

# 2024-2025 **ANNUAL REPORT** of the Office of the Seniors Advocate



OFFICE OF THE  
**SENIORS** ADVOCATE  
BRITISH COLUMBIA





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**SENIORS ADVOCATE**  
BRITISH COLUMBIA

August 2025

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

Dear Minister Osborne,

It is my pleasure to present the 2024-2025 Annual Report of the Office of the Seniors Advocate in accordance with Section 4(4) of the *Seniors Advocate Act*.

This is the eleventh annual report from the Office of the Seniors Advocate and reports on the period of April 1, 2024 to March 31, 2025.

Sincerely,

Dan Levitt  
**Seniors Advocate**  
**Province of British Columbia**

# Message from the BC Seniors Advocate



As I reflect on my first full year as BC Seniors Advocate, I'm proud to share the work and accomplishments of my office in this year's annual report. It has been a year of meaningful progress, with the release of three major reports, two province-wide surveys, widespread public engagement throughout B.C., and a recently completed systemic review.

Throughout the year, I met with thousands of seniors, their loved ones and seniors' service providers across the province to hear firsthand about the challenges facing older adults. These conversations informed my first report, *Ageing Matters: Listening to B.C. Seniors*, which summarizes their experiences and articulates the issues and challenges facing older people in our province.

This fiscal year, my office also tackled issues affecting seniors' rights, including a systemic review on the lack of tenancy protections for seniors in independent living residences. I'm pleased to share that our work led to government confirming that the Residential Tenancy Act applies for people in independent living and they are protected from unlawful rent increases and fee changes.

We also examined how age discrimination affects the daily lives of British Columbians through a province-wide survey on ageism. We found that ageist attitudes exist both in publicly-funded services and in the general public, highlighting the need for more inclusive and respectful policies and practices throughout our society. Our office is taking a closer look at government laws, policies and practices to ensure older people are not being discriminated against and have the same access to services as others. We also asked government to proclaim B.C.'s very first Ageism Awareness Day, an important step toward acknowledging and addressing the negative impacts of age discrimination.

On a positive note, we saw the provincial government make improvements to the Shelter Aid for Elderly Renters Program (SAFER) program which provides a monthly rental subsidy for low-income senior renters. These changes have both expanded eligibility and increased the

subsidy amount. While welcome, more must be done to support vulnerable senior renters as the rising cost of living continues to be a challenge for everyone, and particularly people living on fixed incomes.

A major piece of work was a systemic review on the challenges for people to access a long-term care bed – an increasingly critical issue as the seniors' demographic will continue to rise over the next decade. A province-wide caregiver survey helped us learn more about the needs of family caregivers supporting loved ones waiting for long-term care. My office released this report in July 2025, however, issues with growing wait times, waitlists and lack of caregiver supports remain a pressing concern. We are awaiting a plan from the Province about how it will address the growing shortfall of beds for B.C.'s most vulnerable seniors.

In addition to highlighting issues facing seniors through our systemic reviews, my office also maintained our core work in monitoring and analyzing seniors' services with the release of an updated Long-Term Care and Assisted Living Directory and Monitoring Seniors Services report and responded to thousands of calls and emails to our information and referral line which connects seniors and loved ones to vital support services.

I'm grateful to the expert staff whose support made my first year a success, as well as dedicated council of advisors who assisted with engagement efforts at a local level and provided our office with valuable advice about challenges in communities across the province. Our work could not be done without the contributions of staff from the Ministry of Health and health authorities.

As we look ahead, our focus remains on advocating for seniors to ensure they are valued and supported to live on their own terms with dignity. I look forward to continuing this important work together with seniors, caregivers and service providers across British Columbia.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Levitt".

Dan Levitt  
**Seniors Advocate**  
**Province of British Columbia**

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# Territorial Acknowledgement

The Office of the Seniors Advocate respectfully acknowledges the Ləkʷəŋən (Songhees and Xʷsepsəm/Esquimalt) Peoples in whose territory our office is located. The work of our office extends to all seniors living in the territories of Indigenous Peoples in British Columbia.



# 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 OSA focuses on overall systemic issues while also connecting people to organizations that can help meet their individual needs.

Through the OSA, the BC 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 with seniors and families, stakeholders and government agencies
- information and referral
- annual monitoring on services provided to B.C. seniors
- reviewing and reporting on systemic issues

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

## 2 Outreach and Community Engagement

Every year, the OSA connects with thousands of seniors, their families, stakeholders and service providers through a variety of outreach activities. These engagement opportunities are a vital tool for deepening the office's understanding of systemic issues and challenges facing B.C. seniors and the people who support them.

### CONNECTING WITH SENIORS

In 2024/25, the Seniors Advocate continued to connect directly with seniors through community meetings, site visits and speaking engagements on topics such as seniors' services, long-term care, home and community care, income and affordability, housing and transportation issues.

Public  
Engagements  
**86**

### CONNECTING WITH STAKEHOLDERS

The Seniors Advocate engaged with a wide range of stakeholders to deepen understanding of the issues and challenges faced by seniors and the service providers supporting them in B.C. In 2024/25, the Seniors Advocate joined the United Nations Open-ended Working Group on Ageing, participating in international discussions aimed at strengthening the protection of the human rights of older persons.

Stakeholder  
Meetings  
**205**

### CONNECTING GEOGRAPHICALLY

In 2024/25, the Seniors Advocate visited 46 communities across B.C. in all five health authorities. As the experiences of seniors vary widely depending on where they live, the Seniors Advocate continues to prioritize visiting as many communities as possible.

Communities  
Visited  
**46**

## 3 Information and Referral

The OSA provides thousands of seniors with information regarding the supports and services available to them. We operate a toll-free information and referral phone line and a website providing links to the BC Seniors Guide, our reports, publications and the Long-Term Care and Assisted Living Directory. In addition to providing information, the OSA gathers input from seniors through telephone calls, emails, the website and public engagement. This feedback on the issues that matter most to seniors is essential to guiding the work of the OSA.

### 3.1 METHODS OF CONTACT

The OSA records all contacts with our office by method of communication. We track and monitor information about each contact, the area(s) of concern and our response and follow-up. This information helps identify the systemic issues that are most important to B.C. seniors and highlights possible areas for future research.



**60,000**  
X post views



**123,700**  
Facebook post reach



**16,500**  
Phone calls,  
letters, emails  
& input forms



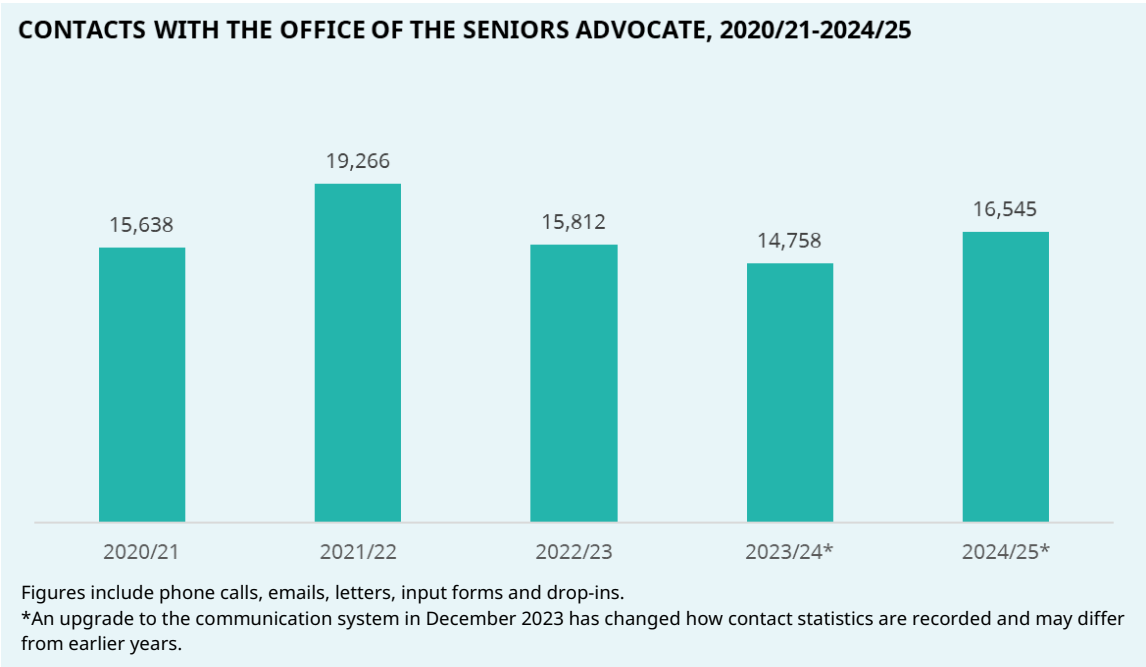
**238,200**  
Website visits

#### 3.1.1 DIRECT CONTACTS WITH THE OFFICE OF THE SENIORS ADVOCATE

Members of the public can reach the OSA directly through multiple channels, including telephone, email, website form and mail. The toll-free information and referral phone line provides access to seniors' support services. The OSA website features an input form that provides a space for the public to inform the OSA of issues impacting many seniors, and to submit ideas, solutions and comments related to these matters.

Staff responding to phone calls and correspondence have a wide range 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.

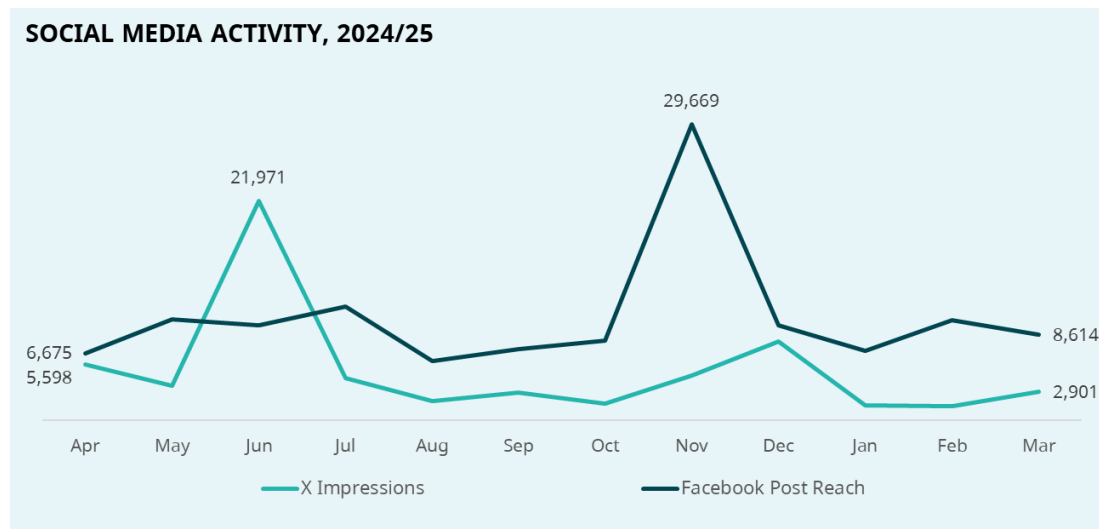


The number of interactions the OSA had with British Columbians contacting our office through phone calls, emails, letters and input forms has remained steady with 16,545 contacts, a 12% increase from the previous year. Inquiries from seniors continue to focus on topics related to home and community care, cost of living, and access to affordable housing.

**3.1.2 SOCIAL MEDIA**

The OSA has actively engaged with the public on current events and key issues throughout the year. Posts on X were viewed 59,924 times, while Facebook content reached 123,702 people. Engagement on X spiked in June 2024 following the release of *Ageing Matters: Listening to B.C. Seniors*. The report is based on the issues raised to new Seniors Advocate Dan Levitt during his ‘listening tour’ in April 2024. In November 2024, the OSA launched a campaign inviting British Columbians of all ages to share their experiences and perceptions of ageism. The campaign received

significant public interest, with Facebook posts garnering widespread views and shares.

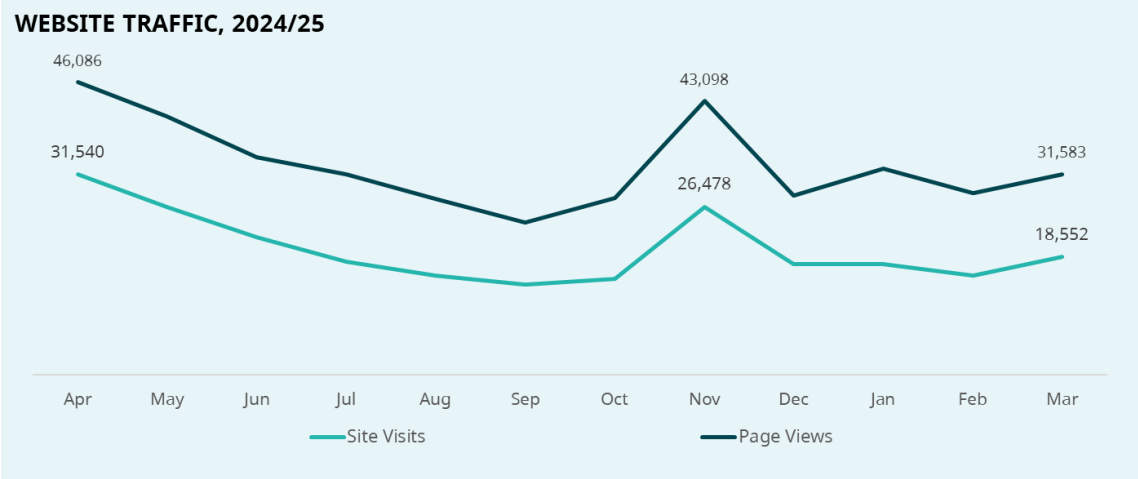


### 3.1.3 WEBSITE

The OSA website traffic remained stable in 2024/25, with a 6% increase in site visits from last year (238,228). Key user activities included 5,100 searches of the Long-Term Care and Assisted Living Directory and over 17,000 file downloads. The most frequently downloaded reports were Long-Term Care and Assisted Living Directory Summary Report, Monitoring Seniors Services Report, and OSA's Annual Report.

In total, the website received 396,402 page views during the fiscal year. The highest traffic was recorded in April 2024 driven by the release and promotion of detailed information on the federal Canadian Dental Care Plan. Another notable spike in web traffic occurred in the fall, aligning with the launch of the Ageism Survey on November 12. These increases reflect strong public interest and engagement with the OSA's initiatives.

The OSA continually improves and updates its website to make it easier for seniors and their family to access information that supports informed decision-making.



**3.1.4 OSA UPDATES**

The OSA Update is a monthly newsletter that includes information about the activities of the office and the Seniors Advocate, current issues and resources, a summary of provincial and national news, government announcements and recent research papers related to seniors. These updates are emailed to contacts and stakeholders and posted on our website.

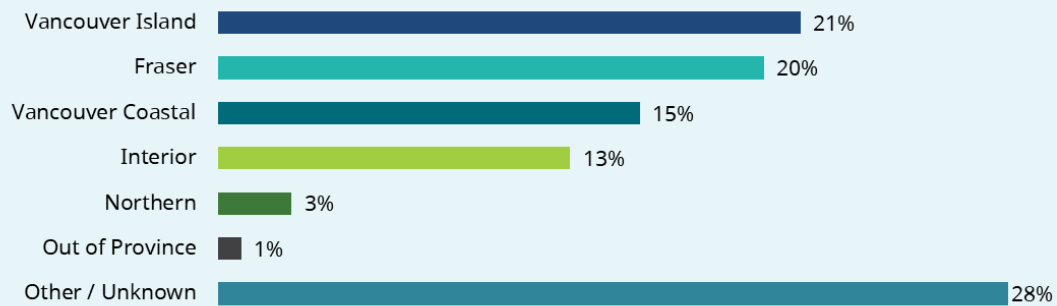




## 3.2 DISTRIBUTION OF CONTACTS

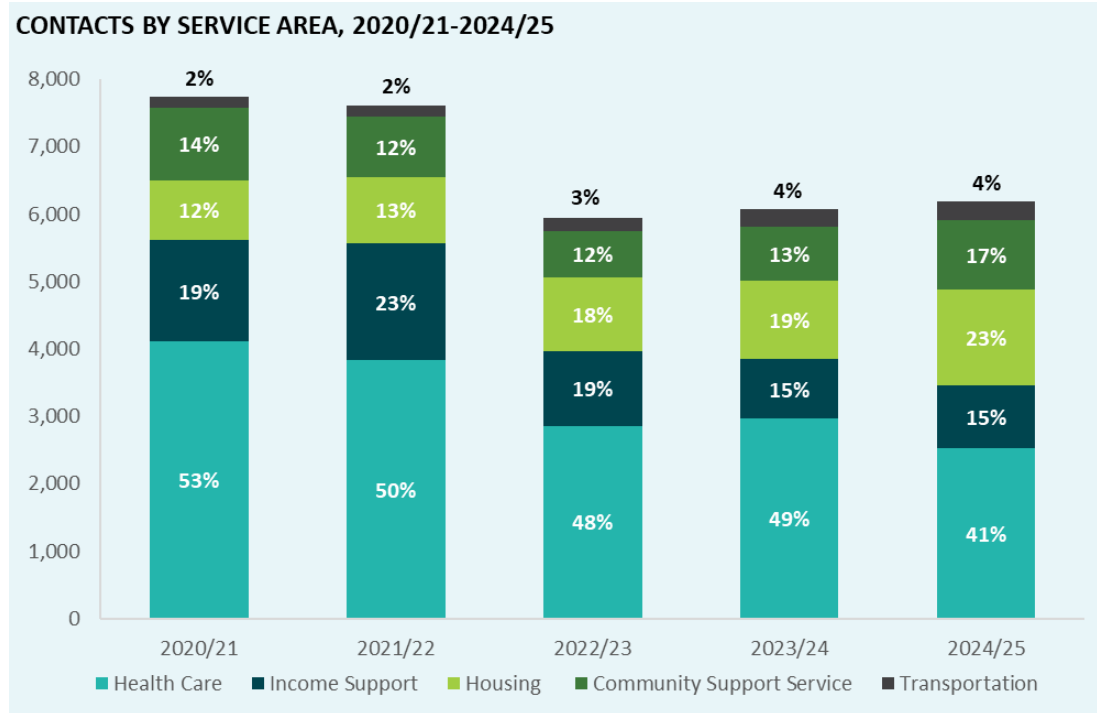
Whenever possible, the OSA records the geographic location and health authority region each person contacting our office. The variation in the distribution of contacts by health authority over the past five years was small, with Vancouver Island and Fraser Health Authority being the primary hubs for people contacting the OSA each year.

**DISTRIBUTION OF CONTACTS BY HEALTH AUTHORITY, 2024/25**



### 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 once again related to health care, followed by housing, community support services, income support programs and transportation.



A summary of issues that were frequently reported in 2024/25 is listed below:

- Assistance navigating community supports and resources
- Housing navigation for seniors experiencing homelessness or at risk of homelessness due to lack of appropriate and affordable housing
- Increasing cost of living for rental housing, groceries and other items
- Access to primary care physicians and nurse practitioners
- Assistance with issues around home support including financial barriers to access and staffing shortages
- Lack of financial support for medical equipment and supplies
- Acute care admissions and concerns about discharge planning
- Access to shingles vaccination



- Cost and necessity of completing Drivers Medical Examination Reports (DMER)
- Long-term care admissions and waitlist processes
- Difficulty accessing handyDART due to increased demand and service delivery issues
- Increased difficulty completing online registrations and supports for seniors who lack access to the technology or digital 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

We continue to receive many requests for the latest edition of the BC Seniors' Guide, which was initially released in 2016. In 2024/25, we distributed a total of 32,863 copies - 73% in English, 10% in Chinese, 4% in Punjabi and 13% other languages.

### 3.4 REFERRALS TO SERVICES

Many people contacting our office, particularly by telephone, were referred to another agency or service that could provide further assistance. The OSA provided 6,803 referrals in 2024/25. Most referrals were directed to Seniors First BC/Seniors Abuse and Information Line (SAIL) (10.3%), local area service providers or organizations (9.2%), health authority Home and Community Care programs (8.0%), and the Patient Care Quality Office (7.9%).

#### TOP 10 REFERRED AGENCIES AND SERVICES - 2024/25

1. Seniors First BC/Seniors Abuse and Information Line (SAIL)
2. Local Area service provider or organization
3. Health Authority/Home and Community Care
4. Patient Care and Quality Office
5. Service Canada
6. Tenant Resource and Advisory Centre (TRAC)
7. Better at Home
8. Seniors Services Society
9. Residential Tenancy Branch
10. Ministry of Social Development and Poverty Reduction

## 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. A summary of frequently reported issues is listed below.

### 3.5.1 HEALTH CARE

- Concerns about admission to long-term care and waitlist processes
- Barriers to home health and home support services including limited hours of care and client rates
- Gaps in dementia care when a person does not qualify for publicly-subsidized Assisted Living or for Long-Term Care
- Decreased access to primary care, family physician or nurse practitioners
- Concerns around acute care admissions, such as over-crowding, and understanding hospital discharge planning
- Increased expectation of individuals to pay for private long-term care while waiting for publicly-subsidized long-term care
- Concerns around eligibility and limitations of the Federal Canadian Dental Care Plan

**Access to long-term care in B.C. continues to be a concern for many families. Seniors may be assessed as needing long-term care but must continue living at home while waiting for placement. Others are hospitalized after suffering an acute episode, occupying beds without receiving appropriate care. Both scenarios place extreme stress on family caregivers, often to the detriment of their own health.**

Mitchekeo contacted us with concerns about how long her mother had been waiting for long-term care. Her mother had been diagnosed with dementia four years prior and was initially able to remain safely at home, but now needed 24/7 care. She and her mother chose three long-term care homes in their community,

## HEALTH CARE (CONTINUED)

but the health authority told her placement could take 18-24 months. Mitcheko was devastated and didn't know how they would cope until then.

Allan's story also highlights challenges in accessing long-term care. His 95-year-old mother was hospitalized with congestive heart failure and her independent living facility refused to take her back due to her increased care needs. After spending three months in the hospital, her cognitive ability declined significantly. Allan believed his mother needed long-term care and was not treated as a priority because she was considered "safe" in the hospital, despite not receiving the appropriate level of care.

We referred both Mitcheko and Allan to the Patient Care Quality Office (PCQO) in their health authority regions and encouraged them to continue to work with their case managers as their parent's health declined.

**Most seniors want to remain living in their own homes for as long as possible. They often require home care and/or medical equipment to keep their homes accessible and safe, however many low-income seniors struggle to afford these necessities.**

Nathan contacted us on behalf of his 87- and 83-year-old parents. His father was bedridden and his mother was his full-time caregiver. They managed to pay for a few hours of private care a week so she could have a short break. Although eligible for publicly-subsidized home support, they were unable to afford the client contribution fee.

The family's immediate concern was access to a hospital bed, lift and wheelchair to help his father remain at home. The equipment was free during the first six months, but now cost \$1,200 per month, which was simply not affordable.

Nathan said his parents wished to remain at home and asked about other options to assist with their medical expenses.

**HEALTH CARE (CONTINUED)**

We referred them to the Canadian Red Cross Long Term Loan Program, explaining they may need a referral from an occupational therapist. We advised them to contact their local home and community care office for an occupational therapist referral and provided contact information for the Ministry of Health's Patient Client Relations program in case they wished to share their concerns.



### 3.5.2 HOUSING

- Risk of homelessness due to evictions, increasing care needs, increased cost of living and scarcity of affordable market rentals and subsidized housing
- Illegal rent increases in independent living retirement homes and lack of tenancy protections for people in assisted living
- Reduction in rent-geared-to-income housing due to expired BC Housing operating agreements
- Tenants in non-profit housing whose issues were not being addressed or resolved by their housing provider
- Insufficient income to meet increased rent, home repairs and utility costs
- Legal issues that arise within housing models that are not regulated under the Residential Tenancy Act, such as co-operative, strata and long-term leasehold housing

**In 2024, OSA released *Forgotten Rights: Seniors Not Afforded Equal Rent Protection*, a systemic review on tenancy protections for residents of independent living retirement homes. We continue to hear from seniors experiencing rent increases outside the limits set by the Residential Tenancy Act and from seniors who have successfully disputed them.**

Joanne phoned us when she read the report and realized this issue applied to her parents, who had been living in an independent living residence for the last two years. While they were happy with the residence, they were concerned they would no longer be able to afford to live there due to large increases in their monthly fees - 8.7% in 2023 and 7.5% in 2024. Both fee increases were well above the 2% (2023) and 3.5% (2024) allowed by the Residential Tenancy Act.

When Joanne spoke with us, we referred her to the Residential Tenancy Branch (RTB) and the Tenancy Resource and Advisory Centre (TRAC). Joanne followed up with the RTB and filed a formal complaint against the building operator. The operator agreed that all future fee increases

## HOUSING (CONTINUED)

would comply with the law and retroactively adjusted their rent for the previous two years. She was able to withdraw her complaint.

While Joanne and her parents achieved a positive outcome, the agreement only applied to their unit. Although the result had been a formal RTB decision, it did not extend to other units in the same building. Joanne's story illustrates the perseverance that is needed to dispute illegal rent increases. Many seniors lack the support or the capacity to follow through.

**More seniors are experiencing homelessness due to low income, loss of housing, or health challenges. The lack of affordable housing is particularly difficult for low-income seniors on the verge of homelessness. Many homeless seniors use overnight shelters, but most of these are not suitable for older adults due to accessibility and safety concerns.**

When 75-year-old Veronica called our office, she was desperate to find safe housing. After leaving an abusive situation, she had moved to a low-cost hotel in a small town, but soon learned it was being torn down and she had two weeks to leave.

Veronica had never used community services before and didn't know where to start asking for assistance. Her government pension was her only source of income and it was not enough to cover market rent. To stretch her budget, Veronica often skipped meals and the stress had affected her health. She was terrified of having to live in a tent and didn't know what to do.

Our office referred Veronica to several services in her area including Seniors Entitlement Services, a program which helps seniors navigate government programs and other housing services, Seniors Housing Information and Navigation Ease (SHINE BC), which helps seniors find appropriate housing and supports, and the BC Rent Bank program if needed. Despite services to assist seniors with housing concerns, high rents and lack of affordable seniors' housing mean seniors like Veronica have no place to call home.

### 3.5.3 TRANSPORTATION

- Difficulty accessing reliable and cost-effective public transportation in rural areas and smaller communities
- Cost of public transportation for low-income seniors who do not meet eligibility requirements for the BC Bus Pass Program
- handyDART services including access, cost, and impacts of regional job action
- Cost and necessity of completing Drivers Medical Examination Reports
- Lack of financial support for moving transportation services
- High costs and/or low availability of non-emergency medical transportation

**Access to safe and appropriate transportation can make the difference between a senior living independently at home or needing to move into congregate care. While some essentials like groceries and medications can be delivered, the inability to get out in the community for daily errands or social activities can significantly impact a senior's physical and mental well-being.**

When Alena, 83, who is legally blind and recently lost her husband, phoned our office she was feeling isolated and uncertain about how to move forward. Her late husband was the primary driver, and without him, Alena was having difficulty motivating herself to get out of the house regularly. There was no public transportation in their small community and although she had used a taxi a few times to visit the nearest larger town, the \$85 fare each way was unaffordable on her limited income.

Fortunately, we were able to find a community care society in her neighbourhood that offers the Better at Home program, which includes volunteer drivers for medical appointments and other essential trips. We also encouraged her to contact the Community Connector, who could help her find other transportation options and recreational activities to help her stay connected in her community.



**TRANSPORTATION (CONTINUED)**

**When British Columbians turn 80, they are required to have a Drivers Medical Examination Report (DMER) completed by their physician or nurse practitioner. If necessary, they may also be required to undergo a driving exam, which can cost up to \$250 or more. This expense is not covered by the provincial Medical Services Plan or ICBC. If the senior has a pre-existing medical condition, the physician or nurse practitioner can bill the government for \$75 and the senior is responsible for paying the remaining balance.**

We hear from many senior drivers who find the DMER process cost prohibitive. When Akaram phoned us, he had just received notice for his first DMER and was concerned about the expense, particularly for seniors on a fixed income. He explained that he and his wife live on a small farm with no access to handyDART or any other form of public transportation.

Akaram echoed what we have heard from many seniors over the years. While they do not object to completing the DMER, they feel strongly that the cost should be covered, especially for seniors with low incomes. As Akaram put it, if we want to support seniors to continue to live in their own homes, especially in rural areas, some financial assistance for the DMER would be helpful.





### 3.5.4 INCOME SUPPORTS

- Inadequacy of the Shelter Aid for Elderly Renters (SAFER) benefit
- Concern that federal and provincial income benefits are not keeping up with cost of living
- Cost of shingles vaccine
- Wait times for access to adult guardianship services for low-income seniors
- Challenges transitioning from provincial disability and income supports to federal benefits and pensions including delay in payments

**Financial abuse is the most common form of abuse experienced by older adults in Canada. Seniors who are socially isolated and experiencing a decline in their health are at higher risk of financial abuse. This kind of abuse can involve strangers trying to lure seniors into scams, or by trusted family members or friends.**

Marilyn called us about her 86-year-old mother who had been diagnosed with a neuro-cognitive disorder the year before. Several years ago, her mother made both Marilyn and her brother Enduring Powers of Attorney (EPOAs), allowing them to make financial and legal decisions on her behalf once she was no longer able to.

Marilyn had two concerns. She strongly suspected her brother was using his EPOA to take financial advantage of their mother. She also felt that someone who had recently become very friendly with her mother was trying to take over her home. As Marilyn did not live in the same town, she was unsure of how to address the situation.

We referred Marilyn to the Public Guardian and Trustee, the appropriate designated agency and Seniors First BC for questions about suspected financial abuse and advice about the situation with her mother's friend. We also suggested speaking with Family Caregivers of BC for support and resources for long-distance family caregivers.

### 3.5.5 COMMUNITY CARE

- Caregiver burnout due to limited access to supports such as respite and adult day programs
- Fragmentation of community supports available in rural and urban areas
- Volunteer shortages in non-profit organizations
- Uncertainty regarding continuity of service from non-profit organizations
- Technology and navigation barriers faced when attempting to access community resources

**Family caregivers, such as adult children or relatives of a senior, often contact us for information and assistance on supporting their loved one to remain living at home. People who are new to caregiving often feel overwhelmed by their lack of knowledge about seniors' services.**

Eric called us because he was feeling overwhelmed by caring for his 83-year-old mother who had recently been diagnosed with dementia. As an only child, he relied on a cousin to help prepare and deliver meals to his mother, but they were not able to check on her every day and had noticed her health was declining.

Eric realized he needed support when his mother's doctor informed him she was not taking her medication regularly and he found unopened blister packs. We encouraged Eric to connect with the local Home and Community Care office and Better at Home program. We also informed him about friendly visiting services and referred him to his community's Neighbourhood House.

**COMMUNITY CARE (CONTINUED)**

**We are always glad to hear back from seniors we have previously supported with information and referrals. Often seniors do not need any assistance until a health-related incident occurs. They may not know where to seek assistance or what services are available in their community.**

When we first spoke to Natasha, she had just experienced a serious fall and needed assistance. She had fainted outside her apartment building, was badly injured and was no longer able to care for herself safely. We referred her to Better at Home and although she was on their waitlist for some time, she now receives house cleaning services every two weeks and her groceries are delivered. She is also in contact with a senior peer counsellor with her local Family Life Association.

Although she suffered from a stroke a few months after her initial fall, Natasha was able to rally with the help of an occupational therapist who provided her with medical equipment and referred her to the Intensive Brain Rehabilitation program. She was also connected with a physiotherapist and speech language pathologist.

Natasha's story highlights how important it is for seniors to receive timely information and referrals to community programs and services. Her resilience and access to the right supports at the right time has allowed her to continue living safely in her own home without being hospitalized or needing long-term care.

### 3.5.6 REFERRALS IN ACTION

The OSA Information and Referral team hears back from seniors sharing how our assistance made a difference in their lives. Their experiences offer insight into the impact of our services and the importance of seniors' access to timely information and assistance with service navigation. Below are a few examples.

***“Thank you very much for your help. I contacted the department you sent me and got help to complete the empty home audit. I am so glad that the seniors advocate gave me direction where to get help.” – Margaret***

At 77-years-old, Margaret found herself in the role of full-time caregiver for her younger sister Helen, 74, who had recently survived a stroke. Margaret reached out to our office when she received a notification from the City of Vancouver concerning a Homes Tax Audit. The audit required her to submit electronic documentation proving residency which she found very stressful given her limited computer skills, and the threat of fines added to her anxiety.

Our staff contacted the City of Vancouver to share Margaret's concerns about the technological barriers seniors face and asked how she and her sister could be better supported. The City of Vancouver staff advised that one of their team members would be able to assist the sisters in-person or over the phone. Thanks to this guidance, Margaret was able to contact the Vacancy Tax Department and successfully complete the audit.



***“Based on the public stance Mr. Levitt made this past year, I filed for arbitration for overcharges related to increases for mandatory hospitality services. I have been awarded over \$6,000 in past overcharges, and a reduction of almost \$600 a month. Compounding this over several years amounts to a very significant amount of money indeed. It is a huge difference to seniors like us, and I thank you most sincerely for making this possible.” - David***

David, an 82-year-old resident of a private independent living home, was concerned the increase in the monthly fees he paid exceeded the annual rent increase allowed by the Residential Tenancy Branch (RTB). David’s inquiry coincided with a major systemic review conducted by our office, which revealed widespread confusion about tenancy protections in independent living settings. The resulting report, *Forgotten Rights: Seniors Not Afforded Equal Rent Protection*, helped clarify that seniors in independent living units are protected under the Residential Tenancy Act (RTA), including limits on rent and mandatory service fees.

As a result of this report, David filed for arbitration through the Residential Tenancy Branch. David’s persistence not only led to personal relief but also helped to set a precedent to protect seniors’ tenancy rights for other British Columbians.

## 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 seniors' 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 tenth edition of the report was released in December 2024 for the 2023/24 fiscal year. Monitoring Seniors Services 2024 reports on a wide range of services and supports for seniors. Some key findings include:

- Over the past five years, the percentage of the population 85+ increased 10%, and 65+ rose 15%.
- The number of applications for seniors subsidized housing increased 59%, reaching almost 14,000.
- In 2023/24, 6,500 people were waiting for a publicly-subsidized long-term care bed, a 150% increase from five years ago (2,600).

#### HEALTH CARE

- Over the last five years, the numbers of the top five surgeries completed for seniors increased. However, the number of seniors waiting for surgeries also increased, except for cataract surgery.
- There were 6,464 clients waiting for a publicly subsidized long-term care bed, a 25% increase from last year and 2.5 times the number waiting five years ago (2,595). The average wait time for people on the waitlist was 242 days.
- Over the last five years, the rate of home support clients per 1,000 seniors (75+) has decreased 7% and the average hours per client has decreased 2%.
- Adult Day Programs have not fully rebounded from COVID-19 pandemic closures. The number of clients and program days fell 5% and 11% respectively since 2019/20.
- The waitlist for subsidized registered assisted living increased by 37% from five years ago while the rate of subsidized units per 1,000 seniors (75+) decreased 15%. Average care hours per unit increased 2% since 2019/20.

## COMMUNITY SUPPORTS

- The federal New Horizons for Seniors Program approved 437 new community-based projects in B.C. with funding of nearly \$9.6 million.
- FIRST LINK® dementia support served over 14,000 clients, of which nearly 6,500 were new clients. There were more clients and client contacts over the previous year (8% and 7%) and five years ago (4% and 54%).
- Better at Home served almost 16,000 clients and provided over 336,000 services. Over the last five years, the number of clients and services increased 33% and 76% respectively.
- Better at Home waitlist has increased 56% since 2019/20 from 3,063 to 4,768 people. Over half of the waitlist were people in need of light housekeeping services

## HOUSING

- New users of the Property Tax Deferral Program decreased 3% in 2023/24 compared to the previous year.
- There were 13,880 applicants for Seniors Subsidized Housing, of these 884 (6%) applicants were housed while 12,996 applicants remained on the waiting at year end. The number of applicants waiting has increased by 61% over the past five years and 13% compared to the previous year.
- The average Shelter Aid for Elderly Renters (SAFER) subsidy was \$192 per month, a 3% decrease over last year and 7% lower than five years ago (\$207). Over 80% of SAFER recipients pay rents that were on average, \$355 above the rent ceiling.
- BC Rebate for Accessible Home Adaptations approved 377 applications and the average value of adaptations was \$11,067.

## TRANSPORTATION

- 81% (879,900) of seniors maintained an active driver's license, 18% more than five years ago.
- The number of active handyDART clients decreased 24% for BC Transit and increased 15% for TransLink over the past five years.
- Nearly 65,000 seniors received the annual BC Bus Pass available to seniors receiving GIS, a 17% increase from last year and slightly lower than in 2019.
- There were 53,332 unfilled handyDART rides, a 19% increase from last year and 44% increase from five years ago.

## INCOME SUPPORTS

- Overall, 93% of B.C. seniors receive Old Age Security (OAS), 31% receive the Guaranteed Income Supplement (GIS), and 9% receive the BC Seniors Supplement (BCSS).



- As of January 2024, OAS increased 4% to a maximum of \$713.34 for seniors aged 65 to 74, GIS increased 4% to \$1,065.47 from January 2023 and the BCSS remained the same amount of \$99.30 maximum, after doubling in 2021.
- Nearly \$1.7 billion was spent on prescription medications and medical supplies or devices for seniors, with 69% paid by seniors or covered by third-party insurers.

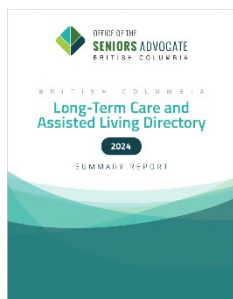
## SAFETY AND PROTECTION

- Seniors Abuse and Information Line received 7,102 calls, a 28% increase over the last five years, however calls related to abuse increased by 92% in that same period.
- Designated Agencies received 2,310 cases of abuse, neglect and self-neglect of seniors, an increase of 21% compared to 2019.
- 79% of all referrals (1,794) of suspected cases of abuse, neglect or self-neglect to the Public Guardian and Trustee involved seniors (1,414) which increased 9% from last year and 15% over five years.
- Missing seniors reported to the RCMP (1,194) and the Vancouver Police Department (208) increased 6% and decreased 39% respectively from last year.





## 4.2 LONG-TERM CARE AND ASSISTED LIVING DIRECTORY



The B.C. Long-Term Care and Assisted Living Directory lists information for publicly-subsidized long-term care and assisted living facilities in B.C. and has been a very popular resource since its initial publication in March 2016. The OSA diligently ensures that the content remains current and relevant. The tenth edition, released in November 2024, includes information on

298 publicly-subsidized long-term care facilities and 133 registered publicly-subsidized assisted living residences in British Columbia.

### 4.2.1 LONG-TERM CARE FACILITIES

#### FACILITY CHARACTERISTICS

- The directory contains information on 298 publicly-subsidized long-term care facilities in B.C. with 28,364 publicly-subsidized beds.
- 112 facilities (9,250 beds) are operated directly by health authorities and 186 (19,114 beds) are operated by a contractor with funding from health authorities.
- 91% of rooms are single-occupancy rooms, 6% are double-occupancy, and 3% are multi-bedrooms (three or more beds).

#### RESIDENT PROFILE

- The average age of residents in long-term care is 83 years old; 53% were 85 years or older.
- 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.
- 27% of residents have severe cognitive impairment (CPS 4+).
- 46% of residents are assessed as "low" on the social engagement scale (ISE 0-2).
- The overall average length of stay in long-term care was 838 days or 2.3 years and has increased 2% over the past year and remains relatively constant from five years ago. The length of stay was shorter in health authority-owned facilities (811 days; 2.2 years) compared to contracted facilities (853 days; 2.3 years).
- Currently, 50% of residents have been in long-term care for less than 494 days or 1.35 years. Median length of stay was shorter in health authority-owned facilities (453 days; 1.2 years) compared to contracted facilities (510 days; 1.4 years).

## SERVICES

- For two consecutive years, 100% of facilities have been funded at the 3.36 care hours per bed per day provincial guideline.
- On average, facilities were funded for 3.43 direct care hours per bed per day, a 0.3% increase over 2022/23 and 4.6% increase from five years ago.
- The B.C. average monthly resident rate (client fee) in long-term care was \$2,075 (1.8% increase). This reflects an approximate annual income of \$33,000.
- The average actual food cost increased 9% to \$10.99 per resident per day, with a range across all facilities from \$5.24 to \$24.11.
- The average per diem rate in contracted facilities was \$283.11 per bed per day, an 11% increase from last year.
- 11% of residents received physical therapy, 32% received recreation therapy, and 5% received occupational therapy in 2023/24. This has remained stable from the previous year and compared to five years ago.

## 4.2.2 ASSISTED LIVING RESIDENCES

### RESIDENCE CHARACTERISTICS

- The directory contains information on 133 publicly-subsidized assisted living sites in B.C. with 4,341 publicly-subsidized units.
- 7 residences (180 units) are operated directly by health authorities and 126 residences (4,161 units) by a for-profit or not-for-profit contractor with funding from health authorities.

### RESIDENT PROFILE

- The average age of residents in assisted living was 82-years-old. 47% were 85 and older and 9% were under 65 years.
- Over 90% of residents living in assisted living reported they felt at ease when they interact with family, friends and health professionals, however, 26% of residents said or indicated they were lonely.
- The average length of stay was 1,222 days (3.3 years), slightly up from 1,209 days in 2022/23. Both the average and median lengths of stay were shortest in Interior Health (1,039 and 642 days, respectively) and longest in Vancouver Coastal Health (1,472 and 1,036 days, respectively).

### SERVICES

- The average wait time for admission to assisted living was 132 days, up 13% from 2022/23; the wait times varied widely across health authorities from 105 days in Fraser Health to 338 days in Northern Health.
- The average food cost increased 4.4% from 2022/23, from \$9.17 to \$9.57 per unit per day in 2023/24.

- 20% of residents showed symptoms of depression, while 41% received antidepressant medication, both figures are similar to those from last year.
- The percentage of residents with four or more visits to the emergency room in one year was 13%, up from 11% in 2022/23, and varied considerably between health authorities from 7% in Vancouver Coastal to 20% in Northern Health.



## 5 Initiatives and Progress to Date

### 5.1 SYSTEMIC REVIEWS

The Office of the Seniors Advocate issues reports based on 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](http://www.seniorsadvocatebc.ca). Brief highlights of the systemic reviews completed in 2024/25 are presented below, in addition to other work that is underway and will be released in 2025/26.

#### 5.1.1 AGEING MATTERS: LISTENING TO B.C. SENIORS



This report is based on the issues and challenges raised to new Seniors Advocate Dan Levitt in his 'listening tour' in April 2024, during which he traveled across the province to meet with seniors in both rural and urban communities. He also met with local seniors' service providers, volunteers and other stakeholders to better understand existing gaps, barriers, opportunities for improvement and programs that are working well.

The Ageing Matters report reaffirms B.C. seniors living on fixed incomes are disproportionately affected by the rising cost of living and are increasingly unable to afford essential needs such as housing, food, medical equipment, mobility aids and other support necessary for healthy ageing.

The report makes five recommendations to address the on-going, systemic issues present in the system of supports for seniors, with the goal to ensure equitable access to programs and services that help seniors age in place, no matter where they live.

### 5.1.2 FORGOTTEN RIGHTS: SENIORS NOT AFFORDED EQUAL RENT PROTECTION



This review highlights the unlawful practice among many landlords that disregard the Residential Tenancy Act (RTA), resulting in seniors in independent living retirement homes facing unlawful rent increases and evictions.

The report found numerous examples of seniors being denied their right to protection under the RTA's regulated annual rent increase limits. Some seniors experienced unlawful rent increases of up to 24%. Findings also highlighted issues related to mandatory monthly fees for meals and housekeeping.

The report makes two recommendations for government to address the actions from landlords that are prohibited by the RTA and ensure the application of the RTA is enforced for seniors living in retirement homes.

### 5.1.3 REFRAMING AGEING: BRITISH COLUMBIANS' THOUGHTS ON AGEISM



In November and December 2024, the Office of the Seniors Advocate invited British Columbians to share their perceptions and experiences of ageism and its impact on their lives. The survey found 84% of respondents believe ageism is an issue in B.C. and 54% reported being directly impacted by ageism. The feedback is summarized into five key themes: social inclusion, employment, health care, media, and safety.

The report outlines next steps for individuals, organizations and governments to address ageism. These include raising public awareness, implementing education and training initiatives, and creating opportunities for meaningful intergenerational engagement and programs.

#### 5.1.4 ACCESS TO LONG-TERM CARE

Seniors and their caregivers are facing significant challenges in accessing publicly-subsidized long-term care, due to growing waitlists and wait times. Over the past ten years, the number of people on the waitlist for long-term care has increased to 7,200 in the province. The provincial average wait time has grown by 98% over the past eight years, from 146 days to 290 days in 2025. The government's current plan to expand the number of new publicly-subsidized long-term care beds falls short of what is needed to meet the growing demand in the province.

This report examined long-term care supply and demand and outlines the absence of government plans to meet the demands of an ageing population. The report also includes the results of a survey of family caregivers supporting a family member waiting for long-term care, sharing their experiences, feedback and concerns about the lack of home support, respite care and adult day programs. This work was undertaken last fiscal year and the report was released in July 2025.





## 5.2 ISSUES IDENTIFIED BY THE SENIORS ADVOCATE

The responsibilities of the Seniors Advocate, as defined in the Seniors Advocate Act, include analyzing issues he 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 access to affordable housing, improving supports for low-income seniors; improved access to home and community care including long-term care; and ageism.

### 5.2.1 AFFORDABLE HOUSING AND HOMELESSNESS

The Seniors Advocate continues to hear from seniors about the lack of affordable housing. A growing number of senior renters are paying over 50% of their income towards monthly rent. The demand for Seniors Subsidized Housing continues to grow; the number of seniors waitlisted increased 13% over last year and nearly 61% over the last five years. Another area of great concern is the increasing number of seniors who are either homeless or are on the brink of losing their homes due to rent increases or renovictions.

The Seniors Advocate continues to hear from many senior homeowners with low to moderate incomes who cannot afford the costs of home maintenance and home adaptations. The office will continue to advocate for significant changes to existing housing programs and subsidies for seniors.

### 5.2.2 LOW-INCOME SENIORS AND COST OF LIVING

Our office continues to hear from seniors throughout the province on the issue of affordability and the rising cost of living. Whether it is about paying rent, the cost of groceries or the cost of the supports and services needed as one ages, many seniors find the limits of their pension incomes a challenge. There continues to be a growing number of seniors turning to food banks and meal programs for help. The Seniors Advocate continues to raise awareness about the economic situation faced by seniors and their challenges to afford daily necessities.

### 5.2.3 AGEISM

Following the release of Reframing Ageism: British Columbian's Thoughts on Ageism earlier this year, the Seniors Advocate is committed to tackling

ageism at a systemic level. The initial survey helped us understand how widespread ageism is in B.C. and how seniors feel it affects their daily lives. As the seniors' population grows, this will become an increasingly important issue to address. Ageism can appear in many areas of society including health care, the workplace, social settings, and media. We will continue to engage with seniors and recommend practical solutions to reduce ageism in B.C.

#### **5.2.4 HOME SUPPORT CLIENT FEES**

Home support is often a lifeline that keeps seniors from moving into long-term care. The provincial home support program provides assistance with bathing and daily personal care and help with more complex tasks such as catheter care, oxygen therapy and management of medications. One of the most significant challenges is the financial barrier to accessing the provincial home support program in B.C. Most provinces do not charge for home support and, of those that do, B.C. is the most expensive. The Seniors Advocate continues to call on the provincial government to eliminate the home support assessed client contribution fees for seniors.

#### **5.2.5 TENANCY RIGHTS IN INDEPENDENT LIVING**

Following the release of our report, *Forgotten Rights: Seniors Not Afforded Equal Rent Protection* in July 2024, our office has continued to hear from seniors in independent living retirement homes who have received rent and service fee increases in excess of what is allowed under the Residential Tenancy Act. We have also heard from seniors who, after learning about the issue through our report, have filed a complaint through the Residential Tenancy Branch. Some residents have successfully had their monthly fees reduced to the level allowed by the RTA. Our office continues to monitor this issue and work with the Residential Tenancy Branch to ensure they provide accurate and timely information to seniors and landlords regarding tenancy rights in independent living.



## 6 Council of Advisors

The Office of the Seniors Advocate has a Council of Advisors (COA) with twenty members that are engaged and connected seniors from across the province with a wide range of educational, professional and socio-economic backgrounds.

The COA welcomed ten new members from across the province in September 2024. Five long-time council members also remained on board to serve as Transition Advisors due to the large influx of new members and a new advocate.

This year the council held three in-person meetings and focused on the issues of ageism and age discrimination, supports for family caregivers and transportation for seniors. They also brought forward new challenges facing seniors and identified barriers for seniors in their own regions and communities

### MEMBERS OF THE COUNCIL OF ADVISORS

FRASER REGION	INTERIOR REGION	NORTHERN REGION
Jerry Gosling	Sandy Zeznik	Caroline Alexander
Patricia Warshawski	Sharon Mackenzie	Dawn Hemingway
Tom Durrie	Sandi McCreight	Lousie Holland
Thomas Tun	Vi Sorenson	Stella Hamilton
VANCOUVER COASTAL REGION	VANCOUVER ISLAND REGION	
Barb Mikulec	Geraldine Hinton	
Sandra Gerbhardt	Lynn Wood	
Diana Leung	Pauline Gobeil	
Dominic Fung	Kamal Parmar	

# 7 2024/25 OSA Operating Budget

The OSA budget for 2024/25 was \$3.29 million with total expenditures of \$2.60 million. Expenditures focused on consulting with seniors in their own communities, monitoring key services to seniors, systemic reviews and producing reports with recommendations to government and service providers to address systemic issues and improve services to seniors.

Expenditures for professional services associated with conducting systemic reviews, reporting, and provincially standardized surveys were reduced significantly from last year due to the completion of the work on the second landmark survey of residents living in long-term care homes. Reduced expenditures for professional services, combined with significant cost savings in other areas, resulted in overall expenditures well below the \$3.29 million budget allocated.

EXPENSE TYPE	2024/25 BUDGET	2024/25 ACTUALS
Salaries	\$1,964,808	1,738,875
Employee Benefits	499,060	454,034
Travel	85,000	69,032
Legal Services	45,000	12,434
Professional Services	324,771	197,029
Information Services	40,000	23,390
Office, Business and Reporting Expenses	330,620	101,529
<b>TOTAL EXPENSES</b>	<b>\$3,289,259</b>	<b>\$2,596,323</b>



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