

2016-17

# Annual Report

of the Office of the Seniors Advocate



OFFICE OF THE  
**SENIORS** ADVOCATE  
BRITISH COLUMBIA  
[www.seniorsadvocatebc.ca](http://www.seniorsadvocatebc.ca)  
1-877-952-3181





OFFICE OF THE  
**SENIORS ADVOCATE**  
BRITISH COLUMBIA

July 2017

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

Dear Minister Dix,

It is my pleasure to present the 2016/17 Annual Report of the Office of the Seniors Advocate in accordance with Section 4(4) of the *Seniors Advocate Act*.

This document is the third annual report from the Office of the Seniors Advocate and reports on the period of April 1, 2016 to March 31, 2017. It also describes some of the current and future activities underway and planned for the Office of the Seniors Advocate for the period of April 1, 2017 to March 31, 2018.

Sincerely,

Isobel Mackenzie  
Seniors Advocate  
Province of British Columbia



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The Office of the Seniors Advocate (OSA) had a busy and engaging 2016/17 year with a major focus on hearing the voices of as many seniors as possible through our survey work. It is my contention that there is no better way to gauge the quality of services than to ask those who receive them because no matter how frail – whether physically or cognitively comprised – every voice counts.

To this end, we undertook two major surveys this past year. We reached out to nearly 7,500 HandyDART clients to collect their thoughts on the quality of service. The report from this survey was released in February 2017. Our second survey focused on residential care. We sought to hear the voices of 25,000 seniors in nearly 300 residential care facilities across the province. It was a massive undertaking that could not have been accomplished without the help of nearly 900 trained volunteers who gave 25,000 hours of their time to listen to seniors share their experiences of care. We will be releasing the report of this survey in the early fall of this year.

I have had the privilege to meet with thousands of seniors this past year from Ashcroft to the Sunshine Coast and our office has heard from almost 36,000 additional seniors and members of the public who visited our website looking for information on a wide range of issues from housing affordability, to residential care, to how to apply for key subsidies and supports. Our resources continue to help seniors access the services they need, as well as help highlight where improvements to seniors' care are most needed. Residential care wait times, the inability of home support services to keep pace with our aging population, challenges for senior renters and wait times for subsidized housing continue to be significant areas of concern. On the positive side, we are encouraged to see that an overwhelming majority of seniors have access to a GP, increasingly people in need of key services such as dementia support are getting the help they need, and that HandyDART is meeting the transportation needs of the majority of its senior clients.

Our reporting work this past year included key issues in residential care; the issue of potential inappropriate placement, access to rehabilitative therapies and inappropriate use of medications. A progress report on these issues shows while some improvements are being made, there is still work ahead to improve these areas. Another report focused on resident to resident aggression in residential care, examined the magnitude of this important issue and made recommendations for system changes such as standardized reporting and increased training for staff.

As you will see in this report, there is encouraging progress in improving services and supports for seniors in the province. I look forward to working with government, health authorities, our many stakeholders and seniors themselves to continue the positive momentum we are gathering together in the year ahead. As always, the work of this Office is only possible because of the many thousands of British Columbians who demonstrate their care and concern for our seniors, many thanks to you all.

Isobel Mackenzie

**Seniors Advocate  
Province of British Columbia**

# Seniors Advocate Roles and Responsibilities

## Role

The Seniors Advocate works with seniors and key stakeholders (governments, community agencies, private organizations, and advocacy groups) to identify and understand systemic issues, while retaining the ability to make independent recommendations for change.

## Statutory Authority – *Seniors Advocate Act*

- Report to the public on any matter arising from the fulfillment of responsibilities
- Identify work priorities, develop plans, and hire employees and outside experts
- Gather information from service providers
- Make independent recommendations to government and service providers
- Appoint a Council of Advisors

## Accountability

- Is accountable to the people of B.C. through a mandate prescribed in legislation
- Must report to the minister responsible for seniors (currently the Minister of Health) at least once each year on the activities of the office
- Has a duty to advise the minister, public officials, and other service providers about systemic challenges facing seniors and the need for changes to address those challenges

## Scope

- Define “senior” as a B.C. resident aged 65 or older, or less than 65 but receiving seniors services
- Provide information and referral services to seniors, their caregivers and their families
- Identify and analyze systemic challenges faced by seniors and their families
- Monitor seniors services related to health care, personal care, housing, transportation, and income support
- Focus on systemic issues rather than individual advocacy or complaints; connect individuals to the appropriate body to resolve their issues

## Reporting

- Report to the public on any matter related to the fulfillment of responsibilities
- Provide annual report to the minister (to be made public)
- Regular communication with government and service providers for ongoing redress of issues
- The minister may require by order the Advocate to report to the minister on specific matters

# Communication, Outreach and Engagement

Through a variety of outreach activities, the Office of the Seniors Advocate (OSA) hears from thousands of seniors, their families, stakeholders, and service providers each year. These engagement opportunities are a critical component of the OSA's work to become aware of and understand the systemic issues facing B.C.'s seniors.

In 2016/17 the Seniors Advocate was invited to speak to 88 community groups and organizations on topics such as the OSA's surveys and reports and misperceptions of seniors. The audiences ranged from community organizations to attendees at academic conferences. All of the Seniors Advocate's presentations are listed on the OSA's website.

Community Presentations

88

Site Visits  
24

This past year, the Seniors Advocate made 24 site visits, including to seniors' centres, hospitals and residential care sites in different regions of the province. These firsthand observations allow the Advocate to gain in-depth insight into challenges with a variety of associated issues.

The Seniors Advocate regularly liaises with stakeholders, representing the five areas of the OSA's mandate, to further develop an understanding of the issues and challenges faced by seniors in British Columbia. Stakeholder groups include, for example, BC Patient Safety & Quality Council, Family Caregivers of BC, BC Transit and TransLink, Service Canada and the Public Guardian and Trustee.

Stakeholder Meetings

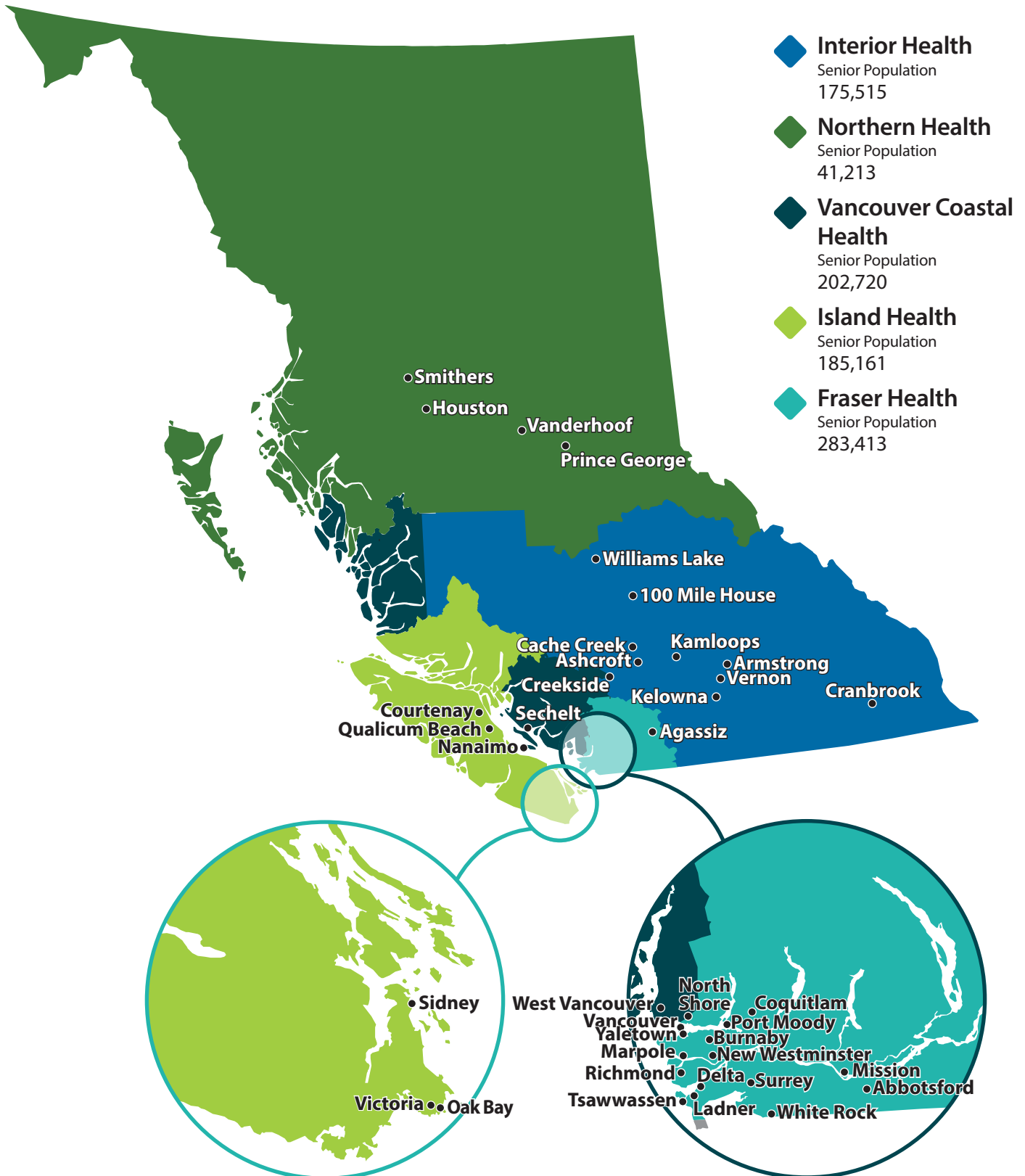
96

Communities Visited  
44

In 2016/17 the Seniors Advocate visited communities across B.C., such as Houston, 100 Mile House and Armstrong, as well as many visits to communities in the Lower Mainland and on Vancouver Island. As the experiences of seniors vary widely depending on where they live, the Seniors Advocate continues to prioritize visiting as many communities in B.C. as possible.



## Communities Visited in 2016/17



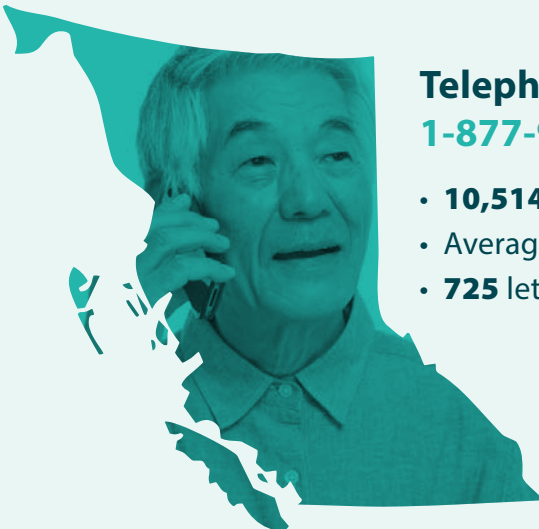
# Information and Referral

Information and referral responsibilities are set out under Section 3 of the *Seniors Advocate Act*. In particular, under Section 3(2), the Seniors Advocate is responsible for promoting awareness of systemic challenges faced by seniors and of the resources available to seniors. Under section 3(3), the Seniors Advocate is responsible for connecting individuals with specific complaints to appropriate individuals or agencies having jurisdiction to resolve those complaints.

While the key mandate of the OSA is to focus on systemic issues in B.C. that impact seniors, information and referral play a critical and complementary role in the identification and dissemination of information on systemic challenges facing seniors.

## Methods of Contact with the OSA

Members of the public have several avenues of access to the Office of the Seniors Advocate, including telephone, electronic media, and mail. The toll-free phone line is answered by an information and referral analyst, with over 20 years of experience with seniors' issues and resources, who handles phone calls and other requests for information, referrals and submissions of systemic issues. Letters and emails requiring more extensive research are responded to by a health care professional with over 30 years' experience working with seniors and community-based programs. With this extensive knowledge base, the OSA staff has been able to provide meaningful information and referral to seniors, their families, and the public.



**Telephone line:**  
**1-877-952-3181**

- **10,514** phone calls
- Average **200** calls a week
- **725** letters and emails received

## Website input form

The OSA website, [www.seniorsadvocatebc.ca](http://www.seniorsadvocatebc.ca), features an “input form” that provides a space for the public to alert the OSA of issues that impact a large number of seniors, and ideas, solutions and comments related to these matters. Although the OSA receives fewer input forms compared to other sources of feedback from the public, this method provides an opportunity for thoughtful input on issues that matter to seniors. Writers offered insights on a broad range of issues including their thoughts on what will be needed in the future (i.e. more adult day programs, improved caregiver supports and community services to

accommodate a broader range of interests and seniors’ lifestyles). These issues are explored in more detail in the systemic issues section.

All contacts, by any method of communication, are documented and we track and monitor information about these contacts, the area of concern, and our response and follow up. This information helps us to identify the systemic issues and concerns that are important to B.C. seniors and highlights possible areas for the OSA to research and explore further.

Wherever possible, the location of the contact is captured and sorted by Health Authority geography.

## Contacts made with OSA by Health Authority



## OSA HELPS SENIORS FILL OUT GOVERNMENT FORMS

*Thomas was an 85-year-old gentleman who lived alone in a rural area of BC. Despite a serious visual impairment, he lived independently. He contacted the Office of the Seniors Advocate (OSA) because he was having difficulty completing the application form for Premium Assistance for the Medical Services Plan (MSP). He had a hard copy of the form and a magnifying glass but was having difficulty reading and understanding the questions on the form. The OSA Information and Referral Analyst found the form online and read each question from the application to Thomas over the phone. They discussed Thomas’ response and then Thomas wrote it on the form. Thomas was able to successfully complete the MSP Premium Assistance application form with help from OSA staff by phone.*



Many of the people contacting our office, particularly those contacting us by telephone, raise issues that result in a referral to another agency or service that can provide further help.

The Office of the Seniors Advocate provided referrals to nearly 2,000 agencies and services in 2016/17. The following list highlights our top 10 referrals.

### Referrals Made to Other Agencies

- Health Authority Home & Community Care
- Patient Care Quality Office
- Service Canada
- Legal Services
- Medical Services Plan & PharmaCare
- Better at Home
- BC Housing
- BC Centre for Elder Advocacy & Support
- Transportation Services
- Ministry of Social Development and Social Innovation

## INCREASING AWARENESS OF PROGRAMS FOR SENIORS

*Anne had been caring for her chronically ill husband, John, for the past 8 years. For the last 3 years, she had been working from home so that she was there to provide the care that he required. John's care needs had been increasing and Anne was becoming exhausted caring for him. She had recently hired a live-in caregiver through the Temporary Foreign Worker Program (TFWP). She contacted the Office of the Seniors Advocate with some questions about this program. One of her concerns was the cost of hiring a Temporary Foreign Worker. Anne was going to run out of money and John would need to go to a care facility, something neither of them wanted.*



*In conversation with Anne, the OSA staff suggested that one way to reduce the cost of hiring a worker under the TFWP was to apply to the Health Authority Choice in Supports for Independent Living Program (CSIL). The CSIL Program provides funds to the client/family to hire and train their own workers to provide the care for the client. Anne was not aware of this program but was interested in learning more. OSA staff provided contact information for Health Authority staff, an overview of the program and links to information about the CSIL program.*

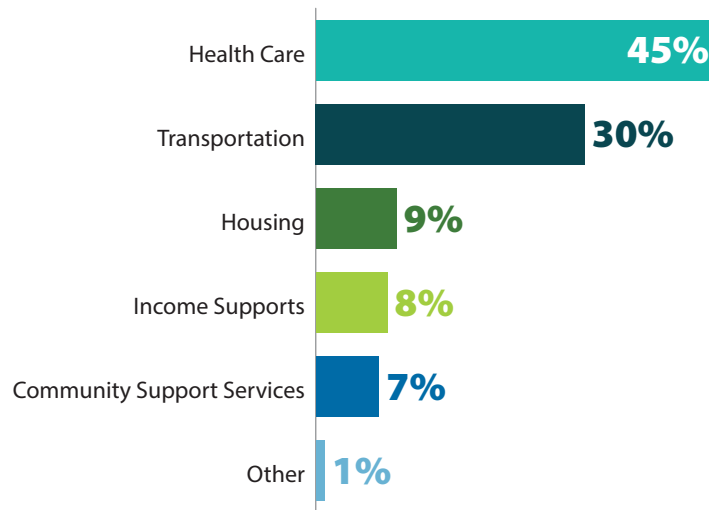
*Anne contacted the OSA months later. She said that she had applied to the CSIL program and had been approved for this funding. For the past six months, she was able to use the CSIL funding to help pay for a live-in caregiver through the Temporary Foreign Worker Program. This had made it affordable for John to stay at home comfortably and safely. Anne was receiving the support she needed to continue to work from home.*

## Reasons for Contacting the Office of the Seniors Advocate

The OSA launched two major surveys this year, the HandyDART Survey and the Residential Care Survey, both of which resulted in many calls and letters to the OSA from seniors and

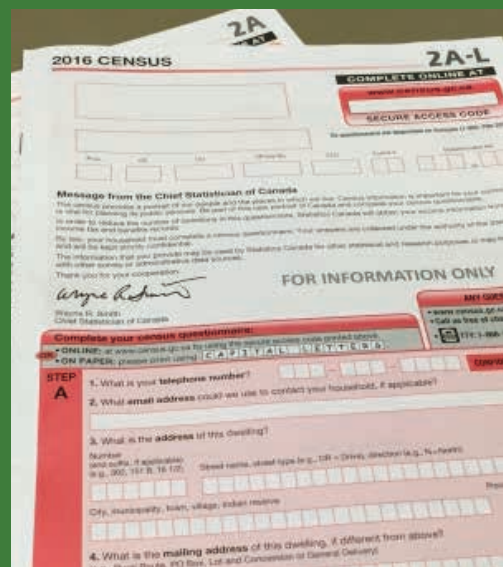
their families requesting information about the surveys or giving feedback. A significant number of contacts about transportation issues concerned HandyDART and the survey.

### Contacts made with OSA by category



### ENSURING SENIORS' VOICES ARE HEARD

*The manager of a 50-unit seniors' independent living building contacted the OSA because none of the seniors had received a 2016 Census document to complete. Despite the manager contacting the Census Office twice, they still had not received the documents. The seniors were beginning to feel that no one was interested in them and they no longer mattered. OSA staff contacted Statistics Canada to report this oversight. Within a few days, the independent living manager contacted the OSA to inform us the Census forms had been received.*



The first annual update to the British Columbia *Residential Care Facilities Quick Facts Directory* also generated many contacts from seniors and their families requesting information about the Directory or sharing their experience with care in facilities. Some individuals called seeking information about the OSA itself, looking for our publications, or extending invitations for speaking engagements to the Advocate. In

early 2016, the eleventh edition of the *BC Seniors Guide* was released and was made available to the public through the Office of the Seniors Advocate. Requests for the *BC Seniors Guide* continued throughout 2016 and 2017 with a monthly average of 120 requests for the Guide in English, French, Punjabi and Chinese.

## HELPING TO FACILITATE CONNECTIONS

*An elderly gentleman, Peter, who had rapidly advancing dementia was admitted to hospital with changing behaviours that could no longer be managed at home. He was aggressive and wandering. The hospital in his small community did not have a secure unit. His family and the medical staff were very concerned that he would wander away at night. For his safety, he was moved to a residential care facility with all appropriate safety measures. But the facility was a 5-hour drive from his home community.*



*His family had very little communication with the Health Authority staff when this move was organized. Although the family was relieved that Peter was safe and being well cared for, they were unable to see him on a daily, or even weekly, basis and his wife of 50+ years was depressed because she couldn't visit her husband every day. Although she had a daughter and a large support system in their home community, she was considering moving into an Assisted Living suite in the complex where Peter was living so she could see him daily.*

*Peter's daughter contacted the Office of the Seniors Advocate to see what could be done to escalate moving Peter to an appropriate facility closer to home. Although there were two small facilities within 30 miles of their town, the Health Authority staff had informed her that they would have to wait for the 2-month settling-in period before Peter could be placed on a transfer wait list and it would be at least six months before he would be moved.*

*OSA staff contacted the Health Authority and spoke with the Access Manager who confirmed that based on compassionate grounds, because Peter was placed such a long distance from his home community, he should be placed immediately on the transfer wait list and be given priority to move him to one of the two facilities close to his home community as soon as possible. She directed Health Authority staff to contact the family and inform them of this. The family was relieved that Health Authority staff were working on their behalf to move Peter closer to his wife and family. Within a few weeks, Peter was moved to a facility 30 miles from his home community.*



## Individual Issues

Individuals contacted the Office of the Seniors Advocate with concerns specific to their situation; however, often these concerns were indicative of a larger systemic issue. Seniors and their families were seeking information, help, or referral about issues in our five mandated areas. Health care issues included the level of care in residential care facilities, access to residential care beds and overuse of medications. Other concerns included the lack of adequate home support hours and caregiver burnout.

Questions about MSP Premium Assistance and Fair PharmaCare were common. Housing issues included concerns about rising rents for low-income seniors and questions about the Home Adaptation Program, property tax deferral and SAFER, a subsidy program for low-income senior renters. Seniors expressed concerns about landlords, property managers and strata councils. Other issues included the cost of seniors' bus passes and questions about the Travel Assistance Program and disability parking permits. Seniors also contacted us with questions about where to find free income tax clinics. Some seniors filed their income tax late and contacted the office when they experienced an unexpected temporary loss of their Guaranteed Income Supplement. Seniors had

questions about their Canada Pension Plan, disability benefits when they turn 65 or disability tax credits. Others had questions about Powers of Attorney, Representation Agreements and Advance Care Directives. Seniors and families frequently contacted the office regarding challenges of obtaining low-cost legal advice. Many seniors requested information on assistance with housekeeping, home repairs and volunteer drivers to accompany them to medical appointments.



*Hazel McCallion, former Mayor of Mississauga, speaks to a group in Victoria in February.*

## Systemic Issues

Individuals also contacted the office to inform us of systemic challenges facing seniors in relation to health care, housing, transportation, income supports and community supports.

### Systemic Issues in Health Care

- the residential care wait list process
- the process for residents, admitted to a facility through the First Appropriate Bed policy, to transfer to their preferred facility
- various aspects of the care provided in residential care facilities including food quality, exercise and recreational therapy, personal care, palliative care, staffing levels, staff training, the administration of medication and the need for respectful, dignified care
- separation of spouses in residential care facilities and placement in facilities far away from their families
- lack of funding for dental care, eyeglasses, hearing aids, and medical equipment for seniors on fixed incomes
- the hospital discharge process, which sometimes sends people home before they are ready to be discharged or with no comprehensive plan for their care at home
- the inadequacy of home support hours and limited availability of services
- the level of training of home support workers and how they are scheduled

### Systemic Issues in Housing

- lack of affordable rental housing for low-income seniors
- SAFER grants not keeping up with rising rents in some areas of the province
- need for different models of housing for the upcoming baby boomers
- need for more choices in seniors housing options including the ability to live independently while at the same time being part of a supportive community
- significant physical and emotional impact on seniors when they are moved to a new location/facility





### Systemic Transportation Issues

- the cost for the Drivers Medical Exam Report (DMER)
- far-reaching impact on seniors' lives when they are no longer able to drive
- limited hours of operation, lack of flexibility, lack of access (primarily in rural areas), and the cost for low-income seniors of the HandyDART service and other local volunteer transportation programs for seniors

### Systemic Income Supports Issues

- processing time for various programs like the Old Age Security and the Guaranteed Income Supplement
- insufficient increases in pensions when they were indexed for inflation
- adequacy of Guaranteed Income Supplement for seniors who have high rents and health care costs



### Systemic themes around Community Supports

- issues with wills and Powers of Attorney and sources of referral to address these concerns
- concerns about elder abuse and neglect and resources to help individuals experiencing this
- programs that help seniors remain in their homes for longer are often not available in small and rural communities
- caregiver burnout due to emotional, physical and financial strain



# Monitoring B.C.'s Seniors' Services

The *Seniors Advocate Act* mandates that the Seniors Advocate is responsible for monitoring the provision of seniors' services in the areas of health care, personal care, housing, transportation, and income supports. The OSA tracks and reports on critical seniors' services by gathering data from ministries, health authorities, and service providers, as well as via surveying seniors directly. The OSA's monitoring work allows us to follow trends over time so that we may identify where programs and services are meeting the needs of seniors and where there are opportunities for improvement. This information enables seniors and their families to make important decisions and to inform service improvements.

## Client Surveys

The OSA conducted or reported on three independent client surveys relating to seniors' services in 2016/17: home support, residential care, and HandyDART. The home support survey results report was released in the fall of 2016, and the results of the HandyDART survey were published in early 2017. The results of the Residential Care Survey will be released in the early fall of 2017. *For more information on the HandyDART Survey and Home Support Survey Report, please see the Reporting section.* The results of the OSA surveys provide the OSA, service providers, communities, and the public with robust quantitative and qualitative data that can be used to improve services from a client-centred perspective. The OSA shares the results of these surveys and reviews publicly, to enable evidence-based discussions between all stakeholders.

### Residential Care Survey

Guided by the philosophy that "every voice counts," this survey aimed to give voice to every resident in a publicly-funded care facility in B.C. It is the first time an in-person survey of this breadth has been conducted in B.C. and the largest survey of its kind in Canada. The survey was conducted in-person by nearly 900 trained volunteers across the province who logged 25,000 hours of volunteer time sitting with seniors and asking them a range of questions about their experience of care. A matched survey was mailed to residents' most frequent visitors who are usually their family member. The survey was developed and guided by an expert consultation group, comprised of academics, clinicians and a variety of stakeholders and was translated into nine languages. Results of the survey will be released beginning in the early fall of 2017 and will be used as a roadmap to improve the quality of care in BC's publicly subsidized residential care sites.



## Sharing Key Trends on Seniors' Services

### Monitoring Report

In December, the OSA released its second annual Monitoring Seniors' Services report. The report provides the status of key seniors' services in the province, highlighting where seniors' needs are being met and where improvements are most needed.

#### Highlights include:



#### Transportation

- Between 2012 and 2014, there was a **10%** increase in seniors with active driver's licences in British Columbia. The greatest increase in active drivers was observed in the 85 and older age group: **13%**.
- In 2015, RoadSafetyBC opened **157,000** driver fitness cases, the majority of which involved a Driver Medical Examination Report (DMER) and **40%** (approximately 63,000 drivers) involved drivers who were aged 80 years or older. Less than **1%** of drivers of all ages were subsequently referred for a DriveABLE cognitive assessment.

#### Income Support

- The Senior's Supplement, a monthly top-up provided by the provincial government to low-income seniors remains at **\$49.30**, which is the same as it was in 1987.

#### Housing

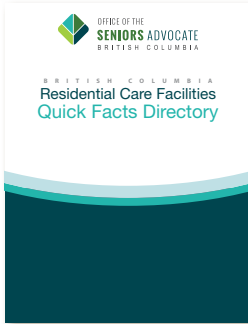
- Since 2005, the Shelter Aid for Elderly Renters (SAFER) maximum rent that qualifies for a subsidy has increased **9%**, while rents have increased by **34%**. There was an **8%** increase in the number of individuals on SAFER (**91%** are 65 and older).
- There was an increase of **16%** in new users of the property tax deferment program.

#### Health Care

- At the end of 2014/15, approximately **52,000** British Columbians were living with a diagnosis of Alzheimer's or another dementia, leaving **four out of five** seniors aged **85 and over** with **no** diagnosis of **dementia**.
- The number of residential care beds has increased **3.5%** since 2012, while the population of seniors aged 85 and older has increased **21%** over the same time period.
- **74%** of reported residential care beds are in single occupancy rooms.



## British Columbia Residential Care Quick Facts Directory – January 2017



The *BC Residential Care Quick Facts Directory* (Directory) was OSA's most sought after publication following its first release in March 2016. To ensure the information within the Directory remains current

and relevant, our office spent much of the fall updating information on licensing complaints, reportable incidents, and facility inspections.

We also updated facility data, such as room configuration (i.e. single, semi-private, multi-person), contact information for complaints, and additional service fees charged by the facility. The updated information was released in an online publication in January 2017. This version of the directory allows users to find facilities by facility name, as well as by the town or the health authority where the facility is located.

To aid the process of providing accurate information on long-term care options, the OSA will continue to update the Directory annually and seek out the most useful information to provide to seniors and their caregivers.



# Reporting

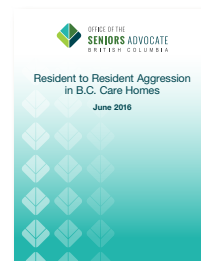
As part of the mandate of the OSA, regular reports on systemic issues affecting seniors are produced and disseminated to the public. These reports highlight key issues facing seniors and make recommendations to government and seniors' service providers for further system improvements. Summaries of the reports published in 2016/17 follow. All reports can be found under "Reports & Publications" on the OSA website ([www.seniorsadvocatebc.ca](http://www.seniorsadvocatebc.ca)).

## Resident to Resident Aggression in B.C. Care Homes – June 2016

The OSA released a review of incidents of resident to resident aggression in B.C.'s licensed

residential care facilities.

The review gathered and examined data from a variety of sources, including Health Authorities, incident reporting systems, and facilities themselves. Key findings of the report focus on "high-incident" reporting facilities, where four or more incidents of resident to resident aggression occurred in the last year. Overwhelmingly, residents in these facilities have higher care needs, including more diagnosed aggressive behaviours, psychiatric diagnoses, and higher rates of antipsychotic drug use. The report finds that there were slightly less funded direct care hours in high-incident facilities versus other facilities.



Additional findings include:

- There is no single, standardized incident report form used for the reporting of incidents across Health Authorities.
- Incident-reporting facilities tend to be larger and have a higher proportion of single occupant rooms, and a lower proportion of multi-bed rooms.
- 41% of aggressors and 53% of victims were 85 or older; 59% of residents in long term care are 85 or older.
- Males were the aggressor in 61% of incidents, while females were the victim in 69% of incidents.
- Only 37% of incident reports carried details about the circumstances leading up to the incident.
- 40% of incidents involved hitting another resident.



## Listening to Your Voice: Home Support Survey – September 2016

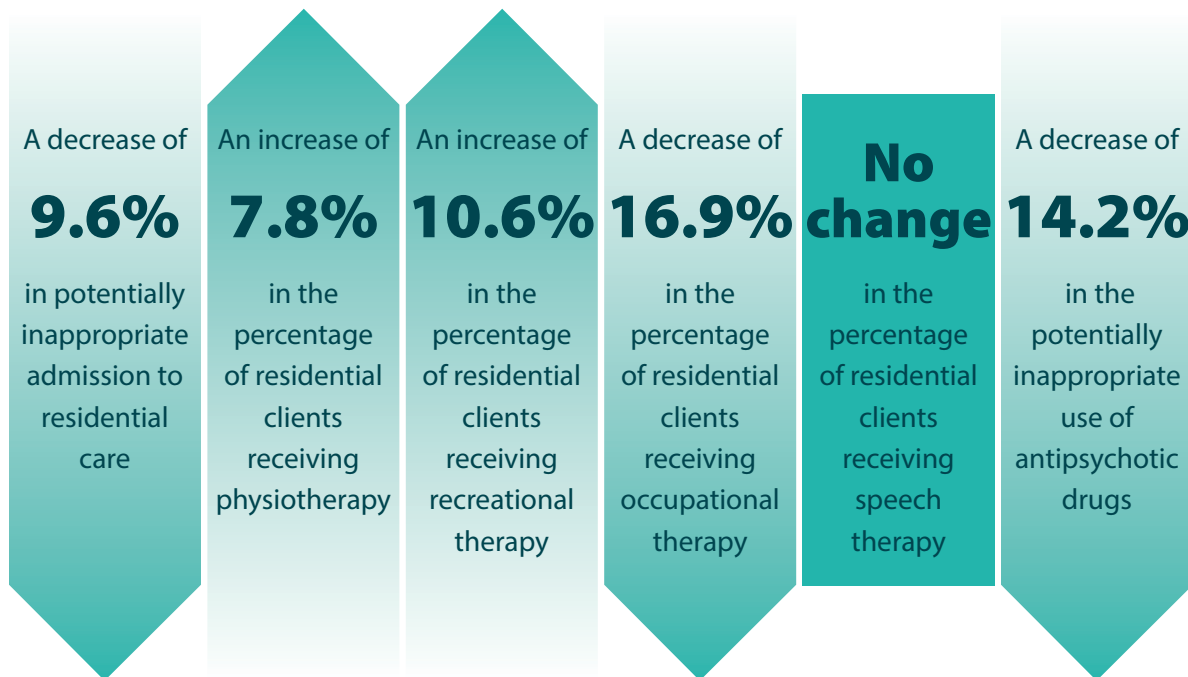


In September 2016, the OSA published the results of its 2015 survey of 5,336 home support clients and 4,040 family caregivers. Survey results show that, while 62% of clients are satisfied with the quality of the services they receive, many respondents want more services to be available to them, such as housekeeping (28%) and meal preparation (12%).

Home support staff were recognized as being caring and respectful (92%). However, 20% of clients say they get too many regular workers and only 47% of clients think that their workers have all the necessary skills to provide good care.

## Making Progress: Placement, Drugs and Therapy Update – November 2016

The OSA released an update to its report entitled *Placement, Drugs and Therapy... We Can Do Better* in November 2016. This progress report indicates that some improvements are being made in the provision of rehabilitative therapies to seniors in residential care, as well as the use of antipsychotic medications. Data also show that the premature placement of seniors into residential care is also declining. Specifically, data show the following changes since 2013/14:



## Moving in the Right Direction: HandyDART Survey Results – February 2017

The OSA, in collaboration with BC Stats, conducted a survey of 7,487 HandyDART clients in the fall of 2016. HandyDART is a door-to-door service provided by TransLink, BC Transit, and their service providers for passengers with physical or cognitive disabilities who are unable to use conventional public transit without assistance. The majority of users, approximately 78%, are 65 or older.

Last year 2.37 million rides were provided, with 51% of these in the Lower Mainland.



The survey asked a range of questions about the service including what people think of the application process, the availability of rides, the cost of the service, as well as overall satisfaction levels. The report summarized the findings of the survey and highlighted key areas of improvement for HandyDART services.

### KEY FINDINGS:

- While 91% of users are satisfied with the service when they receive it, almost one-third of respondents say it is not meeting, or only moderately meeting, their transportation needs.
- Seventy-one per cent (71%) of respondents used the service to get to medical appointments. The next most frequent responses were: social outings, medical treatments, and running errands.
- 26% said they were rarely or never able to get a ride when placed on standby
- 28% of riders whose annual income is less than \$10,000 said they would use HandyDART more often if it cost less
- 60% of clients report they always reach appointments on time – less than 50% report they are always picked up within the 30-minute window



These findings, along with other seniors' transportation issues, will be addressed in a more comprehensive review of transportation services that the OSA is currently undertaking.



# Initiatives to Address Systemic Seniors' Issues

## OSA Initiatives

The OSA both initiated and took part in several projects outside of its public reporting and monitoring functions in 2016/17. The OSA continues to raise awareness on key seniors' issues and acts in an advisory capacity on several external projects.

## Raising awareness of key subsidies and supports

While in 2015/16 the OSA focused on building awareness of MSP Premium Assistance for low-income seniors, in 2016/17 the office focused on several additional areas. In this fiscal year, the OSA focused on raising awareness of the necessity for seniors to file income tax returns. Even if seniors don't earn enough income to file income taxes, it is still important to do so as some income supports rely on a tax return for eligibility. These include:

- Guaranteed Income Supplement (GIS) – a monthly benefit for seniors receiving Old Age Security who are on a low-income
- Shelter Aid for Elderly Renters (SAFER) – provides a subsidy directly to those aged 60 or older who live in a private market rental unit and are on a moderate to low income
- BC Bus Pass Program – offers subsidized annual bus passes (\$45 annually) to low-income seniors receiving GIS

- BC Seniors Supplement – a monthly top-up of \$49.30 to the federal OAS/GIS or federal allowance payments
- Medical Services Plan (MSP) Premium Assistance – offers reduced monthly premiums on a sliding scale to low-income individuals
- Fair PharmaCare – subsidizes the cost of prescription drugs
- Home Adaptation for Independence (HAFI) grant – provides financial assistance to help eligible low-income seniors make renovations necessary to continue to live at home
- Publicly funded residential care and assisted living – client portions are calculated based on after-tax income
- All co-payments for home support are waived for seniors in receipt of GIS.

The OSA also highlighted the importance of the provincial government's Property Tax Deferment Program for low-income seniors. In collaboration with the Ministry of Finance, a public campaign was launched to raise awareness about this program which allows homeowners 55 and older to defer paying taxes for a low simple interest charge (currently 0.7%) that accrues until they withdraw from the program voluntarily, upon ownership transfer, or upon death.



### Focus on Income

Raising awareness of the income levels of B.C.'s seniors was also a focus of the office in 2016/17. The median income of B.C. seniors is \$26,840, 35% of senior renters earn less than \$20,000 a year, and 24% of senior homeowners earn \$30,000 or less. More than 54,000 seniors receive the B.C. Senior's Supplement, a monthly top-up paid to very low-income seniors, and approximately 248,000 receive the Guaranteed Income Supplement. Data recently obtained by the OSA from Statistics Canada gives more insight into seniors' incomes. Surprising findings from these data include that over half of seniors 65-67 years old report earned income, while one in six seniors

85 and older report earned income. At all ages, over 90% of seniors report receiving Canada Pension Plan (CPP) payments, while almost 70% of seniors 75 and older report private pension income.

### Combating Ageism

October 1st is the United Nations-declared "International Day of the Older Person." The theme in 2016 was ageism, a prejudice that the UN describes as the most socially-normalized form of discrimination worldwide. Through public presentations, opinion pieces and OSA newsletters, the Advocate sought to raise awareness about public perceptions of seniors, vs. the reality.

## Myth vs Reality

**M:** Seniors have dementia.

**R:** 80% of seniors over the age of 85 do not have a diagnosis of dementia.



80%



21%

**M:** Emergency departments are made up of seniors.

**R:** Only 21% of emergency department visits are from those over 65.

**M:** Seniors are wealthy.

**R:** 33% of seniors have an income of less than \$20,000.



33%



15%

**M:** Seniors live in nursing homes.

**R:** 15% of seniors over the age of 85 live in nursing homes.

### **Pedestrian safety initiative**

In July 2016, the Seniors Advocate wrote to all Mayors and Councils in British Columbia encouraging increased safety initiatives targeted at senior pedestrians, including the lowering of speed limits in appropriate areas. This initiative followed Provincial Health Officer, Dr. Perry Kendall's report, which highlighted the vulnerability of senior pedestrians. As the Office of the Seniors Advocate continues to monitor transportation issues related to seniors, the Advocate is encouraging municipalities to consider pedestrian-focused enhancements in their communities that help ensure the safety of older citizens. These can include: mechanisms to decrease crossing distances, increasing crossing times, improving pedestrian lighting, and modifying roadways, especially intersections, where most pedestrian accidents occur. Appropriate speed limits must also be a priority, particularly in areas that have a high number of pedestrians. Research shows that pedestrians have a 10% risk of dying when hit at 30 kilometres per hour, but an 80% risk of dying when hit at 50 kilometres per hour.



### **Simplifying government forms for seniors**

The OSA was involved in both federal and provincial initiatives to make government forms easier for seniors to fill out. Service Canada reached out to the OSA and its Council of Advisors to provide feedback and advice on a new toolkit that will be rolled out across Canada to seniors' groups and individuals with the intent of being a helpful step-by-step guide to filling out both Guaranteed Income Supplement and Old Age Security Forms. The OSA also worked with provincial bodies including the Ministry of Finance and MSP staff to streamline both forms and website information.

### **Improving data tracking abuse and neglect**

The Office of the Seniors Advocate has been working with various agencies to better understand the data that are available and the initiatives put in place to improve data quality. This effort has brought to light the challenges that exist with current systems for tracking cases of abuse and neglect of seniors such as the inconsistent use of different reporting systems which do not communicate well with one another. Our office continues to engage

with relevant stakeholders to identify the data that will provide us with a more accurate picture of elder abuse and neglect in the province.

# Progress to Date

Through its advocacy, including reports and other initiatives, the OSA has made several recommendations to government and service providers for system improvements to benefit seniors in BC. Key highlights of the progress made on these recommendations include:

## Increased care hours in residential care

The OSA published its second Residential Care Quick Facts Directory this past year. The Directory provides a range of information for publicly subsidized care homes in the province. Analysis of this information highlighted concerns over funded direct care hours for residents. While last year, 82% of facilities were not meeting the provincial guideline of 3.36 care hours per resident, per day, this year that number jumped to 91%. The Seniors Advocate publicly stated that the provincial guideline should be met across the health authorities and that associated funding be put in place to increase care hours. The Ministry of Health announced a \$500 million funding boost to seniors care in March 2017, which included increased staffing and a commitment to reach the 3.36 care hour staffing guideline within four years.

## Enhanced focus on home support

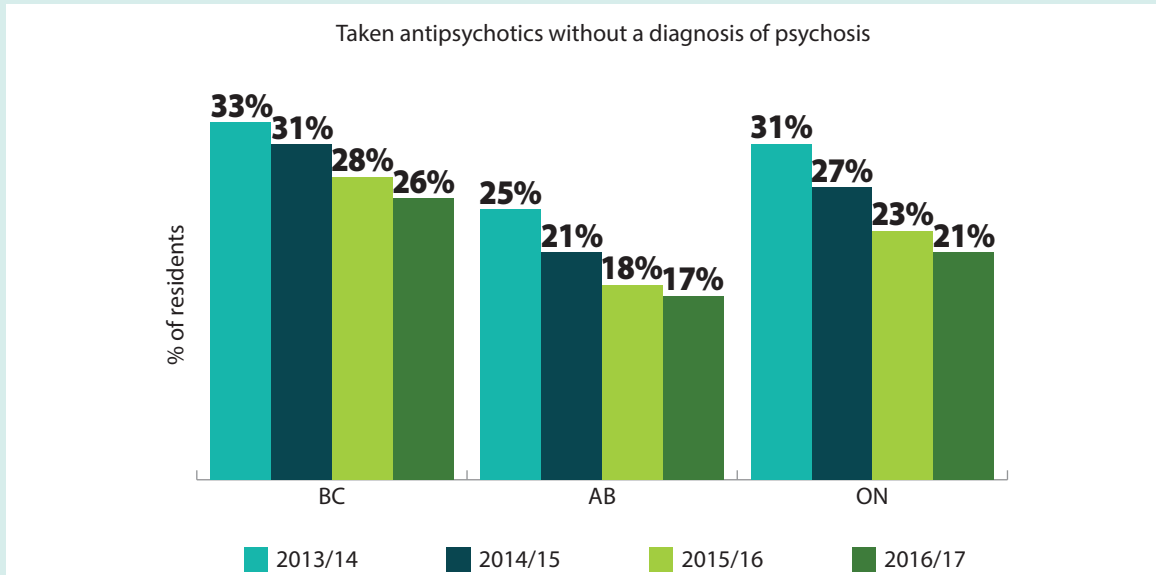
In March 2017, when the Ministry of Health released its Action Plan for seniors, there was a clear recognition of the need for home support services to keep pace with growing demand, a key area that the OSA has been highlighting. There was also a commitment to begin to rethink how home support is delivered which may include expanding the scope of service delivered and encouraging more self-directed care. The OSA is providing input to the Ministry of Health as they revise home support policies and practices and is encouraged by both provincial and federal funding allocations targeting home support specifically.

## Changes to the *Community Care and Assisted Living Act*

Changes to the *Community Care and Assisted Living Act* were passed in the Legislative Assembly in 2016. The changes were a result of a recommendation made by the Seniors Advocate calling for a mechanism to allow more seniors to be accommodated in assisted living for longer, before going to residential care. Consultations are on-going to ensure the effective rollout of the amendments.

### Progress on care quality indicators highlighted by the OSA

The OSA has raised concerns about seniors’ care quality indicators including the use of antipsychotic medications and access to rehabilitative therapies in residential care. In 2016/17, there has been some progress, particularly in reducing inappropriate use of medication.



### Increased awareness of programs and subsidies for seniors

Ensuring seniors are aware of programs and supports that can assist them is a high priority of the OSA. In collaboration with a number of Ministries and organizations, the OSA has been striving to raise awareness of these supports – from the rental subsidy for low-income seniors, Shelter Aid for Elderly Renters (SAFER), to the Property Tax Deferral Program. As we continue to monitor these services and supports, there is evidence of progress. For example, the number of SAFER recipients increased by 8% last year, while the number of new users of the Property Tax Deferral Program increased by 16%.

### Funding increases to affordable housing for seniors in the province

The Seniors Advocate has been continuing to highlight the need for affordable housing options for seniors across the province, particularly in rural areas, and made several formal recommendations in this area. In 2016/17, the provincial government made a number of announcements regarding funding for affordable housing, including the announcement for 421 units of non-rural seniors housing and 121 units of rural seniors housing.

### Additional Residential Care Progress

Progress is being made in response to several of the OSA's recommendations around improving residential care. For example, the Ministry of Health, Health Authorities and others are working toward strategies for mitigating resident to resident aggression, an issue raised by the OSA in a 2016 report which included several recommendations such as standardizing reporting and enhanced training for staff. After the Seniors Advocate highlighted that up to between 10%-15% of residents may be being inappropriately placed in residential care, Health Authorities have prioritized this as an area that requires closer examination.

### Improved Pedestrian Safety

After writing to municipalities across the province encouraging increased safety initiatives targeted at senior pedestrians, we have heard back from some communities about their on-going efforts to improve senior pedestrian safety. Some of the activities include reviews of traffic signal timings, increased use of 'audible' signals and LED lights, lowered speed limits on streets in areas with heavy pedestrian use, as well as other practice changes resulting from examinations of specific collisions and accidents. Many communities choose to also focus on education and enforcement. The feedback we received from municipalities on senior pedestrian safety strategies will help inform our transportation review.



# 2016/17 OSA Operating Budget

The budget for the OSA's third year of operation was allocated at \$4.225 million.

Expenditures focused on completing the HandyDART survey, continuing work on the provincial residential care survey, consulting with seniors in their own communities, monitoring key services to seniors, systemic reviews and producing reports with recommendations to government and service providers to address systemic issues and improve services to seniors.

While resources for professional services associated with conducting systemic reviews, reporting, and provincially standardized

surveys increased over last year, in line with expectations, we are pleased to report that for a second year we were able to realize significant savings in the costs associated with the work involved in conducting the province-wide residential care survey. As was the case last year, significant professional services expenditures were avoided by negotiating a vendor contract below estimated costs and utilizing a volunteer-based interview model for the residential care survey.

With the completion of the HandyDart and residential care surveys, professional services expenditures will be reduced significantly in 2017/18.

## Statement of Expenditures

Expense Type	2016/17 Budget	2016/17 Actual
Salaries	1,163,000	923,635
Employee Benefits	282,609	237,020
Travel	85,000	46,002
Legal Services	45,000	17,993
Professional Services	2,334,771	1,448,159
Information Services	92,000	67,099
Office, Business and Reporting Expenses	223,000	157,208
Amortization Expenses	0	20,583
<b>Total Expenses</b>	<b>4,225,380</b>	<b>2,917,699</b>



# Council of Advisors

The Office of the Seniors Advocate has a 30-member volunteer Council of Advisors that guides the work of the office. This group of engaged and connected seniors represent each of the province's five health authorities and come from a range of educational, professional and socio-economic backgrounds. They represent the vast diversity of seniors in British Columbia.

COA members were extremely active in their communities gathering feedback from seniors and highlighting issues of importance for the OSA that they brought forward to two in-person meetings over the year. At these meetings COA members also participated in facilitated discussions on a range of topics, from caregiver distress and home support to ageism and elder abuse, with the intent of

consolidating areas of concern to be targeted by the Advocate and her team.

There are two Council committees. One focuses on Federal seniors' issues, tracking issues on a national level that impact B.C. seniors. In 2016/17 this committee continued to identify issues affecting B.C. Seniors and formally submitted a paper on this topic to the Prime Minister and relevant Federal ministries. A second committee focuses on multi-cultural issues in the seniors' community. This committee highlighted the importance of culturally sensitive health care in the federal submission.

This past year, the Council was also honoured by Lieutenant Governor Judith Guichon at Government House for their contributions to the seniors' community in British Columbia.



*The Honourable Judith Guichon, Lieutenant Governor of British Columbia, welcomed and honoured OSA's Council of Advisors at Government House in February.*



OFFICE OF THE  
**SENIORS ADVOCATE**  
BRITISH COLUMBIA

# Council of Advisors

## Fraser Region – eight representatives

**ML (Mary-Lynn) Burke**, Delta; volunteer, Delta Seniors Planning Team; helps seniors navigate B.C.'s health system for services and housing; spent 15 years with Vancouver Coastal Health managing volunteer programs for seniors.

**Bev Kennedy**, Agassiz; semi-retired museum curator; chief elections officer, district of Kent; district electoral officer for Chilliwack-Hope; member of the Agassiz-Harrison Healthy Communities Committee.

**Leslie Gaudette**, Langley; retired epidemiologist; former manager, chronic disease treatment and outcome monitoring, Public Health Agency of Canada; senior analyst, Canadian Cancer Registry, Statistics Canada; vice president, Langley Players Drama Club.

**Charan Gill**, Surrey; co-founder, Canadian Farmworkers Union in 1978; founder (1987) now CEO, Progressive Intercultural Community Services (PICS); awarded the Order of B.C. and the B.C. Human Rights Award.



**Val Windsor**, Delta; co-chair of the Delta Seniors Planning Team; Delta School District trustee; 40 years in education, including 32 years as a classroom teacher. Passionate about seniors' housing, transportation and non-medical services.

**R.D. (Bob) Ingram**, Mission; 35 years in public service; education consultant; president of Mission Seniors Centre Association, Mission Community Services Society and Mission Association for Community Living; 2014 Citizen of the Year Award.

**Kay Dennison**, Delta; coordinator, Delta Seniors Planning Team; 17 years as supervisor of a community non-profit advocating for seniors' rights and independence; worked with seniors in areas of abuse, poverty, transportation and housing.

**Janet Sie Ling Lee**, Burnaby; immigrated to B.C. from China in 1963; hospital nurse for 30 years; volunteers with senior outreach for the Collingwood Community Centre; established a Chinese school in Vancouver in the 1980s.



## Interior – six representatives

**Donald Caskey**, Grand Forks; active community volunteer, B.C. Seniors' Games (B.C. 55+ Games) Society, the local Red Cross Health Equipment Loan Program (HELP), the local hospice and the Kettle Valley Food Cooperative.

**Jennifer Coburn**, Savona; provincial president, B.C. Old Age Pensioners with 37 B.C. chapters; advocates for seniors' needs and lobbies for changes in the province.

**Ralph Fossum**, 100 Mile House; retired notary public; member, Rotary Club; director, South Cariboo Health Foundation; councillor, District of 100 Mile House; volunteers with seniors and at community events.

**Broc Braconnier**, Kelowna; Professional Engineer; retired senior Canadian Forces Officer and former CEO of a BC post-secondary training institute, currently serving on several boards including BC Condominium Homeowner Association, Central Okanagan Community Futures Development Corporation, among others.

**Wade Ireland**, Kelowna; figurative art model, actor; an experienced seniors' peer support worker; volunteered with seniors and disabled people in B.C. and Manitoba.

**Walter Popoff**, Krestova, Slocan Valley; director on the Regional District of Central Kootenay; vice chair, West Kootenay Boundary Regional Hospital District; executive of the Slocan Valley Seniors Housing Society.

## Northern – three representatives

**Barry Cunningham**, Prince Rupert; former pollution response officer, Canadian Coast Guard; elected in 2013 to Prince Rupert city council; director, Regional District Hospital Board; advocate for suitable housing for seniors.

**Anne Hogan**, Prince George; former regional district administrator; housing research volunteer for the Prince George Council of Seniors; 2009 Masters thesis from the University of Northern British Columbia on seniors' housing, health and social inclusion in the city.

**Linda Pierre**, South Hazelton; elected to Regional District of Kitimat-Stikine; serves on the North West Regional Hospital District; instructor at Northwest Community College, blending Aboriginal worldview with modern workforce challenges.

## Vancouver Coastal – seven representatives

**Stuart Alcock**, Vancouver; president of the 411 Seniors Centre Society; experience in health care, constituency assistance, legal aid management, social work and child and youth care counselling.

**Mohinder Grewal**, Richmond; Council of Senior Citizens Organizations of B.C.; former executive director, Sikh Professional Association of Canada; director, Vancouver Multicultural Society; president (twice), National Association of Canadians of Origins in India.

**Trudy Hubbard**, North Vancouver; president Kiwanis Seniors Housing; former executive director, North Shore Volunteers for Seniors; member, College of Occupational Therapists of B.C.; manager, B.C. Centre for Non-Profit Development.

**Sue Jackel**, Sechelt; taught Canadian studies and women's studies, University of Alberta; community volunteer, housing, economic development, seniors services, and community care.

**Ihsan Malik**, Richmond; 40-year member, Pakistan Canada Association, served as trustee, public relations director, secretary, and president; advocates for immigrant and refugee seniors' issues such as language barriers, transportation, housing and more.

**Jennifer Shaw**, Vancouver, retired gerontologist; former executive director of the West End Seniors Network, 1991-2004; chair, 1998 National Conference of the Canadian Association of Gerontology; fundraiser for a new hospice in Vancouver.

**Bill Yuen**, Vancouver; retired professional engineer; former school board trustee; chair, Employment Insurance Appeal Board; chair, special advisory committee, Ministry of Advanced Education; Regional Transition Council, Ministry of Children and Family Development.



## Vancouver Island – six representatives

**Don Amos**, Sidney; former police officer, and the Mayor of the town of Sidney for 12 years; has served on Victoria regional transit commission, the CPP/OAP review tribunal, and the CRD regional board.

**David Chuenyan Lai**, Victoria; former professor, geography, University of Victoria; research affiliate, Centre on Aging; advisor, Victoria Chinese Seniors Association and Victoria Chinese Senior Activities Centre; member, Order of Canada; Honorary Citizen, City of Victoria.

**Robert (Bob) McWhirter**, Salt Spring Island; former teacher, school district administrator; board member, Greenwoods Eldercare Society; president, Gulf Islands Retired Teachers Association; president, Salt Spring Island Historical Society.

**Gail Maureen Neely**, Port Alice; chair, Seniors/Elders Better Living Advisory Committee to the Mount Waddington Health Network; represents both First Nation and non-First Nation communities; former mayor, Port Alice.

**Buncy Pagely**, Saanichton; opened first Multicultural Women's Centre in Victoria; Canada's first model Diabetes Centre on the Songhees Reserve; winner, Women of Distinction Lifetime Achievement Award; Honorary Citizen Award from the City of Victoria.

**Bob Willis**, Nanoose Bay; former air traffic controller; president, Nanaimo and Area, National Association of Federal Retirees; assists 2,000 members through committees, coordinating volunteers and member outreach.











**Email**

[info@seniorsadvocatebc.ca](mailto:info@seniorsadvocatebc.ca)

**By Phone**

Toll-free 1-877-952-3181

**In Victoria**

250-952-3181

Open Monday to Friday, 8:30-4:30

Translation services available in more than 180 languages.

**By Fax**

250-952-3034

**By Mail**

Office of the Seniors Advocate  
1st Floor, 1515 Blanshard Street  
PO Box 9651 STN PROV GOVT  
Victoria BC V8W 9P4

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