



Monitoring Seniors' Services 2017



OFFICE OF THE
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December 2017

This is our third annual *Monitoring Seniors' Services* report, highlighting performance across all areas that impact the health and well-being of seniors: health care, housing, income supports, transportation, and personal supports.

This report, much like our previous reports, demonstrates there are areas where we are doing relatively well. For example, this year again we see that most seniors have physicians, there are fewer people waiting for residential care and those who are waiting are doing so for less time. We see increased income support for seniors through a 12% increase in MSP premium assistance participation and a staggering 94% increase in new users of property tax deferment. More seniors are registering for HandyDART, and for the first time in four years, we have seen an increase in ride requests. At the same time, there is also a slight increase in the proportion of seniors who are still driving their own vehicles.

However, as we have seen in previous years, when we look at data presented in this report, there are areas where we clearly need to be doing better. For the 19% of senior households who rent, the Shelter Aid for Elderly Renters subsidy has remained stagnant while rents have skyrocketed, and a three-year trend of a decreasing number of seniors' subsidized housing units continues.

Home support and adult day programs, which are key to assisting seniors to live independently and supporting over-burdened caregivers, are seeing service declines. This is of great concern given both the overall cost implications and lack of desire on the part of seniors to live in residential care should supports not be available in the community. Readjustments to Fair PharmaCare and home support co-payment formulas, as well as increases to the B.C. Seniors Supplement, remain unmet despite significant cost increases for seniors.

This report not only documents how we are measuring up, but also highlights the number of different programs and supports offered to B.C. seniors. As with past reports, I want to acknowledge the work and co-operation of the various ministries, health authorities and service providers who work with my staff to ensure information is accurate and as current as possible. I remain confident we are all committed to improvements for seniors in British Columbia.

Sincerely,

Isobel Mackenzie
Seniors Advocate
Province of British Columbia

Highlights of Monitoring Seniors' Services 2017 Report

Health Care

- In 2015/16, 92% of seniors were attached to a GP or GP practice; this has remained relatively constant over the past three years.
- While the number of B.C. seniors with dementia has increased since last year, the rate of dementia has remained constant; 94% of seniors 65+ and 80% of seniors 85+ **do not have dementia**. The number of clients supported by the First Link program has increased 15%.
- The average home support hours delivered per client per year **decreased by 3%** from the previous year, while the number of **clients increased by 3.5%**. This trend of decreases in home support matched against increased client complexity continues to be of concern.
- There has been a 23.5% increase in the number of home care complaints over last year; this includes professional services such as nursing and physical therapy, as well as home support.
- On March 31, 2017, there were 1,245 clients waiting to access Adult Day Programs. The median wait time ranged between 38 and 195 days. Since 2015/16, there has been an 8% **decrease** in the number of funded Adult Day Program days offered and a 4% **decrease** in clients.
- While there has been a 1.5% increase in funded residential care beds since last year, the population aged 75+ increased by **3.5%**.
- Across the province, there was a 6% increase in complaints about residential care this year.
- The number of subsidized Assisted Living units remains relatively constant, up 2% from 2016.
- The number of seniors on the **waitlist** for both Assisted Living and Residential Care **decreased**. In 2016/17, 61% of seniors were admitted to residential care within 30 days, compared to 57% in 2015/16.

Housing

- 81% of households maintained by seniors are owned and 19% are rented. Approximately one-quarter of seniors that own their own home still maintain a mortgage.
- Since 2005, the Shelter Aid for Elderly Renters (SAFER) maximum rent that qualifies for a subsidy has increased 9%, while rents have increased by 45% (7% in the last year alone).
- A higher rate of seniors aged 60 or older are now using SAFER, growing from 16.6 per 1,000 in 2014 to 18.4 per 1,000 in 2017. As well, there has been a 6% increase in the absolute number of SAFER recipients since 2016, while the target population has increased by only 4%.
- The number of Seniors' Subsidized Housing units continues to decrease. From 2013/14 to 2016/17, there was a decrease of almost 5%. The number of people 55 or older waiting for a unit increased nearly 16% in the last year alone.

- The median and average wait times for Seniors Subsidized Housing increased slightly from 1.3 to 1.4 years and 2.2 to 2.3 years, respectively, between 2015/16 and 2016/17.
- For older adults (55+) who are homeowners, there was a **94% increase** in the number of new Property Tax Deferrals with nearly \$162 million of property taxes deferred in total.

Transportation

- There was a **5% increase** in the number of new clients registered for HandyDART from last year, a 10% increase in ride requests, and a 10% increase in rides provided.
- There was an 8% increase in unaccommodated standby ride requests for HandyDART in Metro Vancouver.
- In 2016, 655,000, or 76%, of all seniors maintained an active driver's licence, a 4.5% increase since 2015. The population 65+ grew 4% over this same time period.
- In 2016, 65,810 driver fitness cases were opened for those aged 80 or older. Only 950 seniors (fewer than 2%), were subsequently referred for a DriveAble cognitive assessment.

Income Supports

- The maximum payment for CPP increased by 2% over last year.
- The Seniors Supplement, a monthly top-up provided by the provincial government to low income seniors remains at \$49.30. There has been no rate increase since 1987.
- As of January 1, 2018, single seniors with an income of up to \$45,000 or senior couples with an income of up to \$51,000 may be eligible for some level of MSP Premium Assistance based on allowable deductions. In 2016, 331,682 seniors received some level of Premium Assistance, a 12% increase over the previous year.

Elder Abuse

- The Public Guardian and Trustee responds to allegations and investigates cases of abuse, neglect, and self-neglect. In 2016/17, there were 1,638 referrals, a 3% increase over last year.
- The Seniors Abuse and Information line received 1,763 calls pertaining to abuse in 2016, a 21% increase compared to 2015.
- In 2016, 941 missing persons cases involving seniors were opened with the RCMP. In 897 (95%) cases, the senior was found. The RCMP is responsible for policing regions of the province covering 72% of the population. Also in 2016, the Vancouver Police Department handled 423 missing persons cases involving seniors, all of which were solved.
- In regions served by the RCMP, the number of 65+ victims of violent offences has decreased since 2009, while the number of 65+ victims of property offenses has increased by 36%.

Table of Acronyms

ALR	Assisted Living Registrar	OAS	Old Age Security
BCCEAS	BC Centre for Elder Advocacy and Support	OSA	Office of the Seniors Advocate
CCALA	<i>Community Care and Assisted Living Act</i>	OT	Occupational therapy
COE	Committee of Estate	PCQO	Patient Care Quality Office
COP	Committee of Person	PCQRB	Patient Care Quality Review Board
CPI	Consumer Price Index	PGT	Public Guardian and Trustee
CPP	Canada Pension Plan	PSLS	Patient Safety Learning System
CSIL	Choice in Supports for Independent Living	PT	Physical therapy
DMER	Driver Medical Examination Report	RCMP	Royal Canadian Mounted Police
FHA	Fraser Health Authority	SAFER	Shelter Aid for Elderly Renters
FNHA	First Nations Health Authority	SAIL	Seniors Abuse and Information Line
GIS	Guaranteed Income Supplement	SDPR	Ministry of Social Development and Poverty Reduction
GP	General practitioner (family doctor)	SSH	Seniors' Subsidized Housing
IHA	Interior Health Authority	TSDM	Temporary substitute decision maker
MBM	Market Basket Measure	VCHA	Vancouver Coastal Health Authority
MSP	Medical Services Plan	VIHA	Island Health Authority (formerly Vancouver Island Health Authority)
NHA	Northern Health Authority	VPD	Vancouver Police Department

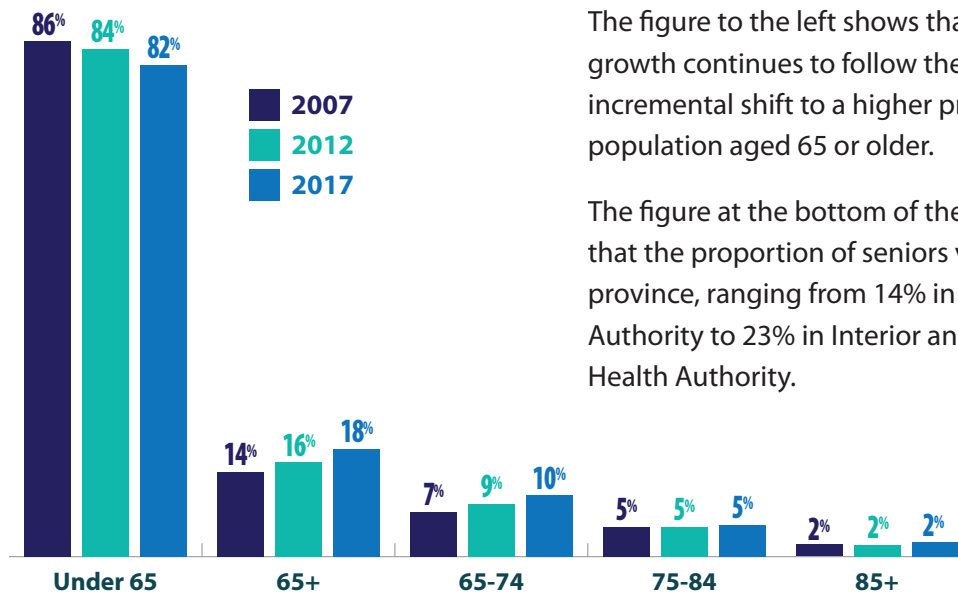
This report has been compiled from a variety of sources. The data are either for the period of 2016/17 covering the period April 1, 2016 to March 31, 2017 or for the calendar year of 2016. 2015 data may be included where noted. All data sources are footnoted either in the report or in the appendix at the end of the report. Where comparative year over year data were available, they have been used in this report.

Many individuals at all levels of government and with many different service providers participated in the creation of this report and the OSA thanks them for their contributions.

The OSA will be using the data in this report to help inform their work in the year ahead. Through this monitoring process, we will build a solid foundation upon which we can continually measure, through objective data sources, the achievements of local, provincial, and federal governments along with service providers in delivering high quality services and support to B.C. seniors and their families.

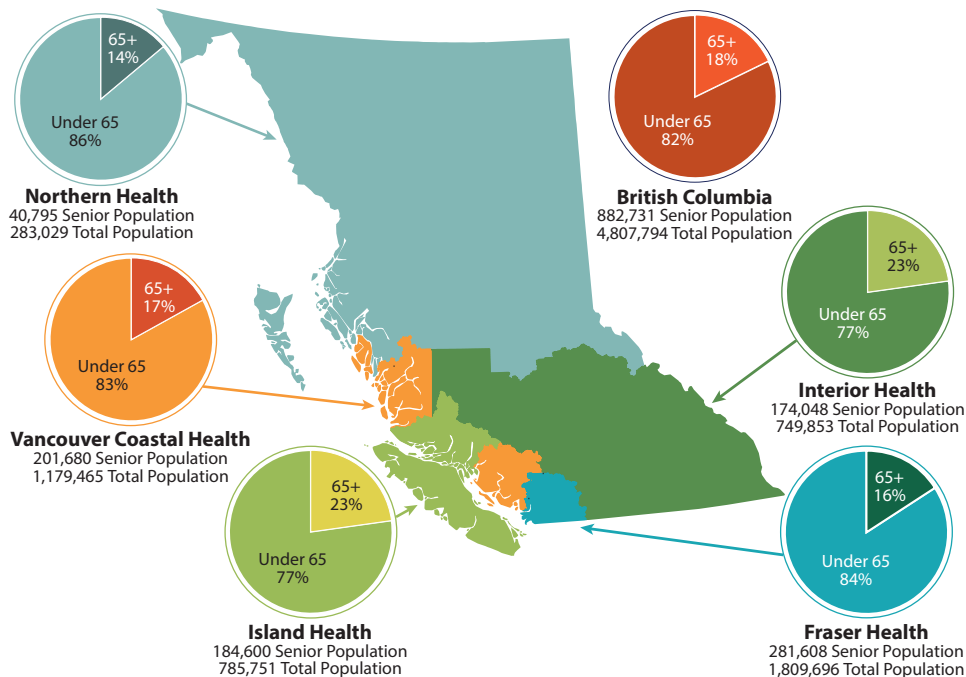
B.C. Seniors Population

In 2017, the total population of B.C. was 4,807,794, of which 882,731 or 18.4% were aged 65 or older. This compares to 2016, when the total population of B.C. was 4,751,612, of which 850,424 or 17.9% was aged 65 or older.



The figure to the left shows that population growth continues to follow the projected incremental shift to a higher proportion of the population aged 65 or older.

The figure at the bottom of the page shows that the proportion of seniors varies across the province, ranging from 14% in Northern Health Authority to 23% in Interior and Vancouver Island Health Authority.



Health Care

Health care services are increasingly important as we age. In B.C., seniors are generally healthy and independent as they age; only 12% of seniors (95,862) were frail and required residential care, palliative care, or home support in 2015/16. This section focuses on some of the key health care services that impact seniors.

Source: 2

Access to Health Care

General practitioners (GPs), also known as family doctors, are a key point of access to health care in British Columbia. One way of measuring the percentage of B.C. seniors who have a regular GP is to examine patient records to determine if a patient has had a certain number of visits with the same GP or GP practice in a specified period. In 2015/16, 92% of seniors were recorded through health records as being attached to a GP or GP practice.

The difference between the total B.C. population aged 65 or older, and the number of residents aged 65 or older who sought care suggests that about 8% of British Columbians aged 65 or older were either not attached to a single GP or GP practice, or did not seek a physician's care at all in the year. The overall rate of attachment has remained at 92% across the province since 2013/14, but has decreased in each year in Interior Health and Northern Health.

Percent of Seniors Recorded as Being Attached to a GP Practice, 2013/14-2015/16				
Health Authority	2013/14	2014/15	2015/16	Percentage Point Change in the Last Year
IHA	94%	93%	92%	↓ 1.0%
FHA	92%	92%	92%	—
VCHA	92%	91%	91%	—
VIHA	95%	94%	94%	—
NHA	93%	92%	91%	↓ 1.0%
B.C.	93%	92%	92%	—

Source: 2

Dementia Supports

While the number of people with a diagnosed dementia increased since last year, the proportion of the population with a diagnosed dementia remained the same. In 2015/16, 53,936 British Columbians had a diagnosed dementia, compared to 52,239 in 2014/15. In both years, this represented 1.1% of the overall population, or 5.8% of the population aged 65 or older.

Source: 2

First Link® Dementia Support

The Alzheimer Society of B.C. is committed to building a dementia-friendly society, where people affected by dementia are welcomed, acknowledged, and supported by their community. First Link® is a government funded dementia support program that connects people with dementia, their caregivers and their families to support and learning opportunities at the time of diagnosis or at any point in the progression of the disease. First Link® is available in 96 communities across the province, and can be accessed in three ways:

- A referral from a health-care provider or a community organization.
- By visiting one of the Alzheimer Society of B.C.'s Regional Resource Centres.
- By calling the First Link® Dementia Helpline (1-800-936-6033).

When an individual or family is connected to First Link®, they are supported by the Society on an ongoing basis, ensuring that they have the information they need, when they need it. Through First Link®, they will receive a follow-up within three to four weeks after the initial connection. First Link® connects with people through support groups, Minds in Motion® (a social and fitness program), individual support by telephone or in-person, as well as referrals to other community and health-care services. In addition to support, First Link® provides learning opportunities through workshops, newsletters, and fact sheets.

As of March 31, 2017, First Link® dementia support has 14,540 active clients, representing a 15% increase over the previous point-in-time measurement in March 2016.

Number of Active First Link® Clients, 2016-2017			
Health Authority	Active Clients		Percentage Change
	March 2016	March 2017	
IHA*	1,839	2,257	↑ 22.7%
FHA	2,994	3,781	↑ 34.3%
VCHA	4,054	4,238	↑ 4.5%
VIHA	3,253	3,680	↑ 13.1%
NHA	532	584	↑ 9.7%
B.C.*	12,672	14,540	↑ 14.7%

Source: 3

Note: As of September 2016, referrals are available in the West Kootenay region and as of April 2017, referrals are available in the East Kootenay region, which means that service is provided across the province.

During the 2016/17 fiscal year, 3,673 people connected to First Link® for the first time, compared to 3,864 in the 2015/16 fiscal year, a decrease of 5%. Of those who connected for the first time, 45% were self-referrals. Dementia assessment clinics and/or specialists were the primary referral agency for new clients referred to from other sources.

Source: 3

Home Care

Home Support

Home support provides clients with specific help with daily personal care activities, such as bathing, dressing, or toileting. Case managers assess potential home support clients to determine the services and hours for which they may qualify. Home support is part of the Home and Community Care Program and is delivered by community health workers paid for by the health authority. Clients may pay a co-payment amount based on income. Home support generally does not include help with grocery shopping, driving to appointments, laundry, or cleaning.

Clients

Vancouver Coastal was unable to provide data in time for publication. In the remaining health authorities, in 2016/17, 34,760 clients of all ages were registered for publicly subsidized home support services, 89% of whom were aged 65 or older, and 74% were 75 or older. The number of clients increased in all four health authorities ranging from 1.8% in IHA to 5.1% in FHA. In IHA and VIHA, the population increased at a higher rate over the last year than the number of home support clients.

Number of Clients Registered for Publicly Subsidized Home Support, 2012/13-2016/17								
Health Authority	2012/13	2013/14	2014/15	2015/16	2016/17	% Change in Last Year	% Population Change 65+ (2015 – 16)	% Population Change 80+ (2015 – 16)
IHA	7,990	8,361	8,797	9,291	9,460	↑ 1.8%	↑ 3.0%	↑ 2.0%
FHA	11,326	12,225	12,934	13,682	14,382	↑ 5.1%	↑ 4.3%	↑ 3.4%
VCHA	9,342	9,318	8,937	8,674	N/A	N/A	↑ 4.5%	↑ 4.3%
VIHA	8,817	9,190	9,230	8,987	9,267	↑ 3.1%	↑ 4.4%	↑ 2.2%
NHA	1,551	1,545	1,598	1,696	1,744	↑ 2.8%	↑ 2.8%	↑ 4.3%
B.C.*	38,873	40,472	41,341	42,170	34,760**	↑ 3.5%**	↑ 4.0%	↑ 3.1%

* Clients who received home support in more than one health authority in the same year are counted in each health authority's total, but only once at the B.C. level. Columns therefore cannot be summed. All home support numbers include Choice in Supports for Independent Living (CSIL) clients and clients receiving short-term home support.

** B.C. volumes are understated for 2016/17 and not comparable to previous years as Vancouver Coastal was unable to submit data in time for publication. They are in the process of restating their data. As a result, past years of data may change as well. The unique client count for B.C. in 2016/17, as well as the % change calculation, excludes Vancouver Coastal Health Authority clients.

Source: 1 and 4

Hours

Excluding Vancouver Coastal, the total number of home support hours delivered to all clients of all ages receiving service in 2016/17 was 8,951,114. The number of hours delivered increased in FHA (3.5%) and NHA 6.8%), and decreased in IHA (0.5%) and VIHA (2.7%).

Number of Home Support Hours Delivered, 2012/13-2016/17						
Health Authority	2012/13	2013/14	2014/15	2015/16	2016/17	% Change in Last Year
IHA	1,754,639	1,888,484	1,988,380	2,177,947	2,166,638	↓ 0.5%
FHA	3,099,525	3,533,533	3,766,283	3,790,602	3,923,176	↑ 3.5%
VCHA	2,442,076	2,387,180	2,320,491	2,215,584	N/A	N/A
VIHA	2,702,168	2,805,741	2,675,009	2,547,351	2,478,966	↓ 2.7%
NHA	386,542	391,563	349,041	358,070	382,334	↑ 6.8%
B.C.	10,384,951	11,006,501	11,099,203	11,089,553	8,951,114*	↓ 0.8%*

* B.C. volumes are understated for 2016/17 and not comparable to previous years as Vancouver Coastal was unable to submit data in time for publication. They are in the process of restating their data. As a result, past years of data may change as well. The total hours for B.C. in 2016/17, as well as the % change calculation, excludes Vancouver Coastal Health Authority clients.

Source: 4

Excluding Vancouver Coastal, in 2016/17, the average hours delivered per client per year in the remaining four health authorities was 258, or five hours per week. The average hours of home support delivered per client increased in NHA by eight hours (3.8%) per year while they decreased in IHA (2.1%), FHA (1.4%) and VIHA (5.3%).

Average Hours of Care Delivered per Home Support Client, 2012/13-2016/17						
Health Authority	2012/13	2013/14	2014/15	2015/16	2016/17	% Change in Last Year
IHA	220	226	226	234	229	↓ 2.1%
FHA	274	289	291	277	273	↓ 1.4%
VCHA	261	256	260	255	N/A	N/A
VIHA	306	305	290	283	268	↓ 5.3%
NHA	249	253	218	211	219	↑ 3.8%
B.C.	267	272	268	263	258*	↓ 2.6%*

* B.C. volumes are understated for 2016/17 and not comparable to previous years as Vancouver Coastal was unable to submit data in time for publication. They are in the process of restating their data. As a result, past years of data may change as well. The average hours calculation for B.C. in 2016/17, as well as the % change calculation, excludes Vancouver Coastal Health Authority clients.

Source: 4

HEALTH CARE

Most home support hours are delivered under long-term home support, with short-term service making up a smaller, although growing, proportion of total home support hours. Long-term service is intended for clients with ongoing need, while short-term service is intended for clients with a time-limited need, such as immediately following hospital discharge. Please note that the following three tables exclude data for Vancouver Coastal as it is not available.

Home Support Hours by Service Type*, 2013/14-2016/17									
Client Type	2013/14		2014/15		2015/16		2016/17		% Change in Last Year
	#	%	# hours	%	# hours	%	# hours	%	
Long-term	8,007,159	92.9%	8,142,757	92.8%	8,206,485	92.4%	8,217,552	91.8%	↑ 0.1%
Short-term	612,162	7.1%	635,751	7.2%	674,959	7.6%	733,564	8.2%	↑ 8.7%

* Data for Vancouver Coastal is not available and has been excluded for all years.

Source: 5

Across the four health authorities reporting on home support services, short-term service hours delivered are growing faster (8.7%) than the number of home support clients (6.4%). However, while **long-term clients increased by 2.8%** the **hours** delivered per client **decreased by 2.6%**. The sum of long-term and short-term clients exceeds that of total unique home support clients because some clients receive both types of service during the year.

Home Support Clients by Service Type*, 2013/14-2016/17					
Client Type	2013/14	2014/15	2015/16	2016/17	% Change in Last Year
	# clients	# clients	# clients	# clients	
Long-term	22,900	23,573	23,992	24,667	↑ 2.8%
Short-term	12,059	12,936	14,013	14,908	↑ 6.4%

* Data for Vancouver Coastal is not available and has been excluded for all years.

Source: 5

Average Hours of Home Support Received per Client*, 2013/14-2016/17					
Client Type	2013/14	2014/15	2015/16	2016/17	% Change in Last Year
Long-term	350	345	342	333	↓ 2.6%
Short-term	51	49	48	49	↑ 2.2%

* Data for Vancouver Coastal is not available and has been excluded for all years.

Source: 5

Professional Services

Home care professional services include nursing (registered nurse), physical therapy (PT), occupational therapy (OT), nutritional (registered dietitian), and social work (registered social worker). These services are provided on a short-term basis only, to address health issues post-discharge from hospital or an episodic illness or injury. Unlike home support, there is no client co-payment for professional services.

Clients

In 2016/17, 92,225 clients received professional home care services in B.C., 72% of whom were aged 65 or older and 51% were 75 or older. The number of clients increased by 5.6% over 2015/16, increasing in all health authorities.

Number of Clients Receiving Professional Home Care Services, 2012/13-2016/17								
Health Authority	2012/13	2013/14	2014/15	2015/16	2016/17	% Change in Last Year	% Pop. Change 65+ (2015/16)	% Pop. Change 80+ (2015/16)
IHA	21,690	22,204	24,431	26,063	27,583	↑ 5.8%	↑ 3.0%	↑ 2.0%
FHA	19,977	20,652	20,786	21,261	22,633	↑ 6.5%	↑ 4.3%	↑ 3.4%
VCHA	18,069	18,357	19,063	19,110	19,762	↑ 3.4%	↑ 4.5%	↑ 4.3%
VIHA	17,866	17,946	17,811	17,823	19,067	↑ 7.0%	↑ 4.4%	↑ 2.2%
NHA	3,653	3,882	3,673	3,508	3,653	↑ 4.1%	↑ 2.8%	↑ 4.3%
B.C.*	80,828	82,651	85,336	87,326	92,225	↑ 5.6%	↑ 4.0%	↑ 3.1%

* Clients who received professional services from more than one health authority in the same year are counted in each regional health authority's total, but only once at the provincial level. Columns therefore cannot be summed.

Source: 4

Visits

In 2016/17, 1,168,458 visits were made to clients receiving professional home care services in B.C., an increase of 5.1% over 2015/16. The number of visits increased in all five regional health authorities.

Number of Professional Home Care Service Visits, 2012/13-2016/17						
Health Authority	2012/13	2013/14	2014/15	2015/16	2016/17	% Change in Last Year
IHA	264,278	257,948	289,396	295,890	300,252	↑ 1.5%
FHA	244,039	247,465	249,939	259,617	280,857	↑ 8.2%
VCHA	226,843	225,035	238,551	241,681	246,774	↑ 2.1%
VIHA	252,293	253,401	254,545	266,463	292,152	↑ 9.6%
NHA	55,983	58,992	58,348	47,689	48,423	↑ 1.5%
B.C.	1,043,436	1,042,841	1,090,779	1,111,340	1,168,458	↑ 5.1%

Source: 4

Complaints

When clients have lodged a complaint about their care with their health authority and are unsatisfied with the response they received, they may escalate their complaint to their health authority's Patient Care Quality Office (PCQO).

At this time, PCQO complaints data for home care cannot be separated into home support and professional services-related complaints. The following table includes all complaints from the home care sector.

HEALTH CARE

During the 2016/17 fiscal year, 531 complaints about home care were made to PCQOs in British Columbia. The change in the number of complaints between 2015/16 and 2016/17 is presented in the table below.

Number of Complaints Reported to Patient Care Quality Offices, 2013/14-2016/17					
Health Authority	2013/14	2014/15	2015/16	2016/17	% Change in Last Year
IHA	49	45	44	58	↑ 31.8%
FHA	195	217	173	189	↑ 9.2%
VCHA	46	65	79	139	↑ 75.9%
VIHA	122	123	122	129	↑ 5.7%
NHA	19	13	12	16	↑ 33.3%
B.C.	431	463	430	531	↑ 23.5%

Source: 6

In 2016/17, the top six complaint categories captured 48.6% of total complaints about home care in B.C.

Top Six Complaint Categories About Home Care, 2016/17	
Complaint Type	% of Complaints
Accessibility: Care program or service denied	10.0%
Care: Inappropriate type or level of care*	9.6%
Care: Delayed or disruptive care or service	9.0%
Accessibility: Care program or service delayed	8.5%
Communication: Inadequate or incorrect information	6.6%
Accessibility: Care program or service not available	4.9%
All Other Complaints	51.4%
Percentage of total complaints	100.0%

*The degree to which kinds/levels of care provided reflect the expectations of patients, clients, residents and/or their families (e.g., aggressive intervention in palliative cases, not enough intervention, care managed medically rather than surgically, etc.)

Source: 6

Complaint Resolution

Complaints not able to be resolved at the point of service may be formally lodged with the health authority PCQO for investigation and response. If the complainant is not satisfied with the response by the PCQO, the complainant may request a review of the PCQO's handling of the complaint by the Patient Care Quality Review Board (PCQRB). Of the 531 complaints received by health authorities about home support and professional services in 2016/17, only six (1.1%) were escalated to the PCQRB for review, a slight increase from the previous year (0.7%).

Adult Day Programs

Adult day programs (ADP) 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 in their own community each week where they may receive personal assistance, health care services, therapeutic social and recreational activities, health education or caregiver support. Many ADPs are connected with residential care facilities while others operate independently.

In 2016/17, 6,004 clients attended adult day programs receiving 239,306 days of services. Overall, the number of clients and the number of days of service decreased across the province in this year compared to 2015/16 but increased in FHA (6.0%) and VIHA (0.8%).

Adult Day Programs Clients and Days of Service, 2014/15-2016/17								
Health Authority	Clients				Days			
	2014/15	2015/16	2016/17	% Change 2015/16-2016/17	2014/15	2015/16	2016/17	% Change 2015/16-2016/17
IHA	1,781	1,819	1,667	↓ 8.4%	64,564	67,842	65,000	↓ 4.2%
FHA	1,511	1,534	1,626	↑ 6.0%	64,036	64,355	62,376	↓ 3.1%
VCHA	1,294	1,248	1,092	↓ 12.5%	60,477	59,268	46,180	↓ 22.1%
VIHA	1,298	1,309	1,320	↑ 0.8%	51,215	51,876	51,135	↓ 1.4%
NHA	339	349	313	↓ 10.3%	18,817	16,832	14,615	↓ 13.2%
B.C.	6,213	6,249	6,004	↓ 3.9%	259,109	260,173	239,306	↓ 8.0%

Source: 4

The number of days that each client attends depends on the type of ADP they are participating in. On a single day, March 31, 2017, there were 1,435 funded spaces available in B.C. Most of these were 4 or 5 day programs. Some of the spaces were unused on this day, but not all health authorities track this information. There were 152 clients already using services that day that were waiting for additional days. On this same day, 1,245 clients were waiting to access ADP services and the median wait time ranged between 38 and 195 days. The median wait time means that half of the clients were waiting less than this time and half were waiting longer.

Number of Funded Adult Day Program Spaces, as of March 31, 2017						
Health Authority	6-7 days per week	4-5 days per week	2-3 days per week	1 day per week	Total Spaces	Number of Unused Spaces
IHA	81	210	124	35	450	61
FHA	11	270	3	—	284	15
VCHA	84	191	8	—	283	31
VIHA	20	255	5	—	280	n/a
NHA	10	99	24	5	138	n/a
B.C.	206	1,025	164	40	1,435	107

Source: 7

Clients on the Waitlist for Adult Day Programs, as of March 31, 2017				
Health Authority	Number of Clients Waiting	Average Wait Time (Days)	Median Wait Time (Days)	Number of Clients Waiting for Additional Days
IHA	197	79	46	N/A
FHA	471	111	51	51
VCHA	201	142	195	8
VIHA	365	108	112	93
NHA	11	64	38	N/A
B.C.	1,245	N/A	N/A	152

Source: 7

Assisted Living

Assisted living is a housing option that provides seniors with enhanced supports to maintain their independence. Assisted living residences are regulated rather than licenced, as is the case for residential care facilities. In B.C., three versions of assisted living exist: subsidized registered assisted living, private pay registered assisted living, and private assisted living (non-registered). Registered assisted living is regulated under the *Community Care and Assisted Living Act (CCALA)*, which allows facilities to provide residents up to two out of six prescribed services; typically, assistance with activities of daily living (e.g., dressing) and administration of medication. Private non-registered assisted living residences are different in that residents make their own arrangements for any personal/nursing care needs and these are not limited to two of the six prescribed services. Legislative changes to the CCALA have been approved that will eliminate the restriction to two prescribed services but regulations are still under review. As residents living in assisted living are relatively independent, they may come and go freely.

Residences

In B.C., 141 registered assisted living buildings contain subsidized assisted living units. As of March 31, 2017, there were 4,485 subsidized registered assisted living units in B.C.

Number of Subsidized Assisted Living Units in B.C., 2012-2017							
Health Authority	2012	2013	2014	2015	2016	2017	% Change in Last Year
IHA	925	922	922	931	922	952	↑ 3.3%
FHA	1,350	1,395	1,395	1,393	1,393	1,393	0.0%
VCHA	838	830	809	798	808	859	↑ 6.3%
VIHA	986	1,036	1,021	1,018	997	993	↓ 0.4%
NHA	290	289	290	290	288	288	0.0%
B.C.	4,389	4,472	4,437	4,430	4,408	4,485	↑ 1.7%

Source: 8

As of March 31, 2017, there were 3,582 units of private registered assisted living in B.C., a 38%

increase from 2012. While the number of subsidized assisted living units has remained relatively constant over time, the number of private assisted living units has experienced a net increase in four of the five regional health authorities since 2012. Interior Health saw a 13% growth in private assisted living units since last year.

Number of Private Registered Assisted Living Units in B.C., 2012-2017							
Health Authority	2012	2013	2014	2015	2016	2017	% Change in Last Year
IHA	964	1,070	953	1,009	1,016	1,147	↑ 12.9%
FHA	854	1,023	1,071	1,110	1,192	1,250	↑ 4.9%
VCHA	385	455	462	483	497	501	↑ 0.8%
VIHA	361	492	563	621	621	660	↑ 6.3%
NHA	33	23	23	24	24	24	0.0%
B.C.	2,597	3,063	3,072	3,247	3,350	3,582	↑ 6.9%

Source: 8

As of June 2017, there were 17,089 private assisted living (non-registered) units in B.C. While the number of private assisted living units has increased 11% since 2012, the vacancy rate has decreased by 64% over the same time period. The vacancy rate for private (non-registered) units, though steadily decreasing, remains substantially greater than the province's overall rental vacancy rate (1.3%) (CMHC, Oct 2016).

Number of Private Assisted Living (non-registered/congregate) Units and Vacancy Rate, 2012-2017							
Private Assisted Living (Non-Registered)*	2012	2013	2014	2015	2016	2017	% Change in Last Year
Units	15,369	15,610	16,609	16,636	17,985	17,089	↓ 5.0%
Vacancy Rate	12.6%	11.4%	10.9%	9.1%	6.3%	4.5%	↓ 28.6%

* Drawn from information on standard seniors' housing spaces (i.e., the resident receives less than 1.5 hours of care per day).

Source: 9

Waitlist

In Fraser Health, Interior Health, and Vancouver Coastal Health, individuals may only be placed on one assisted living residence waitlist; however, they may choose to which residence to apply. In Island Health and Northern Health, individuals may place themselves on waitlists for multiple assisted living residences. While there is availability in some Island Health residences, seniors may choose to wait for a unit to become available in their preferred residence.

HEALTH CARE

As of March 31, 2017, 750 individuals were on the waitlist for a subsidized registered assisted living unit in British Columbia.

Number of People on Waitlist for Subsidized Registered Assisted Living Unit, 2016-2017		
Health Authority	Waitlist as of March 31, 2016	Waitlist as of March 31, 2017
IHA	212	201
FHA	208	144
VCHA	205	135
VIHA	127	81
NHA	166	189
B.C.	918	750

Source: 7

Cost

In subsidized registered assisted living, residents pay a set monthly rate of 70% of their net income, up to a maximum rate which is a combination of the market rate for housing and hospitality services for the respective community and the actual cost of personal care services. Whether registered or not, private assisted living costs can vary significantly.

The table below shows the proportion of private non-registered assisted living units by rental price range. In 2017, 65% of private non-registered assisted living units cost \$2,500 or more per month, up 3% from last year. The number of units costing less than \$2,000 per month has steadily decreased since 2012.

Distribution of Cost of Private Assisted Living (non-registered) Residences, 2012-2017							
Private Assisted Living (Non-Registered)	2012	2013	2014	2015	2016	2017	% Change in Last Year
<\$1,500	7.7%	7.0%	6.6%	7.8%	6.9%	6.0%	↓ 13.0%
\$1,500 - \$1,999	14.5%	12.1%	12.0%	10.7%	10.1%	8.8%	↓ 12.9%
\$2,000 - \$2,499	22.2%	24.8%	21.3%	20.9%	20.1%	20.5%	↑ 2.0%
\$2,500+*	55.5%	56.1%	60.1%	60.5%	62.8%	64.6%	↑ 2.9%

*Breakdown of rental prices above \$2,500 is not available.

Source: 9

Complaints

The Assisted Living Registrar (ALR) ensures that both private and subsidized registered assisted living residences comply with the CCALA and its associated regulations. In 2016, the ALR received 48 complaints. In these 48 complaints, complainants raised 116 issues, with the most frequently cited challenges pertaining to meals services, exit plans and resident abuse and neglect. Complaints to the ALR are not tracked in the same format as complaints under residential care licensing, which indicate the number of complaints that have been substantiated.

Complaints Received by Assisted Living Registry About Senior Assisted Living Residences, 2012-2016					
Issues Raised in Complaints	2012	2013	2014	2015	2016
Total Complaints	48	30	58	73	48
Issues Raised in these Complaints*					
Internal Complaint Policy	1	2	13	18	8
Resident Abuse, Neglect & Self-Neglect	9	7	14	18	11
Meals Services	10	8	10	14	13
Management	8	14	18	12	7
Possible Unregistered Assisted Living	7	3	7	11	7
Exit Plans	1	3	11	11	12
Accidents, Deaths & Medications Emergencies	3	0	3	11	2
Building Maintenance	2	5	8	10	8
Security	0	3	11	9	4
Delivery of Medication Services	9	4	8	8	4
Staffing Levels	4	3	7	7	5
24-Hour Emergency Response	4	1	1	7	2
Personal Services Plans	2	1	7	6	4
Entry	9	5	8	6	6
Environment	7	3	2	6	0
Housekeeping Services	3	5	4	5	3
External Complaint Policy	0	0	0	4	1
Social & Recreational Opportunities	1	1	5	4	2
Delegated Tasks	2	2	4	3	1
Staff Qualifications and Ongoing Training	5	3	7	3	7
Emergency Preparedness & Fire Safety	5	1	6	3	1
Activities of Daily Living	3	5	1	2	2
Laundry Services	1	3	1	2	3
Infection Outbreaks	1	1	2	2	2
Monitoring of Food Intake & Therapeutic Diets	0	0	2	1	0
Tenancy	3	5	0	0	N/A
Management of Cash	4	1	0	0	1
Other	5	11	0	0	N/A
Total Issues	104	100	160	183	116

* These numbers represent all complaints and initial issues raised and do not include whether or not the complaint was substantiated.

N/A – Tenancy and Other categories are no longer tracked by the Assisted Living Registry.

Site Inspections

Inspections and investigations are conducted by the ALR on an as-needed basis. An inspection can be triggered by a health and safety complaint, the need to determine whether a residence is operating as assisted living without being registered, or to determine if a residence wishing to register meets the requirements to do so.

In 2016, the ALR conducted 10 site inspections, of which six (60%) were to follow up on a health and safety complaint, while three (30%) inspections were conducted prior to registering a residence.

Site Inspections Conducted by Assisted Living Registrar, 2013-2016				
Type of Inspection	2013	2014	2015	2016
Health and Safety Complaint	9	5	7	6
Possible Unregistered Residence	1	1	4	1
Prior to Registering a Residence	1	6	11	3
Total	11	12	22	10

Source: 8

Incident Reporting

Registered assisted living residences are required to report to the ALR on specific serious incidents where the health or safety of a resident may have been at risk. In 2016, 419 serious incidents were reported by registered seniors assisted living residences in British Columbia.

Total Serious Incident Reports for Registered Assisted Living Residences in B.C., 2012-2016					
Health Authority	2012	2013	2014	2015	2016
IHA	25	40	46	67	111
FHA	12	30	44	61	80
VCHA	12	10	21	36	49
VIHA	19	22	31	63	175
NHA	2	3	5	8	4
B.C.	70	105	147	235	419

Source: 8

The tables below show the breakdown of these serious incidents by type of incident.

Abuse or Neglect, 2012-2016					
Health Authority	2012	2013	2014	2015	2016
IHA	0	1	2	2	0
FHA	0	0	0	2	0
VCHA	1	0	3	0	1
VIHA	0	2	0	7	0
NHA	0	1	0	0	0
B.C.	1	4	5	11	1

Source: 8

Resident to Resident Aggression, 2012-2016					
Health Authority	2012	2013	2014	2015	2016
IHA	0	2	5	1	2
FHA	0	0	5	0	1
VCHA	1	0	1	3	3
VIHA	0	1	1	2	3
NHA	0	0	0	0	4
B.C.	1	3	12	6	13

Source: 8

Resident to Staff Aggression, 2012-2016					
Health Authority	2012	2013	2014	2015	2016
IHA	0	0	3	0	0
FHA	0	0	0	0	0
VCHA	1	0	0	2	1
VIHA	0	0	0	1	0
NHA	0	0	1	0	0
B.C.	1	0	4	3	1

Source: 8

Police Incident, 2012-2016					
Health Authority	2012	2013	2014	2015	2016
IHA	0	2	3	5	2
FHA	0	5	5	6	11
VCHA	0	0	0	2	0
VIHA	0	2	1	5	3
NHA	0	0	0	0	0
B.C.	0	9	9	18	16

Source: 8

Unexpected Death, 2012-2016					
Health Authority	2012	2013	2014	2015	2016
IHA	12	9	13	18	19
FHA	8	9	14	17	9
VCHA	7	6	6	6	6
VIHA	8	5	7	8	13
NHA	1	2	2	2	0
B.C.	36	31	42	51	47

* Unexpected death is death that occurs suddenly and earlier than anticipated.

Source: 8

Missing/Wandering, 2012-2016					
Health Authority	2012	2013	2014	2015	2016
IHA	0	2	5	3	6
FHA	0	4	8	15	10
VCHA	0	0	3	2	7
VIHA	1	2	1	1	3
NHA	0	0	0	2	0
B.C.	1	8	17	23	26

Source: 8

Disease Outbreak, 2012-2016					
Health Authority	2012	2013	2014	2015	2016
IHA	3	3	0	2	0
FHA	0	1	2	1	1
VCHA	0	1	1	2	1
VIHA	0	5	7	3	0
NHA	0	0	0	0	0
B.C.	3	10	10	8	2

Source: 8

Falls, 2012-2016					
Health Authority	2012	2013	2014	2015	2016*
IHA	4	6	10	25	52
FHA	0	1	5	11	33
VCHA	0	1	6	10	12
VIHA	3	3	2	25	125
NHA	0	0	1	4	0
B.C.	7	11	24	75	222

* In 2016 the Assisted Living Registrar started encouraging operators to report falls after realizing that falls were not being reported accordingly. This policy change accounts for the large increase in reported falls seen in most health authorities in 2016.

Source: 8

Fire/Flood/Gas Leak, 2012-2016					
Health Authority	2012	2013	2014	2015	2016
IHA	1	4	2	5	2
FHA	1	1	0	4	2
VCHA	0	0	1	4	9
VIHA	0	1	1	3	2
NHA	1	0	0	0	0
B.C.	3	6	4	16	15

Source: 8

Attempted Suicide, 2012-2016					
Health Authority	2012	2013	2014	2015	2016
IHA	4	6	2	5	4
FHA	3	4	5	3	4
VCHA	1	1	0	2	5
VIHA	2	0	6	5	2
NHA	0	0	0	0	0
B.C.	10	11	13	15	15

Source: 8

Residential Care

Residential care facilities offer seniors 24-hour professional supervision and care in a safe and secure environment. Approximately 4% of B.C. seniors live in residential care. The data presented in this section cover residential care facilities that receive public funding, including those that are owned and operated by health authorities and those that are operated by private for-profit and private not-for-profit organizations.

Source: 2

Beds

As of March 31, 2017, there were 27,829 publicly funded residential care beds in British Columbia; both health authority-owned and operated and contracted facilities are included in this figure. The rate of change of residential care beds across the province does not align with the rate of growth in the senior's population.

Publicly Funded Residential Care Beds in B.C., 2013-2017							
Health Authority*	2013	2014	2015	2016	2017	% Change in Last Year	% Population Change 75+ (2015 – 16)
IHA	5,589	5,708	5,688	5,695	5,799	↑ 1.8%	↑ 2.6%
FHA	7,997	8,174	8,265	8,275	8,569	↑ 3.6%	↑ 4.2%
VCHA	6,815	6,822	6,852	6,840	6,816	↓ 0.4%	↑ 3.8%
VIHA	5,376	5,381	5,451	5,434	5,465	↑ 0.6%	↑ 3.0%
NHA	1,144	1,153	1,170	1,179	1,180	↑ 0.1%	↑ 3.4%
B.C.	26,921	27,328	27,426	27,423	27,829	↑ 1.5%	↑ 3.5%

* Totals are as of March 31st of each year and exclude beds in family care homes.

Source: 10

As of publication, room configuration is available for 27,715 beds. Of these known beds, 20,384 or 74%, are in dedicated single occupancy rooms.

Room Configuration in B.C. Residential Care Facilities, 2016			
Health Authority	Single Rooms	Double Rooms	Multi-person Rooms (3-5 residents)
IHA	4,626	229	138
FHA	6,515	743	192
VCHA	4,103	647	317
VIHA	4,089	340	314
NHA	1,051	35	16
B.C.	20,384	1,994	977

Source: 11

Length of Stay

As of June 2017 (2016/17 Q1), the median length of stay (LOS) in residential care was 447 days, representing an 11% decrease over June 2016 (2015/16 Q1). Median LOS varies widely between health authorities, from a low of less than one year in Island Health and Interior Health, to a high of over two years in Northern Health. LOS data is only captured from residents who have been discharged from residential care (such as upon death, transfer to another facility, or a return to the community).

Median and Average Length of Stay (LOS) in Residential Care, 2014/15-2016/17								
Health Authority	2014/2015 Q1		2015/2016 Q1*		2016/2017 Q1		Percent Change 2015/16 to 2016/17	
	Median LOS (days)	Average LOS (days)	Median LOS (days)	Average LOS (days)	Median LOS (days)	Average LOS (days)	Median LOS	Average LOS
IHA	385	697	464	709	351	650	↓ 24%	↓ 8%
FHA	521	904	497	828	489	794	↓ 2%	↓ 4%
VCHA	565	1,006	462	863	637	1,017	↑ 38%	↑ 18%
VIHA	399	735	513	844	350	730	↓ 32%	↓ 14%
NHA	799	1,030	783	1,100	833	1,091	↑ 6%	↓ 1%
B.C.	469	836	500	822	447	806	↓ 11%	↓ 2%

* Note: 2015/16 Q1 data may not match exactly to previously published reports, as this data has been refreshed since their publication.

Source: 12

Admissions

In 2016/17, 9,644 seniors were admitted to residential care facilities. This is almost one quarter (24%) of all clients living in residential care at any point in time over that year and represents a 13% increase in new clients since 2015/16. The largest increases were seen in Northern Health (28%) and Fraser Health (24%)

New Admissions to Residential Care, 2014/15-2016/17							
Health Authority	2014/2015		2015/2016		2016/2017		% Change in New Admissions in Last Year
	Total Residential Care Clients	New Admissions within Year	Total Residential Care Clients	New Admissions within Year	Total Residential Care Clients	New Admissions within Year	
IHA	9,518	2,061	9,529	2,021	9,554	2,252	↑ 11.4%
FHA	11,639	2,742	12,127	2,506	12,760	3,094	↑ 23.5%
VCHA	8,769	1,911	8,728	1,842	8,688	1,879	↑ 2.0%
VIHA	8,380	2,014	8,374	1,876	8,520	2,029	↑ 8.2%
NHA	1,670	385	1,612	304	1,768	390	↑ 28.3%
B.C.	39,808	9,113	40,202	8,549	41,082	9,644	↑ 12.8%

Source: 13

In 2016/17, 61% of seniors admitted to residential care were admitted to a facility within the target window of 30 days, with one-half (50%) of seniors waiting 17 days or less. This is an improvement over 2015/16, where the proportion of seniors admitted to a facility within the target window of 30 days was 57% and one half of those admitted waited 23 days or less. Average and median wait times grew longer in Interior Health and Northern Health. Notably, Vancouver Coastal Health's already short wait times became even shorter.

Admission Wait Times for Residential Care, 2014/15-2016/17										
Health Authority	Admitted within 30 Days				Average # of Days			Median # of Days		
	2014/15	2015/16	2016/17	% Change in Last Year*	2014/15	2015/16	2016/17	2014/15	2015/16	2016/17
IHA	63%	58%	53%	↓ 8.6%	38	45	56	18	22	27
FHA	57%	52%	63%	↑ 21.2%	43	49	42	25	29	18
VCHA	80%	82%	88%	↑ 7.3%	28	24	17	8	8	6
VIHA	62%	40%	45%	↑ 12.5%	42	62	62	17	42	38
NHA	36%	45%	45%	0.0%	85	68	73	57	39	45
B.C.	63%	57%	61%	↑ 7.0%	40	46	45	18	23	17

* Represents a percent change in proportions, not counts.

Source: 13

Preferred Bed Access

Individuals admitted to residential care are offered the first appropriate bed (FAB) based on their assessed care needs, which may not be at their preferred facility. When this happens, residents can ask to transfer to their preferred facility when a bed becomes available provided that facility can meet their care needs. The table below illustrates the rate at which the first placement is to the individual's preferred location and the percentage of residents who must transfer to the preferred location from their initial placement.

Access to Preferred Residential Care Facility, 2014/15-2016/17						
Health Authority	Clients Achieving Preferred Bed at Time of Initial Admission			Clients Achieving Preferred Bed After Initial Admission		
	2014/15	2015/16	2016/17	2014/15	2015/16	2016/17
IHA	58.4%	56.0%	54.8%	34.9%	36.7%	35.0%
FHA	31.2%	28.5%	25.3%	7.2%	6.8%	10.3%
VCHA	21.7%	17.6%	16.7%	30.6%	30.6%	31.3%
VIHA	27.5%	30.4%	29.3%	22.8%	16.5%	19.2%
NHA	98.3%	98.5%	98.0%	1.7%	1.5%	2.9%

Source: 7

Waitlists

Seniors may wait in hospital or in their own home in the community to transfer into a residential care facility. The table below depicts waitlist lengths in March and August of 2017. As of August 2017, there has been a 19% decline in people waiting for admission in residential care services since September 2016. Waitlist numbers are a "point in time" statistic. The chart below displays information from three "point in time" snapshots of B.C.'s residential care waitlists.

Waitlist for Admission into Residential Care Services, 2016-2017									
Health Authority	As of Sept 2016			As of March 2017			As of August 2017		
	Community	Hospital	Total	Community	Hospital	Total	Community	Hospital	Total
IHA	507	101	608	414	62	476	416	60	476
FHA	306	65	371	126	24	150	155	71	226
VCHA	103	57	160	69	41	128	55	55	110
VIHA	268	135	435	251	84	335	273	134	407
NHA	184	72	256	170	50	220	182	83	265
B.C.	1368	430	1830	1030	261	1309	1081	403	1484

Source: 7

Complaints

Complaints about care and services received in residential care facilities are initially made through each health authority's Patient Care Quality Office (PCQO). Each complaint is added to a province-wide database using standardized categories and coding practices.

Across B.C. in 2016/17, 754 complaints about residential care services were received, up 6% over the last year. Increases in complaints were observed in two of the five regional health authorities. Island Health Authority experienced the greatest increase in complaints over the last year, a 33% increase.

Residential Care Complaints Received, 2013/14-2016/17					
Health Authority	2013/14	2014/15	2015/16	2016/17	% Change in Last Year
IHA	132	105	124	121	↓ 2.4%
FHA	210	248	231	223	↓ 3.5%
VCHA	75	97	137	126	↓ 8.0%
VIHA	155	147	198	263	↑ 32.8%
NHA	15	24	19	21	↑ 10.5%
B.C.	587	621	709	754	↑ 6.3%

Source: 6

Complaints can also be examined as a rate per 100,000 residential care days.

Complaints per 100,000 Residential Care Days, 2013/14-2016/17					
Health Authority	2013/14	2014/15	2015/16	2016/17	% Change in Last Year
IHA	6.6	5.1	6.0	5.9	↓ 2.6%
FHA	7.2	8.2	7.4	7.0	↓ 6.3%
VCHA	3.1	4.0	5.6	5.2	↓ 6.8%
VIHA	7.8	7.1	9.4	12.4	↑ 32.2%
NHA	3.7	5.8	4.5	4.9	↑ 9.3%
B.C.	6.0	6.2	7.0	7.4	↑ 5.5%

Source: 6

In 2016/17, the top complaint category, at 14%, was for inappropriate type or level of care. The top ten complaint categories comprise over half (52%) of total complaints lodged.

Residential Care Complaint Categories, 2016/17	
Complaint Type	2016/17
Care: Inappropriate type or level of care*	14.3%
Care: Delayed or disruptive care or service	7.3%
Care: Medication-related issues	4.5%
Residents Bill of Rights: Rights to health, safety and dignity not respected	4.5%
Accommodation: Dissatisfied with placement	4.1%
Care: Inadequate assessment	3.9%
Communication: Relatives or carers not informed	3.7%
Accessibility: Care program or service delayed	3.4%
Communication: Inadequate or incorrect information	3.4%
Safety: Personal safety or security issue	3.1%
All other complaints	47.8%
Percentage of total complaints	100%

*The degree to which kinds/levels of care provided reflect the expectations of patients, clients, residents and/or their families (e.g., aggressive intervention in palliative cases, not enough intervention, care managed medically rather than surgically, etc.).

Source: 6

Complaint Resolution

Ideally, complainants' concerns are resolved at the health authority PCQO level. However, where this is not possible, the complainant may request that the PCQRB review the PCQO's handling of their complaint. Of the total 754 complaints received by health authorities about residential care in 2016/17, five (0.7%) were escalated to the PCQRB for review.

Annual Inspections

Residential care facilities governed by the *Community Care and Assisted Living Act* or the *Hospital Act* are monitored through regular inspections. Ideally, these inspections should be conducted on at least an annual basis; however, there is no mandatory inspection frequency.

As of December 2017, 82% of B.C.'s residential care facilities had a reported inspection within the last year.

Licensing Inspections for Residential Care Facilities, 2016-2017				
Health Authority	2016*		2017*	
	Sites	% Inspections Within the Last Year	Sites	% Inspections Within the Last Year
IHA	80	85.0%	76	86.8%
FHA**	85	92.9%	80	91.3%
VCHA	58	81.0%	55	87.3%
VIHA	69	92.8%	59	91.5%
NHA	24	33.3%	24	4.2%
B.C.	316	84.2%	294	82.3%

* For both 2016 and 2017, the last year represents the calendar year.

** Residential contracts and services staff respond to complaints and conduct inspections in FHA *Hospital Act* facilities.

Source: 15

The latest inspections are categorized by the nature of the inspection (routine, follow-up and complaint) in the table below. Most inspections (94%) were routine or follow-up.

Reason for Last Licensing Inspection, as of Dec 2017					
Health Authority	Routine Inspections	Follow-Up Inspections	Complaint Inspections	Inspection Information not Available	Total
IHA	10	38	10	1	59
FHA	17	6	0	1	24
VCHA	48	7	0	0	55
VIHA	76	0	0	0	76
NHA	49	24	4	3	80
B.C.	200	75	14	5	294

Source: 15

Facilities Licensing – Complaints

Residential care licensing offices in each health authority also receive complaints about facilities. They conduct investigations to determine whether the complaint is substantiated and to identify any licensing violations. All regional health authorities, with the exception of Island Health, tracked the same types of data for facilities governed by the *CCALA* and the *Hospital Act*.

In 2016/17, licensing offices received 432 complaints about residential care facilities, of which 42% resulted in licensing violations during inspection.

Complaints Received and Licensing Violations Found by Health Authority, 2015/16-2016/17				
2015/16			2016/17	
Health Authority	Complaints Received	Licensing Violations Found	Complaints Received	Licensing Violations Found
IHA	127	60	71	20
FHA	80	26	66	22
VCHA	49	41	24	11
VIHA*	192	110	208	126
NHA	5	0	10	2
B.C.	554	237	432	182

Notes: More than one violation may result from a given complaint. *Does not include *Hospital Act* facilities

Source: 7

After a complaint has been received, a licensing officer will conduct a comprehensive review of the facility. At this time, the officer will identify which, if any, regulations have been found to be violated. Violations may or may not be related to the original issue identified in the complaint. For example, a complaint about staffing could lead to a licensing officer conducting a review of the facility and finding unrelated violations in the policy and reporting categories.

The majority of licensing regulation violations recorded in 2016/17 were associated with the Care & Supervision category of the regulations. Staffing violations have increase since 2015/16 from 12.1% to 19.3% of total violations observed.

Licensing Violations by Category of Regulation, 2016/17					
Health Authority*	Care & Supervision	Records & Reporting	Staffing	Physical Facility, Equipment & Furnishings	All Others
IHA	35.0%	10.0%	15.0%	5.0%	35.0%
FHA	37.5%	18.8%	10.9%	7.8%	25.0%
VCHA	35.3%	0.0%	0.0%	29.4%	35.3%
VIHA*	41.9%	12.8%	22.9%	6.6%	15.9%
NHA	25.0%	12.5%	25.0%	37.5%	0.0%
B.C.	40.1%	13.1%	19.3%	9.0%	18.5%

Notes: *Does not include *Hospital Act* facilities.

Facility licensing regulations and definitions are available in detail at http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96_2009.

Licensing regulation categories are defined in Appendix A.

Source: 7

Facilities Licensing – Reportable Incidents

Licensed residential facilities are required to report incidents as defined under the Residential Care Regulation. Licensing officers respond to these reports in order to confirm the incident and to perform any inspection or follow-up necessary. The following is a selection of the reportable incidents for publicly funded facilities. All regional health authorities, with the exception of Island Health, tracked the same types of data for facilities governed by the *Hospital Act* as they track for facilities governed by the *CCALA*. Reportable incidents for *Hospital Act* facilities were not available prior to 2015/16; an increase in reportable incidents over the previous year may be attributed to this.

Falls with Injury, 2013/14-2016/17

Across B.C. in 2016/17, there were 2,806 reported incidents of a resident falling and being injured* or an adverse event occurring as an outcome.

Health Authority	2013/14	2014/15	2015/16	2016/17
IHA	566	628	806	696
FHA	667	653	852	930
VCHA	523	440	719	617
VIHA**	467	568	557	466
NHA	58	78	112	97
B.C.	2,281	2,367	3,046	2,806

* An "injury" requires an intervention by a physician or transport to hospital, with or without admission to hospital.

** Includes only CCALA facilities.

Source: 7

Abuse or Neglect, 2013/14-2016/17

In 2016/17, there were 182 reported incidents of financial, physical, emotional, sexual abuse or neglect* in B.C. residential care facilities.

Health Authority	2013/14	2014/15	2015/16	2016/17
IHA	62	52	83	78
FHA	34	22	45	44
VCHA	8	6	8	13
VIHA**	33	31	19	35
NHA	4	10	13	12
B.C.	141	121	168	182

* Includes neglect and abuse from any source such as staff, visitors or other residents. Neglect does not include self-neglect.

** Includes only CCALA facilities.

Source: 7

Resident to Resident Aggression, 2014/15-2016/17

In 2016/17, there were 488 reported incidents of resident to resident aggression in residential care facilities.

Health Authority	2014/15*	2015/16	2016/17
IHA	124	60	50
FHA	117	74	109
VCHA	96	120	127
VIHA**	84	131	125
NHA	72	33	41
B.C.	493	418	488

* Due to potentially different collection methods, the previous year may not be completely comparable.

** Includes only CCALA facilities.

Source: 7

Disease Outbreak, 2013/14-2016/17

In 2016/17, there were 276 reported incidents of disease outbreak* in residential care facilities in B.C.

Health Authority	2013/14	2014/15	2015/16	2016/17
IHA	41	46	55	97
FHA	34	37	50	95
VCHA	14	6	19	45
VIHA**	17	23	23	31
NHA	1	10	8	8
B.C.	107	122	155	276

* Examples are influenza or norovirus outbreaks.

** Includes only CCALA facilities.

Source: 7

Missing or Wandering Person, 2013/14-2016/17

Across B.C. in 2016/17, there were 455 reported incidents of a resident going missing or wandering.

Health Authority	2013/14	2014/15	2015/16	2016/17
IHA	67	69	152	129
FHA	61	79	82	99
VCHA	104	108	105	129
VIHA*	92	70	94	84
NHA	9	10	18	14
B.C.	333	336	451	455

* Includes only CCALA facilities.

Source: 7

Of the 455 residents confirmed reported missing or wandering from residential care facilities in 2016/17, 95% were found unharmed. The remaining 5% were found requiring medical attention. There were no deaths.

Health Authority	Incidents	Found Unharmed	Found: Medical Attention Sought	Deceased
IHA	129	121	8	0
FHA	99	89	10	0
VCHA	129	125	4	0
VIHA*	84	81	3	0
NHA	14	14	0	0
B.C.	455	430	25	0

* Includes only CCALA facilities.

Source: 7

Use of Antipsychotics without a Diagnosis of Psychosis

In 2016/17, 26.7% of residents were administered an antipsychotic drug compared to 28.5% in 2015/16, a decrease of 1.8 percentage points. This compares to the national average of 23.0% in 2016/17 and 24.6% in 2015/16, a decrease of 1.6 percentage points.

The rate of antipsychotic use for those B.C. residents *without* a diagnosis of psychosis decreased 2.1 percentage points from 28.0% in 2015/16 to 25.9% in 2016/17. However, this rate remains higher than the national average, which is at 22.3% and dropping by only 1.6 percentage points.

Antipsychotic Use of Residential Care Residents, 2013/14-2016/17				
Residents Given Antipsychotics	B.C.		Canada*	
	Residents <i>Without</i> a Diagnosis of Psychosis	Total Residents With or Without a Diagnosis	Residents <i>Without</i> a Diagnosis of Psychosis	Total Residents With or Without a Diagnosis
2013/14	33.2%	32.5%	30.2%	30.0%
2014/15	31.2%	31.1%	27.5%	27.5%
2015/16	28.0%	28.5%	23.9%	24.6%
2016/17	25.9%	26.7%	22.3%	23.0%

*Includes data reported by B.C., Alberta, Saskatchewan, Winnipeg, Ontario, Nova Scotia, Yukon, and Newfoundland and Labrador.

Source: 12

Alternative Level of Care

Alternative level of care (ALC) is the care level designation given when patients occupy acute care inpatient beds after their treatment within this care setting has ended. The patients' medical conditions prevent their discharge from hospital to home, resulting in waiting periods until suitable care services become available or their medical conditions change. ALC status begins at the time the designation decision is made by care professionals and ends when the patients leave their ALC settings.

ALC days represent the ALC portion of the total length of stay. In B.C. in 2016/17, this proportion of total days was 16% for patients aged 65 to 84, and 26% for those aged 85 or older. This rate was higher for the 85 or older population in all health authorities with the longest in Northern Health where half of all hospital days were ALC days. ALC days as a percent of total inpatient days decreased for both age ranges in Interior Health and Island Health and increased in Vancouver Coastal Health and Northern Health in 2016/17.

ALC Days as a Percent of Total Inpatient Days, 2014/15-2016/17								
Health Authority	2014/15		2015/16		2016/17		% Change in Last Year	
	65-84 yrs	85+ yrs	65-84 yrs	85+ yrs	65-84 yrs	85+ yrs	65-84 yrs	85+ yrs
IHA	18.6%	33.7%	19.0%	37.5%	18.9%	34.4%	↓ 0.5%	↓ 8.2%
FHA	15.9%	26.2%	16.0%	26.5%	16.5%	25.8%	↑ 2.9%	↓ 2.8%
VCHA	9.2%	14.6%	8.0%	12.8%	8.5%	13.8%	↑ 5.1%	↑ 7.3%
VIHA	15.1%	20.5%	16.7%	26.2%	15.9%	24.6%	↓ 4.3%	↓ 6.2%
NHA	25.3%	41.6%	23.0%	39.5%	25.8%	50.2%	↑ 12.3%	↑ 27.0%
B.C.	15.2%	24.4%	15.2%	26.0%	15.6%	25.7%	↑ 2.4%	↓ 1.1%

Source: 14

The average length of stay in ALC decreased in 2016/17 in B.C. from 24 to 22 days for patients aged 65 to 84 and from 24 to 21 days for those aged 85 or older. The average length of stay in ALC increased substantially in Northern Health for both age groups.

Average Length of Stay (days) of ALC cases, 2014/15-2016/17								
Health Authority	2014/15		2015/16		2016/17		% Change in Last Year	
	65-84 yrs	85+ yrs	65-84 yrs	85+ yrs	65-84 yrs	85+ yrs	65-84 yrs	85+ yrs
IHA	14.2	15.5	15.0	17.9	15.2	16.3	↑ 1.3%	↓ 8.9%
FHA	23.6	21.7	23.7	21.2	18.5	17.4	↓ 21.9%	↓ 18.0%
VCHA	20.5	18.0	21.3	19.0	17.7	17.8	↓ 17.0%	↓ 6.3%
VIHA	37.8	26.5	45.0	39.9	45.1	38.7	↑ 0.1%	↓ 3.2%
NHA	56.5	63.1	58.3	60.0	70.5	81.5	↑ 20.9%	↑ 35.9%
B.C.	22.9	20.9	24.0	23.5	21.6	21.4	↓ 10.0%	↓ 8.9%

Source: 14

Respite Care

Respite care is short-term residential care that provides a client's main caregiver a period of relief, or provides a client with a period of supported care to increase their independence. This type of care usually lasts less than 3 months. In order to qualify, a client must meet the eligibility criteria for home and community care, be assessed as requiring short-term residential care services and agree to pay the applicable daily rate.

On March 31, 2017, there were 204 respite care beds. There has been a 10% decrease of respite care beds since 2012.

Number of Respite Beds on March 31, 2012-2017						
Health Authority	2012	2013	2014	2015	2016	2017
IHA	70	64	63	61	62	62
FHA	58	57	40	41	45	43
VCHA	25	25	24	25	26	27
VIHA*	41	41	41	39	38	38
NHA	33	31	32	34	34	34
B.C.	227	218	200	200	205	204

Source: 10

Housing

Seniors in B.C. live in a range of housing types, from detached homes where they live in complete independence to residential care, where they receive 24-hour care. Ninety three percent (93%) of seniors are living independently. Twenty three percent (23%) of seniors live alone, a proportion that increases to 29% for those 85 or older. Eighty one (81%) percent of households maintained by seniors are owned and 19% are rented. A snapshot of rental costs and vacancy rates, as well as data on subsidy programs available to assist seniors who are living independently are provided.

Source: Statistics Canada, 2016 Census

How B.C. Seniors Live, 2016		
Housing Type	Population	% of Seniors' Population
Single Detached House	411,000	48%
Other Houses (Townhouse, Duplex, Semi-detached house, or Manufactured home)	207,000	24%
Apartment/Condominium	176,000	21%
Non-Registered Assisted Living	17,000	2%
Registered Assisted Living	8,000	1%
Residential Care	32,000	4%

Source: 16

Renting in B.C.

From the 2016 Canadian Census, approximately 19% of households maintained by seniors are rented. The distribution varies greatly across the province. For example, the proportion of senior households that are rented is highest in larger urban centres, such as Vancouver (23%) or Victoria (22%), compared to smaller centres, such as Parksville (11%) or Kelowna (14%). As well as the variability in the distribution of renters across the province, there is a wide range in the average costs of renting – in 2016, a one-bedroom apartment cost \$707 per month in Terrace and \$1,159 in Vancouver.

Source: 9 and 16

HOUSING

Vacancy rates vary throughout the province, with a provincial average vacancy rate of 1.3% in 2016. The vacancy rates reported below are for one-bedroom apartments.

Vacancy Rates for One-Bedroom Apartments in Select B.C. Towns, 2013-2016*					
Community	2013	2014	2015	2016	Percentage Point Change in Last Year
Abbotsford-Mission	3.3%	3.2%	0.7%	0.9%	↑ 0.2%
Kelowna	1.3%	0.8%	0.6%	0.8%	↑ 0.2%
Nelson	0.5%	0.6%	0.0%	0.0%	0.0%
Terrace	0.0%	0.8%	1.8%	2.5%	↑ 0.7%
Vancouver	1.6%	0.9%	0.8%	0.7%	↓ 0.1%
Victoria	3.0%	1.5%	0.7%	0.5%	↓ 0.2%
B.C.	2.3%	1.3%	1.1%	1.3%	↑ 0.2%

* As of October for each year.

Source: 9

Vacancy rates increased in the past year for locations outside of the major city centres, while the vacancy rates further decreased in Vancouver and Victoria.

Shelter Aid for Elderly Renters

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 have a moderate or low income. The average income of single SAFER recipients in the province is \$1,521 per month, or \$18,252 per year; 94% of SAFER recipients are single.

As of October 2016, the average cost of a one-bedroom apartment in B.C. was \$1,054 (CMHC Rental Market Survey). Since 2005, average B.C. market rent has increased by 45%, while the SAFER maximum rent has increased by 9%.

Average Rent for One-Bedroom Apartments and SAFER Maximum Rent for Various Locations, 2014-2016							
Community	October 2014	October 2015	October 2016	SAFER Maximum Rent	% Change in Average Rent in Last Year	% Change in SAFER Maximum Rent since 2005*	% Change in Average Rent since 2005
Abbotsford-Mission	\$685	\$712	\$744	\$667	4.5%	↑ 9%	↑ 32.4%
Kelowna	\$787	\$798	\$863	\$667	8.1%	↑ 9%	↑ 40.6%
Nelson	\$686	\$684	\$714	\$667	4.4%	↑ 9%	↑ 41.9%
Terrace	\$639	\$695	\$707	\$667	1.7%	↑ 9%	↑ 68.3%
Vancouver	\$1,038	\$1,079	\$1,159	\$765	7.4%	↑ 9%	↑ 47.3%
Victoria	\$848	\$866	\$911	\$667	5.2%	↑ 9%	↑ 38.9%
B.C.	\$951	\$985	\$1,051	—	6.7%	↑ 9%	↑ 45.4%

*SAFER maximum rents were increased in April 2014, the first increase since 2005.

Source: 9 and 17

Recipients

As of March 31, 2017, the total number of SAFER recipients in B.C. was 21,504, of whom 19,653 (92%) were aged 65 or older. There was a 6.2% increase in the number of SAFER recipients between March 2016 and March 2017.

Number of SAFER Recipients by Health Authority, 2014-2017									
Health Authority	October 2014		October 2015		March 2016		March 2017		% Change (Mar 16 – Mar 17)
	#	%	#	%	#	%	#	%	
IHA	3,290	19%	3,431	18%	3,692	18%	3,953	18%	↑ 7.1%
FHA	5,887	34%	6,301	34%	6,814	34%	7,151	33%	↑ 4.9%
VCHA	4,502	26%	4,869	26%	5,222	26%	5,426	25%	↑ 3.9%
VIHA	3,116	18%	3,462	19%	3,829	19%	4,165	19%	↑ 8.8%
NHA	519	3%	631	3%	684	3%	776	4%	↑ 13.5%
B.C.	17,314	100%	18,696	100%	20,241	100%	21,504*	100%	↑ 6.2%

*Includes 33 additional recipients for which regional data is unavailable.

Source: 17

The growth in SAFER recipients is faster than the growth in the eligible population. In 2011, there were over 60,000 renting households aged 60 or older with an annual income under \$30,000, many of whom could qualify for some level of SAFER; therefore, some potentially eligible seniors are not using SAFER.

SAFER Recipients, 2013/14-2016/17				
	October 2014	October 2015	March 2016	March 2017
SAFER recipients	17,314	18,696	20,241	21,504
SAFER recipients per 1,000 60+	16.6	17.2	18.0	18.4

Source: 1 and 17

Subsidy Amounts

The current minimum SAFER subsidy amount is \$25.00, with an average of \$187.38 and median of \$179.08.

SAFER Subsidy Amounts, 2016-2017		
Subsidy Amount	March 31, 2016	March 31, 2017
Minimum subsidy	\$25.00	\$25.00
Average subsidy	\$175.05	\$187.38
Median subsidy	\$168.81	\$179.08

Source: 17

HOUSING

The average SAFER subsidy has increased by approximately 24% over the past five years.

Average SAFER Subsidy Amounts, 2013-2017					
	March 31, 2013	March 31, 2014	October 1, 2015	March 31, 2016	March 31, 2017
Average subsidy	\$150.59	\$151.08	\$176.70	\$175.05	187.38

Source: 17

In 2016/17, SAFER provided \$47 million in subsidies. This represents a 9% increase in subsidy budget over the past fiscal year. An additional \$7 million is budgeted for 2017/18.

Total Amount of SAFER Subsidies Provided, 2012/13-2016/17						
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18 (budgeted)
SAFER Subsidies Provided (millions)	\$32	\$32	\$41	\$43	\$47	\$54
						↑ 9.3%

Source: 17

Applications

The average application processing time for new applicants or previous applicants who were not current recipients between April 1, 2016 and March 31, 2017 was 6.6 weeks. Seniors approved for SAFER receive the subsidy retroactively from the date of their application. Seniors must reapply to receive SAFER every year. Similar to 2015/16, in 2016/17, 19.5% of those receiving a SAFER subsidy were receiving it for the first time. The population eligible to receive this subsidy (those aged 60 or older) only increased by 4% between 2015 and 2016.

Proportion of SAFER Applicants by Applicant Type Status, 2015/16-2016/17		
	2015/16	2016/17
New applicants	20.0%	19.5%
Re-additions*		
Re-applicants**	80.0%	80.5%

* Re-additions are applicants who were already known to the system, as they either had received benefits in the past at some point or had applied previously for SAFER and were not eligible.

** Re-applicants are current recipients applying for continued SAFER benefits.

Source: 17

Seniors' Subsidized Housing

Seniors' Subsidized Housing (SSH) is funded by BC Housing and serves British Columbians aged 55 or older, or who have a disability. Accommodation is in buildings that are either owned and operated by BC Housing or by a not-for-profit organization in receipt of BC Housing funding. Housing is apartment-style living, and usually consists of a one-bedroom or bachelor unit in a building, often with a common room where tenants can gather for programs and activities. In units that are strictly rent-geared-to income, tenants pay 30% of their gross income toward the cost of their housing.

Recipients

The number of subsidized units reported in B.C. decreased by 2.3% since 2015/16 and 4.6% since 2013/14. BC Housing tracks only those units where they have a financial relationship, so decreases may be explained by expired operating agreements, paid off mortgages, or units that have reached the end of their life cycle. Most units still exist as a form of affordable housing even if the operators no longer have a funding relationship with BC Housing.

Number of Seniors' Subsidized Housing Units, 2013/14-2016/17						
Health Authority	2013/14	2014/15	2015/16	2016/17	% Change in Last Year	% Change (2013/14 – 2016/17)
IHA	4,985	5,078	5,100	4,966	↓ 2.6%	↓ 0.4%
FHA	9,380	9,205	9,172	8,625	↓ 6.0%	↓ 8.0%
VCHA	12,246	12,386	12,074	12,091	↑ 0.1%	↓ 1.3%
VIHA	5,571	5,289	5,134	5,128	↓ 0.1%	↓ 8.0%
NHA	1,372	1,266	1,266	1,198	↓ 5.4%	↓ 12.7%
B.C.	33,554	33,224	32,746	32,008	↓ 2.3%	↓ 4.6%

Source: 17

In 2016/17, there were 616 households who received a senior's subsidized housing unit through The Housing Registry. This represents 9% of those waiting for a unit. As of March 31, 2017, the average wait time for a senior's subsidized housing unit received in 2016/17 was 2.3 years. Since 2014/15 the average wait time for seniors receiving a SSH unit has remained relatively constant, but the number of applicants housed as a percentage of those waiting has decreased from 13% to 9%.

Number Housed and Wait Times for Seniors Subsidized Housing Units, 2014/15-2016/17												
Health Authority	2014/15				2015/16				2016/17			
	# Housed	% of Those Waiting	March 2015 Wait Time Snapshot		# Housed	% of Those Waiting	March 2016 Wait Time Snapshot		# Housed	% of Those Waiting	March 2017 Wait Time Snapshot	
			Average (Years)	Median (Years)			Average (Years)	Median (Years)			Average (Years)	Median (Years)
IHA	123	21%	1.4	1.0	121	18%	1.3	0.8	114	15%	1.4	.9
FHA	173	12%	2.3	1.5	135	8%	2.3	1.4	165	8%	2.3	1.4
VCHA	244	10%	2.5	1.8	213	9%	2.5	1.6	195	8%	2.7	1.8
VIHA	85	11%	2.2	1.3	100	11%	2.0	1.2	100	9%	2.1	1.2
NHA	47	20%	1.3	0.8	32	15%	1.5	1.0	42	16%	1.5	.9
B.C.	672	13%	2.3	1.5	601	10%	2.2	1.3	616	9%	2.3	1.4

Source: 17

Seniors Waiting for SSH

Seniors in B.C. can apply for subsidized housing in multiple cities and for housing run by different organizations. BC Housing maintains The Housing Registry of people approved for subsidized housing and waiting to be offered a unit. The organizations receiving BC Housing funding may use the Housing Registry, or they may maintain their own database. Those waiting for a unit are prioritized based on need and unit requirements and/or by date of application. Data presented below reflect the seniors on The Housing Registry who are waiting to receive a subsidized housing unit. Data are not available for seniors waiting for a SSH unit operated by an organization not using the Housing Registry.

As of March 31, 2017, the total number of people aged 55 or older approved for SSH and waiting for a unit to become available was 5,986, a nearly 16% increase from the previous year. Of those waiting in 2017, 2,743 (46%) were aged 65 or older.

Number of Applicants Waiting for Seniors Subsidized Housing, 55+ yrs, 2014-2017					
Health Authority	March 31, 2014	March 31, 2015	March 31, 2016	March 31, 2017	% Change in Last Year
IHA	391	455	537	627	↑ 16.8%
FHA	1,255	1,253	1,483	1,807	↑ 21.8%
VCHA	1,967	2,097	2,179	2,358	↑ 8.2%
VIHA	593	684	798	966	↑ 21.1%
NHA	133	184	183	228	↑ 24.6%
B.C.	4,352	4,675	5,180	5,986	↑ 15.6%

Source: 17

Home Adaptations for Independence

The Home Adaptations for Independence (HAFI) program has been delivered by BC Housing since 2011. The purpose is to help low income homeowners and renters with a disability or diminished ability to pay for home adaptations that will allow them to continue to live independently in their home. Gross household income must not exceed Housing Income Limits (HILs) and assets must be less than \$100,000 (excluding the home occupied by the homeowner).

The budget for HAFI is \$5 million per year, and these funds were fully allocated for the past two fiscal years. No applicants were denied due to lack of funds. Applications received after funds are exhausted are processed and placed on a wait list. As funding becomes available (previous approvals come in under budget or applicants withdraw their application), applications are approved on a first come first served basis.

Number of Individuals Served by HAFI, 2013/14-2016/17				
	2013/14	2014/15	2015/16	2016/17
Clients Served	355	322	471	391

Source: 17

Homeowners

Approximately 81% of seniors in B.C. own their own home, and an estimated 73% of these have no mortgage. Average home values can vary widely from under \$300,000 to over \$1 million depending on where in the province the senior lives. Across the province, home prices have increased in the past ten years, ranging from an 11% increase in average home price in Terrace to a 130% increase in Vancouver.

Homeowners face similar costs for maintaining their home if the home's value reflects the average value for that community. Approximately 21% of households with one or more seniors have an annual household income of less than \$30,000.

Source: 16

Home Prices in Select Communities, 2016						
Municipality	Port Alberni	Kelowna	Prince George	Prince Rupert	Terrace	City of Vancouver
2006 Average Home Price	\$ 224,057	\$ 351,894	\$ 166,391	\$ 136,606	\$ 254,411	\$ 597,396
2016 Average Home Price	\$ 280,166	\$ 494,759	\$ 269,838	\$ 254,411	\$ 281,897	\$ 1,372,434
Percentage Change	↑ 25%	↑ 41%	↑ 62%	↑ 86%	↑ 11%	↑ 130%

Source: 17

Homeownership Costs

Property taxes, municipal charges and hydro have, overall, increased. The table below depicts the estimated incremental increases in the costs of homeownership over the past five calendar years.

Municipal Homeownership Costs, 2014-2017								
Costs	2014		2015		2016		2017	
	#	% Change	#	% Change	#	% Change	#	% Change
Property tax and municipal charges*	\$3,266.30	↑ 1.9%	\$3,341.37	↑ 2.3%	\$3,438.26	↑ 2.9%	\$3,534.73	↑ 2.8%
Hydro	—	↑ 9.0%	—	↑ 6.0%	—	↑ 4.0%	—	↑ 3.5%

* Estimated by averaging the property taxes and municipal charges for a representative house in over 160 communities across the province.

Source: 19 and 20

Property Tax Deferment

B.C.'s Property Tax Deferment regular program allows eligible homeowners 55 or older, surviving spouses, and persons with disabilities to defer paying their property taxes for a low simple interest charge (currently 0.70%) that accrues until they withdraw from the program voluntarily, upon ownership transfer, or upon death.

Number of New Property Tax Deferment Users, 2014/15-2016/17			
	2014/15	2015/16	2016/17
% Change in Last Year			
New Users	4,796	5,544	10,775
			↑ 94.4%

Source: 21

As of October 31, 2017, the total cumulative amount of property tax deferred was \$957.2 million, up from \$815.3 million in October 2016.

In 2016/17, 10,775 homeowners started deferring their property taxes, a 94% increase over the past year. An estimated additional 3,500 homeowners are maintaining deferment accounts opened in previous years but are not deferring the current year's taxes.

In B.C., the median assessed value of the homes for which property taxes were deferred in 2016/17 under the regular program was \$692,000, up from \$620,600 last year. The median home value in Vancouver (\$1,747,000) for which property taxes were deferred was two and a half times the provincial median (\$692,000).

Average and Median Home Values* and Taxes Deferred, 2016/17				
Geographic Area		Assessed Value of Home (2016)	Amount Deferred in 2016/17 Fiscal Year	Cumulative Amount Deferred As of Oct 31, 2017
Vancouver	Average	\$1,997,582	\$6,121	\$30,813
	Median	\$1,747,000	\$5,629	\$18,034
Lower Mainland	Average	\$1,332,180	\$4,468	\$20,780
	Median	\$1,069,900	\$3,641	\$11,445
CRD	Average	\$675,647	\$3,540	\$19,973
	Median	\$600,000	\$3,056	\$12,876
B.C.	Average	\$950,943	\$3,752	\$18,810
	Median	\$692,000	\$3,038	\$10,728

CRD – Capital Regional District, Vancouver Island

Note: *The assessed value of homes includes only those properties where taxes have been deferred and not all homes in the region.

Source: 21

In B.C., the annual interest rate in 2016/17 was 0.7%, down from 0.85% in 2015/16. The average annual interest charges paid in 2016/17 was \$26.26. The annual interest rate is still 0.7% in 2017/18 and will be reviewed for fiscal year 2018/19.

Yearly Interest Charges Paid on Average and Median Deferred Taxes, 2016/17			
2016 Tax Year		Amount Deferred in 2016/17 Fiscal Year	2016/17 Annual Interest (0.70%)*
Vancouver	Average	\$6,121	\$42.85
Lower Mainland	Average	\$4,468	\$31.28
CRD	Average	\$3,540	\$24.78
B.C.	Average	\$3,751	\$26.26

CRD – Capital Regional District, Vancouver Island

* The interest rates are set twice per year on April 1st and Oct 1st. For the 2016/17 fiscal year, the interest rate was 0.7% for both periods. The current interest rate for the period of Oct 1, 2017 to Mar 30, 2018 is 0.70%.

Source: 21

In the 2016/17 fiscal year, over \$161 million was deferred under the regular program, of which nearly \$37 million was new. This represents a 22% increase in the total amount deferred and a 107% increase in the new amount deferred on residential properties over the past year.

New and Total Amount of Taxes Deferred, 2013/14-2016/17					
Deferrals	2013/14	2014/15	2015/16	2016/17	% Change in Last Year
New Amount Deferred	\$16,545,697	\$15,243,705	\$17,963,969	\$37,163,981	↑ 106.9%
Total Amount Deferred	\$115,759,263	\$122,558,548	\$132,622,664	\$161,834,588	↑ 22.0%

Source: 21

In 2016/17, \$81 million in property taxes deferred under the regular program was repaid to the province. Since 2013/14, the total amount of taxes deferred has increased 40%, and the total amount repaid to the province has increased 80%.

Deferred Property Taxes Repaid to the Province, 2013/14-2016/17					
Deferrals	2013/14	2014/15	2015/16	2016/17	% Change in Last Year
Deferred Property Taxes Repaid (millions)	\$48.9	\$58.2	\$73.5	\$81.2	↑ 10.5%

Source: 17

Additional Homeowner Grants

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 who are 65 years or older, are persons with disabilities, veterans, or a spouse or relative of a deceased owner. For homes valued at \$1.6 million or less, the maximum grant is \$845 in the Capital Regional District, Greater Vancouver Regional District and the Fraser Valley; it increases to \$1,045 in the rest of the province. For homes valued above \$1.6 million, the grant is reduced incrementally as the assessed home value rises until its value is \$0 for homes valued over \$1.769 million in most of B.C. and \$1.809 million in northern and rural areas. 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 (e.g., road repairs). In 2016, 393,231 additional homeowner grants were claimed.

Lower income seniors (i.e., annual income of \$32,000 or less) may qualify for an additional grant: the Low Income Grant Supplement for Seniors. Most seniors who qualify for this grant receive \$845 to go toward property taxes (\$1,045 in a northern or rural area); however, the amount of the grant depends on income level and assessed value of the home. Homeowners must apply for both of these grants separately and on an annual basis.

Source: 22

Transportation

Public transportation in the province is administered by two service providers: TransLink, which serves Metro Vancouver, and BC Transit, which provides services in 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 and some have door-to-door HandyDART services.

Service Availability

Service availability varies not only by region but by type of transit, with more fixed-route systems offering service in the evenings and on the weekends. Transit systems provide a network of transit services within their defined service area, which can include one or more municipalities. HandyDART service is operated by a total of 25 systems across the province. Most handyDART systems do not currently offer service in the evening or on weekends.

B.C. HandyDART Service Availability	
Number of HandyDART systems in B.C.	25
Number of HandyDART systems in B.C. offering service 7 days a week	5
Number of HandyDART systems in B.C. offering evening service (past 6pm)	7

Source: 23

Fixed-Route Transit Service Availability	
Number of fixed-route transit systems in B.C.	31
Number of fixed-route transit systems in B.C. offering service 7 days a week	27
Number of fixed-route transit systems in B.C. offering evening service (past 6pm)	29

Source: 23

Cost of Service

The cost of using the HandyDART service varies by community. The table below gives a few examples of the cost for a senior of one trip and a monthly pass, where available. Some communities have monthly passes available for frequent riders.

Cost of HandyDART and Transit Services, 2017		
	Cost of one trip (one direction)	Monthly Pass
Vancouver		
Conventional	\$1.80-3.80 (depending on zones)	\$53.00
HandyDART	\$2.85	\$93.00
Victoria		
Conventional	\$2.50	\$45.00
HandyDART	\$2.50	\$85.00
Quesnel		
Conventional	\$1.50	\$25.00
HandyDART	\$3.00 (in town)	Not Available
Nelson		
Conventional	\$2.25	\$45.00
HandyDART	\$2.00	Not Available
Chilliwack		
Conventional	\$1.75	\$35.00
HandyDART	\$2.00	Not Available

Source: 23

HandyDART

HandyDART is a shared ride service for passengers with physical or cognitive disabilities who are unable to use conventional public transit without assistance. HandyDART offers door-to-door service, providing assistance with boarding and exiting the bus, as well as with reaching the door of the destination safely. Everyone must apply for HandyDART and the application process varies by community. Some HandyDART clients require physician approval or a mobility assessment with a contracted occupational therapist to use the service.

At the end of 2016, there were 515 HandyDART vehicles in service in B.C.

HandyDART Service by Transit Operator, 2016			
	Number of vehicles	Passenger trips* per service hour	Average length per trip (minutes)
TransLink	307	2.19	20.75
BC Transit	208	2.83	N/A
Total	515	N/A	N/A

Note: *A passenger trip is a one-way trip.

N/A – not available

Source: 23

Clients

Combined, TransLink and BC Transit served 40,765 active HandyDART clients in 2016. The large majority of users are 65 or older, 73% in the TransLink system.

The total number of active* TransLink HandyDART clients increased by about 2% in the past year, but has decreased overall since 2013 by 6.5%. This decrease is likely due to better data update processes.

Active TransLink HandyDART Clients as of March 31st, 2014-2017					
TransLink	2014	2015	2016	2017	% Change in Last Year
All Ages	25,133	23,735	23,087	23,506	↑ 1.8%
65+	18,347	17,327	17,010	17,184	↑ 1.0%

* TransLink defines "active clients" as those who have either taken a HandyDART trip in the last year or who have newly registered in the last year. This is a point-in-time measure.

Source: 23

As of August 31, 2017, the total number of active* BC Transit HandyDART clients was 23,581, with the large majority residing in urban areas. Note that the decline from last year is the result of a re-communication of the definition of an "active client" to operating companies across the province, and improved data collection technologies.

Active BC Transit HandyDART Clients as of August 31st, 2016-2017			
BC Transit	As of August 31, 2016	As of August 31, 2017	% Change in Last Year
Total	36,358	23,581	↓ 35.1%

* BC Transit defines "active clients" as those who have either taken a HandyDART trip in the last 18 months or who have newly registered in the last 18 months. This is a point-in-time measure. BC Transit confirmed that the decline on August 31, 2017 primarily reflects more accurate reporting by individual HandyDART systems and not a change in the definition of "active HandyDART clients."

Source: 23

The number of new clients registering for HandyDART service increased 5% in the past year, yet has decreased about 6% since 2012.

New Clients that Registered for HandyDART, 2012-2016						
Transit Service	2012	2013	2014	2015	2016	% Change in Last Year
TransLink	8,808	7,748	6,924	7,544	7,685	↑ 1.9%
BC Transit*	6,025	5,605	5,473	5,796	6,250	↑ 7.8%
B.C.	14,833	13,353	12,397	13,273	13,935	↑ 5.0%

* Fiscal year data have been adjusted to align with calendar year reporting.

Source: 23

Ride Requests

The total number of HandyDART rides requested in B.C. in 2016 was 3,015,916. Of these, approximately 53% were made within TransLink's service area.

HandyDART Ride Requests, 2012-2016						
Transit Service	2012	2013	2014	2015	2016	% Change in Last Year
TransLink	1,646,820	1,616,702	1,551,451	1,556,074	1,603,788	↑ 3.1%
BC Transit*	1,227,192	1,221,928	1,209,709	1,189,144	1,412,428	↑ 18.8%
B.C.	2,874,012	2,838,630	2,761,160	2,745,218	3,015,916	↑ 9.9%

* Fiscal year data have been adjusted to align with calendar year reporting.

Source: 23

Regular Rides Provided

The total number of HandyDART rides provided in B.C. in 2016 was 2,618,161. Of these, nearly 47% were delivered to clients in TransLink's service area.

HandyDART Rides Provided, 2012-2016						
Transit Service	2012	2013	2014	2015	2016	% Change in Last Year
TransLink	1,208,917	1,181,371	1,168,861	1,204,788	1,227,327	↑ 1.9%
BC Transit*	1,207,377	1,204,352	1,189,771	1,166,425	1,390,834	↑ 19.2%
B.C.	2,416,294	2,385,723	2,358,632	2,371,213	2,618,161	↑ 10.4%

* Fiscal year data have been adjusted to align with calendar year reporting.

Source: 23

Unfulfilled Ride Requests

In 2016, less than 2%, or 44,035, of HandyDART regular and standby ride requests were unfilled in British Columbia. Of these unfilled requests, 49% were in BC Transit's service area.

Unfulfilled HandyDART Ride Requests, 2012-2016										
Transit Service	2012		2013		2014		2015		2016	
	#	%	#	%	#	%	#	%	#	%
TransLink	51,205	3.1%	59,242	3.7%	31,054	2.0%	19,241	1.2%	22,441	1.4%
BC Transit*	19,816	1.6%	17,576	1.4%	19,938	1.6%	22,719	1.8%	21,594	1.5%
B.C.	71,021	2.5%	76,818	2.7%	50,992	1.8%	41,960	1.5%	44,035	1.5%

Note: In Metro Vancouver, these unfulfilled rides include denied, refused and stand-by rides that HandyDART was unable to accommodate.

Source: 23

TransLink Standby Rides

TransLink accepts regular ride requests up until 4 pm the day before the requested ride date, when the drivers' schedules are finalized. Any same day ride requests are considered "standby" requests and will be accommodated if they can be fit into the schedule. Separate standby requests must be made for each direction of a roundtrip journey, and securing one trip does not guarantee the return trip will also be accommodated.

In 2016, TransLink received 28,529 standby requests, of which 43% were fulfilled, slightly lower than the proportion fulfilled in 2015 (45%).

TransLink Standby Requests, 2010-2016								
TransLink Standby Requests	2010	2011	2012	2013	2014	2015	2016	% Change in Last Year
Requests	30,738	33,829	32,016	30,303	26,876	27,532	28,529	↑ 3.6%
Cancelled by Customer	5,294	1,827	1,213	811	700	831	805	↓ 3.1%
Fulfilled	18,240	21,788	17,228	12,660	11,984	12,453	12,283	↓ 1.4%
Unaccommodated	7,207	10,222	13,515	16,824	14,185	14,248	15,441	↑ 8.4%

Note: These unfulfilled stand-by requests are included in the total unfulfilled rides in previous table.

Source: 23

The main reason why standby rides go unaccommodated is a lack of availability of the HandyDART vehicles for the place and time of the standby request.

BC Transit does not divert and track standby rides as TransLink does. Any unfilled BC Transit rides, regardless of when they were requested, are captured in the previous section.

Rides Delivered On Time

The target window to pick up a client varies by location, with the most common being a 30 minute target window (i.e., pick up occurs within 15 minutes before or after the scheduled pick up time).

In 2016, approximately 89% of TransLink HandyDART rides were delivered within the target window. This proportion has remained relatively constant since 2012.

TransLink HandyDART Rides Delivered On Time, 2012-2016										
	2012		2013		2014		2015		2016	
	#	%	#	%	#	%	#	%	#	%
TransLink	1,088,817	88.8%	1,194,031	88.7%	1,053,314	89.2%	1,078,285	89.5%	1,087,657	88.6%

Source: 23

The collection of on-time ride delivery data is too fragmented across BC Transit regions to be reported.

Taxi Saver Program

Registered HandyDART clients may also choose to hold a HandyCard (TransLink) or HandyPASS (BC Transit). HandyCard and HandyPASS holders may choose to purchase discounted taxi vouchers through the Taxi Saver Program if it is offered in their community. Depending on their location, clients can purchase \$80 - \$100 in taxi vouchers per month at a 50% discount. Clients can use taxi vouchers to book and pay for rides directly with any taxi company registered with the program. In TransLink communities, HandyCards also allow individuals with permanent physical, sensory, or cognitive disability 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 2016, approximately 23% of TransLink HandyCard holders purchased taxi vouchers.

TransLink Taxi Saver Vouchers, 2013-2016									
TransLink	2013		2014		2015		2016		
Voucher Requests	57,534		62,703		62,034		59,342		
Total Value of Vouchers Provided	\$1,441,950		\$1,567,575		\$1,550,850		\$1,483,550		
HandyCard Holders Who Use Taxi Saver*	10.8%	7,392	14.1%	7,695	27.5%	7,549	23.4%	7,297	
Average \$ Amount Provided per Voucher Request	\$25.00		\$25.00		\$25.00		\$25.00		

* This percentage is higher in 2015 than in previous years due to updating of the HandyCard database. Consequently, the number of HandyCard holders has been reduced by the number of expired HandyCard holders.

Source: 23

Across B.C. in 2016, HandyPASS clients made 33,897 requests for taxi saver vouchers and received vouchers valuing a total of \$1.4 million.

BC Transit Taxi Saver Vouchers, 2013-2016									
BC Transit*	2013		2014		2015		2016		
Voucher Requests	32,105		31,320		37,727		33,897		
Total Value of Vouchers Provided	\$1,274,928		\$1,258,551		\$1,511,788		\$1,355,861		
HandyPASS Holders Who Use Taxi Saver	N/A		N/A		N/A		N/A		
Average \$ Amount Provided per Voucher Request	\$39.71		\$40.18		\$40.07		\$40.00		

N/A – not available; *Fiscal year data have been adjusted to align with calendar year reporting.

Source: 23

Complaints

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

In 2016, TransLink received 1,448 complaints, of which approximately 25 were escalated for resolution.

Complaints Handled by TransLink, 2010-2016							
TransLink	2010	2011	2012	2013	2014	2015	2016
Complaints Received	1,294	1,394	1,397	1,386	1,529	1,377	1,448
Service Complaints	545	542	569	740	906	876	874
Operator Complaints	749	852	828	646	623	461	574
Complaints Closed Within 5 Days	74.0%	71.0%	67.6%	77.1%	92.4%	92.1%	91.7%
Complaints Escalated	11	6	13	48	33	16	25*

* Estimated, as many customers were calling the escalation process as their first point of contact.

Source: 23

In 2016/17, 190 complaints were made to regional transit companies servicing the BC Transit area. Of these, none required escalation to BC Transit for resolution.

Complaints Handled by Regional Transit Companies under BC Transit, 2012/13-2016/17					
Complaints Handled by Regional Transit Companies under BC Transit	2012/13	2013/14	2014/15	2015/16	2016/17
Complaints Received	303	251	194	200	190
Complaints Escalated to BC Transit	2	3	2	0	0

Source: 23

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. For seniors to be eligible, they must either be receiving the Federal Guaranteed Income Supplement (GIS), the Federal Allowance, or the Allowance for the Survivor; or be aged 65 or older and would qualify for GIS but don't meet the 10 year Canadian residency requirement. The Bus Pass Program is administered by the Ministry of Social Development and Poverty Reduction and the passes are valid in communities served by TransLink or BC Transit. In 2016, the number of seniors and persons with disabilities that received a BC Bus Pass was 58,620 and 37,030, respectively.

Source: 24

Active Drivers

In 2016, 655,000 seniors, or 76% of all seniors aged 65 or older, were maintaining active driver's licences. Of these seniors, 16% (100,000) were aged 80 or older. Between 2015 and 2016, there was a 4.5% increase in seniors with active driver's licences in British Columbia, compared to an overall increase in this population of 4.0% over the same time period. The greatest increase in active drivers was observed in the 70-74 year age group: 8%.

Number of Active Drivers Licenses by Age Group, 2013-2016						
Ages	2013	2014	2015	2016	% Change in Last Year	% Change in Population 65+ (2015-2016)
65-69	221,000	233,000	249,000	255,000	↑ 2.4%	↑ 4.2%
70-74	151,000	159,000	167,000	181,000	↑ 8.4%	↑ 4.7%
75-79	103,000	106,000	111,000	116,000	↑ 4.5%	↑ 4.1%
80-84	60,000	61,000	63,000	65,000	↑ 3.2%	↑ 2.0%
85+	33,000	35,000	37,000	39,000	↑ 5.4%	↑ 4.2%
65+	568,000	594,000	627,000	655,000	↑ 4.5%	↑ 4.0%

Source: 25

Driver's licences must be renewed with ICBC every five years. The ICBC renewal cost is \$75 for those younger than 65 and \$17 for those aged 65 or older. According to ICBC, 12,808 drivers aged 65 or older surrendered their license in 2016 (ICBC, 2017).

Starting at age 80, drivers are required to undergo mandatory medical exams every two years. The Driver Medical Exam Report (DMER) is a regular review to identify any possible driver fitness issues that may require further follow-up or special assessment. Currently, drivers with a medical condition that could affect their ability to drive safely, may be referred for a DriveABLE assessment. As of March 2018, drivers will complete a new enhanced road assessment and the computer-based screening that is currently part of the DriveABLE assessment will be eliminated.

There are currently two types of DMERs: (1) blue forms which are sent to drivers of any age with known or suspected medical conditions, and (2) yellow forms which are sent to drivers when they turn 80 and every two years thereafter, applicants for class 1 to 4 licenses, applicants requiring medical clearance prior to obtaining a license, and individuals seeking reinstatement following a medical probation. Forms are accompanied by a letter informing the individual about why they are receiving the DMER form, instructions to take the form to their doctor, and information regarding voluntarily surrendering their licence in exchange for a BCID.

The cost of the DMER is determined by the driver's individual physician and is not covered by Medical Services Plan (MSP). The Doctors of BC fee guide suggests that physicians charge \$201 for completion of a DMER. RoadSafetyBC reimburses physicians \$75 for completion of the blue form on the patient's behalf; they do not reimburse for completion of the yellow form, though physicians may waive the fee in cases of financial hardship.

In 2016, RoadSafetyBC opened 166,000 driver fitness cases, an increase of 6% (9,000) over last year, the majority of which involved a DMER. In 2015, 40% (63,000) of cases were aged 80 or older, and in 2016 this proportion remained steady at 40% (65,810), with 950 (1.4%) of these subsequently referred for a DriveABLE cognitive assessment. The case decision for drivers aged 80 or older were as follows:

- 52,350 ultimately found to be fit to continue driving
- 1,650 did not respond to the request for information resulting in a cancelled license
- 680 voluntarily surrendered their licence
- 1,100 were found medically unfit to drive
- 9,800 cases remain open as of July 2017
- 230 drivers were deceased

Income Support

B.C. seniors may receive income support through the federal government's Old Age Security (OAS), Guaranteed Income Supplement (GIS), as well as through the B.C. Senior's Supplement. They also receive an income from the Canada Pension Plan (CPP) based on their lifetime earnings in Canada.

The Cost of Living in B.C.

Changes in the cost of living can be estimated by considering the national Consumer Price Index (CPI). The CPI is an indicator of changes in consumer prices experienced by Canadians. The CPI is calculated by looking at the cost of a fixed basket of goods and services and comparing changes in cost over time. The CPI is also used in determining the maximum allowable rent increase and setting annual increases in income supports, such as OAS, GIS, and Canada Pension Plan (CPP).

In the most recent monthly comparisons, the CPI rose 2.0% between October 2016 and October 2017 in B.C. compared to 1.3% across Canada. The annual CPI rose 4% between 2012 and 2016 in B.C. and 6% in Canada.

Consumer Price Index, 2012-2016										
Geography	Annual CPI							Monthly CPI		
	2012	2013	2014	2015	2016	% Change in Last Year	% Change since 2012	October 2016	October 2017	% Change in Last Year
British Columbia	117.8	117.7	118.9	120.2	122.4	1.8%	3.9%	123.1	125.6	2.0%
Canada	121.7	122.8	125.2	126.6	128.4	1.4%	5.5%	129.1	130.9	1.4%

Source: 16

Federal and Provincial Income Supports

Old Age Security, Guaranteed Income Supplement and B.C. Senior's Supplement

Income supports provide financial assistance to low or moderate income seniors. The main national supports include OAS and GIS. OAS is a monthly payment available to most seniors who meet Canadian legal status and residence requirements, regardless of whether the senior ever worked or is still working. GIS is a monthly non-taxable benefit for seniors receiving OAS and who have a low income. A single senior whose annual income (excluding OAS) is below \$17,760 is eligible to receive some amount of GIS. As of October 2017, approximately 250,000 seniors in B.C. are in receipt of GIS.

INCOME SUPPORT

OAS, GIS, and CPP are indexed to the Canadian CPI, meaning they are adjusted on a regular basis if there is a change in the cost of living as measured by the CPI. OAS is taxable, while GIS is not subject to taxation. All numbers provided in this section are based on a single senior living alone.

Between October and December 2017, low income single seniors received \$1,509.27 per month in federal and provincial income supports, an increase of about 1.2% from the same quarter of 2016.

Federal and Provincial Income Supplements, 2013-2017						
Income Support	Oct - Dec 2013	Oct - Dec 2014	Oct - Dec 2015	Oct - Dec 2016	Oct - Dec 2017	% Change in Last Year
OAS	\$550.99	\$563.74	\$569.95	\$578.53	\$585.49	↑ 1.2%
GIS	\$747.11	\$764.40	\$772.83	\$864.09	\$874.48	↑ 1.2%
B.C. Senior's Supplement	\$49.30	\$49.30	\$49.30	\$49.30	\$49.30	—
Total	\$1,347.40	\$1,377.44	\$1,392.08	\$1,491.92	\$1,509.27	↑ 1.2%

Source: 27 and 28

The B.C. Senior's Supplement is a monthly top-up to the federal OAS and GIS. The Supplement is paid to very low income seniors who are receiving GIS but earn less than \$1,200 annually from sources other than OAS and GIS (i.e., their total combined income is less than \$18,132).

The maximum payment of \$49.30 is the same in 2017 as it was in 1987. Between 2002 and 2004, the Senior's Supplement was gradually reduced to zero. In 2005, the supplement was reinstated to the full \$49.30, and the amount has not changed since.

The total number of seniors receiving the supplement is based on reported OAS/GIS income received from the federal government. In December 2016, 54,703 seniors received the BC Seniors Supplement.

Number of Seniors Receiving the B.C. Seniors Supplement, 2013-2016						
	December				% Change in Last Year	% Population Change 65+ (2015 - 16)
	2013	2014	2015	2016		
Seniors Receiving B.C. Senior's Supplement	52,745	53,342	54,183	54,703	↑ 1.6%	↑ 4.0%

Source: 24

Most provinces and territories in Canada offer seniors a financial benefit similar to the B.C. Senior's Supplement, although it may be offered monthly, quarterly, annually, or as an income tax refund. The table below shows the calculated amount of each benefit per month.

Supplement Amounts for Single Seniors by Province and Territory, 2017		
Province/Territory	Program Name	Monthly Amount
Alberta	Alberta Seniors Benefit	\$280 maximum
Manitoba	55 PLUS Program	\$53.93 maximum
New Brunswick	New Brunswick Low-Income Seniors' Benefit	\$33.33
Newfoundland and Labrador	Newfoundland and Labrador Seniors' Benefit	\$109.42 maximum
Northwest Territories	NWT Senior Citizen Supplementary Benefit	\$160
Nova Scotia	Seniors Provincial Income Tax Refund	\$800 maximum
Nunavut	Senior Citizen Supplementary Benefit	\$175
Ontario	Ontario Guaranteed Annual Income System	\$2.50 – \$83.00
Yukon	Yukon Seniors Income Supplement	\$249.51 maximum
British Columbia	B.C. Senior's Supplement	\$49.30

* Refund of provincial income tax.

Source: 28

Canada Pension Plan

In 2017, the maximum monthly CPP payment amount was \$1,114.17 and 760,880 B.C. seniors aged 65 or older were in receipt of CPP. To receive the maximum CPP benefit upon retirement, an individual must contribute into CPP for at least 39 years, or 83% of the 47-year period between the ages of 18 and 65. In addition, they must also have earned the Yearly Maximum Pensionable Earnings in the 39 years of employment in which they contributed into CPP. If both of these criteria are not met, the individual will not be eligible to receive the maximum CPP benefit. Both CPP and OAS can be deferred up to age 70 to increase the benefit amount. Each month of OAS deferral increases the payment by 0.6%, to a maximum of 36% after five years. Each month of CPP deferral increases the payment by 0.7%, to a maximum of 42% after five years.

Maximum and Average CPP Payment Amounts, 2013/14-2016/17					
CPP Payment	2013/14	2014/15	2015/16	2016/17	% Change in Last Year
Maximum Payment	\$1,038.33	\$1,065.00	\$1,092.50	\$1,114.17	↑ 2.0%
Average Payment to All Beneficiaries	\$533	\$540	\$554	\$562	↑ 1.4%

Source: 27

In March 2017, the average monthly payment for new beneficiaries was \$643.92, a \$1.47 (0.2%) increase over 2016.

MSP Premium Assistance

B.C. residents pay Medical Services Plan (MSP) premiums on a monthly basis. In 2017, the full premium amount was \$75.00 for single seniors and \$150.00 for a family with two adults. Stepped subsidies known as Premium Assistance begin for a single payor with an adjusted net income of \$42,000 or less. Over the last four calendar years, MSP premiums have increased annually at a rate of approximately 4% per year. Though initially slated for an additional 4% increase in 2017 (\$3.00), 2017 MSP premiums continued at the 2016 amount. In January 2018, the basic premium will be reduced by 50% to \$37.50 as part of the four year plan to eliminate MSP premiums.

MSP Basic Premium Rates, 2013-2018			
	Premium	\$ Increase from Previous Year	% Increase from Previous Year
2013	\$66.50	\$2.50	3.9%
2014	\$69.20	\$2.70	4.1%
2015	\$72.00	\$2.80	4.0%
2016	\$75.00	\$3.00	4.2%
2017	\$75.00	\$0.00	0.0%
2018	\$37.50	-\$37.50	-50.0%

Source: 29

For a single adult in 2018, Premium Assistance begins with an approximately 13% subsidy and increases to a 100% subsidy for those on an adjusted income of \$26,000 or less. Premium Assistance levels are calculated based on an individual's or couple's adjusted net income. Residents can claim a \$3,000 deduction for each family member aged 65 or older. In addition, \$3,000 can be claimed for each person with a disability; as well, income received from a Registered Disability Savings Plan can be claimed. A further \$3,000 can be claimed for married or common-law status.

Single seniors with an income of up to \$45,000 or senior couples with an income of up to \$51,000 may be eligible for some level of Premium Assistance. Seniors with higher incomes may still qualify for Premium Assistance based on additional allowable deductions.

For illustrative purposes, premiums detailed below are for single seniors without a disability and no dependents living at home.

Premium Assistance for a Single Senior				
Net Income (after tax)	2017 (Current Rates)		January 2018 (New Rates)	
	Premium	Premium Assistance	Premium	Premium Assistance
Up to \$24,000	\$0.00	100.0%	\$0.00	100.0%
\$24,001 - \$26,000	\$11.00	85.3%	\$0.00	100.0%
\$26,001 - \$28,000	\$23.00	69.3%	\$11.50	69.3%
\$28,001 - \$30,000	\$35.00	53.3%	\$17.50	53.3%
\$30,001 - \$34,000	\$46.00	38.7%	\$23.00	38.7%
\$34,001 - \$38,000	\$56.00	25.3%	\$28.00	25.3%
\$38,001 - \$42,000	\$65.00	13.3%	\$32.50	13.3%
Over \$42,000	\$75.00	0.0%	\$37.50	0.0%

Source: 29

Seniors who were in receipt of disability assistance or income assistance (with persistent multiple barriers to employment) prior to turning 65 are eligible to maintain access to specific health supplements, including dental services, vision care, and a 100% reduction in MSP premiums. This suite of services is referred to as Medical Services Only (MSO) and is provided by the Ministry of Social Development and Poverty Reduction (SDPR). In 2016, there were 26,619 seniors receiving MSO, as well as an additional 484 seniors whose MSP premiums were covered for six months after leaving the MSO program. In total, in 2016, 331,682 seniors received some level of Premium Assistance.

Seniors Receiving Premium Assistance, 2012-2016								
2012			2013		2014		2015	
#	#	% Change	#	% Change	#	% Change	#	% Change
274,791	281,127	↑ 2.3%	289,043	↑ 2.8%	295,130	↑ 2.1%	331,682	↑ 12.4%

Source: 29

Supplementary Benefits

MSP covers \$46.38 toward one full eye exam by an optometrist per year for all seniors. All people receiving MSP Premium Assistance are also eligible for a limited amount of coverage for a set of supplementary benefits. MSP will contribute \$23.00 per visit for a combined annual limit of 10 visits per calendar year for the following services: physical therapy, non-surgical podiatry, chiropractic, massage therapy and acupuncture.

Drug Coverage

B.C. provides universal drug coverage under its Fair PharmaCare program. This program ensures that B.C. residents do not pay more than 4% of their net income on eligible drug costs. Families where at least one spouse was born in 1939 or earlier do not pay more than 3%. Fair PharmaCare assistance levels are income-tested and set out deductibles, the maximum a family will pay in one year, and the portion that PharmaCare will pay. Fair PharmaCare is scaled to smaller steps in net income than MSP Premium Assistance.

Fair PharmaCare rates have not changed since 2003, when the portion PharmaCare pays was reduced from 75% to 70% as the program was expanded to cover families in addition to seniors. Seniors who were already receiving or about to receive Fair PharmaCare at the time – those born in 1939 or earlier – were grandfathered in, retaining their 25% co-payment, known as Enhanced Assistance. The chart below shows the deductible amounts and co-payments for regular and enhanced coverage.

Fair PharmaCare Assistance Levels

Household Income (from latest Notice of Assessment on Jan 1)	\$0 to \$15,000	0% Deductible 30% Co-payment to Maximum 2%	0% Deductible 25% Co-payment to Maximum 1.25%	\$0 to \$33,000	
	\$15,000 to \$30,000	2% Deductible 30% Co-payment to Maximum 3%			
	\$30,000 to \$50,000	3% Deductible 30% Co-payment to Maximum 4%			
	\$50,000 to \$75,000	1% Deductible 25% Co-payment to Maximum 2%			\$33,000 to \$50,000
	\$75,000 to \$100,000	2% Deductible 25% Co-payment to Maximum 3%			>\$50,000
	>\$100,000	3% Deductible 30% Co-payment to Maximum 4%			
Born ≤ 1939 Regular Coverage		Born ≥ 1939 Enhanced Coverage			

Source: 30

Families pay 100% of the costs of their prescriptions until they reach their deductible. After the deductible is met, PharmaCare will help pay a percentage of prescription costs, based on their co-payment, until the family maximum is met. After that point, PharmaCare will pay 100% of any eligible prescription costs for the rest of the year.

Dispensing Fees

For every prescription dispensed, pharmacies charge a dispensing fee. PharmaCare will reimburse up to a maximum \$10 dispensing fee. If the pharmacy charges more than \$10, the customer will be responsible for paying the difference.

Dispensing Fees for Select Pharmacies in Victoria, B.C., 2016		
Pharmacies**	Dispensing Fee	Difference from PharmaCare Maximum*
Estevan Pharmacy (Independent)	\$12.75	\$2.75
Rexall	\$11.93	\$1.93
Pharmasave	\$11.75	\$1.75
Shoppers Drug Mart	\$11.47	\$1.47
Thrifty Foods	\$10.60	\$0.60
Walmart	\$10.00	\$0.00
Save-On-Food & Drugs	\$10.00	\$0.00
London Drugs	\$9.80	-\$0.20
Costco	\$4.47	-\$5.53

* A pharmacy cannot charge more than the maximum dispensing fee if the individual is receiving full (100%) PharmaCare coverage and the drug/product is eligible for full PharmaCare reimbursement.

** Dispensing fees may vary between pharmacy chain locations. The numbers above represent the average for pharmacies in the Victoria area as of September 2016. To look up the dispensing fee at a given pharmacy, visit <http://www.pharmacycompass.ca/>.

Source: 31

For drugs dispensed every 2 to 27 days (sometimes called blister packs), PharmaCare will reimburse the pharmacy for one dispensing fee per patient, per drug, per prescribed supply up to a maximum of five fees per patient, per prescribed supply. After this time, it is at the pharmacy's discretion as to whether or not they charge clients an additional fee for blister pack medications. There may still be an additional cost to the client, as blister packs tend to include smaller quantities (e.g., a 14-day blister pack in lieu of a bottle with 30 pills), so clients and/or PharmaCare may end up paying dispensing fees more frequently.

Elder Abuse

Elder abuse is any action by someone in a relationship of trust that results in harm or distress to an older person. Neglect is a lack of action by that person in a relationship of trust with the same result. Self-neglect can be another form of harm or distress resulting from a senior's inability to provide for their own essential needs. Elder abuse can include physical, psychological, or financial abuse.

It is difficult to establish the number of seniors in B.C. who experience abuse, neglect, or self-neglect as there is no central registry of reported incidents, and many seniors and/or families turn to multiple organizations to seek support. This section includes the number of incidents of elder abuse reported by some of the agencies most involved in preventing abuse and supporting seniors who experience it.

Public Guardian and Trustee

The Public Guardian and Trustee (PGT) protects the interests of British Columbians who lack legal capacity to protect their own interests. The PGT supports individuals who require decision making assistance and protection in their legal, financial, personal and health care interests. The PGT may be appointed to manage a person's financial and legal affairs generally as Committee of Estate (COE) or may act as a temporary substitute decision maker (TSDM) for health care decisions. In some cases, the PGT may be appointed Committee of Person (COP) for personal and health care decisions. A TSDM differs from a COP in that a TSDM can only make decisions regarding health care, while a COP can make decisions in areas such as personal care, health care, access, and placement. Before either COE or COP is explored, all other decision making options such as Power of Attorney, Representation Agreements, and Pension Trusteeship are considered.

In 2016/17, the PGT supported 2,481 COEs for B.C. seniors, representing a decrease of 4% over the previous year. The number of COPs has remained relatively constant over the past 5 years.

Committees of Estate and Person Established by the PGT, 2012/13-2016/17					
Instrument	2012/13	2013/14	2014/15	2015/16	2016/17
COE	3,095	3,023	2,754	2,583	2,481
COP	46	42	41	48	45

* These data do not include PGT clients under the age of 65, nor less restrictive authorities that the PGT has been exploring in recent years, such as Pension Trusteeship.

Source: 32

The PGT also responds to allegations and investigates cases of abuse, neglect, and self-neglect. Referrals that are screened out indicate referrals that did not proceed to investigation for a variety 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.

In 2016/17, the PGT received 2,033 referrals, including general inquiries, referrals that were screened out and those that went to investigation.

- 118 (6%) individuals had more than one referral (not included in the table below)
- 395 (19%) were general inquiries (not included in the table below)
- 824 (41%) were referrals that did not proceed to investigation
- 814 (40%) were referrals that proceeded to investigation

Outcomes of PGT Referrals Excluding General Inquiries, 2014/15-2016/17						
Type of Referrals	2014/15		2015/16		2016/17	
	#	%	#	%	#	%
Referrals Not Proceeding to Investigation	508	34%	587	37%	824	50%
Referrals Proceeding to Investigation	978	66%	1,003	63%	814	50%
Total Referrals	1,486	100%	1,590	100%	1,638	100%

Source: 32

Of the referrals made to the PGT, 81% of those that proceeded to investigation involved individuals aged 65 or older.

Characteristics of Referrals by Referral Outcome, 2014/15-2016/17						
Type of Referral	2014/15 (as of August 2015)		2015/16 (as of September 2016)		2016/17 (as of September 2017)	
	Referrals Not Proceeding to Investigation	Referrals Proceeding to Investigation	Referrals Not Proceeding to Investigation	Referrals Proceeding to Investigation	Referrals Not Proceeding to Investigation	Referrals Proceeding to Investigation
Open Investigations*	11	227	18	250	8	162
Average Age of Client (yrs)	69	75	74	76	75.1	75.4
Unknown Age	6%	1%	5%	1%	4%	1%
Under 65	36%	20%	29%	21%	25%	19%
Total 65+	58%	79%	66%	78%	72%	81%
65-75	17%	21%	15%	20%	19%	22%
75-85	20%	31%	23%	28%	25%	31%
85+	21%	27%	28%	30%	28%	28%
Female	56%	54%	51%	51%	51%	54%
Male	43%	46%	49%	49%	48%	46%
Unknown Gender	1%	—	1%	—	<1%	<1%
Total Referrals	508	978	587	1,003	824	814

Note: Open investigations are reported at a point in time and are not comparable over time. The numbers change constantly as referrals are investigated.

Source: 32

Seniors Abuse and Information Line

The Seniors Abuse and Information Line (SAIL) is operated by Seniors First BC, a non-profit organization dedicated to protecting the legal rights of older adults, raising public awareness of elder abuse, increasing seniors' access to justice, and providing supportive programs to seniors who have been abused. The SAIL line is a safe place for older adults and those who care about them to talk to someone about situations where they feel they are being abused or mistreated, or to receive information about elder abuse prevention.

In 2016, the total number of calls received related to abuse was 1,763, representing 48% of all calls. The remaining 1,936 cases are attributed to non-abuse matters (47%) and requests for general information (6%). In 5% of all calls pertaining to abuse, the degree of harm rendered could not be determined.

Degree of Harm Reported to SAIL, 2014-2016						
Degree of Harm Reported	2014		2015		2016	
	%	#	%	#	%	#
No Harm	22.4%	288	6.1%	89	25.1%	442
Minor Harm	16.1%	207	6.1%	89	8.7%	154
Moderate Harm	29.6%	385	25.6%	375	41.8%	737
Severe Harm	18.3%	235	15.3%	224	18.9%	334
Cannot Determine	13.3%	171	46.9%	686	5.4%	96
Total Calls	100.0%	1,286	100.0%	1,463	100.0%	1,763

Source: 33

In 2016, 13% of abuse-related calls had been occurring for longer than five years.

Duration of Harm Being Reported to SAIL, 2014-2016						
Duration of Harm	2014		2015		2016	
	%	#	%	#	%	#
Very Recent*	28.7%	369	18.7%	274	27.6%	487
4-6 months	11.6%	149	12.0%	176	21.1%	372
6-12 months	18.7%	241	15.2%	222	21.3%	376
1-2 years	15.3%	197	15.4%	225	10.6%	187
2-5 years	9.7%	125	9.0%	132	6.2%	110
5+ years	15.9%	205	29.7%	434	13.1%	231
Total	100.0%	1,286	100.0%	1,463	100.0%	1,763

* Three months or less.

Source: 33

More than one type of harm or abuse may be occurring at the same time, and the percentages below indicate the proportion of time the harm or abuse type is noted, not the number of calls received. Neglect is the most frequently reported type of harm, accounting for just over one third (36%) of harm reported.

Frequency of Type of Abuse or Harm Reported to SAIL, 2014-2016			
Type of Harm / Abuse	2014	2015	2016
	%	%	%
Emotional Abuse	17.3%	10.1%	10.1%
Psychological Abuse	7.8%	6.9%	6.3%
Financial Abuse	25.6%	28.9%	30.4%
Medication Related Abuse	1.1%	0.8%	0.7%
Neglect	35.9%	34.2%	36.1%
Physical Abuse	2.3%	3.4%	3.6%
Self Neglect	2.0%	3.2%	0.0%
Sexual Abuse	0.7%	0.2%	0.4%
Violation of Rights	4.8%	7.6%	9.6%
All other categories	2.5%	4.7%	2.8%

Source: 33

211 Helpline

211 is a non-profit help line, operated by bc211 and primarily funded by the United Way, that connects people with information and referrals regarding community, government, and social services in British Columbia. The service is available online and via web chat across the entire province of British Columbia at www.bc211.ca; in addition, **2-1-1** phone and text service is available throughout the Lower Mainland and Vancouver Island. In 2016/17, individuals aged 55 or older reported 94 cases of elder abuse to bc211 (on 2-1-1 calls and their other associated help lines). Elder abuse is the most frequently reported type of abuse by this age group. In addition, callers aged 54 and younger made 112 calls to bc211 regarding elder abuse. These callers were service providers or affected third parties (e.g. grandchildren, children, siblings).

In 2016/17, bc211 received 256 calls about abuse from individuals aged 55 or older. Callers can report more than one type of abuse. The 256 calls received involved 353 reported incidents of abuse. Of these calls, 188 (73%) were related to abuse that the caller was experiencing, while an additional 24% of calls were about abuse of their family and friends. The majority of individuals reporting abuse of that they were experiencing were female (88%).

bc211 Incidents of Abuse Reported by Callers Aged 55+, 2015/16-2016/17				
Type of Abuse	2015/16		2016/17	
	Incidents Reported	% of Calls*	Incidents Reported	% of Calls*
Elder	106	44%	94	37%
Domestic Violence	79	33%	72	28%
Emotional	48	20%	60	23%
Financial	35	14%	31	12%
Physical	35	1%	34	13%
Unspecified	18	7%	29	11%
Child	12	5%	16	6%
Historical	9	4%	4	2%
Sexual	6	3%	13	5%

*One caller can report more than one type of abuse; column will therefore not sum to 100.0%.

Source: 34

Reports to Law Enforcement Agencies on Offenses and Abuse Against Seniors

Reports to BC RCMP

The BC RCMP, or E Division, police 99% of the geographic area of B.C., where 72% of the population resides. In 2016, 972 seniors were the victims of a violent offence with assaults being the most common type of violent offenses. Over 16,000 seniors were victims of a property offence, including nearly 3,421 that were victims of mischief to property. This data is not a representation of all offenses but only those that are reported to the RCMP. Cases where the age of the victim is not known are excluded from the data below.

Count of Victims of Violent Offenses Aged 65+, 2009-2016		
Year	Violent Offences	Property Offences
2009	1,131	11,835
2010	1,025	11,860
2011	885	11,456
2012	928	12,346
2013	955	12,500
2014	955	14,680
2015	964	15,768
2016	972	16,106

Source: 35

Top 5 Types of Property Offences with victims Aged 65+, 2016	
	2016
Theft From Vehicle	3,534
Mischief to Property	3,421
Other Theft under \$5000	2,615
Frauds	2,013
Breaking & Entering – Residential	1,210

Source: 35

Top 5 types of Violent Offences with victims aged 65+ , 2016	
	2016
Assaults	678
Utter Threats	112
Harassment	46
Robbery	51
Sex Offences	26

Source: 35

There were 941 missing persons cases for seniors opened with the RCMP E division in 2016, of those 44 (4.7%) were still missing at the time of this report (as compared to 3.9% still missing for the rest of the population).

Missing Persons Cases, 2009-2016			
Year	Missing	Found	Total
2009	11	670	681
2010	8	779	787
2011	15	798	813
2012	12	843	855
2013	13	853	866
2014	20	876	896
2015	16	889	905
2016	44	897	941

Source: 35

Reports to Vancouver Police Department

The Vancouver Police Department tracks cases of reported physical abuse and financial abuse each year. There were 144 cases of assault and sexual assault against seniors aged 65 or older in 2016. The victim may or may not have known the offender.

There were 202 cases of financial abuse against seniors aged 65 or older in 2016. In more than 90% of these cases (mail, fraud, CRA & lottery scams, etc.), the suspect was a stranger. Very few incidents involved family members or caregivers.

Cases of Abuse with Victims 65+, 2009-2016		
Year	Physical Abuse	Financial Abuse
2009	102	119
2010	123	127
2011	126	108
2012	109	134
2013	142	127
2014	132	224
2015	146	183
2016	144	202

Source: 36

ELDER ABUSE

The Vancouver Police Department's Missing Persons Unit handled 423 missing persons cases for those 65+ in 2016. All of these cases have been solved.

Missing Persons Cases, 2009-2016	
Year	Missing
2009	223
2010	200
2011	247
2012	247
2013	252
2014	269
2015	314
2016	423

Source: 36

Appendix

Regulation Categories for Residential Care Facilities under the CCALA

Licensing – Major Requirements
• Continuing duty to inform
• Notice of change of operation
• Liability insurance
• Investigation or inspection
Licensing – Facility Requirements
• General Physical Requirements
• Directional assistance
• Accessibility
• Windows
• Temperature and lighting
• Water temperature
• Telephones
• Monitoring, signalling and communication
• Emergency equipment
• Equipment and furnishings
• Maintenance
• Rooms and common areas
• Smoking
• Weapons
Licensing – Bedrooms
• Bedroom occupancy
• Physical requirements of bedrooms
• Bedroom floor space
• Bedroom windows
• Bedroom furnishings
Licensing – Bathroom Facilities
• Physical requirements of bathrooms
• Bathrooms in facilities other than long term care facilities
• Bathrooms in long term care facilities
Licensing – Common Areas and Work Areas
• Dining areas
• Lounges and recreation facilities
• Designated work areas
• Outside activity areas

Licensing – Staffing Requirements
Division 1 – General Staffing Requirements
• Character and skill requirements
• Additional criminal record checks
• Continuing health of employees
• Continuing monitoring of employees
Division 2 – Coverage and Necessary Staff
• Management and supervisory staff
• Staffing coverage
• Food services employees
• Employee responsible for activities
Part 5 – Operations
Division 1 – Admission and Continuing Accommodation
• Prohibited service
• Admission screening
• Advice on admission
• Other requirements on admission
• Continuing accommodation
Division 2 – General Care Requirements
• Emergency preparations
• Harmful actions not permitted
• Privacy
• General health and hygiene
• Program of activities
• Identification of persons in care off-site
• Access to persons in care
• Release or removal of persons in care
• Family and resident council
• Dispute resolution
• Self-monitoring of community care facility
Division 3 – Nutrition
• Menu planning
• Food preparation and service
• Food service schedule
• Participation by persons in care
• Individual nutrition needs
• Eating aids and supplements

Division 4 – Medication
• Medication safety and advisory committee
• Packaging and storage of medication
• Administration of medication
• Return of medication to pharmacy
Division 5 – Use of Restraints
• Restrictions on use of restraints
• Reassessment
Division 6 – Matters That Must Be Reported
• Notification of illness or injury
• Reportable incidents
Part 6 – Records
Division 1 – Records for Each Person in Care
• Records for each person in care
• Records respecting money and valuables of persons in care
• Short term care plan on admission
• Care plan needed if more than 30 day stay
• Implementation of care plans
• Nutrition plan
Division 2 – Additional Records
• Policies and procedures
• Repayment agreements
• Records respecting employees
• Food services record
• Record of minor and reportable incidents
• Record of complaints and compliance
• Financial records and audits
Division 3 – General Requirements Respecting Records
• Currency and availability of records
• How long records must be kept
• Confidentiality
Part 7 – Transitional
• Transitioned facilities
• Unacceptable threat to health or safety
• Transition – Criminal record check

Data Sources

- 1 BCStats website: Sub-Provincial Population Projections - P.E.O.P.L.E. 2017 (Aug 2017)
2. Ministry of Health: Health System Matrix 8
3. Direct request to the Alzheimer Society of BC
4. Direct request to Ministry of Health: 2017-0208 HCC Annual Client Counts, Volumes, Rates 2015-2016 and 2017_0755 Home and Community Care Annual Report of Volumes and Rates
5. Direct request to Ministry of Health: 2017_1091 Home and Community Care, Home Support Client Counts and Hours
6. Direct request to the Patient Safety Learning System
7. Direct request to health authorities
8. Direct request to the Assisted Living Registrar
9. Direct request to Canada Mortgage and Housing Corporation
10. Direct Request to Ministry of Health: 2017_0213 Detailed Facilities Report
11. Direct request to residential care facilities, facilities' websites
12. Canadian Institute for Health Information - Continuing Care Reporting System eReports
13. Direct request to Ministry of Health: 2017_1085 Residential Care Admissions within 30 Days of Approval for Services
14. Direct request to Ministry of Health: 2017_1068 ALC Days and Cases as % of Total Inpatient Days and Cases for Individuals 65+ Years
15. October 2016 review of health authority licensing inspection websites
16. Statistics Canada website: Data Products, 2016 Census
17. Direct request to BC Housing
18. Direct request to BC Real Estate Association (BCREA)
19. Ministry of Community, Sport and Cultural Development website: Schedule 704 – Taxes and Charges on a Representative House
20. BC Hydro website
21. Direct request to Ministry of Finance
22. BC Government website: Home Owner Grants for Seniors
23. Direct request to TransLink and BC Transit
24. Direct request to the Ministry of Social Development & Poverty Reduction
25. ICBC Quick Statistics and direct request to ICBC
26. Direct request to RoadSafetyBC
27. Government of Canada website

28. Province and Territory websites
29. Direct request to the Ministry of Health, Ministry of Health website
30. BC Government website: Fair PharmaCare
31. Manion Wilkins & Associates Ltd website: Dispensing Fee Report July-September 2016
32. Direct request to the Public Guardian and Trustee
33. Direct request to Seniors First BC
34. Direct request to bc211
35. Direct request to E Division RCMP
36. Direct request to Vancouver Police Department

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