2025/26

ANNUAL REPORT

of the Office of the Seniors Advocate

OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

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July 2026

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 2025/26 Annual Report of the Office of the Seniors Advocate in accordance with Section 4(4) of the *Seniors Advocate Act*.

This is the twelfth annual report from the Office of the Seniors Advocate and reports on the period of April 1, 2025 to March 31, 2026.

Sincerely,

Dan Levitt
Seniors Advocate
Province of British Columbia

Message from the BC Seniors Advocate

I'm pleased to provide an overview of the work of the Office of the Seniors Advocate (OSA) and present the second annual report since starting my role in April 2024. This report outlines the work undertaken by my office over the past year to improve programs, supports and services for older adults throughout B.C.

One of the most critical aspects of our work is connecting regularly with seniors in communities big and small. This past year, the OSA met with more seniors and stakeholders, and visited more regions of B.C., than ever before. As the population ages and public services continue to fall behind, it's essential for my office to hear directly from older adults, their families and service providers.

We also meet regularly with cabinet ministers, parliamentary secretaries, political staff and ministry executive to discuss recommendations from our reports and opportunities for improvement. Although the Province has many competing priorities and significant fiscal challenges, the increasing needs of an ageing population cannot be ignored. I am optimistic that government will create a cross-ministry seniors' strategy and action plan to ensure essential seniors' services are in place when and where they're needed.

To highlight the long-term care crisis, the OSA released a report on the current and projected shortfalls in bed supply and called on government to develop an expansion plan; increase home support, respite care and adult day programs; and improve waitlist management and transparency.

Given this need, I was disappointed by government's decision to delay seven long-term care projects in Budget 2026. These seven projects represented only 2,000 of the 16,000 beds B.C. needs by 2035/36. While I recognize the fiscal pressures on government, we cannot afford to slow progress. Family caregivers are increasingly subsidizing the seniors' care system and it's simply not sustainable.

Looking to 2026/27, my office will release a follow up to our systemic review from 2022 on the impact of rising costs on older adults who depend on government pensions. The report will also compare B.C.'s financial supports for seniors with those in other provinces and territories to determine if meaningful improvements have been made.

My office will also highlight adult day programs and their underutilization as a low barrier, affordable support for seniors and family caregivers in B.C. The OSA continues to update our annual Monitoring Seniors Services and Long-Term Care and Assisted Living Directory, both valuable resources for seniors, families and service providers.

I'd also like to recognize journalists who are actively following and reporting on the service gaps facing seniors and family caregivers, and the impact these shortfalls have across communities and care settings. Keeping these challenges in the public eye is vital to raising awareness and building support for increased capacity in seniors' services. I aim to be available to discuss the challenges facing seniors and their loved ones and appreciate the media's role in bringing these issues to light.

I also want to thank the many seniors and their family members who share their concerns and experiences with our office, as well as the community-based organizations that support older adults across B.C. Your input and efforts are essential to our work and help drive meaningful improvements for seniors in B.C.

The work of the office is undertaken by an incredibly committed and hard-working team that I am grateful to work with. I thank them for their dedication to improving the well-being of older adults and their families. I'd also like to acknowledge the OSA Council of Advisors and the insight this committee brings to our work from seniors throughout the province.

Sincerely,

Dan Levitt
Seniors Advocate
Province of British Columbia

Contents

Territorial Acknowledgement

The Office of the Seniors Advocate respectfully acknowledges the Lək̓ʷəŋən (Songhees and Xʷsepsəm/Esquimalt) Peoples in whose territory our office is located. The work of our office extends to all seniors and Elders 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 2025/26, the Seniors Advocate and the staff continued to connect directly with seniors through site visits, speaking engagements, presentations and lectures on topics such as seniors' services, long-term care, home and community care, income and affordability, housing and transportation issues.

Public Engagements
121

CONNECTING WITH STAKEHOLDERS

Stakeholder Meetings
264

The Seniors Advocate and staff engaged with a wide range of stakeholders to deepen understanding of the issues and challenges facing seniors and service providers. In 2025/26, the Seniors Advocate met with the Seniors Advocates of Manitoba, Newfoundland and Labrador, and New Brunswick to discuss issues and challenges affecting seniors across Canada, share information and strategies, and explore ways to collaborate.

CONNECTING GEOGRAPHICALLY

In 2025/26, the Seniors Advocate visited 48 communities in all five regional health authorities. As the experiences of seniors vary widely depending on where they live, the Seniors Advocate continues to prioritize visiting people in as many communities as possible.

Communities Visited
48

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 tracks and monitors 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.

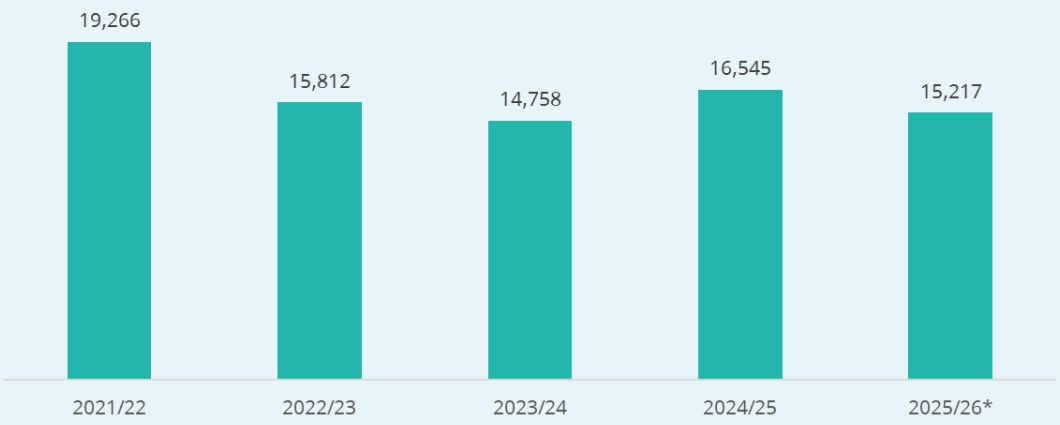
3.1.1 DIRECT CONTACTS WITH THE OFFICE OF THE SENIORS ADVOCATE

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 with government programs and front-line

customer service. All are dedicated to supporting seniors, their families and the general public with important information and referrals to services and programs that can help them resolve their issues.

CONTACTS WITH THE OFFICE OF THE SENIORS ADVOCATE, 2021/22-2025/26



*Contacts with the office were disrupted by job action in October 2025.

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 15,217 contacts. Inquiries from seniors and loved ones continue to focus on topics related to home and community care, cost of living, and access to affordable housing.

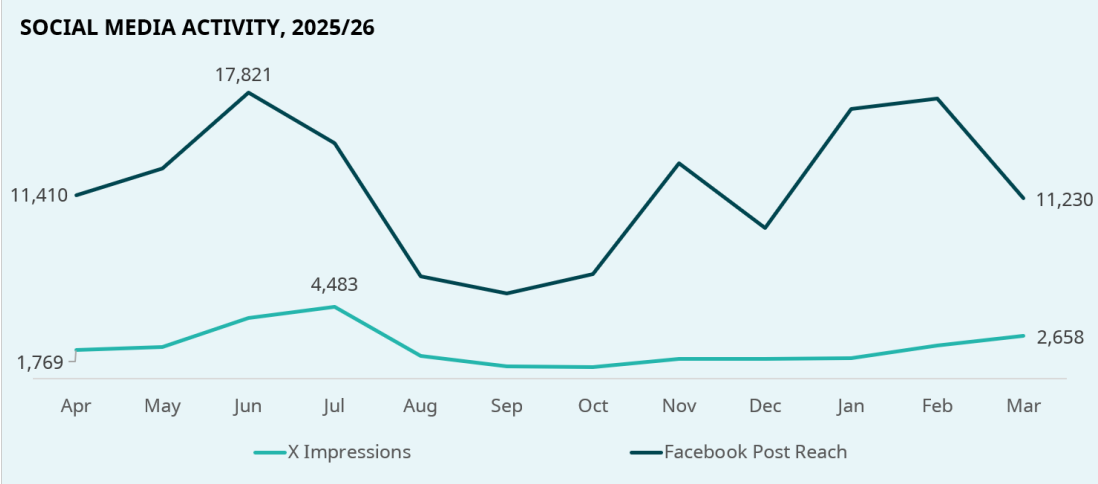
3.1.2 SOCIAL MEDIA

The OSA actively engaged with the public on current events and key issues throughout the year on our digital platforms. Posts on X received 23,264 views, while Facebook content reached 143,526 people. On LinkedIn, OSA content achieved an 8.64% engagement rate and generated 1,251 engagements, demonstrating strong interest from stakeholders, service providers and decision-makers on issues affecting seniors in B.C.

Engagement on X surged in July 2025 following the release of our report ‘From Shortfall to Crisis: Growing Demand for Long-Term Care Beds in B.C.’ The report highlights that B.C. is unprepared to meet the care needs

of seniors both now and in the future and calls on the Province to address the growing shortfall in long-term care bed supply.

In June 2025, the OSA launched its 'Spotlight on Seniors' campaign, inviting seniors in B.C. to share their stories in celebration of B.C. Seniors' Week 2025. The campaign generated strong public engagement, with Facebook posts reaching more than 17,800 people.



3.1.3 WEBSITE

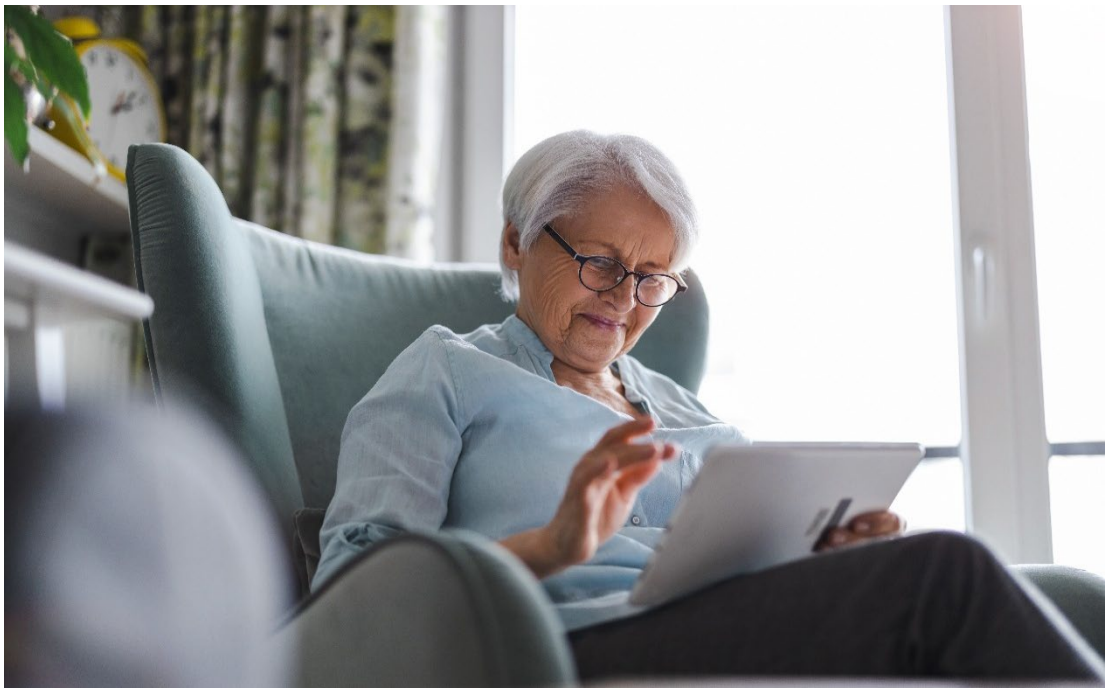
The OSA website traffic remained stable in 2025/26, with a 6% increase in site visits from last year (251,824). Key user activities included 4,067 searches of the Long-Term Care and Assisted Living Directory and over 13,000 file downloads. The most frequently downloaded reports were the systemic review From Shortfall to Crisis: Growing Demand for Long-Term Care Beds in B.C., Long-Term Care and Assisted Living Directory Summary Report, and 2025 Monitoring Seniors Services Report.

In total, the website received 385,039 page views during the fiscal year. The highest traffic occurred in March 2026, driven by the update on B.C.'s Property Tax Deferment Program, and the release of the 2025 Monitoring Seniors Services report.

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

3.1.4 OSA UPDATES

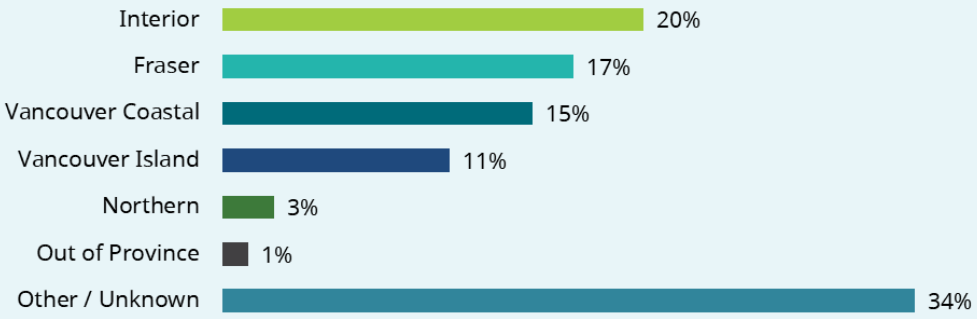
The OSA Update is a monthly newsletter that includes information about the activities of the office and the Seniors Advocate, current issues and resources, a summary of provincial and national news, government announcements and recent research papers related to seniors. These updates are emailed to contacts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



3.2 DISTRIBUTION OF CONTACTS

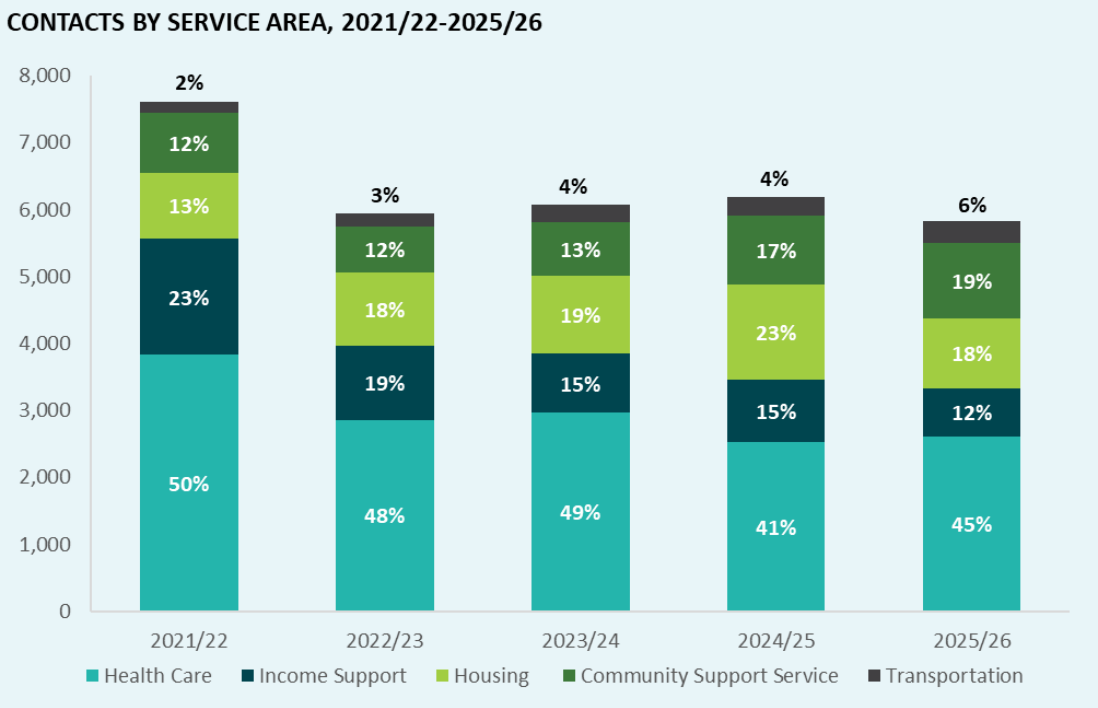
Whenever possible, the OSA records the geographic location and health authority region of each person who contacts our office. In 2025/26, Interior Health surpassed Fraser Health and became the leading region for people contacting the OSA.

DISTRIBUTION OF CONTACTS BY HEALTH AUTHORITY, 2025/26



3.3 REASONS FOR CONTACTING THE OSA

In addition to geographic location, we also track the reasons people contact us. The most common inquiries are once again related to health care, followed by community support services, housing, income support programs and transportation.



A summary of issues that were frequently reported in 2025/26 is listed below:

- Assistance navigating community supports and resources
- Housing navigation for seniors experiencing homelessness or at risk of homelessness due to rising rents, unsafe or unsuitable housing, eviction, and limited transitions between housing types
- Increasing cost of living, including housing, utilities, property taxes, insurance, and essential services
- Access to primary care physicians, nurse practitioners, and specialist services, including long waitlists, workforce shortages, and regional disparities
- Barriers to home health and home support services, including service reductions, inconsistent delivery, missed visits, lack of individualized assessment, and caregiver reliance

- Limited access to caregiver supports, respite care, and adult day programs, including affordability, availability, and lack of caregiver-focused assessment or recognition
- Financial barriers to medical equipment, assistive devices, essential supplies, and therapies (e.g., hearing aids, dental care, incontinence supplies, foot care)
- Acute care pressures, including overcrowding, quality concerns, and unsafe or premature discharge planning to inappropriate housing or care environments
- Long-term care access, including eligibility barriers, waitlists, inequities in placement, and pressure to accept placements quickly or outside preferred communities
- Quality-of-care concerns in long-term care and assisted living, including staffing, responsiveness, communication, and resident well-being
- Financial pressures related to long-term care, including co-pay structures, spousal impoverishment, income treatment (e.g., pensions), and unexpected billing practices
- Transportation barriers, including lack of accessible transportation, reduced service capacity, rural gaps, and limitations in medical transport options
- Digital access barriers, including reliance on online systems, lack of alternatives, affordability of technology, and accessibility challenges for seniors with disabilities
- Limited access to financial tools, supports, and protections, including banking access, credit options, and barriers tied to income vs. assets
- Concerns about financial abuse, fraud, coercion, and exploitation, including by family members, landlords, caregivers, and service providers
- Lack of crisis and emergency supports, including funding and coordination for disasters, health events, or sudden housing loss
- Social isolation, loneliness, and loss of community programming and spaces that support connection and well-being
- Infrastructure, environmental, and emergency preparedness concerns in care and housing settings

3.3.1 BC SENIORS GUIDE (BCSG)

We continue to receive many requests for the latest edition of the BC Seniors' Guide (BCSG), which was last released in 2016. In 2025/26, we distributed a total of 12,761 copies – 68% in English, 13% in Chinese, 6% in Farsi, and 14% in other languages. This represents a significant decrease from the previous year when 32,863 copies were distributed. The decline reflects the Ministry of Health's decision to discontinue printing physical copies of the guide, rather than a reduction in demand.

Interest in the BCSG remains strong, particularly among seniors and community organizations who rely on it as a trusted, centralized source of information. While development of the 13th edition is underway, it is anticipated that the updated guide will be made available primarily, or exclusively, online. However, feedback received by our office highlights a strong preference for printed materials. This is shaped by several factors, including varying levels of digital literacy, limited access to devices or reliable internet, and an overall comfort with and preference for physical formats.

The continued demand for printed copies highlights the importance of ensuring that key information about programs and services remains accessible in multiple formats. As the BCSG evolves, maintaining inclusive access for seniors with diverse needs and capabilities is an important consideration.

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 6,146 referrals in 2025/26. Most referrals were directed to Seniors First BC/Seniors Abuse and Information Line (SAIL) (10.5%), the Patient Care Quality Office (8.2%), health authority Home and Community Care programs (7.2%), local area service providers or organizations (6.5%), and Better at Home (5.1%).

TOP 10 REFFERED AGENCIES AND SERVICES - 2025/26

1. Seniors First BC/Seniors Abuse and Information Line (SAIL)
2. Patient Care and Quality Office
3. Health Authority/Home and Community Care
4. Local Area service provider or organization
5. Better at Home
6. Family Caregivers of BC
7. Seniors Services Society
8. Health Authority - Designated Agency
9. Tenant Resource and Advisory Centre (TRAC)
10. Service Canada

3.5 SYSTEMIC ISSUES IDENTIFIED

People contact the OSA to report challenges that seniors face 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 Assisted Living or for Long-Term Care
- Decreased access to primary care, family physicians, 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 about quality of care in residential care, including staffing levels and administrative oversight
- Concerns about eligibility criteria and coverage limitations under the Canadian Dental Care Plan
- Concerns related to delays in planned long-term care facility construction announced in Budget 2026

Ensuring access to long-term care that supports both individual well-being and meaningful relationships can be challenging for families. When couples have different care needs, they may be placed in separate settings, resulting in separation that can have a significant emotional impact on both partners and their families.

Rina contacted our office with concerns about her elderly parents, who were living separately due to differing care needs. Her 90-year- old father was living in an independent living home, while her 93-year-old mother had been placed in long-term care. The family had requested spousal reunification but reported there was no clear plan or timeline to support co-location.

HEALTH CARE (CONTINUED)

Rina described the impact of the separation on both parents as deeply distressing on their mental health and well-being, challenges with visits, including mobility and transportation barriers, limited communication regarding her father's status on waitlists and options for reunification.

Our office provided information about provincial policy related to supporting spouses with differing care needs and encouraged the family to request a care planning discussion with their health authority case manager. We also referred Rina to the Patient Care Quality Office to formally raise her concerns about communication, care coordination, and reunification planning.

Transitions from hospital back into the community can be complex, especially when seniors have ongoing health needs that make independent living challenging. Families may face difficulties securing appropriate housing or supports when discharge occurs quickly or without clear planning.

Carlos contacted our office after his father's health condition suddenly changed while in hospital. The family had been told he was nearing end of life and expected he would remain in hospital. Shortly after, they were informed he was medically stable and close to being discharged. Carlos felt unprepared and unsure how to plan for his father's needs at home.

Carlos explained that his father did not qualify for assisted living, and the family encountered challenges finding independent living or private rental housing that could accommodate his frailty and need for medical equipment. Carlos described feeling stressed and uncertain about how to ensure his father would be discharged to an appropriate setting.

We provided referrals to the Patient Care Quality Office to address discharge planning concerns, Family Caregivers of BC for caregiver support, the Seniors Housing Information and Navigation Ease (SHINE) program and Seniors Services Society for housing assistance, and Seniors First BC for advocacy and information. We

HEALTH CARE (CONTINUED)

also encouraged the family to continue working with the hospital care team to ensure discharge planning reflected his father's current needs.

This situation highlights the challenges families may face when care needs and clinical assessments change quickly, leaving little time to plan for safe transitions. It reflects the ongoing gaps between health care, housing, and community supports, for people who aren't eligible for assisted living but still need to help to live safely at home.

Gaps in access to appropriate care for seniors with cognitive decline can result in people living in the community without the support they require. When eligibility criteria for services are not met, families may feel they are waiting for a crisis before additional care becomes available.

Mark contacted our office with concerns about his father, who was living alone with dementia. After receiving complaints from his father's strata council about safety, Mark felt a higher level of care, such as assisted living was needed. However, his father refused to move, and as he had not been assessed as incapable of making his own decisions, his wishes had to be respected.

Mark felt distressed and uncertain, believing that he may have to wait for his father's condition to worsen before more care options became available. Although his father was receiving extended home support, Mark felt it was insufficient given his cognitive decline. He also asked whether there were legal options available to address concerns about decision-making and safety.

We referred Mark to Seniors First BC for legal information and advocacy, Family Caregivers of BC for caregiver support, Alzheimer Society of BC for guidance on dementia care, and Seniors Services Society for help with housing and care planning.

This case highlights gaps for seniors with dementia who do not meet eligibility thresholds, and the difficult balance families face when a loved one's safety is at risk, but their right to make decisions must be respected.

3.5.2 HOUSING

- Concerns about recent changes to the Property Tax Deferment Program and the impact of increased interest rates on seniors' ability to age in place
- Risk of homelessness due to evictions, declining health, rising cost of living, and limited availability of affordable rental and subsidized housing
- Legal and regulatory gaps in housing models not covered by the Residential Tenancy Act, including strata, co-operative, supportive, and long-term leasehold arrangements
- Insufficient income to meet rising housing-related costs, including rent, utilities, insurance, and necessary home maintenance and repairs
- Accessibility and safety barriers that limit aging in place, including lack of modifications and infrastructure issues such as non-functioning elevators and inadequate building maintenance
- Ongoing concerns about rent increases and fee structures in independent living housing, including instances of increases exceeding regulatory limits and limited enforcement or recourse for residents

Following the release of B.C. Budget 2026, our office heard from many seniors who were concerned about changes to the Property Tax Deferment Program. Interest on deferred taxes had historically been calculated using simple interest at prime minus 2 percent. Beginning in 2026, the program shifted to compound interest at prime plus 2 percent for new deferments, raising concerns about long-term affordability.

Margaret contacted our office seeking information about recent changes to the Province's Property Tax Deferment Program and how they may affect her. She is a homeowner with a disability who has participated in the program for several years and requested tools to help assess the long-term financial impact, including an online interest calculator.

Margaret shared that she hoped to remain living in her home as she aged, and indicated concerns about rising property taxes,

HOUSING (CONTINUED)

municipal utility fees, and other household costs, as well as additional provincial changes such as the removal of the PST exemption for certain services. Margaret also shared ongoing health issues and anticipated future costs related to modifying her home.

She had contacted her local MLA, but had not received a response. We provided information for contacting the provincial government's Property Taxation Branch and suggested she seek financial advice to better understand her options.

We continue to hear from seniors facing multiple, compounding challenges that placed them at risk of homelessness, including health issues, financial instability, and difficulty accessing supports.

Elena contacted our office while staying in an emergency shelter after experiencing a sudden loss of housing. She had been living independently on a fixed income when unexpected financial challenges left her unable to pay her rent, resulting in eviction. Around the same time, she had been discharged from hospital following a serious health event and was managing ongoing medical expenses she could not afford until her next pension payment.

Elena had previously been a Person with Disabilities (PWD) benefit recipient before transitioning to seniors' benefits and had already attempted to access hardship supports without success. While she had received some information prior to discharge, she found it difficult to navigate available services while managing both her health and housing needs.

When Elena contacted our office, she was seeking help to secure stable housing and access income supports. She was referred to BC Housing and the Ministry of Social Development and Poverty Reduction, as well as community-based services including the SHINE (Seniors Housing Information and Navigation Ease) program.

HOUSING (CONTINUED)

She was also connected to a social prescribing program, where Community Connectors assist older adults with system navigation, referrals, and applications, helping them access housing, income, and community supports.

Elena's experience illustrated how quickly seniors could become homeless following an unexpected financial shock, particularly people living on fixed incomes. It also highlighted the importance of navigation supports in helping seniors access available services. Even when supports existed, gaps in immediate financial assistance and affordable housing options left some seniors without safe and stable alternatives at a time when they were most vulnerable.

HOUSING (CONTINUED)

We continue to hear from seniors who were struggling to find and maintain safe, affordable housing. Rising rents, limited availability, and challenges navigating support systems contributed to a growing number of seniors experiencing housing insecurity and homelessness.

Patricia contacted our office after becoming homeless following an unexpected eviction. She had been sharing a mobile home with another senior, and together they were able to manage the monthly rent. When the individual experienced a serious medical emergency and required placement in long-term care, Patricia could no longer afford the full rent on her own and was forced to leave. With a monthly income of approximately $2,200, she began living in her vehicle and 'couch surfing' while searching across multiple communities to remain near her medical providers, as she had upcoming surgeries.

Despite ongoing efforts, Patricia was unable to find housing within her means, with most available rentals far exceeding what she could afford. She explored shared housing, rental listings, shelters, and community resources, but faced limited availability and unsuitable options. She also attempted to access supports, including BC Housing and local programs, but encountered barriers such as delays, limited assistance, and difficulty completing applications without a fixed address. When she contacted our office, she expressed exhaustion and distress after more than a month without stable housing. We provided information on housing navigation supports, including SHINE and Seniors Services Society, and encouraged her to continue pursuing BC Housing and other available resources.

Her experience highlighted the significant challenges faced by seniors with limited incomes who were seeking housing, particularly those who suddenly lost their accommodation. Even when supports existed, barriers such as long waitlists, limited program coverage, and lack of immediate, accessible assistance left some seniors without safe alternatives.

3.5.3 TRANSPORTATION

- Difficulty accessing reliable, affordable public transportation in rural, remote, and smaller communities
- Affordability barriers to public transportation for low-income seniors who do not meet eligibility requirements for subsidized programs such as the BC Bus Pass Program
- Barriers to accessing HandyDART services, including eligibility, availability, scheduling limitations, and service reliability
- Costs, accessibility, and administrative burden associated with Drivers Medical Examination Reports (DMER), including variability in fees and lack of standardization
- Limited availability, high cost, and accessibility challenges of non-emergency medical transportation, including transportation provided through health authorities
- Inadequate availability, frequency, and accessibility of interregional transportation options between communities

Access to transportation remains a significant concern for seniors, particularly in rural and remote communities. Limited transit options can create barriers to attending medical appointments, often requiring seniors to travel between communities without reliable or affordable alternatives.

Sue contacted our office about an infrequent public transit route connecting two rural communities. While the service enables seniors to attend medical appointments, its limited schedule often requires overnight stays, adding out-of-pocket accommodation costs for seniors living on fixed incomes. Sue noted this is a common challenge in her community, particularly for seniors who rely on public transportation to access health care.

We provided information on available advocacy channels to support efforts to improve local transit access in her community. Sue's situation reflects what we often hear from seniors across the province regarding gaps in interregional transportation and the financial burden associated with medical travel.

TRANSPORTATION (CONTINUED)

Seniors continue to raise concerns about the accessibility and affordability of mandatory medical processes required to maintain independence, including the completion of Driver's Medical Examination Reports (DMER).

Mary contacted our office after receiving a notice to complete a DMER. Her primary care physician was on leave, making it difficult to get an appointment within the required timeframe. The DMER exam isn't covered under the provincial Medical Services Plan, and fees can very widely. Mary was concerned about the cost her physician would charge given her limited income.

Mary described how limited access to providers and out-of-pocket costs can create barriers for seniors who rely on driving to maintain independence and access essential services. We provided information on the process, including options for alternate providers, and encouraged her to follow up with RoadSafetyBC to clarify timelines and requirements. Her experience reflects what we frequently hear from seniors regarding the lack of standardized fees, limited access to providers, and the financial and administrative burden associated with completing DMER requirements.

3.5.4 INCOME SUPPORTS

- Concerns that federal and provincial income benefits are not keeping up with the cost of living
- Concerns about changes to the Property Tax Deferral Program (PTDP), including the interest structure announced in Budget 2026
- Limitations of the Shelter Aid for Elderly Renters (SAFER) benefit
- Concerns about misinformation related to federal benefits and increased targeting of seniors through online scams
- Concerns about financial abuse by individuals with Power of Attorney
- Challenges transitioning from provincial disability and income supports to federal benefits and pensions, including delays in payments
- Barriers to accessing discounts and essential services that are only available online or through mobile applications

Many programs in British Columbia and Canada are income-tested and rely on information from previous tax returns. When a senior does not file their taxes or files late, benefits may be delayed, reduced, paused, or require reapplication, which can create unnecessary financial stress. In the absence of up-to-date tax information, some program fees and charges may default to the highest rate until taxes are filed. Filing taxes on time each year is therefore critical, and seniors should be aware that free and low-cost resources are available to help them complete this process.

Amit was referred to our Information and Referral line by the Canada Revenue Agency (CRA) for support with filing his taxes. He explained that he had four years of unfiled tax returns, which he needed to complete before he could apply for several income-tested provincial and federal benefits.

Our office provided information about two nearby Community Volunteer Income Tax Program (CVITP) clinics that offer free tax preparation services, including for prior tax years. We also referred Amit to the Service Canada Outreach and Support line to confirm

INCOME SUPPORTS (CONTINUED)

his eligibility for the Guaranteed Income Supplement (GIS).

Six weeks later, Amit contacted our office to share that a CVITP clinic helped him file his tax returns and apply for GIS. Following this, we provided information on additional supports, including the Shelter Aid for Elderly Renters (SAFER) program and the federal Canadian Dental Care Plan (CDCP), and referred him to his local Better at Home program for help with applications.

Amit's experience shows how access to coordinated, community-based supports can help seniors overcome barriers and connect to the benefits they are entitled to.

Seniors in British Columbia can be more vulnerable than they realize when it comes to financial abuse. It is important for seniors to determine who should have access to their finances and what safeguards are available to ensure financial security. Financial abuse can start from strangers trying to lure seniors into scams, or by trusted family members or friends.

Robert contacted our office after discovering money missing from his bank account. At first, he assumed it was an error, but the bank confirmed the funds have been transferred to his daughter. When he raised it with her, she acknowledged using his phone to access his online banking and transferred the money to herself. Robert later learned the transfers had been occurring over several years. He described feeling shocked and distressed and never imagined a family member would take advantage of him in this way.

Robert believed his phone and banking information were secure and was upset by how easily his passcode had been accessed. He became emotional and struggled with the realization that he was experiencing financial abuse by his own daughter. While he was aware of common scams, he had not considered this risk within a trusted relationship.

INCOME SUPPORTS (CONTINUED)

We referred Robert to Seniors First BC for support, legal information and help developing a plan to better protect his finances, and Seniors Abuse and Information Line (SAIL), for information and support. We also recommended NIDUS Personal Planning Resource Centre and Registry for information on Representation Agreements and the Credit Counselling Society of BC for free, confidential financial counselling.

This situation highlights the need for greater awareness and safeguards to protect seniors from financial exploitation, including within trusted relationships.

3.5.5 COMMUNITY CARE

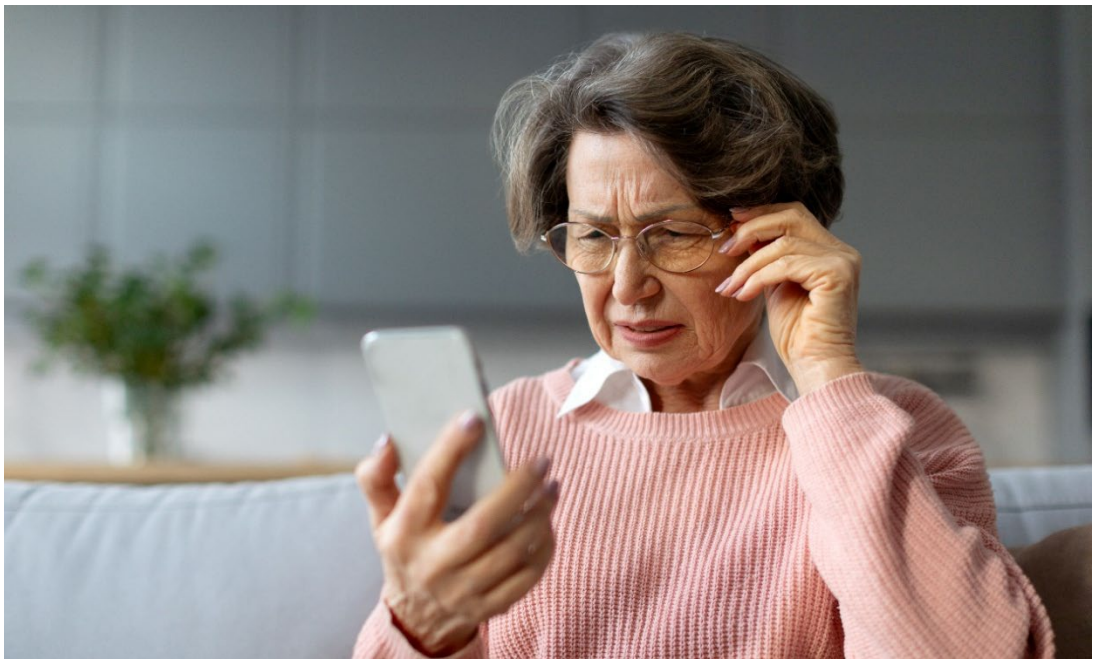
- Caregiver burnout associated with limited access to and long waitlists for community-based supports, including respite services and adult day programs
- Fragmentation and inconsistency in the availability of community supports across regions, including differences between rural, remote, and urban areas
- Social isolation and loneliness among seniors, particularly those living alone, managing complex health conditions, or facing transportation and mobility barriers
- Volunteer shortages in community and non-profit organizations, impacting service capacity and availability
- Barriers to accessing community supports due to reliance on digital systems, including limited digital literacy and lack of alternative access options
- Difficulty navigating and accessing in-person services, including barriers related to mobility, transportation, and administrative requirements (e.g., obtaining or renewing identification)

Social isolation and loneliness continue to be significant concerns for seniors, particularly those facing health, mobility, or transportation challenges limiting their ability to connect with others. Isolations and loneliness can have significant negative impacts on people's mental, physician and emotional health.

Lin contacted our office to share that she was feeling isolated and struggled to form meaningful social connections. Although she had participated in friendly call and peer support programs, she found it difficult to build genuine relationships in these settings. Lin described how maintaining existing relationships and developing new ones had become more challenging as she aged.

We acknowledged Lin's concerns and provided information about additional community-based programs that may offer more flexible opportunities for social engagement. Her experience reflects what we often hear from seniors facing barriers such as limited transportation, reduced mobility or geographic isolation, which can make it harder to stay connected.

COMMUNITY CARE (CONTINUED)



Seniors continue to experience barriers when accessing essential services as systems increasingly shift toward digital platforms, often without adequate alternatives or support.

Sandra contacted our office about difficulties switching her telephone service provider. Maintaining reliable phone access was essential for communicating with her health care providers, but despite assurances her phone number would transfer without disruption, the process involved multiple delays and technical steps. Sandra was required to set up a digital service on her own, which was difficult given her recent medical limitations. She experienced a period without reliable phone access, causing distress and concern about staying connected with her care providers.

We provided information on consumer support resources and encouraged her to follow-up with the service providers to resolve the issue. Sandra's situation reflects reflected broader challenges seniors face as essential services become increasingly digital, particularly for those with health or technology barriers.

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.

"It was a breakthrough day! We know there is still work ahead but it certainly feels much more productive and hopeful… Your office is truly making a difference, and I thank you from the bottom of my heart." – Susan

Susan contacted our office on behalf of a close friend who had been in hospital for several weeks. She was concerned about her friend's basic needs being unmet, health assessment delays, and being unable to reach appropriate contacts at the hospital.

OSA staff spoke with Susan and provided information about escalation pathways. She was given several resources, including the Patient Care Quality Office (PCQO) and caregiver support organizations, to help ensure she was supported and her concerns were addressed through the proper channels.

Shortly thereafter, Susan spoke with a hospital manager who facilitated direct communication with staff on the unit. She also received a response from the PCQO and her friend's family arranged advocacy support through their MLA's office.

Susan expressed appreciation for the guidance and noted that, after weeks of frustration, the situation began to shift quickly once she had the right contacts. While recognizing that challenges remained, she and her friend's family felt more supported and better equipped to advocate for appropriate care moving forward.

"Thank you so much for your prompt response… This is exactly the nature of information I was looking for… This is very helpful for us as we navigate our way through the procedures for ensuring the continuity of care for my mother in her later years. I appreciate your patience and guidance." – Janet

Janet contacted our office seeking information and guidance as she worked to secure appropriate publicly-subsidized assisted living care for her 97-year-old mother. Her mother, who had been living independently with increasing home care supports, was recently offered a unit closer to Janet's home. However, the placement was unexpectedly declined by the facility due to concerns related to physician location, creating confusion and uncertainty for the family.

Janet was looking for clarity on eligibility requirements, including whether having a local physician was necessary, and wanted to better understand the processes involved in maintaining continuity of care as her mother's needs changed.

Our staff spoke with Janet and was directed to relevant legislation governing assisted living and long-term care, as well as tools such as the Long-Term Care and Assisted Living Directory to support informed decision-making. We also shared contact information for the Assisted Living Registry, the local Division of Family Practice, and the Patient Care Quality Office (PCQO), which can investigate concerns related to care decisions and access.

Janet expressed appreciation for the timely response and the practical guidance provided. With this information, she felt better equipped to navigate the system and advocate for appropriate, continuous care for her mother.

"Thank you so much for the inspiring words… the lady I spoke to yesterday treated me with kindness and respect and made me feel very, very special…" – Elaine

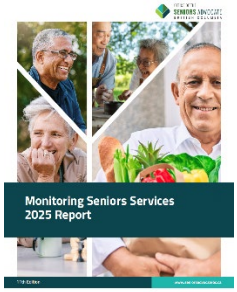
Elaine, a 72-year-old woman, contacted our office while experiencing significant emotional distress, chronic pain, and profound loneliness. She described living with multiple health conditions, including osteoporosis, arthritis, and ongoing mobility challenges, while also struggling to access consistent medical and mental health support. After previously receiving short-term counselling, she found herself back on a long waitlist and unsure where to turn.

Our staff provided Elaine with a range of referrals to support services, including HealthLink BC (8-1-1), Better at Home, the Canadian Red Cross, the Seniors Abuse and Information Line (SAIL), and Seniors First BC. These resources were intended to connect her with both emotional support and practical assistance, as well as avenues for addressing safety concerns.

Elaine expressed heartfelt appreciation for the kindness and respect she experienced during her interaction with our office. Her situation highlights the complex and overlapping challenges some seniors face, particularly around access to health care, mental health supports, and community safety. Her concerns were documented as part of our ongoing work to identify systemic gaps and advocate for improvements that better support vulnerable seniors.

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 Seniors 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 eleventh edition of the report was released in March 2026 for the 2024/25 fiscal year. This edition expands to six years of data to support a comprehensive assessment of the impacts of COVID-19 in 2020. Monitoring Seniors Services 2025 reports on a wide range of services and supports for seniors. Some key findings include:

- The percentage of the population 65+ increased 19% over the last six years and 44% over 10 years
- The rate of publicly-subsidized long-term care beds per 1,000 seniors (75+) decreased 16% over the past six years
- The rate of seniors subsidized housing units per 1,000 seniors (55+) declined 5% over six years with population growth far outpacing supply
- Over the last six years, the rate of home support clients per 1,000 seniors (75+) decreased 7%

HEALTH CARE

- Seniors accounted for about 642,000 (27%) of the 2.3 million emergency visits and about 216,000 (45%) of the nearly 476,000 hospitalizations.
- There were 7,029 clients waiting for a publicly-subsidized long-term care bed, a 9% increase from last year and nearly 200% more than six years ago (2,603). The average wait time for people on the waitlist was 287 days.
- Over the last six years, the number of home support clients increased 16% and the average hours per client increased 3%. However, the rate of

home support clients per 1,000 seniors (75+) decreased 7%.

- Adult Day Programs (ADP) have rebounded from COVID-19 pandemic closures and returned to pre-pandemic levels. The number of clients (7,406) increased nearly 8% from the previous year and 2% from 2019/20.
- There were 1,219 people waiting for publicly-subsidized assisted living, similar to the previous year but 37% higher than in 2020. The rate of subsidized units per 1,000 seniors (75+) decreased 19% and the average care hours per unit increased 5% since 2019/20.

COMMUNITY SUPPORTS

- The federal New Horizons for Seniors Program approved 371 new community-based projects in B.C. with funding of $8.1 million.
- FIRST LINK® dementia support served over 13,500 clients, of which nearly 6,200 were new clients. There were more clients contacts over the previous year (9%) and six years ago (68%).
- Better at Home served over 20,000 clients and provided more than 363,000 services. Over the last six years, the number of clients and services increased nearly 70% and 90% respectively.
- Better at Home waitlist decreased 19% from 4,768 to 3,864 people in 2024/25. Over half of the waitlist were people in need of light housekeeping services.

HOUSING

- New users of the Property Tax Deferral Program decreased 8% in 2024/25 compared to the previous year and was 14% lower than six years ago.
- There were 13,216 applicants for Seniors Subsidized Housing, of these 894 (7%) applicants were housed while 12,322 applicants remained waiting at year end. The number of applicants waiting has increased by 53% over the past six years but decreased 5% compared to the previous year.
- The average Shelter Aid for Elderly Renters (SAFER) subsidy was $330 per month, 72% higher than last year and 59% above the $207 average six years ago. 37% of SAFER recipients paid rents averaging$351above the SAFER rent ceiling.
- BC Rebate for Accessible Home Adaptations approved 329 applications with an average rebate value of $16,410.

TRANSPORTATION

- 81% (911,600) of seniors maintained an active driver's license, a 3% increase from the previous year and 22% more than six years ago.
- RoadSafetyBC opened 177,000 driver fitness cases and 40% of cases involved drivers aged 80 and older.
- Nearly 65,000 seniors received the annual BC Bus Pass available to seniors receiving Guaranteed Income Supplement (GIS), a 10% increase from last year but remains 1% below the 2019 level.

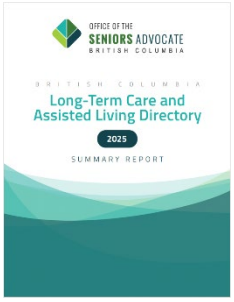
INCOME SUPPORTS

- 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 October 2025, OAS increased 2% to a maximum of $740.90 for seniors aged 65 to 74 and $814.10 for seniors (75+) over the previous year. GIS also rose 2% to $1,105.43. BCSS remained the same amount of $99.30 maximum, after doubling in 2021.
- Nearly $1.9 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 7,700 calls, a 39% increase over the last six years, however calls related to abuse increased by 71% in that same period.
- Designated Agencies received 2,267 cases of abuse, neglect and self-neglect of seniors, an increase of 16% compared to 2019.
- 75% of all referrals (1,922) of suspected cases of abuse, neglect or self-neglect to the Public Guardian and Trustee involved seniors (1,440) which increased 2% from last year and 17% over six years.
- Missing seniors reported to the BC RCMP (1,211) and the Vancouver Police Department (317) increased 12% and decreased 10% respectively from six years ago.

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 eleventh edition, released in January 2026, includes information on 301 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 301 publicly-subsidized long-term care facilities in B.C. with 28,869 publicly-subsidized beds.
- 113 facilities (9,301 beds) are operated directly by health authorities and 188 (19,568 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; 51% 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+).
- 47% 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 855 days or 2.3 years and has increased 3% over the past year. The length of stay was shorter in health authority-owned facilities (802 days; 2.2 years) compared to contracted facilities (881 days; 2.4 years).
- Currently, 50% of residents have been in long-term care for less than 537 days or 1.5 years. Median length of stay was shorter in health authority-owned facilities (484 days; 1.3 years) compared to contracted facilities (563 days; 1.5 years).

SERVICES

- In 2024/25, all facilities were funded at the 3.36 care hours per bed per day provincial guideline with the exception of one site.
- On average, facilities were funded for 3.43 direct care hours per bed per day, unchanged from previous year and 4.6% increase from six years ago.
- The B.C. average monthly resident rate (client fee) in long-term care was $2,215 (7% increase). This reflects an approximate annual income of $35,000.
- The average actual food cost increased 6% to $11.68 per resident per day, with a range across all facilities from $6.31 to $26.00.
- The average per diem rate in contracted facilities was $293.63 per bed per day, a 4% increase from last year.
- 11% of residents received physical therapy, 31% received recreation therapy, and 6% received occupational therapy in 2024/25. This has remained stable from the previous year and compared to six 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 4,334 publicly-subsidized units.
- 7 residences (180 units) are operated directly by health authorities and 126 residences (4,154 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 10% were under 65 years.
- 96% of residents living in assisted living reported they felt at ease when they interact with family, friends and health professionals. The proportion of residents reporting or indicating loneliness has steadily declined over the past three years, dropping to 24% in 2024/25 from 26% in 2023/24 and 27% in 2022/23.
- 20% of residents showed symptoms of depression, while 42% received antidepressant medication, both figures are similar to those from last year.
- The average length of stay was 1,205 days (3.3 years), down from 1,222 days in 2023/24. Both the average and median lengths of stay were shortest in Interior Health (1,067 and 689 days, respectively) and longest in Vancouver Coastal Health (1,504 and 1,081 days, respectively).

SERVICES

- The average wait time for admission to assisted living was 168 days, up 27% from last year; the wait times varied widely across health authorities from 119 days in Interior Health and Fraser Health to 519 days in Northern Health.
- The average food cost increased 7% from 2023/24, from $9.60 to $10.22 per unit per day in 2023/24.
- The percentage of residents with four or more visits to the emergency room in one year was 14%, up from 13% in 2023/24, and varied considerably between health authorities from 10% in Vancouver Coastal to 23% 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. Brief highlights of the systemic reviews completed in 2025/26 are presented below, in addition to other work that is underway and will be released in 2026/27.

5.1.1 FROM SHORTFALL TO CRISIS: GROWING DEMANDS FOR LONG-TERM CARE BEDS IN B.C.

This report highlights the increasing pressure on B.C.'s long-term care system, as demand continues to outpace the supply of beds, leading to longer wait times. The Seniors Advocate regularly hears from caregivers struggling to support a loved one while waiting for a long-term care bed, often managing complex care needs with limited support. The increasing unmet demand for home support, seniors waiting in hospital and a lack of affordable seniors' housing are all contributing to increased pressure on long-term care and these challenges will continue to get worse as the population ages.

The report makes six recommendations to address the current and future demand for long-term care, and to ensure seniors and their families have timely and appropriate access to care. It calls on the provincial government to develop a robust plan to expand long-term care capacity over the next decade, while also investing in alternatives that can help relieve pressure across the seniors' care system.

5.1.2 BC SENIORS: FALLING FURTHER BEHIND – INCOME AND AFFORDABILITY REPORT UPDATE

Many B.C. seniors continue to face income and affordability challenges as they age, particularly seniors with low to moderate incomes who struggle to cover the costs of ageing. In 2022, the OSA released BC Seniors: Falling Further Behind, which examined the financial supports

available to seniors, and the services that help them manage the challenges of ageing. The report found that government pension incomes were not keeping up with rising costs, leaving many low-income seniors unable to afford the essential services and supports needed to remain at home. Despite having some of the highest living costs in the country, B.C. seniors receive less overall support than those in other provinces.

This is the second review of income and affordability issues affecting low-income seniors. In February 2026, the OSA launched a second survey that will compare experiences from low-income seniors in B.C. today with those who were surveyed in 2022. A report is planned for Fall 2026.

5.1.3 A REVIEW OF ADULT DAY PROGRAMS

Adult Day Programs (ADPs) provide meals, therapeutic and recreational activities, health monitoring, and caregiver respite for seniors and adults with disabilities. Usually available one or two days a week, they help participants stay active, connected, and living in their communities longer.

These programs can reduce caregiver stress, prevent hospital visits, and delay need for long-term care. However, many people face barriers to access. Awareness is low, spaces are limited, waitlists are common, and programs do not always meet the needs of people with dementia or physical mobility challenges.

As demand for long-term care and home support continues to grow, this review will examine how Adult Day Programs are being used and how they could better support seniors and their caregivers, while easing pressure on the broader care system. A report is planned for Fall 2026.

5.2 ISSUES IDENTIFIED BY THE SENIORS ADVOCATE

The responsibilities of the Seniors Advocate, as defined in the Seniors Advocate Act, include analyzing issues identified as important to the well-being of seniors and advocating for their interests. There are several areas of concern the Advocate continues to champion including: increasing long-term care bed capacity, improving access to affordable housing and supports for low-income seniors; removing financial barriers to the provincial home support program; and challenging persistent ageism and how it affects the availability of public programs, supports and services for seniors.

5.2.1 LONG-TERM CARE BED CAPACITY

The number of people on the waitlist for a long-term care bed has increased to over 7,000, nearly 200% more than six years ago. At the same time, the average wait time for people on the wait list has also grown, from 144 to 287 days. The Seniors Advocate has called on government to expand publicly subsidized long-term care bed capacity and continues to raise concerns about growing waitlists, longer wait times, and the increasing strain on family caregivers and the broader health care system.

5.2.2 INCOME AND AFFORDABILITY IMPACTS

Seniors across the province remain very concerned about affordability and the rising costs of living. From rent and groceries to the supports and services needed as they age, many seniors are struggling to make ends meet on fixed incomes. The Seniors Advocate continues to raise awareness about the financial insecurities faced by seniors and to highlight the need for stronger supports to ensure seniors can afford the basic necessities of daily life.

5.2.3 AFFORDABLE HOUSING AND HOMELESSNESS

The Seniors Advocate hears often about the lack of affordable seniors' housing. Demand for seniors' subsidized housing continues to rise, with waitlists growing year over year, however, access to units remains limited. Of particular concern is the increasing number of seniors who are homeless or at risk of losing their housing due to rising rents and renovictions. At the same time, many low to moderate income senior

homeowners are facing rising property taxes, along with the costs of essential home maintenance and modifications needed to age in place. The Seniors Advocate will continue to advocate for meaningful improvements to housing programs and supports to better meet the needs of senior renters and homeowners.

5.2.4 CROSS-MINISTRY SENIORS' PLAN

The Seniors Advocate has called on government to develop a coordinated, cross-ministry seniors' plan with clear targets and accountability to better support the province's growing seniors' population. Significant gaps remain in areas such as seniors' housing, health care access, home care, transportation and income supports. With demand rising and waitlists growing for key services, the Seniors Advocate stresses the need for a comprehensive plan to ensure seniors can access the supports they need to age safely and comfortably in their communities.

5.2.5 HOME SUPPORT CLIENT FEES

Home support is a critical service that helps seniors remain in their own homes and prevents or delays moving into long-term care. The provincial home support program provides assistance with bathing and daily personal care, as well as more complex tasks including medication management, oxygen therapy and catheter care. However, the cost of assessed client fees remains a significant barrier for many seniors. Unlike most other provinces, which do not charge for home support, B.C. is the most expensive. The Seniors Advocate continues to call on the provincial government to eliminate or substantially reduce the home support fees to improve access and affordability for seniors.

5.2.6 PROPERTY TAX DEFERMENT PROGRAMS

The B.C. Property Tax Deferral Program allows eligible homeowners aged 55 and older to defer all or part of their annual property taxes, with the Province paying the taxes on their behalf; repayment is deferred until the home is sold. For seniors facing rising living costs, the program can provide meaningful short-term financial relief. While changes introduced in Budget 2026 mean new deferrals will accrue higher, compounded interest (prime plus 2%), the program remains a valuable option for many seniors, particularly given that repayment is not required until the

home is sold. The Seniors Advocate has encouraged seniors experiencing financial pressures to consider the program carefully and seek advice, noting that despite higher costs, it can still provide important flexibility and support for those wishing to remain in their homes.

5.3 GENERAL UPDATES & ENGAGEMENT

5.3.1 IMPROVEMENTS TO SHELTER AID FOR ELDERLY RENTERS (SAFER)

The Seniors Advocate has long called on government to address systemic issues in the SAFER program. In April 2024, the B.C. government announced changes including a one-time benefit of $430, expanded the income eligibility threshold to $37,240, increased the minimum benefit from $25 to $50, and raised the rent ceiling to $931. In April 2025, additional improvements were introduced, including a further increase in the income eligibility threshold to $40,000 and the rent ceiling to $1,150 across all communities in B.C. The Seniors Advocate has emphasized that SAFER is an essential support for low-income senior renters and continues to advocate for further improvements, including indexing the program to inflation, and strengthening its role in ensuring that SAFER recipients spend no more than 30% of their income on rent.

5.3.2 ENGAGEMENT WITH THE FEDERAL SECRETARY OF STATE FOR SENIORS

In June 2025, the Seniors Advocate met with the Honourable Stephanie McLean, federal Secretary of State for Seniors, appointed in May 2025, to discuss the work of the OSA, federal government priorities, and the key issues facing seniors both in B.C. and across Canada. The meeting provided an opportunity to share insights on emerging challenges affecting older adults and highlight areas where coordinated action could better support seniors' well-being.

5.3.3 RAISING AWARENESS OF ELDER ABUSE

Leaders from three seniors' advocacy organizations joined the Seniors Advocate to raise awareness of elder abuse on World Elder Abuse Awareness Day on June 15th. The Seniors Advocate highlighted that elder

abuse remains a serious and often hidden issue affecting older adults across B.C.; emphasized the importance of recognizing the signs of abuse, reporting concerns; and strengthening community response to protect vulnerable seniors.

5.3.4 AGEISM AWARENESS DAY

On Ageism Awareness Day (October 9), the Seniors Advocate issued a statement of the importance of recognizing and addressing ageism including attitudes that can lead to harmful stereotypes, exclusion and impact access to services and opportunities for older adults. The Advocate calls for broader efforts to advance the rights of older persons, strengthen age-friendly policies, and ensure older adults are treated with dignity and respect.

5.3.5 MEETING OF CANADA'S FOUR SENIORS ADVOCATES

In January 2026, the Seniors Advocates from British Columbia, New Brunswick, Newfoundland and Labrador met with Manitoba's newly-appointed Seniors Advocate (November 2025) marking their first meeting together. The discussions focused on strengthening interprovincial collaboration and sharing insights on key issues affecting seniors in their respective jurisdictions. The Advocates identified common priority areas including health care, housing, income security and access to services and explored opportunities to align advocacy efforts, share best practices and coordinate approaches to advance the well-being of seniors across Canada.

5.3.6 IMPROVEMENTS TO AT HOME SUPPORTS

In April 2025, the B.C. government announced additional investments to expand services and programs that support seniors in ageing safely and independently within their communities. As part of a five-year agreement with United Way BC, the Province invested $304 million to enhance and expand community-based seniors' services. These services include non-medical home supports and programs designed to help older adults remain physically active, socially connected and engaged in their communities.

6 Council of Advisors

The Office of the Seniors Advocate is informed by a Council of Advisors (COA) comprised of 15 engaged seniors from communities across British Columbia. Members bring diverse lived experiences and professional backgrounds, representing urban, rural, and remote regions of the province. Their perspectives help ensure the voices and experiences of seniors from across B.C. are reflected in the work of the Office.

In 2025, we said goodbye to five long-serving members of the COA as they completed their terms. We thank Dawn Hemingway, Geraldine Hinton, Jerry Gosling, Sandi Zeznik and Barb Mikulec for their valuable contributions and commitment to improving the lives of seniors in B.C.

The council met three times over the year, twice virtually and once in-person in Richmond to provide insight on a range of priority issues. Key topics included seniors' housing and homelessness, supports for family caregivers, and strategies for ageing in place. Members also identified emerging issues and systemic barriers facing seniors in their communities, helping to inform the work of the Office.

MEMBERS OF THE COUNCIL OF ADVISORS

FRASER REGION	INTERIOR REGION	NORTHERN REGION
Patricia Warshawski	Sharon Mackenzie	Caroline Alexander
Tom Durrie	Sandi McCreight	Lousie Holland
Thomas Tun	Vi Sorenson	Stella Hamilton

VANCOUVER COASTAL REGION	VANCOUVER ISLAND REGION
Sandra Gerbhardt	Lynn Wood
Diana Leung	Pauline Gobeil
Dominic Fung	Kamal Parmar

7 2025/26 OSA Operating Budget

The OSA budget for 2025/26 was $2.6 million, a reduction from $3.3 million in 2024/25. Total expenditures were $2.6 million. Spending focused on consulting with seniors in their communities, monitoring key services for seniors, conducting systemic reviews, and producing reports with recommendations to government and service providers aimed at addressing systemic issues and improving services.

Expenditures on professional services related to systemic reviews, reporting, and provincially standardized surveys were lower than usual because the OSA was between cycles of its five-year landmark survey of residents living in long-term care homes. Planning for the third survey is scheduled to begin in 2026/27, therefore, expenditures on professional services are expected to increase next year. Lower spending on professional services, combined with reduced travel costs due to budget restrictions, resulted in total expenditures remaining below the allocated $2.6 million budget.

EXPENSE TYPE	2025/26 BUDGET	2025/26 ACTUALS
Salaries	$1,643,000	$1,690,302
Employee Benefits	442,000	465,955
Travel	70,000	33,540
Legal Services	13,000	5,496
Professional Services	325,000	183,124
Information Services	0	1,350
Office, Business and Reporting Expenses	102,000	139,783
TOTAL EXPENSES	**$2,595,000**	**$2,519,550**

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BRITISH COLUMBIA