property tax deferred was more than \$3.153 billion, up 16% over March 2024 and more than doubled compared to March 2020 (\$1.372 billion).

SOURCE(S): 56

RENTING

The distribution of households maintained by seniors who are renters varies widely across B.C. According to the 2021 Canadian Census, the proportion of senior households that rent is higher in larger urban centres, such as Vancouver (33%) and Victoria (42%), compared to smaller centres, such as Terrace (21%) and Kamloops (20%).

SOURCE(S): 57

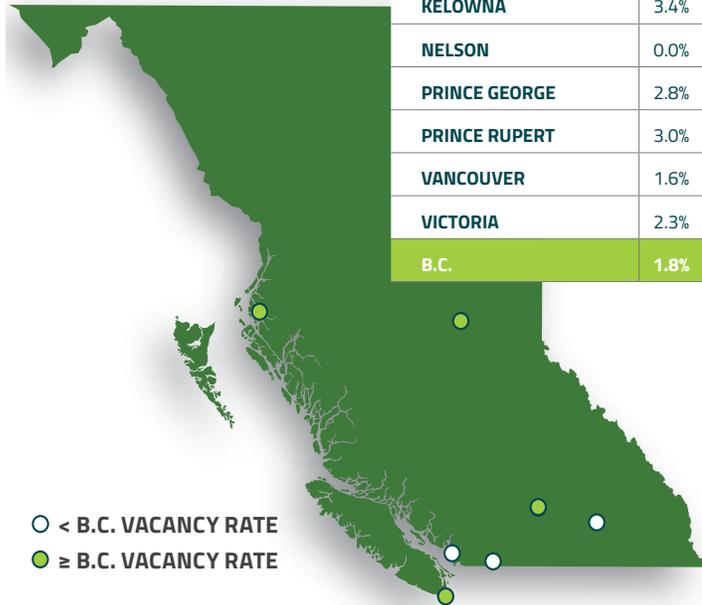
Across the province, 20% of senior households rent and rental costs vary widely. In 2024, the average rent for a one-bedroom apartment in Port Alberni was \$985, compared to \$1,769 in Vancouver. Overall, the average rent for a one-bedroom in B.C. was \$1,627 in 2024, 29% higher than in 2019 (\$1,260).

Vacancy rates vary across the province. In 2024, the vacancy rate for one-bedroom apartments was 1.6% in Vancouver and 3.4% in Kelowna. Provincewide, the vacancy rate for one-bedroom units increased to 1.8%, the second-highest level since the pandemic in 2020.

SOURCE(S): 49, 58

VACANCY RATES (1 BEDROOM), OCTOBER, 2024

COMMUNITY	2024
ABBOTSFORD/MISSION	1.2%
KELOWNA	3.4%
NELSON	0.0%
PRINCE GEORGE	2.8%
PRINCE RUPERT	3.0%
VANCOUVER	1.6%
VICTORIA	2.3%
B.C.	1.8%



SOURCE(S): 58

SHELTER AID FOR ELDERLY RENTERS

Shelter Aid for Elderly Renters (SAFER) provides a subsidy directly to B.C. renters aged 60 and older who have a low to moderate income and pay more than 30% of their gross monthly income towards rent. In April 2024, the B.C. government announced changes to the SAFER program and increased income eligibility to \$37,240, increased the minimum benefit from \$25 to \$50 and raised the rent ceiling to \$931 for single and couple renters in all communities. Further changes were announced in April 2025, raising income eligibility for single and couple renters from \$37,240 to \$40,000. (Note: April 2025 changes will be reflected in next year’s reported data.)

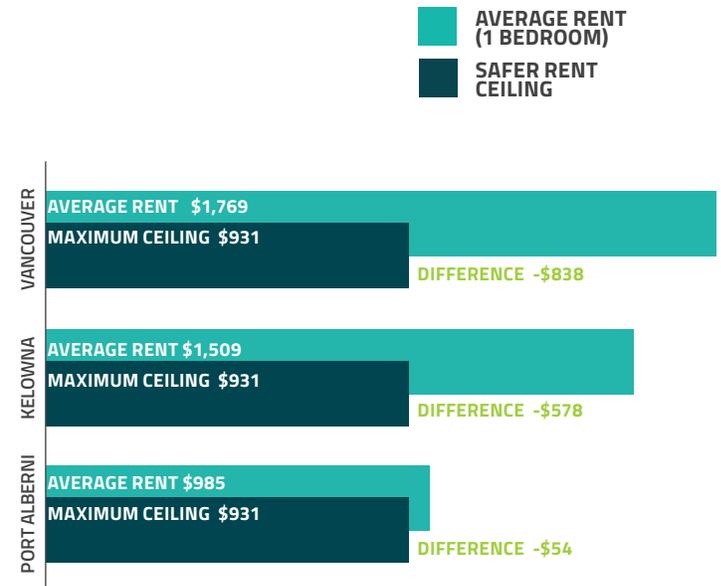
After several years of decline, total SAFER subsidies provided by BC Housing increased in 2024/25 with \$79 million in subsidies distributed, \$22 million more than in 2023/24. There were 24,065 SAFER recipients in 2024/25, a 5% increase from the previous year. Of these, 96% were single seniors with an average monthly income of \$1,793. The average monthly rent paid by SAFER recipients rose 7% over the previous year, while the average monthly rent subsidy increased 72% - from \$192 to \$330. This subsidy amount is also 59% higher than

six years ago, when it averaged \$207. However, even with the 2024 changes, the average SAFER recipient continued to pay just over 50% of their income towards rent out-of-pocket, suggesting that many low-income senior households may remain in, or be at risk of, core housing need.

SOURCE(S): 59, 60, 61

The average rent for a one-bedroom apartment in B.C. has increased substantially over the past decade. In 2024, average rents were more than 70% higher than in 2014, 29% higher than in 2019, and 4% higher than the previous year, with variation across regions. Although the rent ceiling used to calculate SAFER subsidies remains well below prevailing market rents, the 2024 increase to the rent ceiling (\$931) helps narrow that gap.

AVERAGE RENT VERSUS SAFER RENT CEILING, 2024



SOURCE(S): 58, 60

Historically, the SAFER formula does not account for any rent increases above the maximum SAFER rent ceiling, regardless of how much rent is paid and the rent ceiling is not tied to inflation or allowable rent increases. Additionally, the SAFER formula can lower subsidy amounts when income rises, even if a senior’s rent also increases. Following the changes to the SAFER program in 2024, fewer SAFER recipients are paying rents above

the rent ceiling. In 2024/25, 37% of recipients paid rents averaging \$351 above the rent ceiling, compared to 80% the previous year, who paid an average of \$355 above the rent ceiling.

Although the number of SAFER recipients is growing, some eligible seniors may not be accessing the subsidy. According to the 2021 Canadian Census, B.C. renters aged 65 and older had a median income of less than \$26,000 and 44% spent more than 30% of their income on shelter, some of whom may qualify for a SAFER. First-time SAFER recipients ranged between 13% and 18% in each of the last six years, suggesting there may be additional seniors who could benefit from this program.

SOURCE(S): 51, 59

SENIORS' SUBSIDIZED HOUSING

Seniors' Subsidized Housing (SSH) is long-term housing, funded by the provincial government, that is available to low-income B.C. residents aged 55 or older, or people who have a disability. Rents are calculated based on income; tenants pay 30% of their gross income toward the cost of their housing. Seniors can apply for SSH through the Housing Registry maintained by BC Housing, or directly with organizations maintaining their own databases. Applicants need to be able to live independently, but applicants who need supports to live independently are considered if they can demonstrate those supports are available in the community. Applicants are prioritized based on need and unit requirements or by date of application.

In 2024/25, there were 32,819 SSH units in B.C., 34% (11,128) were supportive housing units and 66% (21,691) independent housing units. The total number of SSH units has continued to grow gradually, increasing 2% from the previous year, with 612 additional units.

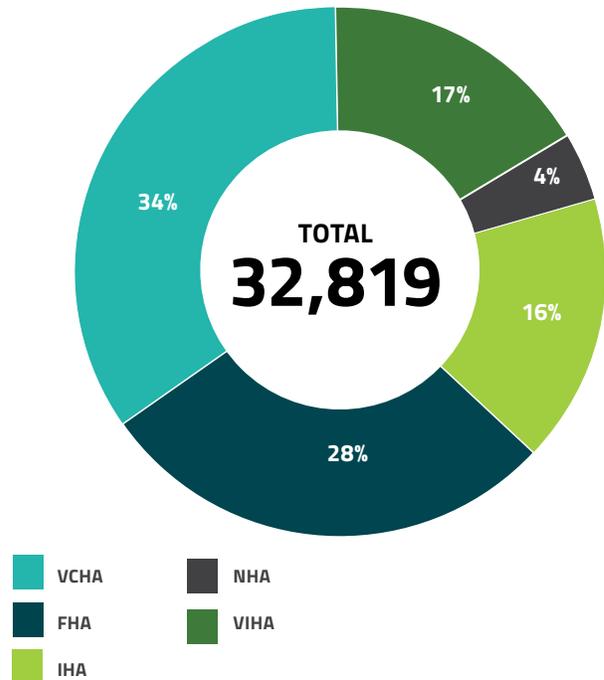
While the total number of SSH units increased 5% over the past six years, the number of units per 1,000 population (55+) has declined 5% since 2019/20. Population growth continues to outpace supply, resulting in fewer units available for people aged 55 and older.

APPLICATIONS AND WAIT TIMES

In 2024/25, there were 13,216 SSH applications, a 5% decrease from last year, but 4,500 (52%) more than in

2019/20, indicating that demand remains high. However, access to SSH units continue to be limited; only 894 applicants received a unit, representing just 7% of all applicants. As of March 31, 2025, 12,322 applicants were still waiting for housing, showing that demand continues to be greater than the number of units available.

RENTING
SENIORS' SUBSIDIZED HOUSING UNITS BY HEALTH AUTHORITY, 2024/25



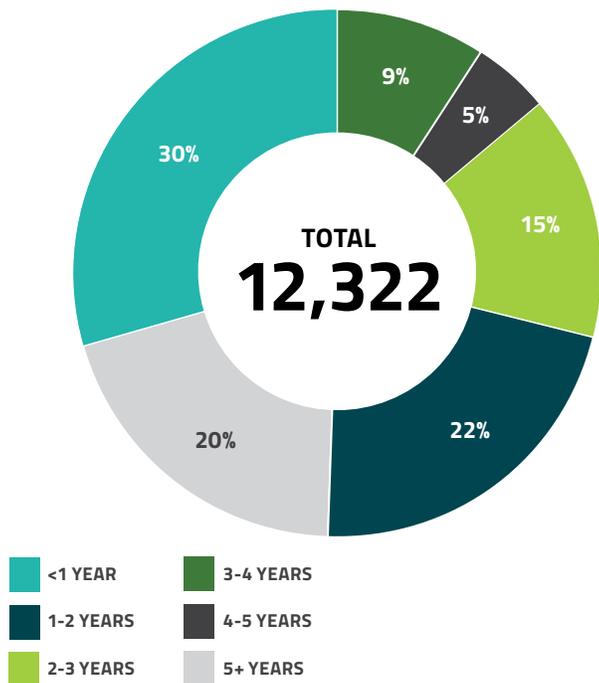
SOURCE(S): 59

In 2024/25, the median wait time for SSH applicants who were housed was 1.3 years, 19% longer than the previous year and 33% longer than six years ago. Of the 894 seniors who were housed, 43% secured a unit within one year, while 15% waited more than five years. Median wait times for seniors who were housed varied by region, ranging from 1.6 years in Vancouver Coastal Health to 10 months in Northern Health.

As of March 31, 2025, the median wait time for SSH applicants still on the waitlist was 1.9 years, an increase of 15% from 2023/24 and 14% from 2019/20. Median wait times varied by region with Vancouver Coastal Health reporting the longest median wait time at 2.1 years and Northern Health the shortest at 1.3 years. All regions in B.C. reported median wait times exceeding one year.

Among applicants on the waitlist, 30% have been waiting for less than one year, nearly half have been waiting for two years or more, and 20% have been waiting for over five years.

RENTING
WAIT TIME DISTRIBUTION FOR SENIORS' SUBSIDIZED HOUSING APPLICANTS WAITING AT MARCH 31, 2025



SOURCE(S): 59

- The member(s) of the household who require the adaptation must meet Canadian residency requirements and the household is their principal residence
- The household's combined before-tax income must be \$134,140 or below
- Excluding the value of the home, total household assets are less than \$100,000
- The BC Assessment value of the home must be below the Home Value Limits for BC RAHA, which vary by region, or the home value is below the average assessed value of homes in the area where the home is being adapted

A set schedule of rebates for specific adaptations is published by BC Housing. The lifetime maximum funding from the program is \$20,000. Any work undertaken prior to approval for funding from BC Housing is not eligible for a rebate. Renters may be eligible to access the program through a joint application with their landlord to undertake the necessary home adaptations.

In 2024/25, BC Housing received 663 applications and approved 329, 13% fewer than the previous year. The average value of approved adaptations rose sharply to \$16,410, up from \$11,067 in 2023/24, an increase of 48%.

SOURCE(S): 59, 62

BC REBATE FOR ACCESSIBLE HOME ADAPTATIONS

The BC Rebate for Accessible Home Adaptations (BC RAHA) program provides financial assistance in the form of rebates to eligible low or moderate-income households for home adaptations to enable homeowners to continue living independently. The program is intended to offset costs but does not necessarily cover the full cost of the work. Eligibility criteria for the 2024 application cycle include:

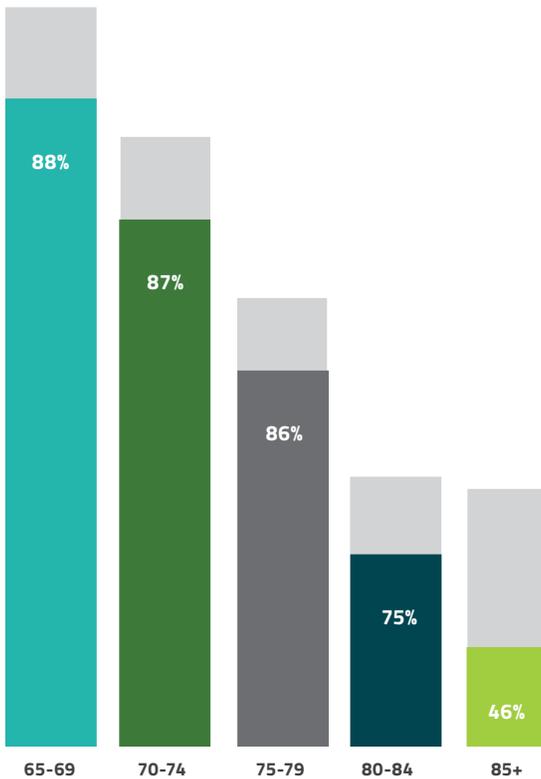
- A member of the household has a permanent disability or lasting ability loss
- Adaptations must be directly related to this loss of ability (may need assessment from an occupational or physical therapist)



TRANSPORTATION

Active living and healthy ageing often depend on reliable transportation options. Many B.C. seniors are active drivers. For seniors who become less mobile, there are a number of transportation programs available, including public transit, HandyDART and taxi fare savers with reduced rates for seniors. These options help seniors get to the grocery store, to visit family and friends and attend to personal errands and appointments.

ACTIVE DRIVERS
PERCENT OF POPULATION WITH ACTIVE DRIVER'S LICENCE BY AGE GROUP, 2024



SOURCE(S): 63, 64

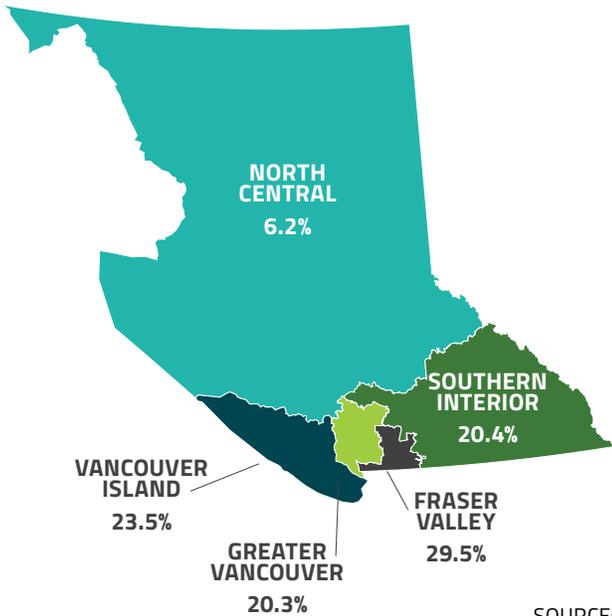
ACTIVE DRIVERS

Most B.C. seniors (81%) hold an active driver's licence. Among people aged 65 to 74, 88% hold an active driver's licence, but starting at age 75, more seniors begin to relinquish their licence.

The number of seniors with active driver's licences (911,600) increased 3% from the previous year and 22% from six years ago. Over the same time periods, the seniors' population grew 3% and 19% respectively. In 2024, the largest percentage increase in active drivers was observed among the 80 to 84 age group, rising 7%. Half of all seniors with an active driver's licence live in the Lower Mainland (Fraser Valley and Greater Vancouver).

SOURCE(S): 63, 64

ACTIVE DRIVER'S LICENCES FOR SENIORS BY GEOGRAPHIC REGION, 2024



SOURCE(S): 63

Driver's licences must be renewed with ICBC every five years; senior drivers aged 65 or older pay \$17 for renewals. In 2024, 163,454 seniors renewed their licences, while 13,756 surrendered theirs. Renewals decreased slightly by 1% from the previous year but increased 19% compared to six years ago. Licence surrenders rose by 12% from the previous year and 2% compared to six years ago.

SOURCE(S): 63, 65

At the age of 80, 85 and every two years thereafter, all B.C. drivers are required to complete a Driver's Medical Examination Report (DMER). The DMER, completed by the driver's physician or nurse practitioner, is the primary tool used to assess any medical conditions that may affect a person's ability to drive. A driver may be required to complete an Enhanced Road Assessment (ERA), administered by ICBC examiners, as part of RoadSafetyBC's process of making a Driver Medical Fitness determination. The ERA is a comprehensive assessment rather than just a pass or fail road test. There is no fee for the ERA.

The first DMER notice sent to senior drivers is accompanied by a letter informing the individual about why they are required to complete the DMER along with

instructions to take the form to their physician or nurse practitioner. Drivers are also provided with information regarding the option of voluntarily surrendering their licence in exchange for a BCID card.

The cost of the DMER is determined by the driver's physician and is not covered by the B.C. Medical Services Plan (MSP). Enrolled physicians are permitted to claim \$75 reimbursement through MSP for DMERs required for drivers with known or suspected medical conditions. While the Doctors of BC 2025 Fee Schedule for Uninsured Services suggest that physicians charge \$253 for the full DMER, there is a wide range in what physicians charge across the province. Some physicians may waive the fee in cases of financial hardship.

SOURCE(S): 66, 67

In 2024, RoadSafetyBC opened 177,000 driver fitness cases (40% of the people in these cases were aged 80 or older). Approximately 2% of cases (80+) were subsequently referred for an ERA. Outcomes for driver fitness cases in 2024 are outlined in the following table.

ROADSAFETYBC DRIVER FITNESS CASE DECISIONS, 2024

	<80	80+	ALL AGES
CASES OPENED	106,000	71,000	177,000
REFERRED FOR ENHANCED ROAD ASSESSMENT (ERA)	1,110	1,144	2,254
CASE DECISIONS			
ULTIMATELY FOUND FIT TO DRIVE	36,403	9,993	46,396
THAT DID NOT RESPOND / CANCELLED LICENCE	988	912	1,900
VOLUNTARILY SURRENDERED LICENCE	90	102	192
FOUND MEDICALLY UNFIT TO DRIVE	2,450	1,234	3,684
CASES REMAINING OPEN	66,000	58,000	124,000
DRIVERS DECEASED	197	274	471

NOTE(S): Data is as of August 21, 2025. The implementation of a new case management system (MERCURY) in 2024 continues to have errors with automatically opening cases, therefore the 2024 number of Driver fitness cases opened and the number of Cases remaining open at time of reporting are based on estimates using the number of DMER's mailed to citizens. The counts are subject to ongoing revisions as new information is received by RoadSafetyBC. A year's cases are generally not considered to be settled until 12-18 months have passed.

SOURCE(S): 68



PUBLIC TRANSPORTATION

Public transportation in the province is administered by two service providers: TransLink, which serves Metro Vancouver, and BC Transit, which provides services to the rest of the province in partnership with local governments. Public transportation options for seniors in B.C. vary widely based on geography and may be unavailable in some rural and remote areas. Urban centres tend to have the highest service levels in terms of operating hours, frequency and routes. Many communities have a regular fixed-route bus system, some have door-to-door HandyDART services, and some have custom paratransit services.

Service availability varies not only by region, but by type of transit, with more fixed-route systems offering evening and weekend service. TransLink is a single system offering fixed route transit and HandyDART services in Metro Vancouver. The rest of B.C. currently has 31 public transportation systems, all of which offer fixed route transit systems that provide a network of transit services within their defined service area. There are 28 HandyDART systems across the province outside Metro Vancouver, of which 10 offer weekend service and eight provide evening service. On-demand paratransit systems are an alternate mode of transportation that is also available but there is no guarantee of consistency of service.

PUBLIC TRANSPORTATION
PUBLIC TRANSPORTATION AVAILABILITY, 2025

	BC TRANSIT	TRANSLINK
HANDYDART SYSTEMS	28	1
OFFERING SERVICES 7 DAYS A WEEK	10	1
OFFERING EVENING SERVICES (PAST 6PM)	8	1
FIXED-ROUTE TRANSIT SYSTEMS	31	1
OFFERING SERVICES 7 DAYS A WEEK	23	1
OFFERING EVENING SERVICES (PAST 6PM)	25	1
FLEXIBLE/PARATRANSIT SYSTEMS	32	0

SOURCE(S): 69, 70

The cost of public transportation service varies by community. The following table gives some examples of the cost for a single trip and a monthly pass for a senior. The cost of monthly HandyDART passes in Vancouver and Victoria are the same as a conventional adult monthly pass. In Metro Vancouver, all HandyDART trips are considered a one zone trip, regardless of the trip length.

SENIOR ONE-WAY FARES IN SELECT MUNICIPALITIES, 2025

	CONVENTIONAL	HANDYDART
VANCOUVER	\$2.25-\$4.50	\$2.25
VICTORIA	\$3.00	\$3.00
QUESNEL	\$1.50	\$3.00-\$9.00
WEST KOOTENAY	\$2.25	\$2.00-\$2.50
CHILLIWACK	\$1.75	\$2.00-\$2.75

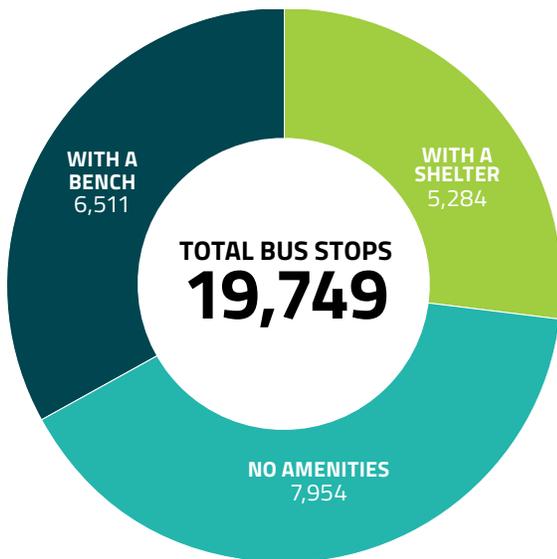
SOURCE(S): 71

PUBLIC TRANSIT

Public transit is an option used by many seniors and includes both fixed route services, such as buses, SeaBus or SkyTrain, and the scheduled service provided by HandyDART.

Waiting at a bus stop can pose challenges for seniors. Only about 33% of bus stops in B.C. have a bench available and 27% have a shelter. For many seniors with mobility challenges, standing at a bus stop for extended periods can be difficult.

BUS STOP AMENITIES, 2025



SOURCE(S): 69, 70

BC BUS PASS PROGRAM

The BC Bus Pass Program offers subsidized annual bus passes to low-income seniors and persons with disabilities. Seniors pay an annual \$45 administrative fee. The program allows users to ride on a regular public transit bus but does not include HandyDART. To be eligible, seniors must meet one of the following criteria:

- 60 years or older and the spouse of a person with the Person with Disabilities designation and are receiving disability assistance from the Province of British Columbia;
- 60 years or older and receiving income assistance from the Province of British Columbia;
- 60 years or older, living on a First Nations reserve and getting assistance from the band office;
- 65 years or older and would qualify for the Guaranteed Income Supplement (GIS) but does not meet the Canadian 10-year residency rule;
- Receiving Old Age Security (OAS) and the GIS;
- Receiving the federal spousal Allowance; or
- Receiving the federal Allowance for the Survivor.

SOURCE(S): 72

The Bus Pass Program is administered by the Ministry of Social Development and Poverty Reduction and passes are valid in communities served by TransLink or BC Transit. In 2024, 64,758 seniors received a bus pass, representing a 10% increase from the previous year but remaining 1% below the 2019 level. A total of 41,822 persons with disabilities received a BC Bus Pass, a 4% decrease from 2023 but a 2% increase compared to 2019.

SOURCE(S): 73

HANDYDART

HandyDART is a shared ride service for people with permanent or temporary disabilities who are unable to use conventional public transit without assistance. HandyDART offers door-to-door service, aiding with boarding and exiting the bus, and reaching the door of the destination safely. Both BC Transit and TransLink operate similar but separate HandyDART services.

Everyone must apply for HandyDART and the application process varies by community. Most HandyDART

clients require a signature from a medical practitioner confirming that they are unable to use conventional transit without assistance. Many jurisdictions have introduced a functional assessment as part of their eligibility process. Eligibility may be assessed on a permanent basis, temporary basis when clients have a temporary ailment, or conditional basis when certain conditions apply (e.g., only when there is snow or ice).

HANDYDART CLIENTS

As of March 31, 2025, the number of active HandyDART clients across the province increased 8%, rising from 45,182 in 2024 to 48,891 in 2025. This represents a 6% increase compared with 2019. Among these, the number of active clients served by TransLink rose 5% from 2024 and by 20% from 2019. In contrast, active clients served by BC Transit increased 15% from 2024 but declined 13% compared with 2019. Approximately 77% of TransLink’s active HandyDART clients are aged 65 or older; age distribution data for BC Transit clients are not available.

The number of new clients registered for HandyDART service increased 4% compared with the previous year but remained 18% lower than six years ago. New client registrations with TransLink rose 8%, while registrations with BC Transit declined 2%. Among new TransLink clients, 76% were aged 65 or older; age distribution data for BC Transit clients are not available.

PUBLIC TRANSPORTATION
HANDYDART CLIENTS, 2025

	TRANSLINK	BC TRANSIT	TOTAL
ACTIVE	31,753	17,138	48,891
NEW	7,404	5,026	12,430

SOURCE(S): 69, 70

HANDYDART RIDE REQUESTS

In 2024, TransLink received over 1.6 million HandyDART ride requests, while BC Transit received nearly 800,000. Of these, 1% of TransLink ride requests and 5% of BC Transit ride requests were unfilled, meaning the rides were denied, refused, or became unaccommodated standby trips. Overall, HandyDART ride requests increased 8% from the previous year but remained 8% below 2019 levels. TransLink experienced a 5% increase in requests, while BC Transit experienced a 4% increase.

The number of unfilled rides decreased 6% for TransLink but increased 31% for BC Transit.

In addition to regular ride requests, same day or standby ride requests may be accommodated if they fit within the drivers’ schedule. A round trip is considered two one-way trips but securing a trip one way does not guarantee the return trip will also be accommodated. In 2024, TransLink fulfilled 27% of standby ride requests, a 14% decrease from the previous year and the lowest rate recorded in the past six years. BC Transit does not report standby rides separately.

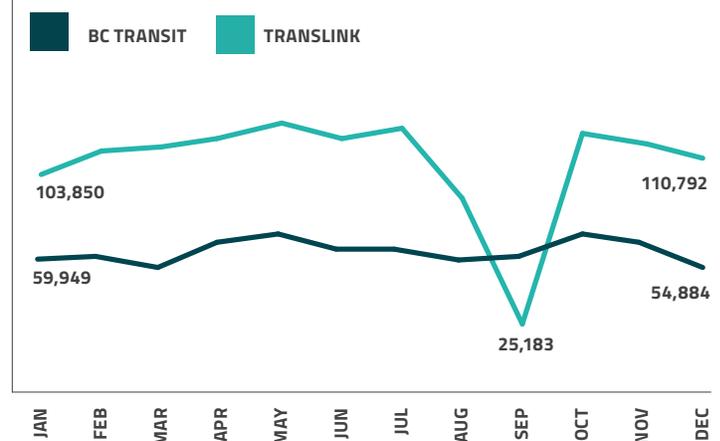
The target pickup window for HandyDART clients varies by location, with the most common standard being a 30-minute window (pickup occurring within 15 minutes before or after the scheduled time). TransLink’s on-time ride delivery rate declined slightly to 91% in 2024, down from 94% in 2021, following three consecutive years of improvement. BC Transit does not report on-time performance data.

SOURCE(S): 70

RIDERSHIP

HandyDART ridership remained stable in 2024, increasing 1% compared with 2023 but remaining 16% below 2019 levels. TransLink HandyDART ridership experienced a marked decline in August and September 2024 due to job action. By December 2024, the number of rides provided by TransLink and BC Transit HandyDART had recovered to approximately 84% of pre-COVID levels.

PUBLIC TRANSPORTATION
MONTHLY HANDYDART RIDERSHIP, 2024



SOURCE(S): 69, 70



HANDYDART COMPLAINTS

Both TransLink and BC Transit have processes in place for receiving and resolving complaints with HandyDART services they provide. Most complaints are resolved at the point of service, but if a solution cannot be found, a process for further escalating the complaint is available.

In 2024, TransLink received 3,410 HandyDART-related complaints, representing an 8% increase from both 2023 and 2019. Of these, 37% were related to service issues and 63% to operator conduct or performance. Overall, 97% of complaints were resolved within three days, with only eight cases requiring escalation for further resolution. Regional transit companies operating BC Transit HandyDART services received 185 complaints during the year, nine of which required escalation to BC Transit.

SOURCE(S): 69, 70

TAXIS

Some seniors pay out-of-pocket to use a taxi and relying on taxis may not be financially viable for seniors with low incomes.

TAXI SAVER PROGRAM

HandyDART clients who have a HandyCard or HandyPASS can purchase discounted taxi vouchers through the Taxi Saver Program to pay for rides directly, if accepted by the taxi company. Depending on their location, clients can buy \$80 to \$100 in taxi vouchers per month at a 50% discount. In TransLink communities,

HandyCards also allow people with permanent physical, sensory or cognitive disabilities to travel on conventional transit at concession fare prices. An attendant who accompanies and assists the HandyCard or HandyPASS holder travels free on conventional transit.

In 2024, TransLink HandyDART clients purchased a total of \$1.15 million in taxi vouchers. The average amount spent per client was \$36.11, a 17% increase from the previous year. However, only 8% of HandyDART clients purchased vouchers in 2024, continuing a six-year decline from 20% in 2019. Overall voucher requests increased 20% compared with the previous year but remained 31% lower than in 2019.

SOURCE(S): 70

BC Transit HandyDART clients purchased a total of \$1.16 million in taxi vouchers in 2024. The average amount spent per client was \$67.48, a 13% decrease from the previous year and a 34% decline compared with 2019. The proportion of HandyDART clients purchasing taxi vouchers is unknown. Voucher requests remained stable compared with the previous year but were 42% lower than in 2019. Despite these declines, the total value and number of voucher requests, as well as the average amount spent per client, have shown an upward trend over the past four years.

SOURCE(S): 69



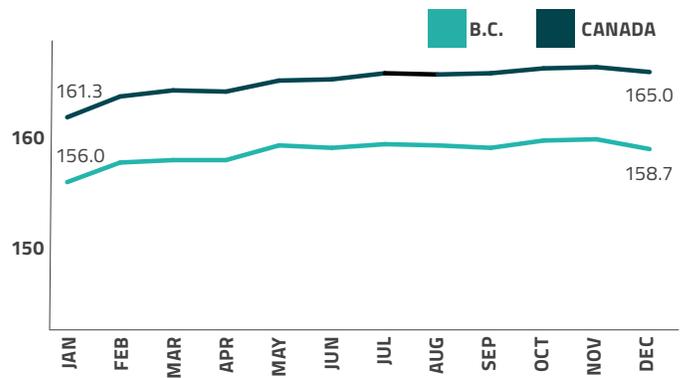
INCOME SUPPORTS

Income security is critical for seniors who want to maintain a healthy and active lifestyle as they age. The provincial and federal governments provide a range of financial programs, such as Old Age Security (OAS), Canada Pension Plan (CPP), Guaranteed Income Supplement (GIS) and BC Senior’s Supplement (BCSS), to help seniors. Additional support is available through provincial and federal tax credits and provincial health insurance plans that benefit seniors.

COST OF LIVING

Changes in the cost of living can be estimated with the Consumer Price Index (CPI), an indicator of changes in consumer prices experienced by Canadians. The CPI is calculated by measuring the cost of a fixed basket of goods and services and comparing changes in cost over time. The CPI is used in determining the maximum allowable rent increase and setting annual increases in income supports, such as OAS, GIS and CPP. In 2025, the annual CPI for B.C. and Canada rose 2.1% compared to the previous year. Since 2020, the CPI has risen 19.7% in B.C. and 19.9% nationally. The 2025 monthly CPI increased ranging from 1.7% to 3.0% in B.C. and 1.7% to 2.6% in Canada compared to the same period last year.

COST OF LIVING
CONSUMER PRICE INDEX, 2025



SOURCE(S): 74

FEDERAL AND PROVINCIAL INCOME SUPPORTS

OLD AGE SECURITY, GUARANTEED INCOME SUPPLEMENT AND BC SENIOR’S SUPPLEMENT

OAS is the Government of Canada’s largest pension program. The OAS pension is a taxable monthly payment available to all seniors aged 65 and older who meet the Canadian legal status and residence requirements, regardless of whether a senior ever worked or is still working. In July 2022, seniors aged 75 and over receive a 10% increase in their OAS pension.

As of October 2025, for seniors aged 65 to 74 years, the maximum payment is \$740.90 per month and for seniors aged 75 and over, the maximum payment is \$814.10 per month, a 2% increase over the same time last year for both age groups. OAS is indexed quarterly based on the change in the CPI from the previous quarter, but payments are not reduced if the average CPI decreases. OAS can be deferred up to age 70 to increase the benefit amount. Each month of deferral increases the payment by 0.6%, up to a maximum of 36% after 5 years.

In March 2025, 1,045,035 seniors in B.C. received OAS, a 3% increase over the same time last year and 17% from March 2020.

SOURCE(S): 75, 76

GIS is a monthly non-taxable benefit paid to OAS pension recipients who have low incomes and live in Canada. A single senior whose annual income (excluding OAS) is below \$22,440 is eligible to receive some amount of GIS. As of October 2025, the maximum monthly amount is \$1,105.43, a 2% increase over the same time last year and 21% increase from October 2020.

In March 2025, 344,449 seniors in B.C. received GIS, a 2% increase from March 2024 and 26% increase from March 2020. If OAS is deferred, an individual is not eligible for GIS during the deferment.

SOURCE(S): 75, 77

The BCSS is a monthly provincial top-up to the federal OAS and GIS. The supplement payment is calculated on the amount of federal GIS received. The BCSS is not indexed to inflation and has not increased since April 2021 when the maximum monthly benefit increased to \$99.30 for a single senior. Single seniors with an annual income, including OAS and GIS, below \$24,447.95 (65 to 74 years) or \$25,326.35 (aged 75 plus) may be eligible to receive a pro-rated amount of the maximum BCSS. Note these figures are estimates of annual income eligibility based on October 2025 rates.

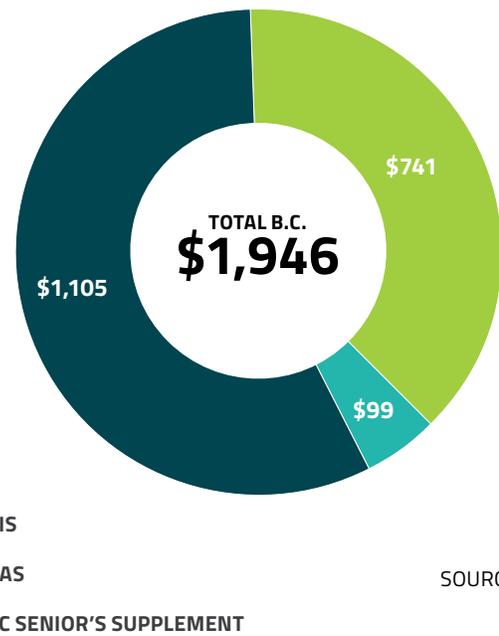
As of December 2024, approximately 96,800 seniors received the BCSS, a level similar to the previous year and a 47% increase since 2019.

SOURCE(S): 76, 78

To illustrate the level of financial support available, between October and December 2025, low-income single seniors in B.C. could receive up to \$1,945.63 per month (65 to 74 years) or up to \$2,018.83 per month (aged 75 plus) in federal and provincial income supports. This represents a 2% increase over the same period last year.

SOURCE(S): 75, 76

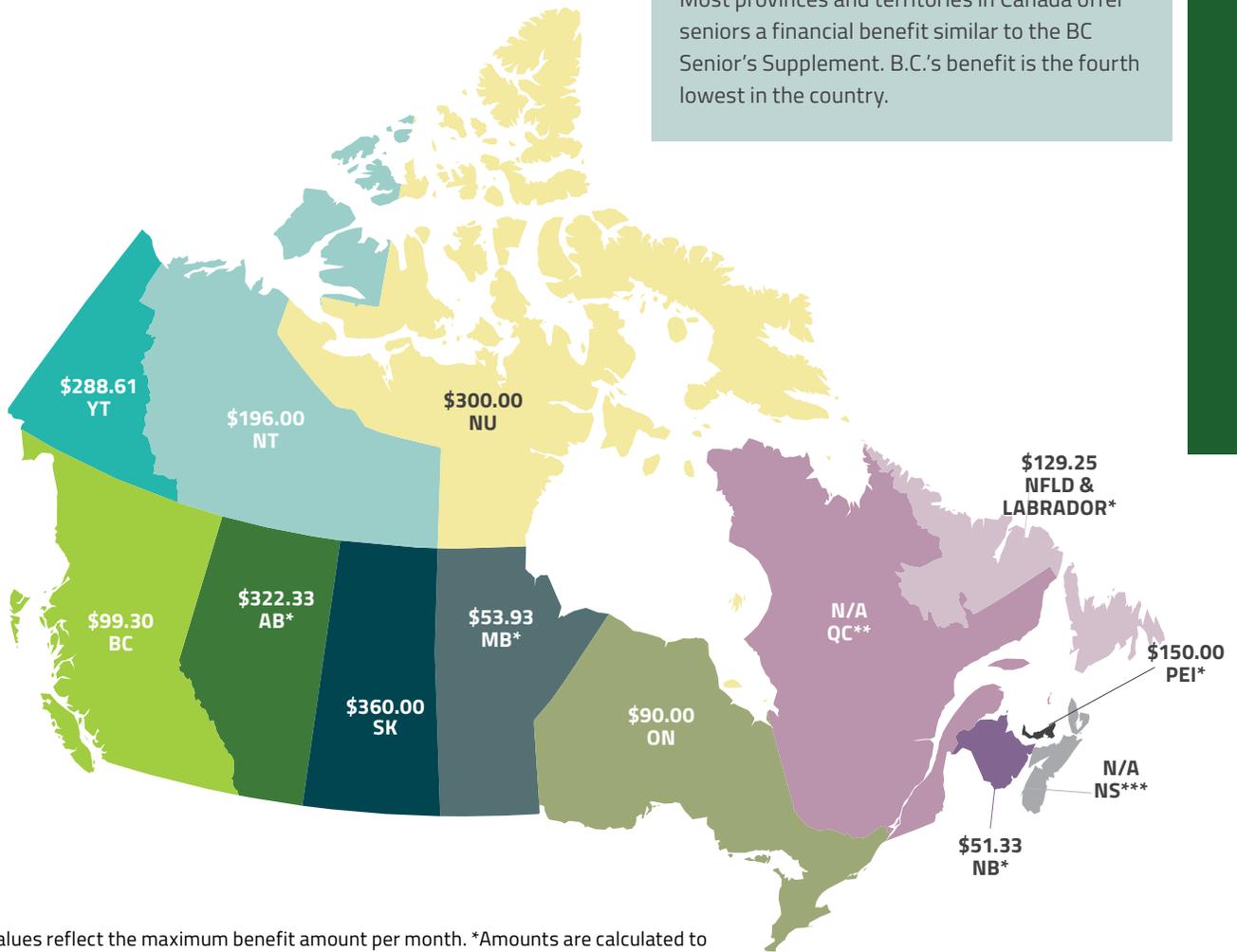
FEDERAL AND PROVINCIAL INCOME SUPPORTS
MONTHLY INCOME SUPPLEMENTS FOR SINGLE LOW-INCOME SENIORS, 65 TO 74, 2025



SOURCE(S): 75, 76

MAXIMUM MONTHLY SUPPLEMENTS FOR SINGLE SENIORS, 2025

BC SENIOR'S SUPPLEMENT
 Most provinces and territories in Canada offer seniors a financial benefit similar to the BC Senior's Supplement. B.C.'s benefit is the fourth lowest in the country.



NOTE(S): Values reflect the maximum benefit amount per month. *Amounts are calculated to reflect the amount of each benefit per month. **Quebec does not have a senior's supplement program similar to other provinces. ***NS does not have a monthly supplement but offers a tax rebate for GIS clients that is dependent on the amount of tax paid.

SOURCE(S): 79

CANADA PENSION PLAN

Canada Pension Plan (CPP) is the other major federal retirement income available to seniors. It is a contributory, earnings-related federal pension program. To qualify for the maximum CPP benefit, two criteria must be met:

- The individual must have contributed into CPP for at least 39 years, which is 83% of the period between the ages of 18 and 65; and
- The individual must have earned the Yearly Maximum Pensionable Earnings (YMPE) in at least 39 of the years of employment in which they contributed into CPP. The YMPE for 2025 is \$71,300.

The maximum CPP benefit in 2025 was \$1,433 per month, a 5% increase from the previous year. The

average monthly payment amount for new beneficiaries was \$848.37.

In March 2025, nearly 1.1 million people in B.C. received CPP; this includes people who retired and opted to receive CPP before age 65.

People may continue contributing to CPP up to age 70, if the maximum YMPE has not been met for the full 39 years, in order to increase their post-retirement benefits. For each month of deferral, the payment increases by 0.7%, up to a maximum of 42% after five years.

SOURCE(S): 80, 81, 82

TAX CREDITS

Several provincial and federal government tax deductions and credits are available to seniors in B.C.



Tax deductions reduce the amount of income subject to income tax. Tax credits reduce the actual amount of tax owed. The following table outlines federal and provincial tax credits that may apply to seniors.

FEDERAL AND PROVINCIAL INCOME SUPPORTS
TAX CREDITS AVAILABLE TO SENIORS, 2025

B.C. CREDITS	FEDERAL CREDITS
TAX CREDITS DIRECTED AT SENIORS	
AGE AMOUNT*	AGE AMOUNT*
BC HOME RENOVATION TAX CREDIT FOR SENIORS AND PERSONS WITH DISABILITIES	HOME ACCESSIBILITY TAX CREDIT (HATC)
PENSION CREDIT	PENSION INCOME AMOUNT
	PENSION INCOME SPLITTING
OTHER TAX CREDITS THAT MAY BENEFIT SENIORS	
B.C. CAREGIVER CREDIT*	CANADA CAREGIVER AMOUNT*
MEDICAL EXPENSE CREDIT*	MEDICAL EXPENSES*
CREDIT FOR MENTAL OR PHYSICAL IMPAIRMENT*	DISABILITY AMOUNT
CHARITABLE GIFTS*	ELIGIBLE DEPENDENT*

NOTE(S): *These tax credits are indexed to the B.C. and Canada CPI for the 12-month period ending September 30 of the previous year.

Most of the B.C. tax credits listed are indexed each year to the B.C. CPI. The provincial indexation rate was 2.8% in 2025. The Home Renovation Tax Credit is a refundable tax credit; if the credit is higher than the taxes owed, the difference is received as a refund.

Several of the federal tax credits listed above are indexed each year to the Canadian CPI. The federal indexation rate was 2.7% in 2025.

SOURCE(S): 83, 84, 85, 86

EMPLOYMENT RATE

The employment rate of seniors in Canada and B.C. has remained relatively stable over the past six years, with some variation by age group. For people aged 65 and older, the national rate increased slightly from 14.3% to 14.4%, while B.C.'s rate dropped from 15.6% to 14.9%. Among 65 to 69 year-olds, employment rose modestly in both Canada (27.4% to 28.0%) and B.C. (30.2% to 30.3%), with B.C. experiencing a 1.0 percentage point increase from last year. For people aged 70 and over, the national employment rate increased slightly from 7.9% to 8.0% whereas B.C. dropped from 8.4% to 8.0%. Overall, B.C.'s senior employment rates remain higher than the national average.

According to the 2022 Labour Force Survey (LFS) conducted by Statistics Canada, one in five seniors aged 65 to 74 remained in the workforce, with nearly half reporting that they did so out of necessity. Seniors working out of necessity were more likely to earn lower wages and be employed in positions requiring fewer skills compared with those who continued working by choice. These findings indicate that seniors who work out of necessity face greater economic vulnerability than their counterparts who remain employed by choice.

EMPLOYMENT RATE
EMPLOYMENT RATE FOR SENIORS, 2024

	CANADA	B.C.
65-69	28.0%	30.3%
65+	14.4%	14.9%
70+	8.0%	8.0%

SOURCE(S): 87, 88

PREMIUM ASSISTANCE PROGRAMS

MEDICAL SERVICES PLAN

Supplementary benefits are available from the Medical Services Plan (MSP) for B.C. residents who meet income-based eligibility requirements, as determined by adjusted net income. For 2025, the annual adjusted net income for supplementary benefits is \$42,000 or less. MSP contributes \$23 per visit for a combined annual maximum of 10 visits per calendar year for the following services: acupuncture, chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry. In addition, MSP covers \$75 towards one comprehensive eye exam per year by an optometrist for all seniors. Optometrists may charge patients amounts above what MSP pays for this service.

SOURCE(S): 89

FAIR PHARMACARE

B.C. provides universal prescription drug coverage under its Fair PharmaCare program, which ensures eligible B.C. residents do not pay more than about 4% of their net household income for eligible prescription drug costs. Families with at least one spouse born in 1940 or earlier do not pay more than about 3%. Assistance levels are proportionate to income. Fair PharmaCare rates did not change in 2025.

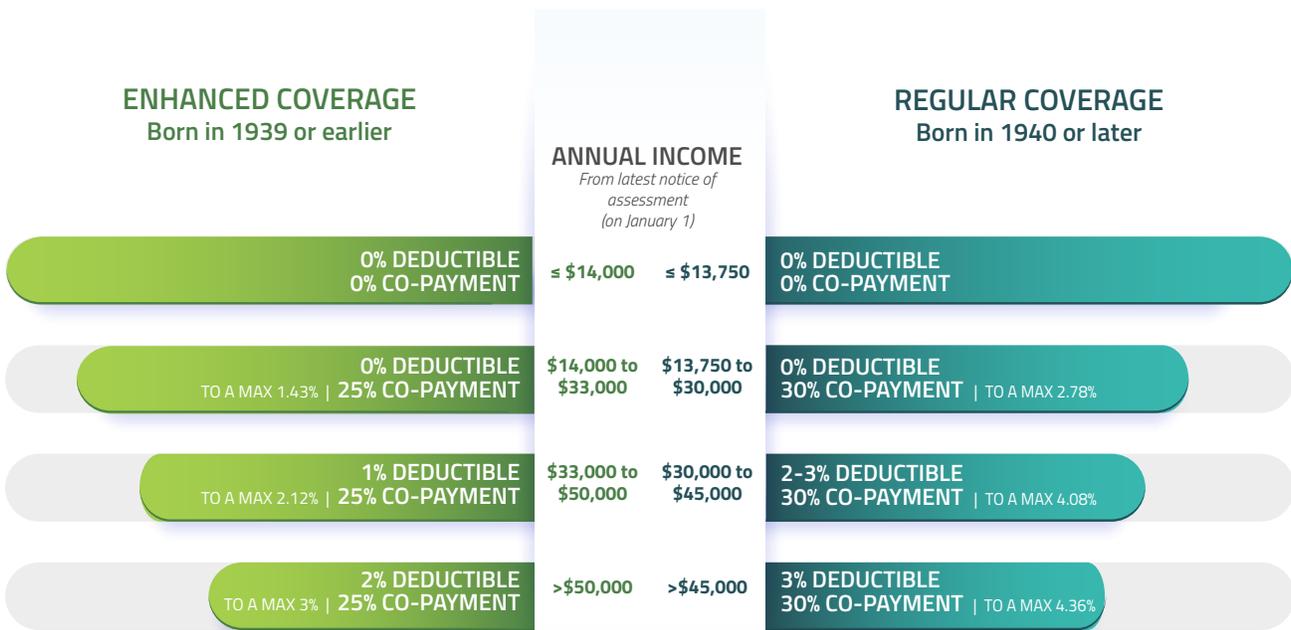
SOURCE(S): 90

Overall, in 2024/25 B.C. seniors spent nearly \$1.9 billion on prescription medications and medical supplies or devices, of which all PharmaCare Plans covered \$580 million (31%), with the remainder paid for by seniors or covered by third-party insurers.

SOURCE(S): 91

PREMIUM ASSISTANCE PROGRAMS

FAIR PHARMACARE ASSISTANCE LEVELS, 2025



NOTE(S): Deductible and Family Maximum percentages are approximate.

SOURCE(S): 90

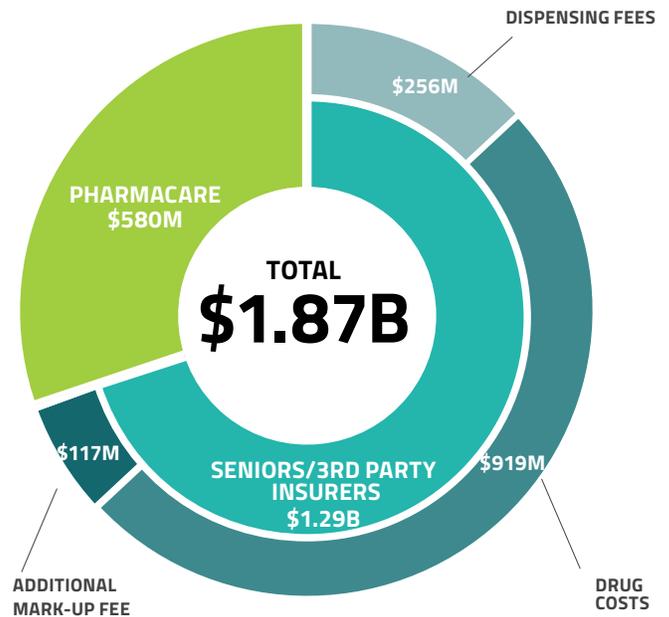
DISPENSING FEES

Pharmacies charge a dispensing fee for each prescription. PharmaCare will reimburse a maximum \$10 dispensing fee. If the customer has reached their Fair PharmaCare family maximum for the year, or has their prescription fully paid by PharmaCare, the pharmacy cannot charge any additional dispensing fees. Otherwise, the pharmacy may charge the customer the portion of the dispensing fee that exceeds \$10. Effective January 2, 2026, the Ministry of Health will increase the maximum amount that PharmaCare will pay per dispense from \$10 to \$11.

Medications can be dispensed in blister packs, which typically contain smaller quantities and may incur additional dispensing fees. PharmaCare will reimburse the pharmacy up to a maximum number of dispensing fees per customer based on their supply and the frequency of dispensing. Once the maximum is reached, it is at the pharmacy's discretion whether to charge an additional fee for blister pack medications. In 2024/25, 44% of pharmacies in B.C. charged a dispensing fee over \$10. Over 13.5 million claims were processed with a dispensing fee of more than \$10 for approximately 665,000 seniors. The following table shows data for select cities in B.C. for comparative purposes.

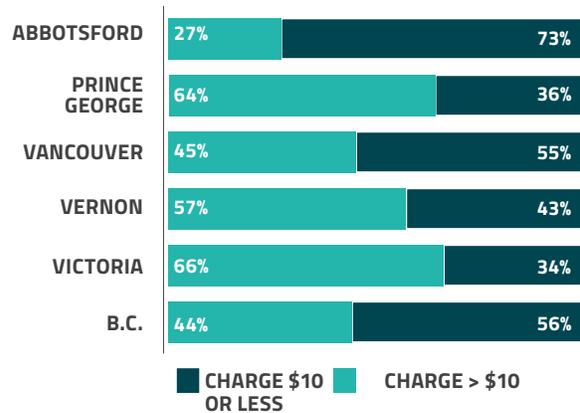
SOURCE(S): 91

PREMIUM ASSISTANCE PROGRAMS EXPENDITURES FOR PRESCRIPTIONS (MEDICATIONS AND MEDICAL SUPPLIES/DEVICES), 2024/25



SOURCE(S): 91

PREMIUM ASSISTANCE PROGRAMS PROPORTION OF PHARMACIES CHARGING UP TO \$10 AND OVER \$10 DISPENSING FEE FOR SELECTED COMMUNITIES IN B.C., 2024/25



NOTE(S): A pharmacy cannot charge more than the maximum dispensing fee if the individual is receiving full (100%) PharmaCare coverage and the drug or product is eligible for full PharmaCare reimbursement. A pharmacy is considered charging over \$10 dispensing fee if they charge over \$10 dispensing fee for most commonly prescribed medications.

SOURCE(S): 91



SAFETY AND PROTECTION

According to the World Health Organization, a 2017 study estimated that one in six seniors aged 60 and older experienced some form of abuse and neglect while living in the community. Older people are often afraid to report cases of abuse and neglect. Many organizations provide information and resources for seniors and/or families who are seeking help. Organizations such as the police, provincial health authorities and the Public Guardian and Trustee work together to protect vulnerable seniors and reduce the risk of abuse, neglect and criminal offences against seniors.

SOURCE(S): 92

COMMUNITY RESOURCES

COMMUNITY RESPONSE NETWORKS

A Community Response Network (CRN) is a group of community members who come together to establish a network of Designated Agencies, service providers and community members to provide help for adults experiencing or at risk of experiencing abuse, neglect or self-neglect. The BC Association of Community Response Networks (BCCRN) provides small project funding, resources, training and on-going support to assist CRNs in their work. It also hosts provincial learning events about prevention and education activities targeted toward ending abuse, neglect and self-neglect.

In 2024/25, there were 94 active community response networks servicing 265 communities across the province. Each community maintains a contact list with emergency and non-emergency phone numbers and contact information for adult abuse services. These services may include health authority contacts, helplines, victim services, transition houses, emergency shelters, outreach and community services, and legal services.

SOURCE(S): 93

SENIORS' ABUSE: Any action that results in harm to a senior, often occurring by someone in a relationship of trust, such as a family member (adult child or spouse), friend or caregiver.

Common types of seniors' abuse include physical, emotional/ psychological, sexual, financial, neglect and self-neglect. A senior may experience more than one type of abuse.

NEGLECT: Failure to provide necessary care, assistance or attention that causes serious physical, mental or emotional harm, or damage to or loss of assets.

SELF-NEGLECT: Any failure to care for one's self that causes serious physical or mental harm, or damage to or loss of assets.

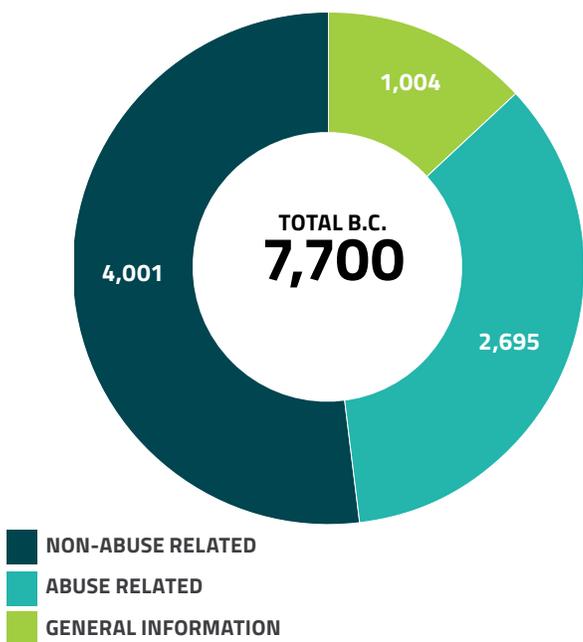
SENIORS ABUSE AND INFORMATION LINE

Seniors Abuse and Information Line (SAIL) is operated by Seniors First BC, a provincial charitable non-profit organization dedicated to raising public awareness of elder abuse, neglect and self-neglect, increasing seniors' access to justice, and providing supportive programs to seniors who have experienced abuse and/or neglect. The

SAIL line is a safe place for older adults and those who care about them to talk to someone if they feel they are being abused or mistreated, or to receive information about preventing seniors' abuse.

In 2024, SAIL received 7,700 inquiries, an 8% increase from the previous year and a 39% increase compared to six years ago. Of all inquiries received, 35% were abuse-related, 52% involved non-abuse matters, and 13% were requests for general information. Following five consecutive years of increased calls, abuse-related inquiries declined by 11% in 2024. Despite this decrease, abuse-related inquiries remain 71% higher than call volumes six years ago.

COMMUNITY RESOURCES
INQUIRIES TO SAIL, 2024



SOURCE(S): 94

Recording both the type and degree of harm at intake is important, as it allows for better tracking of suspected abuse and neglect of seniors. Collection of this information has steadily improved since 2021, where 27% of calls did not include this information; by 2024 that figured dropped to 8%. In 2024, eight in ten inquiries were assessed as involving moderate to severe harm, compared to seven in ten in the previous year. A senior may experience multiple forms of harm or abuse, meaning an inquiry can have more than one type of harm or abuse reported.

The most frequently reported type of harm or abuse was emotional/psychological abuse at 30%, followed by financial abuse at 29%. Between 2019 and 2024, emotional/psychological abuse was the most frequently reported type of harm except in 2022, when it was financial abuse. Criminal and threatening behaviour (9%) was the third most common type of abuse reported in 2023 and 2024, whereas in other years, neglect was the third most common type of abuse reported. Self-neglect and systemic/structural abuse has increased dramatically since the pandemic, with five times more reports of self-neglect and fifteen times more reports of systemic/structural abuse in 2024 compared to 2019. Systemic/Structural abuse refers to harm caused not by a single individual, but by policies, rules, practices or system conditions that negatively affect an older adult.

In 2024, over two thirds of alleged abusers were identified as family members (67%), followed by landlord/housing provider (7%) and friends/neighbours (7%).

SOURCE(S): 94

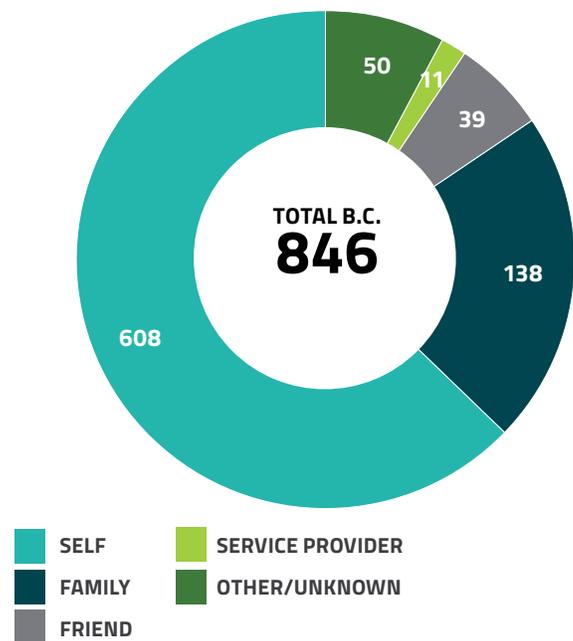
bc211 HELPLINE

bc211 is a non-profit helpline, funded by the United Way British Columbia and the Ministry of Health, connecting people with information and referrals regarding community, government, and social services in B.C. The service is available via web chat (at www.bc211.ca), 2-1-1 phone and text services.

In 2024/25, bc211 received 846 calls about seniors' abuse, a 13% increase from the previous year and more than double the number reported in 2019/20 (347).

Callers may report more than one type of abuse. In 2024/25, 608 callers aged 55 or older reported abuse on themselves, resulting in 775 incidents of abuse which was 8% up from the previous year and almost tripled from 2019/20. Most incidents were domestic violence (30%), emotional abuse (18%), and elder abuse (17%). Most callers were female (86%).

SOURCE(S): 95



SOURCE(S): 95

SUSPECTED CASES OF ABUSE, NEGLECT AND SELF-NEGLECT

There were 2,881 suspected cases of abuse, neglect and self-neglect reported to Designated Agencies in 2024; 79% (2,267) were for seniors aged 65 or older. Calls about seniors (65+) to designated agencies increased 5% from the previous year and 16% from 2019.

PROVINCIAL AGENCIES CASES OF ABUSE, NEGLECT AND SELF-NEGLECT, 2024

	<65	65+	ALL AGES
OPEN	121	389	510
CLOSED	475	1,875	2,350
CONFIRMED	213	795	1,008
UNKNOWN	18	3	21
TOTAL B.C.	614	2,267	2,881

NOTE(S): NHA only reports cases that are closed and confirmed to be abuse, neglect or self-neglect, therefore open and closed cases may be undercounted.

SOURCE(S): 96

PROVINCIAL AGENCIES

DESIGNATED AGENCIES

Designated Agencies are designated under the Adult Guardianship Act (AGA) to investigate and respond to reports of adult abuse and neglect which they receive or become aware of, for adults not able to get assistance because of a restraint, physical disability or condition that impacts their decision-making ability. Designated Agencies in B.C. are the five regional health authorities, Providence Health and Community Living BC (CLBC).

While cases are typically opened as they are received, much of the data is not entered into reporting systems until the case is closed. For this reason, data on case details are for closed cases aged 65 or older. Data quality has been improving since 2018, however, data should be interpreted with caution due to continued challenges in data collection by health authorities. In April 2021, improvements were made to the data collection system, including new data categories. Some data that was previously reported may not be available or reported differently in this report.

CLOSED CASES OF ABUSE, NEGLECT AND SELF-NEGLECT

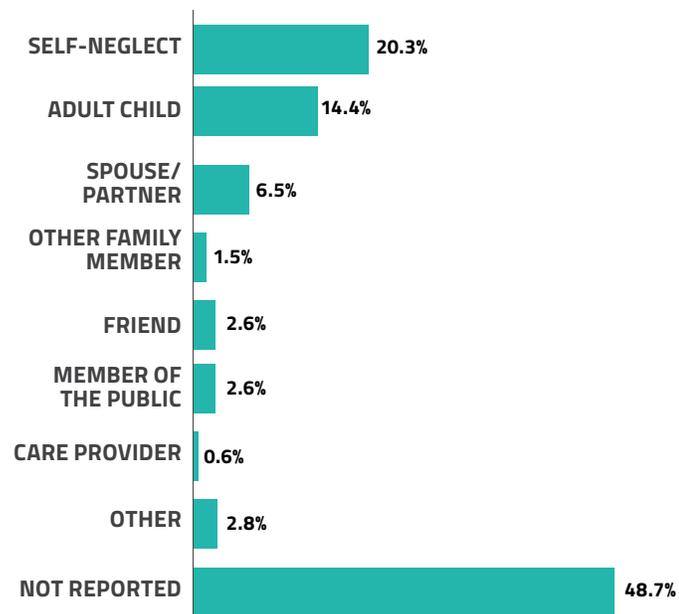
This section of the report focuses on closed cases of abuse, neglect and self-neglect for seniors aged 65 or older. Closed cases may or may not be confirmed to be abuse or neglect. Information on confirmed cases is presented in the next section of this report.

Anyone can report concerns about adult abuse or neglect of a vulnerable adult to a Designated Agency. In 2024, most cases were reported by healthcare providers (24%) or family members (21%). About 30% of cases continue to lack information about the reporter's relationship.

Often seniors who are the victim of abuse are in a trusting relationship with the abuser. In 2024, 22% of the cases reported that the suspected abuser was a family member, in most cases an adult child (14%), or a spouse or common-law partner (7%), and in some cases other family members (2%).

SOURCE(S): 96

RELATIONSHIP OF SUSPECTED ABUSER FOR CASES AGED 65+, 2024



NOTE(S): Member of the Public includes co-patient/resident, landlord, roommate, neighbor, or other member of the public not otherwise listed. Other includes Power of Attorney, not applicable, unknown, or other suspected abuser not otherwise listed. CLBC didn't report this data for this measure and are excluded from the calculation. VIHA transferred to a new system "Cerner" in 2022, and the data is unavailable from Cerner, therefore, VIHA were excluded from the calculation for all the years. Fraser Health reported this data for all closed cases and cases of abuse; all other health authorities reported for confirmed cases only. Percentages reflect the total number reported for this measure.

SOURCE(S): 96

CONFIRMED CASES OF ABUSE, NEGLECT AND SELF-NEGLECT¹

Designated Agencies reported 795 confirmed cases of abuse, neglect or self-neglect involving seniors in 2024; this is understated as the confirmation field is not generally completed until the case is closed. Of these confirmed cases, over two thirds were self-neglect, one third were abuse, and 18% were neglect. In 54% of cases, the senior lacked decision-making capacity where the primary reasons were dementia or cognitive impairment (44%), and frailty or injury due to advanced age or illness or condition (13%). Primary reasons were not recorded in 16% of cases.

Multiple types of abuse or neglect can be reported for one confirmed case. In 2024, the most common types reported were:

- Self-neglect (476 cases) - personal hygiene (37%), financial (31%), and unsanitary living conditions (30%)
- Abuse (246 cases) - financial abuse (58%), emotional or psychological abuse (37%), and physical abuse or assault (24%)
- Neglect (102 cases) - not receiving adequate personal care (51%), not receiving medical care (37%), and not receiving adequate nutrition (26%)

Once a case is investigated and confirmed, it can result in a range of outcomes. In most cases, the AGA issue is resolved and the individual remains a client of the health authority with additional support(s) and resources provided, protective measures taken or admission to a facility to provide care and treatment.

SOURCE(S): 96

PUBLIC GUARDIAN AND TRUSTEE

The Public Guardian and Trustee (PGT) protects the interests of British Columbians by providing a wide range of services including direct financial management and legal decision-making services for vulnerable adults. The office acts in several different roles for seniors:

- Committee of Estate (COE) – managing financial and legal affairs;
- Committee of Person (COP) – managing health care and personal care including access and placement interests of adults who require assistance in decision making;
- Temporary Substitute Decision Maker (TSDM) – managing health care decisions only;
- Substitute Decision Maker (SDM) – consent to care facility admission and continued residence decisions;
- Attorney under an Enduring Power of Attorney;
- Representative under a Representation Agreement;
- Litigation Guardian; and
- Pension Trustee.

¹ Some Designated Agencies did not report complete data. Please review the supplementary data tables for data inclusion(s).

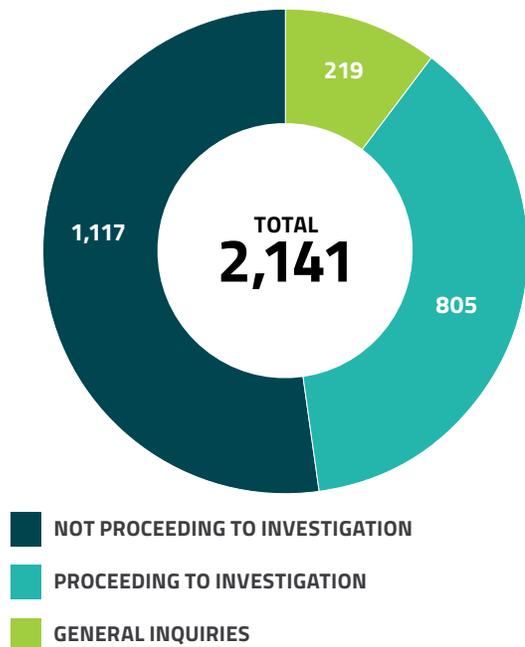
The PGT only acts as COE or COP as a last resort, when family, friends or other supports are not able to assist an incapable adult, and other formal or informal solutions are not an option.

In 2024/25, the PGT supported 2,358 COEs and 47 COPs for B.C. seniors. The number of COEs increased 4% from the previous year and was similar to 2019/20 levels. The number of COPs declined 6% from the previous year and was 10% lower than in 2019/20.

The PGT also responds to allegations and investigates cases of abuse, neglect, and self-neglect. Referrals that are screened out do not proceed to investigation for a number of reasons, but not necessarily because abuse or neglect was not occurring. For example, a referral would not proceed to investigation if a family member willing and able to support the vulnerable adult was identified. Referrals proceed to investigation and are not screened out when they meet legislative criteria.

The PGT received 2,141 referrals and general inquiries, a 12% increase over the previous year.

PROVINCIAL AGENCIES
PGT REFERRALS AND GENERAL INQUIRIES, 2024/25

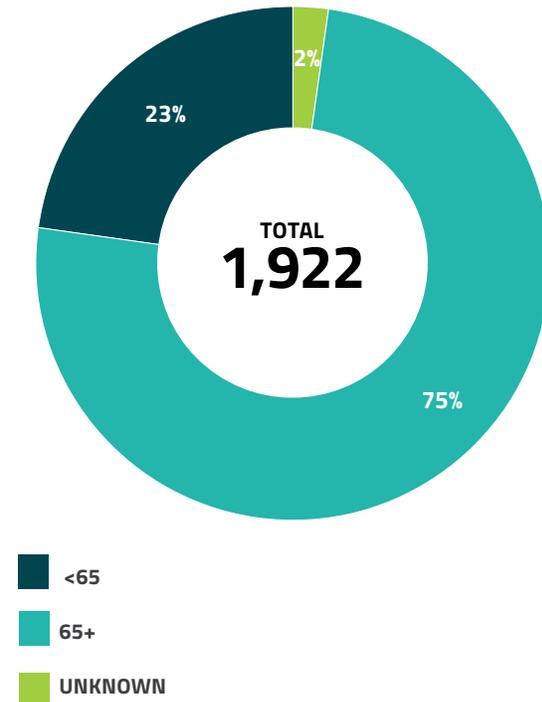


SOURCE(S): 97

The total number of referrals of suspected cases of abuse, neglect or self-neglect (1,922) increased 7% over the previous year and the number involving seniors

(1,440) increased 2%. The proportion of referrals involving seniors that proceeded to investigation decreased from 48% in 2023/24 to 45% in 2024/25.

PROVINCIAL AGENCIES
PGT REFERRALS BY CLIENT AGE, 2024/25



SOURCE(S): 97

LAW ENFORCEMENT

BC ROYAL CANADIAN MOUNTED POLICE

The BC Royal Canadian Mounted Police (BC RCMP), or E Division, polices 99% of the geographic area of B.C., where 72% of the population resides. The data presented below is not a representation of all offences but only those reported to the RCMP. Cases where the age of the victim is not known are excluded from the data.

SOURCE(S): 98

VIOLENT AND PROPERTY OFFENCES

Violent offences against seniors reported to the BC RCMP continue to increase over the last six years except for a small dip in 2020. In 2024, there were 2,148 victims aged 65 or older, a 9% increase from the previous year

with 2,103 violent offences against these seniors, also a 9% increase. Charges were laid or recommended in 22% of the offences and half had not yet been cleared at the time of reporting.

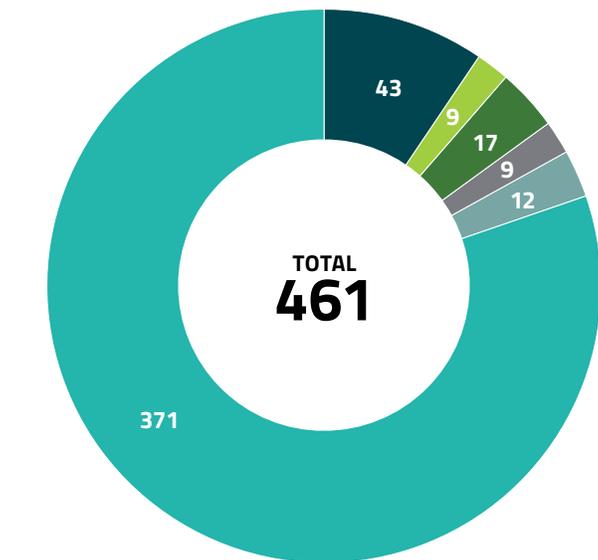
The top five types of violent offences have accounted for over 95% of violent offences against seniors for the last six years. Assaults account for 78% of all violent offences in 2024.

LAW ENFORCEMENT
VIOLENT AND PROPERTY OFFENCES, 2024

	VICTIMS / COMPLAINANTS	OFFENCES
VIOLENT OFFENCES	2,148	2,103
PROPERTY OFFENCES	18,556	18,280
TOTAL B.C.	20,704	20,383

SOURCE(S): 99

LAW ENFORCEMENT
CHARGES LAID, TYPES OF VIOLENT OFFENCES WITH VICTIMS AGED 65+, 2024



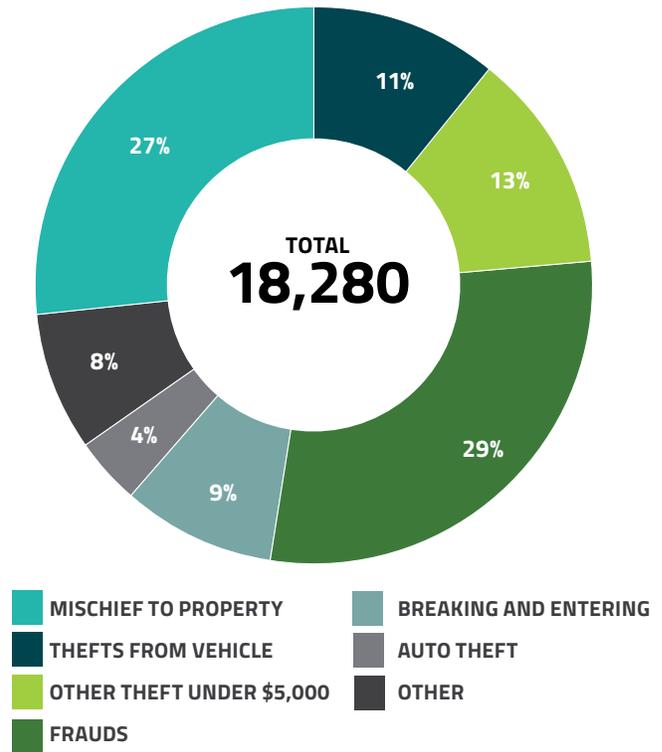
- ASSAULTS
- UTTER THREATS
- HARASSMENT
- ROBBERY
- SEX OFFENCES
- OTHER

SOURCE(S): 99

In 2024, 18,556 seniors were complainants of a property offence with 18,280 offences, less than 1% decrease for both from 2023.

The top seven types of property offences accounted for over 85% of property offences against seniors for each of the last six years. Fraud was the most common type of property offence in 2024, followed by mischief to property and theft under \$5,000.

LAW ENFORCEMENT
TYPES OF PROPERTY OFFENCES WITH COMPLAINANTS AGED 65+, 2024



NOTE(S): "Breaking & Entering" includes residential, business, and other. "Other" includes bike theft, theft from mail, shoplifting, other theft over \$5,000, possession of stolen property, other general occurrence, arson, theft of utilities, and mischief to data.

SOURCE(S): 99

MISSING PERSONS CASES

BC RCMP E Division opened 1,211 missing persons cases for seniors aged 65 or older, representing 8% of the Division's missing persons cases. At the time of reporting (September 2025), 36 (3%) seniors were still missing; of those who went missing 61% were male and 39% were female.

SOURCE(S): 99



VANCOUVER POLICE DEPARTMENT

The Vancouver Police Department (VPD) tracks cases of reported physical and financial abuse each year. In 2024, cases of physical abuse against seniors decreased 12% compared to 2023 and were 6% lower than 2019. In these cases, the victim may or may not have known the offender. Charges were laid or recommended in 29% of the cases. Data was not available on consultations provided by the Elder Abuse Unit for 2024.

Cases of financial abuse against seniors (i.e., mail, fraud, Canada Revenue Agency and lottery scams, etc.) increased substantially over the past six years, followed by a 2% decline in 2024. Despite this decrease, cases in 2024 remained 65% higher than in 2019. In most cases, the perpetrator was a stranger - very few financial abuse incidents involved family members or caregivers. Charges were laid or recommended in less than 1% of cases. The Financial Crime Unit, which handles large scale frauds, provided consultation in 153 of these financial abuse cases, a 22% increase from the previous year and over eight times the number of cases in 2019.

In 2024, the VPD Missing Persons Unit handled 317 missing persons cases involving seniors aged 65 or older. Between 2019 to 2024, the number of missing seniors fluctuated; falling sharply in 2020 and 2023, before rising 52% in 2024; still 10% below 2019 levels.

SOURCE(S): 100

LAW ENFORCEMENT

VICTIMS OF PHYSICAL AND FINANCIAL ABUSE AGED 65+, 2024

	VICTIMS
PHYSICAL ABUSE	221
FINANCIAL ABUSE	440
TOTAL	661

SOURCE(S): 100

APPENDIX 1 - ACRONYMS

ACRONYM	NAME
ADP	Adult Day Program
AGA	Adult Guardianship Act
ALC	Alternate Level of Care
ALR	Assisted Living Registrar
BCCRN	BC Association of Community Response Networks
BCCDC	B.C. Centre for Disease Control
BCPSLS	BC Patient Safety & Learning System
BCSLA	BC Seniors Living Association
CCALA	Community Care and Assisted Living Act
COE	Committee of Estate
COP	Committee of Person
CPI	Consumer Price Index
CPP	Canada Pension Plan
CRN	Community Response Network
CSIL	Choice in Supports for Independent Living
DMER	Driver Medical Examination Report
ERA	Enhanced Road Test
FHA	Fraser Health Authority
GIS	Guaranteed Income Supplement
HAFI	Home Adaptations for Independence

ACRONYM	NAME
HEABC	Health Employers Association of British Columbia
IHA	Interior Health Authority
MSP	Medical Services Plan
NHA	Northern Health Authority
OAS	Old Age Security
OSA	Office of the Seniors Advocate
OT	Occupational Therapy
PCQO	Patient Care Quality Office
PCQRB	Patient Care Quality Review Board
PGT	Public Guardian and Trustee
PT	Physiotherapy
BC RAHA	British Columbia Rebate for Accessible Home Adaptations
RCMP	Royal Canadian Mounted Police
SAFER	Shelter Aid for Elderly Renters
SAIL	Seniors Abuse and Information Line
SSH	Seniors' Subsidized Housing
TSDM	Temporary Substitute Decision Maker
VCHA	Vancouver Coastal Health Authority
VIHA	Vancouver Island Health Authority

APPENDIX 2 - DEFINITIONS

POPULATION SEGMENTS FOR CHRONIC CONDITIONS

HIGH COMPLEX CHRONIC CONDITIONS

ALZHEIMER'S DISEASE	DEMENTIA
CYSTIC FIBROSIS (PHARMACARE PLAN D)	HEART FAILURE
ORGAN TRANSPLANT	

MEDIUM COMPLEX CHRONIC CONDITIONS

ANGINA	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
MULTIPLE SCLEROSIS	PARKINSON'S DISEASE
PRE-DIALYSIS CHRONIC KIDNEY DISEASE	RHEUMATOID ARTHRITIS

LOW COMPLEX CHRONIC CONDITIONS

ASTHMA	MOOD/ANXIETY DISORDER (INCLUDES DEPRESSION)
DIABETES	EPILEPSY
HYPERTENSION	OSTEOARTHRITIS
OSTEOPOROSIS	

OTHER EVENTS / INTERVENTIONS INCLUDED IN THE CHRONIC DISEASE REGISTRY

STROKE	CHRONIC KIDNEY DISEASE ON DIALYSIS
CORONARY ARTERY BYPASS GRAFT	ACUTE MYOCARDIAL INFARCTION (HEART ATTACK)
PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY	

AN OVERVIEW OF ELDER ABUSE AS DEFINED IN THE ADULT GUARDIANSHIP ACT

Elder abuse can include physical, psychological, or financial abuse. According to the Adult Guardianship Act, the definitions of abuse and neglect are as follows:

ABUSE means the deliberate mistreatment of an adult that causes the adult

- physical, mental or emotional harm, or
- damage or loss in respect of the adult's financial affairs.

NEGLECT means any failure to provide necessary care, assistance, guidance or attention to an adult that causes, or is reasonably likely to cause within a short period of time, the adult serious physical, mental or emotional harm or substantial damage or loss in respect of the adult's financial affairs and includes self-neglect.

SELF-NEGLECT means any failure of an adult to take care of himself or herself that causes, or is reasonably likely to cause within a short period of time, serious physical or mental harm or substantial damage or loss in respect of the adult's financial affairs, and includes

- living in grossly unsanitary conditions,
- suffering from an untreated illness, disease or injury,
- suffering from malnutrition to such an extent, without intervention the adult's physical or mental health is likely to be severely impaired,
- creating a hazardous situation that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of property, and
- suffering from an illness, disease or injury that results in the adult dealing with his or her financial affairs in a manner that is likely to cause substantial damage or loss in respect of those financial affairs.

APPENDIX 3 - ICD-10 CODES

Underlying Cause of Death International Statistical Classification of Diseases and Related Health Problems Tenth Revision (ICD-10) Codes

ICD-10 CODE	CAUSE OF DEATH
V01-V99, W20-X59, Y85-Y86	Accidents (unintentional injuries)
J20-J21	Acute bronchitis and bronchiolitis
G30	Alzheimer's disease
D50-D64	Anaemias
I71	Aortic aneurysm and dissection
X85-Y09, Y87.1	Assault (homicide)
I70	Atherosclerosis
I60-I69	Cerebrovascular diseases
P00-P96	Certain conditions originating in the perinatal period
K80-K82	Cholelithiasis and other disorders of gallbladder
K70, K73-K74	Chronic liver disease and cirrhosis
J40-J47	Chronic lower respiratory diseases
Y40-Y84, Y88	Complications of medical and surgical care
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities
U07.1, U07.2	COVID-19
E10-E14	Diabetes mellitus
K35-K38	Diseases of appendix
I00-I09, I11, I13, I20-I51	Diseases of heart
I10, I12, I15	Essential hypertension and hypertensive renal disease
W00-W19	Falls*
K40-K46	Hernia
B20-B24	Human immunodeficiency virus [HIV] disease
N40	Hyperplasia of prostate
COD T40, UCOD X40-X44, Y10-Y14	Illicit Drug Deaths*
D00-D48	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behaviour
N10-N12, N13.6, N15.1	Infections of kidney
N70-N76	Inflammatory diseases of female pelvic organs
J09-J18	Influenza and pneumonia
X60-X84, Y87.0	Intentional self-harm (suicide)
Y35, Y89.0	Legal intervention
C00-C97	Malignant neoplasms

ICD-10 CODE	CAUSE OF DEATH
G00, G03	Meningitis
A39	Meningococcal infection
N00-N07, N17-N19, N25-N27	Nephritis, nephrotic syndrome and nephrosis
E40-E64	Nutritional deficiencies
Y36, Y89.1	Operations of war and their sequelae
G20-G21	Parkinson's disease
K25-K28	Peptic ulcer
J60-J66, J68	Pneumoconioses and chemical effects
J69	Pneumonitis due to solids and liquids
O00-O99	Pregnancy, childbirth and the puerperium
A01-A02	Salmonella infections
A40-A41	Sepsis
A50-A53	Syphilis
A16-A19	Tuberculosis
B15-B19	Viral hepatitis

NOTE(S): * Differs from Statistics Canada definitions

APPENDIX 4 - DATA SOURCES

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