

2021-2022

ANNUAL REPORT

of the Office of the Seniors Advocate



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

July 2022

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

Dear Minister Dix,

It is my pleasure to present the 2021/22 Annual Report of the Office of the Seniors Advocate in accordance with Section 4(4) of the *Seniors Advocate Act*.

This is the eighth annual report from the Office of the Seniors Advocate and reports on the period of April 1, 2021 to March 31, 2022.

Sincerely,

Isobel Mackenzie
Seniors Advocate
Provinces of British Columbia

Office of the Seniors Advocate
Province of British Columbia

1-877-952-3181
www.seniorsadvocatebc.ca

6th Floor, 1405 Douglas Street
PO Box 9651 STN PROV GOVT
Victoria BC V8W 9P4

Message from the Seniors Advocate



The 2021/22 Annual Report covers the second year of the COVID-19 pandemic. Although our office continues to manage our day-to-day activities under the public health protocols, contact with the public and calls to our Information and Referral line continued to be higher than before the pandemic.

This is partly a result of the impact of the pandemic on seniors who were seeking assistance in navigating public health restrictions and changes to government services.

The OSA also received many inquiries from seniors and their loved ones who were affected by floods, wildfires and, most significantly, extreme heat in June and July. Callers requested information on the location and hours of cooling centres, asking how to access air conditioners, and voicing concerns about the high temperatures in residential care facilities.

Personal engagement with seniors and the community at large remained mostly virtual throughout the year, although in-person contact has begun to increase. In addition to our ongoing work which includes the Long-Term Care Directory and Monitoring Report, the office released reports on COVID-19 outbreaks in long term care homes, and the abuse and neglect of B.C. seniors.

The office also launched a second review of home support services and made considerable progress on systemic reviews of the challenges faced by low-income seniors, and legislative changes to assisted living. These reports will be released in the coming year, along with an expanded version of the Long-Term Care Directory, which will include assisted living residences.

The Office of the Seniors Advocate continues to be supported by an amazing staff who have performed exceedingly well under the pressures of a continuing pandemic which has impacted many aspects of their work. Overall, the office provides good value for the public as we work within a small budget despite increased demands on the office.

In addition to the staff of the OSA, the work of this office would not be possible without the support of staff in several ministries, most notably the Ministry of Health and other service providers such as health authorities and community agencies.

My continued thanks to everyone who continues to demonstrate that British Columbians care very deeply about the seniors in their communities.

Sincerely,



Isobel Mackenzie
Seniors Advocate
Provinces of British Columbia



Contents

1. ABOUT THE OFFICE	7
2. OUTREACH AND ENGAGEMENT.....	8
3. INFORMATION AND REFERRAL.....	9
3.1 Methods of Contact	9
3.1.1 Direct Contacts With the Office of the Seniors Advocate .	10
3.1.2 Social Media.....	11
3.1.3 Website	12
3.2 Distribution of Contacts	12
3.3 Reasons for Contacting the OSA.....	13
3.4 Referrals to Services	15
3.5 Systemic Issues Identified	16
3.5.1 Health Care	16
3.5.2 Housing.....	18
3.5.3 Transportation	19
3.5.4 Income Supports.....	20
3.5.5 Community Care	21
4. MONITORING SENIORS SERVICES IN B.C.	22
4.1 Monitoring Seniors Services Report	22
4.2 Long-Term Care Directory	25
5. INITIATIVES AND PROGRESS TO DATE.....	26
5.1 COVID-19 Response.....	26
5.1.1 Safe Seniors, Strong Communities and Better at Home ..	26
5.1.2 Covid-19 Boosters.....	27
5.1.3 Essential Visitor for Long-term Care Residents.....	27
5.1.4 Monitoring COVID-19 Cases and Outbreaks in Long-term Care and Assisted Living	27
5.2 Emergency Response	28
5.2.1 Floods, Wildfires and Heat Waves	28
5.3 Systemic Reviews.....	28
5.3.1 Review of COVID-19 Outbreaks in Care Homes	28
5.3.2 Hidden and Invisible: Seniors Abuse and Neglect in British Columbia.....	29
5.3.3 Home Support Survey	29

5.3.4	Income and Affordability – Meeting the Needs of Seniors with Low Incomes.....	30
5.3.5	Review of Assisted Living in British Columbia.....	30
5.4	Submissions and Presentations	31
5.4.1	Submission and Presentation to the Special Committee on Reforming the Police Act	31
5.4.2	Presentation to Select Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities	32
5.4.3	Presentation to the National Seniors Council Roundtable: Seniors’ Abuse in Canada	32
5.4.4	Presentation to Doctors of BC Geriatrics and Palliative Care Committee.....	33
5.4.5	Presentation to Select Standing Committee on Finance ..	33
5.4.6	Presentation to the BC Office of the Human Rights Commission Public Inquiry into Hate During the Covid-19 Pandemic.....	33
5.5	Report Reviews, Correspondence and Updates	34
5.5.1	Report Reviews and Correspondence.....	34
5.5.2	Editorials and Commentary	35
5.5.3	Office of the Seniors Advocate Updates	36
5.6	Issues Identified by the Seniors Advocate	37
5.6.1	Public Accountability in Long-term Care	37
5.6.2	Support for Seniors with Low Incomes.....	38
5.6.3	Housing	39
5.6.4	Improvements in Home and Community Care.....	39
5.6.5	Needs of Rural Seniors	40
5.6.6	Rights and Autonomy of Older Adults	40
6.	COUNCIL OF ADVISORS.....	41
7.	2021/22 OSA OPERATING BUDGET	42

1. About the Office

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

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

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

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

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

- outreach and engagement
- information and referral – through a partnership with BC211, the information and referral line is available 24/7
- monitoring seniors' services
- reviewing and reporting on systemic issues

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

2. Outreach and Engagement

Through a variety of outreach activities, the OSA hears from thousands of seniors, their families, stakeholders, and service providers each year. These engagement opportunities are a critical component for the office to further understand systemic issues and challenges facing B.C.'s seniors and the people who provide services and supports for them. Due to the COVID-19 pandemic, meetings with community organizations occurred both virtually and in person across all five health authorities and with provincial and national organizations and governments.

In 2021/22, the Seniors Advocate participated in 70 public engagement opportunities. In addition to continuous engagement with stakeholders, the OSA more deeply connected with universities in 2021/22. The Seniors Advocate participated in research and lectures at several universities including the University of Victoria, University of British Columbia and Vancouver Island University. As public health restrictions lifted, in-person visits occurred, which included Prince George, Chilliwack, Sidney and other B.C. communities.

The OSA continued to receive many media requests with both provincial and national journalists turning to the Seniors Advocate for commentary and insight on issues related to older people, the pandemic, long-term care, the heat dome and others.



3. Information and Referral

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

3.1 METHODS OF CONTACT

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



182,594
Twitter post
views



73,884
Facebook post
views



2,601
letters, emails &
input forms



16,647
phone calls



121,606
website visits

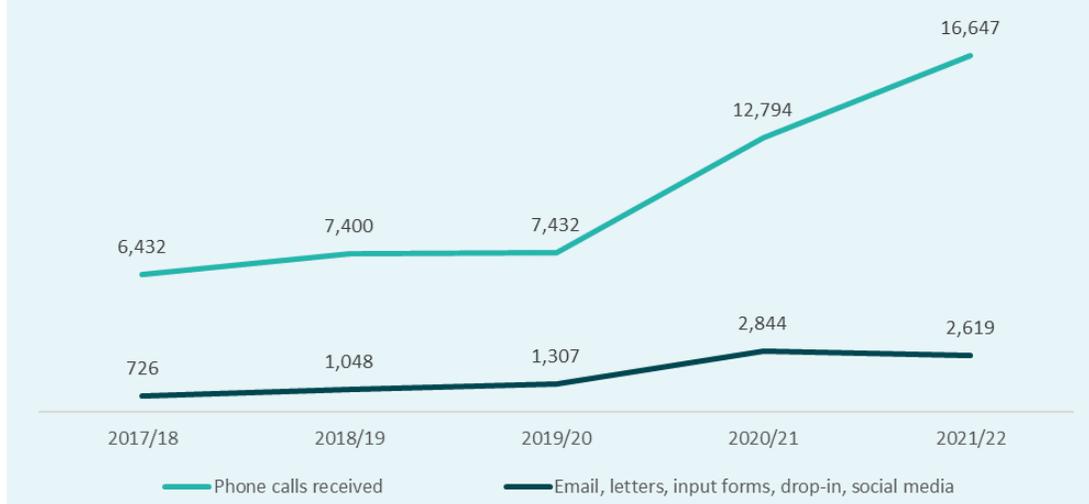


3.1.1 DIRECT CONTACTS WITH THE OFFICE OF THE SENIORS ADVOCATE

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

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

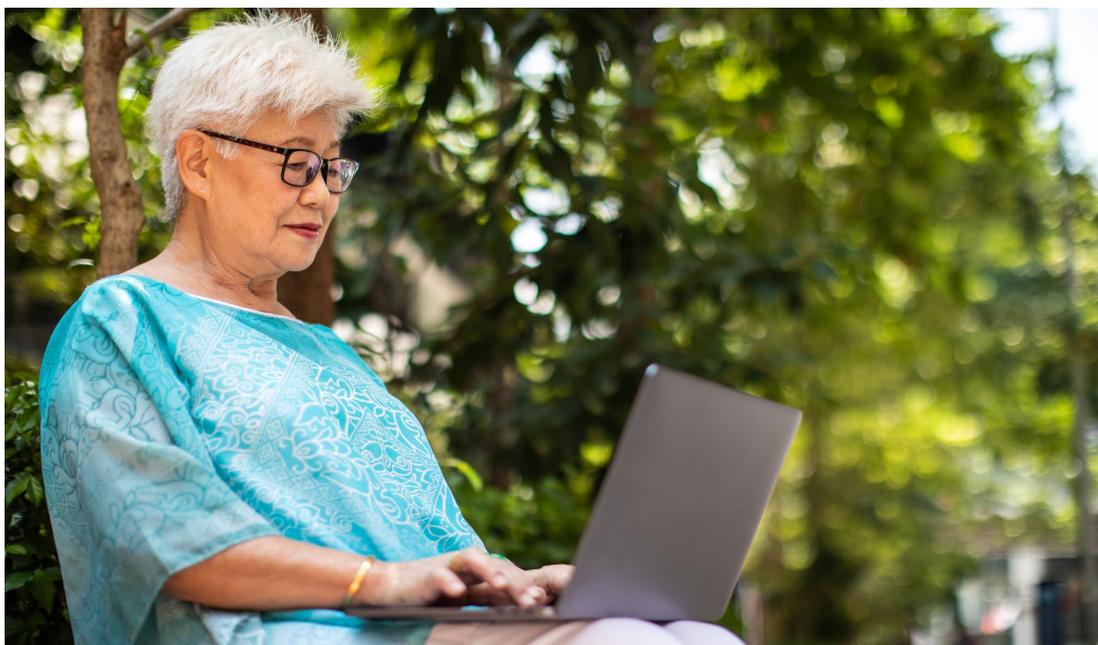
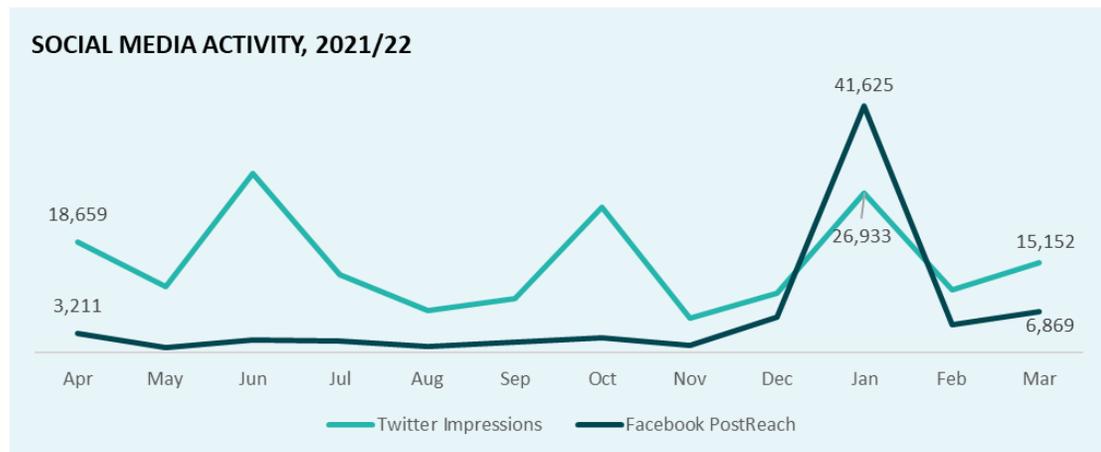
CONTACTS WITH THE OFFICE OF THE SENIORS ADVOCATE, 2017/18-2021/22



The number of phone calls soared in 2020/21 as our office received many questions related to the COVID-19 pandemic in addition to the launch of the Staying Apart to Stay Safe survey into the impact of visitor restrictions in residential care in B.C. The call volume continued its growing trajectory in 2021/22, with 23% more contacts than last year. During this time, OSA launched the Home Support survey and issued a report on seniors’ abuse and neglect. Our office also received a large number of calls expressing concern about the rising cost of living.

3.1.2 SOCIAL MEDIA

In 2021/22, the OSA remained active on social media to interact and engage with the public about current events and relevant topics. Tweets were shown to users 182,594 times and there were 73,884 views of our Facebook posts throughout the year. OSA’s use of Twitter and Facebook was significantly higher in January 2022 in order to promote the launch of the second province-wide Home Support Survey, as well as the discussion on COVID-19 topics impacting seniors such as visitors in long-term care and access to rapid antigen tests.



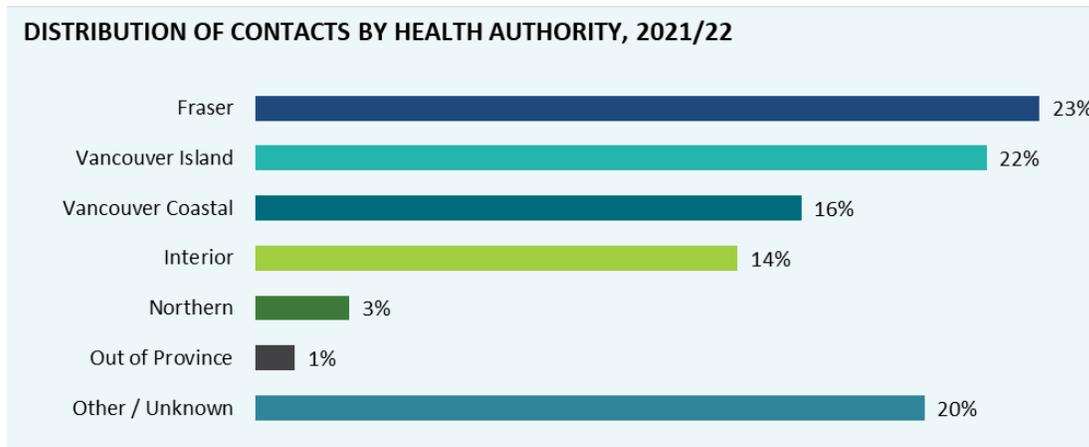
3.1.3 WEBSITE

There were 121,606 visits to the OSA website in 2021/22. Activities included 2,233 searches of the online Long-Term Care Directory and 14,121 downloaded files such as reports. The chart below shows the site views and page views for 2021/22. Site access was high during October 2021 when the OSA released the report of COVID-19 Outbreaks in Care Homes in BC.



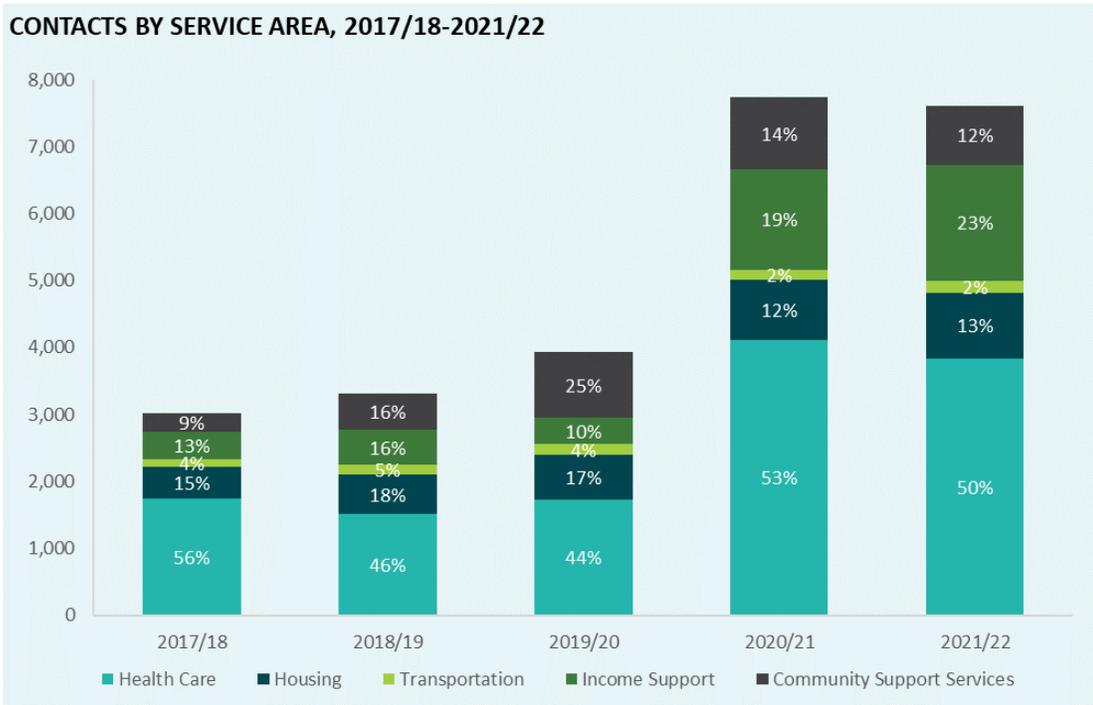
3.2 DISTRIBUTION OF CONTACTS

Wherever possible, the geographic location of the person contacting our office is captured and recorded by health authority. There has been small variation in the distribution by health authority over the five years between 2017/18 and 2021/22, with Fraser and Vancouver Island Health Authority leading the highest number of contacts each year.



3.3 REASONS FOR CONTACTING THE OSA

In addition to geographic location, we also track why people contact us. The most consistently generated questions are unsurprisingly related to health care, followed by questions related to government income support programs which have continued to be a growing concern for seniors during the second year of the pandemic.



We continue to receive many requests for the latest edition of the *BC Seniors' Guide*, which was initially released in 2016. In 2021/22, we distributed over 33,215 copies, a 177% increase from 2020/21. This increase is largely due to the release of the updated 12th edition of the guide in 2022, including the addition of Hindi and Tagalog versions. The guide is also available in English, French, Punjabi, Chinese (Traditional), Farsi, Korean and Vietnamese.

Common enquiries to the Office of the Seniors Advocate in 2021/22 included:

- Assistance navigating the health care system and accessing home and community care
- Increasing cost of living for rental housing, groceries and other items
- Access to Primary Care Physicians and Nurse Practitioners
- Visitation restrictions in long-term care homes

- Assistance with government financial supports available for low-income seniors
- Inconsistent information and communication provided to families and caregivers in long-term care and assisted living during the pandemic, particularly during outbreaks
- Inconsistent application of COVID-19 precautions and visitation in Independent Living facilities
- Assistance with registration and access for COVID-19 vaccinations
- Increased difficulty accessing online registrations and support for seniors who do not have access to the technology or skills to navigate online processes
- Information about Power of Attorney and representation agreements
- Assistance for seniors experiencing abuse, neglect or self-neglect, including financial scams



3.4 REFERRALS TO SERVICES

Many people contacting our office, particularly those by telephone, were referred to another agency or service that could provide further assistance. The OSA provided 7,837 referrals in 2021/22, a 22% increase compared to the previous year. Most referrals were directed to a health authority (10.7%) or Home and Community Care programs (7.4%), followed by referrals made to local area service providers or organizations. Referrals to the Ministry of Social Development and Poverty Reduction have seen a noticeable jump, rising from 3% in 2020/21 to approximately 7% in 2021/22.

TOP 10 AGENCIES AND SERVICES REFERRED TO - 2021/22

1. Health Authority/Home and Community Care
2. Local Area service provider or organization
3. Ministry of Social Development and Poverty Reduction
4. Patient Care and Quality Office
5. Service Canada
6. Better at Home
7. Seniors First BC/Seniors Abuse and Information Line (SAIL)
8. HIBC – MSP and PharmaCare
9. BC Housing
10. Ministry of Health



3.5 SYSTEMIC ISSUES IDENTIFIED

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

3.5.1 HEALTH CARE

- Access to home health and home support services including limited hours of care and inconsistent scheduling
- Decreased physician availability and access to a family doctor
- Assistance with understanding hospital discharge planning
- Increased expectation of individuals to pay for private long-term care while waiting for subsidized long-term care
- Cost of non-insured services such as glasses, dentures, hearing aids and other medical assistive devices

One of the issues we hear about most frequently from seniors is the lack of funding for dental, vision, and hearing care. These services are not covered by MSP and costs are often prohibitive. Many seniors with low incomes do not have these health concerns addressed which results in their overall health declining.

Russell called us about finding dental care and explained he relied only on his OAS/GIS, B.C. Senior's Supplement and a small CPP retirement pension. He has kidney disease and his nephrologist had recommended a very restrictive diet. He cannot eat many of the required foods, such as fresh fruit and vegetables, because of the poor condition of his teeth. He has receding gums, rough teeth, and exposed roots due to many years of not being able to afford any preventative care.

We referred Russell to BC211 for information about low-cost dental clinics in his area, as well as suggesting he contact Ceridian Cares, a non-profit organization that helps people with basic needs, and local service clubs. While these resources are helpful, the clinics have long waitlists, are only available in ten cities in B.C., and many low-income seniors cannot afford to go to a private dentist even with the senior's discount.

HEALTH CARE (CONTINUED)

One of the most challenging times for seniors and their families is when a senior's care needs change, and they need to move from their own home to a different level of care. This transition usually involves the senior, family members, Home and Community Care and facility operators all agreeing on what is appropriate and available.

We received a call from Julia, whose father-in-law Surinder was about to be discharged from Prince George Hospital. Surinder, 90, has dementia and Parkinson's disease. He was in hospital for several weeks due to a fall and the family had been told he was going to be discharged back home and assessed for home support. The family was very worried because Surinder lives alone and has not been looking after himself well since his wife passed three years previously.

Surinder himself had told the hospital Case Manager he did not want to return home as he was feeling so much better since being admitted due to eating properly and receiving rehabilitation services.

Julia and her brother were attending a family conference the following day and phoned us to ask if there was anything they could do to persuade the hospital to keep Surinder for a little longer while they considered options for his care. We explained this was not an unusual situation and encouraged her to talk to the health authority about the amount of home support he would receive, getting him on the waitlist for long-term care, and what the wait-time would be before he might be placed. We also let her know about the Choice in Supports for Independent Living program if she and her brother wanted a more active role in managing his care while he lived at home.

3.5.2 HOUSING

- Increasing costs of supplies for home renovations, adaptations, maintenance, and repairs to remain living at home
- Timely access to long-term care and assisted living
- Lack of affordable housing and long waitlists
- Sufficient income to meeting increased rent and utility costs
- Legislation governing independent living vs long-term care and assisted living

Seniors with low incomes face many challenges related to housing. Older people are especially vulnerable to increasing rents, low vacancy rates and the threat of renovictions. While the Province provides programs such as seniors' subsidized housing and SAFER, many continue to face difficulties finding safe and affordable housing to rent.

Sarah, 86, is currently in hospital following a fall. Her neighbour, Jose, was very concerned after visiting Sarah in hospital and finding her in a depressed and anxious state. She had recently been sent an eviction notice by her landlord and was very upset she would have to move despite still being treated in hospital. Sarah was worried her possessions, including her medical supplies, would be thrown out of her apartment before she could officially move.

Previous to Sarah's admission to hospital, he helped her contact the Residential Tenancy Branch (RTB) and file a complaint against the landlord for unlawful eviction. While the RTB shared they were bringing a case against the landlord based on another incident concerning safety issues, Sarah's case would take time to resolve.

Sarah receives OAS/GIS, B.C. Senior's Supplement and a Shelter Aid for Elderly Renters grant to help with rent, but the amount does not provide significant help due to high rents in her area. We encouraged Jose to help Sarah explore options through Home and Community Care, gave him the contact information for two local housing societies and suggested he support her in her case with RTB as well as contacting any family members who may be able to advocate on her behalf.

3.5.3 TRANSPORTATION

- Difficulty accessing reliable and cost-effective public transportation in rural areas and smaller communities to travel to medical appointments
- Lack of financial assistance for ambulance fees for low-income seniors who live in communities without acute care infrastructure and rely on ambulance services to access emergency and acute care services
- HandyDART services including access and cost
- Access to renew driver's licences throughout the pandemic

Some of the most frequent transportation issues we hear about concern those who must travel for medical reasons. These concerns can range from public transportation schedules not coinciding with the timing of medical appointments to the cost of people having to travel hundreds of miles for treatment.

Sasha contacted us about arranging transportation to her medical appointments in the next town. She lives 30 km from the small town to where she receives monthly treatment for her respiratory illness. Until last year, Sasha's neighbour was driving her, but the neighbour was elderly and had to give up her licence. Because she is immunocompromised, Sarah was also reluctant to use any kind of group transportation during the COVID-19 pandemic.

We put Sarah in touch with a local senior's service organization in her area that provides volunteer drivers to take people to medical appointments.

Sarah's story highlights many of the transportation issues facing those who need to travel for medical care. Specifically, we have heard from seniors about the challenges faced by those in rural and remote areas including the cost of gas, the lack of public transportation including Handydart services and the need for more local support organizations to assist with transportation.

3.5.4 INCOME SUPPORTS

- Assistance in understanding eligibility for the B.C. Senior's Supplement (BCSS)
- Income related concerns arising from the loss of a spouse
- Financial hardship due to involuntary separation of a spouse due to admission to long-term care
- Accessibility of Canada Revenue Agency and Service Canada in-person or by telephone

We hear from many seniors who find making ends meet increasingly difficult. Many rely only on their OAS/GIS/BCSS benefits with perhaps some additional CPP or income from savings and do not have enough to meet the rising costs of housing, food, and personal needs. Seniors often have additional expenses such as over-the-counter medications, incontinence products and mobility aids to pay for as they age.

Special Dietary Needs – Ben

Ben phoned us to talk about the special diet his doctor had prescribed. Ben, 75, lives alone and has an income of \$22,000 per year. He was already struggling to afford the fresh fruits and vegetables and extra protein his doctor has recommended and is now finding it impossible with recent rising food costs. We talked to Ben about how many seniors who have always looked after themselves are now facing food insecurity; we encouraged him to reach out to his local food bank and explore other options in his area, such as community kitchens and seniors' centres.

Insufficient Income – Carla

Carla wrote to us to explained she was finding it impossible to live on her current income of \$1,300 per month and wanted to know why she had received more when she had previously been on disability benefits. Many seniors find their income changes when they turn 65, even if they had previously been receiving some form of government benefit. As Carla's income was lower than the maximum amount of OAS/GIS and BCSS, we encouraged her to contact Service Canada and ensure she was receiving all the benefits she was entitled to. We also spoke to her about other benefits she could apply for including the Shelter Aid for Elderly Renters for her rent and Medical Services Only benefits for people who had previously been on disability income.

3.5.5 COMMUNITY CARE

- Lack of adult day programs and respite services through the pandemic
- Decreased support and assistance from caregivers and families in long-term care
- Seniors centres, library and recreation program closures throughout the pandemic contributing to the feelings of social isolation
- Assistance to access Better at Home programs in rural areas

Abuse and neglect of seniors in our communities is a growing concern. Seniors are vulnerable to different types of abuse including physical, financial, emotional, sexual, neglect and self-neglect. Sadly, many cases of abuse involve family members.

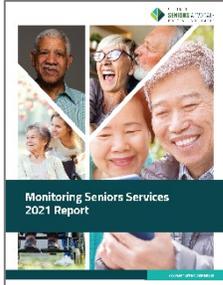
Tanya called us because she was concerned about the physical and mental health of her father, Gerald. Gerald's wife had passed away several years ago and he was becoming lonely and isolated. His health was further compromised by a stroke, and he had hired a private caregiver to support him. Tanya soon realized that his caregiver was taking advantage of him financially. Gerald had transferred over \$20,000 to the caregiver's account over the course of her employment and he was talking about giving her more once his investments came due in the next several months.

As well as being worried about her father's financial vulnerability, Tanya was very concerned about his physical and mental health. Gerald has not been taking his blood pressure and diabetes medications and recently had to be taken to the ER by his neighbours who try to keep an eye on him. When Tanya was at his house, she noticed it was very dirty, bills were not being paid and he had made several unnecessary impulse purchases including a new truck.

Tanya wanted to know how she could best help Gerald and ensure he was not vulnerable to future financial abuse and self-neglect. We were able to assist Tanya by referring her to both Seniors First BC, who could help her understand the legal and financial protections available, and the regional designated agency (health authority) who could investigate his vulnerability to financial abuse and self-neglect and recommend the appropriate supports.

4. Monitoring Seniors Services in B.C.

4.1 MONITORING SENIORS SERVICES REPORT



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

The seventh annual edition of the report was released in February 2022 for the 2020/21 fiscal year. The 2020/21 Monitoring Seniors Services Report covers the first full year of the COVID-19 pandemic. The extent of the pandemic's disruption to the lives of seniors is reflected with significant change of many services and supports, such as the suspension of adult day programs in 2020/21, the big drop in alternate level of care cases and length of stay in response to the efforts to prepare acute care for an anticipated surge of COVID-19 patients.

HEALTH CARE

- Alternate level of care (ALC) days decreased by 28% and the average length of stay in ALC decreased across almost all health authorities.
- The number of clients receiving professional home care services increased by 3% from the previous year with 8% more visits overall, with an average of 13 visits per client (up 5%).
- The number of home support clients and hours decreased 3% over the previous year, while the target population of seniors aged 80 or over grew by more than 3%.
- The number of subsidized registered assisted living units increased by 2% and the waitlist decreased by 23%.
- Publicly funded long-term care beds increased by only 3% between 2017 and 2021, while the number of people waiting to be admitted grew by 9%. The average wait time increased to 178 days (up by 33%).

HOUSING

- There was a 4% increase in the number of Home Owner Grants claimed by seniors, and 3% more seniors took advantage of the Property Tax Deferment Program.
- The average subsidy provided by Shelter Aid for Elderly Renters decreased by 4% to \$199 per month and has not kept pace with the 3% average increase in rental rates in B.C.
- The subsidized housing waitlist increased by 8% and the median wait time (2 years) increased 19% from the previous year.

COMMUNITY SUPPORTS

- The New Horizons for Seniors Program approved 436 new community-based projects in B.C. with total funding of \$8.3 million - a 54% increase in projects and a 58% increase in funding over 2019/20.
- First Link® dementia support served 11,468 unique clients in 410 communities. There were 16% fewer clients overall, however, 72% more communities received service and 23% more clients were contacted.
- The Better at Home program with the new Safe Seniors, Strong Communities initiative served close to 26,000 seniors who received more than 800,000 services.



TRANSPORTATION

- 80% (790,000) of seniors maintained an active driver's license, a 6% increase from last year and slightly higher than the senior population growth.
- There were 69,936 driver fitness cases opened in 2020 for seniors aged 80 or older, a 7% decrease over 2019. Only 4% were referred for an enhanced road assessment (ERA).
- Due to the impact of COVID-19, public transportation decreased in almost in every service: seniors receiving a bus pass decreased by 2% to 64,343; active HandyDART clients decreased by 23% to 35,382; HandyDART ride requests decreased by 57% to 986,843; and the number of taxi voucher requests decreased by 44% to 64,790.

INCOME SUPPORTS

- As of October 2021, low-income single seniors in B.C. could receive up to \$1,683.38 per month in federal and provincial income supports, a 6.5% increase from the previous year.
- The maximum Canada Pension Plan benefit was \$1,203.75 per month, a 2% increase from last year.
- Seniors or their third-party insurers pay the majority (68%) of prescription medication costs. The Fair PharmaCare program pays 100% of costs for B.C. residents with incomes up to \$13,750, and people with higher incomes pay for medications up to family maximum amounts based on net income levels.

SAFETY AND PROTECTION

- Calls to the Seniors Abuse and Information Line (4,891) decreased by 12% from the last year but calls related to abuse increased by 5%.
- In 2020, Designated Agencies responded to 1,533 (20% decrease) suspected cases of abuse for seniors aged 65 or older, and 688 (9.5% decrease) cases were confirmed.
- Referrals to the Public Guardian and Trustee (1,457) decreased by 8% and the number involving seniors (1,106) decreased 10% from the previous year.
- In 2020, violent offences against seniors reported to RCMP remained as high as in 2019, while property offence complaints related to seniors decreased 10% from 2019. Reports of seniors abuse to the Vancouver Police Department continue to increase substantially compared to 2019.

4.2 LONG-TERM CARE DIRECTORY



The B.C. Long-Term Care Directory lists information for publicly subsidized long-term care facilities in B.C. and has been a highly sought-after resource since its initial publication in March 2016. The OSA works hard to ensure the information remains current and relevant. The seventh edition, released in August 2021, included more information about wait times for long-term care, direct care hours, percent of residents in a wheelchair, additional quality indicators and COVID-19 vaccination coverage for residents. The data reflects the first full year of the COVID-19 pandemic.

FACILITY CHARACTERISTICS

- The Long-Term Care Directory contains information for 297 long-term care facilities in B.C. with 27,931 publicly subsidized beds.
- 109 facilities are operated directly by health authorities and 188 are operated by a contractor with funding from health authorities.
- 90% of rooms are single-occupancy rooms, 7% are double-occupancy, and 4% are multi-bedrooms (three or more beds).

RESIDENT PROFILE

- The average age of residents in long-term care is 84 years old.
- 32% of residents are totally dependent on staff for their activities of daily living (ADL 5+), such as bathing, dressing, and getting out of bed.
- 28% of residents have severe cognitive impairment (CPS 4+).
- 50% of residents are assessed as “low” on the social engagement scale (ISE 0-2).

SERVICES

- On average, facilities were funded for 3.37 direct care hours per bed per day, a 2.7% increase over 2019/20; 83% of facilities met the 3.36 guideline.
- The average per diem rate in contracted facilities was \$242.90 per bed per day, a 4.8% increase over 2019/20.
- The average actual raw food cost increased 6% to \$8.87 per resident per day, with a range across all facilities of \$5.79 to \$18.75.
- Residents receiving physical therapy (10%) and occupational therapy (6%) are on a decreasing five-year trend; recreational therapy decreased to 28% from 30% in 2019/20.
- 89% (4% increase) of residents and 63% (6% decrease) of health care workers were vaccinated against influenza; 96% of residents received two doses of COVID_19 vaccine.

5. Initiatives and Progress to Date

5.1 COVID-19 RESPONSE

5.1.1 SAFE SENIORS, STRONG COMMUNITIES AND BETTER AT HOME



Partnering with the United Way of British Columbia (UWBC), the Safe Seniors, Strong Communities (SSSC) program began during the pandemic, matching people who need non-medical essentials with local volunteers. Seniors could receive volunteer help with grocery shopping, meal prep, prescription drop-off, as well as a friendly check-in calls or virtual visits. The

Better at Home program, also coordinated by UWBC, is now providing the volunteer services provided by SSSC and now offers both volunteer and paid home and community support services for seniors throughout B.C. Better at Home helps seniors throughout B.C. with simple non-medical, day-to-day tasks such as transportation, light yard work and housekeeping, snow removal and minor home repairs so older people can continue to live independently in their own homes and remain connected to their communities.



5.1.2 COVID-19 BOOSTERS

The Office of the Seniors Advocate reminded seniors and their families of the need for COVID-19 vaccine booster shots. The waning protection of the vaccine is based on age, overall health and the ability of a person to mount an antibody response; this places adult aged 70 or older in the community and those in long-term care and assisted living at greater risk.

5.1.3 ESSENTIAL VISITOR FOR LONG-TERM CARE RESIDENTS

In January 2022, the Seniors Advocate again urged the Province to declare that every resident in long-term care is entitled to designate at least one essential visitor. In November 2020, the Seniors Advocate issued the report *Staying Apart to Stay Safe: The Impact of Visit Restrictions on Long-Term Care and Assisted Living Survey* highlighting the profound impacts of visitor restrictions on residents and their family members. The report included a recommendation that all residents be provided the opportunity to designate an essential visitor.

5.1.4 MONITORING COVID-19 CASES AND OUTBREAKS IN LONG-TERM CARE AND ASSISTED LIVING

Information about COVID-19 cases and outbreaks in long-term care and assisted living are posted on the OSA website, including links to the BC Centre for Disease Control reports. This information includes cases, hospitalizations, critical care admissions, recoveries, testing, deaths and vaccination administration.



5.2 EMERGENCY RESPONSE

5.2.1 FLOODS, WILDFIRES, AND HEATWAVES

Wildfires, floods, and the deadly heat dome of June and July of 2021 were devastating for B.C. seniors. The OSA provided information including public broadcasts advising seniors on how to stay safe. The office worked with the BC Coroner to examine issues related to the heat dome and liaised with the Ministry of Health on plans for vulnerable seniors in communities affected by wildfires and floods.

5.3 SYSTEMIC REVIEWS

The Office of the Seniors Advocate prepares reports based on our systemic reviews of major issues affecting seniors in British Columbia. Reports are posted on the OSA website and can be found under Reports and Publications at www.seniorsadvocatebc.ca. Brief highlights of the systemic reviews completed in 2021/22 are presented below, in addition to other work that is underway and will be released in 2022/23.

5.3.1 REVIEW OF COVID-19 OUTBREAKS IN CARE HOMES



This province-wide review of COVID-19 outbreaks in long-term care and assisted living sites during the first year of the pandemic (March 2020 to February 2021) was released in October 2021. The review examined factors that can influence the probability that a site will experience a COVID-19 outbreak and factors that can minimize the number of staff and residents who become infected when an outbreak occurs. This review was informed from a wide range of data to determine if particular factors were associated with a site experiencing a COVID-19 outbreak, and survey results of long-term care and assisted living staff and site operators about their experiences and response during the pandemic. This report includes seven recommendations to improve practices and better manage future outbreaks in care homes.

5.3.2 HIDDEN AND INVISIBLE: SENIORS ABUSE AND NEGLECT IN BRITISH COLUMBIA



A systemic review of seniors' abuse and neglect in British Columbia, the report examined the protections that exist for B.C. seniors, the prevalence of seniors' abuse and neglect, the method of reporting abuse and neglect, and the response to reports of seniors' abuse and neglect. Key concerns heard by the OSA were the lack of public awareness, a fragmented reporting and response system, gaps in service, and the need for training for those working with seniors in the community. Emerging trends and issues in B.C. were listed as sources of concern, including self-neglect, physical, social, and cultural isolation, family caregivers, on-line security, and COVID-19. This report includes five recommendations to reduce fragmentation in the system and more effectively help seniors in these situations.

5.3.3 HOME SUPPORT SURVEY - 2022

Home support offers personal assistance with activities of daily living such as mobility, nutrition, bathing and dressing and other tasks supporting seniors and people with disabilities to keep living safely in their own homes for as long as possible. The OSA launched the second *Provincial Home Support Survey (HSS)* in December 2021 as a follow up from the initial survey in 2015. The survey gathered information about the experiences and satisfaction of clients and their families to learn more about what is working well and where improvements can be made to the home support program.



5.3.4 INCOME AND AFFORDABILITY – MEETING THE NEEDS OF SENIORS WITH LOW INCOMES - 2022

Many seniors are concerned about their income security as they age and not being able to pay for the costs associated with aging, and seniors living on low incomes face additional risks. The Seniors Advocate continues to hear from seniors who are facing affordability challenges due to low incomes and are struggling to make ends meet. In February and March 2022, a survey was issued to gather information about the income and affordability issues impacting seniors with low incomes and assess the gaps in supports they may experience based on their income. This review will be informed by a provincial survey of seniors receiving the BC Seniors Supplement and in consultation with senior serving organizations supporting seniors with low incomes.



5.3.5 REVIEW OF ASSISTED LIVING IN BRITISH COLUMBIA - 2022

In 2002, the B.C. government introduced a new model of home and community care which included both assisted living and long-term care sites. Assisted living was introduced as an alternative level of care for seniors where they could live independently in their own suites, come together for meals, and receive a range of services on site. Twenty years has passed since assisted living was first introduced and it has seen a dramatic increase in the number of seniors 85 and older who reside in assisted living residences. As baby boomers age into their later retirement years, the demand for appropriate seniors housing and care will increase significantly. In February 2022, the OSA launched a review of

the evolution of the legislative framework of publicly subsidized assisted living and assess the current trends, challenges and gaps in how services are delivered in B.C.

5.4 SUBMISSIONS AND PRESENTATIONS

5.4.1 SUBMISSION AND PRESENTATION TO THE SPECIAL COMMITTEE ON REFORMING THE POLICE ACT

In April 2021, the Seniors Advocate submitted a brief to the Special Committee on Reforming the Police Act. While the committee has the mandate to examine a wide range of potential reforms, the Advocate focused on three key issues: the role and accountability of police in responding to wellness checks for seniors in British Columbia; the importance of police having the appropriate knowledge, skills and training in responding to age-related health challenges in seniors (i.e. cognition, mobility); and investing in more robust data collection and reporting systems that enable more meaningful information to inform how effectively police respond to the health and safety needs of seniors. The issues raised in the brief were the focus of a presentation to the committee in July 2021.



5.4.2 PRESENTATION TO SELECT STANDING COMMITTEE ON HUMAN RESOURCES, SKILLS AND SOCIAL DEVELOPMENT AND THE STATUS OF PERSONS WITH DISABILITIES

In June 2021, the House of Commons' Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA) held a meeting to receive evidence to inform their study on the impact of COVID-19 on the financial, social, health and overall well-being of seniors. The Seniors Advocate spoke about the impact of the pandemic on B.C. seniors, including those living in long-term care, the separation of residents and their family members due to restrictions in care homes, and the increased rate of prescribing antipsychotic drugs in long-term care. The Advocate spoke about the social isolation of seniors living in the community, and the barriers to using technology and low digital literacy experienced by seniors. The Advocate also spoke about the care, compassion and concern British Columbians have shown for seniors during the pandemic.

5.4.3 PRESENTATION TO THE NATIONAL SENIORS COUNCIL ROUNDTABLE: SENIORS' ABUSE IN CANADA

Seniors' abuse is an important human rights issue, as well as a social and public health issue that can undermine an older person's quality of life. In December 2019, the Minister of Seniors, and the Minister of Justice and Attorney General of Canada, committed to creating a formal definition of seniors' abuse. Currently, there is no standard definition used in Canada. In July 2021, the National Seniors Council held a virtual regional roundtable on the creation of a federal policy definition of senior abuse in Canada. The Seniors Advocate spoke about the systemic challenges in B.C.'s current adult abuse and neglect system to effectively identify and report suspected abuse and neglect of seniors. While there are a number of resources to identify and report seniors' abuse and neglect, there is no cohesive provincial approach to respond to seniors' abuse and neglect, and a lack of standardization in defining seniors' abuse and neglect and a fragmented reporting system that does not produce the reliable data needed to assess patterns, identify gaps, and measure progress.

5.4.4 PRESENTATION TO DOCTORS OF BC'S GERIATRICS AND PALLIATIVE CARE COMMITTEE

In September 2021, the Doctors of BC's Geriatrics and Palliative Care Committee held a meeting to discuss the approved policy resolution supporting recognition of family caregivers in long-term care and assisted living facilities as formal partners in care. This resolution aligns with recommendations from a Doctors of BC's 2016 *"Circle of Care: Supporting Family Caregivers in BC"* and the Seniors Advocate 2020 report *"Staying Apart to Stay Safe: The Impact of Visit Restrictions on Long-Term Care and Assisted Living Survey"*. The Seniors Advocate spoke about the importance of the voice of residents and their family members and their role in how long-term care and assisted living systems are managed.

5.4.5 PRESENTATION TO SELECT STANDING COMMITTEE ON FINANCE

In September 2021, the provincial Select Standing Committee on Finance and Government Services held an annual public consultation on the provincial budget. The Advocate presented on two issues. First, she asked again that the regulated co-payment for the home support program be reconsidered to enable seniors to find the support and care they need in the community so they can remain at home. The co-payment can be unaffordable to many seniors. Second, she raised issues about distressed caregivers who are not accessing the supports available including home support and respite care. More needs to be done to increase awareness and connect caregivers to those services.

5.4.6 PRESENTATION TO THE BC OFFICE OF THE HUMAN RIGHTS COMMISSION PUBLIC INQUIRY INTO HATE DURING THE COVID-19 PANDEMIC

In February 2022, the BC Office of the Human Rights Commission met at a public inquiry hearing regarding hate incidents during the COVID-19 pandemic. The intent of the inquiry is to examine hate in all its forms - not only racism and racial hate, but also hate directed at groups on the basis of religion, gender identity, disability, Indigeneity, sexual orientation, poverty, homelessness, or other personal characteristics. The Seniors Advocate presented issues about systemic ageism and its impact on the rights and autonomy of seniors during the pandemic.

5.5 REPORT REVIEWS, CORRESPONDENCE AND UPDATES

5.5.1 REPORT REVIEWS AND CORRESPONDENCE

Connecting with the Office of the Federal Minister of Seniors (GIS and CERB) – The Seniors Advocate connected with the federal Minister of Seniors Kamal Khera about the Canada Emergency Response Benefit (CERB) and Canada Recovery Benefit (CRB) and its impact on Guaranteed Income Supplement (GIS). While the federal government provided much-needed emergency income support to seniors during the pandemic, it also reduced or resulted in low-income seniors losing their GIS benefits because their incomes were assessed as too high to receive support. The Seniors Advocate asked for fair resolution to address and alleviate the financial hardship experienced by seniors.

A Bid for Fairness – BC Ombudsperson Report – In December 2021, BC's Ombudsperson Jay Chalke released the report "*A Bid for Fairness*" detailing the case of a vulnerable 60-year-old woman who failed to pay her property taxes due to personal challenges and ended up losing her home. The Seniors Advocate connected with the Minister of Finance Selina Robinson and former Minister of Municipal Affairs Josie Osborne to ask that they work with local governments to ensure that homeowners (55+) are made aware of BC's Property Tax Deferment Program and that homeowners who are experiencing financial difficulty be aware of the ability to defer property taxes.

Public Guardian and Trustee of British Columbia – The Office of the Seniors Advocate regularly works with the Public Guardian and Trustee of British Columbia (PGT) on a number of issues related to seniors. The OSA has offered to participate in the PGT's review of the *Adult Guardianship Act* and Part 3 of *Health Care (Consent) and Care Facility (Admission) Act* aimed at addressing service gaps for certain vulnerable adults to offer expertise and insights related to the impacts on seniors in B.C.

5.5.2 EDITORIALS AND COMMENTARY

We need to get rapid tests for COVID out to B.C. seniors (Vancouver Sun, January 2022) – An opinion-editorial from the Seniors Advocate focused on the importance of getting rapid tests into the hands of seniors living in community so they can reduce the risk of getting COVID-19 from those who need to come into their home. This can be achieved by asking pharmacies to dispense testing kits to seniors. The Advocate also emphasized the need all staff and visitors in long-term care to rapid test and be fully vaccinated including a booster.

Every Resident in Long-Term Care is Entitled to a Designated Visitor (Media Statement, January 2022) – A statement from the Seniors Advocate asking the Province to declare that every resident in long-term care be entitled to choose at least one designated visitor. Understanding the visitation limits during COVID-19, the Advocate was concerned that without government mandating essential visitors when restrictions were lifted, many long-term care residents were unable to receive visits from loved ones.



Urging British Columbians to Protect Seniors from New Contagious COVID-19 variant (Media Statement, December 2021) – A statement from the Seniors Advocate asking the public to follow new public health restrictions to limit spread of the Omicron variant and protect vulnerable seniors in B.C. The restrictions were developed to limit the opportunities for transmission and large outbreaks, accelerate the vaccine booster schedule, and expand the provincial testing strategy to include further use of rapid antigen tests to compliment the use of PCR testing. These measures, along with the use of masks and the BC Vaccine Card, are aimed at reducing the severity of the fifth wave.

Seniors Advocate calls on B.C. seniors to get their booster or third dose as soon as they are eligible (News Release, November 2021) – A news release from the Seniors Advocate reminding seniors aged 70 or older of the need for a booster, or third dose, of the COVID-19 vaccine. The Advocate states that seniors and older adults are among the most vulnerable and waning protection of the vaccine is based on age, overall health, and the ability to mount an antibody response. People aged 70 or older in the community and those in long-term care and assisted living area greater risk, therefore the benefit from a booster or third dose will be most significant for those at greatest risk.

5.5.3 OFFICE OF THE SENIORS ADVOCATE UPDATES

The OSA newsletter is a monthly publication that includes information about current events, provincial and national news, recent provincial and federal government announcements and recent research papers related to seniors. These updates are emailed out to our contacts and stakeholders and posted on our website.

The OSA refreshed its website to help seniors and their families more easily access information to help them make informed decisions. New features include an interactive map of all publicly funded long-term care facilities in the province. The map will allow seniors, their families and caregivers and key stakeholders to efficiently access information about all long-term care homes in British Columbia

5.6 ISSUES IDENTIFIED BY THE SENIORS ADVOCATE

The responsibilities of the Seniors Advocate, as defined in the *Seniors Advocate Act*, include analyzing issues she has identified as important to the well-being of seniors and advocating for their interests. There are several areas of concern that the Advocate continues to champion including: increasing direct care hours in long-term care; improving supports for low-income seniors, home and community care, and services for seniors living in rural areas; and recognizing the rights and autonomy of older adults. Improvements were seen in each of these issues this year.

5.6.1 PUBLIC ACCOUNTABILITY IN LONG-TERM CARE

The Office of the Seniors advocate has remained focused on helping to ensure B.C.'s publicly funded long-term care system is providing the care and services necessary so seniors can enjoy a high quality of life. The performance of B.C.'s residential care system was highlighted during the pandemic and amplified further when the OSA undertook detailed reviews examining: COVID-19 outbreaks in facilities throughout the province; the impact of visitor restrictions during the pandemic on seniors' well-being; and government's \$1.4 billion contracted long-term care sector which needs to better monitor care hours, implement tighter financial oversight and increase transparency.



5.6.2 SUPPORT FOR SENIORS WITH LOW INCOMES

The Seniors Advocate continues to hear from older people who are concerned about their income security as they age. Seniors facing affordability challenges do not have the means to pay for the costs associated with aging. Issues include lack of provincial coverage for supplemental health benefits related to dental, hearing and vision care, as well as out of pocket payments for medications and other supports and services. Food security is also a growing concern for seniors with low income due to inflation and increased cost of food in particular.

The BC Seniors Supplement is a monthly payment from the provincial government to seniors with low incomes, aged 65 and older, who need a 'top up' to bring their Old Age Security (OAS) and Guaranteed Income Supplement (GIS) incomes up to a guaranteed minimum income level. In April 2021, the supplement increased for the first time since its introduction in 1987, rising from \$49.30 up to \$99.30 per month for a single senior, and up to \$220.50 for couples. The increase was very welcome news for over 65,000 seniors with low incomes who benefit from the program.



5.6.3 HOUSING

OSA reports, surveys, and stakeholder feedback indicate that housing affordability is a major challenge for seniors who rent. The BC Housing Shelter Aid for Elderly Renters (SAFER) and Seniors Subsidized Housing programs are not keeping pace with inflation and a growing senior's population. In Budget 2022, the B.C. government continued its commitment to creating more affordable housing options including options for seniors as part of the "Homes for BC" 10-year plan launched in 2018. The Seniors Advocate will continue to monitor these investments and the construction of affordable housing for seniors.

5.6.4 IMPROVEMENTS IN HOME AND COMMUNITY CARE

According to results of our surveys and public feedback, there is growing concern about the structure of Home and Community Care and its capacity to adequately meet the needs of the growing number of seniors who wish to age in their own homes. Although both the federal and provincial budgets last year included commitments to home care, challenges remain around staffing and affordable co-pays remain.



5.6.5 NEEDS OF RURAL SENIORS

Based on continued feedback and recent re-engagement with people in rural communities, lack of public transportation options in smaller centers is an issue, as it impacts seniors' access to health care services and other local supports. Available transportation services such as HandyDART and local volunteer organizations offer little flexibility and limited hours of operation which complicate transportation for medical care. Options for rural seniors wanting to remain in their homes but needing help with housekeeping and general repairs are limited. Programs such as Better at Home may not be available in small and rural communities and there are few adult day programs or respite care available.

5.6.6 RIGHTS AND AUTONOMY FOR OLDER ADULTS

The Seniors Advocate is hearing more often from older people about their right to live how they wish. With more seniors living at home until later in life, communities must ensure that services and supports are available so older people can continue to live relatively independently as long as possible. The same principles of personal agency must also be extended to seniors living in residential care who have said they don't have enough control over their activities of daily living such as when and what to eat, when to bathe, who can visit and other tasks that most people take for granted. The Advocate will be working with other to continue the push for a United Nations Declaration on the Rights of the Older Person.

6. Council of Advisors

The Office of the Seniors Advocate has a Council of Advisors (COA) with members that are engaged and connected seniors from across the province with a wide range of educational, professional, and socio-economic backgrounds. Due to the COVID-19 pandemic, the council was not able to meet in person for their semi-annual conferences. Members had the opportunity to update the Seniors Advocate and the council about their communities through virtual meetings. COA members provided valuable input in the early stages of the Income and affordability survey conducted by the OSA.

The COA will meet again in person for the first time in three years in September 2022 and re-engagement and renewal will be at the top of the agenda.

MEMBERS OF THE COUNCIL OF ADVISORS

FRASER REGION	INTERIOR REGION	NORTHERN REGION
Alfred Woo	George Atamanenko	Bernice Magee
Bong-Hwan Kim	Greg Howard	Dawn Hemingway
Gwynne Cafik	Heather McDonald	Margaret Sutton
Jerry Gosling	Leo M. Campeau	
Royce Shook	Linda Martin	
Vincent Kennedy	Sandy Zeznik	
VANCOUVER COASTAL REGION	VANCOUVER ISLAND REGION	
Barb Mikulec	Bill Routley	
Diane Jeffries	Geraldine Hinton	
Marnie Simon	Joseph Forsyth	
Penny Goldsmith	Margaret Monro	
Robie Scholefield	Ursula Banke	
Samuel Gerszonowicz		
Serge Haber		

7. 2021/22 OSA Operating Budget

The OSA budget for 2021/22 was \$2.52 million with total expenditures of \$2.39 million, representing 95% of the total budget. The single largest expenditure was for salaries reflecting the core OSA staff as well as subject matter experts who are temporarily employed directly or through professional services contracts. Expenditures were also focused on monitoring key services to seniors, conducting four province-wide reviews: COVID-19 outbreaks in cares homes, seniors abuse and neglect, home support, and income and affordability. The COVID-19 pandemic and related travel restrictions resulted in minimal expenditures for travel related activities.

In 2022/23, the Seniors Advocate will be conducting its second landmark survey of residents living in long-term care homes which will increase expenditures.

EXPENSE TYPE	2021/22 BUDGET	2021/22 ACTUALS
Salaries	\$1,227,938	\$1,347,830
Employee Benefits	311,896	348,348
Travel	85,000	5,217
Legal Services	45,000	176
Professional Services	324,771	324,771
Information Services	40,000	47,413
Office, Business and Reporting Expenses	481,100	285,212
Advertising & Publications	0	31,963
TOTAL EXPENSES	\$2,515,705	\$2,390,930

TOLL FREE

1-877-952-3181

IN VICTORIA

PH: 250-952-3181

Monday to Friday

8:30am - 4:30pm

*Translation services available
in more than 180 languages.*

BY MAIL

Office of the Seniors Advocate
6th Floor, 1405 Douglas Street
PO Box 9651 STN PROV GOVT
Victoria, BC V8W 9P4

ONLINE

EMAIL: info@seniorsadvocatebc.ca

WEB: seniorsadvocatebc.ca

TWITTER: [@SrsAdvocateBC](https://twitter.com/SrsAdvocateBC)

FACEBOOK: facebook.com/SeniorsAdvocateBC



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

