Seniors' Housing in B.C.

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OFFICE OF THE
SENIORS ADVOCATE

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Report #4

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SENIORS ADVOCATE

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In preparing this report, I talked with seniors in every corner of the province and I heard frustration and concern over the availability, appropriateness and affordability of housing. Building on my commitment to evidence-based decision making, I undertook to gather data and facts to determine the scope of the issue and to look at possible solutions.

Working with data on seniors' incomes, the costs of renting and homeownership, and the various subsidy programs that are available, I found that for low and moderate seniors in this province there is a real and genuine need for more financial support in meeting their basic housing costs. Half of B.C. seniors live on $24,000 per year or less and more than 50,000 seniors are living on $20,000 or less. These are incomes that will not rise and many costs related to declining health care are not covered for many of our lowest-income seniors. Some seniors are making ends meet by either living in substandard housing or by foregoing other basic needs and no one wants to see this happen to our seniors in their final years.

Seniors are very clear that they want to live as independently as possible. If living in their own house or apartment with home care is no longer possible, the next logical step would be to move into assisted living. This offers continued independence but with some support and socialization. What I found however, was that, as a result of outdated regulations, many seniors were being denied the ability to stay in assisted living and were being pushed into residential care before it was clinically necessary.

When residential care is required, seniors deserve as much as possible to be where they want to be and to enjoy the privacy of their own bedroom and bathroom. While there is some very good residential care in this province, there is more that needs to be done to fulfill our commitment to allow seniors to live where they want as independently as possible.

This report offers potential solutions to some of the more pressing housing issues seniors are facing today. Undoubtedly, this report will serve as a catalyst to raise more issues related to housing that will be the focus of future study. This report is the culmination of many months of work by a very committed staff at the Office of the Seniors Advocate and a very engaged Council of Advisors. It reflects an exceptional level of co-operation on the part of government, health authorities, service providers and most importantly seniors and their families, and I thank you all. There is a collective will to do better, and I am confident that together we can and will do better for our seniors.

Sincerely,

Isobel Mackenzie
Seniors Advocate
Province of British Columbia

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Executive Summary

In the past year, the Seniors Advocate has met with thousands of seniors and their families in every region of the province. Among the many issues and concerns these seniors have raised and brought forward for discussion, they expressed a deep concern around the affordability, availability and appropriateness of seniors' housing in the province.

Seniors expressed clearly that they want to age as independently as possible in their own homes and in their local communities. However, low incomes and high living costs have a profound impact on the affordability of independent housing options for seniors, and on their ability to freely choose their living arrangements.

Many seniors accept that, as they age, changes to their health and mobility may necessitate a move to housing that incorporates a support or care component. However, many feel frustrated that their housing options are limited by the availability of appropriate housing in their communities and by the policies, practices and regulations currently in place that determine eligibility for particular types of housing. They fear they will be forced into assisted living or residential care prematurely, or need to move to faraway communities where there is no support system of friends and family.

Given the breadth and depth of the concern, the Seniors Advocate sought to undertake a review to identify issues across the continuum of independent housing, assisted living, and residential care settings that might limit seniors' ability to make choices about their housing. At each step along this housing continuum, the Advocate asked:

1. Have we done everything we can do to make this housing **affordable**?
2. Have we done everything we can to ensure this is the most **appropriate** place for seniors to live?
3. Have we done everything we can to make this housing option **available** to seniors?

The goal of this report is to emphasize some of the most pressing housing priorities facing seniors living in British Columbia. It is focused on recommendations that are practical, realistic and have the potential to leverage significant change.

The context of where and how B.C. seniors are currently living is necessary to appreciate the magnitude of the issues. The data indicate that, while many seniors are doing fine, some are not and require help to ensure their housing is affordable, appropriate and available.

A snapshot of how B.C. seniors are living shows that:

- 93% live independently in houses/townhouses/apartments/condominiums
- 80% are homeowners, of which 22% carry a mortgage
- 20% are renters, with 20% receiving some rent subsidy
- 26% live alone

- 4% live independently but receive provincially subsidized home care services
- 3% live in assisted living, with 20% receiving a subsidy
- 4% live in residential care, with 95% receiving a subsidy

The financial circumstances of B.C. seniors show that:

- The median income for seniors is $24,000
- 35% of seniors who rent live on a household income of $20,000 or less
- Average rents for a one-bedroom apartment vary from a high of $1,038 in Vancouver to a low of $547 in Quesnel
- While the average house price varies greatly in the province, the average annual costs of homeownership net of any mortgage payments is about the same regardless of where a senior lives, averaging around $1,000 per month
- 36% of seniors with household incomes less than $30,000 believe they will need to move in the future due to affordability

Independent Housing

Independent housing options for seniors include both home ownership and rental situations. Independent housing is a choice that is **appropriate** for most seniors if it is affordable, if there is housing available that can provide accessibility to services and supports, and if it allows for design features to make the environment safe and accessible. There are data to support that, if seniors choose to, they can be cared for in their own home to very high care levels. Where the housing is located, whether or not there is a co-residing caregiver, and the degree of risk that a senior chooses to live with are all factors that will influence this choice, and different people will make different choices. However, should a senior choose to live independently, evidence supports this can be an appropriate choice.

The **affordability** of independent housing for low and moderate income seniors, both renters and homeowners, is challenging. Data support that many seniors who rent, particularly those in the Lower Mainland and Greater Victoria, are in genuine need of more support to cover their rental costs. The data also support that some low to moderate income seniors who are homeowners need to find cost relief for either their ongoing home ownership costs, or the extraordinary costs of major repairs.

The **availability** of suitable housing for seniors is lacking most in rural and remote areas of the province. This presents a particular challenge for those seniors who are isolated and may need to move into the nearest town once they are either widowed, lose the ability to drive, or require daily home support services if they want to continue to live independently and optimize their safety.

In response to these issues, this report makes a number of recommendations including changes and amendments to existing programs designed to help seniors financially. For homeowners, a bold new initiative is proposed that would allow for some, or all, of seniors' household expenses to be deferred.

Assisted Living

Assisted living in British Columbia takes various forms: publicly-subsidized Registered Assisted Living, private-pay Registered Assisted Living, and private-market assisted living residences. Assisted living is a housing choice for many seniors who wish to live in a community with others and have hospitality services like cooking and cleaning provided by the facility. It is also appropriate housing for seniors who require care but have a level of cognitive function that allows them to engage with the community of seniors they live with while maintaining their independence.

The data reviewed in this report support that, for many of the people living in Registered Assisted Living, it is an **appropriate** setting. However, the data also clearly indicate there are other seniors for whom subsidized Registered Assisted Living would be appropriate, but they are not eligible for this type of housing and care as a result of the current regulations. These seniors would appear to instead go prematurely to residential care.

The **affordability** of subsidized assisted living appears to be adequately regulated by the current rate structure whereby seniors pay 70% of their net income, with a Temporary Rate Reduction available to those who need it. For seniors with very low incomes, however, these fees can leave very little disposable income for costs not covered by the fees.

The **availability** of assisted living overall appears to be sufficient given there is an estimated 10% vacancy rate. However, the availability in smaller, more remote communities may be a challenge. In general, the availability of subsidized assisted living is difficult to assess as there is no standardized method used for tracking vacancies either within or between health authorities.

Based on these issues, this report makes recommendations related to several aspects of the current regulatory framework for assisted living.

Residential Care

Sometimes called long-term care, facility care or a nursing home, residential care provides 24-hour professional supervision and care in a protective, secure environment for people who have complex care needs and can no longer be cared for in their own homes or in assisted living settings. Seniors with Alzheimer's or other forms of dementia, those with significant physical incapacity, and those who require unscheduled and frequent higher level nursing care are all suited to live in residential care.

The data reviewed in this report suggests that residential care is the **appropriate** setting for the majority of seniors who live there, although some seniors are not in the appropriate location or their preferred facility. However, these data also suggest that some seniors in residential care, perhaps 5 to 15% of current residents, could be living in the community either with home care services or in assisted living.

The **availability** of residential care varies throughout the province. Waiting times for placement are greater in the north than in the Lower Mainland and waiting times are greatest for those who require highly specialized care such as a secure dementia unit. While it is difficult to assess accurately the sufficiency of beds overall, there is definitely a lack of availability of the bed of choice, or 'preferred bed'.

The **affordability** of residential care is assured by charging residents a percentage of their net income and by the availability of a Temporary Rate Reduction (TRR) in the case of undue financial hardship. However, awareness of the TRR and uniform application are lacking.

This report recommends changes to how residential care clients are assessed in order to ensure that all possible options for care and support in the community, either via home care or assisted living, have been exhausted before a senior is admitted to a residential care facility. It also recommends changes to admission processes to ensure that seniors' admission to residential care is carried out in a fair and appropriate way that respects seniors' needs and preferences. Finally, the report calls upon the provincial government to commit to a higher standard of accommodation in residential care facilities, including the provision of single room occupancy with ensuite baths for 95% of beds by 2025.

Conclusion

We all want to do better for our seniors. This report highlights some of the systemic issues that seniors face as they strive to achieve housing that is appropriate, affordable, and available. It is clear that many low and middle income seniors, both renters and homeowners, need to have more financial help in meeting their basic needs. It is also clear that we need to do a better job in respecting the desire of seniors to live as independently as possible for as long as possible. Changes to the regulatory framework for Registered Assisted Living, along with more comprehensive screening for residential care admissions, are required to ensure our seniors are given all possible supports to live as independently as possible for as long as possible. Lastly, for those seniors with significant cognitive or physical disability who require the level of care provided in residential care, we must do all we can to get them to a place they want to call home that offers the privacy and dignity they deserve.

Together, we can build a strong foundation of appropriate, affordable and available housing options for the seniors of British Columbia.

Independent Housing Recommendations

1. Revise the Shelter Aid for Elderly Renters Program (SAFER) to align with the subsidized housing model of tenants paying no more than 30% of their income for shelter costs, by:
    a. adjusting the maximum level of subsidy entitlement from the 90% currently indicated in the SAFER regulations to 100%; and
    b. replacing the current maximum rent levels used in the SAFER subsidy calculations with the average market rents for one-bedroom units in B.C.'s communities as reported annually by Canada Mortgage and Housing Corporation.
2. Create a Homeowner Expense Deferral Account type program, as outlined in this report, to allow senior homeowners with low or moderate income to use the equity in their home to offset the costs of housing by deferring some or all of the major ongoing and exceptional expenses associated with home ownership until their house is sold.
3. Amend the *Residential Tenancy Act* and *Strata Property Act* to protect tenants and owners who require non-structural modifications to their unit (i.e. grab bars, flooring) from either eviction, fine or denial and protect their right to access grant money from the Home Adaptions for Independence (HAFI) program.
4. Amend both the *Residential Tenancy Act* and the *Strata Property Act* to ensure that tenants/owners cannot be evicted or fined under bylaw for the occupancy of their unit by a live-in caregiver.
5. Amend the Home Adaptations for Independence (HAFI) program to: exclude the value of the home as a criterion; graduate the grant on a decreasing scale relative to income; decrease complexity for landlord applications; and allow for applications from strata corporations and co-ops.
6. Amend the *Strata Property Act* and the *Manufactured Home Act* to ensure seniors who are placed either in residential care or subsidized Registered Assisted Living are able to rent their homes while they are listed for sale.
7. The Provincial Government consult with the Active Manufactured Home Owners Association, the Manufactured Home Park Owners Alliance of British Columbia and regional manufactured home owners associations to revise the *Manufactured Home Act* so that fair and equitable compensation is provided to manufactured home owners who are required to leave their home due to sale or development of the property.
8. The Provincial Government, BC Housing and the Office of the Seniors Advocate work together to develop a strategy for affordable and appropriate seniors housing in rural and remote British Columbia.
9. The Provincial Government work with the Federal Government on the issue of seniors who are homeless as a discrete population within the homeless community.
10. The Provincial Government work with the Office of the Seniors Advocate to raise awareness of all subsidy and grant programs available to seniors.

Assisted Living Recommendations

11. Registered Assisted Living be fundamentally redesigned and regulations changed, to allow for a greater range of seniors to be accommodated and age in place as much as possible including palliative care. This should reduce: the number of discharges from Registered Assisted Living to Residential Care; the number of admissions to residential care of higher functioning seniors; and the number of seniors admitted directly to residential care from home with no home care.
12. Amend section 26(6) of the *Community Care and Assisted Living Act* to:
    a. allow that section 26(3) of the Act does not apply to a resident of assisted living if that person is housed in the assisted living facility with a person who is the spouse of the resident *or* anyone in the classes listed in section 16(1) of the *Health Care (Consent) and Care Facility (Admission) Act* and that person is able to make decisions on behalf of the resident.
    b. provide that the meaning of "spouse" should extend to a person who has lived in a marriage-like relationship with the resident in addition to a person legally married to the resident.
13. The minimum amount of income with which a resident of subsidized assisted living is left be raised to $500 from the current $325 to recognize the costs that are not covered under Registered Assisted Living that are covered under Residential Care.

Residential Care Recommendations

14. All health authorities adopt a policy that everyone assessed for admission to residential care who scores lower than three on either of the ADL Hierarchy or Cognitive Performance Scale on the InterRAI-HC or MDS 2.0 must receive an additional assessment to ensure all possible options for support in the community, either through home care or assisted living, have been exhausted.
15. All current residents in residential care whose latest InterRAI assessment indicates a desire to return to the community be re-assessed to ensure all possible options for support in the community, including additional supports for their caregiver and potential placement in assisted living are exhausted.
16. All health authorities immediately adopt a policy that any vacancies in residential care will be filled first from the preferred facility transfer list, and only after that has been exhausted will the bed be filled from the assessed and awaiting placement (AAP) list. Residents, if they choose, should be permitted to be placed on the transfer list for their preferred facility immediately upon admission to their first available bed. Residents and their family members should be regularly advised of:
    a. How many people are ahead of them on the waiting list for a preferred bed; and
    b. How many vacancies on average occur in the preferred facility.
17. The resident co-payment amount charged to residents who do not enjoy a single room must have a portion of their rate adjusted to reflect their lower grade accommodation.
18. The government commit that by 2025, 95% of all residential care beds in the province will be single room occupancy with ensuite bath and any newly built or renovated units meet the additional standard of shower in the ensuite washroom.

Introduction

For all purposes in this report, reference to a senior is defined as someone aged 65 and over. Current programs and subsidies use a variety of age cut-offs ranging from a low of 55 up to age 65. As much as possible, this report attempts to highlight or estimate the number of seniors aged 65 and over who are either current users or potential users of services to seniors and recommendations are meant to apply to those age 65 and over.

The Seniors Advocate has met with thousands of seniors and their families in the communities where they live, in every region of the province. Many issues and concerns were raised, but without a doubt, the number one issue voiced in town hall meetings and forums from Prince Rupert to Cranbrook, Fort St. John to Surrey, and all points in between, was a deep concern around the affordability, availability and appropriateness of seniors' housing. Daily phone calls to the Seniors Advocate's office from frustrated and, at times, desperate seniors are reiterating this need. Independent research our office is conducting further validates that seniors are justifiably concerned.

While it is true that many seniors are enjoying a comfortable retirement and are able to meet their needs without further help from government, this is not true of all seniors. The median income in B.C. for those aged 65 and older is $24,000 per year.[1] Living on $2,000 a month *or less* can be particularly challenging if you are one of the 26% of seniors living alone. Further, if you are one of the 55,000 seniors living on a *household* income of $20,000 or less you are making some tough choices every month when the rent is due or the hydro bill arrives. Irrespective of your income if you are living in rural B.C. you may find a move away from your family and friends, just at the time when you need them most, is necessary because no suitable housing is available. Finally, some seniors may find themselves placed in residential care when they could be enjoying greater independence if only assisted living regulations were different or more home support was available.

Proper housing is the primary foundation to the overall health and well-being of all people, but in particular for seniors who may experience increased frailty as they age. If this foundation is unstable, the potential of all the services government puts in place to support seniors will be compromised.

Seniors want to age as independently as possible in their own homes and in their local communities. Canada Mortgage and Housing Corporation (CMHC) research shows that 85% of Canadians over 55 years old plan to remain in their present home for as long as possible, even if there are changes to their health.[2] Having to accept a change in that situation, such as a premature assisted living or residential care placement, is a deep concern for seniors. A recent report from the Office of the Seniors Advocate (*Bridging the Gaps, 2015)*[3] confirms that up to 86% of B.C. seniors felt that, with a combination of home support and home adaptations, they could remain at home if their care needs increased.

However, 36% of these same seniors with household incomes less than $30,000 reported they believe they will have to move in the future because they will no longer be able to afford their current arrangements. Along with statistical evidence like this, our office is hearing heart-wrenching anecdotal stories from seniors. The 85-year-old who has to move because she can't afford a new roof, the 66-year-old who can't pay for a cup of coffee as he waits for subsidized housing; the list of stories we hear goes on.

In addition to affordability, there are issues related to the availability of housing. In communities such as the Lower Mainland and major urban centres on Vancouver Island or in the Interior, the main focus is on the cost of housing. However, as you move out to more rural parts of British Columbia, finding housing that is appropriate and available is a challenge irrespective of the costs.

The Office of the Seniors Advocate report, *Bridging the Gaps*, identified that up to 14% of seniors who are homeowners felt they would have to move because of accessibility obstacles that could not be modified, or isolation from supports and services. These seniors want to remain in their home communities but often find that none of the existing or new housing will meet their needs. They fear they will be forced into assisted living or residential care prematurely, or need to move to faraway communities where there is no support system of friends and family.

The appropriateness of a particular housing option depends on the health status of the senior and the support services that are available. While most seniors want to live independently, it is recognized that a very small percentage (currently less than 4%) may need to move to residential care. It is vitally important to ensure that seniors who are living in residential care have exhausted all possible independent living options. There is evidence to suggest that some seniors may be inappropriately housed in residential care, in part because of rules for subsidized assisted living that are not keeping pace with changes in needs. There is also evidence to suggest that home care is not being used to its full potential at all times for all seniors.

Given the breadth and depth of the concern around these issues, and the primacy of housing as the foundation upon which the system builds all supports, the Seniors Advocate sought to undertake a review of issues of immediate concern to seniors across three housing domains:

1. Senior homeowners and renters who are living independently;
2. Seniors living in assisted living; and
3. Seniors living in residential care.

At each step along this housing continuum the Advocate asked:

1. Have we done everything we can do to make this type of housing **affordable**?
2. Have we done everything we can to ensure this is the most **appropriate** place for seniors to live?
3. Have we done everything we can to make this housing option **available** to seniors?

The answer, across the continuum, is "no, we can do better." Based on this, the Seniors Advocate wanted a report focused on recommendations that are practical, realistic and have the potential to leverage significant change. This is not an exhaustive look at every housing issue currently facing every senior in the province, nor does it explore the many creative options being explored by future seniors as they plan for their aging process. The goal of this report is to focus on the most pressing housing priorities facing seniors living in British Columbia.

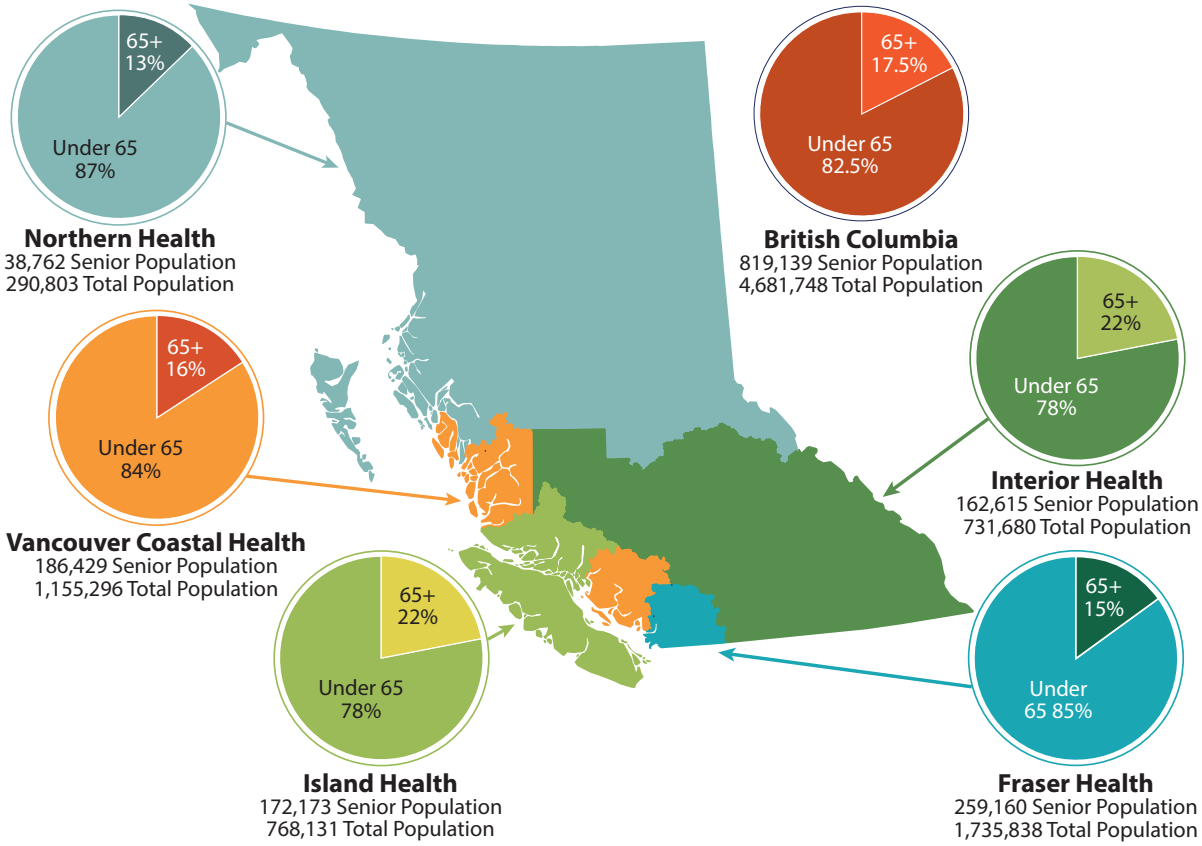
Background

While other parts of Canada, such as the Maritimes, have a higher percentage of seniors, B.C. is experiencing the fastest rate of growth of seniors in Canada.[4] Projections for 2015 estimate there are currently 820,000 seniors living in British Columbia, or 17.5% of the total population. This proportion is projected to grow over the next 16 years to 24% of the population by 2031, at which point the rate of growth is projected to stabilize. The demographic shift in population is happening at a rate of less than 1% per year. This arguably allows time for thoughtful and focused development of services, supports and policies.

Seniors live in all corners of the province with, as one would expect, significant population clusters in urban areas. For example, nearly two-thirds of B.C.'s seniors live in one of the province's four Census Metropolitan Areas (Vancouver, Victoria, Abbotsford-Mission, and Kelowna), a rate that has held steady for the past 20 years and is expected to remain unchanged for at least the next ten years.

However, in terms of housing for seniors, policy makers have focused on distributions relative to health authorities. British Columbia is divided into five regional health authorities (Interior, Fraser, Vancouver Coastal, Vancouver Island, and Northern) and one provincial health authority. The following map shows the current number of seniors in each of the five geographic health authorities, and their proportion of the larger population.

2015 Seniors Population by Health Authority (BC Stats projections)



Seniors live in a variety of housing types that form a continuum from the single family home to residential care.

The first thing to note is that, contrary to the notion held by some, the vast majority of seniors do not receive ongoing government-subsidized support for either their housing or daily care. In fact, less than 4% of seniors reside in residential care, less than 4% who are living independently receive provincial home support services, less than 2% live in provincially-subsidized assisted living settings, and less than 4% receive government support through subsidized rent or housing. Even when the 85 and over age cohort is considered, we find that only 15% live in residential care, less than 1% live in provincially-subsidized assisted living, and 13% receive home support. This is an important reminder that the vast majority of B.C. seniors, even the oldest and potentially highest-need seniors in the province, are living independently with little or no government-subsidized daily support.

Some seniors live in homes they have owned for decades, some are renting apartments, some are living in assisted living settings, and others are living in residential or other health care settings. Some are not living in any type of permanent housing and are facing or experiencing homelessness.

Of the 93% of seniors who are living independently, approximately 80% own their home (including co-ops and manufactured homes), and the remaining 20% are renters.[5] Among senior homeowners, around one in four owns a condominium, although the condo ownership rate rises as high as one in two senior homeowners in some areas such as Abbotsford.

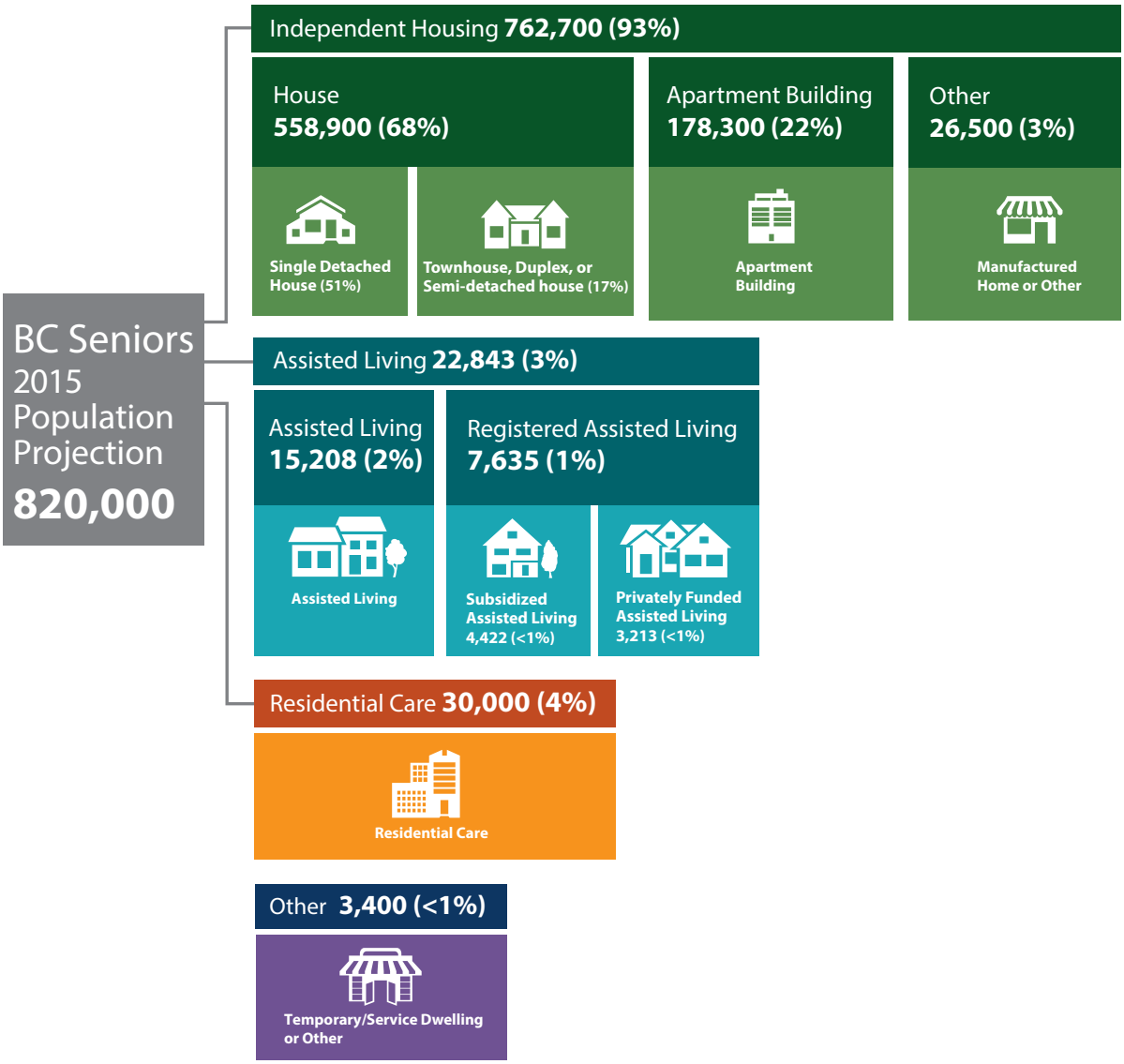
Of those seniors living in private accommodations, just over half live in single detached houses, and the rest live in various types of congregate living environments, such as apartment buildings, duplexes, townhouses, or manufactured homes. This type of living environment can be characterized as having either an actual or a symbolic "shared roof" – these seniors live in closer proximity to others, may share some services, and often have more frequent contact with their neighbours.

Approximately 2,400 British Columbians aged 55 and over are either homeless or at risk of homelessness and living in temporary accommodation such as rooming houses and hotels. About 200 identified seniors live in homeless shelters.[6]

Although there have been efforts from all levels of government to address the issue of homelessness in general, there has not been a targeted focus on the issues that specifically drive homelessness in seniors. While homelessness is a major issue for all ages, the physical effects of aging and chronic health conditions make it especially serious for seniors.

The most recent federal government approach to the general issue of homelessness is an intervention model called Housing First. To get assistance from Housing First, seniors, like the general homeless population, must be chronically homeless. This may not be the most effective approach to support the seniors' homeless population. The potential consequence of this approach could be seniors being placed in either assisted living or residential care to deal with what is really a housing problem. The Seniors Advocate raised this issue directly with the federal Minister Responsible, the Honourable Jason Kenney.

Seniors' accommodation type, estimated number and percentage of total seniors' population based on BC Stats projections



Seniors in Independent Housing

This report will begin by examining the issues of affordability, availability and appropriateness for the 93% of seniors who are living independently.

The affordability and appropriateness of independent living for seniors is most significantly impacted by whether or not the senior lives with a spouse or another adult (usually a son or daughter). When individual incomes are combined, and fixed household costs are spread over the two incomes, affordability is significantly affected. As well, data analyzed by the Office of the Seniors Advocate show that co-residing with a spouse or adult child allows a senior to live in the community with more complex needs.

> ***"This Is No Way To Live"***
>
> *My husband and I live in a one-bedroom apartment in Vancouver. Our rent is $880 a month and my monthly income is $700 a month. My husband is retired and just had a stroke. He gets the government pension but he doesn't get any other pension and we just can't keep up with the bills. It's a miserable way to live. Our apartment is not well-taken care of. We have water leaking from upstairs onto my kitchen floor. We had a problem in the bathroom with plumbing. The mold was indescribable. The owners of the building should make sure it's livable, especially for seniors like us. Some days I could just scream. I don't know what the answer is, I just don't.*
>
> *– Edna, 75, Vancouver*

We know that 26% of seniors live alone, and this is spread between renters and homeowners. These seniors are arguably at greater risk in relation to the issues of the affordability and appropriateness of their housing and are the main, although not exclusive, focus of this section.

Whether a senior is a renter or a homeowner, she can face the same affordability issues. With a median income of $24,000, we know there are many homeowners, particularly those who are single, who will struggle just as much, if not more, than a senior who is a renter. After shelter costs, the basic costs for living are the same irrespective of your tenure status. The pressures on shelter costs, and solutions to mitigate those pressures, are different for homeowners compared to renters. For this reason, we will look at renters and homeowners separately.

Renters

First, we examined affordability and availability for the approximately 20% of seniors in B.C. who rent their housing. The distribution of senior renters is not even across the province. In Metro Vancouver, for example, we find that 23% of residents over the age of 65 are renters, while in Parksville it is 9% and in Kelowna it is 15%. This difference likely reflects both the higher cost of housing in the province's larger urban areas and the availability of rental units.

For renters in urban areas, the main concern is affordability related to rent costs. In rural parts of B.C., the concern is availability of appropriate accommodation. This concern around affordability in urban centres is obvious when we examine income and rent costs. The median annual income for all seniors in B.C. is $24,000, and 35% of seniors who rent have a household income less than $20,000 per year.

The average rent for a one-bedroom apartment varies significantly depending on where in the province you live. In Metro Vancouver, the average rent is $1,038 while in Prince George it is $647. High rents are not exclusively the domain of big cities. Rents can be higher than usual when towns experience resource industry booms or have very limited supply. For example, rent for a one-bedroom apartment is $850 in Fort St. John and $820 in Dawson Creek.

This presents obvious challenges to meeting the long-established goal for low and modest income households to spend no more than 30% of gross income on housing. The theory behind the 30% level is based on calculations of the remaining disposable income required to meet other basic needs. As logic would dictate, the lower the income, the more important the 30% amount becomes.

With few exceptions, seniors' incomes do not rise in real terms, and so high shelter costs are a significant ongoing financial burden for senior households with little disposable income. Seniors must therefore sometimes make difficult decisions about what they can and cannot afford. Seniors reluctantly accepting substandard rental units is one possible outcome of rent consuming too much income, as is the foregoing of essential needs such as dental care, a new pair of glasses, or hearing aids.

To illustrate, we have compared the impact of living and rent costs in three different rental markets using two different incomes. We have shown the median income of $24,000 and we have also used $18,180, the average income of the 92% of Shelter Aid for Elderly Renters (SAFER) recipients who live alone (as reported by BC Housing).

The estimates of costs are intended to be illustrative, not exhaustive. Readers are reminded that costs will vary significantly according to geographic location (climate, variations in local economies, availability of services locally, time and distance for driving or other travel, etc.) and according to individual circumstances and choices.

Seniors Living and Health Expenses

	Metro Vancouver[1]		Victoria		Cranbrook	
Annual gross income	**$18,180**	**$24,000**	**$18,180**	**$24,000**	**$18,180**	**$24,000**
Monthly after-tax income[2]	$1,514	$1,902	$1,514	$1,902	$1,514	$1,902
Average rent for 1 BR[3]	$1,038	$1,038	$849	$849	$625	$625
Basic costs of living:						
Food[4]	$250	$250	$250	$250	$293	$293
Utilities, tenants' insurance[5]	$72	$72	$72	$72	$105	$105
Phone, internet, cable	$90	$90	$90	$90	$90	$90
Clothing and personal care[6]	$100	$100	$100	$100	$100	$100
Transportation[7]	$4	$52	$4	$45	$167	$167
MSP Premiums	$0	$13	$0	$13	$0	$13
Health costs not covered by MSP:						
Fair PharmaCare medications[8]	$44	$52	$44	$52	$44	$52
Over-the-counter medications[9]	$85	$85	$85	$85	$85	$85
Dental, hearing, vision, mobility aids[10]	$142	$142	$142	$142	$142	$142
Other Health Services[11]	$25	$25	$25	$25	$25	$25
Other daily costs of living[12]	$140	$140	$140	$140	$140	$140
Total basic living costs	$952	$1,021	$952	$1,014	$1,191	$1,212
Remaining funds after rent and living expenses	**-$476**	**-$157**	**-$287**	**$39**	**-$302**	**$65**

Here's how we calculated these numbers

1. Metro Vancouver refers to the Vancouver Census Metropolitan Area, which includes 21 municipalities.
2. Income is net of eligible financial supports and receipt of eligible tax credits (e.g. age amount).
3. Average rent for 1 bedroom apartment in each community, 2014 (CMHC).
4. Derived from the 2012 publication, "Cost of Eating in British Columbia, 2011." Estimate of higher food costs in rural communites derived from "Cost of Eating in British Columbia, 2009."
5. Estimated cost for tenant's insurance up to $40,000.
6. E.g. clothing and footwear, soap, toothpaste, shampoo, haircuts, etc.
7. Vancouver and Victoria: Subsidized Bus Pass Program ($45 annual administrative fee) for $18,180 income; regular seniors' bus pass for $24,000 income. Cranbrook: $2,000 in annual car costs.
8. Estimated cost to seniors born after 1939 for $1,000 of prescriptions per year.
9. E.g. aspirin, vitamins and supplements, compression socks, incontinence supplies, eye drops, rash creams, etc.
10. E.g. eyeglasses, hearing aids, batteries, walker, grab bars, maintenance, and Ministry of Social Development dental allotments
11. E.g. podiatry, audiology, physiotherapy, massage therapy, etc.
12. Recreation and leisure, laundry, reading material, occasional meals at restaurants, and admission fees for events.

This demonstrates that concerns about affordability of housing are valid, particularly in the Lower Mainland. For a senior who is renting in Vancouver on the median income of $24,000 per annum, meeting just the basic costs of living is not possible without compromising on the quality of accommodation or foregoing other basic needs.

Government does recognize the challenges for low and moderate income seniors who rent and provides two major subsidy programs. The first is a rent subsidy program based on the applicant's income called SAFER that allows seniors to rent private housing. The second program is subsidized housing, commonly referred to as Rent-Geared-to-Income Seniors' Subsidized Housing (RGISSH). In this model, the government rents the unit directly to seniors, often through a variety of not-for-profit housing providers.

SAFER

SAFER provides a rental subsidy directly to those aged 60 or older who live in a private market rental unit and are on a moderate or low income. SAFER calculations are based on a formula that takes into account a senior's income and rent, with maximum levels (or caps) for both. The SAFER income cap for a single senior is $30,600 per year in Vancouver and $26,676 in the rest of B.C. The SAFER program is administered by BC Housing. As of October 2014, there were 17,314 SAFER recipients, of which 91%, or 15,755, are seniors. Of these, 92% are living as single persons with average income of $18,180 per year.

SAFER Just Barely Lets Me Live Safely

"I receive SAFER and without it I couldn't afford my current situation. Even with SAFER, I had to look at ten different places to find something that was decent, something I could actually choose to live in. Low rental housing looks good on paper, but in reality a lot of it is old, moldy, poorly insulated, dirty and basically not safe.

SAFER should be much higher. It's hard to find anything that's liveable for $750 for one person, you just can't, especially in cities. All the new housing is charging expensive rent, so anything that's new I have no hope of going to at all. If I were to have to leave the rental space I have now, if my landlord was to sell, I'd be totally lost."

– Louise, 75, Ladner

The main benefits of SAFER are that it allows seniors to live where they want to and to have some choice in the type of housing they select. As an entitlement program, all eligible applicants will receive the subsidy. There are frustrations regarding wait times for the processing of new applications; however, BC Housing reports this short-term problem is related to a new computer system and wait times are improving. All applications that are approved are backdated to the time they were submitted. This means seniors don't lose any of their subsidy; however, hardship can be an issue during the wait.

The challenge with the SAFER program is that, for some areas of the province, the subsidy falls significantly short when you consider the difference between 30% of a person's income and the actual rent paid, a difference commonly referred to as the rent gap. This occurs as a result of two factors. First, the cap on the rent is set too low and does not reflect the market rent. Second, with a 90% subsidy only those on incomes of $16,000 per annum or less can possibly reach the 30% of rent-geared-to-income target depending on their actual rent and the cap.

The following chart lists 26 different rental markets in British Columbia and the average rent for a one-bedroom apartment. It clearly highlights that the rent maximum is insufficient in many communities, and that a higher and more geographically-targeted rent cap is required.

Difference between SAFER Maximum Rents and Actual Average Rents (CMHC, October 2014)			
	Average Rent	SAFER Maximum Rent	Difference
Abbotsford-Mission CMA	$684	$667	-$17
Campbell River CA	$630	$667	$37
Chilliwack CA	$636	$667	$31
Courtenay CA	$690	$667	-$23
Cranbrook CA	$625	$667	$42
Dawson Creek CA	$820	$667	-$153
Duncan CA	$651	$667	$16
Fort St. John CA	$850	$667	-$183
Kamloops CA	$739	$667	-$72
Kelowna CMA	$788	$667	-$121
Nanaimo CA	$700	$667	-$33
Nelson (city)	$686	$667	-$19
Parksville CA	$718	$667	-$51
Penticton CA	$682	$667	-$15
Port Alberni CA	$558	$667	$109
Powell River CA	$603	$667	$64
Prince George CA	$647	$667	$20
Prince Rupert CA	$620	$667	$47
Quesnel CA	$547	$667	$120
Salmon Arm CA	$669	$667	-$2
Squamish CA	$731	$667	-$64
Terrace CA	$639	$667	$28
Vancouver CMA	$1,038	$765	-$273
Vernon CA	$649	$667	$18
Victoria CMA	$849	$667	-$182
Williams Lake CA	$635	$667	$32

CMA: Census metropolitan area
CA: Census agglomeration

The table below highlights the impact of SAFER on three different rental markets in B.C., using two different incomes: $18,180 and $24,000.

	Metro Vancouver		Victoria		Cranbrook	
Annual gross income	**$18,180**	**$24,000**	**$18,180**	**$24,000**	**$18,180**	**$24,000**
Monthly after-tax income	$1,514	$1,902	$1,514	$1,902	$1,514	$1,902
Average rent for 1 BR	$1,038	$1,038	$849	$849	$625	$625
Total basic living costs	$952	$1,021	$952	$1,014	$1,191	$1,212
Remaining funds after rent and living expenses	-$476	-$157	-$287	$39	-$302	$65
SAFER subsidy amount	$254	$90	$171	$33	$165	$30
Remaining funds	**-$222**	**-$67**	**-$116**	**$72**	**-$137**	**$95**

BC Housing administers a parallel program to SAFER, the Rental Assistance Program (RAP), providing subsidies to working families with children in rental accommodations. A comparison of the two programs shows that while both the SAFER and RAP maximum rent levels are below the CMHC reported average rent, the SAFER maximums are further below the average and are even less reflective of actual market costs.

The following table compares how much support a family will receive through RAP compared to how much a senior will receive on SAFER. As is shown, the maximum rent number used to calculate the subsidy is much more realistic for families than for seniors. In addition, families have an ability to change their income status by earning more, and the majority will see their disposable incomes rise over time, whereas seniors have a stagnant or diminishing income.

Comparison of BC Housing Subsidy for Seniors versus Family Renters

Region (CMA)	Typical/basic accommodation need	Program	Max rent level used in calculating subsidy	Average rent for that type of accommodation (CMHC, October 2014)	% difference between max rent level and average rent
Vancouver	For single senior: 1 BR apt	SAFER	$765	$1,038	30.3%
Vancouver	For 3 person family: 2 BR apt	RAP	$1,055	$1,311	21.6%
Victoria	For single senior: 1 BR apt	SAFER	$667	$849	24.0%
Victoria	For 3 person family: 2 BR apt	RAP	$970	$1095	12.1%
Kelowna	For single senior: 1 BR apt	SAFER	$667	$788	16.6%
Kelowna	For 3 person family: 2 BR apt	RAP	$970	$980	1.0%
Abbotsford-Mission	For single senior: 1 BR apt	SAFER	$667	$684	2.5%
Abbotsford-Mission	For 3 person family: 2 BR apt	RAP	$970	$835	-14.9%

An examination of the SAFER program underscores its inadequacy in the face of the current rental needs of seniors. There are two aspects to the formula determining a senior's subsidy amount that require revision:

1. **The maximum rental cap** is not representative of actual average rents and the two zones currently in use (Metro Vancouver and everywhere else) do not reflect the higher rents seniors pay in places like Victoria and Kelowna. (See two previous tables.)
2. **The percentage of subsidy** formula of 90% means only those with incomes of $16,000 or less can possibly reach the 30% of rent-geared-to-income target depending on their actual rent and the cap.

The combination of the low rent cap plus the lack of 100% subsidy means that many seniors on SAFER are spending much more than 30% of their income on rent. The following table demonstrates almost 60% of seniors on the SAFER program are paying above the rent cap and another 11% are paying above the market average.

Renter Type	Paying rent below the SAFER max rent level	Paying between SAFER max and CMHC average for1 BR	Paying higher than CMHC average	Total
Metro Vancouver, single	3,142 (43%)	3,386 (46%)	821 (11%)	7,349 (100%)
Rest of B.C., single	2,968 (41%)	3,793 (53%)	425 (6%)	7,186 (100%)
Metro Vancouver, couple	239 (23%)	393 (38%)	390 (38%)	1,022 (100%)
Rest of B.C., couple	51 (18%)	126 (44%)	112 (39%)	289 (100%)
Total	**6,400**	**7,698**	**1,748**	**15,846**

Putting aside the inadequacy of the SAFER program for many who receive it, BC Housing data indicates there are approximately 7,000 senior renters whose income and shelter costs make them eligible to receive SAFER but who do not apply. This can be explained in part by a lack of awareness of the program. The Seniors Advocate report, *Bridging the Gaps,* found that 42% of low-income senior renters reported they were not aware of the SAFER program.[7]

Rent-Geared-to-Income Seniors' Subsidized Housing

Rent-Geared-to-Income Seniors' Subsidized Housing (RGISSH) type programs are funded by BC Housing and are offered to British Columbians who are over the age of 55 or who have a disability. Accommodation is in buildings that are either owned and operated by BC Housing, or by a not-for-profit organization that is funded by BC Housing. Housing is apartment-style living, and usually consists of a one-bedroom unit in a building with other seniors 55 years or over or people with disabilities.

These housing units are intended for seniors who can live independently, meaning they can maintain their personal health and well-being in a self-contained unit. The buildings will often have a common room where tenants can gather for self-directed and organized programs and activities. In units that are strictly rent-geared-to-income, tenants pay 30% of their gross income toward the cost of their housing. In the Lower Mainland, seniors with incomes of $58,000 or less are eligible. In Northern B.C. it is $47,000, and in other parts of B.C. it is $57,000 or less. Other living costs such as phone, cable and hydro are usually extra.

As of March 2014, there were 21,387 RGISSH type units targeted to those aged 55 years or over or people with disabilities. The map below shows the distribution of these units across B.C. Around 64% of the units were in the Metro Vancouver area, 10% were in the Victoria area, and the remaining units were spread throughout the province. BC Housing estimates that approximately 65% of these units, or 13,900, were occupied by seniors aged 65 and older.

RGISSH Units Across B.C.

As of March 2014, there were 4,352 people aged 55 and over in BC Housing's Housing Registry database who had applied for social housing. Of those on this waitlist, 1,782 (41%) were 65 years and over. The vast majority of all those waiting (92%) were single, and 20% were considered by BC Housing to have a "serious" need for housing. Even with these challenges, seniors on the waitlist had been waiting on average 2.2 years for a unit. Even those considered most in need due to homelessness, domestic abuse, or medical grounds had been waiting an average of 1.6 years when the snapshot was taken in March 2014. Between April 2013 and March 2014, 300 seniors aged 65 and over who were waiting on the Housing Registry list were offered a subsidized housing unit.

Seniors' Subsidized Housing that Works

"When I visited Glen Arbor Caribou in Williams Lake, I was struck by how well this kind of housing can work. There was a real sense of community. Everyone knew each other, they looked out for each other, and they obviously respected each other. The location is ideal, near public transit, and within walking distance to many amenities. This is a place that hits the mark on all counts. It's affordable, it's accessible, and it's very appropriate for the seniors who live there."

– Isobel Mackenzie, B.C. Seniors Advocate

BC Housing sample data shows that 94% of RGISSH units were occupied by single residents, and their average income was-approximately $16,800 per year.

If a senior can access a RGISSH unit, it can be a great benefit in two main ways. First, rent-geared-to-income housing enables low and modest income seniors to pay no more than 30% of their gross income to rent. This ensures an adequate disposable income to help meet other core needs. Second, a supportive community is created by living with fellow independent seniors and the involvement of the community agency as the owner/operator. This kind of housing allows seniors to continue to develop social networks, to engage in their communities in a meaningful way, and to feel a true sense of pride in their homes.

The economic benefit of RGISSH compared to SAFER is listed in the chart comparing the financial profile of two different income scenarios of seniors living in Vancouver.

	SAFER Recipient		Senior in Subsidized Housing	
Gross income	$18,180	$24,000	$16,800	$24,000
Net monthly income	$1,514	$1,902	$1,400	$1,902
Market rent	$1,038	$1,038	–	–
SAFER subsidy	$254	$90	–	–
RGI rent	–	–	$420	$600
Basic costs of living	$952	$1,021	$952	$1,021
Remaining income	**-$222**	**-$67**	**$28**	**$281**

The challenges of RGISSH are two-fold. First, the waiting list to obtain a unit is long, and second, units might not be available in the community in which a senior lives. Moving from Burnaby, where a senior renter has been living for 30 plus years, to the West End of Vancouver could be very upsetting as social connections are lost. Seniors and their friends do not have the mobility of younger people.

The more pragmatic approach for urban centres that have a high number of rental units overall would be to recalibrate the SAFER program to meet the 30% of income objective of the RGISSH program and to allow seniors to age in place.

In non-urban parts of the province, however, there is a need to increase the rental stock, and it may not be practical to assume this challenge will be met by the private sector without some incentives. Increasing the availability of rental units appropriate for low to modest income seniors in rural parts of B.C. is key to achieving the goal of allowing seniors to age in place in their community of choice. This could be accomplished through direct subsidy to the not-for-profit sector so that they can provide such housing, or through incentives provided to the private sector to build units that could be covered under the SAFER program.

Homeowners

In British Columbia, approximately 80% of seniors own their own home and it is estimated that 78% have no mortgage.[8] The values of the homes seniors own vary widely depending on where the senior lives. We know the Lower Mainland is one of the most expensive real estate markets in the world. However, there is a wide range of values within the Lower Mainland ranging from an average of over $1 million in the City of Vancouver to $488,000 in Whalley. Prices also vary widely in other areas. In Greater Victoria, average prices range from $686,000 in Oak Bay to $299,000 in Sooke. Even outside major urban centres, where house prices are more modest, there can be wide variation such as Prince George at $285,000 and Kelowna at $485,000.

Regardless of the value of the house, the costs of maintaining a home are fairly similar. Additionally, with the rapidly rising real estate values of the past 20 years, it is quite common to see modest or low-income seniors living in high value houses. It is important to remember that at least 30% of senior homeowners have an annual income of $24,000 or less.

The table below highlights the typical expenses for senior homeowners with gross incomes of $20,000 and $24,000 in three different markets in B.C.

	Metro Vancouver		Victoria		Cranbrook	
Annual gross income	**$20,000**	**$24,000**	**$20,000**	**$24,000**	**$20,000**	**$24,000**
Monthly after-tax income	$1,642	$1,902	$1,642	$1,902	$1,642	$1,902
Homeowner expenses:[1]						
Property taxes, municipal utilities	$303	$303	$341	$341	$199	$199
Homeowner's insurance	$133	$133	$124	$124	$112	$112
Major repairs and maintenance[2]	$250	$250	$250	$250	$250	$250
Minor repairs and maintenance[3]	$35	$35	$35	$35	$35	$35
Utilities	$245	$245	$235	$235	$290	$290
Total homeowner expenses	$966	$966	$985	$985	$886	$886
Total basic living costs[4]	$1,047	$1,064	$1,047	$1,064	$1,090	$1,107
Remaining funds after homeowner and living expenses	**-$371**	**-$128**	**-$390**	**-$147**	**-$334**	**-$91**

[1] Estimates based on average house values, receipt of full Home Owner Grant, and no mortgage.

[2] Estimated annual portion of major expenses such as roof replacement, deck repair, hot water tank replacement.

[3] E.g. appliance repair, yard maintenance, etc.

[4] Transportation estimates based on assumption that senior homeowner drives a vehicle and has $2,000 in annual insurance, gas and maintenance costs.

This demonstrates the fact that direct costs of home ownership are equal to or greater than rent costs. While a senior living in Vancouver is potentially paying $10,000 to $13,000 a year to rent, a homeowner of an average house in Vancouver is paying approximately $11,400 a year in homeownership costs and is more likely to have slightly higher basic living costs when transportation costs are considered, since homeowners are more likely to drive.

Financial Support Programs for Homeowners

There are currently two major financial supports available to seniors who are homeowners. The first is the Home Owner Grant, available to all homeowners with homes valued at $1.1 million or less. Seniors whose property value is above $1.1 million, but under $1,269,000 (or $1,309,000 in northern or rural areas), and who have an income below $32,000 also receive the grant in the form of the low-income supplement. This grant can provide a maximum relief of $845 per year in metropolitan areas and $1,045 per year in northern and rural areas.

The second financial support available is the Property Tax Deferment Program. This program is available to all homeowners 55 years of age or older and to families with children 18 years of age or younger. The program allows homeowners to defer some, or all, of their property tax. The government will pay property tax to the municipality on the homeowner's behalf. For those 55 years of age or older, the government charges a rate of not more than 2% below the prime lending rate as set by the Bank of Canada. The current rate charged for property tax deferral is 1% simple interest.

Property taxes are currently deferred by 36,581 B.C. homeowners aged 55 and over. Current data collection methods did not allow us to determine how many of these are seniors.

Property Tax Deferment Keeps Me In My House

"I'm 82 and I've lived in my house for 60 years. Ten years ago, I realized that I couldn't afford to pay my house taxes, which keep going up. I made a tough decision to start deferring my taxes.

My three daughters supported me in this decision. They told me that my happiness and comfort in a place I've known for so long is more important than how much money I may leave behind."

– Bev, 82, Victoria

While travelling throughout the province, the Seniors Advocate heard many stories from seniors who were deferring their property taxes, but were still struggling to afford the monthly costs of staying in their homes. A hydro bill can seem like a very small expense to many British Columbians, but to some seniors this could be the bill that forces them out of their homes or leaves other needs, such as medications, unmet. There were also many senior homeowners who were able to meet their monthly, somewhat predictable, costs, but who feared what would happen if they were faced with a major repair such as a roof replacement or the collapse of a dilapidated deck.

In a recent survey by the Office of the Seniors Advocate, 36% of low-income seniors who felt they may have to move in the future cited affordability as a key reason. The dilemma facing some low-income seniors who have increasing health needs is choosing between the inaffordability of remaining at home with support, or moving to publicly subsidized assisted living where they would have all their needs met for a set percentage of their income. Those who are caring for a parent that qualifies for placement in residential care may choose to place their loved one in residential care where fees for care and accommodation are based on a percentage of income, rather than continue to help subsidize their parent's housing.

While the Home Owner Grant and Property Tax Deferment are good programs, they are not sufficient to help some low and modest income senior homeowners meet their costs. As the earlier tables illustrate, property tax is only one of the costs associated with homeownership and it is not the major cost for average priced houses. Hydro bills, strata fees and repairs and maintenance can be much greater costs, and there is no support for low-income seniors struggling with the financial burden these costs impose. Other than relief for property tax, there is no other consistent program to offer cost relief to low or moderate income seniors who are homeowners. Some local governments offer utility cost relief to seniors, but this is inconsistent and not sufficient.

What is needed for B.C. seniors is a new program that will allow seniors to defer some or all of their annual homeowner expenses, something like a "Homeowner Expense Deferral Account."

The broad vision of this type of program would see senior homeowners set up an account with the provincial government that essentially becomes a line of credit against the equity in their home. Instead of the homeowner paying specific expenses such as hydro bills, home insurance, etc., the province pays those bills on behalf of the homeowner and those costs are applied against the line of credit. Payment would be handled between the government and the service provider directly. The deferred amount becomes due upon sale of the property, death, or voluntary re-payment. The government would allow seniors to have total deferments of up to 75% of the equity of their home and would charge simple interest based on the formula used for property tax deferment that has a current interest rate of 1%.

This program has the practical effect of providing anywhere from $6,000 to $11,000 in additional annual income. This is a significant amount of money, especially for those seniors with incomes near the median of $24,000. Through this program, seniors who are one new roof away from financial disaster can have the security of knowing that should a one-time cost come up, they will be able to meet it. For those seniors who are struggling monthly, they know they can continue to meet their monthly obligations and will not need to move into subsidized assisted living or residential care.

We have tested the sustainability of this program through various scenarios using two models: one in which seniors defer all eligible expenses, and one in which they defer only major repairs and maintenance costs. In almost all cases, seniors who choose to defer all expenses are left with 25% or more equity in their home after 20 years, and all have 25% equity after 15 years.

In Model 1, we looked at four distinct real estate markets using the cost of an average home and made various assumptions on costs and inflation. House prices were projected to rise, on average, 2% per year, while all other costs were projected to rise anywhere from 3.8 % to 5% per year compounded. The interest rate charged to the deferment account was set at 1.5% on average as rates may rise over time. We assumed all possible deferment items would be chosen.

Model 1: Deferment of a wide range of expenses

Description	House in Vancouver	House in Kelowna	House in Prince George	Condo in Nanaimo
Home Price at Year 1	$1,000,000	$470,000	$295,000	$250,000
Major Property Expenses at Year 1				
Major repairs and maintenance[1]	$3,000	$3,000	$3,000	$500
Property taxes, municipal charges[2]	$3,931	$2,957	$3,532	$1,925
Homeowners' insurance premiums[3]	$1,600	$1,250	$1,344	$300
Utilities[4]	$2,940	$3,300	$3,655	$360
Condominium fees[5]	$0	$0	$0	$3,009
Total at the beginning of Year 1	*$11,471*	*$10,507*	*$11,531*	*$6,094*
Home Value at the exit year[6]				
If exit at Year 10	$1,195,093	$561,694	$352,552	$298,773
If exit at Year 20	$1,456,811	$684,701	$429,759	$364,203
Equity left in the property at the exit year[7]				
If exit at Year 10	$1,052,305	$430,970	$209,152	$221,807
If exit at Year 20	$1,092,923	$351,752	$64,731	$164,512
Equity left in the property as a percentage of Home Value at the exit year				
If exit at Year 10	88%	77%	59%	74%
If exit at Year 20	75%	51%	15%	45%

Calculation Variables	Annual % change
[1] Repairs and maintenance for owned living quarters	5.0%
[2] Property taxes and municipal charges for owned living quarters	4.6%
[3] Homeowners' insurance premiums for owned living quarters	3.8%
[4] Utilities	4.0%
[5] Condominium fees for owned living quarters	5.0%
[6] Home price	2.0%
[7] Interest rate for the loan	1.5%

Assumptions:
- The senior does not pay any money back until the year of exiting the program
- The loan is given at the beginning of the year; the senior exits the program at the end of the year
- Mortgage has been paid off, no mortgage related expenses are included
- Property tax is net of the Home Owner Grant for seniors
- The simple interest rate is applied (the senior will not be charged interest on interest)
- These four homes are heated by natural gas
- Home price/value increase is compound, calculated annually

In Model 2, we chose to highlight the senior who might be able to meet ongoing costs, but who does not have the cash reserves necessary to fund a major repair such as roof replacement. We estimated major repairs might equal $30,000 every ten years and amortized the cost accordingly.

Model 2: Deferment of major repair and maintenance costs only

Description	Scenario A House in Vancouver	Scenario B House in Kelowna	Scenario C House in Prince George	Scenario D Condo in Nanaimo
Home price at Year 1	$1,000,000	$470,000	$295,000	$250,000
Major property expenses at Year 1				
Major repairs and maintenance	$3,000	$3,000	$3,000	$500
Home value at the exit year				
If exit at Year 10	$1,195,093	$561,694	$352,552	$298,773
If exit at Year 20	$1,456,811	$684,701	$429,759	$364,203
Equity left in the property at the exit year				
If exit at Year 10	$1,156,793	$523,394	$314,253	$292,390
If exit at Year 20	$1,356,125	$584,015	$329,073	$347,422
Equity left in the property as a percentage of home value at the exit year				
If exit at Year 10	97%	93%	89%	98%
If exit at Year 20	93%	85%	77%	95%

In all situations it appears that after ten years, all homes still retain far in excess of 25% equity with all values expressed in current dollars. After 20 years of deferring all possible expenses, we find that most homeowners are still retaining in excess of 25% equity in their home. There is a challenge with the Prince George example where, as a result of the house value also increasing, there is no longer 25% equity, but there is still significant equity in the home. This highlights

How Deferring Property Expenses Would Help Me

"My wife and I have owned our home in Fruitvale since 1992. We rely strictly on our old age pension and old age security, which works out to about $28,000 a year between the two of us. Our home expenses are going up on a regular basis and it's getting tight, we're pinching pennies. The biggest challenge is utilities. We have to pay $2,400 a year for electricity. To defer those costs wouldn't just be helpful, it would be a lifesaver. It would definitely be an answer."

– Koert, 77, Fruitvale

that some homeowners may need to plan carefully, but most, particularly in the Lower Mainland, will not face that challenge.

With the additional money that is generated, seniors living in their own home will be able to better address other cost pressures that can link to improving their quality of life and health status. This will in turn link to their ability to remain in their home as long as they choose to.

The value of this program is that it allows seniors to determine what, if any, costs they want to defer and for how long. It recognizes that most seniors do want to remain in their own homes and that a move to publicly subsidized assisted living or residential care should be based on needs and choices other than financial ones.

The advantage of creating this cost-relief option for low and moderate income seniors is that seniors will have confidence that they can continue to meet the ongoing costs of homeownership as they age and their incomes remain stagnant or decrease. This will allow aging seniors to remain at home and receive home care, if that is their choice, versus moving to publicly subsidized assisted living or residential care. It provides seniors with choice and reduces costs to government as they are not paying for subsidized assisted living or residential care.

Regardless of whether one rents or owns, the changing mobility needs of seniors can sometimes trigger a move. For example, we know that 15% of seniors receiving home care use a wheelchair, and that many more have mobility challenges related to stairs and getting in and out of a bathtub. Many homes can have renovations and alterations that will make them more accessible and allow seniors to remain there longer. Ramps, conversion of bathtubs to showers, and widened doorways are just a few examples of some modifications that can allow seniors to remain in their own homes.

The costs associated with making one's home accessible can be daunting. Financial assistance for low-income seniors to pay for accessibility modifications is offered through the Home Adaptations for Independence (HAFI) program operated by BC Housing. This program provides a grant of up to $20,000 for eligible adaptations such as widened walkways, walk-in bathtubs, lever-type door handles, and the installation of elevating devices. HAFI is predominantly used by homeowners (89%) and most use the funds to improve the accessibility of their bathrooms (69%) or to install ramps and lifting devices (16%).[9]

To be eligible for HAFI, a senior must meet income and asset limit requirements. One requirement is that the value of the senior's home must be below the average assessed value in that region. For example, a senior living in Vancouver is ineligible for HAFI funding if their home is currently assessed at more than $850,000. In Victoria, the maximum assessed value is $525,000.[10] Most condo owners would have properties below these thresholds and could access HAFI funding (assuming their strata allows the adaptations). But many – perhaps most – detached houses in a particular geographic region are worth more than these limits. These homeowners would not be eligible for funded adaptations even though they have low incomes. The manner in which this program is structured also means that, as soon as a senior's income is $1 over the maximum eligibility amount, no subsidy is available because there is no graduated reduction of subsidy.

Landlords can access the program on behalf of a tenant, although there is no requirement under the *Residential Tenancy Act* for them to do so, and the process for landlords is more cumbersome. Additionally, strata corporations are ineligible for HAFI grants even though making accessibility changes to common areas may be what is required to allow a senior to remain living in their strata unit. Seniors who live in co-op housing are also ineligible for HAFI funding.

The recent survey conducted by the Office of the Seniors Advocate suggests that awareness of HAFI is low, even among those who could benefit from this program most.[11] For example, seven in ten survey respondents did not know that home adaptation grants were available, and awareness was no higher among the low-income seniors who are eligible for HAFI. Effective promotion of this program, particularly to low-income senior homeowners, is an important consideration.

While it is reasonable to have an income test for any grant program such as HAFI, the value of the house is not relevant to the ability to pay for the renovation. A senior's income and liquid assets determine their ability to pay. If the government were to adopt a homeowner expense deferral account type program, some homeowners currently ineligible for HAFI funding due to the higher value of their home would be able to access funds for adaptations through this program. In the absence of such a deferral program, however, income should be the only HAFI criteria, and a sliding scale of subsidy that decreases from $20,000 to zero over an income range is a more appropriate rationing.

While many seniors can utilize home adaptations and live-in caregivers to help retain their independence, the *Strata Property Act* and *Residential Tenancy Act* create barriers that have a big impact for some seniors who rent or live in strata-controlled apartments and condominiums.

The *Strata Property Act* currently enables strata councils to place limits on seniors' ability to make certain important adjustments to their strata unit and living arrangements. For example, strata councils can pass bylaws setting a tenant age threshold or limiting the maximum number of occupants of a suite that effectively prohibit a senior from bringing in a permanent live-in caregiver. Strata rules can also prevent, or levy expensive fines on, a senior making major modifications to a unit that could enable their continued independent living. In some cases, even small non-structural adaptations could be prevented. It is quite possible, in the current legal environment, that a senior could be forced to move because they need a grab rail or flooring that they are not allowed to install. Some strata councils have also banned the use of electric scooters in their buildings.

Seniors who rent are at an even bigger disadvantage. The *Residential Tenancy Act* does not currently offer explicit protection to seniors who need to complete adaptations or hire a live-in caregiver to maintain independence. Landlords can legally withhold permission to a senior who needs to make non-structural adaptations or requires a non-relative to live in their suite. While withholding permission for a major structural adaptation is understandable, limiting a senior from making reversible non-structural changes to their suite or from using a scooter in the building is not, and the legislation requires updating accordingly. To protect landlords, the legislation should also ensure that tenants are responsible for the cost of both making the adaptation and reverting the unit to its pre-adaptation state upon leaving the unit.

It is clear that although the majority of landlords and strata councils are reasonable, the fact that neither the *Residential Tenancy Act* or the *Strata Property Act* have exceptions related to these issues allows some landlords and stratas to effectively evict seniors from their homes without cause, potentially forcing them into subsidized assisted living or residential care.

In addition to potential restrictions to accessibility that could be imposed under the *Strata Property Act*, there are also concerns from both strata property owners and manufactured home owners that current regulations could impact the affordability of either assisted living or residential care. If a senior is deemed needing either publicly subsidized assisted living or residential care, they will pay a percentage of their income for that cost. Seniors leaving a strata unit or manufactured home will remain responsible for ongoing strata fees until their unit or manufactured home is sold. If they are unable to rent their unit while it is listed for sale, this can present a severe economic hardship and it is not unreasonable that legislative protection be offered through both the *Strata Property Act* and the *Manufactured Home Act* to allow rental of units that are listed for sale when the owner has been placed either in publicly subsidized assisted living or in a licensed residential care facility.

Approximately 21,000 seniors lived in manufactured homes, including more than 8,000 seniors over the age of 75. It is a form of housing that involves both ownership of the actual manufactured home unit and, usually, rental tenure of the home site (or pad) where the unit sits. Manufactured homes represent an affordable form of home ownership for those with lower incomes. Because they don't own the land where their units are situated, manufactured home owners are at risk of eviction and/or the need to relocate their home if the landowner chooses to rezone and redevelop the manufactured home park to increase the land value. The costs involved in moving a manufactured home are considerable, older manufactured homes may not be in sufficiently good condition to move or may not meet current B.C. building codes. There is limited compensation paid to those who are evicted due to redevelopment of the manufactured home park where they rent space given they could be losing the capital investment in the manufactured home or facing significant relocation costs to move their home.

Summary and Recommendations

Independent housing is a choice that is **appropriate** for all seniors if it is affordable, if there is housing available that can provide accessibility to services and supports, and if it allows for design features to make the environment safe and accessible. There are data to support that, if seniors choose to, they can be cared for in their own home to very high care levels. Where the housing is located, whether or not there is a co-residing caregiver, and the degree of risk that a senior chooses to live with are all factors that will influence this choice, and different people will make different choices. However, should a senior choose to live independently, evidence supports this can be an appropriate choice.

The **affordability** of housing for low and moderate income seniors, both renters and homeowners, is challenging. Data support that many seniors who rent, particularly those in the Lower Mainland and Greater Victoria, are in genuine need of more support to cover their rental costs. The data also support that low to moderate income seniors who are homeowners need to find cost relief for either their ongoing home ownership costs, or the extraordinary costs of major repairs.

The **availability** of suitable housing for seniors is lacking most in rural and remote areas of the province. This presents a particular challenge for those seniors who are isolated and will need to move into the nearest town once they are either widowed, lose the ability to drive, or require daily home support services if they want to continue to live independently and optimize their safety.

Recommendations

1. Revise the Shelter Aid for Elderly Renters Program (SAFER) to align with the subsidized housing model of tenants paying no more than 30% of their income for shelter costs, by:
    a. adjusting the maximum level of subsidy entitlement from the 90% currently indicated in the SAFER regulations to 100%; and
    b. replacing the current maximum rent levels used in the SAFER subsidy calculations with the average market rents for one-bedroom units in B.C.'s communities as reported annually by Canada Mortgage and Housing Corporation.
2. Create a Homeowner Expense Deferral Account type program, as outlined in this report, to allow senior homeowners with low or moderate income to use the equity in their home to offset the costs of housing by deferring some or all of the major ongoing and exceptional expenses associated with home ownership until their house is sold.
3. Amend the *Residential Tenancy Act* and *Strata Property Act* to protect tenants and owners who require non-structural modifications to their unit (i.e. grab bars, flooring) from either eviction, fine or denial and protect their right to access grant money from the Home Adaptations for Independence (HAFI) program.

4. Amend both the *Residential Tenancy Act* and the *Strata Property Act* to ensure that tenants/owners cannot be evicted or fined under bylaw for the occupancy of their unit by a live-in caregiver.
5. Amend the Home Adaptations for Independence (HAFI) program to: exclude the value of the home as a criterion; graduate the grant on a decreasing scale relative to income; decrease complexity for landlord applications; and allow for applications from strata corporations and co-ops.
6. Amend the *Strata Property Act* and the *Manufactured Home Act* to ensure seniors who are placed either in residential care or subsidized Registered Assisted Living are able to rent their homes while they are listed for sale.
7. The Provincial Government consult with the Active Manufactured Home Owners Association, the Manufactured Home Park Owners Alliance of British Columbia and regional manufactured home owners associations to revise the *Manufactured Home Act* so that fair and equitable compensation is provided to manufactured home owners who are required to leave their home due to sale or development of the property.
8. The Provincial Government, BC Housing and the Office of the Seniors Advocate work together to develop a strategy for affordable and appropriate seniors housing in rural and remote British Columbia.
9. The Provincial Government work with the Federal Government on the issue of seniors who are homeless as a discrete population within the homeless community.
10. The Provincial Government work with the Office of the Seniors Advocate to raise awareness of all subsidy and grant programs available to seniors.

Seniors in Assisted Living

Assisted living is the housing choice of approximately 22,800 seniors who need enhanced supports to maintain their independence. To understand the benefits and challenges of this type of housing, it is important to know how it evolved.

Assisted living began relatively recently in British Columbia and Canada. Assisted living housing options began to appear in this province around 2000, following their development in the 1990s in the United States. The academic literature points to the growth of supportive care settings being labelled as assisted living as early as 1985. It was felt a new concept was needed that would be a departure from traditional nursing homes and hospital-like care settings.[12] As a result, throughout the 1990s states like Oregon and California began experimenting with small-scale supportive settings that would be more home-like and less institutional than nursing homes.

In general terms, assisted living accommodation is offered in an apartment-style setting with one or more meals a day provided in a central dining room. Weekly housekeeping services and organized social activities are also key components of assisted living. Any clinical care or services are provided under a philosophy that emphasizes "resident choice and normal lifestyles" as well as "decision-making about accepting or rejecting medical care and other health-related care and services."[13]

As the assisted living concept began to emerge in British Columbia in the late 1990s, the provincial government launched a plan to renew and redesign home and community care services. This plan sought to increase the number of clients served at home relative to those served in nursing home-like facilities and to reduce unnecessary use of acute care beds by seniors and others. In 2002, the British Columbia Legislative Assembly's Select Standing Committee on Health stated that this plan was premised on "the need to replace an old, out-dated paternalistic model of 'one-size' institutional care for the elderly with a new model that respects the rights, autonomy and individual needs of our oldest citizens and supports them to be functioning members of our communities for as long as possible."[14]

British Columbia health authorities, in tandem with BC Housing, began to develop a variety of subsidized assisted living settings. This culminated in approximately 4,400 units of subsidized assisted living being built that would charge seniors a percentage of their income rather than the fixed rate as is done in private pay assisted living. This opened up assisted

living to seniors of all income levels. Growth also continued in the private market with the addition of more than 18,400 private units of various types offering a range of different services. The distribution of these units is province wide as illustrated in the chart below.

B.C. assisted living units, by health authority (March 31, 2014)[15]

	Interior	Fraser	Coastal	Island	North	B.C. Total
Registered Assisted Living units (subsidized)	915	1,393	811	1,015	288	4,422
Private (non-subsidized) Registered Assisted Living	1,001	1,109	463	616	24	3,213
Private assisted living (non-registered)	4,019	4,462	2,601	3,704	422	15,208
Total assisted living						**22,843**

With the new model of publicly subsidized assisted living developed in 2003 came the concept of 'Registered Assisted Living'. This applies to all 4,400 publicly subsidized assisted living units and to the 3,200 private units where the owner/operator provides any of the care services directly. Registered Assisted Living is distinct from a model where care services are provided by a third party hired directly by the resident as is found in the remaining 15,000 private assisted living units.

Once established, Registered Assisted Living was placed under the *Community Care and Assisted Living Act (CCALA)* and the Office of the Registrar of Assisted Living was created. Initially independent, the Registrar has moved to the Ministry of Health and functions in a similar way as the Director of Licensing. Operators of Registered Assisted Living are held accountable for compliance with the CCALA through the Registrar of Assisted Living.

Thus in British Columbia, there are basically three versions of assisted living available. The first two are publicly-subsidized Registered Assisted Living and private Registered Assisted Living, both of which are regulated under the CCALA. The third type of assisted living is provided by a wide range of private retirement homes and other settings, all of which offer assisted living services, but residents make their own arrangements for any personal/nursing care needs. By definition, the fact that these settings do not offer the services prescribed by the *Community Care and Assisted Living Act 2004* in the way required by the Act means these sites are not covered by the Act.

There is strong objective evidence to suggest that seniors in Registered Assisted Living appear to be happier and healthier once they move in, whether it is under a private pay or publicly subsidized model. Apart from high levels of satisfaction reported in qualitative surveys sponsored by operators and health authorities, a 2013 study led by UBC's Dr. Kim McGrail points to medical and other benefits for seniors moving into assisted living and remaining for at least a year.[16] The authors of this B.C.-wide study of 4,200 Registered Assisted Living residents found a significant decrease in the utilization of hospital and primary care physician services, inferring an improvement in overall health and well-being. This supports the importance of offering assisted living as a housing option to as many seniors as possible.

Seniors in publicly subsidized Registered Assisted Living are assessed by health authority staff using a provincially mandated assessment tool called InterRAI-HC. This is an internationally developed assessment tool used by home care providers and governments around the world. A sister tool, the InterRAI MDS 2.0, is almost identical and is used in residential care. The InterRAI MDS 2.0 has a few questions added or deleted based on the applicability to the setting. For example, the InterRAI-HC asks about a co-residing caregiver while the MDS 2.0 does not because it isn't relevant, and the InterRAI MDS 2.0 asks about a resident's preference to return to the community while the InterRAI-HC does not, again because it is not relevant.

This wide-ranging assessment examines a multitude of indicators including cognitive function, ability to perform both the activities of daily living (ADLs) such as bathing, toileting, and the Instrumental Activities of Daily Living (IADLs) such as medication management and managing finances. In the chart below we can see the picture develop of the type of seniors who are living in subsidized Registered Assisted Living in B.C. We have compared this to the profile of seniors who are living independently and receiving home care.

RAI-HC and MDS 2.0 assessment	Residential care	Care in the community	Assisted living
Over 85 years of age	56%	40%	60%
Diagnosis of Alzheimer's or other dementia	61%	34%	45%
Diagnosis of psychiatric or mood disorder condition	30%	21%	20%
Needing to reside in a special secure care dementia unit	19%	N/A	N/A
Minor assistance needed to complete personal care activities (ADL Hierarchy)	33%	85%	90%
Moderate to significant assistance needed to complete personal care activities (ADL Hierarchy)	67%	15%	10%
Mild cognitive/memory impairment	38%	81%	82%
Moderate to severe cognitive/memory impairment	62%	19%	18%
Combination of complex conditions indicating high or very high need for facility level care	82%	53%	63%
Has frequent bladder incontinence	55%	21%	21%
Exhibits aggressive behaviour	33%	11%	11%
Exhibits unsafe wandering if not supervised	17%	3%	4%
Requires wheelchair for indoor mobility	50%	11%	5%
Received 9 or more different meds in the last 7 days	51%	44%	42%
Is receiving antipsychotic medications	33%	14%	15%
Is receiving antidepressant medications	45%	28%	25%
Is receiving hypnotic or pain medications	64%	30%	28%
Requires use of daily restraints for safety	11%	0.3%	0.0%

These data show that a high degree of physical frailty can potentially be accommodated in assisted living; however, it also shows that this same degree of frailty is also being accommodated in the community under the home care program. There are two scores in particular on the RAI-HC which are key to understanding the level of frailty that is present in assisted living and what potentially can be supported in Registered Assisted Living. The first is called the "ADL Hierarchy" which scores the ability of a senior to manage daily activities such as washing, dressing, using the washroom and bathing. A senior needing moderate to significant assistance in these areas (scoring 3 or more on a scale of 0-6) will always need close assistance from a care worker to get out of bed, wash or bathe and get dressed. Additionally, they will likely need a walker to safely walk and possibly a wheelchair. Such a senior likely has two or more medical conditions that limit their endurance and ability – for example arthritis and perhaps congestive heart failure.

The second score we have used to illustrate who could potentially be living in Registered Assisted Living is the "Cognitive Performance Scale" (CPS) which practically measures the ability of a person to make their own decisions, manage medications and money, and organize their day. Someone scoring in the "mild" range (CPS 0-2) is likely to manage reasonably well and safely either in the community or in Registered Assisted Living. Someone scoring 3 or above on this scale is considered to have a moderate to severe cognitive impairment and likely could not live in Registered Assisted Living or the community except with a supervising spouse or co-residing caregiver. This person would need close supervision to prevent getting lost and direction to carry out daily tasks.

In the case of both subsidized Registered Assisted Living and home care, we find that approximately 18% of the population has a cognitive performance score (CPS) of 3 or more and 10% of the population has an ADL Hierarchy of 3 or more. The CPS score for severe impairment increases by only 1% to 19% for seniors under home care, but the ADL Hierarchy score actually moves up to 15% for home care. This tells us that from both a physical and cognitive function perspective seniors living in subsidized Registered Assisted Living and seniors living at home with home care have similar clinical profiles as it relates to their cognitive function and higher acuity in physical function for home care clients.

RAI Snapshot Comparison		
	Assisted Living	**Home Care**
CPS >3	18%	19%
ADL >3	10%	15%
Over 85	60%	40%
Co-residing with caregiver	12%	44%

Where there is a statistically significant difference in the populations is in the percentage over the age of 85 and the percentage co-residing with a caregiver. People who lose a supporting spouse are far more likely to be in Registered Assisted Living even though their cognitive and physical ability can be managed in the community if a co-residing caregiver is present. This makes sense as the likelihood of losing one's spouse increases with age and the ability to care for oneself is impacted by whether or not one co-resides with a caregiver and the majority of time that is a spouse. In Registered Assisted Living, 60% of residents are over the age of 85 and only 17% are married. In the community, only 40% are over the age of 85 but 36% are married.

Notwithstanding the comparison of assisted living residents to the home care population, the data also highlight that Registered Assisted Living is not supporting very many seniors with high levels of physical disability or dependencies. The data show that more people live in Registered Assisted Living because of their cognitive loss – which drives their level of dependency – coupled with the loss of a supporting spouse. This is seen in the weighting of residents who score 3 or higher on the cognitive performance scale (18%) versus the number at 3 or higher on the ADL Hierarchy (10%) – few people have significant physical dependency. This is further reinforced by the fact that 11% of seniors living in the community under home care primarily use a wheelchair while only 5% of those in subsidized Registered Assisted Living use a wheelchair. This may be explained to some extent by the current regulatory system of prescribed services as is described below.

Under the *Community Care and Assisted Living Act 2004*, Registered Assisted Living operators must nominate two of six prescribed services that will be offered to residents (see box). The two most commonly prescribed services offered by assisted living operators are: assistance with the activities of daily living, and central storage/distribution of

The Six Assisted Living Prescribed Services

Community Care and Assisted Living Act 2004

1. Regular assistance with activities of daily living, including eating, mobility, dressing, grooming, bathing or personal hygiene
2. Central storage of medication, distribution of medication, administering medication or monitoring the taking of medication
3. Maintenance or management of the cash resources or other property of a resident or person in care
4. Monitoring of food intake or of adherence to therapeutic diets
5. Structured behaviour management and intervention
6. Psychosocial rehabilitative therapy or intensive physical rehabilitative therapy

medications. If a resident needs one or more of the other four prescribed services, their care will be deemed as too complex for Registered Assisted Living and a discharge plan will be implemented or, in the case of a senior attempting to move in, the move will not occur.

Additionally, if the senior requires two prescribed services or needs only one prescribed service, but it is not the prescribed service offered by that operator, then they will not be admitted to Registered Assisted Living and will likely be referred directly to residential care. The decision is based not on what assistance the senior needs but on what two prescribed services the operator has selected to provide.

Those seniors whose needs and service requirements change will find themselves moved to residential care perhaps unnecessarily, especially if they require high-intensity care over a prolonged period, such as palliative care. This hypothesis is supported by what we see in the data.

One consequence of the B.C. approach of regulation of prescribed services is that, *how* a senior pays for their assisted living can be a determining factor in whether or not they need to move from assisted living to residential care, or whether they can even enjoy the greater independence offered in assisted living to begin with.

Those who can afford to purchase the supports and services needed to live in a non-registered assisted living residence do so on a "buy as needed" basis. The costs charged are irrespective of income and can range from $2,500 per month to $8,000 per month depending on location, size of unit and additional services purchased.

Conversely, those seniors who are subsidized and living in a Registered Assisted Living unit pay a total fixed price of 70% of their net income up to a cap that varies depending on where they live in the province, but generally reflects the actual cost for basic assisted living in that community.

The practical effect is that, for the 7,680 seniors in Registered Assisted Living, 58% of whom are subsidized, they will need to move to residential care if their care needs progress beyond the two prescribed services. However, the approximately 15,000 seniors living in private, non-registered assisted living can purchase private help and support when needed in order to continue to age in place, if they so choose. Other jurisdictions such as Alberta and Ontario do not have the prescribed services model of B.C. and allow for more flexibility in assisted living type residences. This may explain in part why we find that, based on comparative residential care assessments, there are seniors living in residential care in British Columbia who would be living either in the assisted living equivalent or the community if they lived in Alberta or Ontario.

In 2007, the Assisted Living Registrar introduced a new policy, as opposed to regulation, to allow provision of two additional prescribed services at a lower level of intensity – called "the support level". While this move was intended to be helpful, it did not address the critical issue of initial exclusion based on needing one of the prescribed services not offered in a setting. It also created ongoing confusion around the interpretation of prescribed versus support level services and policy versus regulation. Ultimately, there has been no tangible improvement in terms of the care level of seniors in assisted living.

To demonstrate the challenge of operating under the current legislative model, where assisted living operators can only provide up to two prescribed services, we offer the following typical scenarios.

> ***Why Does My Dad Have To Leave Assisted Living?***
>
> *"My dad can't stay in Assisted Living for much longer. He's had Parkinson's Disease for many years and he's starting to need more services than the place he's currently living can provide.*
>
> *It's really too bad because he's got a place that he really feels is home. He's made friends and is very happy there.*
>
> *He's very anxious about going into residential care. Where will it be? Who will take care of him? All the unknowns are just making things worse."*
>
> *– Jackie, daughter of Brian, 76*

Senior A has what can be described as a fairly common range of needs and will need to use two of the prescribed services allowed in Registered Assisted Living (personal care assistance and medication management) as well as all the hospitality supports. This individual has no dementia, is able to make appropriate decisions for himself, and is able to direct his own care needs. Physically, however, he has a high need for assistance with daily activities like dressing and bathing, and has two medical conditions, congestive heart failure and osteoarthritis. These conditions require regular medications and cause this senior to have limited physical endurance, but he does not need oxygen support and is fully continent. Because of his failing eyesight, this senior needs physical assistance to properly take his medications. *Senior A* experiences a fall that results in a compound fracture that has put him in a wheelchair and he will require on-going intensive physiotherapy. He is otherwise exactly the same, no change in cognitive function and no other medical changes. He can still eat meals with the people he has lived with for the past three years, play bridge and Skype with his grandchildren in Toronto. However, he is going to need to move from Registered Assisted Living to residential care because his intense physiotherapy over a prolonged period inside the setting will trigger a third prescribed service.

Senior B has mild cognitive impairment but is able to direct her care and able to independently make the necessary daily decisions which makes her eligible for Registered Assisted Living. She has some minor assistance needs in the area of personal care and bathing and she is well able to manage

her own medications. She doesn't really need major assistance with the two prescribed services provided (personal care assistance and medication management). However, *Senior B's* biggest need for assistance is with a complex dietary problem. In reality, this could range from a complex diabetic diet, severe celiac or renal disease requiring a very specific diet and monitoring of that diet. Another high possibility is a severe swallowing problem (called dysphagia) that requires ongoing monitoring of modified food textures to prevent the senior choking on her food – a service provided in the community. Regardless of which diet issue this senior has, she would not gain access to Registered Assisted Living because dietary monitoring of this type is a third prescribed service and the level of monitoring would exceed the support level policy. So, despite the fact that this senior doesn't really need the two prescribed services offered and only needs one prescribed service, she would be barred from Registered Assisted Living because the operator cannot provide three services nor offer a different combination of prescribed services to suit a particular need. *Senior B* would need to be admitted directly to residential care.

In either of the two above scenarios, if the senior had sufficient funds they could live in non-registered assisted living and simply pay to bring in any additional help needed. In the absence of funds to move to a non-registered setting, both seniors would likely face a move to residential care where they will pay 80% of their income to a maximum of $3,157.50, leaving the government to fund the difference, which can range from $3,500-$6,000 per month depending on the income of the senior.

This situation has developed in part because British Columbia offers only two models of subsidized care settings for people who cannot remain at home independently: Registered Assisted Living or complex care as delivered in residential care facilities. This creates the possibility that seniors may be referred to residential care, when in fact they could either move to, or remain safely in, assisted living if the regulations were changed.

The data tell us that within B.C., our Registered Assisted Living population does not vary significantly from our more acute home care populations, save for the presence of a co-residing caregiver and advanced age. We also compared B.C.'s subsidized Registered Assisted Living data to Alberta, where services are not prescribed, to determine if there were significant differences in the populations. We found differences on several indicators.

Alberta offers different levels of assisted living from basic retirement living to caring for people with dementia in secure sites. We chose data for a level of care called *Supportive Living 4 (SL4)* as it is the most comparable of Alberta's four levels of assisted living to B.C.'s Registered Assisted Living. The data show that in Alberta, seniors are able to live to a higher level of care in assisted living than they can in B.C.

RAI-HC assessment element	British Columbia Registered Assisted Living	Alberta *Supportive Living 4*
ADL higher than 3	10%	25%
Wheelchair use indoors	5%	25%
Cognitive Performance Scale 3 or higher	18%	18%

These indicators are a stark revelation of our inability in B.C. to allow those who have high cognitive function but a moderate to severe physical frailty to live in subsidized Registered Assisted Living. The cognitive ability of the assisted living population is the same for both B.C. and Alberta; it is the physical function that is different, as expressed in their ADL score and whether or not they are in a wheelchair. The contrast with home care on the use of wheelchairs is also enlightening as 11% of seniors receiving home care use a wheelchair versus only 5% of the population in subsidized Registered Assisted Living.

There are other data to support the hypothesis that we may not be using Registered Assisted Living to its maximum potential. We examined where seniors who were admitted to residential care were living prior to their admission to care.

Logic would dictate that, for the 4% of seniors who live in residential care, we would see a continuum where they started as independent with no home care, moved to being independent with home care, in some cases progress to assisted living, and then finally residential care. We should see very few seniors admitted to residential care directly from home without having received home care or moving to assisted living first.

The scenario of a completely independent and healthy senior suffering a sudden and completely debilitating stroke that requires 24 hour total care ongoing would be an example of someone who may be admitted to residential care directly from home with no previous home care. However, this is a fairly rare occurrence and would have relatively the same probability of occurrence whether one lived in B.C. or Alberta.

Comparison of B.C. and Alberta data show a significant difference in admissions to residential care of someone who was living at home prior to admission without having utilized home care services. This is 18.5% of the admissions in British Columbia and only 5.8% of the admissions in Alberta. This does suggest that, comparatively at least, British Columbia is not exhausting all possible independent supports, either through home care or assisted living as appears to be done in Alberta.

In the Seniors Advocate's report *"Placement, Drugs and Therapy…We Can Do Better",* it was highlighted that there were seniors living in residential care who might be able to live either at home with home care or in assisted living. The above referral data may indicate why this is occurring. This issue is explored in further detail later in this report under the Residential Care Chapter.

One of the supports that can enable seniors to remain longer in Registered Assisted Living is to have a spouse living with them in the unit and helping with supervision, and currently 17% of Registered Assisted Living residents identify themselves as married.

Section 26(3) of the *Community Care and Assisted Living Act* 2004 precludes an operator of Registered Assisted Living from housing a cognitively impaired person who is deemed as 'unable to direct' their own care – in practice, this person scores 3 or more on the RAI-HC CPS element. The Act allows an exception if the person lives with a supporting spouse in the Registered Assisted Living setting who can make the necessary decisions for the person lacking the necessary competence.

A potential difficulty exists, however, in that the Act does not specify a definition of "spouse" and so in legal terms, the scope of the exception to Section 26(3) is limited to legally married spouses. In practice there is strong evidence that this rule is routinely waived by operators of Registered Assisted Living. However, the legislation does not explicitly support the variety of long term relationships that have come to be recognized as "spousal".

One particular group in danger of discrimination if this provision were to be misapplied is the Lesbian, Gay, Bisexual, Transgender community. A clearer, more inclusive definition of "spouse" that reflects the wide range of supportive relationships that actually exist in British Columbia would be an easy, yet profound change to the current legislation. The *Health Care (Consent) and Care Facility (Admission) Act* contains an inclusive list of persons who form relationships which are much more representative of the broad range of possible co-habitation arrangements seen in B.C. today and this might be a very good place to start a discussion with various stakeholders.

Legislation covering Registered Assisted Living is very broad and, therefore, regulation is primarily managed through administrative policy as developed by the British Columbia Assisted Living Registrar. The Assisted Living Registrar, as currently constructed, has the ability to directly influence the overall quality of Registered Assisted Living services provided to seniors through the power to create and enforce health and safety standards where risk to tenant health and safety is concerned.

The matter of actual tenancy, however, is not explicitly addressed and has been an issue since its inception. Extensive analysis of the issue by a variety of stakeholders has been ongoing, but the situation is unchanged. Some argue for assisted living to be included in the *Residential Tenancy Act* (RTA). Two other provinces, Ontario and Quebec, include the equivalent of assisted Living under RTA-like legislation. The principle argument for not having assisted living under the RTA in British Columbia centres on the fact that although the central aspect of assisted living is a rental agreement, the whole package of services are also "bundled" into the tenancy and so the situation is not comparable to a RTA-like tenancy. Aspects of the RTA – such as notice periods and landlord entry to suites – may be incompatible with the health care objectives of assisted living.

However, a number of legal items related to tenancy do deserve attention. For example: rent controls for private pay residents, a resident bill of rights, control of service charges, smoking, inspections, and others. In addition, under B.C.'s current RTA, health status is not a reason for eviction. Indeed, placing assisted living under the RTA could provide protection against being moved to residential care prematurely if the tenant is competent to make decisions regarding risk and/or has a substitute decision maker.

Affordability of Assisted Living

The occupancy of 4,422 of the 7,680 Registered Assisted Living units is publicly subsidized by regional health authorities and BC Housing. Subsidized residents pay what is known as the "client rate," equivalent to 70% of their after-tax income up to designated maximums which are calculated based on a formula that takes into effect local market conditions. The designated maximums are called the 'capped rates' and these generally reflect the full market rate for assisted living in that community. While residents of subsidized Registered Assisted Living pay the client rate, the balance of the cost of their accommodation and services are subsidized where needed by BC Housing and local health authorities.

Using a percentage income formula ensures that all B.C. seniors, regardless of their income status, will be afforded the opportunity to access Registered Assisted Living and it recognizes the obligation of those with greater ability to pay.

The range of Registered Assisted Living capped rates can be seen in the table below described for each health authority both for single persons and couples. The remaining third of Registered Assisted Living residents live in unsubsidized private units and pay the full cost of their accommodation and services entirely from private means. They are referred to as "private-pay" residents.

Health Authority	Range of Registered Assisted Living Maximum Rates (January 1, 2015)		
	Singles	Couples	Distinguishing information
Fraser	$2,421 – $5,552	$3,136 – $8,924	Maximum rates range from site to site, within regions as well as between regions within FHA and IHA.
Interior	$2,828 – $4,099	$3,328 – $6,781	The range of couple rates includes those couples where just one partner is receiving care and those couples where both receive care.
Island Health	$3,250	$3,750 – $4,750	The range of maximum couple rates represents the difference between a rate for couples where just one partner is receiving care and those couples where both receive care.
Northern	$2, 717 – $5,051	$4,433 – $8,213	Maximum rates range between sites which do not provide 24-hour care and those that do provide 24-hour care.
Vancouver Coastal	$2,350 – $3,530	$2,850 – $4,030	Maximum rates range between rural and urban sites. Maximum rates range according to unit size, with rates differing between studio units and 1 bedroom units.

Health authorities, under Ministry of Health policy, ensure that individuals have at least $325 per month residual income after all required living expenses have been paid. This fact recognizes expenses that the individual will have over and above those provided under the 70% rule.

The amount of $325 may not be adequate for seniors in assisted living given the number of items that still need to be covered. This is the same amount that we leave for seniors in residential care, yet there are many extra costs that are covered in residential care. For example, Registered Assisted Living only requires the provision of two meals, not three as in residential care and residential care will cover the costs of basic supplies.

Supplies covered by licensed residential care but not Registered Assisted Living:[17]

- Meal replacements
- General hygiene supplies (e.g. soap, shampoo, toilet paper, etc.)
- Routine medical supplies (e.g. sterile dressings, bandages, syringes, etc.)
- Bed alarms, special mattresses, surveillance system devices
- Disposable incontinence pads or briefs
- Catheters
- All eligible prescription drugs are provided under PharmaCare

The issue of potential hardship is exacerbated in the case of couples with joint income when one half of the partnership is required to enter Registered Assisted Living where the other partner remains in the family home. The assisted living client is required to pay the 70% amount but if the family home is retained expenses likely stay the same for the non-assisted living partner and so a hardship situation can occur due to the added burden of the assisted living costs.

In situations of hardship, the Ministry of Health has an extensive policy that allows for a review of the individual's financial situation by health authority staff and, if warranted, temporary rate reductions (TRR) are applied. While websites and rate setting letters make reference to the TRR, it is not clear that seniors and their family are as aware of the policy as they should be.

The availability of assisted living depends on where in the province you live. In urban centres there is a robust supply of private assisted living often co-mingled with subsidized Registered Assisted Living. It is assumed, given there is an estimated average vacancy rate of 10% in private assisted living, that sufficient if not excess supply exists overall.

The availability of subsidized Registered Assisted Living is difficult to assess due to the lack of standardized methods of looking at waiting lists both between health authorities and even within health authorities. Understanding the waiting list will become increasingly important if Registered Assisted Living is able to reach its full potential.

Summary and Recommendations

Assisted living is a housing choice that is **appropriate** for any senior who wishes to live in a community with other seniors, enjoys socializing and wants to have some of the daily activities such as cooking and cleaning taken care of by others.

It is also an appropriate choice for seniors who require care but have a level of cognitive function that will allow them to engage with the community of seniors they live with while maintaining their independence.

The subsidized Registered Assisted Living data support that for many of the people living in Registered Assisted Living it is an appropriate setting. However, the data also clearly indicate there are some seniors for whom subsidized Registered Assisted Living would be appropriate but who are not able to enjoy its benefits as a result of the current regulation model. These seniors would appear to be referred prematurely to residential care.

There may also be seniors for whom Registered Assisted Living would be appropriate if they could co-reside with the person they view as their spouse. The current legislation, however, does not recognize the diversity of relationships that can constitute spousal.

The **affordability** of subsidized assisted living is facilitated by charging 70% of net income. For the lowest income seniors, however, this can leave very little disposable income, and there are several costs that are not covered under subsidized assisted living such as breakfast, medications, supplies, medical equipment and the like.

The **availability** of assisted living overall appears to be sufficient given there is an estimated 10% vacancy rate. The availability in smaller, more remote communities may be a challenge. The availability of subsidized assisted living is difficult to assess as there is no standardized method used for tracking vacancies either within or between health authorities.

Recommendations

11. Registered Assisted Living be fundamentally redesigned and regulations changed, to allow for a greater range of seniors to be accommodated and age in place as much as possible including palliative care. This should reduce: the number of discharges from Registered Assisted Living to Residential Care; the number of admissions to residential care of higher functioning seniors; and the number of seniors admitted directly to residential care from home with no home care.
12. Amend section 26(6) of the *Community Care and Assisted Living Act* to:
    a. allow that section 26(3) of the Act does not apply to a resident of assisted living if that person is housed in the assisted living facility with a person who is the spouse of the resident *or* anyone in the classes listed in section 16(1) of the *Health Care (Consent) and Care Facility (Admission) Act* and that person is able to make decisions on behalf of the resident.
    b. provide that the meaning of "spouse" should extend to a person who has lived in a marriage-like relationship with the resident in addition to a person legally married to the resident.
13. The minimum amount of income with which a resident of subsidized assisted living is left be raised to $500 from the current $325 to recognize the costs that are not covered under Registered Assisted Living that are covered under Residential Care.

Seniors in Residential Care

Sometimes called long-term care, facility care or a nursing home, residential care provides 24-hour professional supervision and care in a protective, secure environment for people who have complex care needs and can no longer be cared for in their own home, or in assisted living. Residents live in a room, sometimes with one or more people, and have either a private or shared washroom. All meals are provided in a central dining room and access in and out of the facility is secured and monitored. Some facilities have special units for severe dementia residents that includes an additional level of security, sometimes referred to as 'secure care units'.

Residential care is home to 3.7% of B.C. seniors, or about 30,000 individuals. This represents only 1% of B.C.'s population; 4% of the seniors' population; 9% of the population over 75, and approximately 15% of the population over 85.

He Needed a Lift and He Got Residential Care Instead

I met a gentleman whose mind was sharp but who couldn't get out of his bed without assistance. He'd lived in assisted living where two staff together were able to help him up, but then his physician told him he needed a mechanical lift to get him out of bed safely. The assisted living operator refused to install a lift, which left him with no other choice but to go into residential care even though he doesn't need the other care services and manages on his own once he's on his feet. This type of housing is definitely not the most appropriate for his needs.

– B.C. Seniors Advocate

Long-term residential care settings must provide a range of services which are specified in the *Community Care and Assisted Living Act* (CCALA) or in the *Hospital Act*. Residential care settings are home not only to seniors, but also to people with disabilities who cannot be cared for without access to an array of services, particularly unscheduled care provided by regulated professionals such as nurses. In British Columbia there is only one level of licensed care, known as complex care. Previous to 2002, British Columbia had multiple levels of care and licensed facilities were placed along a continuum offering different intensities of care, from light personal care, intermediate care: levels one to three, and extended care for the most complex residents. This began to change in the early 2000s as the government's *Continuing Care Renewal Plan* moved the residential care system to only one level of licensed care – complex care – and introduced higher levels of community care and Registered Assisted Living.

Currently in B.C., there are approximately 26,000 subsidized residential care beds in 339 regulated facilities. The facilities are owned and operated either by health authorities, not-for-profit organizations, or private companies. All B.C. residents who qualify are entitled to a place in publicly-subsidized residential care. They will pay 80% of their net income to a maximum of $3,157.50 per month. There are also approximately 1,600 private-pay licensed residential care beds

in the province. The cost of private residential care can range from $6,000 to $10,000 per month. Licensing standards and enforcement are the same for both private and publicly subsidized beds. This report focuses only on government subsidized facilities and beds.

Each health authority has residential care beds (see table below). These numbers change slightly as increases or decreases to room occupancy are implemented in response to local needs and pressures. Some subsidized residential care beds are located in facilities that also have beds available for private paying residents.

March 31, 2014 Summary of British Columbia Residential Care (RC) Beds

	Interior	Fraser	Coastal	Island	North	B.C. Total
General Population of seniors aged 75+	67,306	102,740	78,566	70,700	13,397	**332,709**
Residential Care (RC)	5,352	7,595	6,575	5,155	1,091	**25,768**
RC beds per 1000 seniors > age 75	79.5	73.9	83.7	72.9	81.4	**77.4**

Seniors are approved for subsidized residential care based on demonstrated need, as assessed by health authority community care case managers. In general terms, individuals must demonstrate that they have exhausted all other options for care, and that their needs exceed the level of care that can be provided in the community or Registered Assisted Living.

The intent of residential care is to provide housing with a high degree of unscheduled and scheduled professional clinical care for the most medically, physically and cognitively frail seniors and adults with disabilities. It is a necessary and appropriate setting for some seniors, but it is arguably not appropriate, nor desirable, for seniors whose combination of physical and cognitive need is such that a lower level of support would suffice.

Before admission to a subsidized licensed care facility, every potential resident is first assessed to determine if a move to residential care is appropriate. This assessment is done by a health authority case manager using an internationally validated assessment tool that has been referred to in this report previously, the InterRAI-HC. This assessment looks at levels of cognitive and physical function, family and community supports, current physical environment, health conditions, mood and behaviour, medications and service utilization among other things. The RAI-HC assessment is a critical objective measure of need, and is used in conjunction with other assessments to determine whether residential care is appropriate for the senior.

Once admitted to residential care, the InterRAI MDS 2.0 is used to re-assess residents within two weeks of admission, 90 days after admission and quarterly thereafter. Using the MDS 2.0 data of 29,429 assessments for the timeframe 2012-2013, a fairly robust picture can be developed of the profile of seniors living in residential care. Comparing these data to the 33,000 users of home care and a sample of the 4,400 seniors living in subsidized Registered Assisted Living, over the same time period, is instructive in analyzing the appropriateness of who is living in licensed residential care, the last option on the housing continuum.

The chart below (also shown on page 39) indicates that, for the most part, residential care houses seniors who are disproportionately frailer and have more complex care needs than those housed in assisted living or living at home with home care. Seniors in residential care are also significantly more likely to be using a wheelchair full-time, and to be on an antipsychotic or antidepressant when compared to seniors living in the community or in Registered Assisted Living.

RAI-HC and MDS 2.0 assessment element	Seniors in residential care	Seniors receiving care in the community	Seniors living in assisted living settings
Over 85 years of age	56%	40%	60%
Diagnosis of Alzheimer's or other dementia	61%	34%	45%
Diagnosis of psychiatric or mood disorder condition	30%	21%	20%
Needing to reside in a special secure care dementia unit	19%	N/A	N/A
Minor assistance needed to complete personal care activities (ADL Hierarchy)	33%	85%	90%
Moderate to significant assistance needed to complete personal care activities (ADL Hierarchy)	67%	15%	10%
Mild cognitive/memory impairment	38%	81%	82%
Moderate to severe cognitive/memory impairment	62%	19%	18%
Combination of complex conditions indicating high or very high need for facility level care	82%	53%	63%
Has frequent bladder incontinence	55%	21%	21%
Exhibits aggressive behaviour	33%	11%	11%
Exhibits unsafe wandering if not supervised	17%	3%	4%
Requires wheelchair for indoor mobility	50%	11%	5%
Received 9 or more different meds in the last 7 days	51%	44%	42%
Is receiving antipsychotic medications	33%	14%	15%
Is receiving antidepressant medications	45%	28%	25%
Is receiving hypnotic or pain medications	64%	30%	28%
Requires use of daily restraints for safety	11%	0.3%	0.0%

These data do support that most seniors living in residential care are in the appropriate form of housing based on their needs and on their wishes. However, these data raise a question about the appropriateness of residential care for a small percentage of residents – 15% or less – who have higher cognitive and/or physical function than some home care clients who are living independently, either in their own home or in assisted living. This issue was identified in the recent report by the Seniors Advocate "*Placement, Drugs and Therapy…We Can Do Better*".

As referenced in the assisted living section of this report, the Office of the Seniors Advocate took data from the InterRAI assessments in home care and created three profiles of people who could live successfully in the community or assisted living based on their level of physical and cognitive function. We then applied these profiles to the residential care assessments for British Columbia, Alberta and Ontario where comparable data was available.

The first profile is of seniors with light care needs who can make their own decisions, are not at risk of wandering or getting lost, and can manage their own activities of daily living (ADLs) with minimal assistance. This profile can be referred to as having light physical and cognitive care needs. In clinical terms, these would be people who might score 25 or more (out of a possible 30 – where 30 is considered normal cognition) on a commonly used standardized mental function test.[18] They could be oriented to time and place, but perhaps lack judgement over complex financial affairs. They could have mild cognitive impairment that may or may not progress, an acquired brain injury from a traumatic event, or have suffered a stroke. Their physical function is fairly good, although they may require a cane or walker and they may have difficulty with stairs.

The second profile is of seniors with a mild dementia who need some assistance with instrumental activities of daily living (IADL), such as managing finances or medications, but otherwise manage well with direction and support. This group can be seen as having dementia care needs. These are seniors who might typically score above 18 out of 30 on the mini mental exam, who experience occasional forgetfulness but can manage with cueing through notes and reminders. People who score below 18 on this test tend to have moderate to severe impairment, and likely require a higher level of support and supervision. Physically, they likely do not require a walker for more than occasional use, or they are able to walk moderate distances, but stairs may be a challenge.

The third profile is of seniors who are moderately physically frail and in need of assistance for physical tasks and activities of daily living (ADLs) such as bathing, dressing, toileting and personal care, but who are mentally intact and self-directing. This profile can be characterized as having primarily physical care needs. This is a population that might have: a diagnosis of multiple sclerosis; suffered partial paralysis from a stroke or accident; experience peripheral neuropathy complications from diabetes; have congestive heart failure; be in renal failure or experiencing debilitating tremors, or a combination of issues.

As the following table highlights, we found up to 16.2% of residents in residential care in British Columbia fit one of the three profiles of seniors who are living in the community. We then compared the percentage of people fitting these profiles who lived in residential care in Alberta and Ontario. In doing so, we found that in the case of Alberta, only 4.2% of the residential care population fit the profiles, and for Ontario it was 10.4%. These data may help to explain why 18% of the residential care population do not meet the RAI criteria of "combination of complex conditions indicating high or very high need for facility level care."

Three client profiles identified and their prevalence among the residential care population of B.C., compared to populations in Alberta and Ontario

RAI Profile of Community Care Clients	% of residential care client population		
	B.C.	AB	ON
Profile 1: LIGHT PHYSICAL AND COGNITIVE CARE NEEDS Relatively low care needs with relatively high levels of both cognitive and physical function	6.1%	2.3%	5.6%
Profile 2: DEMENTIA CARE NEEDS Cognitive impairment that can make it challenging for them to live alone, but low physical care needs and low medical needs	5.4%	0.9%	1.8%
Profile 3: HIGHER PHYSICAL CARE NEEDS Somewhat higher physical care needs but, in all other respects, could potentially receive care in the community	4.7%	1%	3%

This equates to 1,500 to 4,400 individuals who could potentially live more independently. The comparison with Alberta and Ontario, where there is a significantly lower percentage of residents fitting these profiles living in residential care, confirm there is room for improvement in British Columbia.

This leads to the question, "Who are these people, and why are they living in residential care in British Columbia to a far greater extent than in Alberta or Ontario?"

The seniors fitting these three profiles have lower care needs than residential care is designed to accommodate and, based on their health, their abilities, and their care needs, these seniors could be cared for in other settings, either at home with support or in an assisted living environment. To be housed prematurely in a residential care facility is not generally a good experience, or fit, for the resident. With most residents experiencing complex and severe cognitive and/or physical impairment, it is difficult to form a community of interest.

It is generally accepted that living in the community with supports is more desirable for those with lower care needs or who have full cognitive function. It also ensures that the scarce residential care bed is available for someone whose needs are a better fit with residential care. In the InterRAI MDS 2.0 assessment, residents are asked if they would prefer to return to the community to live. The chart below shows that, on average, 8.3% percent of British Columbians in residential care would prefer to return to the community – with significant variation between health authorities.

Health Authority:	Interior	Fraser	Coastal	Island	Northern	B.C.
Number of assessed residents	6,354	8,531	7,039	6,478	1,027	29,429
Resident indicates a preference to return to community	12.0%	4.8%	5.3%	10.8%	13.5%	8.3%

In addition to the appropriateness of moving to residential care as a place to live, there is the additional issue of appropriateness of resident mix within the care facility itself. As the InterRAI data demonstrates, 61% of residents are diagnosed with Alzheimer's or other dementia. This means that 39% of residents in care facilities, or just under 12,000 people, do not have dementia.

Examining the InterRAI data, 32.7% of residents scored seven or less out of 30 on a mini mental exam, and a full 10% scored one or less, which is likely the profoundly demented non-verbal population. This is 43% of the population at very advanced stages of cognitive impairment. The physical environment, skill mix and staffing levels required to care for this population will logically be different from what is required to care for residents who have higher cognitive function irrespective of their physical function.

It is crucial to understand that, although 61% of B.C. residential care residents have a diagnosed dementia, the facilities they live in are not, for the most part, dedicated to dementia. British Columbia relies on the fact that all of its funded residential care facilities are designated as 'complex care'. This means that unless singled out specifically for dementia care, these facilities will offer a range of supports to cater to a catch-all list of care issues. For this reason, a frail 85 year-old with advanced dementia can be housed in the next room (sometimes even in the same room) to a 71 year-old suffering from congestive heart failure and in renal failure but with full cognitive abilities.

Some, but not all, care facilities do segment populations and create specific dementia units which have a higher level of security. Challenges still remain with proper training for staff and achieving the staffing levels required to provide optimal care. A future review by the Office of the Seniors Advocate will delve deeper into these issues.

Work has been done to create a specific type of residential care for seniors who have moderate dementia and cannot live alone or in an unsecured setting such as assisted living, but who have high physical function and a slow-progressing dementia or a stable cognitive impairment. Generically referred to as "dementia housing" this option offers a secure environment for residents, but greater focus on recreation and other activities that recognize the high level of physical function that some people with dementia retain.

To ensure the appropriateness of where a resident lives within the residential care facility itself, more work needs to be done on establishing the appropriate mix or "community of residents" within facilities and ensuring staff have the appropriate skills, training, and support to provide an optimal experience.

The appropriateness of residential care as a setting is one issue and the appropriateness of the room itself is another. Privacy is a cornerstone of dignity. Sharing a room and bathroom with one or more fellow residents is not appropriate by the standards of today. Evidence clearly supports the reduction of infections in single room occupancy with ensuite bath whether in an acute care hospital or residential care. Too many B.C. seniors are sharing a room sometimes with as many as three additional roommates. The new standard in place for at least the past 15 years has been a single room with ensuite bath. Those who work with dementia residents will also provide feedback that having a shower in the ensuite bath can reduce the agitation that can sometimes result from centralized bathing of residents and that aggressive behaviours can be better managed in the absence of roommates. Establishing the standard of all residential care units being single occupancy with ensuite bath is a goal that British Columbia should strive for.

The availability of residential care for those who need it varies depending on where one lives in British Columbia and whether one is referencing any available bed, the first appropriate bed or a bed in a facility the resident chooses. This results in two waiting lists. One list is for those who are assessed and awaiting a bed in residential care – the term used is Assessed and Awaiting Placement (AAP), and the other is for those who are on a transfer list to a "preferred bed" (PB) in another facility.

The First Available Bed Was Not Right For My Husband

"My husband had a serious stroke and the only residential care offered to us was far away from our home. I had to travel by handyDART up to an hour and a half each way every day to visit him. It was exhausting and frustrating. Finally, after almost a year, he got into a place that is much closer to us. We shouldn't have had to go through all of that. The system needs to change."

– Isabel, 82, Sidney

The five health authorities manage the system that assigns a residential care bed to a senior assessed as needing it. People on the AAP waitlist are assigned the first bed that becomes vacant that fits their needs. This is called a "First Appropriate Bed" (FAB) which may not be (and usually is not) in a facility of the person's choice.

There are approximately 25,768 publicly subsidized residential care beds in the province. The table on page 59 shows the distribution of these beds by health authority and by beds relative to the seniors' population.

In B.C., all health authorities have adopted a "First Appropriate Bed" (FAB) policy. Under this policy, a senior who has been assessed as ready for a move to residential care must accept the first appropriate bed that becomes available in their chosen geographic catchment area. They have 48 hours to accept and move to the bed offered, or risk being removed from the priority list for a FAB.

The FAB policy is designed to ensure that those who are the most in need of a residential care facility bed secure that bed as quickly as possible.[19] Before the FAB policy was instituted, hospital congestion was exacerbated by seniors awaiting the residential bed of their choice. With an average 45% of residential care admissions coming directly from hospitals, this causes a significant backlog, and the rationale for the policy is understandable. Seniors who need residential care are supported to move to residential care as quickly as possible. Remaining in hospital unnecessarily places seniors at higher risk of exposure to hospital-borne infections and functional decline.

The FAB policy, as outlined by the Ministry of Health (see box) was not intended to result in someone receiving a FAB and being left there if that is not where they wanted to be. The FAB policy was to be used in tandem with a fair, equitable and transparent transfer process that would ensure seniors got to their preferred facility as soon as possible. But in reality, the intended effect is not always being achieved.

Ministry of Health First Appropriate Bed Policy (FAB):

Health authorities must facilitate access to long-term residential care services consistent with the following requirements:

- manage access to residential care services and transfers of clients between residential care facilities, based on the preference of the client and the available resources in the community
- ensure that a client has the opportunity to identify a preferred facility or location
- manage, in an equitable manner, a client's transfer to a preferred facility where a client's request for a preferred facility cannot be met on admission

The following table highlights that:

- 67% of clients move to a FAB within 30 days; this ranges from a high of 80% in Vancouver Coastal to a low of 27% in Northern Health Authority;
- The average length of time waiting for residential care is 36 days and this ranges from a low of 25 days in Vancouver Coastal to a high of 122 days in Northern;
- The median waiting time is 15 days ranging from a low of 9 days in Vancouver Coastal to 96 days in Northern;
- Seniors get their preferred bed at time of the FAB move anywhere from 23% to 45% of the time;
- Seniors get to their preferred bed *after* moving to a FAB anywhere from 4% to 22% of the time; and
- Overall, residents end up in their facility of choice anywhere from 34% to 67% of the time.

First Available and Preferred Bed Access Rates

First Appropriate (FAB) & Preferred Bed (PB) Access Rates 2013-14						
	Interior	Fraser	Vancouver Coastal	Island	Northern	B.C.
Total Clients Admitted	2,051	2,388	1,907	1,784	322	8,452
% Clients Admitted Within 30 Days	73%	62%	80%	60%	27%	67%
Average Length of Time (Days)	29	38	25	41	122	36
Median Length of Time (Days)	13	21	9	18	96	15
Annual % of clients achieving PB at time of FAB	45%	30%	23%	24%	Not available	
% of clients requesting transfer	Not available	Not available	71%	69%	Not available	
Annual % of RC clients achieving PB after FAB move	22%	4%	22%	21%	Not available	

These are numbers one would expect to see given the distribution of beds in the province and the lack of alternative supports available in rural and remote areas outside the Lower Mainland.

The discrepancy between average wait times and median wait times tells us that some people are waiting a very long time for a residential care FAB. While it is difficult to get exact data on this, we know anecdotally that some seniors, as a result of their particular diagnosis and personal circumstances, face challenges in finding the right FAB. Requiring a secure care unit, requiring a private room, or having significant behaviour issues are three major reasons that can cause long delays in securing a FAB.

In addition, the data above all refer to wait times relative to the date on which the senior is assessed as needing residential care, and the decision is confirmed that a bed is needed. A person could have been in hospital for days, weeks, or even months before such an assessment was rendered and so the real waiting time is much longer. At this time, we are not able to obtain data on how long people are waiting in hospital before they are assessed and deemed ready for transfer to residential care.

Determining what is an appropriate wait time is not an exact science. Reason would dictate that some wait time is required and reasonable. There must be a vacant bed for someone to move into and a significant surplus would be required to ensure that no waiting ever occurred. While current data from the health authorities show that 67% of people assessed and approved for a residential care bed secure it within 30 days, 33% are waiting longer. We hear from many frustrated seniors and their families about these wait times.

There is a perception of a serious shortage of residential care beds. What would appear to be the case in reviewing the data is that there is a possible shortage of beds in some areas and there is a possible shortage of beds for certain discrete populations with particular care needs. The term 'possible' is used, as it is not clear what the impact would be of moving the 5-15% of seniors assessed as not requiring residential care, but who are residing in a care facility, to either the community or assisted living. It is feasible that more effective utilization of subsidized assisted living units with new admission criteria could reduce waiting times for residential care.

What these data do show are the barriers to seniors moving to their facility of choice after accepting and moving to a FAB. In two health authorities, the rate at which an individual succeeds in achieving a preferred bed at the initial FAB stage is 30% or more (Interior and Fraser). In Vancouver Coastal and Island Health, the rate is approximately 24%. There are no data available for Northern Health. The rate at which a senior achieves a preferred bed transfer subsequent to accepting a FAB placement – i.e. after having lived in the FAB for a period of time – is predictably lower for all health authorities because the current management system for moving people to residential care tends to prioritize people who are waiting in hospital or the community. In some health authorities there is a requirement that FAB recipients wait a certain period – often 90 days – before an application for a preferred bed is processed. In many cases people grow fond of their FAB facility and elect to cancel their request for a preferred bed. Health authorities have been relying on this happening.

While most seniors and their families accept the necessity of the FAB system because it ensures the fastest possible admission to residential care, they are very upset that they almost never get to the preferred bed they originally requested. Some seniors in more rural and remote regions of the province can find their spouse placed hundreds of kilometres away under the FAB policy. Seniors need to be more confident that, having accepted a FAB, they will reach their preferred bed in a reasonable time. Seniors and their families need to have confidence in a fair and transparent system that is consistent with the Ministry of Health policy on FAB.

This can be achieved if health authorities are diligent that when a bed becomes available, it is filled first from the preferred facility transfer list. What currently happens many times, as supported by these data, is that health authorities fill the vacant bed not from the transfer list, but from the AAP waitlist. This is arguably easier and quicker: it is one move rather than two, three or possibly four moves triggered by the domino effect of exhausting the transfer list first. However, when seniors accept the FAB, it is under a policy that assumes they will be transferred when their preferred bed becomes available. If this system is implemented, monitored and enforced in all health authorities, then seniors and their family members will have greater certainty. They will know exactly how many people are ahead of them on the transfer list and there will be a general idea of how often a bed becomes available in a certain facility. The current situation gives no ability to predict because beds are getting filled first by people on the waiting list, not from the transfer list.

Affordability of Residential Care

Residential care facilities require a resident co-payment fee for the bed and services received in the same way as Registered Assisted Living and community care services. For residential care, the rate is fixed at 80% of seniors' after tax income and guarantees residents will be left with a minimum of $325. The actual cost of residential care is close to $7,000 per month; however, unlike assisted living, which charges up to the market rate, the maximum any senior will pay for residential care, regardless of their income, is $3,157. The rate of 80% and the maximum are the same regardless of the facility's age, amenities, and whether it is a single or shared room.

As with assisted living, there are some situations where the 80% rule can create an undue hardship for seniors – for instance when one half of a couple moves to residential care but the partner remaining in their joint family dwelling continues to have the same level of expenses, or when a senior has ongoing cost obligations for their home until it sells. However, as with all home and community care programs, there is the ability to get relief on this temporary hardship situation through requesting a Temporary Rate Reduction (TRR) from the health authority concerned. While health authorities make efforts to ensure seniors are aware of the TRR policy, it is clear from concerns directed to the Office of the Seniors Advocate that many seniors are not aware.

While all health authorities in British Columbia have been engaged over the past 10 years in an effort to modernize existing facilities, remove outdated facilities and build new ones, there remain a number of facilities where seniors share a room with two, and sometimes three, other roommates. While they receive the same care, food and recreational opportunities as those living in single rooms with ensuite bath, they are not enjoying the same physical personal space. Yet, these seniors are paying the same amount – 80% of their income up to the same maximum.

Differentiating the amount charged, either in percentage terms or with lower maximums, would provide seniors with a sense of equity and it would be an explicit acknowledgement that they are not receiving the optimal level of accommodation.

In the recent past, the province did actually charge a room differential for single rooms over double rooms. That policy was changed mainly to ensure that cost was not a barrier to having a person with a relevant need for a single room declining it because of its cost, and to ease the administrative burden of having a differential rate. However, based on feedback from seniors and their families, it would appear that the impact of this policy has been to create resentment for those required to share rooms.

Summary and Recommendations

Residential care is the **appropriate** housing choice for seniors who have significantly complex needs. Seniors with Alzheimer's or other forms of dementia, those with significant physical incapacity, and those who require frequent higher level nursing care are all suited to live in residential care.

The RAI data support that residential care is the appropriate setting for the majority of seniors who live there, although some seniors are not in the appropriate location or in their preferred facility.

These data also support that anywhere from 5% to 15% of those living in residential care could be living in the community either with home care services or in assisted living.

The **availability** of residential care varies throughout the province. Waiting times for placement are greater in the north than in the Lower Mainland and waiting times are greatest for those who require highly specialized care such as a secure dementia unit. While it is difficult to assess accurately the sufficiency of beds overall, there is definitely a lack of availability of the bed of choice, or 'preferred bed'.

The **affordability** of residential care is addressed by the percentage of income rule and the availability of a Temporary Rate Reduction (TRR) in the case of undue financial hardship. However, awareness of the TRR and uniform application are lacking.

Recommendations

14. All health authorities adopt a policy that everyone assessed for admission to residential care who scores lower than three on either of the ADL Hierarchy or Cognitive Performance Scale on the InterRAI-HC or MDS 2.0 must receive an additional assessment to ensure all possible options for support in the community, either through home care or assisted living, have been exhausted.
15. All current residents in residential care whose latest InterRAI assessment indicates a desire to return to the community be re-assessed to ensure all possible options for support in the community, including additional supports for their caregiver and potential placement in assisted living are exhausted.
16. All health authorities immediately adopt a policy that any vacancies in residential care will be filled first from the preferred facility transfer list, and only after that has been exhausted will the bed be filled from the assessed and awaiting placement (AAP) list. Residents, if they choose, should be permitted to be placed on the transfer list for their preferred facility immediately upon admission to their first available bed. Residents and their family members should be regularly advised of:
    a. How many people are ahead of them on the waiting list for a preferred bed; and
    b. How many vacancies on average occur in the preferred facility.
17. The resident co-payment amount charged to residents who do not enjoy a single room must have a portion of their rate adjusted to reflect their lower grade accommodation.
18. The government commit that by 2025, 95% of all residential care beds in the province will be single room occupancy with ensuite bath and any newly built or renovated units meet the additional standard of shower in the ensuite washroom.

Conclusion

This report highlights the systemic issues that seniors face as they strive to achieve housing that is affordable, appropriate and available. We have presented strong evidence to support that low and middle income seniors, both those who rent and those who own homes, need to have more financial help in meeting their basic needs. There is also strong evidence that we need to do a better job in respecting the desire of seniors to live as independently as possible for as long as possible. Changes to assisted living and more careful screening for residential care admissions are required to ensure our seniors are given all possible supports to live as independently as possible, for as long as possible. Lastly, for those seniors who, through no fault of their own, find themselves with either significant cognitive or physical disability and require the care provided in residential care, we must do all we can to get them to a place they want to call home that offers the privacy and dignity they deserve.

The support and enthusiasm for this report that the Seniors Advocate received from government, health authorities, front-line staff, seniors and their families gives hope that we all want to do better for our seniors. Moving forward, we are confident that together we will continue to build on a strong foundation where seniors' needs and choices are paramount, and housing options across the continuum are affordable, available and accessible to all seniors in the province.

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(Endnotes)

1 Statistics Canada, 2011 National Household Survey, Statistics Canada Catalogue no. 99-014-X2011028.

2 Canada Mortgage and Housing Corporation. (2008, February). Impacts of the aging of the Canadian population on housing and communities. Research Highlight: Socio-economic Series, 08-300.

3 British Columbia. Office of the Seniors Advocate. (2015). Bridging the gaps. Victoria: Office of the Seniors Advocate. Retrieved from https://www.seniorsadvocatebc.ca/wp-content/uploads/sites/4/2014/10/Seniors-Advocate-Survey-Results-Summary.pdf

4 British Columbia. Ministry of Health. (2014). Setting priorities for the B.C. health system. Retrieved from http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf

5 Statistics Canada, 2011 National Household Survey, Statistics Canada Catalogue no. 99-014-X2011028.

6 Statistics Canada, 2011 Census, Statistics Canada Catalogue no. 98-313-XCB2011027.

7 British Columbia. Office of the Seniors Advocate. (2015). Bridging the gaps. Victoria: Office of the Seniors Advocate. Retrieved from https://www.seniorsadvocatebc.ca/wp-content/uploads/sites/4/2014/10/Seniors-Advocate-Survey-Results-Summary.pdf

8 Statistics Canada, 2006 Census of Population, Statistics Canada Catalogue no. 97-554-XCB2006050.

9 Data provided by BC Housing.

10 Data provided by BC Housing.

11 British Columbia. Office of the Seniors Advocate. (2015). Bridging the gaps. Victoria: Office of the Seniors Advocate. Retrieved from https://www.seniorsadvocatebc.ca/wp-content/uploads/sites/4/2014/10/Seniors-Advocate-Survey-Results-Summary.pdf

12 Wilson, K. B. (2007). Historical evolution of assisted living in the United States, 1979 to the present. The Gerontologist, 47 Spec No 3 (Supplement 1), 8-22. doi:10.1093/geront/47.Supplement_1.8

13 Wilson, K. B. (2007). Historical evolution of assisted living in the United States, 1979 to the present. The Gerontologist, 47 Spec No 3 (Supplement 1), 8-22. doi:10.1093/geront/47.Supplement_1.8

14 British Columbia. Legislative Assembly Select Standing Committee on Health. (2002). Patients first 2002: The path to reform. Victoria: Office of the Clerk of Committees.

15 Private non-registered assisted living figures provided by the BC Seniors Living Association. Registered Assisted Living figures retrieved from http://www.health.gov.bc.ca/assisted/locator/index.php/displaycommunity/index April 2015.

16 McGrail, K. M., Lilly, M., & McGregor, M. J. (2012). Who uses "assisted living" in British Columbia? An initial exploration. Centre for Health Services and Policy Research, University of British Columbia. http://www.chspr.ubc.ca/sites/default/files/publication_files/assistedliving.pdf

17 British Columbia. Ministry of Health. (2014). Home and community care: Policy manual. Victoria: Ministry of Health. Retrieved from http://www2.gov.bc.ca/gov/DownloadAsset?assetId=FD4854281EDD47B79D33772CF1050BD3&filename=6_hcc_policy_manual_chapter_6.pdf

18 Folstein Mini Mental Examination. http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=121

19 British Columbia. Ministry of Health. (2014). Home and community care: Policy manual. Victoria: Ministry of Health. Retrieved from http://www2.gov.bc.ca/gov/DownloadAsset?assetId=FD4854281EDD47B79D33772CF1050BD3&filename=6_hcc_policy_manual_chapter_6.pdf

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