Monitoring Seniors Services

OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA
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OFFICE OF THE
SENIORS ADVOCATE

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We are pleased to present our fourth *Monitoring Seniors Services* report. In addition to reporting on the current status of services, we are developing a meaningful trend line on how we are performing over time, providing much greater insight on where we are improving and where we need continued focus.

The population of adults age 65 and over continues to grow. This shift in the age pyramid requires increased supports and services, and all levels of government need to develop sustainable strategies to ensure seniors are able to live at home in dignity, safety, and comfort for as long as possible.

Seniors need **housing** that is affordable, accessible, and available. We monitor this through examining the cost of home ownership and also tools available to assist homeowners, such as property tax deferral. For the 19% of senior households that are rented, we monitor rent increases and the sufficiency and availability of subsidized and other rental accommodation.

Independence is facilitated, in part, by available and accessible **transportation**. This is monitored by looking at private vehicle use, public transportation such as HandyDART, and community programs such as Better at Home and Volunteer Drivers.

Having sufficient **income** to provide for basic needs is the foundation of a dignified life at any age. Seniors are limited in their ability to affect their income as very few people remain in the paid labour force past the age of 70. The OSA monitors the sufficiency of the major income sources for seniors, including OAS, GIS, CPP and the BC Senior's Supplement.

As we age, some of us need **personal supports** to assist with activities of daily living. This report looks at the limited support available to seniors requiring assistance with crucial daily activities, such as housekeeping, shopping, and socialization.

Of course, **health care** is important at all ages. For seniors, this expands to include home and community care as assistance may be needed with bathing, dressing, and medications. For those no longer able to manage at home even with assistance, the requirement for assisted living or licensed facility care becomes a health care need. This report monitors the activities of home and community care through several measures.

This report is only possible with the significant support offered by a variety of government ministries, health authorities, and service agencies. A profound thank you to all who contributed.

Sincerely,

Isobel Mackenzie
Seniors Advocate
Province of British Columbia

Report Highlights

Health Care

- The seniors population is generally healthy, with only 8% considered frail requiring long-term care, palliative care or home support.
- 26% of emergency visits and 43% of hospitalizations were for seniors.
- 80% of alternate level of care (ALC) days were for seniors. The length of stay in ALC decreased 10% for those aged 65-84 and 9% for those aged 85 or older.
- The number of home support clients decreased 1.4% to 43,831 but the average hours of care delivered per client increased 2% to 268 hours per year.
- There was a 32% increase in the number of home care complaints over and above the 23% increase that occurred the previous year; this includes professional care, such as nursing and physical therapy, as well as home support.
- On March 31, 2018, there were 1,526 clients waiting to attend Adult Day Programs, a 23% increase over the same day last year. The number of clients attending adult day programs decreased 3% in each of the last two years.
- There was a 2% decrease in the number of subsidized registered assisted living units and a 2% decrease in the number of clients in these units. On March 31, 2018, there were 804 people waiting for subsidized assisted living, a 7% increase over last year.
- There were 549 reported serious incidents in assisted living, a 31% increase over last year; 59% of these were falls.
- The number of long-term care beds remained stable in 2018, but the number of clients decreased 2% and the median length of stay decreased 9%.
- The number of people waiting for long-term care as of March 31, 2018 increased by 7% over the same day last year. People on the waiting list (including those yet to be admitted) experienced a median wait time ranging from 14 days in Vancouver Coastal Health to 147 days in Northern Health, while admitted clients had a median wait time of 12 days.
- There were 4,163 reportable incidents in long-term care, a decrease of 10%; 57% of these were falls with injury.

Housing

- 81% of households maintained by seniors are owned and 73% of these have no mortgage.
- The Property Tax Deferment Program grew substantially in 2017/18, with a total of $209 million of property taxes deferred—a 29% increase from the previous year and an 80% increase from 2013/14. There were 13,719 new users of the program, a 27% increase from the previous year and a 155% increase from 2013/14.
- On March 31, 2018, the number of seniors aged 60 or older receiving a subsidy from Shelter Aid for Elderly Renters increased 7% over the same day last year while the target population grew 3%.

- The number of subsidized housing units for seniors continues to decrease. In 2017/18, there was a 4% decrease, while the number of people waiting at the end of the year increased 7% to 6,393. On March 31, 2018, the applicants on the waitlist had already been waiting a median wait time of 1.5 years.

Transportation

- In 2017, 78% (685,300) of seniors in B.C. maintained an active driver's licence. This was a 5% increase from the previous year. In this same year the seniors population grew 4%.
- The number of driver fitness cases opened for those aged 80 or older increased 7% from 65,800 in 2016 to 70,100 in 2017. Only 1,100 seniors (fewer than 2%) were subsequently referred for a DriveAble cognitive assessment.
- The number of active HandyDART clients across B.C. decreased 3% from 47,087 in 2016 to 45,474 in 2017; active clients with TransLink increased by 5% while those with BC Transit decreased 12%.
- There was a 0.6% increase in HandyDART ride requests (excluding client cancellations), a 0.7% increase in rides provided and a 2% decrease in unfilled rides.

Income Supports

- Between October and December 2018, low income seniors could receive up to $1,547.57 per month in federal and provincial income supports, 2.5% more than the same time last year.
- The current maximum benefit for the Canada Pension Plan (CPP) is $1,134.17 per month, a 2% increase over last year.
- In 2017, 34% of seniors received some level of Medical Services Plan (MSP) premium assistance and 4% were exempt from paying premiums. Premiums will be eliminated in 2020 to be fully replaced by the new Employer Health Tax.

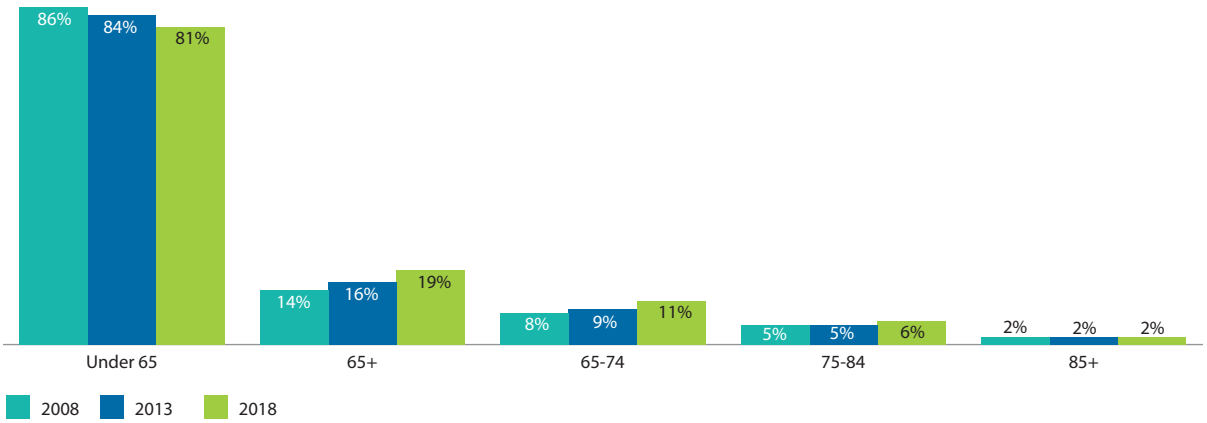
Elder Abuse

- The Public Guardian and Trustee responds to allegations and investigate cases of abuse, neglect, and self-neglect. In 2017/18 they received 1,540 referrals (excluding general inquiries), a 6% decrease from the previous year; 778 proceeded to investigation.
- The Seniors Abuse and Information Line (SAIL) received 1,546 calls related to abuse in 2017, a 2% decrease from the previous year.
- The bc211 helpline received 300 calls related to elder abuse in 2017/18. These calls have been declining, decreasing 8% in 2017/18 and 19% in 2016/17.
- Reported offences against seniors are rising; there was an 11% increase in violent offences and a 1% increase in property offences reported to the RCMP, as well as a 20% increase in physical abuse cases and 26% increase in financial abuse cases reported to the Vancouver Police Department.

Contents

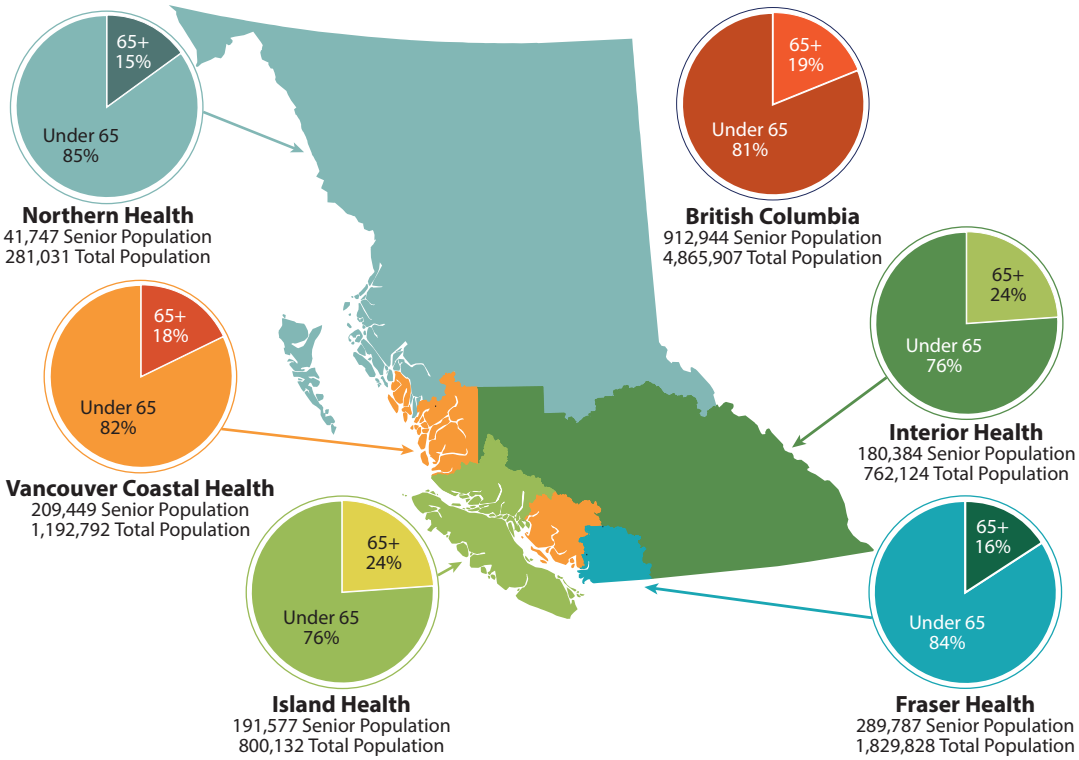
B.C. Seniors Demographics

In 2018, the total population of B.C. was 4,865,907, a 1% increase over 2017. The number of people aged 65 or older (912,944) increased 4% over last year and the number aged 85 or older (119,846) increased 5%. The proportion of the population aged 65 or older grew 36% from 2008 to 2018, with the largest increase observed in the 65-74 age cohort. The proportion of seniors aged 85 or older grew very little, remaining at approximately 2% of the population. In this report, seniors are defined as people who are aged 65 years or older. Seniors comprised 19% of B.C.'s population in 2018.



Source: (1)

The proportion of seniors ranges from 15% in Northern Health to 24% in Interior and Island Health.



Source: (1)

Health Care

A comprehensive continuum of health care services is required to provide optimal care and support for seniors in B.C., including primary health care, specialist care, chronic disease management programs, hospital care, home care, long-term care and palliative care. General practitioners, also known as family doctors, are the gatekeepers to health care in B.C. While most seniors in the province have a family doctor to manage their care, the lack of a family doctor is most problematic for those with complex chronic health conditions. Overall, in B.C., seniors are generally healthy and independent as they age; approximately 6% of seniors were diagnosed with dementia in 2016/17, and 8% of seniors were considered to be frail requiring long-term care, palliative care, or home support.

Hospital Care

Hospitalizations and Emergency Department Visits

When seniors experience an acute problem with their health, a visit to the emergency department or an admission to hospital may be necessary, but seniors do not comprise the majority of emergency department visits and hospitalizations.

In 2016/17, 26% of the 2.1 million visits to the emergency department and 43% of the 904,000 hospitalizations across B.C. were for seniors. There were 552,238 visits by seniors to emergency departments and 390,924 hospitalizations. Of these, 30% and 26% respectively were frail[i] seniors. While emergency visits and hospitalizations increased between 2015/16 and 2016/17, the seniors population increased at almost the same rate. The average length of stay is two and a half times longer for the frail elderly than for all seniors.

Hospital Care in B.C., 2015/16-2016/17

	2015/16			2016/17		
	Under 65	Seniors 65+	Frail Elderly*	Under 65	Seniors 65+	Frail Elderly*
Hospitalizations	508,704	376,900	96,584	513,165	390,924	100,293
Average Length of Stay (Days)	2.7	5.1	12.7	2.7	4.8	12.1
Emergency Department Visits	1,576,590	531,699	161,729	1,567,462	552,238	166,147

Note: * The data for frail elderly are a subset of the data for seniors aged 65+.

Source: (2)

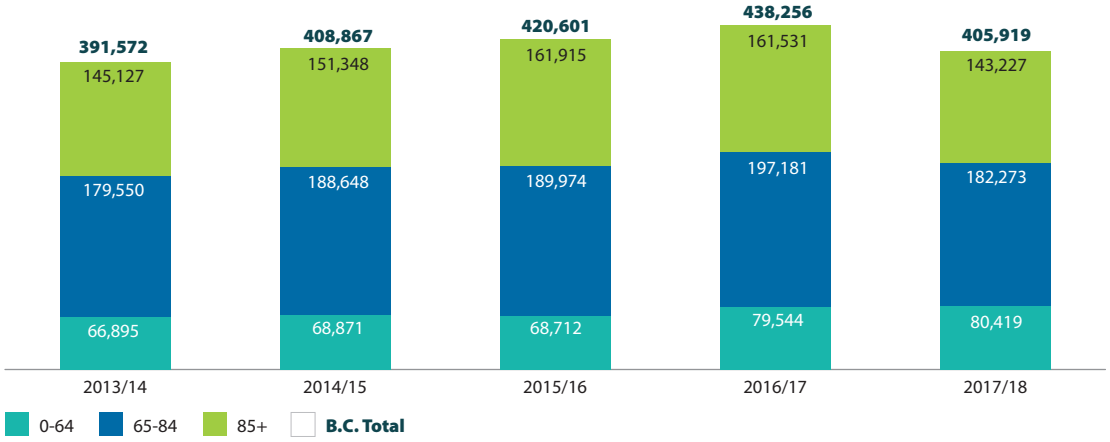
[i] The frail population is identified in the Health System Matrix by the following criteria: (1) B.C. residents living in the community and receiving professional home care services or publicly funded services to assist with activities of daily living, (2) B.C. residents who receive selected support services from health authorities for activities of daily living and who have one or more high chronic conditions as defined in the Chronic Disease Registry, (3) B.C. residents in long-term care facilities that provide 24-hour nursing care and assistance with activities of daily living, or (4) B.C. residents who received palliative care services.

Alternate Level of Care

Alternate level of care (ALC) is the care level designation given when patients occupy a hospital bed after their treatment has ended and they no longer require acute care services. Other non-acute medical conditions can prevent discharge from hospital to home, resulting in waiting periods until suitable care services, such as long-term care or home support, become available or medical conditions change. ALC status begins at the time the designation decision is made by care professionals and ends when patients leave their ALC settings.

In B.C. in 2017/18, there were approximately 406,000 hospital inpatient days designated as ALC; 20% were for patients age 0-64 years, 45% for 65-84, and 35% for those aged 85 or older. The total number of ALC days increased consistently for all age groups between 2013/14 and 2016/17. In 2017/18, the total number of ALC days for seniors decreased while they continued to increase for the younger population.

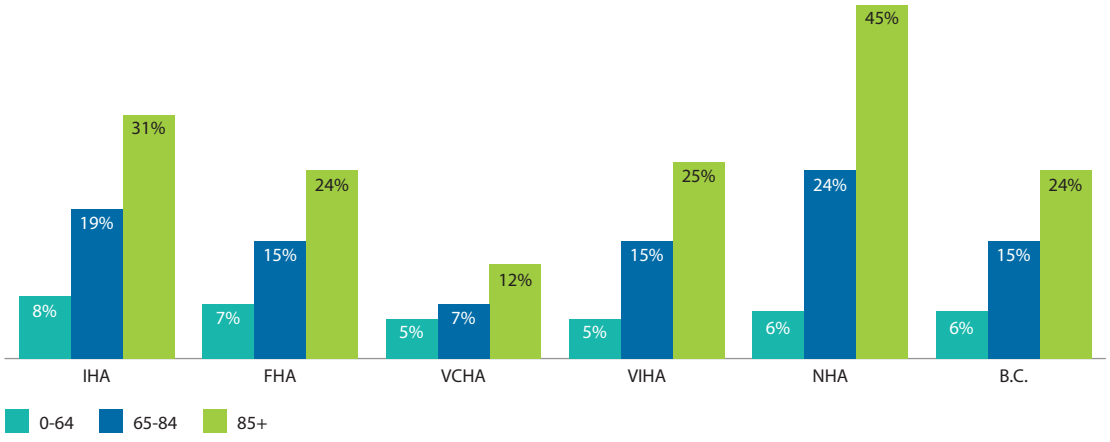
Total ALC Days by Age Group of Patients, 2013/14-2017/18



Source: (3)

The population aged 85 or older had the highest rate of ALC days in all health authorities, particularly noticeable in Northern Health, where almost half of inpatient days for this age group were ALC.

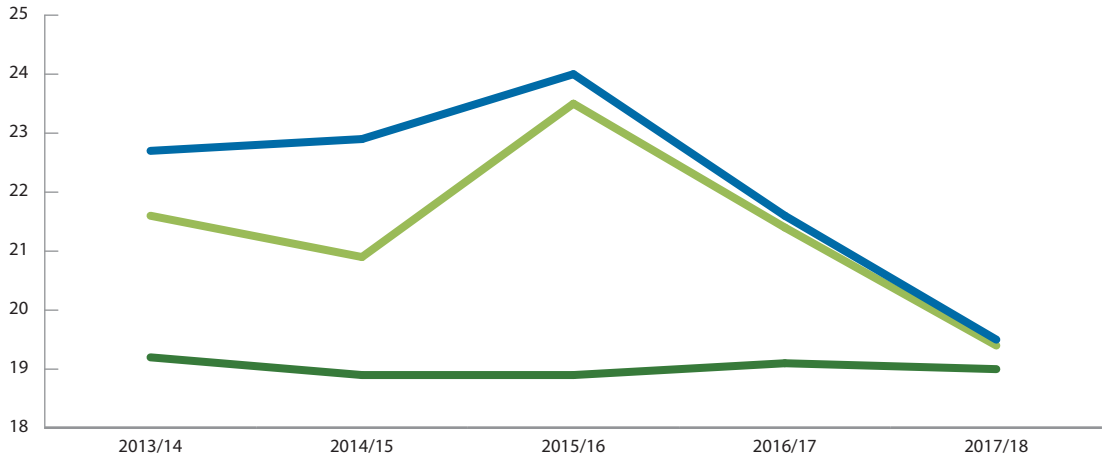
ALC Days as a Percent of Total Inpatient Days by Age Group, 2017/18



Source: (3)

In 2017/18, the average length of stay in ALC for all age groups was 19 days. The length of stay in ALC decreased 10% for those aged 65-84, 9% for those aged 85 or older, and 1% for those younger than 65. These decreases are evident across all health authorities for the seniors populations, but for the younger population Island Health showed a 10% increase and Northern Health a 39% increase in the average ALC days.

Average Length of Stay in ALC by Age Group, 2013/14-2017/18

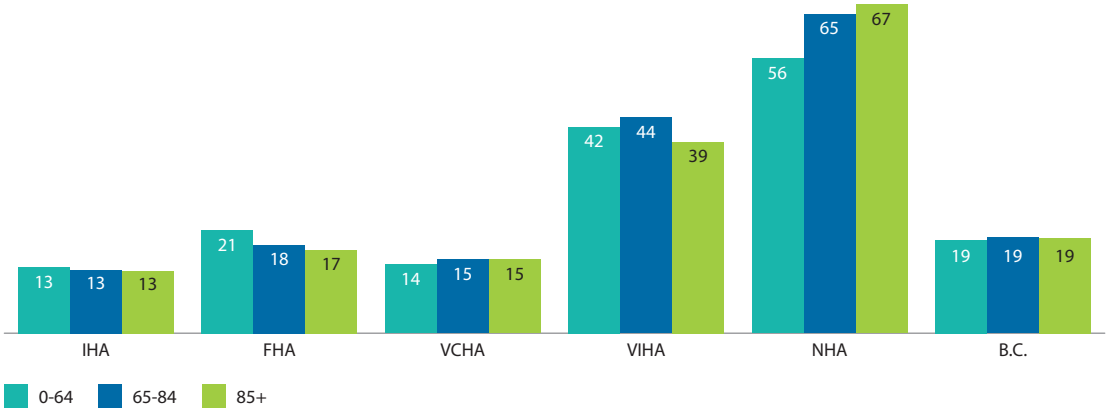


	2013/14	2014/15	2015/16	2016/17	2017/18
0-64	19.2	18.9	18.9	19.1	19.0
65-84	22.7	22.9	24.0	21.6	19.5
85+	21.6	20.9	23.5	21.4	19.4

Source: (3)

The average length of stay in ALC is substantially longer in Northern and Island Health Authorities for all age groups.

Average Length of Stay in ALC by Health Authority, 2017/18



Source: (3)

Home and Community Care

Home Care

Home Support

Home support is part of the Home and Community Care Program delivered by community health workers. The service helps clients with their daily personal care activities, such as bathing, dressing, or toileting, but does not include grocery shopping, driving to appointments, laundry, or cleaning. Case managers assess clients to determine the services and hours for which clients may qualify. Home support is provided on a long-term basis for clients with ongoing needs and on a short-term basis for clients with time limited needs, such as immediately following discharge from hospital. This short-term service is paid for by the health authority, but long-term clients may be required to pay a co-payment amount based on income.

Cost of Home Support

In B.C., the daily rate, or client contribution, is calculated based on client and spousal income. If both members of a couple are eligible for and receiving home support services, health authorities must assess each individual the full daily rate. However, health authorities must ensure only one member of the couple is charged per service day. If either person receives earned income, they will pay no more than $300 per month, but the following types of income are exempt:

- Guaranteed Income Supplement, spouse's allowance or the survivor's allowance under the *Old Age Act* (Canada);
- Income assistance under the *Employment and Assistance Act*;
- Disability assistance under the *Employment and Assistance for Persons with Disabilities Act*; or
- War Veterans Allowance under the *War Veterans Allowance Act* (Canada).

Source: (4)

In B.C., 64% of long-term home support clients receive their services free of charge and 36% are assessed a daily rate. These data report on the assessed daily rate amount only and are not adjusted for couples who may only pay one amount, nor those clients who pay the maximum of $300 per month.

Home Support Client Contributions per Day, 2017/18

Notes: Includes long-term home support and Choice in Supports for Independent Living (CSIL)

Source: (5)

Home Support Clients

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

In 2017/18, there were 43,831 clients receiving publicly subsidized home support services; approximately 88% were 65 or older and 73% were 75 or older. The number of home support clients declined in Fraser, Island, and Northern health authorities in 2017/18 and remained essentially the same in Interior and Vancouver Coastal while the seniors population grew across the province (3.5% for 65 or older and 2.4% for 80 or older).

Number of Clients Receiving Home Support, 2013/14-2017/18

Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
IHA	8,361	8,797	9,291	9,460	9,471	0.1%
FHA	12,225	12,934	13,691	14,408	14,166	-1.7%
VCHA	9,318	8,937	8,674	9,457	9,449	-0.1%
VIHA[1]	9,470	9,492	9,335	9,553	9,286	-2.8%
NHA	1,545	1,598	1,696	1,744	1,670	-4.2%
B.C.[1]	**40,624**	**41,603**	**42,465**	**44,442**	**43,831**	**-1.4%**

Note: 1. Island Health submitted data directly to the Office of the Seniors Advocate that have not been verified by the Ministry of Health. As a result, distinct client counts are estimated at the B.C. level.
Source: (6) and direct submission from Island Health

Home Support Hours

The total home support hours delivered to clients increased in Interior, Fraser, and Vancouver Coastal, and decreased in Island and Northern health authorities in 2017/18, most notably in Island Health, where the number of hours declined in each of the last five years.

Number of Home Support Hours Delivered, 2013/14-2017/18

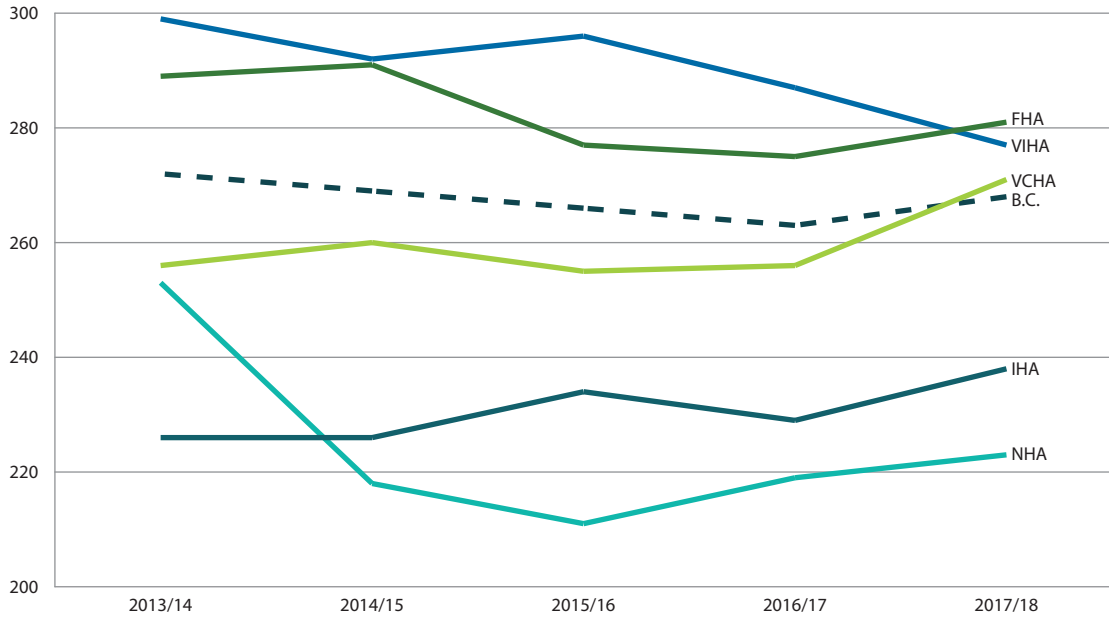
Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
IHA	1,888,484	1,988,380	2,177,947	2,167,997	2,254,872	4.0%
FHA	3,533,533	3,766,283	3,798,375	3,956,786	3,976,091	0.5%
VCHA	2,387,180	2,320,491	2,215,584	2,423,377	2,557,964	5.6%
VIHA[1]	2,833,632	2,770,054	2,763,644	2,741,720	2,576,084	-6.0%
NHA	391,563	349,041	358,070	382,334	371,628	-2.8%
B.C.[1]	**11,034,392**	**11,194,249**	**11,313,620**	**11,672,214**	**11,736,639**	**0.6%**

Note: 1. Island Health submitted data directly to the Office of the Seniors Advocate that have not been verified by the Ministry of Health.
Source: (6) and direct submission from Island Health

[ii] Choice in Supports for Independent Living (CSIL) is a self-directed option for eligible home support clients. CSIL clients receive funds directly from their local health authority to purchase their own home support services.

In 2017/18, on average there were 268 hours of care delivered per client per year, or five hours per week. After a trend of declines over the last four years, average hours of care increased 2% in 2017/18. Only Island Health reported a decrease in average home support hours in 2017/18.

Average Hours of Care Delivered per Home Support Client, 2013/14-2017/18



	2013/14	2014/15	2015/16	2016/17	2017/18
IHA	226	226	234	229	238
FHA	289	291	277	275	281
VCHA	256	260	255	256	271
VIHA[1]	299	292	296	287	277
NHA	253	218	211	219	223
B.C.[1]	272	269	266	263	268

Note: 1. Island Health submitted data directly to the Office of the Seniors Advocate that have not been verified by the Ministry of Health. As a result, distinct client counts used in these calculationsare estimated at the B.C. level.
Source: (6) and direct submission from Island Health

Most home support hours are delivered under long-term support (92%), with short-term service making up 8% of total home support hours. While there has been a trend of increasing long-term home support clients and hours since 2013/14, in 2017/18 the number of clients decreased 2% while the hours increased 1%. Short-term home support service also rose from 2013/14 to 2016/17. The 2017/18 client count remained the same while hours decreased 1%. Average hours of home support increased 2% for long-term clients and decreased 1% for short-term clients in 2017/18.

Home Support by Service Type, 2013/14-2017/18

	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
Number of Home Support Clients						
Long-Term	30,429	30,486	30,643	31,761	31,239	-1.6%
Short-Term	14,740	15,954	17,134	18,552	18,550	0.0%
Number of Home Support Hours						
Long-Term	10,280,695	10,417,087	10,486,942	10,733,001	10,807,237	0.7%
Short-Term	753,673	777,161	826,677	939,215	929,400	-1.0%
Average Hours of Home Support by Type						
Long-Term	337.9	341.7	342.2	337.9	346.0	2.4%
Short-Term	51.1	48.7	48.2	50.6	50.1	-1.0%

Note: 1. Island Health submitted data directly to the Office of the Seniors Advocate that have not been verified by the Ministry of Health. As a result, distinct client counts are estimated at the B.C. level.
Source: (6) and direct submission from Island Health

Professional Home Care Services

Professional services are also part of the Home and Community Care Program and include nursing, physical therapy (PT), occupational therapy (OT), and nutritional and social work services provided by registered professionals, but excludes case management. These services are provided on a short-term basis only, to address health issues after discharge from hospital or an episodic illness or injury. Unlike home support, there is no client co-payment for professional services.

Professional Home Care Clients

In the following data, clients who receive professional home care services in more than one health authority in the same year are counted in each health authority's total, but only once at the B.C. level. Columns, therefore, cannot be summed.

In 2017/18, 93,651 clients received professional home care services in B.C., 72% of whom were 65 or older, and 52% were 75 or older. Overall, the number of professional services clients increased 1.5%. This was primarily due to an increase of 10.2% in Interior Health. There were decreases in Fraser Health (3.5%), Island Health (3.3%) and Northern Health (9.3%).

Professional Home Care Clients, 2013/14-2017/18

Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
IHA	22,204	24,431	26,063	27,591	30,407	10.2%
FHA	20,652	20,786	21,246	22,616	21,819	-3.5%
VCHA	18,358	19,066	19,114	19,809	20,137	1.7%
VIHA	17,946	17,811	17,823	19,067	18,444	-3.3%
NHA	3,882	3,673	3,508	3,653	3,315	-9.3%
B.C.	**82,650**	**85,333**	**87,315**	**92,262**	**93,651**	**1.5%**

Source: (6)

Professional Home Care Visits

In 2017/18, almost 1.2 million professional home care service visits were made across the province. The number of visits increased 9.6% in Interior Health but decreased in all other health authorities so that the overall change was very small (-0.1%).

Professional Home Care Visits, 2013/14-2017/18

Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
IHA	257,948	289,396	295,890	300,364	329,164	9.6%
FHA	247,376	249,336	258,861	279,392	270,169	-3.3%
VCHA	225,038	238,568	241,745	249,491	246,928	-1.0%
VIHA	253,401	254,545	266,463	292,152	275,721	-5.6%
NHA	58,992	58,348	47,689	48,423	46,172	-4.6%
B.C.	**1,042,755**	**1,090,193**	**1,110,648**	**1,169,822**	**1,168,154**	**-0.1%**

Source: (6)

Home Care Complaints

All clients are encouraged to try to resolve issues immediately by speaking with the person who provided the care or the manager of the area. If a satisfactory response is not received, the complaint may be escalated to the Patient Care Quality Office (PCQO) at the health authority. The PCQO registers complaints about the care received and works with the client to identify a reasonable resolution. If the matter is still unresolved, it may be escalated to the Patient Care Quality Review Board, which reports directly to the Minister of Health, for an independent assessment.

The PCQO cannot separate complaints data received for home support and professional services. The data below includes all complaints from the home care sector. In 2017/18, 699 complaints were received by the PCQO, of which 9 (1.3%) were reviewed by the Patient Care Quality Review Board. The number of complaints increased in Interior Health (71%), Fraser Health (51%) and Island Health (45%), and decreased in Vancouver Coastal Health (-16%) and Northern Health (-32%); across B.C., there was an aggregate 32% increase in the number of home care complaints.

While the reasons for complaints cover a broad range of concerns, in 2017/18, 66% were about:

- care (30%) – primarily delayed, disruptive, or inappropriate care,
- accessibility (26%) – primarily programs or services, delayed, denied or not available, and
- communication (10%) – primarily inadequate/incorrect information or family/carers not informed.

Home Care Complaints Received by the Patient Care Quality Office, 2013/14-2017/18

Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18	% Change Over Last Year
IHA	49	45	44	58	99	71%
FHA	195	217	173	189	285	51%
VCHA	46	65	79	139	117	-16%
VIHA	122	123	122	129	187	45%
NHA	19	13	12	16	11	-31%
B.C.	**431**	**463**	**430**	**531**	**699**	**32%**

Source: (7)

Community Programs

Adult Day Programs

Adult Day Programs (ADP) are publicly subsidized services that assist seniors and adults with disabilities to continue to live in their own homes by providing supportive group programs and activities in the community. Clients attending these services travel to a location within their own community each week where they may receive personal assistance, health care services, therapeutic social and recreational activities, health education or caregiver support. Many ADPs are connected with long-term care facilities, while others operate independently. A nominal daily rate, not exceeding $10, may be charged to clients to assist with the cost of craft supplies, transportation (if provided), and meals. This fee may be waived if serious financial hardship would prevent a client from accessing the services. (8)

Adult Day Program Clients and Days of Service

The number of clients attending adult day programs decreased 3% in each of the last two years. The days of service also decreased by13% in 2016/17 and 4% in 2017/18. Approximately 97% of clients attending in 2017/18 were aged 65 or older and 84% were 75 or older.

Adult Day Program Clients[1], 2013/14-2017/18

Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
IHA	1,787	1,781	1,819	1,667	1,614	-3.2%
FHA	1,519	1,512	1,535	1,634	1,721	5.3%
VCHA	1,276	1,297	1,254	1,137	994	-12.6%
VIHA[2]	1,302	1,310	1,324	1,325	1,308	-1.3%
NHA	418	339	349	313	266	-15.0%
B.C.[2]	**6,295**	**6,229**	**6,271**	**6,062**	**5,895**	**-2.8%**

Notes:
1. Clients who attend ADP in more than one health authority in the same year are counted in each health authority's total, but only once at the B.C. level. Columns, therefore, cannot be summed.
2. Island Health submitted data directly to the Office of the Seniors Advocate that have not been verified by the Ministry of Health. As a result, distinct client counts are estimated at the B.C. level.

Source: (6) and direct submission from Island Health

Adult Day Program Days, 2013/14-2017/18

Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
IHA	67,593	64,564	67,842	65,011	61,253	-5.8%
FHA	61,405	64,062	64,434	62,752	66,721	6.3%
VCHA	60,062	60,593	59,528	32,209	30,435	-5.5%
VIHA[1]	46,141	51,576	53,029	51,983	48,099	-7.5%
NHA	20,488	18,817	16,832	14,615	11,482	-21.4%
B.C.[1]	**255,689**	**259,612**	**261,665**	**226,570**	**217,990**	**-3.8%**

Note: 1. Island Health submitted data directly to the Office of the Seniors Advocate that have not been verified by the Ministry of Health.
Source: (6) and direct submission from Island Health

The number of days that each client attends depends on the type of ADP in which they participate. On a single day, March 28, 2018, there were 1,542 funded spaces available across the province. Almost two-thirds of these spaces were for clients attending five days per week. Some spaces were unused; not all health authorities track this. On March 31, 2018 there were 1,526 clients waiting to access ADP services, 23% more than last year on the same day, and the average wait time ranged between 42 and 112 days.

Clients on the Waitlist for Adult Days Programs, as of March 31, 2018

Health Authority	Number of Adult Day Programs	Number of Clients Waiting	Average Wait Time	Median Wait Time	Number of Clients Waiting for Additional Days
IHA	35	134	62	34	n/a
FHA	18	524	112	62	91
VCHA	17	367	64	42	15
VIHA	20	489	85	56	102
NHA	5	12	42	24	n/a
B.C.	**95**	**1,526**	**87***	**n/a**	**208**

Note: *The B.C. average is a calculated weighted average.

Source: (9)

Other Community Support Programs for Seniors

Seniors Centres

Seniors centres and community centres throughout the province provide social, educational and recreational activities for older adults. These centres are generally run by not-for-profit organizations. Many seniors centres require an annual membership fee (generally less than $100[iii]) that allows seniors to participate in activities for free or at a discounted rate. Some of these centres allow non-members to participate for a nominal fee. Other centres do not require membership, but charge a fee for each activity. The goal of the programs provided at each centre is to help seniors maintain, improve and develop new skills, interests and social opportunities, and to enhance quality of life.

[iii] The cost of membership at a seniors centre is based on the scan of numerous centre websites.

New Horizons

The New Horizons for Seniors Program is a federal grants and contributions program that supports projects led or inspired by seniors who make a difference in the lives of others and their communities. The program has two funding streams: community-based grants (up to $25,000 per year per organization) and pan-Canadian grants and contributions (up to $750,000 for 3 years). Approved projects must address one of the five program objectives:

- promote volunteerism among seniors and other generations;
- engage seniors in the community through the mentoring of others;
- expand awareness of elder abuse, including financial abuse;
- support the social participation and inclusion of seniors; or
- provide capital assistance for new and existing community projects and/or programs for seniors.

In 2017/18, there were 248 approved community-based projects in B.C. with a total funding of $4.7 million. The projects are based in 41 communities across the province and cover a wide variety of social and educational opportunities for seniors. Although there were nine pan-Canadian projects approved in B.C. in 2015/16, there have not been any new ones since.

Source: (10) (11)

Personal Support Programs

First Link® Dementia Support

First Link® is a government-funded dementia support program, run by the Alzheimer Society of B.C. Available in 83 communities throughout the province, First Link® connects people with dementia, their caregivers and their families to support and learning opportunities at the time of diagnosis or at any point in the progression of the disease. In 2017/18, the Society supported 15,922 active clients, a 10% increase over the previous year.

Increases in the use of First Link® occurred in all health authorities across the province. The number of new clients increased 49% to 5,489 in 2017/18 over the previous year. Of these, 60% were self-directed contacts and 40% were referred by health care providers. There has been a 9% increase in formal referrals to the program. Due to the implementation of a new electronic attendance tracking tool, the Society is better able to identify most unique participants. This appears as a spike in self-directed contacts from the previous year.

Source: (12)

Better at Home

Better at Home is a government-funded program that helps seniors with daily tasks so that they can continue to live independently in their own homes. The program is managed by the United Way; services, designed to complement existing government home support services, are provided by local non-profit organizations.

In 2017/18, there were 4,609 new participants in the Better at Home program, a 15% decrease from 2016/17. There were 11,596 active clients, of which 93% were 65 or older and 29% were 85 or older. These clients received 179,446 services, including light housekeeping (47%), friendly visiting (17%), transportation (13%), grocery shopping (7%), light yard work (4%), snow shoveling (2%), home repairs (1%), and a variety of other services (8%). Thousands of volunteers throughout the province provided nearly 40% of all services.

Source: (13)

Assisted Living

Assisted living is a housing option that provides seniors with enhanced supports to maintain their independence. In B.C., three versions of assisted living exist: subsidized registered, private registered, and private non-registered. Registered assisted living is regulated under the *Community Care and Assisted Living Act (CCALA),* which allows facilities to provide residents up to two of six prescribed services; typically, assistance with activities of daily living and administration of medication. Legislative changes to the *CCALA* have been approved that will eliminate the restriction to two prescribed services but regulations are still under review. In private non-registered assisted living, these prescribed services cannot be provided by the operator of the facility. Residents must make their own arrangements for any personal/nursing care needs and may use subsidized home support.

Assisted Living Residences

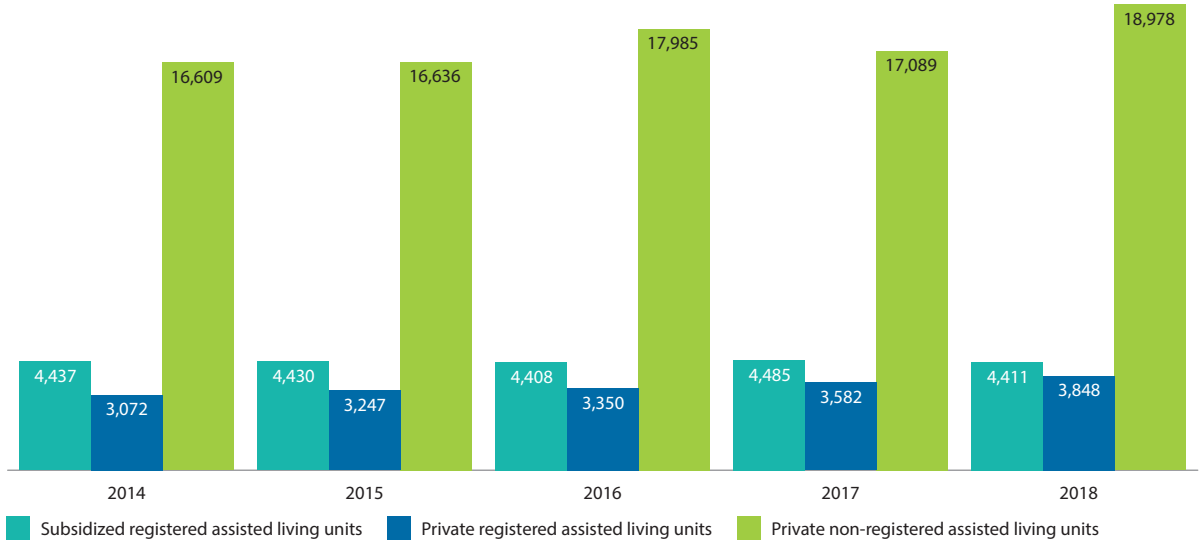
In B.C., as of March 31, 2018, there were

- **4,411 subsidized registered assisted living units**, a 2% decrease over last year, and
- **3,848 private registered assisted living units**, a 7% increase over 2017.

As of June 2018, there were **18,978 private non-registered assisted living units** in B.C., an 11% increase over 2017. While the number of units of this type has increased each year over the last five years, the vacancy rate has declined each year from 10.9% in 2014 to 3.0% in 2018, but is still higher than the province's vacancy rate of 1.1% for a one-bedroom apartment.

Source: (15)(36)

Number of Assisted Living Units in B.C., 2014-2018



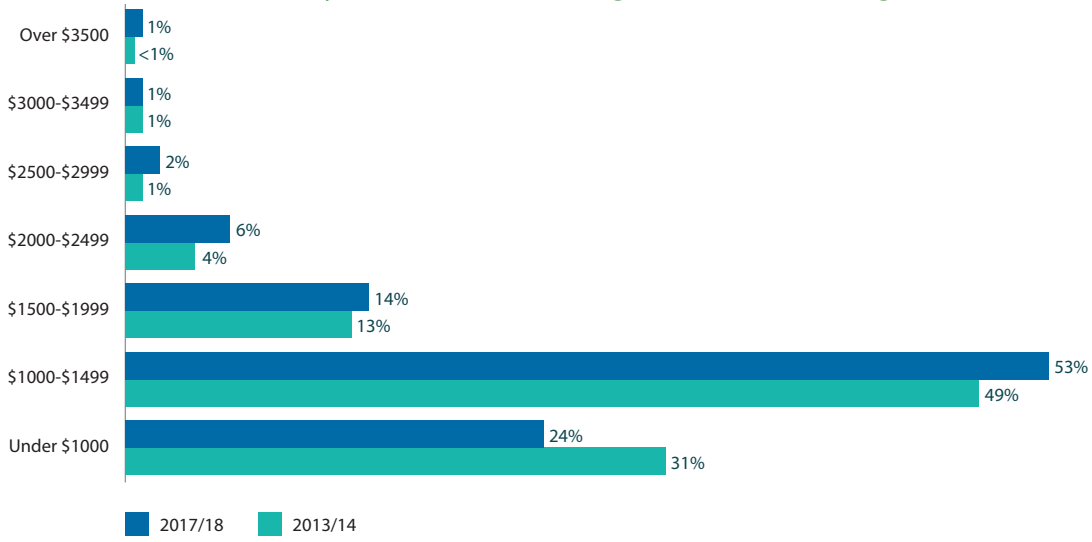
Sources: (14) (15)

Cost of Assisted Living

In **subsidized registered assisted living**, residents pay a set monthly rate of 70% of their net income, up to a maximum rate which is a combination of the market rate for housing and hospitality services for the respective community and the actual cost of personal care services. In 2017, the minimum monthly cost for a single client was $931.50 and $1,501.80 per couple. In 2018, the minimum monthly cost for a single client was $1,000.80 and $1,524.40 per couple.

There has been a shift in the co-payment amounts between 2013/14 and 2017/18. In 2013/14, 31% of clients paid less than $1,000 per month. The proportion of clients in this group dropped each year, to 24% in 2017/18. More assisted living clients now pay a higher monthly fee; in 2017/18, 53% pay $1,000-1,499 and the proportion paying higher amounts also grew marginally.

Distribution of Client Co-Payments in Subsidized Registered Assisted Living, 2013/14 and 2017/18



Source: (5)

The cost of **private registered assisted living** varies by type of unit and geographic location. The BC Seniors Living Association (BCSLA) does a biennial survey on the cost of private assisted living. The latest survey (2017) covers both independent living (a combination of housing and hospitality services for functionally independent seniors capable of directing their own lives) and private pay assisted living regulated under the *CCALA*. Although there are a range of additional fees that can affect a resident's monthly costs, the table below shows the median rental rates. Median rates in North and West Vancouver far exceeded the rest of the province, although Vancouver, South Surrey, and Greater Victoria were not far behind. The average rent increase in 2017 was 2.7%.

Median Rental Rates for Private Registered Assisted Living, 2017

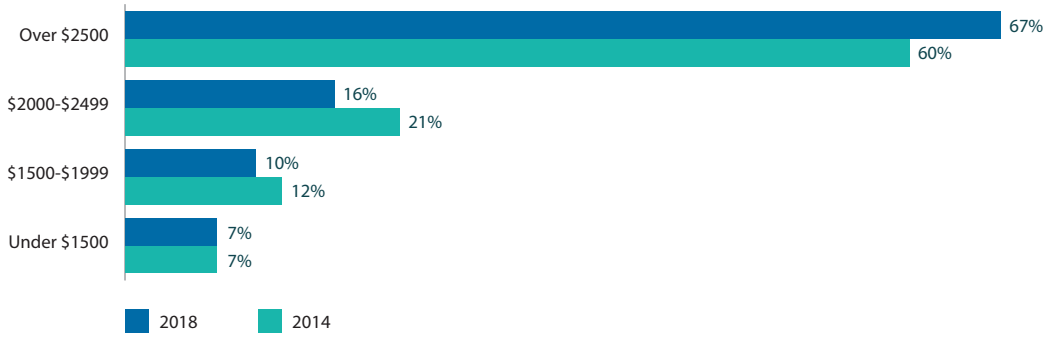
Unit Type	Survey respondents listing:	
	Only private pay assisted living	Combined residences*
Studio units	$2,558	$2,600
1 bedroom units	$3,818	$3,275
1 bedroom + den units	$5,100	$3,866
2 bedroom units	$3,775	$4,200

Note: * Includes residences that offer a combination of at least two types of services including Independent Living, Private Pay Assisted Living, Funded Assisted Living, Licensed Care and/or Memory Care.

Source: (16)

The cost of **private non-registered assisted living** is increasing. The proportion of units costing more than $2,500 increased 2 percentage points to 67% over last year, and 7 percentage points since 2014. The number of units costing less than $2,500 has steadily decreased since 2014.

Distribution of Rental Rates for Private Non-Registered Assisted Living, 2014 and 2018



Note: Breakdown of rental prices above $2,500 is not available.

Source: (15)

Clients in Subsidized Assisted Living

Since there is occupancy turnover throughout the year, there will be more clients in subsidized assisted living throughout the year than there are units. After a trend of an increasing number of clients between 2013/14 and 2016/17, there was a decline of 2% in 2017/18. All health authorities had fewer clients in assisted living except Interior Health where there was an increase of 2%.

Assisted Living Clients, 2013/14-2017/18

Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
IHA	1,194	1,182	1,222	1,238	1,263	2.0%
FHA	1,704	1,742	1,765	1,818	1,765	-2.9%
VCHA	1,395	1,420	1,432	1,464	1,436	-1.9%
VIHA	1,237	1,301	1,324	1,301	1,276	-1.9%
NHA	377	388	383	390	365	-6.4%
B.C.	**5,893**	**6,018**	**6,105**	**6,196**	**6,093**	**-1.7%**

Source: (6)

Days of Service in Subsidized Assisted Living

The average number of days of service (per year) in subsidized assisted living has not changed substantially, increasing from 296 days in 2013/14 to 305 days in 2017/18.

Average Days of Service in Assisted Living, 2013/14-2017/18

Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
IHA	272	278	274	271	264	-2.6%
FHA	286	285	290	290	301	3.8%
VCHA	325	324	326	321	325	1.2%
VIHA	299	303	308	316	328	3.8%
NHA	283	280	285	279	299	7.2%
B.C.	**296**	**297**	**300**	**299**	**305**	**2.0%**

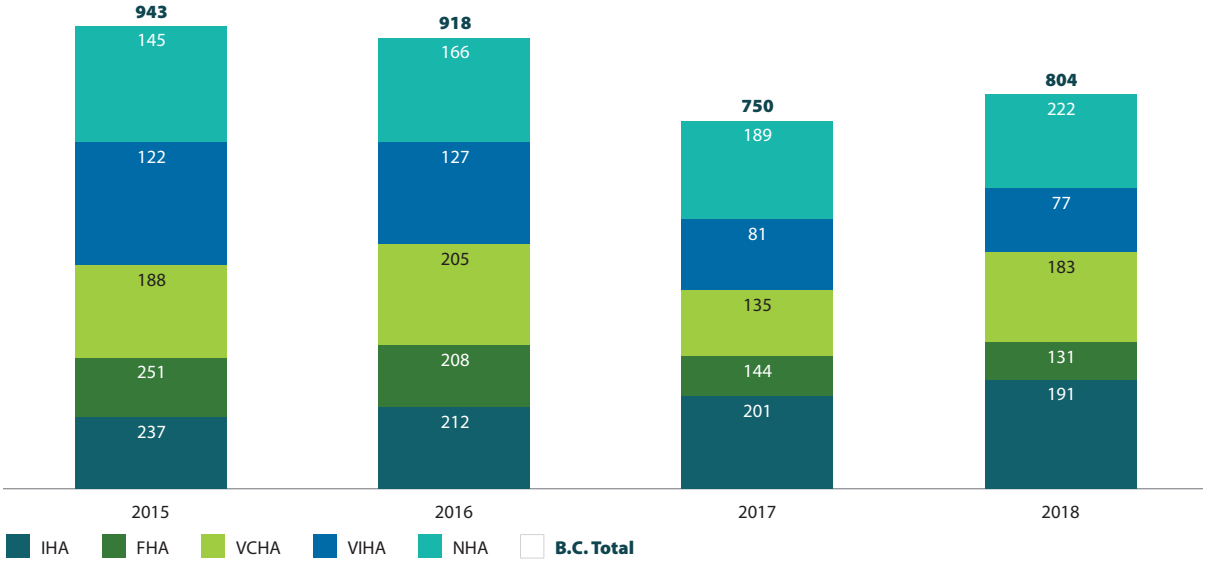
Source: (6)

Waitlist for Subsidized Assisted Living

In Fraser Health, Interior Health, and Vancouver Coastal Health, waitlists for subsidized assisted living are managed centrally, but clients may choose the residence to which they wish to apply. In Island Health and Northern Health, clients may place themselves on waitlists for multiple assisted living residences and may choose to wait for a unit to become available in their preferred residence.

There were 804 individuals waiting for subsidized registered assisted living on March 31, 2018. While there was an 18% drop in the number of people waiting on March 31, 2017 from the previous year, the list increased again 7% in 2018.

Number of People on the Waitlist for Subsidized Registered Assisted Living, 2015-2018

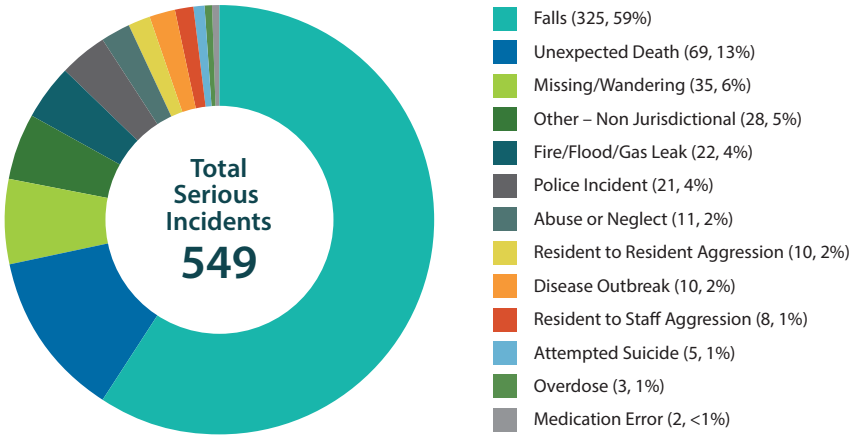


Source: (9)

Reportable Incidents for Registered Assisted Living

All registered assisted living residences are required to report serious incidents, where the health or safety of a resident may have been at risk, to the Assisted Living Registrar (ALR). In 2017, there were 549 incidents reported across B.C., a 31% increase over the previous year. Falls (59%) were by far the most common, followed by unexpected deaths (13%), and missing or wandering residents (6%). These three categories account for 78% of all reported incidents.

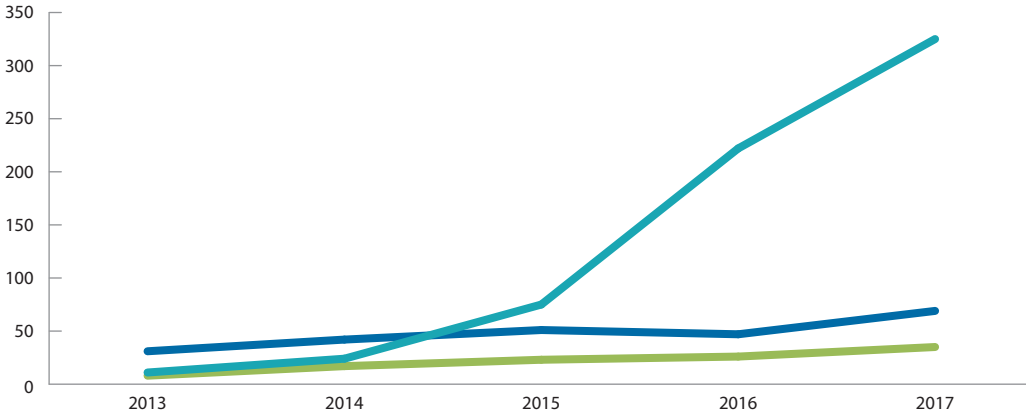
Serious Incidents in Registered Assisted Living Residences, 2017



Source: (14)

The rate of falls has been increasing dramatically, 46% in 2017. This may still be the effect of the new policy implemented in 2016 encouraging operators to properly report on falls. Unexpected deaths and missing or wandering residents are also on the rise, increasing 47% and 35% respectively.

Top Three Types of Serious Incidents in Registered Assisted Living Residences, 2013-2017



	2013	2014	2015	2016	2017
Falls	11	24	75	222	325
Unexpected Death	31	42	51	47	69
Missing/Wandering	8	17	23	26	35

Note: In 2016, the Assisted Living Registrar made a policy change encouraging operators to properly report falls, accounting for the large increase in reported falls.

Source: (14)

Falls in Registered Assisted Living Residences, 2013-2017

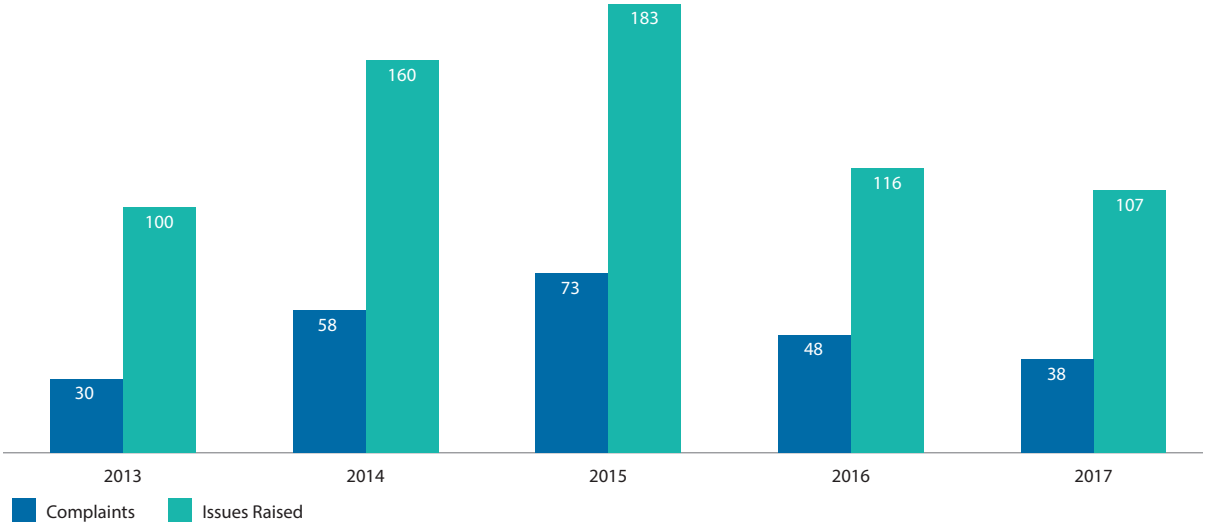
Health Authority	2013	2014	2015	2016	2017	Change from 2015 to 2016	Change from 2016 to 2017	Change from 2015 to 2017
IHA	6	10	25	52	85	108%	63%	240%
FHA	1	5	11	33	59	200%	79%	436%
VCHA	1	6	10	12	46	20%	283%	360%
VIHA	3	2	25	125	133	400%	6%	432%
NHA	0	1	4	0	2	-100%	n/a	-50%
B.C.	**11**	**24**	**75**	**222**	**325**	**196%**	**46%**	**333%**

Source: (14)

Complaints in Registered Assisted Living

The Assisted Living Registry (ALR) ensures that both subsidized and private registered assisted living residences comply with the *CCALA* and its associated regulations; it does not track the number of complaints that have been substantiated. In 2017, the ALR received 38 complaints. Complaints decreased 34% between 2015 and 2016 and 21% between 2016 and 2017.

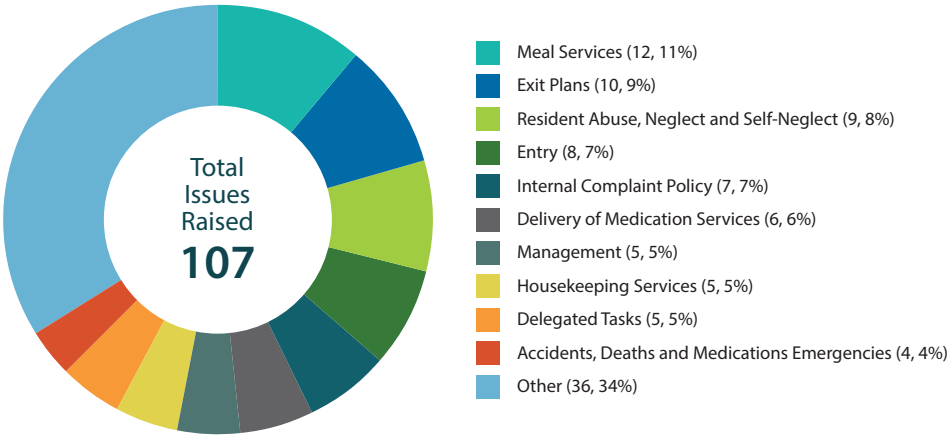
Complaints About Registered Assisted Living Residences, 2013-2017



Source: (14)

The 38 reported complaints raised 107 issues, with the most frequently cited challenges pertaining to meals services, exit plans, and resident abuse and neglect.

Top Ten Issues Raised in Complaints About Registered Assisted Living Residences, 2017



Note: * "Other" includes 14 categories that all had 4 or fewer issues raised.

Source: (14)

Site Inspections for Registered Assisted Living

Inspections and investigations are conducted by the ALR at initial registration and then as needed based on complaints received. Over the past five years, the number of inspections has ranged from 10 to 22 in a year. In 2017, the ALR conducted 17 site inspections for the following reasons:

- 6 for health and safety complaints;
- 1 for a possible unregistered residence;
- 6 conducted prior to registering a residence; and
- 4 for site visits.

Source: (14)

Long-Term Care

Long-term care (formerly referred to as residential care) facilities offer seniors 24-hour professional supervision and care in a safe and secure environment. The data presented in this section cover long-term care facilities that receive public funding, including those operated by health authorities and those contracted by the health authority to provide services. These contracted facilities include private for-profit and private not-for-profit organizations. Approximately **3%** of B.C. seniors live in long-term care.

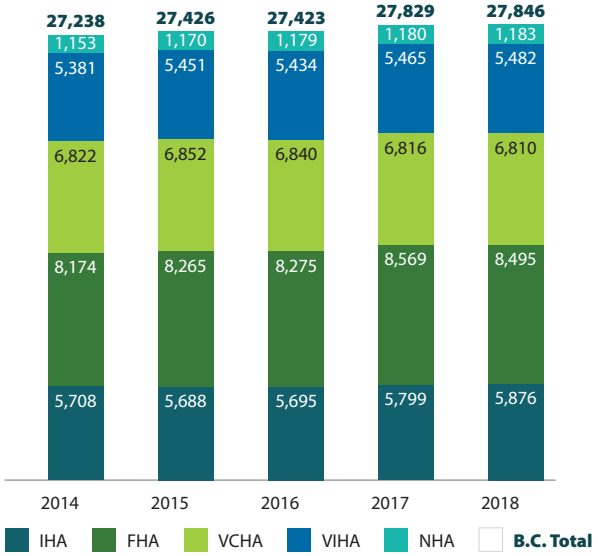
Source: (17) (1) (9)

Long-Term Care Beds and Room Configurations

As of March 31, 2018, there were 27,846 publicly funded long-term care beds in British Columbia[iv]; approximately 33% of these were in health authority operated facilities and 67% were in contracted facilities. From 2014 to 2018, the number of publicly funded beds increased 2% while the seniors population aged 75 or older grew 14%.

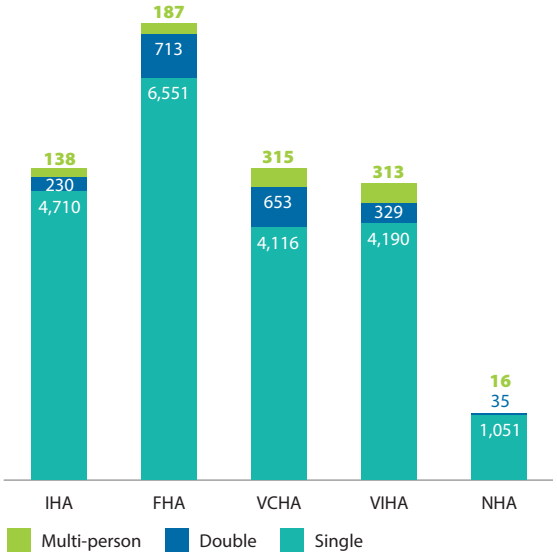
At the time of this report's publication, the room configuration is known for 27,028 beds; 74% of these beds are in single occupancy rooms. The room configuration has remained fairly stable with 88% of rooms being single occupancy, 8% double occupancy and 4% multi-person rooms in 2018.

Long-Term Care Beds as at March 31, 2014-2018



Source: (17)

Room Configuration in Long-Term Care Facilities, as at March 31, 2018



Source: (18)

[iv] Note: The count of long-term care beds excludes family care homes but includes short-term care beds, such as convalescent, end of life and respite beds.

Cost of Long-Term Care

Residents in long-term care pay a monthly rate of up to 80% of net income that is subject to a minimum and maximum rate. The minimum rate is calculated using the maximum amount of Old Age Security and Guaranteed Income Supplement as of July 1 of the previous year minus $325. The maximum is adjusted every year by the percent increase in the consumer price index. If the assessed monthly rate would cause financial hardship, residents can apply to their health authority for a temporary reduction of their monthly rate.

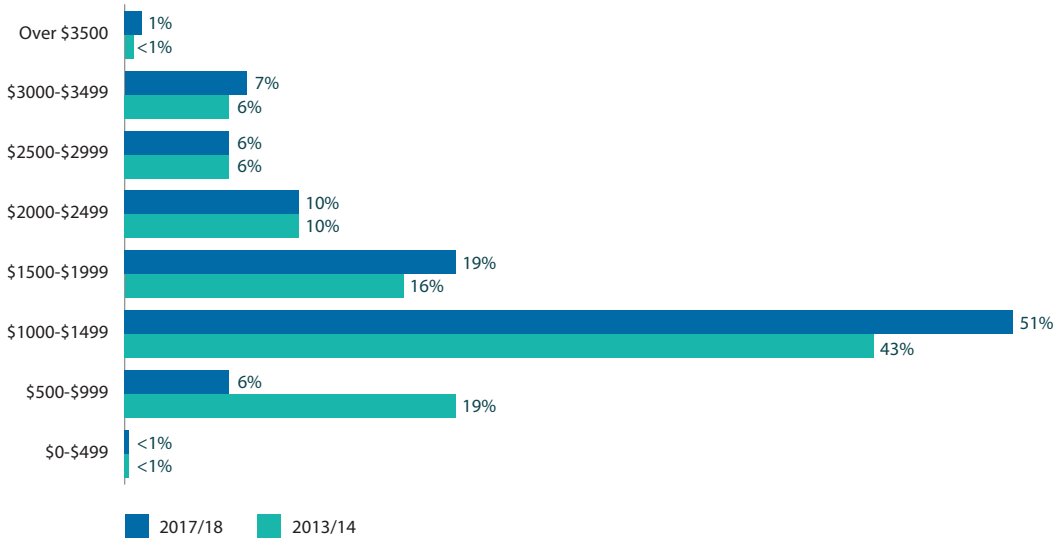
Monthly Rates for Client Contributions in Long-Term Care, 2017-2018

	2017		2018	
	Singles	Couples (per person)	Singles	Couples (per person)
Minimum	$1,104.70	$763.90	$1,130.60	$783.50
Maximum	$3,240.00	$3,240.00	$3,278.80	$3,278.80

Source: (19)

There has been a substantial shift in the co-payment amounts between 2013/14 and 2017/18. In 2013/14, 19% of clients paid less than $1,000. The proportion of clients in this co-payment category dropped each year to 6% in 2017/18. More than 50% of the clients in long-term care now pay a monthly fee of $1,000 to $1,499 and 19% pay $1,500 to $1,999. The higher co-payment categories also grew marginally.

Distribution of Client Co-Payments in Long-Term Care*, 2013/14 and 2017/18



Note: *excludes residents in short-term care

Source: (5)

Long-Term Care Clients

Throughout 2017/18, with bed turnover, there were 40,293 seniors living in long-term care facilities, 2.2% fewer than in 2016/17. The number of residents in long-term care decreased across all health authorities, with the largest decline in Island Health (5%).

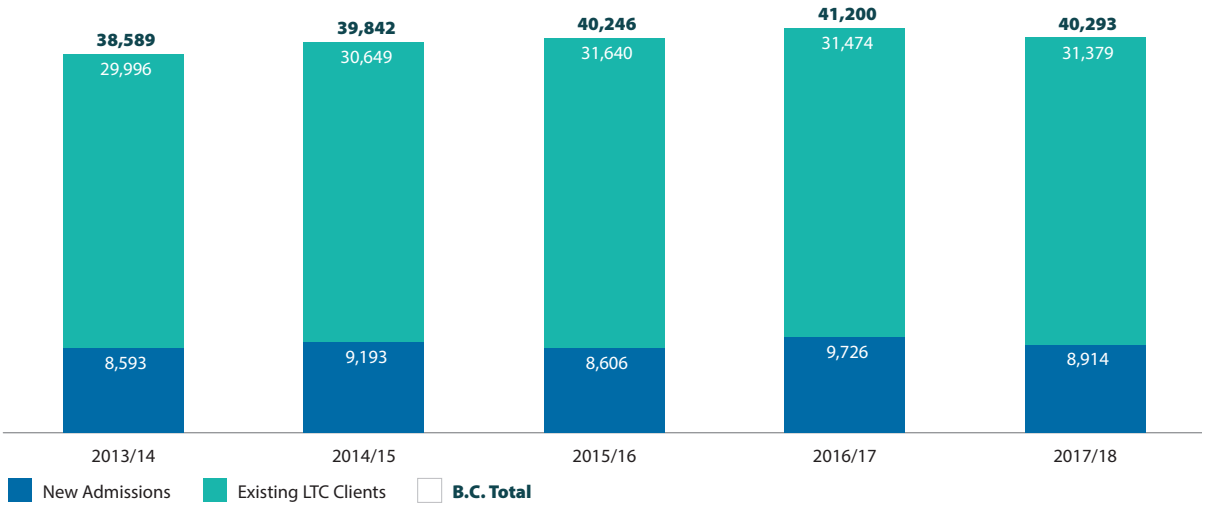
Long-Term Care Clients, 2013/14-2017/18

Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
IHA	8,990	9,536	9,548	9,578	9,516	-0.6%
FHA	11,197	11,642	12,131	12,767	12,519	-1.9%
VCHA	8,817	8,778	8,744	8,739	8,617	-1.4%
VIHA	8,088	8,384	8,380	8,546	8,136	-4.8%
NHA	1,623	1,670	1,612	1,781	1,781	0.0%
B.C.	**38,589**	**39,842**	**40,246**	**41,200**	**40,293**	**-2.2%**

Source: (6)

In 2017/18, there were 8,914 new admissions. This was 22% of the total residents in 2017/18. The number of new admissions decreased 8% over 2016/17. The largest decreases were seen in Fraser Health and Northern Health. Only Interior Health reported a small increase of 1% in new admissions.

Admissions into Long-Term Care Facilities, 2013/14-2017/18



Source: (6) (20)

Long-Term Care Days and Length of Stay

The number of care days in long-term care slowly increased between 2013/14 and 2016/17 but decreased slightly (0.6%) in 2017/18. Interior Health and Northern Health saw continued increases.

Long-Term Care Days, 2013/14-2017/18

Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
IHA	2,003,993	2,051,323	2,069,699	2,073,618	2,120,139	2.2%
FHA	2,921,520	3,007,242	3,109,154	3,204,212	3,173,065	-1.0%
VCHA	2,448,226	2,452,291	2,462,425	2,441,068	2,403,661	-1.5%
VIHA	1,983,857	2,068,021	2,107,263	2,121,847	2,075,654	-2.2%
NHA	410,379	411,438	420,662	427,313	429,679	0.6%
B.C.	**9,768,015**	**9,990,315**	**10,169,203**	**10,268,058**	**10,202,198**	**-0.6%**

Note: It is not possible to exclude days spent in hospital from this data.

Source: (6)

In 2017/18, the median[v] length of stay in long-term care for all clients discharged during the year was 480 days, a 9% decrease over the previous year. The median length of stay varies between 1 and 2 years across all health authorities. The median length of stay is a better measure as it is more stable than the average length of stay. An average can be skewed a lot by just a few cases where residents stay for a very long time. For example, in Vancouver Coastal Health the maximum length of stay was over 37 years causing the average to be skewed to 1,070 days when the median was 620 days.

Median Length of Stay in Long-Term Care, 2013/14-2017/18

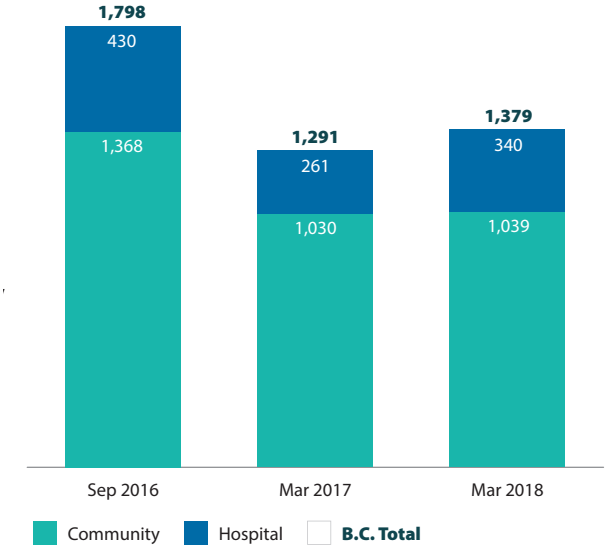
Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
IHA	352	389	391	467	367	-21%
FHA	539	577	578	527	494	-6%
VCHA	617	566	620	580	620	7%
VIHA	481	463	510	517	480	-7%
NHA	645	802	766	710	719	1%
B.C.	**495**	**498**	**533**	**529**	**480**	**-9%**

Source: (21)

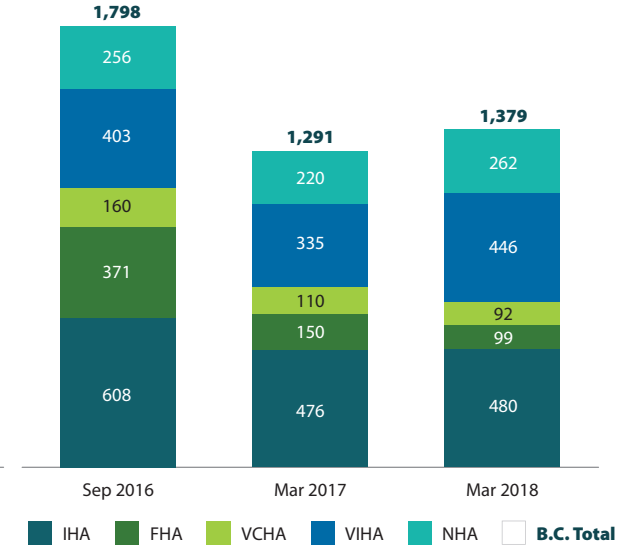
Waiting for Long-Term Care

Once assessed for placement, seniors may wait in hospital or in their own homes to transfer into a long-term care facility. On March 31, 2018, the number of people on the waitlist increased 7% over the previous year to 1,379; 1,039 were waiting in the community and 240 were waiting for transfer from hospital. Interior Health (480) and Island Health (446) have the largest waitlists. The waitlist in Fraser Health decreased 34% (150 to 99), while the waitlist in Island Health grew 33% (335 to 446).

Waitlist for Admission into Long-Term Care, 2016-2018



Waitlist for Admission into Long-Term Care by Health Authority, 2016-2018



Source: (9)

[v] The median length of stay means that half of the discharged residents stayed longer than this time and half stayed less than this time.

On average, clients still on the waitlist have been waiting longer than those already admitted to a facility had to wait. The average wait time for people on the waitlist on March 31, 2018 was 138 days ranging between 41 days in Fraser Health and 282 days in Northern Health. There are some people waiting an extraordinarily long time in all health authorities that can skew averages. The median wait time is a better indicator overall as half of all people on the waitlist have waited less than this time and half have waited longer. Even the median can be skewed if many people on the waitlist refuse to be placed in the first available bed. The median wait times ranged from 14 days in Vancouver Coastal to 147 days in Northern Health.

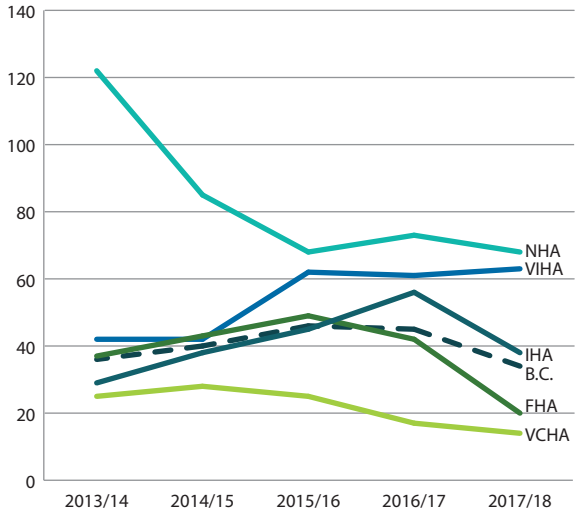
Wait Times for Clients on the Waitlist for Long-Term Care, on March 31, 2018

Health Authority	Number on the Waitlist	Average Wait Time (Days)	Median Wait Time (Days)	Maximum Wait Time (Days)
IHA	480	134	55	1,196
FHA	99	41	22	632
VCHA	92	50	14	1,041
VIHA	446	99	63	648
NHA	262	282	147	2,627

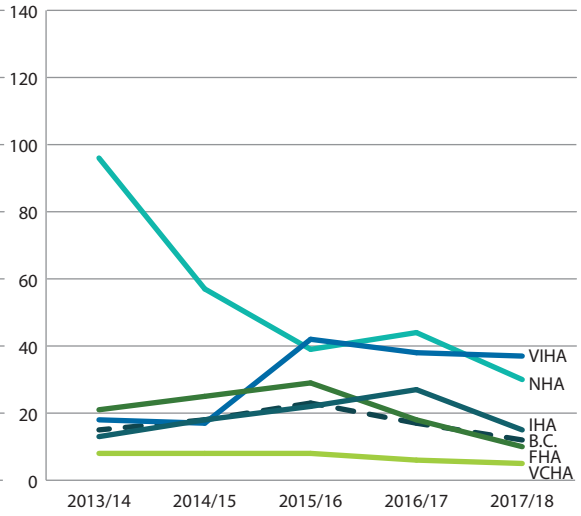
Source: (9)

In comparison, clients admitted during 2017/18 waited an average of 34 days and a median of 12 days. The average and median wait times for admitted clients have declined since 2015/16.

Average Wait Time for Clients Admitted to Long-Term Care, 2013/14-2017/18



Median Wait Time for Clients Admitted to Long-Term Care, 2013/14-2017/2018



	Average Wait Time (Days)					Median Wait Time (Days)				
	2013/14	2014/15	2015/16	2016/17	2017/18	2013/14	2014/15	2015/16	2016/17	2017/18
IHA	29	38	45	56	38	13	18	22	27	15
FHA	37	43	49	42	20	21	25	29	18	10
VCHA	25	28	25	17	14	8	8	8	6	5
VIHA	42	42	62	61	63	18	17	42	38	37
NHA	122	85	68	73	68	96	57	39	44	30
B.C.	36	40	46	45	34	15	18	23	17	12

Source: (20)

Of the seniors admitted to long-term care in 2017/18, 71% were admitted within the Ministry of Health's target window of 30 days. This is an improvement over 2016/17 where the proportion of new admissions within 30 days was 61%. In Vancouver Coastal 90% of new admissions were admitted within 30 days. Island and Northern Health had the lowest proportion of clients admitted within the target window at 45% and 50% respectively.

Percent of Seniors Admitted to Long-Term Care within 30 Days, 2013/14-2017/18

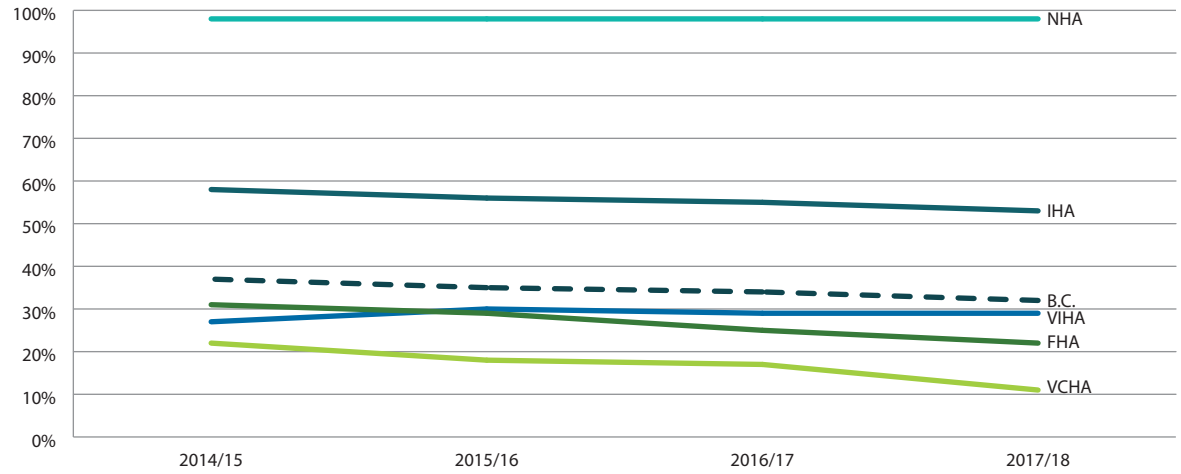
Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18
IHA	73%	63%	58%	53%	67%
FHA	62%	57%	52%	63%	82%
VCHA	80%	80%	82%	88%	90%
VIHA	60%	62%	40%	45%	45%
NHA	27%	36%	44%	45%	50%
B.C.	**67%**	**64%**	**57%**	**61%**	**71%**

Source: (20)

Preferred Bed Access

Individuals admitted to long-term care are offered the first appropriate bed (FAB) based on their assessed care needs, which may not be at their preferred facility. When this happens, residents can ask to transfer to their preferred facility when a bed becomes available provided that facility can meet their care needs. In B.C., 32% of clients admitted in 2017/18 achieved their preferred placement at initial admission. This rate has declined over the last four years in Interior, Fraser and Vancouver Coastal Health Authorities.

Access to Preferred Long-Term Care Facility, 2014/15-2017/18



	2014/15	2015/16	2016/17	2017/18
IHA	58%	56%	55%	53%
FHA	31%	29%	25%	22%
VCHA	22%	18%	17%	11%
VIHA	27%	30%	29%	29%
NHA	98%	98%	98%	98%
B.C.	37%	35%	34%	32%

Source: (9)

In 2017/18, more than 2,300 clients achieved admission to their preferred facility after initial admission. On March 31, 2018 there were still 1,526 clients in facility awaiting transfer to their preferred facility. At that time, these individuals had already been waiting an average of 8 months.

Use of Antipsychotics in Long-Term Care

In 2017/18, 30.1% of residents were administered an antipsychotic drug compared to 29.7% in 2016/17. These rates are higher than national averages of 26.1% in 2017/18 and 25.8% in 2016/17. The rate of antipsychotic use for long-term care clients without a diagnosis of psychosis decreased from 2016/17 to 2017/18. However, B.C.'s rate remains higher than the national average (21.2%).

Percent of Residents in Long-Term Care Taking Antipsychotics, 2014/15-2017/18

Years	B.C.		Canada*	
	Without a diagnosis of psychosis	With or without a diagnosis of psychosis	Without a diagnosis of psychosis	With or without a diagnosis of psychosis
2014/15	30.1%	32.9%	26.9%	28.6%
2015/16	27.9%	30.8%	23.9%	26.6%
2016/17	25.9%	29.7%	21.8%	25.8%
2017/18	25.3%	30.1%	21.2%	26.1%

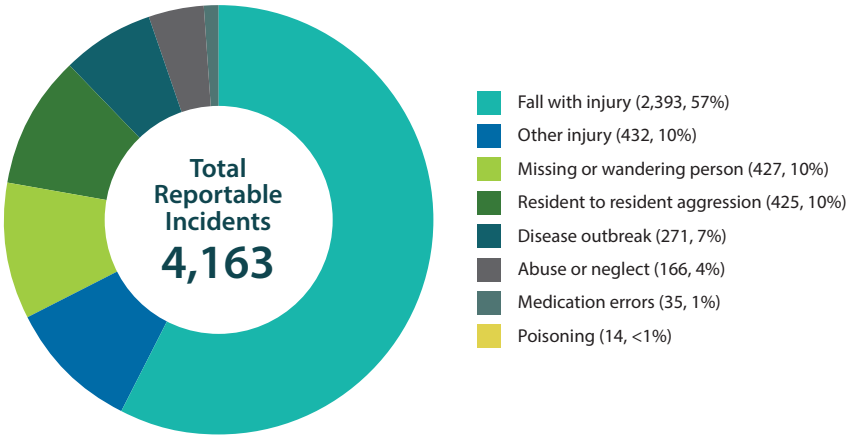
Note: * Includes data reported by B.C. Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, Yukon, and Newfoundland and Labrador.
Source: (22)

Reportable Incidents in Long-Term Care

Licensed long-term care facilities are required to report incidents as defined under the Residential Care Regulation. Licensing officers respond to these reports to confirm the incident and perform any inspection or follow-up necessary. Facilities licensed under the *Hospital Act* in Island Health do not track the same information contained in the Residential Care Regulations and are therefore excluded from these data. Reportable incidents for *Hospital Act* facilities are not available prior to 2015/16.

In 2017/18, falls with injury continued to be the most-reported serious incident, followed by other injuries, missing or wandering persons, and resident to resident aggression. Out of the 427 incidents of missing or wandering persons, 88% were found unharmed, 8% required medical attention, and 4% had no recorded outcome information. There were no reported deaths.

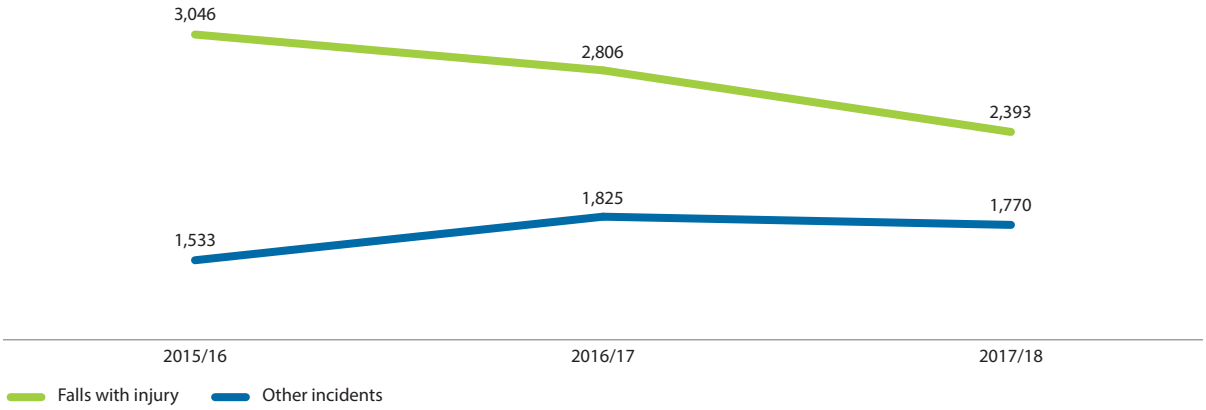
Selected Reportable Incidents in Long-Term Care by Type, 2017/18



Note: * Excludes VIHA *Hospital Act* facilities.
Source: (23)

Total reportable incidents increased slightly between 2015/16 (4,579) and 2016/17 (4,631) but dropped 10% in 2017/18 to 4,163.

Selected Reportable Incidents in Long-Term Care, 2015/16-2017/18

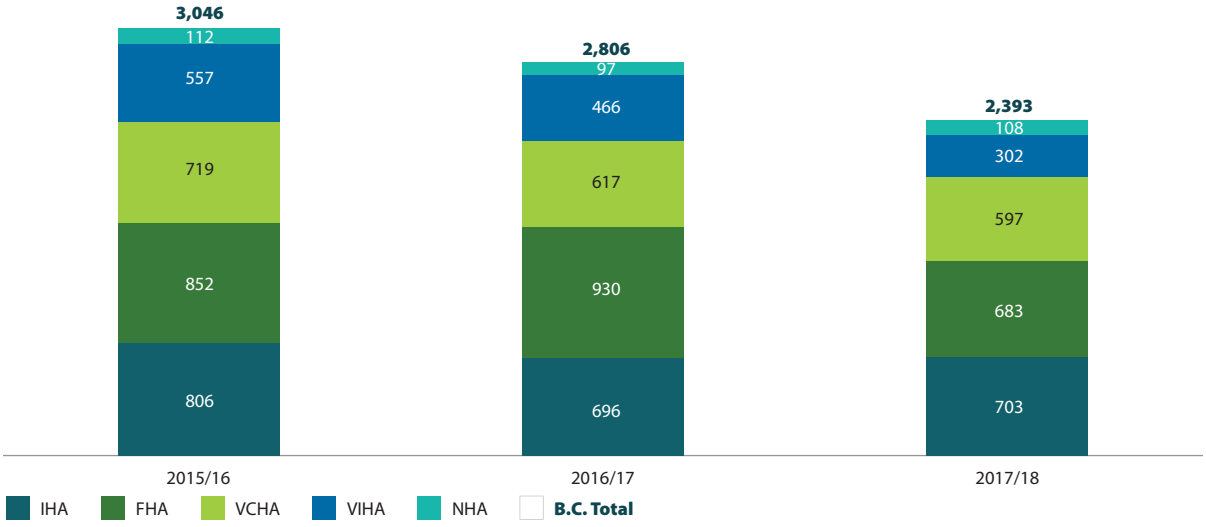


Note: * Excludes VIHA *Hospital Act* facilities.

Source: (23)

The reduction in total reportable incidents was mostly due to a decrease in the number of reported falls with injury, which dropped from 2,806 in 2016/17 to 2,393 in 2017/18; reductions occurred primarily in Fraser Health (930 to 683) and Island Health (466 to 302).

Falls with Injury in Long-Term Care, 2015/16-2017/18



Note: * Excludes VIHA *Hospital Act* facilities.

Source: (23)

Complaints in Long-Term Care

All clients are encouraged to try to resolve issues related to care and services received in long-term care facilities by speaking with the person who provided the care or the manager of the area. If a satisfactory response is not received, the complaint may be escalated to the Patient Care Quality Office (PCQO) at the health authority. The PCQO will register complaints about the care received and will work with the client to identify a reasonable resolution to the concern. If the matter is still unresolved, it may be further escalated to the Patient Care Quality Review Board (PCQRB), who report directly to the Minister of Health, for an independent assessment.

In 2017/18 there were 843 complaints received by the PCQO of which 5 (0.6%) were reviewed by the PCQRB. Island Health continues to have the highest number of complaints per 100,000 long-term care days at 11.7 followed by Interior (8.4), Vancouver Coastal (8.2), Fraser (6.4) and Northern (6.1).

Source: (6) (7)

Number of Long-Term Care Complaints Received by the Patient Care Quality Office, 2013/14-2017/18

Health Authority	2013/14	2014/15	2015/16	2016/17	2017/18	% Change Over Last Year
IHA	132	105	124	121	177	46%
FHA	210	248	231	223	202	-9%
VCHA	75	97	137	126	196	56%
VIHA	155	147	198	263	242	-8%
NHA	15	24	19	21	26	24%
B.C.	**587**	**621**	**709**	**754**	**843**	**12%**

Source: (7)

While the reasons for complaints cover a broad range of concerns, in 2017/18, 56% were about:

- care (38%) – e.g., delayed, denied or not available care
- accommodation (9%) – e.g., dissatisfied with placement and preferred accommodation not available
- communication (9%) – e.g., inadequate/incorrect information or family/carers not informed

Long-term care licensing offices in each health authority also receive complaints about facilities. They conduct investigations to determine whether the complaint can be substantiated and to identify any resulting licensing violations. Facilities licensed under the *Hospital Act* in Island Health do not track the same information contained in the Residential Care Regulations and are excluded from these data.

Complaints in Long-Term Care, 2015/16-2017/18

Health Authority	Complaints Received			Substantiated Complaints with Licensing Violations Found		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
IHA	180	71	55	59	20	20
FHA	78	66	118	26	22	35
VCHA	47	24	29	21	11	7
VIHA	253	261	150	101	126	149
NHA	5	10	0	0	2	0
B.C.	**563**	**432**	**352**	**207**	**181**	**211**

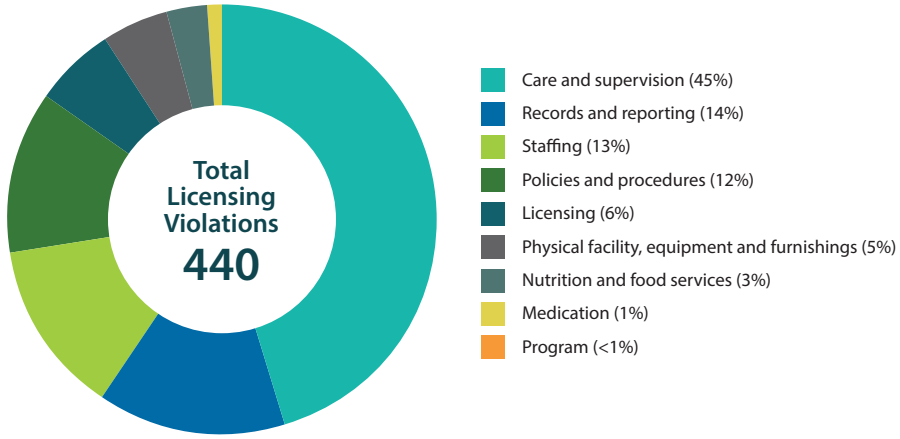
Note: Excludes VIHA *Hospital Act* facilities.

Source: (23)

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

The investigation of the 211 substantiated complaints in 2017/18 resulted in a total of 440 licensing regulation violations. The majority (45%) were associated with the care and supervision of residents. This is similar to the previous year at 40%. Violations in staffing requirements decreased from 19% in 2016/17 to 13% of total violations observed in 2017/18.

Licensing Violations in Long-Term Care, 2017/18



Note: There were 3 licensing violations where the specific regulation was not identified.

Note: Excludes VIHA *Hospital Act* facilities.

Source: (23)

Site Inspections for Long-Term Care Facilities

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

Between April 2017 and June 2018, 86% of B.C.'s long-term care facilities had a reported inspection.

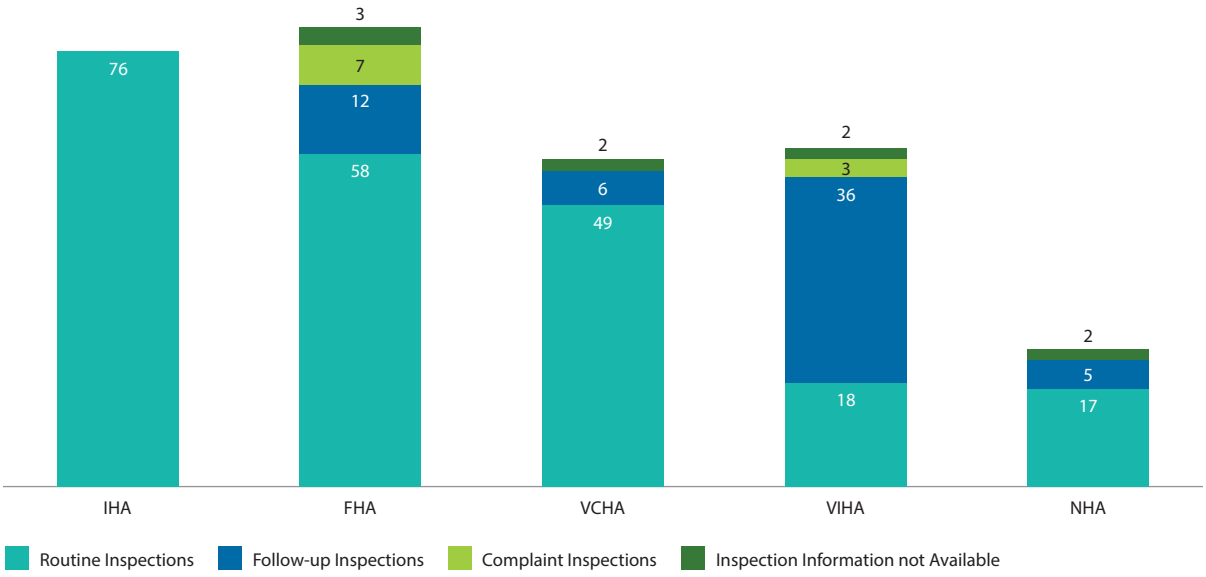
Percent of Long-Term Care Facilities with Recent Reported Inspections, 2016, 2017, 2017/18

Health Authority	2016 (Jan-Dec)	2017 (Jan-Dec)	2017/18 (Apr 2017-Jun 2018)
IHA	85%	87%	83%
FHA	93%	91%	93%
VCHA	81%	87%	97%
VIHA	93%	92%	95%
NHA	33%	4%	21%
B.C.	**84%**	**82%**	**86%**

Source: (24)

Inspections are categorized by the nature of the inspection: routine, follow-up and complaint. Based on the latest inspection performed at each facility between April 2017 and June 2018, 74% of inspections were routine, 20% follow-up, 3% complaints and 3% did not specify the reason.

Reason for Last Licensing Inspection, 2017/18 (Apr 2017-Jun 2018)



Source: (24)

Respite Care

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

On March 31, 2018, there were 203 respite care beds across the province. The number of respite care beds has remained relatively constant over the last five years.

Number of Respite Beds on March 31, 2014-2018

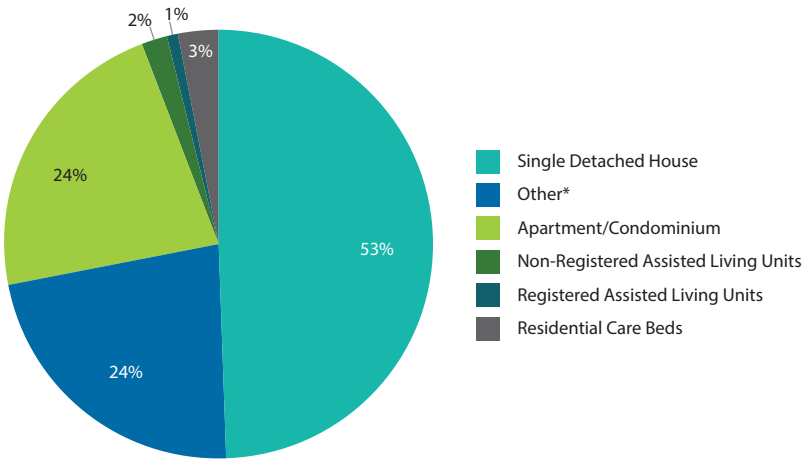
Health Authority	2014	2015	2016	2017	2018
IHA	63	61	62	62	60
FHA	40	41	45	43	43
VCHA	24	25	26	27	29
VIHA	41	39	38	38	38
NHA	32	34	34	34	33
B.C.	**200**	**200**	**205**	**204**	**203**

Source: (17)

Housing

Seniors in B.C. live in a range of housing types, from detached homes, where they live independently, to long-term care, where they receive 24-hour care; 94% of seniors, and 72% of those aged 85 or older, live independently in private dwellings, while only 6% live in assisted living or long-term care.

Percent of Seniors Population by Housing Type



Note: *Other include: townhouse, duplex, semi-detached house, or manufactured home.

Source: (14) (15) (17) (25) (28)

Homeowners

According to the 2016 Canadian Census, approximately 81% of households maintained by seniors are owned, and an estimated 73% of these have no mortgage. Approximately 24% of households with one or more seniors have an annual household income of less than $30,000.

Sources: (26) (27) (29)

Home Ownership Costs

Average home prices can vary widely, from under $300,000 to well over $1 million, depending on where in the province a person lives. Across the province, home prices have generally increased in the past 10 years. However, there were declines in a few areas in 2017, most notably the City of Vancouver reporting a 3% decrease over the previous year.

Average Home Prices in Select Communities, 2007, 2016, and 2017

Community	2007	2016	2017	Percent Change
Kelowna	$ 411,197	$ 494,759	$ 541,369	↑ 9%
Port Alberni	$ 225,977	$ 280,166	$ 308,044	↑ 10%
Prince George	$ 204,695	$ 269,838	$ 287,995	↑ 7%
Prince Rupert	$ 153,686	$254,411	$ 260,870	↑ 3%
Terrace	$ 158,012	$ 281,897	$ 282,849	0%
City of Vancouver	$ 676,335	$ 1,372,434	$ 1,337,094	↓ 3%
Victoria	$ 462,918	$ 578,536	$ 638,329	↑ 10%

Source: (30)

Homeowners face similar escalating costs to maintain their home if the home's value reflects the average value for that community. Property tax, municipal charges and electricity rates have all increased. The table below illustrates the estimated incremental increases in the costs of home ownership over the past five years.

Municipal Home Ownership Costs, 2014-2018

	2014	2015	2016	2017	2018
Property tax & municipal charges*	$3,266.30 ↑ 1.9%	$3,341.37 ↑ 2.3%	$3,438.26 ↑ 2.9%	$3,534.73 ↑ 2.8%	$3,651.64 ↑ 3.3%
Electricity	↑ 9.0%	↑ 6.0%	↑ 4.0%	↑ 3.5%	↑ 3.0%

Note: *Estimated by averaging the property taxes and municipal charges for a representative house in over 160 communities across B.C.
Sources: (31) (32)

Home Owner Grant for Seniors

Homeowners who are residents of B.C. are eligible to claim a grant that reduces property taxes for their principal residence. An additional grant may be claimed for homeowners 65 years or older, persons with disabilities, veterans, or a spouse or relative of a deceased owner. For homes valued at $1.65 million or less, the maximum grant is $845 in the Capital Regional District, Greater Vancouver Regional District and the Fraser Valley; it increases to $1,045 in the rest of the province because homeowners may be eligible for the additional Northern and Rural Area Home Owner Benefit of up to $200. For homes valued above $1.6 million, the additional homeowner grant is reduced incrementally as the assessed home value rises until the value of the grant is $0 for homes valued over $1.819 million in most of B.C. and $1.859 million in northern and rural areas. While the property tax owing is reduced when the additional homeowner grant is applied, homeowners must still pay at least $100 in property tax annually to contribute to essential services.

Lower income seniors, with an annual income of $32,000 or less, may qualify for the Low Income Grant Supplement for Seniors if the Home Owner Grant has been reduced or eliminated because of the high assessed value of their principal residence. Most seniors who qualify for this grant receive $845 toward property taxes ($1,045 in a northern or rural area); however, the amount of the grant depends on income level and assessed value of the home. Homeowners must apply separately for the Home Owner Grant for Seniors and the Grant Supplement for Seniors on an annual basis.

In February 2017, Home Owner Grant administration introduced a new operating system with enhanced reporting capabilities. According to this new system, there were 254,126 basic senior grants and 260,569 additional grants claimed in 2017.

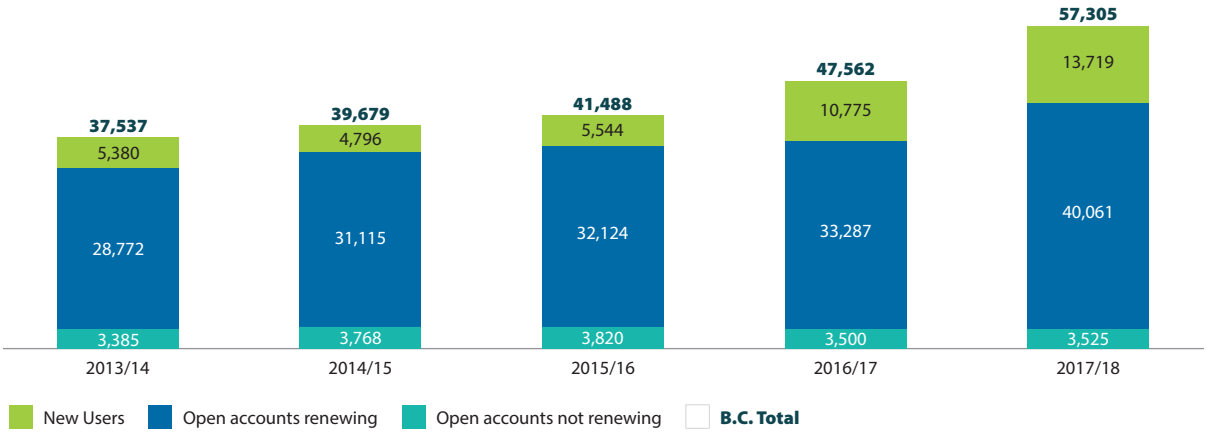
Sources: (33) (34)

Property Tax Deferment

B.C.'s Property Tax Deferment program allows eligible homeowners 55 and older, surviving spouses, and persons with disabilities to defer paying their property taxes for a low simple interest charge that accrues until the account is paid in full. This program began in 1974, and as of October 31, 2018, the total cumulative amount of property tax deferred was $1.1 billion, up from $957.2 million in October 2017.

The Property Tax Deferment Program is growing each year. In 2017/18 there were 57,305 open accounts, a 21% increase from last year and a 53% increase from 2013/14. There were 27% more new users than the previous year, 20% more homeowners continuing deferment and less than 1% maintaining deferment accounts opened in previous years without deferring their 2017/18 taxes.

Number of Property Tax Deferment Users, 2014/15-2017/18



Source: (34)

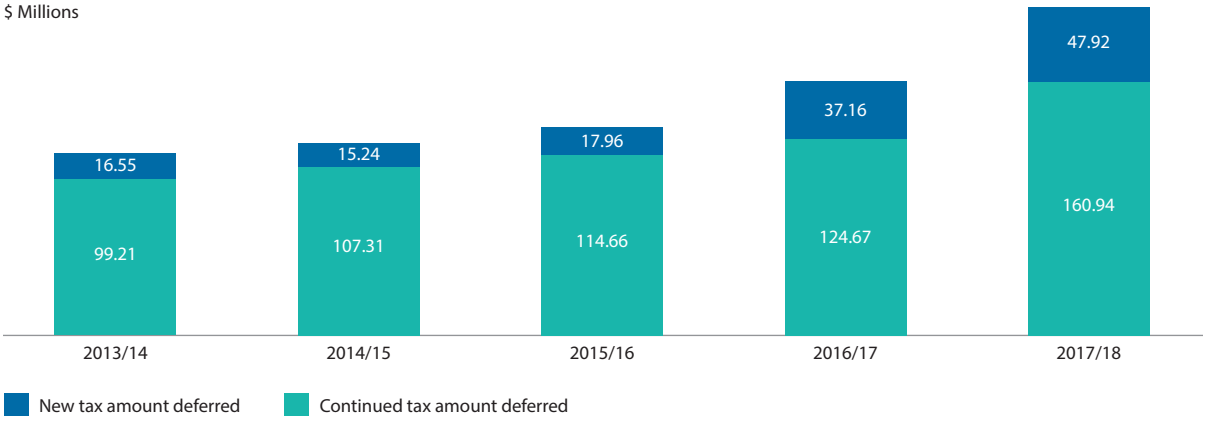
Changes in the Property Tax Deferment Program, 2017/18

Users	% Change between 2016/17 and 2017/18	% Change between 2013/14 and 2017/18
New users	27%	155%
Open accounts renewing	20%	39%
Open accounts not renewing	<1%	4%
Total open accounts	21%	53%

Source: (34)

The total amount of property tax dollars deferred in 2017/18 was almost $209 million, a 29% increase over the previous year and an 80% increase from 2013/14. Of this amount, almost $48 million were newly deferred.

Amount of Taxes Deferred, 2013/14-2017/18



Source: (34)

The median assessed value of the homes in B.C. for which property taxes were deferred in 2017/18 under the regular program was $908,000, up 31% from $692,000 the previous year. The median increased 29% in Vancouver, 35% in the Lower Mainland, and 19% in the Capital Regional District. With an interest rate of 0.7%, the annual interest accrued in 2017/18 on the deferred amount for an average home in B.C. ($3,987) was $27.91. The interest rate for this program increased to 1.2% on April 1, 2018 and to 1.45% on October 1, 2018.

Tax Deferrals in Select Geographic Regions, 2017/18

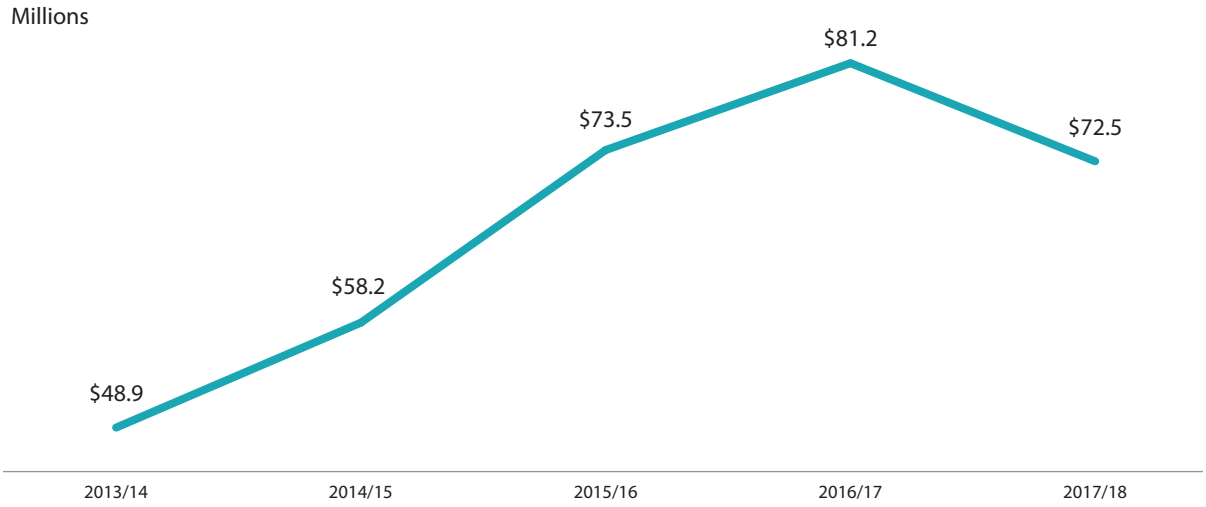
Geographic Area		Assessed Value of Home* (2017)	Amount Deferred in 2017/18	Cumulative Amount Deferred as of Oct 31, 2018
Vancouver	Average	$2,622,361	$6,533	$30,026
	Median	$2,247,700	$5,856	$17,613
Lower Mainland	Average	$1,759,559	$4,751	$21,709
	Median	$1,448,600	$3,993	$12,462
Capital Regional District	Average	$821,537	$3,678	$21,331
	Median	$714,400	$3,156	$13,642
B.C.	Average	$1,246,477	$3,987	$19,752
	Median	$908,000	$3,266	$11,621

Note: *The "Assessed Value of Home" only includes properties where taxes have been deferred and not all homes in the region.

Source: (34)

While total property taxes deferred in 2017/18 increased 29% over the previous year, the amount repaid to the province decreased 11%. This is the first decrease in five years.

Deferred Property Taxes Repaid to the Province, 2013/14-2017/18



Source: (34)

Seniors Renting in B.C.

The distribution of households maintained by seniors varies greatly across the province. For example, the proportion of senior households that are rented is highest in larger urban centres, such as Vancouver (23%) or Victoria (22%), compared to smaller centres, such as Parksville (11%) or Kamloops (14%); in aggregate, across B.C., 19% of senior households rent. In addition, there is a wide range in the average costs of renting – in 2017, the average cost of a one-bedroom apartment in Quesnel was $583, compared to $1,223 in Vancouver.

Sources: (35) (36)

The vacancy rate in B.C. for all bedroom types fell from 1.4% in 2016 to 1.3% in 2017, but vacancy rates vary throughout the province. For example, the overall vacancy rate was 0.0% in Parksville and 18.5% in Fort St. John in 2017. The vacancy rate for one bedroom apartments in B.C. remained the same at 1.1%. However, while still low, vacancy rates increased slightly in Vancouver and Victoria after a consistent decline for four years in both cities.

Vacancy Rates for One-Bedroom Apartments in Select B.C. Communities, 2013-2017 (October)

Community	2013 (April)	2014 (April)	2015 (October)	2016 (October)	2017 (October)	Percentage Point Change in Last Year
Abbotsford-Mission	5.4%	3.9%	0.7%	0.9%	0.2%	↓ 0.7%
Kelowna	3.5%	1.5%	0.6%	0.8%	0.3%	↓ 0.5%
Nelson	3.4%	2.3%	0.0%	0.0%	0.0%	0.0%
Terrace	N/A	0.8%	1.8%	2.5%	4.0%	↑ 1.5%
Vancouver	2.8%	1.7%	0.8%	0.7%	0.9%	↑ 0.2%
Victoria	3.7%	2.7%	0.7%	0.5%	0.7%	↑ 0.2%
B.C.	**3.3%**	**2.2%**	**1.1%**	**1.1%**	**1.1%**	**0.0%**

Source: (36)

Shelter Aid for Elderly Renters

Shelter Aid for Elderly Renters (SAFER) provides a subsidy directly to B.C. residents aged 60 or older who have a low to moderate income and pay more than 30% of gross monthly income towards rent for their home. In 2017, the maximum qualifying monthly income for singles in Metro Vancouver was $2,550 and $2,223 in the rest of the province. The total amount of SAFER subsidies provided has increased each year for seven years. The $71 million budget for SAFER subsidies in 2018/19 is a 34% increase over the total subsidies provided in the previous year.

The maximum rent considered for SAFER subsidies has not kept up with the rate of rental increases in the province. In 2014, the maximum rent for a SAFER subsidy for singles increased 9% to $765 in Vancouver, and $667 in the rest of the province, the first increase since 2005. During this time, the average rent for a one- bedroom apartment in B.C. increased by 32%. Between 2014 and 2017, average rents for a one-bedroom increased by a further 17%, while the SAFER maximum remained the same.

In September 2018, the SAFER program was updated again. Instead of just Metro Vancouver and the rest of the province, geographic locations are now divided into three zones. The maximum income allowed to qualify for subsidy did not change in Zone 1, remaining at $2,550 for singles, but increased to $2,446 in Zones 2 and 3. This is a 10% increase. The maximum rents for SAFER increased 5% to 15%, depending on the geographic location within the province.

Source: (37)

SAFER Maximum Rents for Singles, 2005-2018

	2005-2013	2014-2017	2018 (September)	% Change in 2018
Zone 1: (Previously Metro Vancouver) Aldergrove, Anmore, Belcarra, Bowen Island, Burnaby, Coquitlam, Delta, Langley, Lions Bay, North Vancouver, Maple Ridge, Milner, New Westminster, Pitt Meadows, Port Coquitlam, Richmond, Surrey, Tsawassen, Vancouver, West Vancouver and White Rock	$702	$765	$803	5%
Zone 2 (new in 2018): Abbotsford, Agassiz, Central Saanich, Chase, Colwood, Dawson Creek, Esquimalt, Fort St. John, Highlands, Kamloops, Kelowna, Lake Country, Langford, Lantzville, Logan Lake, Metchosin, Mission, Nanaimo, New Songhees, North Saanich, Oak Bay, Peachland, Penticton, Prince George, Saanich, Saanichton, Sidney, Sooke, Squamish, Terrace, Union Bay, Victoria, View Royal and West Kelowna	$612	$667	$767	15%
Zone 3: All other areas of the province	$612	$667	$734	10%

Source: (37)

As of March 31, 2018, there were 22,956 SAFER recipients, 92% of whom were 65 years or older. There were 7% more recipients than last year, while the target population aged 60 or older increased by 3%. Of the total recipients, 94% were single with an average income of $1,540 per month. The average income of SAFER recipients has changed very little over the last four years. While the average rent for a one-bedroom in B.C. has been steadily rising, rents actually paid by SAFER recipients are more stable, increasing 3% in the last year to $948, and only 1% in the year before. The minimum monthly subsidy that SAFER recipients received was $25, but the average was $189. Note: The 2017/18 data is to March 31, 2018 and, therefore, does not reflect the September 2018 changes.

SAFER Recipients, 2013/14-2017/18

	2013/14	2014/15	2015/16	2016/17	2017/18
SAFER Recipients[1]	17,314	18,696	20,241	21,504	22,956
Percent of SAFER recipients that are single[1]	n/a	95%	95%	94%	94%
Average monthly income of single SAFER recipients[1]	n/a	$1,515	$1,544	$1,521	$1,540
Average monthly rent for SAFER recipients[2]	n/a	n/a	$907	$919	$948
Average monthly SAFER subsidy[3]	$151	$177	$175	$187	$189

Notes:
[1] Recipient data: 2013/14-2014/15 is at October 1, 2015/16-2017/18 is at March 31.
[2] The average monthly rent is the amount paid to the landlord and does not exclude the SAFER subsidy.
[3] Average monthly SAFER subsidy: 2013/14, 2015/16-2017/18 is at March 31 for each year, 2014/15 is at October 1.

Source: (38)

The number of SAFER recipients increased in each of the last five years, but there may still be eligible seniors who are not taking advantage of this subsidy. According to the 2016 Canadian Census, there were over 65,000 renters aged 60 or older with an annual income of less than $30,000, some of whom may qualify for a SAFER subsidy. The number of recipients receiving SAFER for the first time increased by approximately 20% in each of the last three years, indicating that there might still be additional seniors who could benefit from this subsidy.

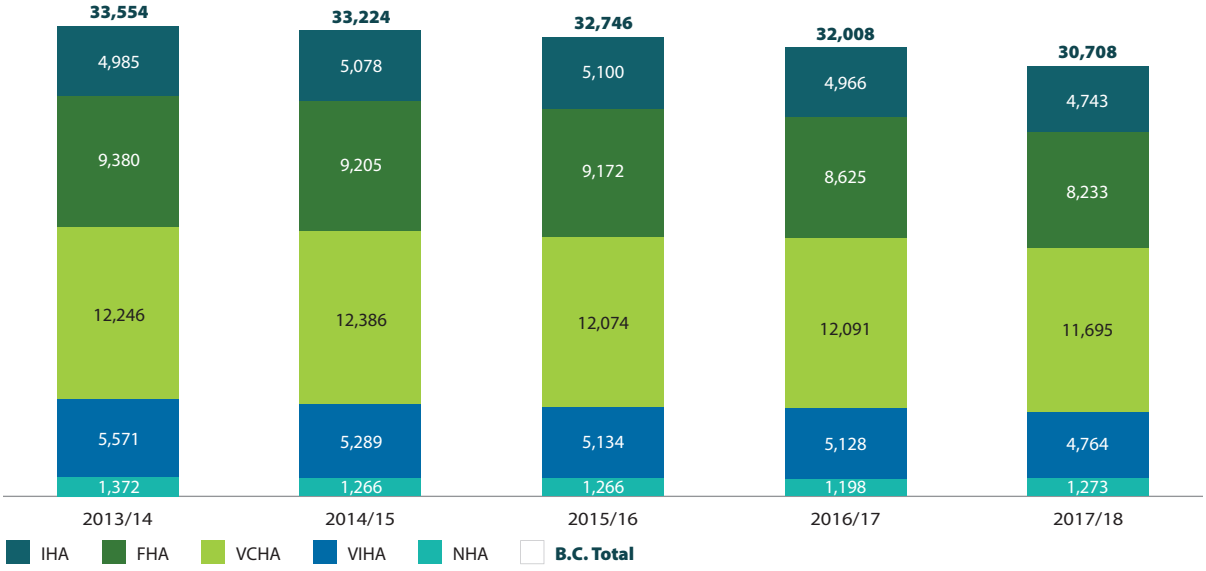
Source: (27) (38)

Seniors' Subsidized Housing

Seniors' Subsidized Housing (SSH) is long-term housing, funded by BC Housing, that is available to low income B.C. residents aged 55 or older, or those who have a disability. Rents are calculated based on income; tenants pay 30% of their gross income toward the cost of their housing. Seniors can apply for SSH through The Housing Registry maintained by BC Housing, or directly with organizations maintaining their own databases. Housing options available to seniors require that seniors live independently, but applicants who need supports to live independently are considered if they can demonstrate those supports are available in the community. Applicants are prioritized based on need and unit requirements or by date of application.

The number of subsidized units reported in B.C. decreased in each year between 2013/14 and 2017/18, 4% in the last year and 8% over the five-year period. BC Housing tracks only those units where there is a financial relationship, so decreases may be explained by expired operating agreements, paid off mortgages, or units that have reached the end of their life cycle. Most units still exist as a form of affordable housing even if the operators no longer have a funding relationship with BC Housing.

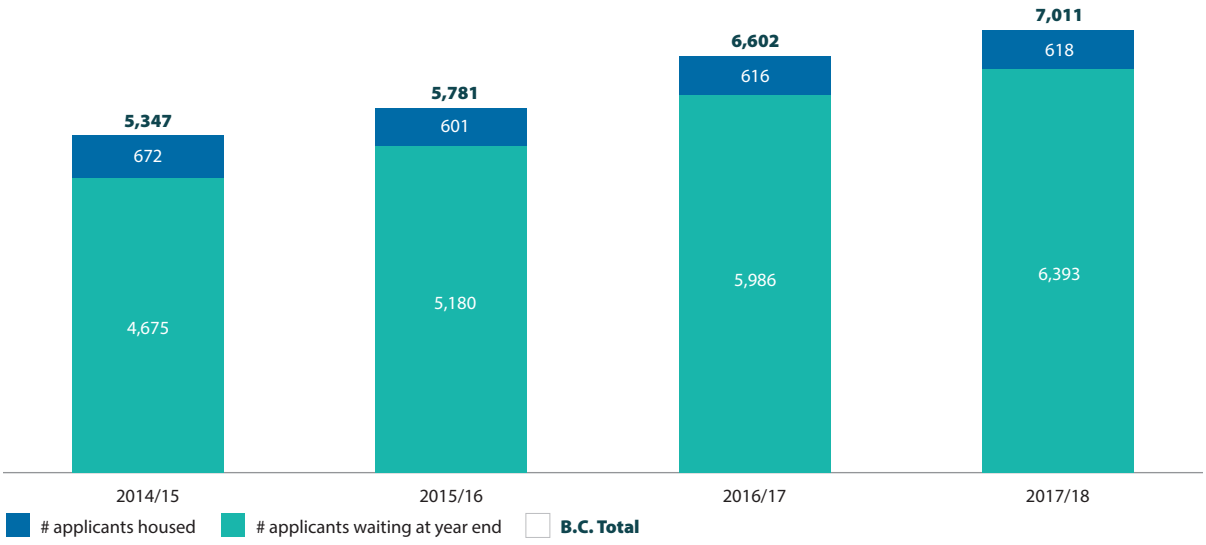
Number of Seniors Subsidized Housing Units, 2013/14-2017/18



Source: (38)

While the number of SSH units is going down, the number of applications for SSH is rising. In 2017/18, there were 618 applicants who received a SSH unit through The Housing Registry, just 9% of total applicants. There were 6,393 applicants waiting at March 31, 2018, a 7% increase over last year at this time. The average wait time was 2.4 years and the median wait time was 1.5 years. Some applicants have waited a very long time, skewing the average wait time by almost a year compared to the median. The median wait time shows that half of the applicants had been waiting longer than 1.5 years and the other half less than 1.5 years. Wait times are longest in Vancouver Coastal Health and shortest in Northern Health.

Number of Applicants for Seniors Subsidized Housing, 2014/15-2017/18



Source: (38)

Home Adaptations for Independence

The Home Adaptations for Independence (HAFI) program has been delivered by BC Housing since 2011. This program, available to B.C. residents of all ages, helps low income homeowners and renters with a disability or diminished ability pay for home adaptations that will allow them to continue to live independently in their home. Housing income must not exceed Housing Income Limits (HILs) and assets must be less than $100,000 (excluding the home occupied by the homeowner, vehicles and RRSP, RESP, RDSP and RRIF accounts).

Each year, $5 million is made available for home adaptations for living independently. Funds available through the HAFI program have been fully allocated each year. Approved applicants can receive up to $20,000. Approved applications received after funds are exhausted are placed on a wait list. As funding becomes available, applications are approved on a first come first serve basis. In 2017/18 there were 774 applications for funding and 308 applications approved, with an average funding amount of $15,821. This year, the average amount funded per application increased compared to previous years, which resulted in fewer applications being approved.

HAFI Applications and Funding Amounts, 2013/14-2017/18

	2013/14	2014/15	2015/16	2016/17	2017/18	% Change
Applications received	581	516	622	642	774	20.6%
Applications approved	383	313	320	366	308	-15.8%
Average funding amount	$10,624	$12,730	$15,682	$14,618	$15,821	8.2%

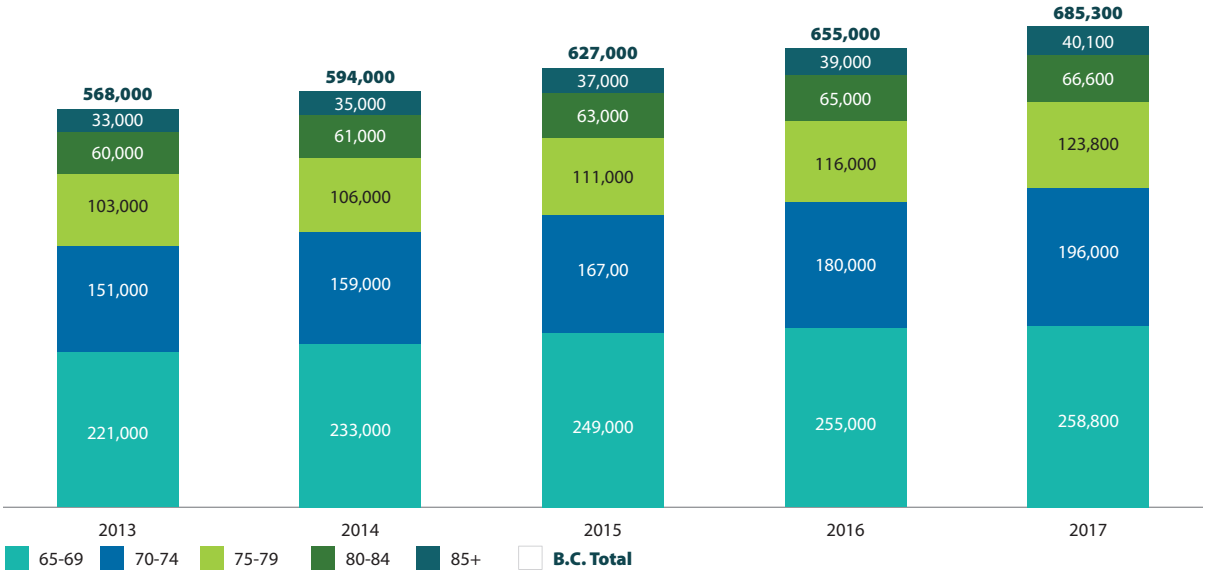
Source: (38)

Transportation

Active Drivers

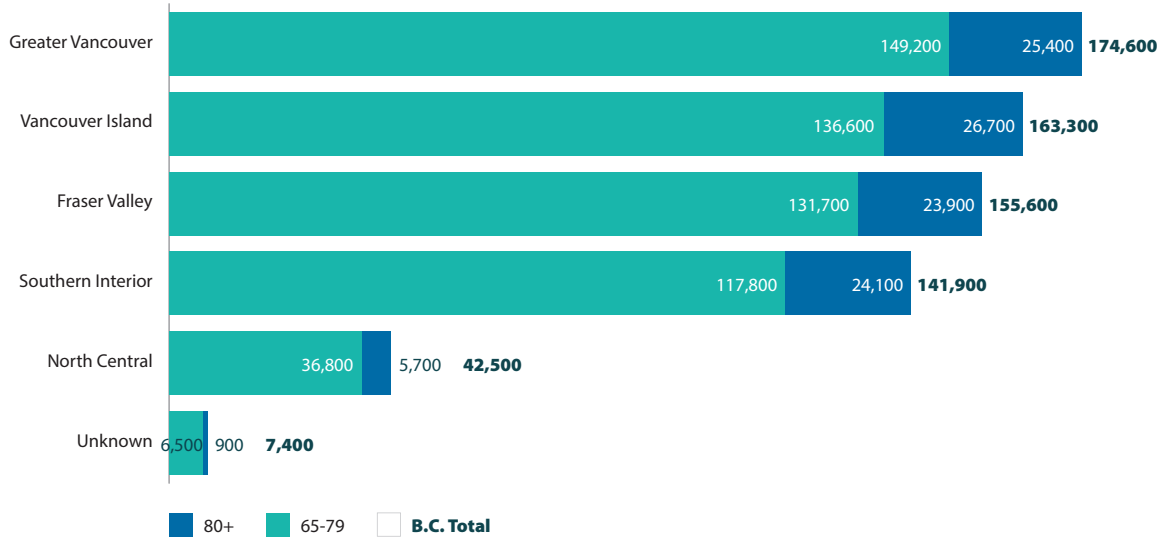
In 2017, 78% (685,300) of all seniors aged 65 or older in B.C. and 48% (106,700) of seniors aged 80 or older, maintained active driver's licences. Between 2016 and 2017, there was a 5% increase in seniors with active driver's licences in British Columbia, compared to an overall increase in this population of 4% over the same time period. The greatest increase in active drivers was observed in the 70-74 year age group (9%). Half of all seniors maintaining an active driver's licence live in Greater Vancouver (26%) and Vancouver Island (24%).

Active Driver's Licences by Age Group, 2013-2017



Source: (39)

Active Driver's Licences by Geographic Region, 2017



Source: (39)

Driver's licences must be renewed with ICBC every five years; senior drivers aged 65 or older pay $17 for renewals. In 2017, 132,638 seniors renewed their licence while 13,318 surrendered their licence. (39)

At the age of 80 and every two years thereafter, all B.C. drivers are required to complete a Driver's Medical Examination Report (DMER). The DMER, completed by the driver's physician, is the primary tool used to assess any medical conditions that may affect a person's ability to drive. In 2017, drivers experiencing a medical condition may have been required to complete an ICBC road test re-examination or a DriveAble assessment if cognitive decline was noted in the DMER. As of March 2018, both of these have been replaced by the Enhanced Road Assessment (ERA) conducted by ICBC examiners, which eliminates the computer based screening part of the assessment, allows drivers to complete the assessment in their own vehicle and is available in approximately 80 locations throughout the province.

The first DMER that is sent to senior drivers is accompanied by a letter informing the individual about why they are receiving the DMER along with instructions to take the form to their physician. Drivers are also provided with information regarding voluntarily surrendering their licence in exchange for a BCID card. The cost of the DMER is determined by the driver's physician and is not covered by the B.C. Medical Services Plan (MSP). RoadSafetyBC reimburses physicians $75 for DMERs required for drivers with known medical conditions. While the Doctors of BC fee guide suggests that physicians charge $92.20 for a simplified DMER and $205 for the full DMER, there is a wide range in what doctors charge across the province. Some physicians may waive the fee in cases of financial hardship.

In 2017, RoadSafetyBC opened approximately 167,400 driver fitness cases, the majority of which involved a DMER; 70,100 (42%) of these cases were aged 80 or older, a 7% increase from 2016. Only 1.6% of the cases for those aged 80 or older were subsequently referred for a DriveAble cognitive assessment. The outcomes for driver fitness cases in 2017 were as follows:

RoadSafetyBC Driver Fitness Case Decisions, 2017

	80+	All Ages
Driver fitness cases opened	70,100	167,400
Drivers referred for a DriveAble assessment	1,100	1,300
Case decisions:		
Drivers ultimately found fit to drive	57,000	142,800
Drivers that did not respond; cancelled licence	1,900	2,900
Drivers that voluntarily surrendered their licence	400	500
Drivers found medically unfit to drive	1,500	2,800
Cases remaining open at time of reporting	9,100	18,200
Driver deceased	200	200

Source: (40)

Public Transportation

Public transportation in the province is administered by two service providers: TransLink, which serves Metro Vancouver, and BC Transit, which provides services in the rest of the province in partnership with local governments. Public transportation options for seniors in B.C. vary widely based on geography, and may be unavailable in some rural and remote areas. Urban centres tend to have the highest service levels in terms of operating hours, frequency and routes. Many communities have a regular fixed-route bus system, some have door-to-door HandyDART services and some have custom paratransit services.

Service availability varies not only by region but by type of transit, with more fixed-route systems offering service in evenings and on weekends. There are currently 31 public transportation systems across B.C., of which 26 offer fixed route transit systems that provide a network of transit services within their defined service area. HandyDART services are operated by 25 of these systems across the province, but most do not currently offer evening or weekend service. Paratransit systems are an alternate mode of transportation that is also available but there is no guarantee that services are consistently provided.

Public Transportation Availability, as at March 31, 2018

	BC Transit	TransLink
Number of HandyDART systems in B.C.	24	1
Number of HandyDART systems in B.C. offering services 7 days a week	5	1
Number of HandyDART systems in B.C. offering evening service (past 6pm)	4	1
Number of fixed route systems in B.C.	25	1
Number of fixed route systems in B.C. offering services 7 days a week	19	1
Number of fixed route systems in B.C. offering evening service (past 6pm)	25	1

Note: BC Transit has 32 flexible/paratransit systems in addition to the HandyDART and fixed route systems listed in the table.

Source: (41) (42)

The cost of public transportation service varies by community. The table below gives some examples of the cost for a single trip and a monthly pass for a senior. The cost of monthly HandyDART passes in Vancouver and Victoria are the same as a conventional adult monthly pass.

Seniors Fares for Public Transportation Services in Select Municipalities, 2018

	Cost of one trip (one direction)	Monthly pass
Vancouver		
Conventional	$1.90-$3.90*	$54.00
HandyDART	$2.95	$95.00
Victoria		
Conventional	$2.50	$45.00
HandyDART	$2.50	$85.00
Quesnel		
Conventional	$1.50	$25.00
HandyDART	$3.00 (in town)	not available
West Kootenay		
Conventional	$2.25	$60.00
HandyDART	$1.25-$2.50	not available
Paratransit	$1.25-$2.00	not available
Chilliwack		
Conventional	$1.75	$35.00
HandyDART	$2.00	not available

Note: * TransLink offers a stored value Compass Card that offers a five cent discount per ride for concession fares.

Source: (43)

Seniors in Metro Vancouver now have easier access to transportation options using a new multilingual, 24 hour a day hotline implemented by Vancouver Coastal Health Authority. Seniors can dial 211 for up to date transportation information such as:

- Is the TransLink system accessible for my walker?
- How do I register for HandyDART?
- What do I do to retire my drivers' licence? Is there another valid ID I can use?
- Is there a volunteer ride program in my neighborhood for shopping and appointments?

This hotline is a pilot project with the goal to one day expand across B.C.

Source: (44)

Public Transit

Public transit is an option used by many seniors. In the Canadian Community Health Survey on Healthy Aging done several years ago, 24% of seniors in B.C. reported using public transit at least once within the last month. In Metro Vancouver, this increased to an estimated 41% of seniors who used the bus, SeaBus or SkyTrain within a 30-day period in 2017.

Source: (45) (46)

However, waiting at a bus stop can pose additional challenges for seniors. Fewer than 30% of B.C. bus stops outside the TransLink service area have benches available. Only 23% of bus stops in the Victoria Regional service area and 10% in the rest of the BC Transit service area have a shelter. This can result in significant pain or discomfort for seniors.

Bus Stops with Benches and Shelters

System	Total Bus Stops	Number with Bench	Percent with Bench	Number with Shelter	Percent with Shelter
TransLink	8,377	3,484	42%	3,484	42%
BC Transit	8,395	2,288	27%	1,121	13%
Victoria Regional	2,362	664	28%	532	23%
Rest of Province	6,033	1,624	27%	589	10%

Source: (42) (41)

BC Bus Pass Program

The BC Bus Pass Program offers subsidized annual bus passes to low income seniors and persons with disabilities. Seniors pay an annual $45 administrative fee. The program allows users to ride on a regular public transit bus but does not include HandyDART. For seniors to be eligible, they must either 1) receive the federal Guaranteed Income Supplement (GIS), the Federal Allowance, or the Allowance for the Survivor, or 2) be aged 65 or older and qualify for GIS but don't meet the 10-year Canadian residency requirement. The Bus Pass Program is administered by the Ministry of Social Development and Poverty Reduction and passes are valid in communities served by TransLink or BC Transit. In 2017, 58,981 seniors and 38,150 persons with disabilities received a BC Bus Pass. These numbers increased 0.6% and 3%, respectively, from 2016.

Source: (47)

HandyDART

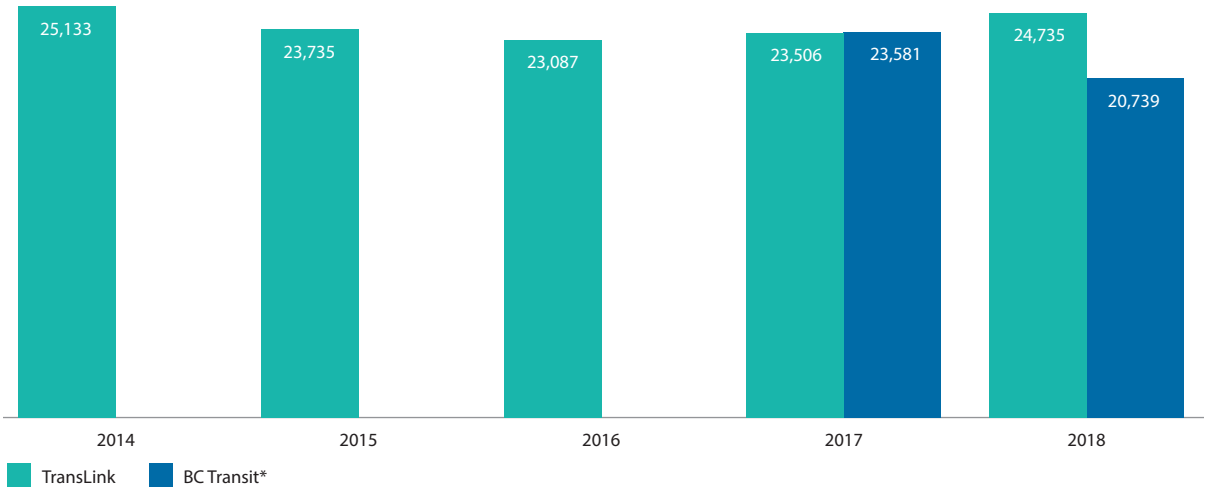
HandyDART is a shared ride service for passengers with physical or cognitive disabilities who are unable to use conventional public transit without assistance. HandyDART offers door-to- door service, providing assistance with boarding and exiting the bus, and reaching the door of the destination safely. HandyDART is available in 25 out of the 26 transit systems in B.C.

Everyone must apply for HandyDART and the application process varies by community. Most HandyDART clients require a signature from a medical practitioner confirming that they are unable to use conventional transit without assistance. Some clients may undergo a functional assessment by a physician or occupational therapist. Eligibility may be assessed on a permanent basis or conditional based on recovery from an accident, medical procedure, or due to temporary medication.

Clients

The number of active HandyDART clients across the province decreased 3% from 47,087 in 2016 to 45,474 in 2017. Active clients with TransLink increased 5% over the previous year, while BC Transit users decreased 12%.

Active HandyDART Clients, as of March 31, 2014-2018

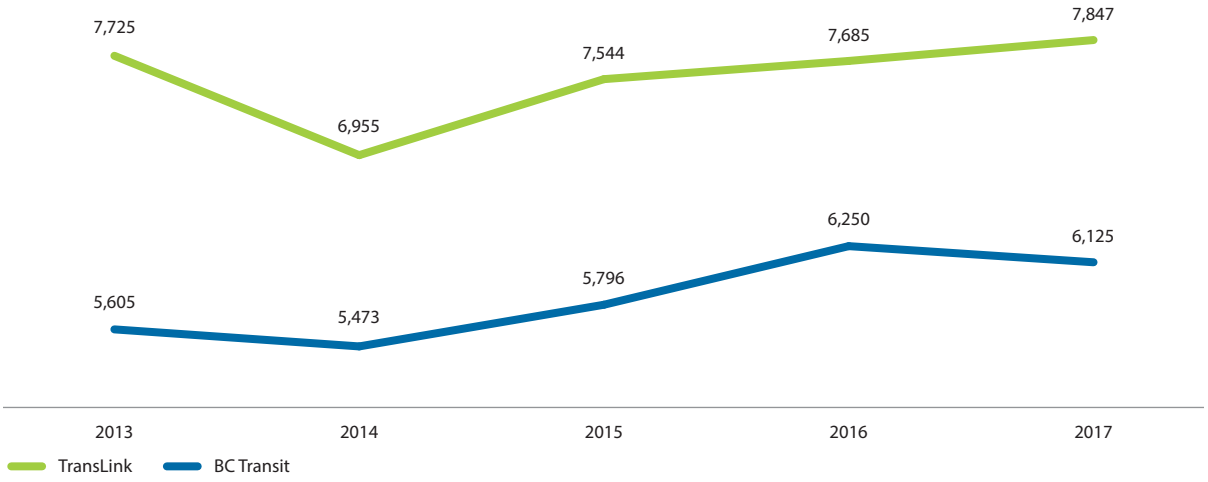


Note: *BC Transit data for 2017 is as of August 31, 2017.

Source: (41) (42)

There were 13,972 new clients registered for HandyDART service in 2017. The number of new clients did not change much overall from the previous year; there was a 2% increase with TransLink and a 2% decrease with BC Transit. Approximately 74% of new TransLink HandyDART clients were aged 65 or older. Age distributions are not available from BC Transit.

New Clients that Registered for HandyDART, 2013-2017



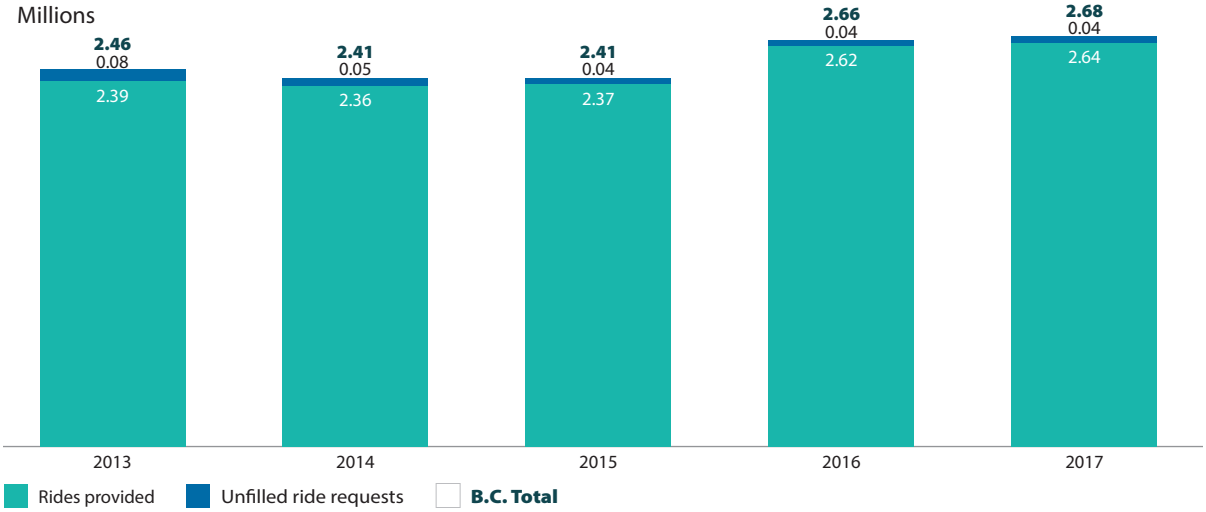
Source: (41) (42)

HandyDART Ride Requests

TransLink received approximately 1.66 million ride requests but almost one quarter of these were cancelled by the client, leaving 1.27 million rides provided or unfilled. BC Transit received approximately 1.41 million ride requests that were provided or unfilled; they do not report on cancellations. Overall, excluding client cancellations, HandyDART ride requests increased 0.6% in 2017; rides provided increased 0.7% and unfilled rides decreased 2%.[vi]

[vi] Percent change in ride requests excluding client cancellations is calculated on raw data and will not match calculations using the rounded numbers in the chart.

HandyDART Regular Ride Requests (excluding client cancellations), 2013-2017



Note: B.C. totals may not sum exactly due to rounding.
Source: (41) (42)

In addition to regular ride requests, same day or "standby" ride requests may be accommodated if they can be fit into drivers' schedules. A separate request must be made for each direction of a round trip, and securing a trip one way does not guarantee the return trip will also be accommodated. In 2017, TransLink fulfilled approximately 42% of standby ride requests. Over the past 5 years, this ranged between 42% and 45% of standby requests. BC Transit does not capture standby rides separately.

The target window to pick up a client varies by location, with the most common being a 30-minute target window (pick up occurs within 15 minutes before or after the scheduled time). In 2017, approximately 88% of TransLink HandyDART rides were delivered within the target window, a slight decline from 89% in previous years. BC Transit does not report data for on-time ride delivery.

Source: (42)

Complaints

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

In 2017, TransLink received 1,676 complaints; 58% were service complaints and 42% were operator complaints. Of the total complaints, 97% were resolved within five days and 52 were escalated for resolution. In 2017/18, 122 complaints were made to regional transit companies servicing BC Transit routes. None of these required escalation to BC Transit.

HandyDART Service Complaints, 2013/14-2017/18

TransLink	2013	2014	2015	2016	2017
Complaints received	1,386	1,529	1,377	1,448	1,676
Complaints escalated	48	33	16	25*	52*
Regional Transit Companies Under BC Transit	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Complaints received	251	194	200	190	122
Complaints escalated	3	2	0	0	0

Note: * Estimated as many people were calling the escalation process as their first point of contact

Source: (41) (42)

Paratransit

Paratransit is an alternative mode of transportation but services may vary considerably on the degree of flexibility provided to clients. Services may range from smaller buses running along a defined route but stopping for passengers on request, to fully flexible on-demand door-to-door service. Paratransit services may be operated by public transit agencies, not-for-profit organizations, or private for-profit companies. Some examples include:

- West Kootenay Transit: provides flexible on-demand local service to smaller communities around Nakusp and Kaslo;
- PWTransit Canada: provides paratransit services in Fort St. John, Port Alberni, and Squamish; and
- Medi-Van Canada Inc.: provides 24/7 transportation services, including stretcher transfers, wheelchair transfers, and helping seniors get to medical appointments.

Taxis

Some seniors pay out of pocket to use a taxi, but relying on taxis may not be financially viable for seniors with low incomes. The table below provides a snapshot of taxi fares in select regions in B.C.

Estimate Costs of Round-Trip Taxi Rides in Select Regions or Municipalities in B.C.

	20 KM Round Trip	10 KM Round Trip	6 KM Round Trip
Capital Regional District	$49.72	$28.49	$20.00
Lower Mainland	$47.52	$27.28	$19.18
Kamloops	$50.16	$28.27	$19.51
Williams Lake	$63.10	$36.15	$25.37
Sicamous	$57.53	$32.23	$22.11
Quesnel	$83.38	$44.88	$29.48
Cranbrook	$53.11	$34.74	$27.39

Source: (48)

Taxi Saver Program

HandyDART clients who have a HandyCard or HandyPASS can purchase discounted taxi vouchers through the Taxi Saver Program to pay for rides directly if accepted by the taxi company. Depending on their location, clients can buy $80-$100 in taxi vouchers per month at a 50% discount. In TransLink communities, HandyCards also allow individuals with permanent

physical, sensory, or cognitive disability to travel on conventional transit at concession far prices. An attendant who accompanies and assists the HandyCard or HandyPASS holder travels free on conventional transit.

In 2017, approximately 23% of TransLink HandyCard holders purchased $1.5 million in taxi vouchers at an average value of $25 per request. Voucher requests increased 4% in 2017.

TransLink Taxi Saver Vouchers, 2013-2017

	2013	2014	2015*	2016	2017
Voucher requests	57,534	62,703	62,034	59,342	61,536
Total value of taxi vouchers provided	$1,441,950	$1,567,575	$1,550,850	$1,483,550	$1,538,400
Number of HandyCard holders using vouchers	7,392	7,695	7,549	7,297	7,726
Percent of HandyCard holders using vouchers	10.8%	14.1%	27.5%	23.4%	22.7%
Average dollar amount provided per voucher request	$25	$25	$25	$25	$25

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

Source: (42)

In 2017, HandyPASS clients purchased $2 million in taxi vouchers at an average value of $40 per request. Voucher requests increased 52% in 2017.

BC Transit Taxi Saver Vouchers, 2013-2017

	2013	2014	2015	2016	2017
Voucher requests	32,105	31,320	37,727	33,897	51,567
Total value of taxi vouchers provided	$1,274,928	$1,258,551	$1,511,788	$1,355,861	$2,062,638
HandyPASS holders using vouchers	n/a	n/a	n/a	n/a	n/a
Average dollar amount provided per voucher request	$39.71	$40.18	$40.07	$40.00	$40.00

Note: n/a – not available; Fiscal year data have been adjusted to align with calendar year reporting.

Source: (41)

Volunteer Drivers

There are approximately 85 non-profit organizations or community agencies in B.C. that provide some version of a volunteer driver program for seniors. These are generally hosted by local agencies, such as seniors centres, church communities, or neighbourhood houses. Within these programs, members of the community volunteer to drive people to medical appointments, social engagements, or run other errands. For example, the Better at Home program, discussed earlier in this report, provided more than 24,000 transportation services in 2017/18; 78% were provided by volunteers. Most programs charge no fee but some suggest donations; any fees are generally nominal.

Source: (13) (48)

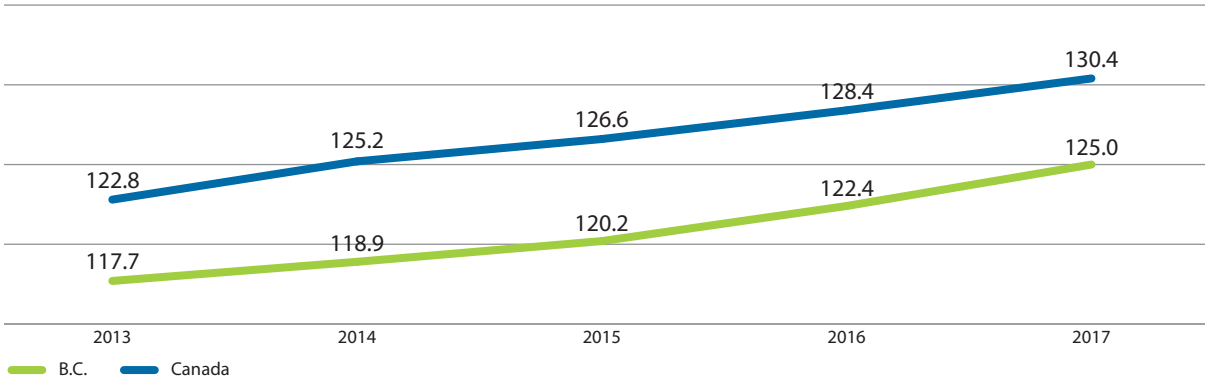
Income Support

The Cost of Living in B.C.

Changes in the cost of living can be estimated by considering the national Consumer Price Index (CPI), an indicator of changes in consumer prices experienced by Canadians. The CPI is calculated by looking at the cost of a fixed basket of goods and services and comparing changes in cost over time.

In 2017, the CPI rose 2.1% in B.C. compared to 1.6% across Canada. The annual CPI rose 6.2% from 2013 in B.C. and in Canada.

Consumer Price Index Annual Average, 2013-2017



Source: (50)

The CPI is used in determining the maximum allowable rent increase and setting annual increases in income supports, such as OAS, GIS, and Canada Pension Plan (CPP).

Federal and Provincial Income Supports

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

The **Old Age Security (OAS)** program is the Government of Canada's largest pension program. The OAS pension is a taxable monthly payment available to all seniors aged 65 or older who meet the Canadian legal status and residence requirements, regardless of whether a senior ever worked or is still working. The maximum as of October 2018 is $600.85 per month, a 2.6% increase over the same time last year. OAS can be deferred up to age 70 to increase the benefit amount. Each month of deferral increases the payment 0.6% to a maximum of 36% after 5 years. In March 2018, approximately 828,000 seniors in B.C. received OAS.

Source: (51)

The **Guaranteed Income Supplement (GIS)** is a monthly non-taxable benefit to OAS pension recipients who have a low income and are living in Canada. A single senior whose annual income (excluding OAS) is below $18,216 is eligible to receive some amount of GIS. The maximum amount as of October 2018 is $897.42. In March 2018, approximately 254,000 seniors in B.C. received GIS, a 1.6% increase over the previous year. If OAS is deferred, an individual is not eligible for GIS.

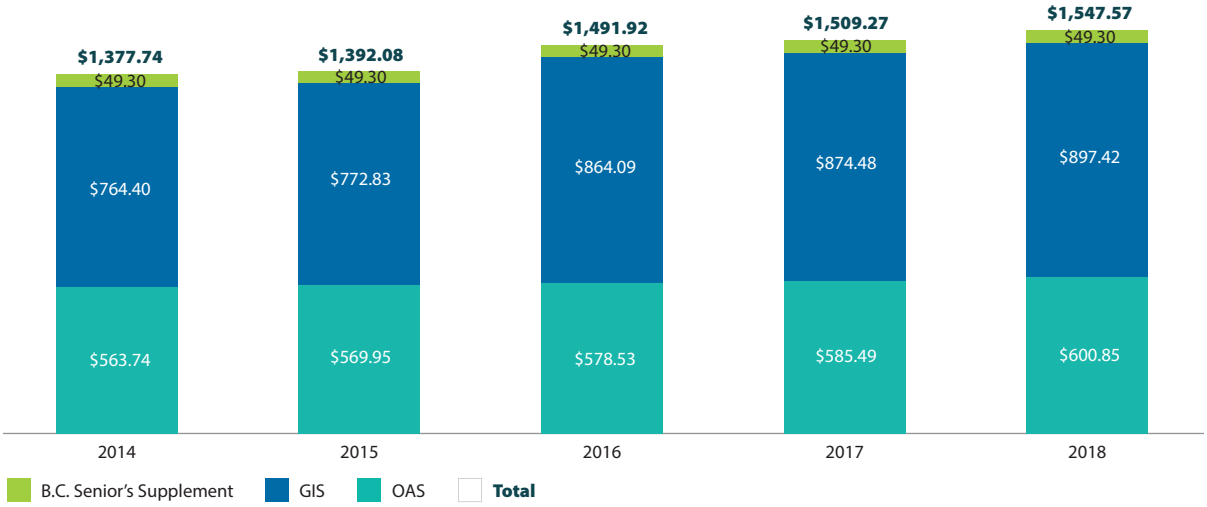
Source: (51)

The **B.C. Senior's Supplement** is a monthly top-up to the federal OAS and GIS. The supplement payment is calculated on the amount of federal GIS received. The maximum payment is $49.30 and has not changed since 1987, except for a brief reduction between 2002 and 2004. In December 2017, 56,021 seniors received the B.C. Senior's Supplement, a 2.4% increase over the previous year.

Source: (47)

Between October and December 2018, low income single seniors in B.C. could receive up to $1,547.57 per month in federal and provincial income supports, an increase of 2.5% over the same time last year.

Federal and Provincial Income Supplements, Oct-Dec 2014-2018



Source: (52) (53)

Most provinces and territories in Canada offer seniors a financial benefit similar to the B.C. Senior's Supplement offered monthly, quarterly, annually, or as an income tax refund. B.C.'s benefit is the second lowest in the country, after New Brunswick.

Monthly* Supplement Amounts for Single Seniors by Province and Territory, 2018

Province/Territory	Program Name	Monthly Amount
Alberta	Alberta Seniors Benefit	$280 maximum
Manitoba	55 PLUS Program	$53.93 maximum
New Brunswick	New Brunswick Low-Income Seniors' Benefit	$33.33
Newfoundland and Labrador	Newfoundland and Labrador Seniors' Benefit	$109.42 maximum
Northwest Territories	NWT Senior Citizen Supplementary Benefit	$196
Nova Scotia	Seniors Provincial Income Tax Refund	$833.33 maximum
Nunavut	Senior Citizen Supplementary Benefit	$175
Ontario	Ontario Guaranteed Annual Income System	$83.00 maximum
Saskatchewan	Seniors Income Plan	$270 maximum
Yukon	Yukon Seniors Income Supplement	$253.25 maximum
British Columbia	B.C. Senior's Supplement	$49.30

Notes: *Amounts in this table are the calculated to reflect the amount of each benefit per month.
Quebec and Prince Edward Island do not have a senior's supplement program similar to other provinces.

Source: (54)

Canada Pension Plan

The **Canada Pension Plan (CPP)** is the other major federal retirement income available to seniors. It is a contributory, earnings-related federal pension program. To qualify for the maximum CPP benefit, two criteria must be met:

1. The individual must have contributed into CPP for at least 39 years, which is 83% of the period between the ages of 18 and 65; and
2. The individual must have earned the Yearly Maximum Pensionable Earnings (YMPE) in at least 39 of the years of employment in which they contributed into CPP. The YMPE for 2018 was $52,900.

The current maximum CPP benefit is $1,134.17 per month, a 1.8% increase over 2017. In 2017/18, the average monthly payment amount to all recipients was $570. In March 2018, the average monthly payment amount for new beneficiaries was $666.56. (51)

Individuals may choose to continue contributing into CPP up to the age of 70 if the maximum YMPE has not been met for the full 39 years to increase their post-retirement benefits. CPP benefits can also be deferred up to age 70. For each month of deferral, the payment increases 0.7% to a maximum of 42% after 5 years.

Tax Credits

There are a number of provincial and federal government tax deductions and credits that help seniors in B.C. reduce financial burden and remain financially independent. Tax deductions reduce the amount of income that is subject to income tax. Tax credits reduce the actual amount of tax owing. The following table lists federal and provincial tax credits that may apply to seniors.

Tax Credits Available to Seniors, 2017-2018

Tax Credits Directed at Seniors	Other Tax Credits that May Benefit Seniors
Federal Credits	
• Pension Income Amount	• Disability Amount
• Age Amount	• Medical Expenses
• Home Accessibility Tax Credit (HATC)	• Canada Caregiver Amount
• Pension Income Splitting	• Public Transit Amount
B.C. Credits	
• Home Renovation Tax Credit for Seniors and Persons with Disabilities • Age Amount • Pension Credit	• Eligible Dependent • B.C. Caregiver Credit • Infirm Dependent Credit • In-home Care of Relative • Medical Expense Credit • Credit for Mental or Physical Impairment

The federal Public Transit Amount was eliminated as of July 1, 2018 and the Family Caregiver Amount was renamed to the Canada Caregiver Amount. Also, in 2018 the new B.C. Caregiver Tax Credit replaces the Infirm Dependent and In-Home Care of Relative B.C. tax credits. Otherwise, there were no changes to tax credit entitlements other than inflationary adjustments where applicable.

Federal tax credits such as the Age Amount, Disability Amount, Canada Caregiver Amount, and Medical Expenses are indexed to inflation using the Canadian CPI; indexation rates were 1.4% in 2017, 1.5% in 2018 and will be 2.2% in 2019.

The B.C. tax credits listed above, except the Home Renovation Tax Credit and the Pension Credit, are indexed each year by the B.C. CPI; indexation rates were 1.8% in 2017 and 2.0% in 2018.

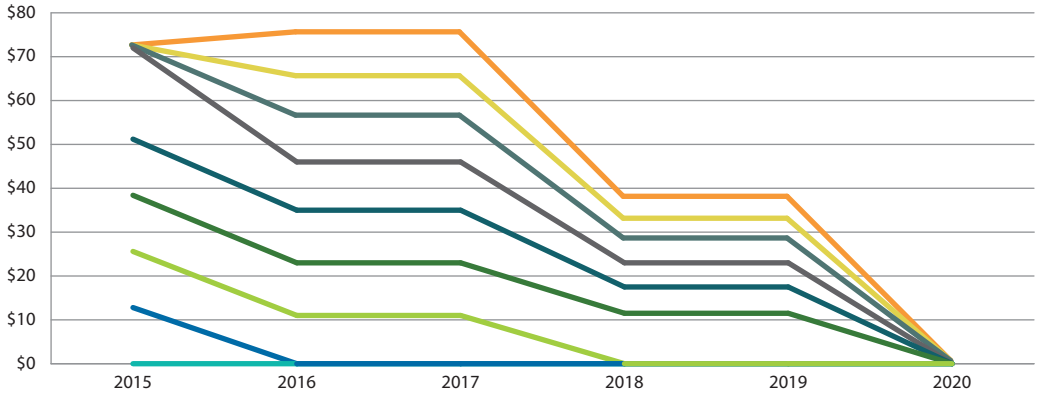
Source: (55) (56)

Premium Assistance Programs

Medical Services Plan

B.C. residents pay Medical Services Plan (MSP) premiums on a monthly basis. In 2018, the full premium amount was $37.50 for single seniors and $75.00 for a family with two adults. Between 2013 and 2016, MSP premiums increased approximately 4% per year to $75; 2017 remained the same as 2016. In 2018, the basic premium was reduced 50% to $37.50 for one adult and $75 for two adults in a family as part of the four-year plan to eliminate MSP premiums. Rates will remain the same for 2019 and be eliminated in 2020 to be fully replaced by the new Employer Health Tax.

MSP Premiums by Adjusted Net Income, 2015-2020



	2015	2016	2017	2018	2019	2020
Up to $22,000	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$22,001 - $24,000	$12.80	$0.00	$0.00	$0.00	$0.00	$0.00
$24,001 - $26,000	$25.60	$11.00	$11.00	$0.00	$0.00	$0.00
$26,001 - $28,000	$38.40	$23.00	$23.00	$11.50	$11.50	$0.00
$28,001 - $30,000	$51.20	$35.00	$35.00	$17.50	$17.50	$0.00
$32,001 - $34,000	$72.00	$46.00	$46.00	$23.00	$23.00	$0.00
$34,001 - $38,000	$72.00	$56.00	$56.00	$28.00	$28.00	$0.00
$38,001 - $42,000	$72.00	$65.00	$65.00	$32.50	$32.50	$0.00
Over $42,000	$72.00	$75.00	$75.00	$37.50	$37.50	$0.00

Source: (57)

Currently, single seniors with an adjusted net income up to $26,000 do not pay a premium. Those with an income up to $42,000 may be eligible for some level of Premium Assistance. Seniors with higher incomes may still qualify for Premium Assistance. The adjusted net income is based on the following additional allowable deductions:

- $3,000 if a beneficiary is 65 years of age or older in application year;
- $3,000 for a spouse;
- $3,000 for a beneficiary's spouse if 65 years of age or older in application year;
- $3,000 for each family member who claims disability, attendant or nursing home expenses;
- The amount reported for the Registered Disability Savings Plan by a beneficiary and/or spouse.

In 2017, there were 972,005 seniors registered with MSP. Of these, 335,043 (34%) received some level of Premium Assistance and 41,086 (4%) were exempt from paying premiums.

Seniors who are part of the Medical Services Only (MSO) program are included in those exempt from paying premiums. These seniors, who received disability or income assistance (with persistent multiple barriers to employment) prior to turning 65, are eligible to maintain access to specific health supplements, including dental services, vision care, and a 100% reduction in MSP premiums. This suite of services is provided by the Ministry of Social Development and Poverty Reduction (SDPR). In 2017, 27,102 seniors received MSO, and an additional 499 seniors who had their MSP premiums covered for six months after leaving the MSO program.

Source: (58)

Supplementary Benefits

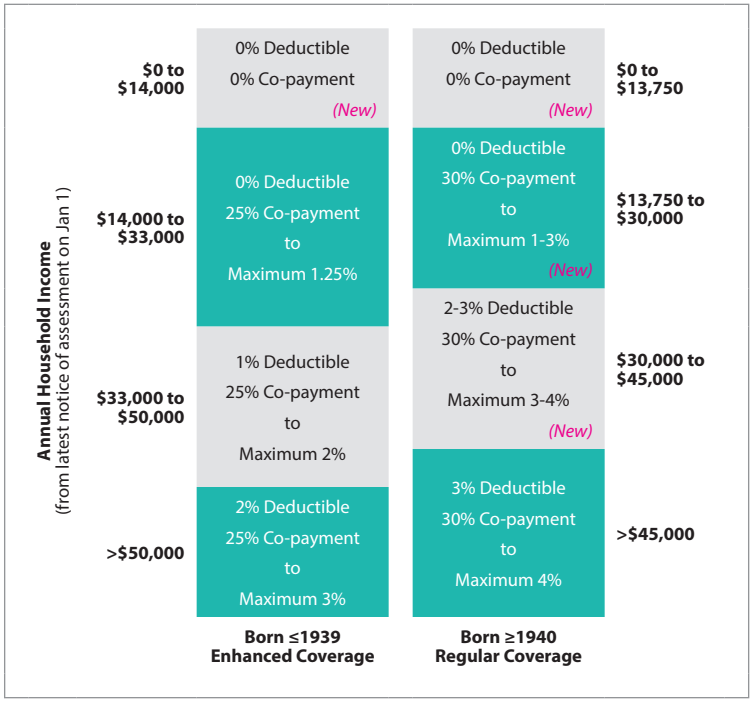
MSP covers $46.38 toward one full eye exam per year by an optometrist for all seniors. All people receiving MSP Premium Assistance are also eligible for limited coverage for supplementary benefits. MSP will contribute $23 per visit for a combined limit of 10 visits per calendar year for the following services: acupuncture, chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry.

Fair PharmaCare

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

Fair PharmaCare rates will be changing in 2019; families with very low income will no longer pay a deductible or co-payment. Enhanced coverage for seniors born in 1939 or earlier will not change for those with an income above $14,000. Regular coverage for those born in 1940 or later will not have a deductible for families earning up to $30,000 incomes and deductible will be reduced for families with incomes between $30,000 and $45,000. Co-payments for families with incomes between $13,750 and $45,000 remain at 30% but family maximums have been reduced. Above $45,000 regular coverage has not changed from previous rates.

Fair PharmaCare Assistance Levels, 2019



Source: (59)

Families pay 100% of the costs of prescriptions until reaching the deductible, after which PharmaCare will pay a percentage of prescription costs, based on the co-payment, until the family maximum is met; PharmaCare will pay 100% of eligible prescription costs for the rest of the year.

Dispensing Fees

Pharmacies charge a dispensing fee for every prescription. PharmaCare will reimburse a maximum $10 dispensing fee. If the pharmacy charges more, the customer pays the difference.

Average Dispensing Fees for Select Pharmacies in Victoria, B.C., 2018

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

This table represents selected pharmacies in Victoria, B.C. To look up the dispensing fee in other locations, visit https://www.pac.bluecross.ca/pharmacycompass.

Source: (60)

For drugs dispensed every 2 to 27 days (sometimes called blister packs), PharmaCare will reimburse the pharmacy for one dispensing fee per patient, per drug, per prescribed supply to a maximum of five fees per patient, per prescribed supply. After this time, it is at the pharmacy's discretion whether to charge an additional fee for blister pack medications. There may still be an additional cost to the client, as blister packs tend to include smaller quantities (for example, a 14-day blister pack in lieu of a bottle with 30 pills), so clients and/or PharmaCare may end up paying dispensing fees more frequently.

Elder Abuse

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

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

Protection of Seniors Interests

Public Guardian and Trustee

The Public Guardian and Trustee (PGT) protects the interests of British Columbians by providing a wide range of services including direct financial management and legal decision making services for vulnerable adults. The office acts in a number of different roles for seniors:

- Committee of Estate (COE) – managing financial and legal affairs;
- Committee of Person (COP) – managing health care and personal care including access and placement interests of adults who require assistance in decision making;
- Temporary substitute decision maker (TSDM) – managing health care decisions only;
- Attorney under an enduring Power of Attorney;
- Representative under a representation agreement;
- Litigation guardian; and
- Pension trustee.

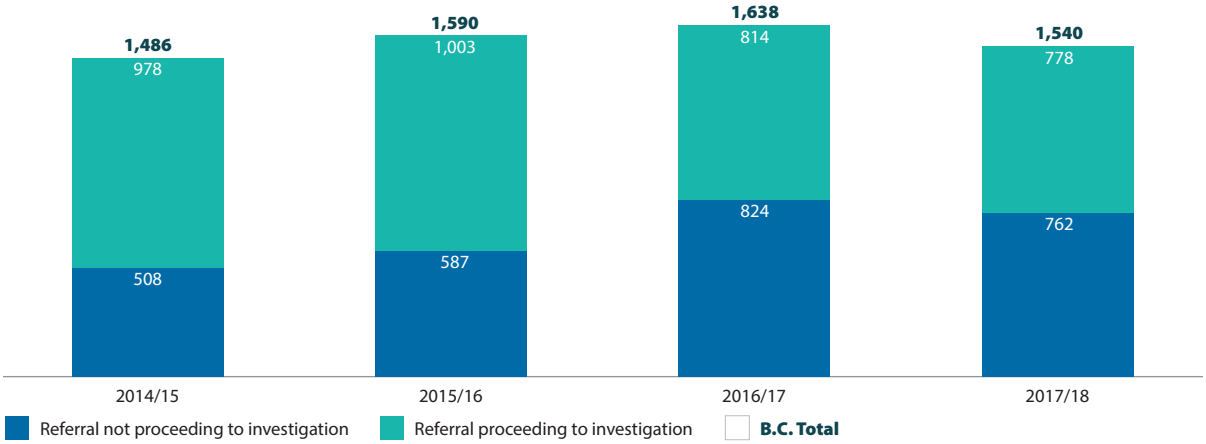
A COE and a COP are only considered as a last resort once decision making options such as the Power of Attorney, Representation Agreements, and Pension Trusteeship have been fully explored. In 2017/18, the PGT supported 2,346 COEs for B.C. seniors, and 49 COPs. The number of COEs has been steadily declining annually over the last five years, with a 5% decrease last year. The number of COPs varied between 41 and 49 in each of the last five years. (61)

The PGT also responds to allegations and investigates cases of abuse, neglect, and self-neglect. Referrals screened out did not proceed to investigation for a variety of reasons, but not necessarily because abuse or neglect was not occurring. For example, a referral would not proceed to investigation if a family member willing and able to support the vulnerable adult was identified. Referrals proceed to investigation and are not screened out when they meet legislative criteria.

In 2017/18, the PGT received 1,814 referrals of which 274 (15%) were general inquiries,[vii] 762 (42%) did not proceed to investigation, and 778 (43%) proceeded to investigation. Excluding general inquiries, 1,540 referrals were received in 2017/18, a 6% decrease over the previous year.

[vii] General inquiries are calls about a specific individual where not enough information was provided to constitute a referral.

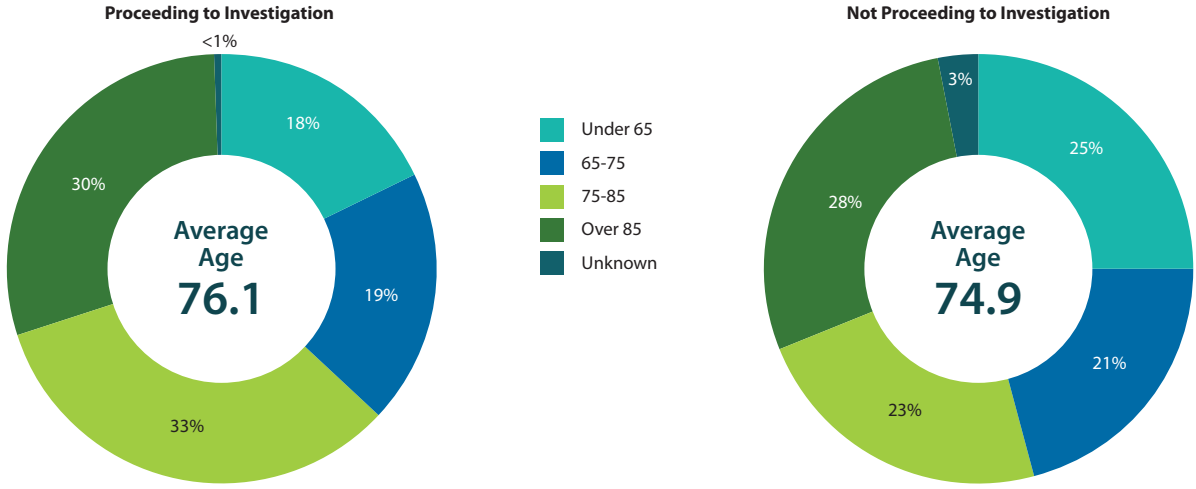
PGT Referrals Excluding General Inquiries, 2014/15-2017/18



Source: (61)

Of the referrals made to the PGT, 82% of those that proceeded to investigation and 72% of those that did not proceed to investigation involved seniors aged 65 or older. These percentages have not changed a great deal over previous years. The gender distribution of clients has not changed much either, with slightly more females than males: 52% female and 48% male for referrals proceeding to investigation and 55% female and 45% male for those that did not proceed to investigation.

Client Age of Referrals, 2017/18



Source: (61)

Community Response Networks

A Community Response Network (CRN) is a group of community members who come together to establish a network of designated agencies, service providers, and community members to provide help for adults experiencing or at risk of experiencing abuse, neglect, and self-neglect. The BC Association of Community Response Networks (BC ACRN) provides on-going support, including a website to assist communities in their work. It also hosts provincial teleconferences with all CRN members and interested parties to join the conversation about prevention and education activities targeted toward ending abuse, neglect, and self-neglect.

The BC ACRN website lists documents intended to be used like a library of information for communities to use. It also has an interactive site to find CRN information in over 180 communities throughout B.C. Each community has a contact list that provides emergency and non-emergency phone numbers, as well as contact information for adult abuse services. Some examples of services that may be included are Health Authority contacts, help lines, victim services, transitions houses, emergency shelters, outreach and community services, and legal services.

The community level information can be accessed on the BC ACRN website at: http://www.bccrns.ca/generated/crnhealthauthoritymap.php.

Patient Help Lines

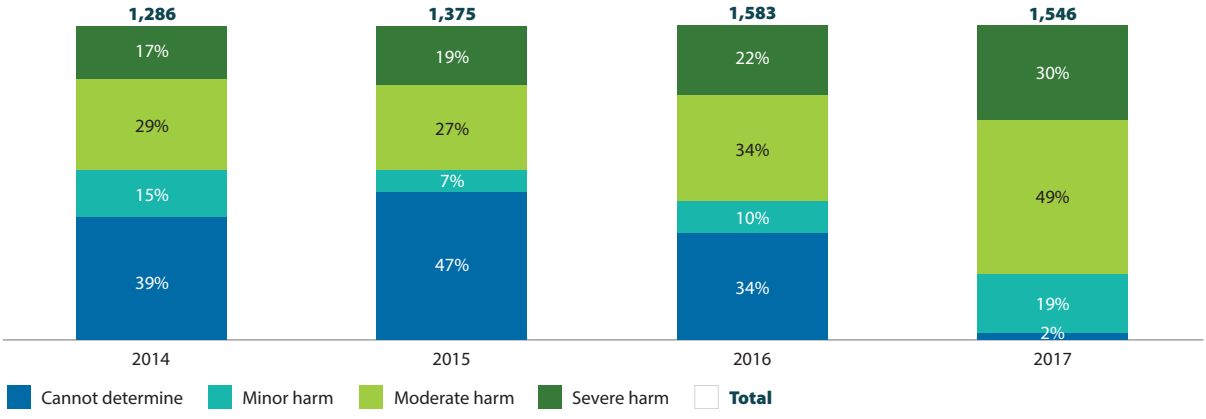
Seniors Abuse and Information Line

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

In 2017, SAIL received 4,075 calls, an increase of 12% over 2016; 1,546 (38%) were related to abuse, 1,902 (47%) to non-abuse, and 627 (15%) were for general information. Calls related to abuse declined 2% in 2017.

Recording of data at call intake improved in 2017; calls where the degree of harm could not be determined was only 2% in 2017 compared to 34% in 2016. In 2017, approximately 79% of calls were assessed as moderate to severe harm, and in 15% of calls the abuse had been occurring longer than five years.

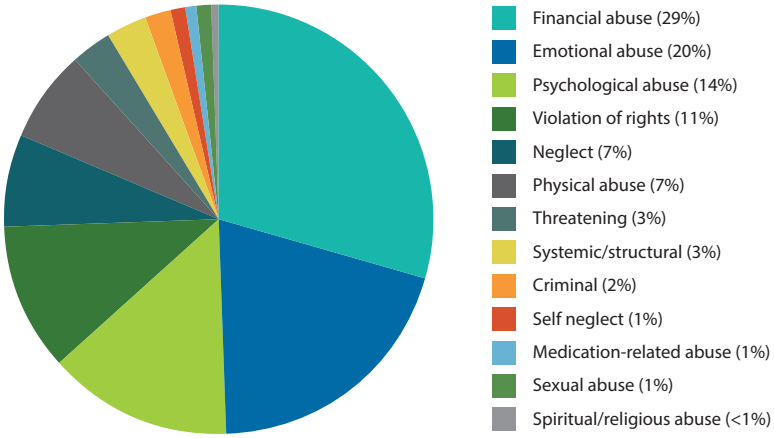
Degree of Harm Reported to SAIL, 2014-2017



Source: (62)

More than one type of harm or abuse may occur at the same time. The percentages below indicate the proportion of time the harm or abuse type is noted, not the number of calls received. Financial abuse is the most frequently reported type of harm, accounting for 29%, followed by emotional abuse (20%) and psychological abuse (14%).

Frequency of the Type of Abuse or Harm Reported to SAIL, 2017



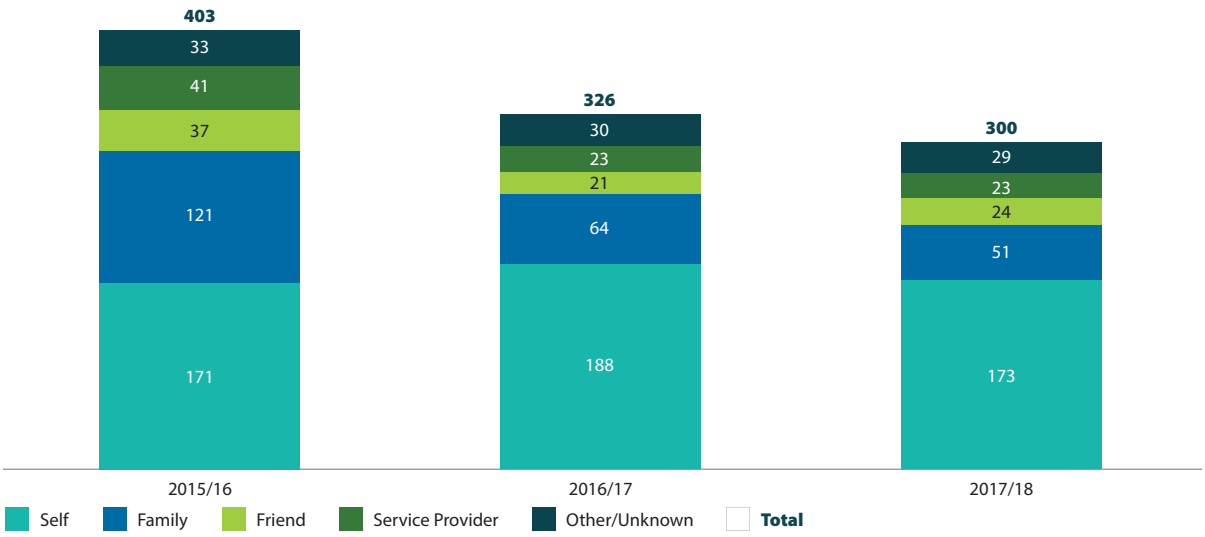
Source: (62)

211 Helpline

211 is a non-profit help line, operated by bc211 and primarily funded by the United Way, connecting people with information and referrals regarding community, government, and social services in British Columbia. The service is available via web chat across B.C. at **www.bc211.ca**; **2-1-1** phone and text service is available in the Lower Mainland and Vancouver Island.

In 2017/18, bc211 received 300 calls about elder abuse; 173 callers were aged 55 or older reporting abuse about themselves, 51 were family members, 24 were friends, 23 were service providers, and the remaining 29 were not categorized. In 2017, the total number of calls declined 8% and 19% the previous year.

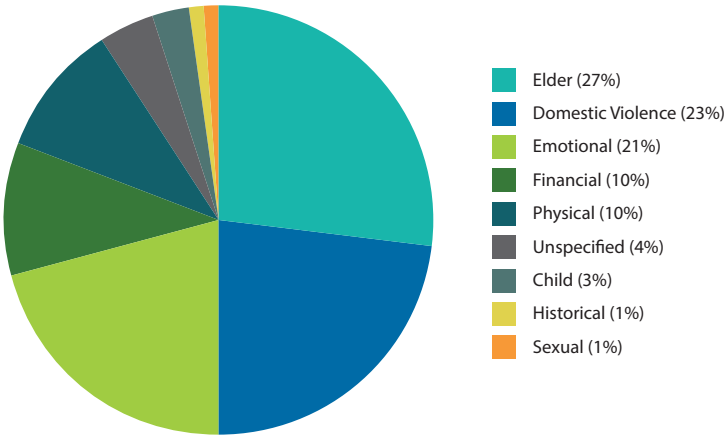
Callers to bc211, 2015/16-2017/18



Source: (63)

Callers may report more than one type of abuse. In 2017/18, there were 239 incidents of abuse reported by 173 callers aged 55 or older calling on behalf of themselves. Most of the incidents were elder abuse (27%) and domestic violence (23%). The majority of callers in this group were female (81%).

Frequency of the Type of Abuse Reported* to bc211, 2017/18



Note: * Based on incidents reported by callers, aged 55 or older, calling on behalf of themselves.

Source: (63)

Abuse Reports to Law Enforcement

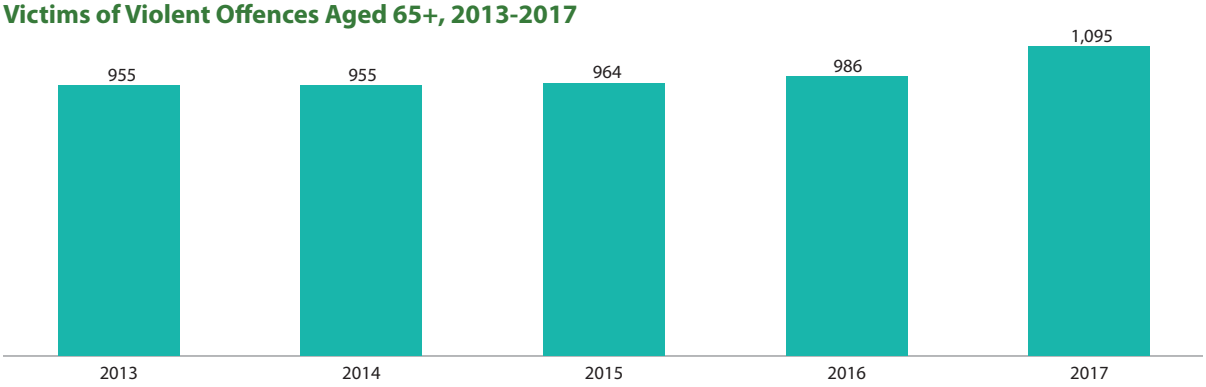
BC RCMP

The BC RCMP, or E Division, polices 99% of the geographic area in B.C. where 72% of the population resides. The data presented below is not a representation of all offences but only those that are reported to the RCMP. Cases where the age of the victim is not known are excluded from the data.

Violent Offences

Victims of violent offences against seniors reported to the RCMP have increased 11% in 2017. There were 1,052 violent offences with 1,095 victims aged 65 or older. Charges have been laid or recommended in 43% of the offences and 29% are not yet cleared.

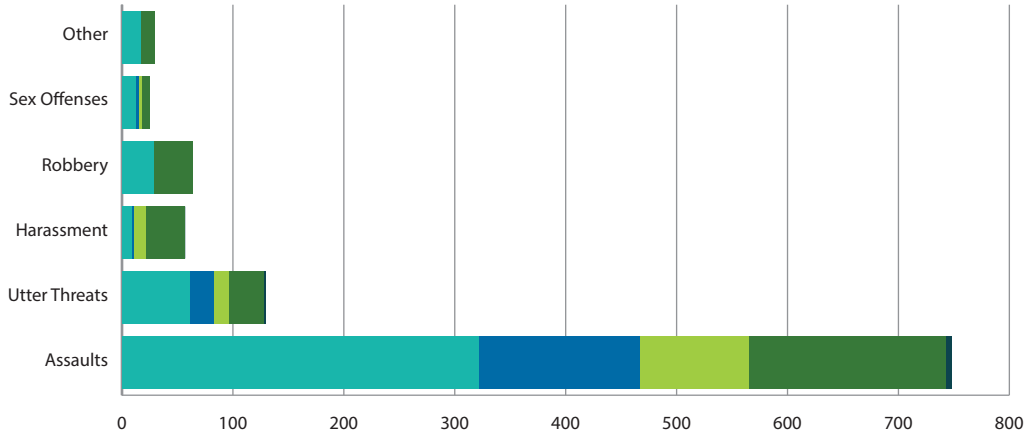
Victims of Violent Offences Aged 65+, 2013-2017



Source: (64)

The top five types of violent offences have accounted for more than 97% of violent offences against seniors for the last nine years. Assaults have increased during this time from 52% in 2009 to 71% in 2017. Charges have been laid or recommended in 43% of the assault cases and 24% of cases are not cleared yet at the time of reporting.

Outcomes of Violent Offences with Victims Aged 65+, 2017



	Other	Sex Offences	Robbery	Harassment	Utter Threats	**Assaults**
Charges laid or recommended	17	12	28	9	61	321
Complainant won't lay charges	0	3	0	1	22	146
Departmental discretion	0	3	0	11	13	98
Not yet cleared	12	7	36	36	32	178
Other	0	0	0	0	1	5
Total	**29**	**25**	**64**	**57**	**129**	**748**

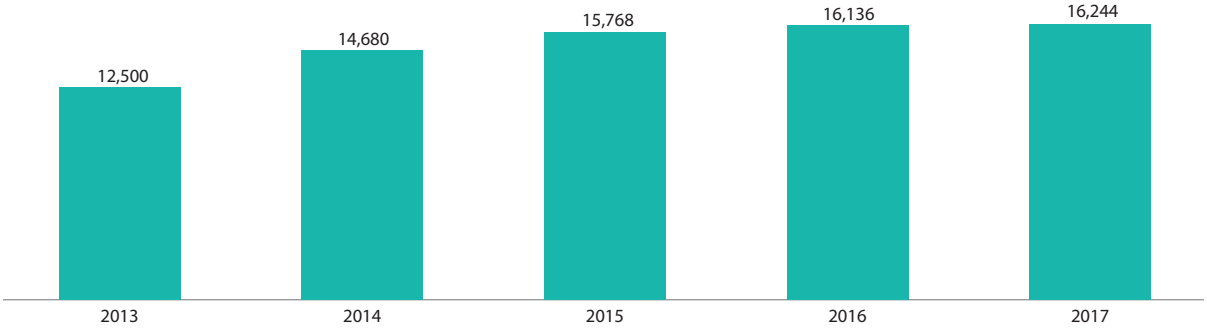
Note: * Other includes homicide/attempt, criminal negligence causing death, counsel suicide, extortion, kidnapping/forcible confinement, weapons offences, arson – disregard for life and intimidation.

Source: (64)

Property Offences

In 2017, over 16,000 seniors were victims of a property offence, an increase of less than 1% over 2016, but an increase of 30% from 2013. This includes 3,651 victims of theft from vehicle and 3,526 victims of mischief to property. Charges have been laid or recommended in only 2% of offences, but 93% were not yet cleared at time of reporting.

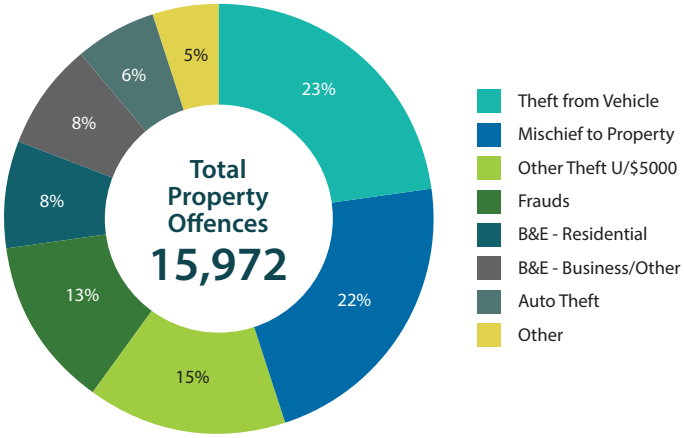
Victims of Property Offences Aged 65+, 2013-2017



Source: (64)

The top five types of property offences have accounted for more than 80% of property offences against seniors for the last nine years. Mischief to property was the most common type of property offence until 2015, but in the last two years theft from vehicle was more common. Mischief to property declined from 30% in 2009 to 22% in 2017. Theft from vehicle increased from 19% to 23% during this time. Fraud also increased from 6% to 13% during this time.

Types of Property Offences with Complainants Aged 65+, 2017

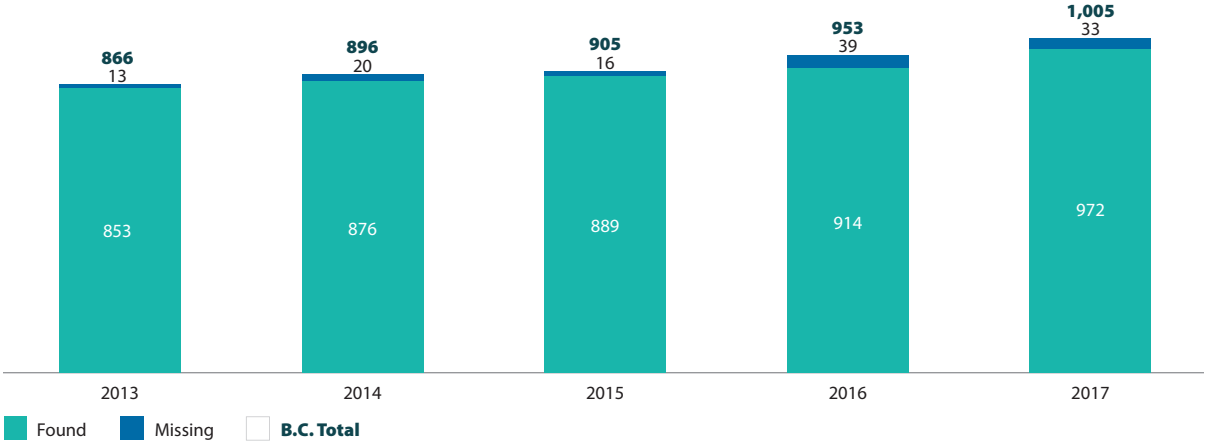


Source: (64)

Missing Persons Cases

There were 1,005 missing persons cases for seniors, 6% of all missing persons cases, opened with the RCMP E Division in 2017. Of these 33 (3.3%) were still missing at the time of reporting. Of the missing seniors reported in 2016, 4.1% are still missing and 1-2% are still missing from previous years. The number of missing seniors has been steadily increasing, 5% since 2016 and 16% since 2013, but seems to be relative to the population growth. The seniors population grew 4% from 2016 to 2017, and 17% from 2013 to 2017.

Missing Persons for Seniors Aged 65+, 2013-2017



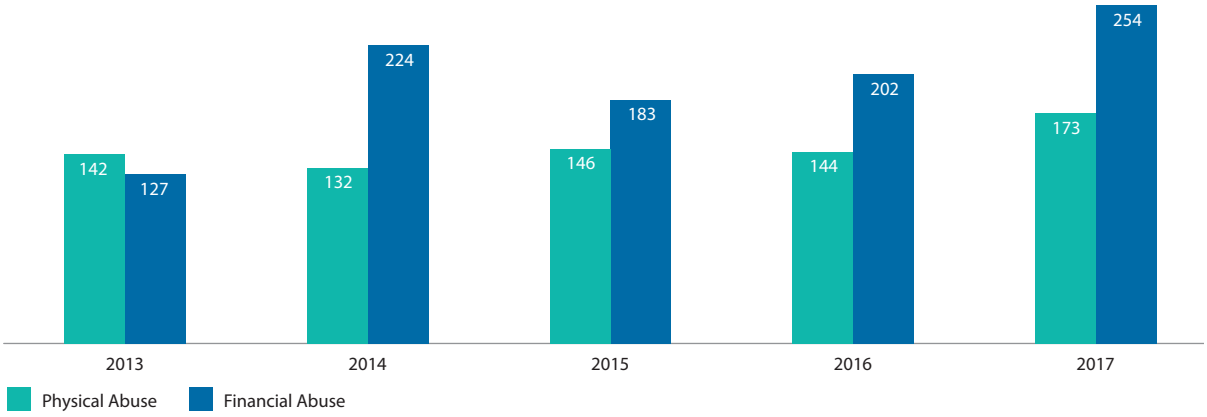
Source: (64)

Vancouver Police Department

The Vancouver Police Department tracks cases of reported physical and financial abuse each year. In 2017, there were 173 cases of physical abuse against seniors, a 20% increase over 2016. In these cases the victim may or may not have known the offender. Charges were laid or recommended in 28% of the cases. The Elder Abuse Unit, which focuses on assaults, intimidation or harassment of elders, provided consultation in 137 of these cases.

In 2017, there were 254 cases of financial abuse (mail, fraud, CRA & lottery scams, etc.) against seniors, a 26% increase over 2016. The suspect was a stranger in more than 87% of these cases. Very few financial abuse incidents involved family members or caregivers; charges were laid or recommended in 7% of cases. The Financial Crime Unit, which handles large scale frauds, provided consultation in 25 of these financial abuse cases. This is a substantial increase as this unit only provided consultation on two cases involving seniors over the past nine years – one in 2015 and one in 2016.

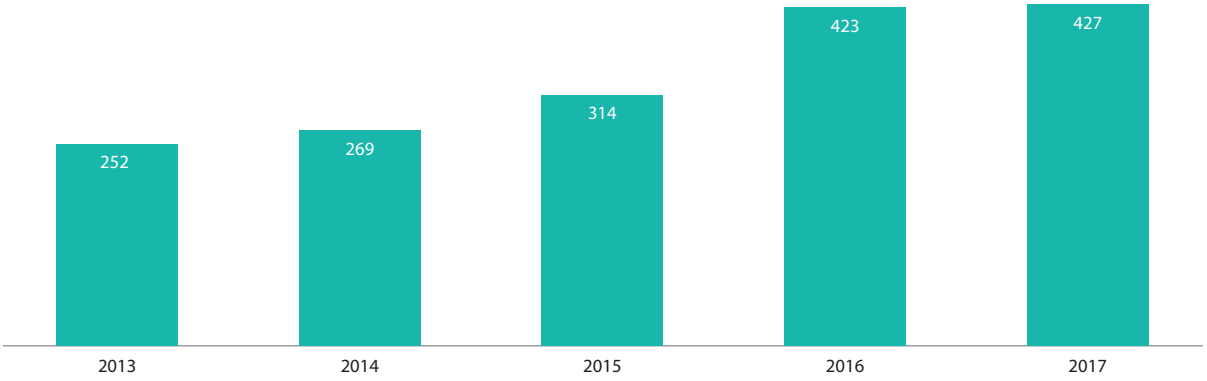
Victims of Abuse Aged 65+, 2013-2017



Source: (65)

In 2017, the Vancouver Police Department's Missing Persons Unit handled 427 missing persons cases involving seniors aged 65 or older. This was an increase of less than 1% over 2016, but a 36% increase over 2015. All of these cases have been solved.

Missing Persons Cases Aged 65+, 2013-2017



Source: (65)

Appendix 1: Table of Acronyms

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

Appendix 2: Regulation Categories for Long-Term Care Facilities under the CCALA

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

Licensing – Common Areas and Work Areas

- Dining areas
- Lounges and recreation facilities
- Designated work areas
- Outside activity areas

Licensing – Staffing Requirements

Division 1 – General Staffing Requirements

- Character and skill requirements
- Additional criminal record checks
- Continuing health of employees
- Continuing monitoring of employees

Division 2 – Coverage and Necessary Staff

- Management and supervisory staff
- Staffing coverage
- Food services employees
- Employee responsible for activities

Part 5 – Operations

Division 1 – Admission and Continuing Accommodation

- Prohibited service
- Admission screening
- Advice on admission
- Other requirements on admission
- Continuing accommodation

Division 2 – General Care Requirements

- Emergency preparations
- Harmful actions not permitted
- Privacy
- General health and hygiene
- Program of activities
- Identification of persons in care off-site
- Access to persons in care
- Release or removal of persons in care
- Family and resident council
- Dispute resolution
- Self-monitoring of community care facility

Division 3 – Nutrition

- Menu planning
- Food preparation and service
- Food service schedule
- Participation by persons in care
- Individual nutrition needs
- Eating aids and supplements

Division 4 – Medication

- Medication safety and advisory committee
- Packaging and storage of medication
- Administration of medication
- Return of medication to pharmacy

Division 5 – Use of Restraints

- Restrictions on use of restraints
- Reassessment

Division 6 – Matters That Must Be Reported

- Notification of illness or injury
- Reportable incidents

Part 6 – Records

Division 1 – Records for Each Person in Care

- Records for each person in care
- Records respecting money and valuables of persons in care
- Short term care plan on admission
- Care plan needed if more than 30 day stay
- Implementation of care plans
- Nutrition plan

Division 2 – Additional Records

- Policies and procedures
- Repayment agreements
- Records respecting employees
- Food services record
- Record of minor and reportable incidents
- Record of complaints and compliance
- Financial records and audits

Division 3 – General Requirements Respecting Records

- Currency and availability of records
- How long records must be kept
- Confidentiality

Part 7 – Transitional

- Transitioned facilities
- Unacceptable threat to health or safety
- Transition – Criminal record check

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This report has been compiled from a variety of sources. All sources are footnoted in the Data Sources at the end of the report.

The data used in the report are either for fiscal year 2017/18, covering the period from April 1, 2016 to March 31, 2018, or for calendar year 2017. In some cases, as noted in the report, other time frames have been used. Comparative year over year data have been used when possible. Numbers may not exactly match other publications due to rounding.

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