OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

FROM SHORTFALL TO CRISIS

GROWING DEMAND FOR LONG-TERM CARE BEDS IN B.C.

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Seniors in British Columbia want to age in their own homes and in the communities they have built their lives in. They have developed routines, have their favourite coffee shop, and live close to family and friends. Fortunately, most people can age at home or in a community of their choosing, however, the most frail and vulnerable B.C. seniors will require 24-hour support and services provided in publicly-subsidized licensed and regulated long-term care homes.

Over the past year, I have increasingly heard from seniors and loved ones who cannot access long-term care, and the data validates that more families are waiting longer for a much-needed bed. For these reasons, it is timely to examine the current capacity of B.C.'s long-term care system and assess its capability to meet both current and future demand. The need for long-term care is driven both by increases in the ageing population and the supply of adequate alternatives such as home support, assisted living and respite services including adult day programs. Many seniors and families who cannot access adequate, affordable support services are often forced to enter long-term care prematurely due to a lack of safe, alternative options. In this review, my office examined government and health authority data to better understand the current capacity of B.C.'s long-term care system and the anticipated additional capacity required over the next ten years. We also spoke with people throughout the province trying to navigate the current system to learn about their experiences.

Adult children told us of the incredible stress they are experiencing as they must take on a vital role as a caregiver for an ageing parent – one for which they have no experience, preparation or training – as they also manage employment and responsibilities for their own families. Spouses told us of the difficulty that comes with caring for their partner whose health continues to deteriorate while they themselves are facing challenges that come with ageing. Both adult children and spouses expressed frustration with the lack of publicly-subsidized support services such as home support, assisted living and respite care which often also put a financial burden on their families.

Over the past ten years, the waitlist for long-term care in B.C. has ballooned. The data shows the system has gone from 77 beds per 1,000 people 75+ a decade ago to 58 beds today, and this will drop to 41 beds by 2035 if beds are built and replaced at the current rate. The impact of not increasing the supply of long-term care beds to keep up with population growth over the next 10 years will have a profound impact on emergency rooms, hospitals, family physician offices, seniors and families.

This review uncovers a system that is increasingly unable to meet the current and rising demand for long-term care. The provincial government must plan for more long-term care beds over the next ten years and maximize the potential of both home support and assisted living to bend the demand curve to achieve the balance of options of ageing for older people. Given that the most frail and vulnerable seniors live in long-term care, it is imperative that government ensures there is a place for them to call home when and where they need it. In addition, more must be done to support family caregivers. Consistent, clear and transparent information, along with support to help care for a loved one at home while they wait is desperately needed.

I would like to thank the many people who contributed to this report including staff at the Ministry of Health, the health authorities and my office. I especially want to thank the many hundreds of British Columbians who currently have a loved one waiting for a long-term care bed for sharing their thoughts and experiences.

Sincerely,

Dan Levitt
Seniors Advocate
Province of British Columbia

TERRITORY ACKNOWLEDGMENT

With respect and gratitude, the Office of the Seniors Advocate acknowledges this report was prepared on the territories of the Lək̓ʷəŋən People, the Songhees and Esquimalt Nations, whose deep connections with this land continue to this day. The information provided for this report was contributed from the territories of First Nations throughout B.C.

INTRODUCTION

Overwhelmingly, seniors want to age at home, and in the community of their choice, whether that's where they live currently or in another to be closer to loved ones. Although the provincial and federal governments have invested in more support for seniors in the last five years, a patchwork of programs and services which are fragmented, uncoordinated and inadequate, especially in rural and smaller communities, remains. Seniors, family caregivers, policy makers and academics have long called for systemic, sustained investment and measurable strategies to meet the critical care needs of B.C.'s rapidly growing ageing population.

Over the next 10 years, with longer life expectancy, the growth rate of the seniors' population in British Columbia will continue to outpace that of the general population and rise at a more significant rate than it has in recent years. The number of seniors aged 75 and older is projected to increase by 49% - rising from 517,000 to 772,000 by 2035. Ensuring that adequate supports and services, such as home support and long-term care, are in place to meet this growing demand is crucial because the impact of an ageing population will extend beyond the healthcare system and affect the broader society in our province.

The types and level of support people need as they age varies by individual. While many seniors will live the entirety of their lives at home with little or no formal care, the likelihood of requiring some support increases with age. Currently, about 35,000 seniors age 75 and older require the intensity of care that is provided in a long-term care home, and this number is projected to reach 55,000 in the next decade. Ensuring that a long-term care bed is available when and where needed for the most vulnerable seniors requires careful planning and commitment. Given the anticipated growth in demand, it is timely to re-assess government's current plans and projections to ensure they will meet the future needs of seniors and their families in B.C.

The growing waitlist and longer wait times to access long-term care has placed a significant toll on seniors and family caregivers. Caregiving is demanding and often expensive; care needs are getting more complex as people are living longer and spend more time in advanced age. The increasing unmet demand for home support and community-based services, seniors waiting in hospital for extended periods, and the lack of affordable housing for seniors when they need it is driving the demand in long-term care, and will continue to get worse with the demographic changes.

Adult children and ageing spouses have shared their challenges with providing and managing their family members' care requirements while waiting to access long-term care and balancing their own needs. It is not uncommon for the Office of the Seniors Advocate (OSA) to hear from family caregivers about the lack of transparency about their loved ones' wait time, questions about how seniors are prioritized for a care bed, spouses living apart, the difficulties of visiting due to distance, lack of awareness and costs involved with arranging home support, and adult children living outside the

province learning there are no care beds available in their parent's community. While the government has committed to building more beds in the province, the scale of these construction projects takes at least five years or more to be operational. Until then, seniors and their caregivers who have been waiting for months or years are certain their loved one is unlikely to benefit from those future beds.

This review examines long-term care supply and demand trends in British Columbia over the past ten years and projects the rate at which government is prepared to meet the fast-increasing ageing demographic over the next ten years. The review examined multiple data sources and considers the following areas:

- Population growth trends and demographic projections
- Long-term care waitlist data
- New long-term care beds both publicly-subsidized and private pay
- Alternatives to long-term care including assisted living, home support, adult day programs and respite care
- Health care system indicators such as alternative level of care, emergency room utilization and primary care
- Experiences and impacts on caregivers and family members waiting for long-term care
- Current provincial plans and long-term care capacity projections

The review concludes that significant changes are required to ensure that British Columbia's long-term care system is adequately prepared to meet the demands of an ageing population. There are five recommendations directed to government for priority actions necessary to ensure government is prepared to address the gaps and meet the needs of seniors today and in the years to come.

ABOUT LONG-TERM CARE IN B.C.

Long-term care serves clients with complex care needs who can no longer live safely in their own homes and need 24-hour nursing supervision and care. The majority of community-based long-term care facilities are governed by the Community Care and Assisted Living Act (CCALA), while long-term care provided in hospitals is governed by the Hospital Act.

In B.C., there are a mix of publicly-subsidized and private pay long-term care homes that provide over 33,000 long-term care beds across 407 provincially-regulated facilities.[1] These facilities can be owned and operated by a regional health authority, not-for-profit society or for-profit company. Of the 33,000 long-term beds, 89% are publicly-subsidized and 11% are private pay.

Accessing publicly-subsidized long-term care starts with health authority staff using the RAI[2] home care assessment to determine whether a client is eligible for long-term care and the amount they will be required to pay. The Ministry of Health's guidelines state that to be eligible for long-term care, the client must be assessed as:

- Requiring 24-hour professional nursing supervision and have care needs that cannot be adequately met in their home
- Being at significant risk remaining in their current living environment, and the degree of risk is not manageable using available community resources and services
- Having an urgent need for long-term care services
- Having a caregiver living with unacceptable risk to their well-being, who is no longer able to provide care and support, or do not have a caregiver, and
- Agreeing to pay the assessed rate

Ministry of Health guidelines state that once a client has been assessed eligible for long-term care, they can choose up to three preferred care homes and are assigned a priority and placed on a waiting list.

When a bed becomes available, it is assigned in the following order of priority:

1. Intolerable Risk: Clients living in the community (not currently in hospital) where:
    - a client's caregiver becomes incapacitated and incapable of caring for the client;
    - a client is living under dangerous circumstances that cannot be mitigated; or
    - a client is admitted as an emergency measure under section 59 of the Adult Guardianship Act.
2. A request by a client for spousal reunification.
3. Length of time on the waitlist.

[1] All publicly-subsidized beds in all long-term care facilities licensed under CCALA and Hospital Act, including "specialty" type care facilities such as hospice, end of life, convalescent, acquired brain injury, HIV/AIDS care facilities

[2] Resident Assessment Instrument

There are also some special considerations and extenuating circumstances that would prioritize some clients over others resulting in long-term care placements outside of the waitlist and these include:

- A long-term care client who was temporarily admitted to a care home or hospital outside of their community;
- Temporary pressures in the health authority that require exceptional measures, for example, to comply with emergency measures, such as wildfires or floods;
- To alleviate significant hospital pressures, on a short-term, time-limited basis, for example during influenza season; or
- Unexpected closure of a client's assisted living or long-term care home.

Government policy states that a client can decline to accept the first available bed offered to them if it is not their preferred care home and they will retain their place on the waitlist. The client may also choose to accept a bed in an interim care home and remain on the waitlist for one of their preferred care homes. This policy continues to be challenging for health authorities to manage as it requires balancing a chronological waitlist and government's stated objective to ensure priority placement for people in greatest need.

Once a client is offered accommodation in their preferred care home, they have 48 hours to accept or decline the placement. If they are offered a spot in an interim care home, they have 72 hours to accept the offer. If they decline an offer in an interim care home, they will remain on the waitlist for their preferred care home.

While waiting for placement, seniors may receive support at home, depending on availability and client preference, such as home support, adult day programs and community respite. However, about 60% of clients admitted to long-term care in B.C. did not receive publicly-subsidized home support while they were waiting for their placement.[3]

Seniors can also opt to pay for a private long-term care bed while they wait for their publicly-subsidized accommodation to become available, or they forgo the publicly-subsidized system altogether and opt to cover the full cost of private long-term care.

[3] Newly-admitted clients into long-term care that did not receive publicly-subsidized long-term home support within 90 days prior to admission.

Clients receiving publicly-subsidized long-term care in B.C. pay a monthly rate of up to 80% of their after-tax income, subject to a minimum and maximum monthly rate. For 2025, the minimum monthly rate for publicly-subsidized long-term care is $1,466 and the maximum monthly rate is $4,073. Despite the minimum monthly rate, all residents are guaranteed to be left with at least $325 per month after their fees have been paid. The health authority will adjust fees if paying 80% of their after-tax income leaves the resident with less than $325 per month. In 2024, the average assessed monthly client rate in publicly-subsidized long-term care in B.C. was $2,175, which reflects a senior having an average annual income of about $35,000.

PROFILE OF RESIDENTS IN PUBLICLY-SUBSIDIZED LONG-TERM CARE

The OSA monitors demographic and clinical trends of people living in publicly-subsidized long-term care.[4] These assessments are completed for every resident by trained clinicians and are used to inform resident care, improve quality of care and allocate resources. Assessment data are not available to indicate clinical/functional profile of residents in private pay long-term care, including waitlists and wait times. (See Appendix 1 for definitions of clinical indicators)

Data from these assessments tells us the following about the current residents in publicly-subsidized long-term care in B.C.:

- Average age is 83 (53% are 85 years or older and 5% are younger than 65 years)
- 63% are female
- 26% are married
- Average length of stay is 838 days
- Median length of stay is 494 days
- 32% are dependent in activities of daily living (ADL 5+)
- 62% have dementia (mild to severe)
- 27% have severe cognitive impairment (includes severe dementia, CPS 4+)
- 54% use a wheelchair
- 11% of residents receive physical therapy, 32% receive recreation therapy and 5% receive occupational therapy
- 46% of residents have low social engagement
- 28% of residents are taking antipsychotics without a diagnosis of psychosis
- 22% of residents are diagnosed with depression while 52% of residents are taking antidepressant medication
- 78% of residents are incontinent
- 12% of residents experienced a fall within the last 30 days
- 11% of residents have been admitted to hospital or emergency visit

[4] RAI-MDS 2.0

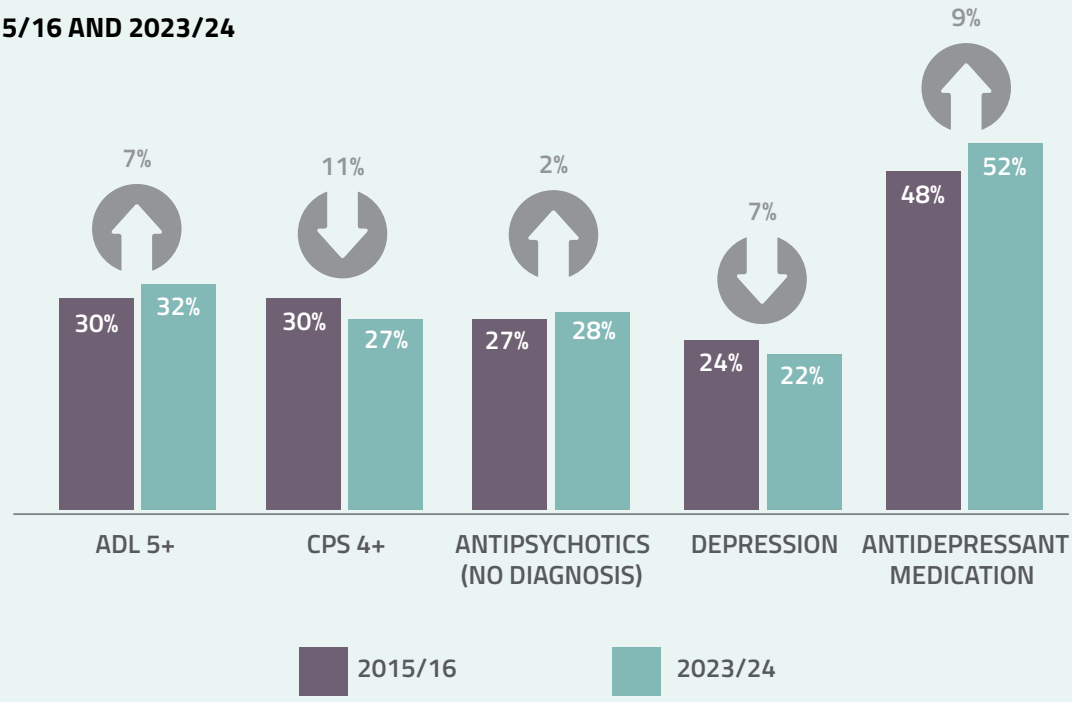
Examining the resident profile over time is helpful to determine if the population in long-term care is changing. There are many clinical and operational reasons to understand what, if any, changes are happening in long-term care resident populations. For example, the length of stay in long-term care is influenced by the residents' clinical and demographic characteristics and this duration affects how often a long-term care bed becomes available.

Over the past nine years, the OSA has found no significant changes in the overall resident population in long-term care as measured by the average case mix index.[5] This indicator measures the clinical complexity of the resident population and informs the level of intensity of resources required to meet their needs. Within this overall context, however, here are areas where the OSA has seen both similar and differing trends, including:

- The proportion of residents aged 85 years or older decreased 7%, while the proportion of residents younger than 65 years remains stable
- The average length of stay (days) has remained relatively unchanged, while the median length of stay (days) increased 4%
- The proportion of residents' dependent in activities of daily living (ADL5+) increased 7%, while the proportion of residents with severe cognitive impairment (CPS4+) decreased 11%
- The proportion of residents with Alzheimer's/dementia decreased by 1%
- The proportion of residents with low social engagement decreased 5%
- The proportion of residents diagnosed with depression decreased 7%, while the proportion of residents taking antidepressant drugs increased 9%
- The proportion of residents taking antipsychotic drugs without diagnosis increased 2%
- The proportion of residents receiving physical and occupational therapy decreased 17% and 35% respectively, while the proportion of residents receiving recreation therapy increased 20%
- The proportion of residents admitted to hospital or visited an emergency room in the last 90 days decreased by 19%
- The proportion of residents with incontinence increased 9%

[5] Office of the Seniors Advocate. Long-Term Care and Assisted Living Directory. [Online]. Long-Term Care and Assisted Living Directory - Seniors Advocate. 2024.

FIGURE 1: SELECT CLINICAL INDICATORS FOR LTC RESIDENTS, 2015/16 AND 2023/24



WAITLISTS AND WAIT TIMES FOR LONG-TERM CARE

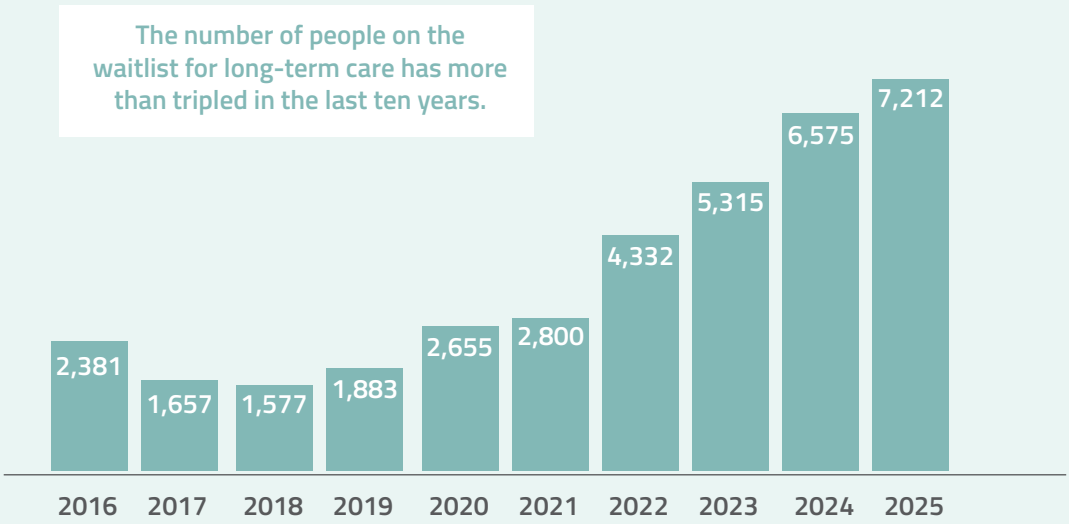
There is no current benchmark for how long a person requiring long-term care should reasonably be expected to wait for placement. Other health services, like surgeries, have stated benchmarks, but so far, no jurisdiction in Canada has set one for long-term care. However, there are data to examine the degree to which the system is keeping up with demand even in the absence of a benchmark to measure against.

There are different ways to measure waitlists for long-term care. The simplest is counting how many people are on the list. While helpful, the size of the list and whether it's getting bigger or smaller doesn't tell the full story. It's more important to know how long people are waiting and how long it takes for them to get into long-term care. Looking at all three, the number of people waiting, how long they wait, and how long it takes to get admitted - gives a clearer picture of how well the system meets demand.

HOW MANY PEOPLE ARE WAITING?

The number of people on the waitlist has grown significantly over the past ten years. Between 2016 and 2025, the number of people waiting to be admitted to long-term care rose from 2,381 to 7,212, an increase of 200%. The graph below shows the growth started to increase most significantly in 2022 which likely reflects both a rise in the ageing population and the buildup of demand during the first full year of the COVID-19 pandemic. During that period, fewer people were assessed or admitted to long-term care, and many families provided care at home as more people worked remotely.

FIGURE 2: NUMBER OF PEOPLE ON WAITLIST FOR PLACEMENT INTO PUBLICLY-SUBSIDIZED LTC, AT MARCH 31



HOW LONG HAVE PEOPLE BEEN WAITING?

Wait times are calculated two ways: the average wait time and the median wait time. The average is found by dividing the total number of days people have waited by the total number of people on the list. However, the average can be skewed if someone has waited much longer or much shorter than most people. The median shows the mid-point where half the people waited less time, and half waited longer. When the median wait time is lower than the average wait time, it indicates that while some people are admitted very quickly, others experience significantly longer waits, which skews the average upward.

Data on the provincial average and median wait times for people on the waitlist is available starting in 2018. The data show people are now waiting much longer – the provincial average wait time has grown by 98%, from 146 days to 290 days in 2024. There is also significant geographic variation in both the average and median wait times as reported by the five regional health authorities as shown in Figures 3 and 4. The median wait times over this same period have more than tripled in Vancouver Coastal (from 66 to 231 days) and Vancouver Island (60 to 230 days). Fraser Health saw the biggest increase in the median wait time but still has one of the shorter median wait times overall.

FIGURE 3: AVERAGE WAIT TIME FOR CLIENTS ON WAITLIST FOR LTC, AS OF MARCH 31

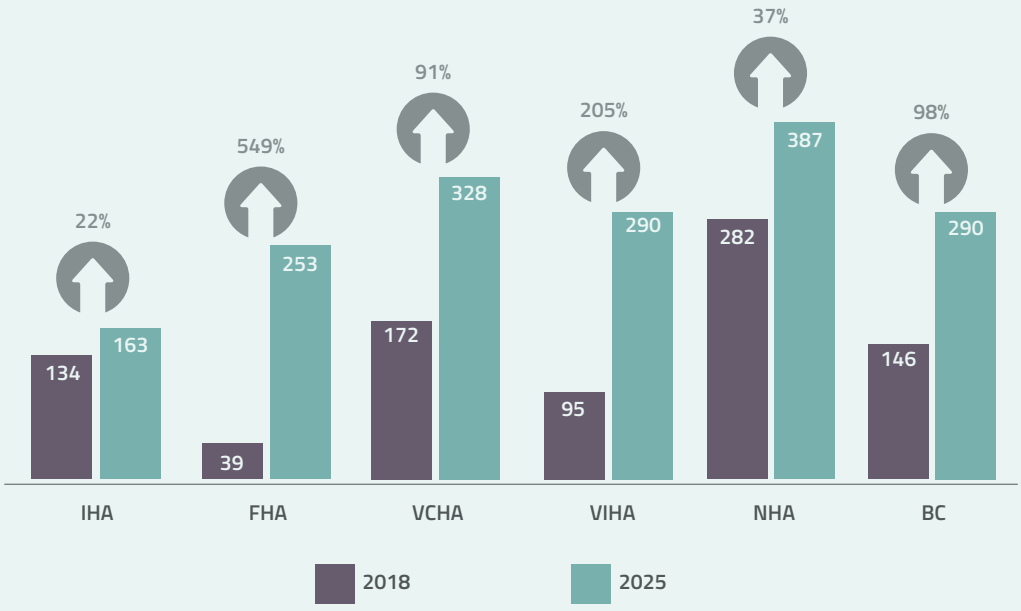
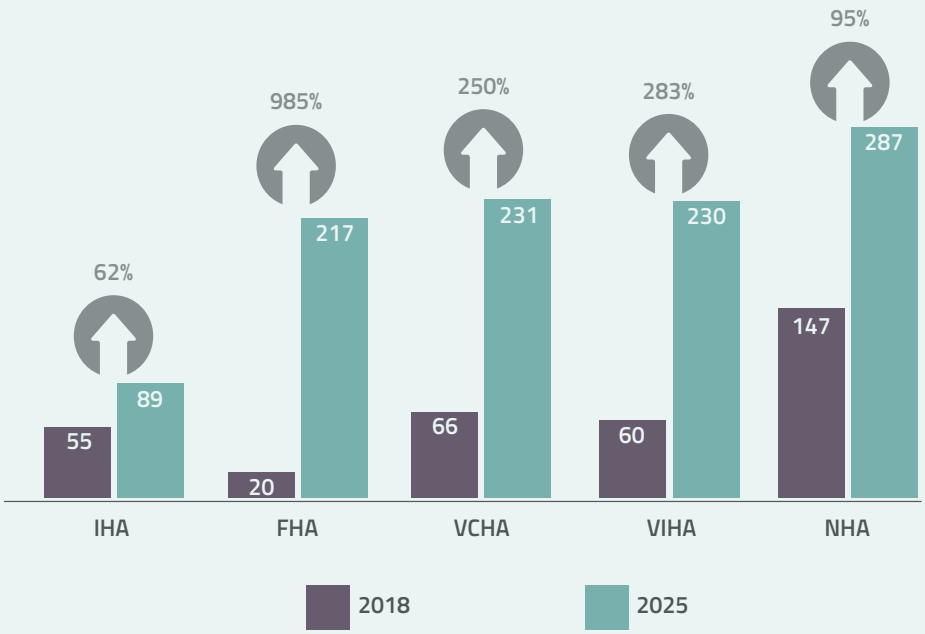


FIGURE 4: MEDIAN WAIT TIME FOR CLIENTS ON WAITLIST FOR LTC, AS OF MARCH 31



HOW LONG DID PEOPLE WAIT BEFORE ADMISSION TO LONG-TERM CARE?

In addition to examining the number of people on the waitlist and how long they have been waiting, we also examined how long people waited from the time they were placed on the waitlist until they were admitted to long-term care. Overall, we again found increases in both the average and median wait times and regional variation. Over the last ten years, the average wait time for people admitted into long-term care has doubled and is now more than four months, with significant variation between people who are waiting in hospital and those who are waiting at home. Data available from 2020/21 shows the average wait time for clients admitted from the community has grown 82% from 101 days to 183 days, while wait time for admissions from hospital has more than doubled, from 34 days to 70 days.

The data show a clear and ongoing trend of worsening access to long-term care over the past 10 years. More people are waiting; they are waiting longer and will wait even longer in the future. Although the size of the problem is different in each region, the same trend of rising demand relative to bed supply is happening across the province.

FIGURE 5: AVERAGE WAIT TIME (DAYS) FOR CLIENTS ADMITTED INTO LTC, 2015/16 AND 2024/25

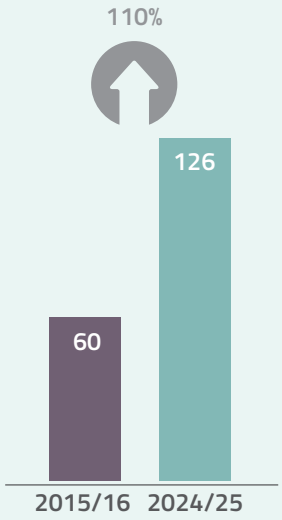
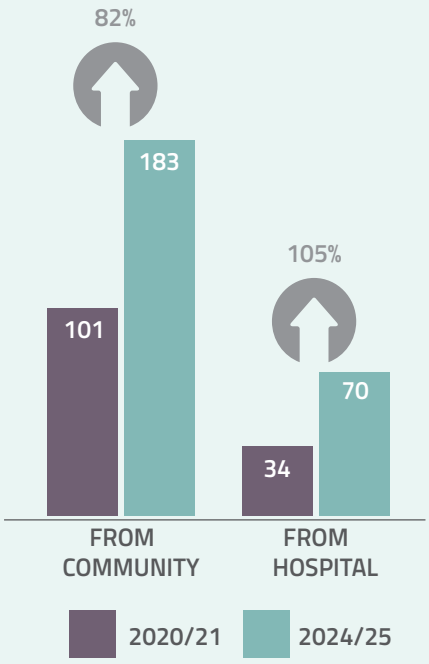


FIGURE 6: AVERAGE WAIT TIME (DAYS) FOR CLIENTS ADMITTED INTO LTC FROM COMMUNITY AND HOSPITAL, 2020/21 AND 2024/25



WHAT IS DRIVING INCREASED WAIT TIMES IN B.C.?

Many factors may contribute to increased wait times for long-term care:

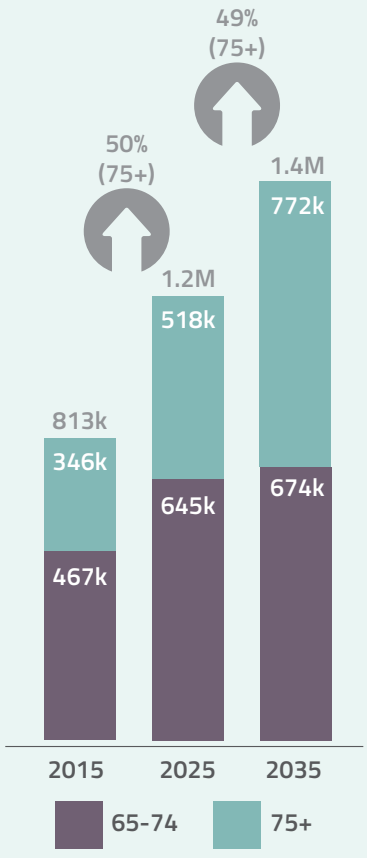
- An ageing population
- A lack of new bed supply to meet the needs of an ageing population
- An increased length of stay which reduces the number of beds that become available each year
- A lack of alternatives to long-term care such as home support, assisted living and respite care
- External, unforeseen events that suddenly close beds or increase demand

AGEING POPULATION

The rapid growth of the seniors' population in B.C. is a major factor impacting the province's long-term care system. The population aged 65 to 74 in 2025 has grown 38% since 2015, while the population 75+ has grown 50%. As more seniors enter the 75+ age cohort, their health care needs become more complex, with a greater number requiring assistance to manage multiple medical conditions. Over the next decade, the 75+ population is projected to increase by 49%, reaching nearly 800,000 by 2035.

FIGURE 7: SENIORS' POPULATION, 2015 TO 2035

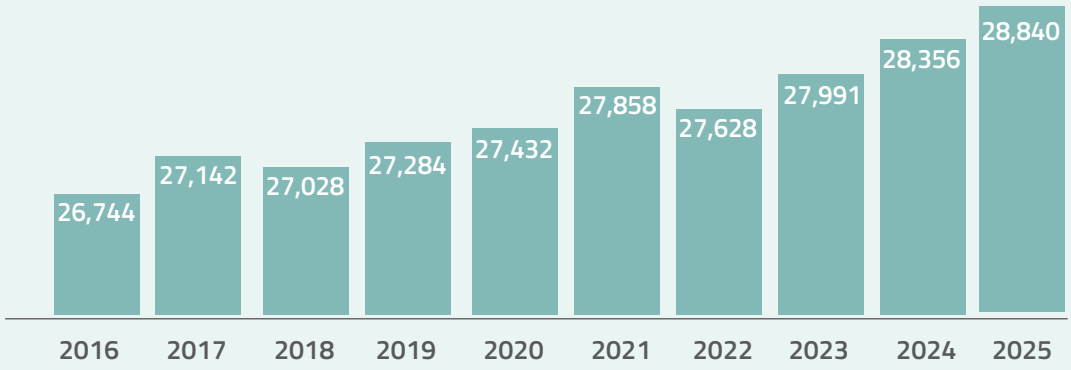
From 2025, the 75+ age group will increase 49% by 2035.



BED SUPPLY

In the last ten years, only a few new long-term care facilities and beds have been added to the overall supply in B.C. Since 2016, the number of publicly-subsidized long-term care homes primarily for seniors has increased by six facilities from 295 care homes to 301 in 2025, while the number of publicly-subsidized beds increased 8%, from 26,744 to 28,840 beds,

FIGURE 8: PUBLICLY-SUBSIDIZED LTC BEDS, AT MARCH 31, 2016-2025

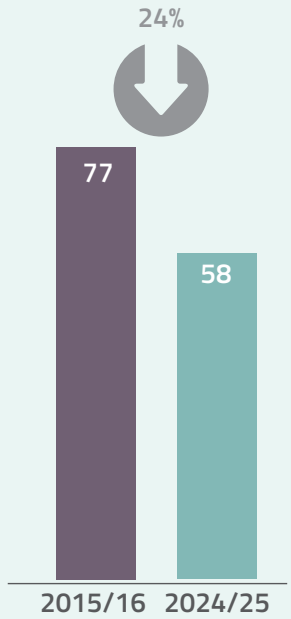


NOTE(S): Beds include all publicly-subsidized beds in publicly-subsidized long-term care facilities licensed under the CCALA and the Hospital Act; figure excludes "specialty" type care facilities such as hospice, end of life, convalescent, acquired brain injury, HIV/AIDS care facilities and family care homes.

LONG-TERM CARE BED ACCESS RATE

The test of whether the number of publicly-subsidized long-term care beds is meeting current and future demand is to look at the trend over time based on population growth. As illustrated in Figure 9, the rate of long-term care beds over the past 10 years has been steadily declining relative to the growing number of seniors in the province. The Ministry of Health and health authorities measure bed access by the rate of beds per 1,000 (75+) population. Currently, there are 58 beds per 1,000 (75+) population compared to 77 beds per 1,000 (75+) population ten years ago.

FIGURE 9: LTC BED RATE PER 1,000 (75+) POPULATION, 2015/16 AND 2024/25



NOTE(S): Beds include all publicly-subsidized beds in publicly-subsidized long-term care facilities licensed under the CCALA and the Hospital Act; figure excludes "specialty" type care facilities such as hospice, end of life, convalescent, acquired brain injury, HIV/AIDS care facilities and family care homes.

EXTERNAL EVENTS

External events can impact long-term care capacity by temporarily or permanently reducing the number of available beds. For example, during the COVID-19 pandemic, some sites stopped admitting new residents during outbreaks which reduced the number of available beds. Natural disasters, like wildfires, can also reduce supply when residents have to be moved from affected sites to available beds in other areas. Sometimes, a care home may close unexpectedly and the residents must be relocated which also reduces available beds.

Overall, B.C. has not experienced a sustained loss of beds due to external events. COVID-19 admission restrictions were mainly an issue during the first year of the pandemic. Natural disaster relocations usually last only a few weeks, don't happen every year, and affect a relatively small number of beds.

AVERAGE LENGTH OF STAY OF RESIDENTS

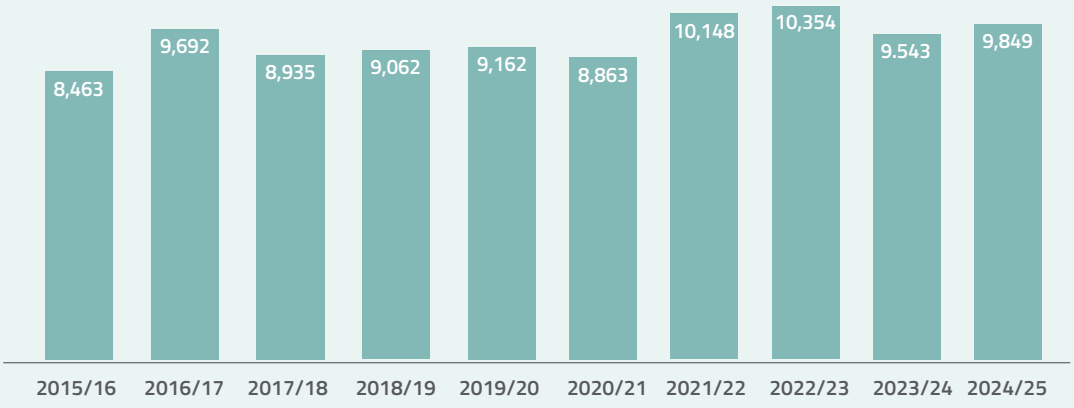
The wait times to access a long-term care home also depend on how long residents live in long-term care (i.e., life expectancy in long-term care). Differences in length of stay in long-term care can vary due to age and the severity of the individuals' underlying health conditions when they are admitted.

The average and median length of stay in long-term care homes in B.C. has remained relatively stable over the past decade, indicating that length of stay is not contributing to longer wait times. Last year, the provincial average length of stay in publicly-subsidized long-term care was 838 days (or 2.3 years) and the median length of stay was 494 days (1.4 years).

CLIENT ADMISSIONS TO LONG-TERM CARE

About 10,000 people are admitted to publicly-subsidized long-term care each year, with nearly half coming from hospitals rather than from home in the community. However, the average length of stay and the number of available beds have stayed about the same, limiting the system's ability to admit more people and shorten wait times.

FIGURE 10: ADMISSIONS INTO PUBLICLY-SUBSIDIZED LTC FACILITIES, FROM 2015/16 TO 2024/25



NOTE(S): Northern Health was excluded because its historical data could not be verified.

ALTERNATIVES TO LONG-TERM CARE

HOME SUPPORT SERVICES

The provincial home support program provides assistance to seniors with activities of daily living (ADLs), such as bathing, dressing, lifts and transfers, toileting and medication management, that are essential for maintaining independence. Data indicate that approximately half of home support clients have functional and cognitive needs comparable to people living in long-term care. This suggests adequate, available and affordable home support services may serve as an effective alternative or delay the needs for long-term care placement and is a more efficient use of public funds.

Data trends show:

- The cost to the health authority of providing one hour of home support every day to a client is approximately $15,000, compared to the cost of having that client in a long-term care bed which is just over $100,000 annually.
- 12.5% of newly admitted long-term care residents could potentially have been cared for at home in B.C., higher than the national level of 9.6%, and significantly higher than in Ontario (5.5%) and Alberta (6.1%), where clients do not pay for publicly-subsidized home support services.
- The client fee is a significant barrier for many B.C. seniors to remain at home. A single senior (75+) with an annual income of approximately $31,000 must pay just over $10,000 for a one-hour daily visit of home support.
- The rate of home support per 1,000 population (75+) has decreased 10% over the past five years.
- Most home support clients do not receive daily service and most receive an hour or less of service on days they do receive it.
- Caregivers provide about five hours of care for every one hour of home support provided by the health authority; this remains unchanged from 2021/22.
- Home support clients in rural areas receive 23% fewer hours compared to clients in urban areas.

The OSA has undertaken two reviews of the provincial home support program and undoubtedly, the unmet demand and cost barriers of home support services is a significant factor in the growing waitlists for long-term care. The cost barriers of home support for low to moderate income seniors has been subject of reports and recommendations to government from the OSA over the past several years. No action has been taken by government.

PUBLICLY-SUBSIDIZED ASSISTED LIVING

Assisted living is a type of housing for seniors and people with disabilities who need a safe environment to live and get help with daily tasks that includes accommodation, hospitality services (i.e., meals, housekeeping) and certain assisted living services, whereas long-term care provides 24-hour professional care in a safe and secure environment.

In 2023, the OSA released a comprehensive review of the province's assisted living service. The report highlighted the growing demand driven by the ageing population; the need to increase the number of publicly-subsidized assisted living residences; and expand the level of services provided to residents due to rising acuity. These factors are placing pressures on the long-term care system. Data trends continue to show an increase in demand for assisted living and a lack of investment to increase access to publicly-subsidized assisted living in the province.

Data trends show:

- In the last ten years, there has been a 2% decrease in the number of publicly-subsidized assisted living units and the rate of assisted living units per 1,000 population (75+) has decreased 30%, from 13 units to 9 units per capita.
- In the last ten years, the waitlist has increased by 30% from 943 people to 1,224 people
- The average wait time to access a publicly-subsidized assisted living residence was 132 days in 2023/24, up from 117 days in 2022/23.
- People waiting for assisted living in Northern Health was 338 days, more than double the provincial average.

There is a pressing need to expand publicly-subsidized assisted living to address both current and future demand. Assisted living is less expensive than long-term care and allows seniors to live more independently. Although seniors pay 70% of their income for a publicly-subsidized assisted living unit, many low and moderate income seniors struggle to afford the extra costs, such as cable and internet, transportation, medications, medical equipment and social activities. To date, the government has not committed to increasing the number of publicly-subsidized assisted living units, despite lengthy waitlists and evidence that some individuals currently residing in long-term care could be appropriately supported in assisted living settings.

CAREGIVER BURDEN

Caregivers play a significant role in helping and providing care for an older adult who lives at home and cannot function independently. Caregiving can be stressful and requires significant time and commitment. Most seniors waiting for long-term care have a caregiver, whether a spouse or adult child, providing some level of care and support, including help with mobility, transferring, dressing, toileting, feeding and other essential tasks.

Over the past six years, caregiver distress in B.C. has not shown improvement and has steadily risen from 34% in 2018/19 to 37% in 2023/24. In B.C., over 95% of people admitted to long-term care had a caregiver, and prior to admission, nearly 60% of these caregivers were distressed; this trend has remained relatively unchanged over the last decade.

Caregivers are unpaid family members, friends, or other support for someone who needs care due to physical, intellectual, or developmental disabilities; medical conditions; mental illness; or needs related to aging.

Source: Canadian Centre for Caregiving Excellence

The impact on family caregivers is described in more detail later in this review, based on a survey of caregivers for people who are currently waiting for or have recently entered long-term care. Caregiver stress also affects workplaces and the economy. Many caregivers need time off to care for ageing parents or recover from the physical and emotional strain of caregiving. This can make it hard to work full time and adds to staffing challenges for employers.

RESPITE SERVICES

Respite services give caregivers a break from their caregiving responsibilities for people requiring long-term care. These services may be delivered in various settings including at home through the home support program, community-based adult day programs (ADPs) or facility-based respite care. ADPs typically offer full-day care, often for multiple days per week. Facility-based respite care provides 24-hour support, generally for periods of one week or longer, as the senior temporarily resides at a long-term care home which gives a family caregiver a break.

The data indicate that respite services are not keeping pace with demand:

- The number of clients accessing ADPs fell 5% from 7,258 in 2019/20 to 6,919 in 2023/24 and has not returned to pre-pandemic levels.
- The average number of days per client in ADPs is now lower than five years ago (40 in 2019/2020 and 37 in 2023/24), providing less respite for the caregiver.
- The number of clients on the ADP waitlist increased by 31% between 2018 and 2024.

IMPACT ON THE HEALTH CARE SYSTEM

The increased wait times for long-term care have a spillover effect on the rest of the health care system. People who need long-term care services but are not receiving them will seek services from emergency rooms, admission to hospital, and primary care (i.e., family physicians or nurse practitioners).

HOSPITAL - ALTERNATE LEVEL OF CARE (ALC)

Alternate level of care (ALC) describes patients in hospital who are ready to be discharged but no suitable care setting is available, including access to the supports needed to return to their own home or transfer to long-term care. Seniors waiting for long-term care are the largest subgroup of the ALC patient population.

Seniors continue to represent over 80% of ALC cases and account for more than 80% of ALC days in acute hospitals in B.C. Over the past ten years, the number of ALC patients (75+) has grown 21% from 12,633 in 2014/15 to 15,262 in 2023/24. The average length of stay in ALC has gone through periods of improvement and setbacks. In 2023/24, the ALC average stay was 22 days, which has been increasing over the past five years and is about same as it was ten years ago.

ALC patients (75+) who were transferred to long-term care have an average length of stay up to three times longer (34 days) in hospital than those who can return home (12 days). There is a clear link between how long someone waits for long-term care and how long they stay in an ALC bed. On Vancouver Island and in the North, patients spend much longer in ALC beds ranging up to five times the provincial average, and these regions also have the longest wait times for long-term care. In addition to the impact on the acute care system, long waits in hospital can have serious effects on seniors, including risk of functional decline (i.e. deconditioning, falls, pressure ulcers), cognitive decline, higher risk of depression and loneliness, and greater chance of infection.

EMERGENCY DEPARTMENTS

Seniors assessed and waiting for long-term care have complex health needs and many will seek medical support in the emergency department while waiting for a bed. Over the past ten years, visits to the emergency department by seniors (75+) has increased by 26%. Current overcrowding in emergency departments and temporary closures may lead to longer wait times, increased risk of complications, and negative health outcomes for both patients and people waiting for long-term care.

PRIMARY CARE

Pressure on the primary care system in B.C., which includes access to family doctors and nurse practitioners, are well known. For seniors waiting for long-term care, this issue is critical, as they typically have multiple chronic conditions requiring frequent monitoring and care management. Long-term care residents benefit from 24-hour nursing care because they can access the care they need. However, for seniors waiting for long-term care at home, they rely heavily on family doctors. With a shortage of family doctors, waitlisted seniors face gaps in care, potentially leading to worsening conditions, falls, caregivers distress and more reliance on emergency services.

GOVERNMENT'S PLANS FOR LONG-TERM CARE

In 2020, the provincial government committed to a 10-year plan to build more publicly-subsidized long-term care homes to meet the growing demand of B.C.'s seniors' population. The goal of the plan is to increase long-term care bed capacity with new and replacement beds and upgrade and redevelop health authority-owned facilities to meet modern design standards, such as eliminating multi-resident rooms.

Since 2020, the provincial government has announced 30 long-term care projects across the province with commitment to replace1,755 beds and build 3,315 new beds totaling 5,070 publicly-subsidized beds.[6] Of the 30 projects, 15 are in health-authority owned and operated sites, eight are at not-for-profit sites, six at for-profit sites and one is still to be determined. These projects typically take about five years to complete.

As of April 2025, progress to date of the 30 projects are as follows:

- Of the 15 projects that are health authority-owned and operated: one is complete, 10 are in design development, three are in pre-procurement and one is in the business planning stage.
- Of the 15 projects that are not-for profit, for profit or health authority leased: five are complete, five are in design development, three are in construction and two are in pre-procurement.

To date, six of 30 projects committed in 2020 have been completed, resulting in the addition of 380 new publicly-subsidized beds with approximately 3,000 new beds remaining to be built by 2031. Table 1 outlines the projected completion dates for these remaining new beds, with most new beds anticipated to be completed by 2028/29. These projections do not account for potential procurement or construction delays, or possible cost escalations.

TABLE 1: STATUS OF BEDS TO BE REPLACED OR BUILT, AS OF APRIL 2025

EXPECTED COMPLETION	REPLACEMENT PUBLIC BEDS	NET NEW PUBLIC BEDS	TOTAL PUBLIC BEDS
2025/26	26	102	128
2026/27	0	435	435
2027/28	201	199	400
2028/29	620	1,345	1,965
2029/30	423	332	755
2030/31	146	522	668
TOTAL	**1,416**	**2,935**	**4,351**

SOURCE(S): Ministry of Infrastructure, LTC Project Tracking – HA and Non-HA Owned, April 17, 2025

[6] Ministry of Infrastructure, Long-Term Care Project Tracking – Health Authority (HA) and non-Health Authority Owned (April 17, 2025). Figures reflect government announcements starting from 2020 to current (one project prior to 2020 with expected completion in fiscal year 2028/29, provincial approved capital projects, pending approved projects and non-HA owned projects through per diems). One project has not been announced but has approved provincial capital and bed count is included.

TABLE 2: SUMMARY OF LONG-TERM CARE FACILITY PROJECTS BY HEALTH AUTHORITY, AS OF APRIL 2025

	REPLACEMENT PUBLIC BEDS	NET NEW PUBLIC BEDS	TOTAL PUBLIC BEDS IN SCOPE OF PROJECT	COMPLETED DATE* / EXPECTED DATE
INTERIOR HEALTH				
VERNON	0	90	90	**FEB 2024**
NELSON**	0	75	75	**SEP 2024**
KELOWNA	100	31	131	**JAN 2025**
KAMLOOPS	0	100	100	**OCT 2024**
KELOWNA	0	110	110	LATE 2026
PENTICTON	0	200	200	2028
CRANBROOK	60	88	148	2029
KELOWNA	141	93	234	2029
SUBTOTAL	**301**	**787**	**1,088**	
FRASER HEALTH				
ALDERGROVE	0	92	92	**SEP 2024**
SURREY	0	125	125	JUL 2026
ABBOTSFORD	109	91	200	JUL 2027
DELTA	92	108	200	OCT 2027
CHILLIWACK	90	110	200	2029
LANGLEY	0	300	300	TBD
SUBTOTAL	**291**	**826**	**1,117**	
VANCOUVER COASTAL HEALTH				
VANCOUVER	83	67	150	**SEP 2023**
VANCOUVER	225	15	240	NOV 2028
RICHMOND	98	60	158	2028
VANCOUVER	132	41	173	2029
WEST VANCOUVER	230	0	230	JAN 2029
SQUAMISH	90	62	152	2030
SUBTOTAL	**858**	**245**	**1,103**	
ISLAND HEALTH				
COMOX	156		156	**JUL 2024**
VICTORIA	26	15	41	EARLY 2026
CAMPBELL RIVER	0	153	153	2028
NANAIMO/LANTZVILLE	0	306	306	2028
COLWOOD	0	306	306	2028
SUBTOTAL	**182**	**780**	**962**	
NORTHERN HEALTH				
KITIMAT	0	12	12	SEP 2025
PRINCE GEORGE	0	200	200	DEC 2026
FORT ST JOHN	0	84	84	2028
QUESNEL	67	221	288	2028
SMITHERS	56	160	216	2030
SUBTOTAL	**123**	**677**	**800**	
TOTAL	1,755	3,315	5,070	BY 2030/31
BEDS COMPLETED	339	380	719	BY 2024/25
BEDS REMAINING TO BE BUILT	1,416	2,935	4,351	BY 2030/31

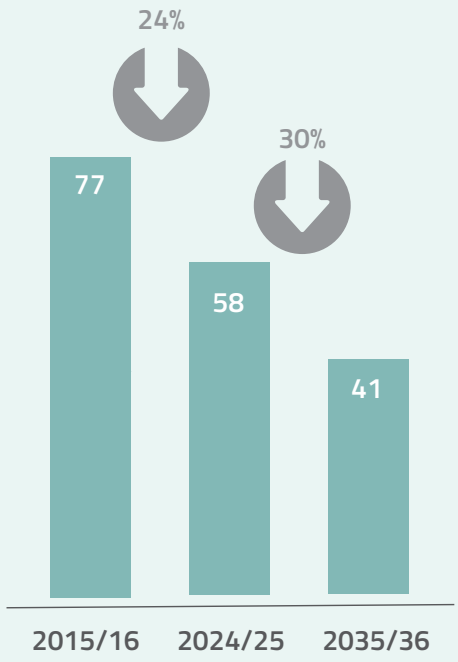
NOTE(S): *Completed dates are in bold font and indicate projects completed by 2024/25. The corresponding beds are included under "Beds Completed." **The Nelson project (IHA) was expected to be completed by September 2024 but remains under construction as of April 17, 2025. Therefore, its beds are included under "Beds Remaining to Be Built

PROJECTED SUPPLY NEEDED TO MEET FUTURE DEMAND

Projecting the demand and supply for long-term care beds is based on several assumptions that influence demand including population growth, the availability of alternatives to long-term care, and the average length of stay. How much of the demand will be met by publicly-subsidized beds requires assumptions about the rate of growth in private pay long-term care. Underpinning all of the assumptions is the benchmark of a publicly-acceptable wait time for admission.

To date, the Ministry of Health's ten-year bed expansion plan has increased the number of publicly-subsidized beds by 6% between 2020 to 2025. The plan aims to increase the number of new beds by another 10% from now to 2030, with no additional beds planned beyond that timeframe. Even with the additional new beds, the provincial bed access rate continues to decline. Compared to ten years ago, bed access decreased 24% from 77 long-term care beds per 1,000 seniors (75+) to 58 beds per capita and is estimated to drop to 41 beds per capita by 2035/36. Clearly, bed supply is not growing at the same pace as the target population. As shown in Figure 11, current efforts are insufficient and fall short of meeting the looming surge in the seniors' population. Over the 20-year period, this represents a decline of nearly 50% in bed access.

FIGURE 11: LTC BED RATE PER 1,000 POPULATION (75+), 2015/16, 2024/25, 2035/36



NOTE(S): Figures include only publicly-subsidized long-term care facilities focusing on seniors. The new beds to be built at Nigel House were excluded, as it is a long-term care facility focused on a younger population (ages 19–55).

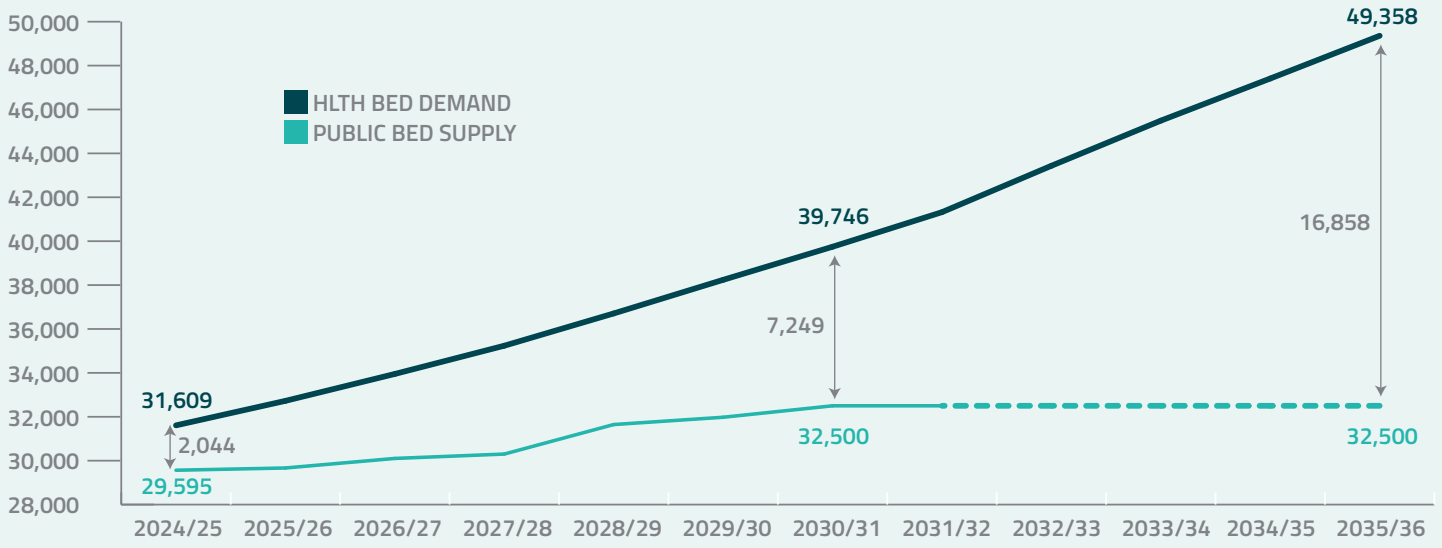
In addition to the bed expansion plan, the Ministry of Health has projected future long-term care demand and estimates a need for nearly 16,000 new beds by 2036. The OSA compared those bed demand projections to provincial public bed supply over that time period defined in the ministry's bed expansion plan. Starting in 2024/25, the provincial bed supply includes the net new beds anticipated each year to 2030, with no additional beds plan beyond that year.

As shown in Figure 12, the gap between the Ministry's bed demand and bed supply will grow exponentially over the next ten years. Today, there is a current shortfall of over 2,000 beds and that gap widens and grows over 700% to 16,000 beds by 2036.

Although this gap is significant, it's important to recognize that some of this gap will be filled by the private pay long-term care sector. Overall, the private pay bed supply has only increased about 2% since 2019/20 compared to 6% growth in publicly-subsidized beds. It's anticipated the private pay sector will increase bed supply by 10% in the next decade assuming their market share grows at the same rate as past years.

Based on the ministry's current bed expansion plan, wait times will grow to untenable levels. If the average length of stay in long-term care is just over two years, how will seniors and family caregivers manage in a system where average wait times exceed the actual time a person lives in long-term care? The burden of care endured by families will reach unprecedented levels. Even with the nearly 3,000 new beds that remain to be built, increasing demand for long-term care beds and a growing waitlist will remain, unless more beds are built or investments are made in alternatives to long-term care.

FIGURE 12: MINISTRY OF HEALTH PROJECTED PUBLICLY-SUBSIDIZED LTC BED DEMAND



NOTE(S): Bed supply includes all publicly-subsidized beds in all long-term care facilities licensed under the CCALA and the Hospital Act. 2. Ministry of Health bed demand forecast is as of March 2025.

COST PRESSURES IN BUILDING BEDS

The development of long-term care homes in B.C. has faced similar cost pressures as other construction projects such as schools, hospitals, etc. over the past five years. Statistics Canada reports that construction costs for institutional buildings increased11% in Vancouver and 14% in Victoria between 2023 and 2025. Construction costs have been impacted by rising labour and material expenses, and a shortage of skilled workers, which can lead to project delays. Construction costs are generally higher in more remote areas due to limited availability of skilled labour and the need to transport materials over greater distances.

The time from project announcement to care home opening can take up to five years or more. Many long-term care projects announced by government within the past year are not expected to begin construction for another two to three years, by which time costs are likely to have increased substantially. The long-term care sector believes the government should have planned capacity expansion over a decade ago.

BUILDING A CONTINUUM OF HOUSING FOR SENIORS

Seniors want to remain in their own homes and communities for as long as possible but may need more housing options and supports to do so. As seniors age and their health and mobility change, they require a different type of housing in their community. However, seniors and community-based service providers have expressed concerns to the Seniors Advocate about the shortage of appropriate housing in communities across the province ranging from affordable housing through to independent and assisted living to long-term care. Seniors fear they may be forced to move into long-term care prematurely because of these gaps or need to move away from their community where there is no support from family and friends.

The pressures on the long-term care system are high, and building more long-term care beds is part of the solution, however, significant planning and partnership between the province and local governments are urgently needed to increase the supply of affordable and appropriate housing for seniors. The continuum of housing available, the design of public spaces, transportation and recreation are all within local government mandates.[7] By 2036, seniors will comprise 25% of B.C.'s population and their housing, care and social needs should be central to public planning processes at all levels of government to ensure they can continue to lead healthy, safe lives in their own communities.

[7] Armstrong, P. et al. The Municipal Role in Long-Term Care. Institute on Municipal Finance & Governance. [Online]. wdwpaper_no7_LTC_nov_30_2023.pdf. 2023.

WHAT WE HEARD FROM FAMILY CAREGIVERS

As part of this review, OSA reached out to family caregivers to hear about their experiences and challenges supporting a family member who is currently waitlisted for a publicly-subsidized long-care bed or was previously waitlisted and admitted to long-term care within the last year. The online survey was open from February 11 to March 18, 2025. The short survey asked questions that covered a range of topics including access to supports while waiting, choosing a care home, caregiver roles and responsibilities, and financial implications. Over 900 people completed the survey.

WHO RESPONDED?

- 52% are adult children and 28% are spouses
- 85% are the primary caregiver for their family member
- 43% are between 45 to 64 years of age, 54% are 65 years and older
- 80% are female
- 87% are living in an urban community
- Over half are retired, nearly 40% remain in the workforce

We also asked caregivers questions about their family member who needs long-term care:

- 55% are 85 years and older
- 43% are male, 54% are female
- 38% reported their family member's personal income is less than $30,000
- 37% reported their family member is still waiting for a long-term care bed

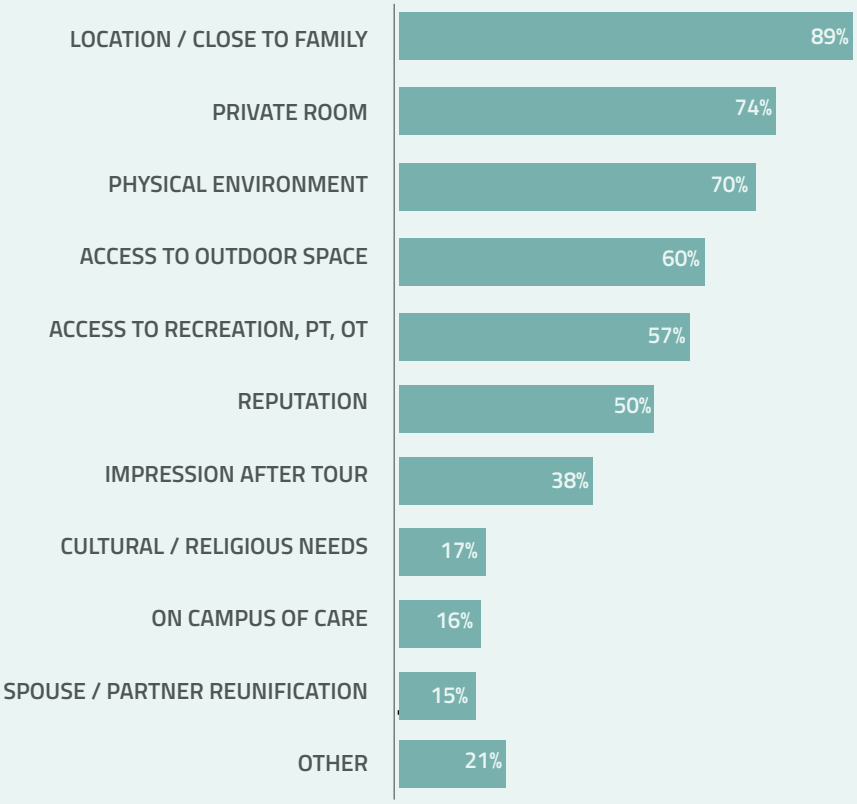
ACCESSIBLE INFORMATION

We asked family caregivers how easy it was to find information about starting the process to access long-term care through the health authority. Less than half of respondents said the information was easy to find, easy to understand, or helpful. Only one-third of respondents agreed the assessment criteria for publicly-subsidized long-term care were clear and easy to understand. About three out of five caregivers said the cost and fees for long-term care were clear.

CHOOSING A CARE HOME

We asked caregivers what factors were important to them and their family member when choosing a long-term care home. Overwhelmingly, the most important factor was the location of the care home being close to the caregiver or other family members (89%), followed by access to a private (single) room with bathroom (74%). Other factors, such as the care home's physical environment (70%), access to outdoor space (60%), and availability of recreational, physical, or occupational therapy (57%) were also cited as important factors. Caregivers who identified as members of visible minority groups placed greater emphasis on cultural and religious needs (45%) compared to 17% of all respondents. Most respondents (80%) said their family members were able to choose a preferred care home within their community.

FIGURE 13



ACCESS TO SUPPORTS WHILE WAITING FOR LONG-TERM CARE

We asked caregivers what kinds of support they or their family member accessed while waiting for long-term care. The top five most common supports were: home support (63%), private supports (38%), adult day program (37%), respite services in a care home (24%) and medication delivery (23%). Access to adult day programs and respites services were similar to what we heard from the OSA Home Support survey in 2022.

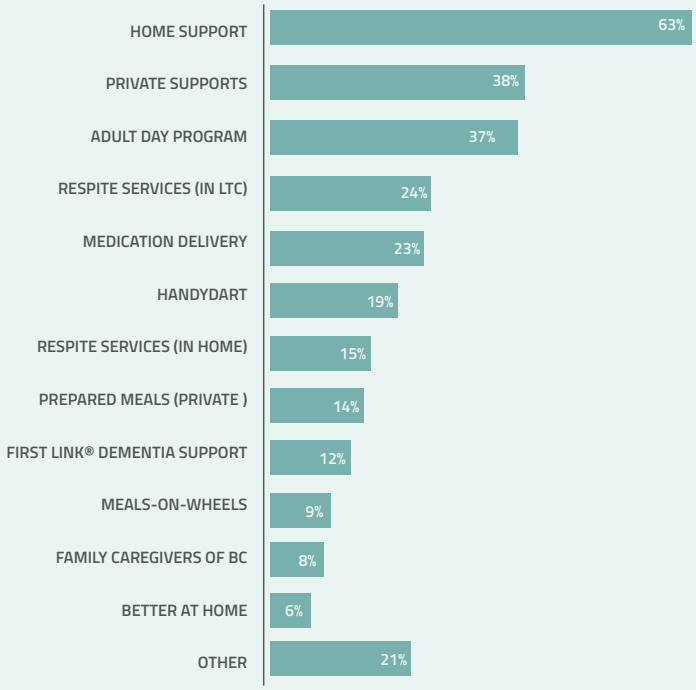
More than half of family caregivers (54%) reported that their family members received publicly-subsidized home support. Among these:

- 36% reported not having to pay for publicly-subsidized home support; however, 25% of those who had the co-pay waived still paid for private home support to address unmet needs.
- 62% reported having to pay for the publicly-subsidized home support.

Among those who had to pay for either publicly-subsidized or private home support, the financial impact was significant:

- 30% had to cut back on other expenses to afford services.
- 17% struggled to afford services.
- 5% could not afford the services at all.

FIGURE 14



FAMILY CAREGIVER WELL-BEING

The demands of caregiving, often provided around the clock, have a profound impact on family caregivers' mental health and overall well-being. For example, of the family caregivers who provided four hours or more of care each day, 91% report they feel tired, compared to 66% who provided up to two hours of care per day. Four in five caregivers, whose family member is or was waiting for a long-term care bed, report experiencing anxiety, exhaustion and feelings of being overwhelmed while performing their caregiving duties.

Many family caregivers shared their experience of burnout and emotional strain while caring for their family member. We asked caregivers what parts of caregiving they found most difficult. The top challenges were:

- coping with their family member's declining health (76%),
- meeting their family member's care needs (71%) and
- navigating the health care system (67%).

FIGURE 15

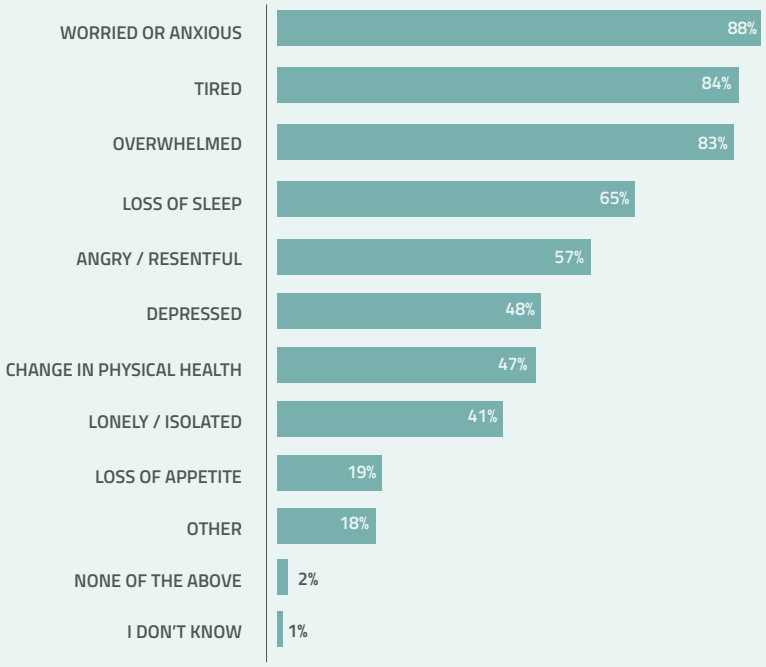
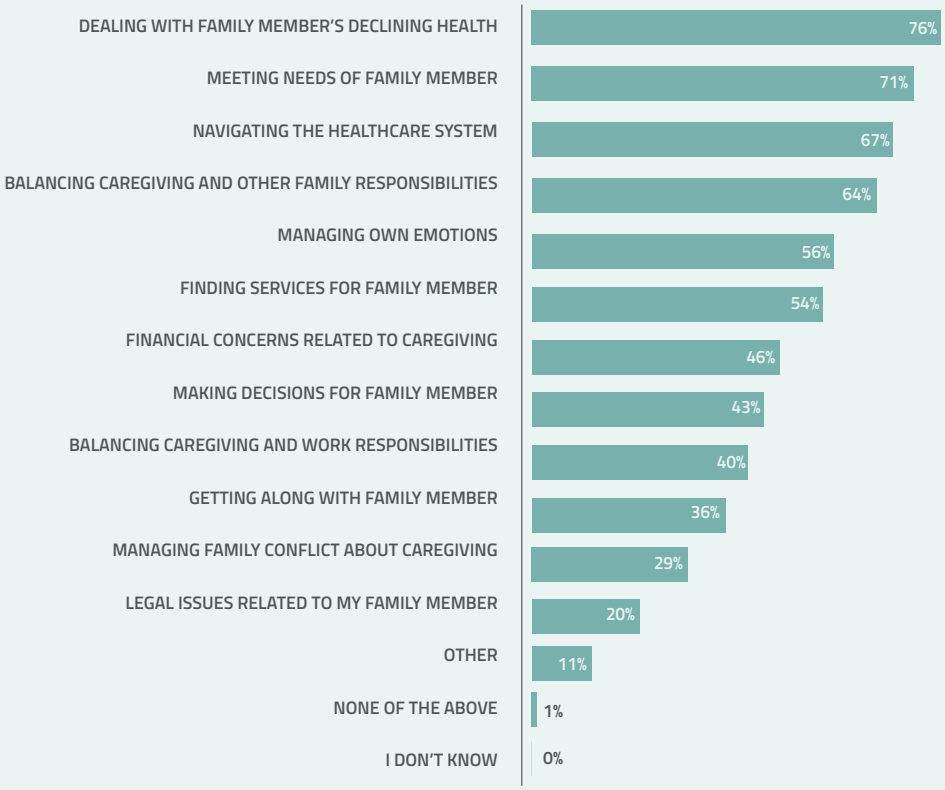


FIGURE 16



CAREGIVING HOURS

Almost 70% of respondents reported they spend over 20 hours each week helping and caring for their family members while waiting for long-term care. Caregivers reported an average of 63 hours per week providing care or approximately nine hours per day. Among family caregivers who work full-time, they reported an average of 29 hours of care per week or 4.2 hours per day, in addition to their full-time job.

BED ACCESS

Although the Ministry of Health's bed access policy states it is intended to be 'client-centred, transparent, consistent and equitable' to ensure that people on the waitlist the longest have the highest priority to be placed in a care home, feedback from caregivers reflected a different experience.

OVERALL FAMILY CAREGIVER FEEDBACK AND EXPERIENCE

We also asked family caregivers if there was anything else they wanted to share. Most told us they are not getting the support they need to care for their family members while waiting for long-term care. Their feedback falls into two main categories: areas they feel are not being addressed for both their loved ones and themselves, and suggestions for needed improvements.

Respondents felt the system is not meeting the needs of seniors, is not providing enough support for caregivers, and does not recognize the financial strain of caring for someone at home. Many criticized home support for offering too few hours, having inconsistent care workers, and not being flexible with scheduling. Other concerns with health authority services included poor communication and frustration with a system that feels overly bureaucratic. Caregivers also said that the emotional and physical toll of longer wait times is not being acknowledged, and they feel unsupported in managing their own health and wellbeing. Finally, many expressed concerns about the financial burden of providing care at home. This includes paying for extra private care to supplement public services, covering the cost of equipment and supplies, and losing income when caregivers have to reduce work hours or leave the paid workforce.

Caregivers were very clear about what needs to change for them to feel supported. Most said they need more practical help, like reliable home support hours, adult day programs and access to overnight respite care. They want services that are consistent, flexible and clear, with good communication from the health authority. Caregivers also want support for their role, including better information and education, as well as help with their own emotional and physical health. For low-income seniors and their caregivers, financial help with the costs of care, equipment and supplies is very important. When seniors stay at home for up to 18 months after being approved for long-term care and need care similar to that provided in a facility, families often face a financial burden they cannot afford.

WHAT WE HEARD FROM CAREGIVERS
IN THEIR OWN WORDS

"A more comprehensive care system that relieves the burden from family. It's an unrealistic expectation that family can manage with ever more complex care needs and longer life spans. Our medical system requires a makeover that doesn't include using the emergency department as a clinic for seniors, especially for common ailments such as pain management and UTI's. It's traumatic for the senior and a burden for the caregiver, especially with the ridiculous wait times. Community based health clinics specifically for seniors that specialize in geriatric health issues would alleviate some of the traffic from ER's, and spare our vulnerable seniors anxiety."

"To better support caregivers at home, there needs to be a fundamental restructuring of how services are organized and delivered."

"Honest, accurate information and advice about LTC access, CSIL, recommended homes, and wait times and how the wait list is actually managed."

"(We need) more respite care so family members don't burn out so quickly. This is the hardest job I've ever had—mentally and physically."

"Free long-term {hospital} bed and other necessary equipment provided while on wait list."

"Better home support, and less rigid regulations about what a home worker is allowed to do. Bringing meals for instance, should also mean spending some time with the patient while they are eating."

"More subsidized long-term care spaces. Wait time here is 2-3 years. This is unacceptable!"

"Updates on wait times, projected placement dates, 'place in line' updates. All could be relayed more efficiently."

"I am organized, but it's difficult to find time to research the information I need when a great deal of my time is consumed by caregiving."

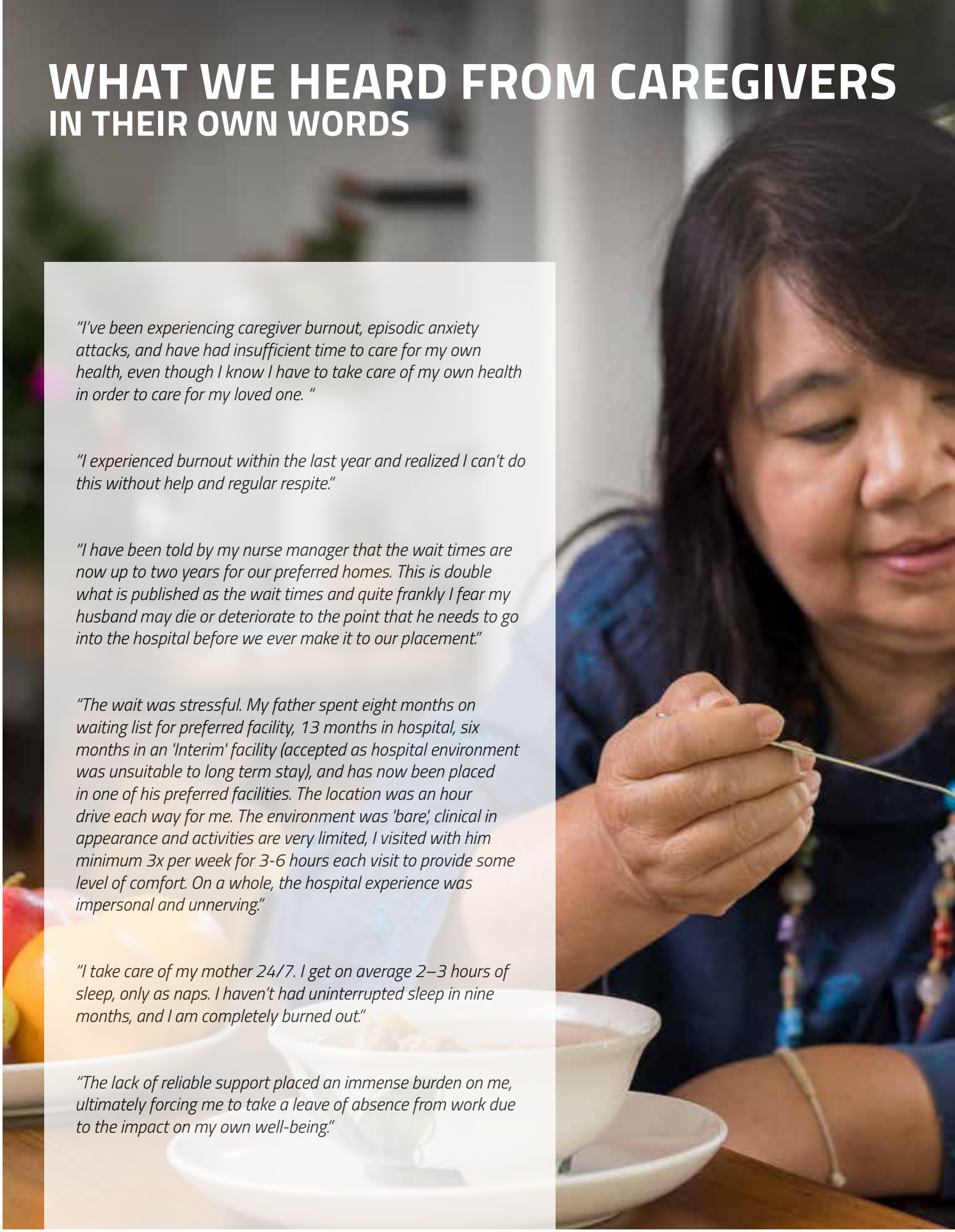
"It was a one and a half year wait. Despite asking, we were never updated on how long it would take."

"I would like to say how helpful the Home Health Nurses out of [city] were. They were a wealth of information and helped us navigate through things we didn't even know we needed do to. They were extremely compassionate and kind when speaking with Mom, and always either answered or called us back to answer our many questions. When we reached the point that Mom was no longer safe at home, they helped us understand what that meant as well. We no longer had a choice where Mom would be placed, that it would be the first available bed in the Interior Health region. That was hard to hear that she may end up in a completely different city, possibly 200 km away. I don't know if there is anything that can be done about that other than more facilities."

"My own mental health has caused me to lose time at work."

"There is a lack of caregiver mental health support. I did not even know about respite until I was already burned out."

WHAT WE HEARD FROM CAREGIVERS
IN THEIR OWN WORDS



"I've been experiencing caregiver burnout, episodic anxiety attacks, and have had insufficient time to care for my own health, even though I know I have to take care of my own health in order to care for my loved one. "

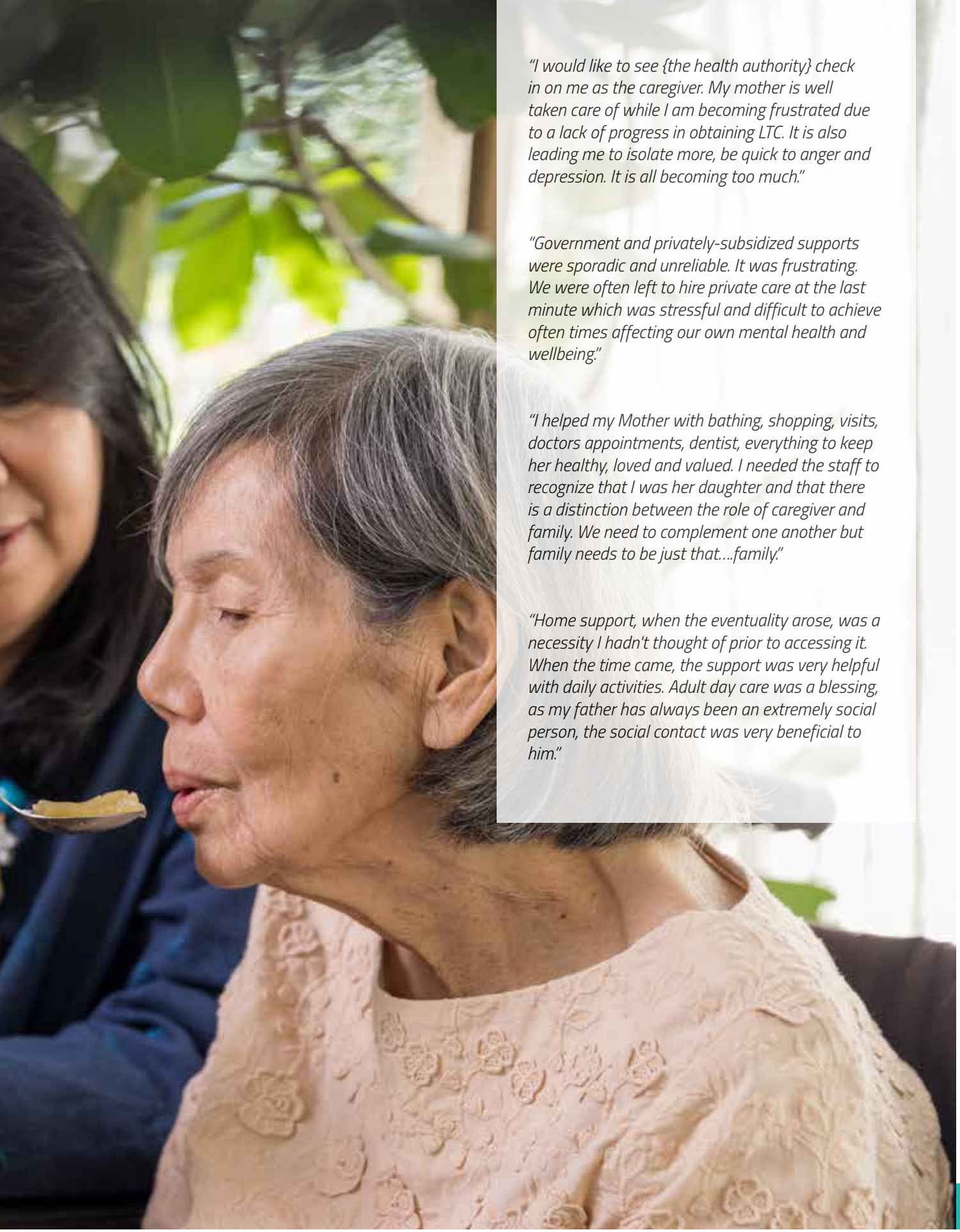
"I experienced burnout within the last year and realized I can't do this without help and regular respite."

"I have been told by my nurse manager that the wait times are now up to two years for our preferred homes. This is double what is published as the wait times and quite frankly I fear my husband may die or deteriorate to the point that he needs to go into the hospital before we ever make it to our placement."

"The wait was stressful. My father spent eight months on waiting list for preferred facility, 13 months in hospital, six months in an 'Interim' facility (accepted as hospital environment was unsuitable to long term stay), and has now been placed in one of his preferred facilities. The location was an hour drive each way for me. The environment was 'bare', clinical in appearance and activities are very limited, I visited with him minimum 3x per week for 3-6 hours each visit to provide some level of comfort. On a whole, the hospital experience was impersonal and unnerving."

"I take care of my mother 24/7. I get on average 2–3 hours of sleep, only as naps. I haven't had uninterrupted sleep in nine months, and I am completely burned out."

"The lack of reliable support placed an immense burden on me, ultimately forcing me to take a leave of absence from work due to the impact on my own well-being."



"I would like to see {the health authority} check in on me as the caregiver. My mother is well taken care of while I am becoming frustrated due to a lack of progress in obtaining LTC. It is also leading me to isolate more, be quick to anger and depression. It is all becoming too much."

"Government and privately-subsidized supports were sporadic and unreliable. It was frustrating. We were often left to hire private care at the last minute which was stressful and difficult to achieve often times affecting our own mental health and wellbeing."

"I helped my Mother with bathing, shopping, visits, doctors appointments, dentist, everything to keep her healthy, loved and valued. I needed the staff to recognize that I was her daughter and that there is a distinction between the role of caregiver and family. We need to complement one another but family needs to be just that....family."

"Home support, when the eventuality arose, was a necessity I hadn't thought of prior to accessing it. When the time came, the support was very helpful with daily activities. Adult day care was a blessing, as my father has always been an extremely social person, the social contact was very beneficial to him."

THE PATH FORWARD

British Columbia needs a comprehensive and sustainable plan for long-term care that adequately meets the needs of the ageing population and their families. The Ministry of Health's current plan is not up to date and does not sufficiently address the significant shortfall in long-term care capacity in the province. To ensure seniors and their families have timely and appropriate access to care, government must develop a robust, forward-looking plan that reflects the forecasted growth in demand over the next decade.

The provincial government must make the necessary investment today to reduce future demand for long-term care by expanding access to affordable alternatives such as adequate and accessible home support, more assisted living, and increase respite care for family caregivers to help address the overwhelming personal costs to care for their loved ones. The current system, which relies heavily on overburdened family caregivers, is not sustainable and requires immediate attention. While the private pay long-term care sector is expected to grow, it will not be enough to meet the growing seniors' population, even when combined with efforts to lower demand.

Similarly, government must critically re-examine design standards in long-term care and consider how they are contributing to the quality of life for residents. People move into long-term care to live – not to be cured of ageing. Institution-like settings are out of step with best practices in long-term care. Long-term care homes are generally 'overbuilt' with an excessive focus on safety at the expense of comfort, resulting in settings that lack the feel of home which most seniors want and deserve.

B.C.'s seniors care system relies heavily on the unpaid contributions of family caregivers. Many caregivers are willing to care for their ageing spouse or parent, however, they often need some modest assistance and access to respite care to support their caregiving role. When these caregivers become overwhelmed and exhausted, the strain shifts to other parts of the health care system, most often acute care in hospitals where too many seniors wait, at great public expense, for placement in a long-term care home.

When families reach the difficult decision to place their loved one in long-term care, they should be met with clear, accurate and accessible information. The current system lacks transparency, leaving many families feeling lost and unsupported. Investing in family caregivers before they reach a breaking point may be the most effective and sustainable strategy to help ease the financial and emotional burden while their family member waits to access long-term care.

The following section outlines specific strategies that with sustained, continued investment and oversight, will ease the demand for long-term care and provide family caregivers with the support needed to ensure they can care for their loved one at home for as long as required. These strategies were identified by family caregivers as necessary to support them in their role and underpinned by government and health authority data as areas that require improvement in order to better support the ageing journey in B.C.

BETTER HELP AT HOME

Government must undertake a complete review of how help at home is provided with a particular focus on the supports needed for people who have been assessed as requiring long-term care and are currently waiting for a bed. Data shows that the current home support program can adequately support a person with high care needs, however, too few people are accessing this service. The lack of uptake is likely related to the high cost and unreliability of the service as both are frequently identified as impediments by clients. Policy makers need to recognize cost barriers as there is evidence to support that large provinces, like Alberta and Ontario, that do not charge for home support report that seniors are able to stay home for longer and delay admission to long-term care.

In addition, other service delivery models should be explored that better meet the needs of seniors at home such as self-directed care or a system that provides both health care and services such as cleaning, cooking and other tasks that people need to age in place. Currently, these supports are provided by multiple agencies. Self-directed care provides seniors and their families more choice, flexibility and control over services to tailor care to meet their needs. In countries that offer different delivery models, including self-directed care, have demonstrated promising results in supporting people with higher care needs to remain at home.

More family caregiver supports should be available during the waiting period similar to the defined suite of services that are offered by the health authority once a person is designated palliative. These could include removing the cost barriers to home support, coverage for certain medications and allow easier access to essential medical equipment. These could help ease the emotional and financial burden placed on caregivers as they wait with their loved ones for long-term care.

It is time to take a broader and more comprehensive approach to helping people with high care needs remain at home. This could involve working more closely with family caregivers, recognizing the important role they have in caring for their loved ones and providing them with the help they need while they wait for long-term care.

SENIORS' HOUSING AT ALL STAGES OF NEED

In B.C., housing options such as seniors' supportive housing, independent living and assisted living offer older people a place to live and enjoy the company of others, access prepared meals and receive housekeeping services. However, the level of personal care support provided can vary significantly across these settings. While some confusion exists about these types of housing options for seniors, the bigger issue is the lack of government subsidy available for other seniors' living other than publicly-subsidized assisted living and long-term care homes.

Long-term care is at the top of the seniors' housing continuum and is the most heavily-subsidized and costly setting. While other forms of seniors' living offer services such as meals, housekeeping and some personal services, they are largely inaccessible to many seniors due to the lack of public funding, especially for low to moderate income seniors. It is time to recognize that creating more publicly-subsidized senior's living options are a practical and cost-effective option to help alleviate some of the demand for long-term care.

Research shows that alternatives to long-term care often offer a better quality of life, especially for seniors with lower care needs who often find long-term care is not a fit for their level of independence. The B.C. data clearly shows that up to 13% of new residents admitted into long-term care could have been cared for in the community through assisted living or home support. The core issue is that government subsidies are predominately available in long-term care. This approach must be re-examined and modernized to reflect the full range of senior's housing at all stages of need.

TIMELY ACCESS TO LONG-TERM CARE

When seniors wait a long time to access long-term care, their health may deteriorate and place additional stress on them and their caregivers. Similarly, seniors waiting in hospital for long-term care puts them at higher risk for infections which impacts their health and quality of life.

Each health authority should be expected to publish information on the number of people on the wait list and how many people were placed in long-term care in the previous month. Vancouver Coastal and Fraser Health need to improve coordination for clients who live in one health authority but prefer placement in the other. An integrated list between the two health authorities could improve the experience of waiting families when navigating regional placements.

While monitoring wait times is helpful, it is only useful to improve the placement system when measured against established benchmark time frames. In Canada and B.C., benchmarks have been set for how long patients should wait for priority procedures such as hip and knee replacements, cancer treatments and eye surgeries. For example, the federal surgical benchmark for hip and knee replacements is 26 weeks. When patients wait longer to access surgeries, it can lead to increased pain or mobility, reduce chances of successful treatment and impact quality of life, particularly for seniors.

Measurable outcomes can be achieved when targets are set and we work towards them. This method has been proven in long-term care for the provincial staffing guidelines of 3.36 direct care hours per resident per day on average. The OSA first identified the shortfall of funded direct care hours in 2015 when 85% of facilities were not meeting the recommended guideline. In 2018, the province responded by investing $250 million over three years to meet that target by 2021; in 2023, the OSA reported for the first time, 100% of publicly-subsidized long-term care homes were funded to deliver the recommended 3.36 hours.

B.C. must establish benchmarks for accessing long-term care, particularly as wait times vary dramatically across the province and have steadily worsened over time. While the Ministry of Health has improved the access policy to allow more choice for seniors and their caregivers when selecting a home, it is equally important they access care in a timely manner.

IMPROVING TRANSPARENCY IN THE LONG-TERM CARE PLACEMENT PROCESS

Caregivers require stronger supports while they wait for their family member to move into long-term care. This begins with a more open, consistent and transparent placement process. Family caregivers should have access to information about how many people are on the waitlist for a specific facility and how many new residents, on average, are admitted annually. Caregivers deserve clarity on whether their family member qualifies for a priority placement and if not, a clear explanation as to why. Improved information helps a caregiver and senior make plans to cover any financial requirements, secure home support services, identify respite opportunities to help ensure all parties are able to live well in this stage of life.

In closing, meeting the growing demand for long-term care requires more than simply building additional beds. It requires strengthening community-based alternatives that delay or prevent the need for long-term care. Overall, the system of accessing long-term care in B.C. must be more transparent for both seniors and families who need to know their position on the waitlist and what a typical wait time may be. Increasing accountability will help seniors and loved ones better plan for the transition into care while waiting at home and help ensure that adequate services can be arranged in the interim period. A better understanding and improved communications related to the placement process will help alleviate stress on the already overburdened family caregivers and better support seniors' ability to age in a manner that is safe, caring and dignified.

RECOMMENDATIONS

The following recommendations outline practical actions to meet current and future demand in long-term care in B.C.:

1. **Ministry of Health, in collaboration with the Ministry of Infrastructure, extend and update the Long-Term Care Bed Expansion Plan to increase the supply of new long-term care beds with funding commitments beyond 2030/31 to increase capacity, meet growing demand and reduce wait times.** The updated plan should address government's current projected bed supply target, reduce wait times and prevent further strain on the long-term care system. Without significant additional investment in building more new long term care beds, waitlists and wait times will continue to rise to unsustainable levels.

2. **The Ministry of Health improve access to community-based supports to help seniors remain at home longer and reduce the demand for long-term care by:**
   a) Eliminating the financial barrier to accessing the provincial home support program;
   b) Increasing the availability of adult day programs; and
   c) Increasing the availability of respite care.

   Community based supports allow seniors to age in place with dignity and are more cost effective for government than providing long term care. However, limited program availability and out-of-pocket costs create barriers for many seniors and their families. By strengthening home support, adult day programs and respite care, the Province can delay or even prevent the need for long-term care, ease waitlists and provide critical relief for family caregivers.

3. **The Ministry of Health strengthen the navigation of the long-term care system by establishing a consistent and transparent process, and expand access to essential supports for seniors and families waiting for publicly-subsidized long-term care.** Improving supports for seniors and their families should include eliminating the home support assessed client contribution cost for people waiting for long-term care. Seniors and family caregivers need access to clear, consistent and transparent information to make informed decisions about long-term care. Investing in caregiver financial and home health care supports during the waiting period would help reduce caregiver strain and improve outcomes for both seniors and their families.

4. **The Ministry of Health, in collaboration with the ministries of Housing and Infrastructure, develop a comprehensive plan to expand access to a broader range of publicly-subsidized seniors' housing options.** This plan should include targeted investments in affordable seniors' housing, supportive housing, assisted living and other innovative models to support ageing in place. The intent is to reduce pressures on the long-term care system by helping seniors live independently for longer and prevent or delay the need for long-term care.

5. **The Ministry of Health must act with urgency to conduct a comprehensive review of health authority waitlist management practices and develop wait time targets.** Similar to existing wait time benchmarks for surgeries (i.e., 26-week targets for hip and knee replacements), developing long-term care wait time targets will help ensure the placement system is more responsive to seniors and families and inform future planning of long-term care bed capacity. To improve transparency and accountability, the ministry must also implement robust, regular public monitoring and reporting of wait times. Clear, timely and ongoing communication with seniors and families about wait times and reasons for delay must also be prioritized.

6. **The Ministry of Health develop a detailed action plan outlining how it will address the findings and recommendations of this report, including clear timelines and deliverables with annual updates. This plan must be submitted to the BC Seniors Advocate by October 1, 2025, the International Day of Older Persons.**The Ministry has identified the number of beds required to meet the demand for long-term care by 2035. It is essential that government develop a fulsome action plan outlining the concrete steps it will take to ensure long-term care beds are built and the additional investments that will be made to help manage the demand in the areas of home support, assisted living, adult day programs and respite care.

APPENDIX 1 - GLOSSARY

ACTIVITIES OF DAILY LIVING SCALE (ADL): The activities of daily living scale rates residents on their ability to perform a number of daily activities without assistance including washing, dressing, using the washroom and bathing. It provides a measure of the client's self-performance status based on items that reflect stages of loss (early, middle and late loss). A six-point scale is used with the higher scores representing a progressively greater loss of ability.

ADULT DAY PROGRAM (ADP): Adult day programs provide respite to caregivers and provide supportive group programs and activities for seniors and persons with disabilities. Clients attend for a full day and receive a variety of personal assistance and health care services and participate in therapeutic social and recreational activities.

ALTERNATE LEVEL OF CARE (ALC): ALC is a designation used when patients occupy a hospital bed after their treatment has ended and they no longer require acute care services. Other non-acute medical conditions can prevent discharge from hospital to home resulting in waiting periods until suitable care services, such as LTC or home care become available or medical conditions change.

ASSISTED LIVING (AL): Assisted Living is a form of housing in which an apartment-like dwelling is combined with hospitality (meals and light housekeeping) and certain assisted living services. It can be seen as providing a middle congregate living option between independent living and long-term care.

CASE MIX INDEX (CMI): CMI is a value calculated by grouping individuals into categories based on similar use of resources. A higher CMI value indicates higher resource needs within the facility.

CLIENT RATE: Ths client rate is a daily or monthly rate charged to a client for home support, assisted living, family care home, long-term care services, including short-stay services, or adult day services.

COGNITIVE PERFORMANCE SCALE (CPS): The cognitive performance scale describes the cognitive status of a resident from a score of 0 indicating cognitive ability being fully intact, to a score of 6 indicating very severe impairment. CPS measures the ability of a person to make their own decisions, manage medications and money, and organize their day.

FRAILTY: Frailty is a state of increased vulnerability and functional impairment caused by cumulative declines across multiple systems.

INDEPENDENT LIVING (IL): Independent living is also referred to as private retirement homes and active living housing complexes. It usually includes some meals and hospitality services and may include some assistance with activities of daily living. IL for seniors is not publicly subsidized in BC.

interRAI REPORTING SYSTEM (IRRS): The IRRS is a standardized reporting system which captures information about a client's functioning, cognition, quality of life, services received and clinical management. interRAI assessments are used throughout Home and Community Care to ensure consistent, point-of-care information about individual clients.

INTOLERABLE RISK: Clients living in community (not currently in hospital) are described as living at intolerable risk when they have a caregiver who becomes incapacitated and incapable of caring for the client; the client is living under dangerous circumstances that cannot be mitigated; or the client is admitted as an emergency measure under section 59 of the Adult Guardianship Act.

LONG-TERM CARE (LTC): Long-term care provides 24-hour professional supervision and care in a safe and secure environment. Residents have been assessed as having complex health needs and are unable to continue living safely in their own home.

METHOD FOR ASSESSING PRIORITY LEVELS (MAPLe): The MAPLe scale is a predictor of admission to long-term care and indicates possible caregiver stress. It differentiates clients into five priority levels, based on a broad range of indicators from the RAI data. A MAPLe score of over 3 is used as a strong indicator of need for long-term care.

RESPITE CARE: Respite care is provided for the client in order to give the caregiver time away from their caregiving duties. It can be provided for a few hours (provided by a home support worker), for one or more days per week (attending an ADP) or overnight (usually provided in a LTC facility).

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FIGURE 12 TECHNICAL NOTES

The Ministry of Health forecasts long-term care bed demand using 2019/20 utilization rates, defined as the number of long-term care days per capita by age group (0–64, 65–74, 75–84, and 85+) for each Local Health Area. These age-specific rates are applied to population projections to estimate future long-term care days. The projected bed demand is then estimated by applying the year-over-year growth rate in total long-term care days to the previous year's bed count. It is important to note this methodology is based solely on historical utilization rates and does not account for individuals on waitlists. As a result, the forecasted bed demand does not reflect a zero-waitlist scenario.

APPENDIX 3 - DATA TABLES

TABLE A1: NUMBER OF LONG-TERM CARE HOMES AND BEDS IN B.C., 2019/20 TO 2024/25

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	% CHANGE IN 6 YEARS
ALL OWNERSHIP							
NUMBER OF FACILITIES	438	399	397	400	403	407	-7%
TOTAL BEDS	31,625	32,162	31,999	32,130	32,623	33,266	5%
TOTAL PUBLICLY-SUBSIDIZED BEDS	28,004	28,497	28,256	28,635	29,017	29,565	6%
TOTAL PRIVATE BEDS	3,621	3,665	3,743	3,495	3,606	3,701	2%
PUBLICLY-SUBSIDIZED							
NUMBER OF FACILITIES	389	350	345	350	349	354	-9%
TOTAL BEDS	29,514	30,039	29,782	30,052	30,357	30,862	5%
TOTAL PUBLICLY-SUBSIDIZED BEDS	28,004	28,497	28,256	28,635	29,017	29,565	6%
TOTAL PRIVATE BEDS	1,510	1,542	1,526	1,417	1,340	1,297	-14%
FULLY PRIVATE							
NUMBER OF FACILITIES	49	49	52	50	54	54	10%
TOTAL BEDS	2,111	2,123	2,217	2,078	2,266	2,404	14%
TOTAL PUBLICLY-SUBSIDIZED BEDS	0	0	0	0	0	0	
TOTAL PRIVATE BEDS	2,111	2,123	2,217	2,078	2,266	2,404	14%

SOURCE(S): Source: Ministry of Health, Home and Community Care Bed Inventory

NOTE(S): All long-term care facilities licensed under CCALA and Hospital Act, including "specialty" type care facilities such as hospice, end of life, convalescent, acquired brain injury, HIV/AIDS care facilities. Mission Creek Landing has been updated to include 31 new beds, which were completed by January 2025 but were not reflected in the March 2025 bed inventory data. Data on private pay facilities is only available since 2019/20.

TABLE A2: PUBLICLY-SUBSIDIZED LONG-TERM CARE FACILITIES AND BEDS BY OWNERSHIP TYPE, 2024/25

	ALL OWNERSHIP	HEALTH AUTHORITY OWNED AND OPERATED	PRIVATE FOR PROFIT	PRIVATE NOT FOR PROFIT
NUMBER OF FACILITIES	301	112	108	81
TOTAL BEDS	30,508	9,382	11,563	9,113
TOTAL PUBLICLY-SUBSIDIZED BEDS	28,840	9,382	10,461	8,997
TOTAL PRIVATE BEDS	1,218	0	1,102	116

SOURCE(S): Office of the Seniors Advocate, Long-Term Care and Assisted Living Directory
Ministry of Health, Home and Community Care Bed Inventory

NOTE(S): 1) Figures as of March, 2025.
2) Facilities included are all long-term care facilities with publicly-subsidized beds licensed under the CCALA and the Hospital Act; excluding "specialty" type care facilities such as hospice, end of life, convalescent, acquired brain injury, HIV/AIDS care facilities and family care homes.

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