

# The Journey Begins

*Together, We Can Do Better*



Office of the  
Seniors Advocate

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October 2014

# Message from the Seniors Advocate



October 22, 2014

Dear British Columbia Senior,

It is my honour to assume the role of the Seniors Advocate for the Province of British Columbia and to accept responsibility for ensuring B.C. seniors have the best possible care and support.

Since my appointment in April 2014, it has also been my privilege to meet many B.C. seniors in the communities where they live. The seniors, families, service providers and health professionals whom I have met are passionate about caring for older adults, providing a supportive environment, and giving their best to ensure quality of life as we age.

During my initial travels I heard many stories of inspiration and hope. Active and engaged seniors contribute every day to the communities in which they live. Equally so, seniors and family members are struggling and are looking for tools and support to ensure their loved ones can live with dignity and as much independence as possible.

Much careful work is needed to examine and analyze the current state of seniors' services across a wide spectrum, including health care, transportation, housing and income supports. My office will be focused and diligent in pursuing issues to determine what and why problems are occurring. As important as detailing what issues face seniors, my office will work toward improving all these crucial aspects of seniors' lives, using the information we gather.

This first report summarizes my findings to date and outlines how I intend to ensure we bring forward objective and meaningful information to be sure seniors are getting the best possible care and support. I am also launching my first in-depth report to examine seniors' housing across the continuum, from independent housing to assisted living to residential care. This examination will seek to determine whether housing options and supports currently available to seniors are affordable, accessible, and appropriate.

I look forward to promoting positive change as we chart the way ahead together.

Sincerely,

A handwritten signature in black ink, which appears to read "Isobel Mackenzie".

Isobel Mackenzie

**Seniors Advocate  
Province of British Columbia**

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On March 17 2014, B.C. appointed its first Seniors Advocate. This appointment was made under the *Seniors Advocate Act* of British Columbia, which was proclaimed into law in February 2013 as part of the B.C. Government's Seniors Action Plan.

Under the *Act*, the Advocate is given wide scope to examine and advocate for seniors on issues related to:

- **health care**
- **personal care**
- **transportation**
- **housing**
- **income supports**

In fulfilling the obligations of the *Act*, the Advocate will:

- **monitor services** to seniors
- **provide information** and referral
- **analyze systemic issues** that relate to the health and well-being of seniors
- **provide recommendations** to governments and service providers on improvements that can be made to enhance the health and well-being of British Columbia seniors

In meeting the statutory obligations of *Section 3 (1) and (2)* and *Section 4 (1) and (2)* of the *Act*, the Advocate provides this update on findings to date and the plan for the future direction of the *Office of the Seniors Advocate* for the Province of British Columbia.



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# The Many Faces and Challenges of B.C. Seniors



Immediately after being appointed, the Advocate undertook a province-wide listening tour to meet with, and hear from, seniors, families, stakeholders and service providers. Visiting over 26 urban and rural communities throughout B.C., the Advocate met with thousands of seniors, family members, stakeholders and service providers.

This initial outreach confirmed that the diversity of B.C.'s geography is equally matched by the diversity of its seniors. The Advocate shared a wide range of experiences with seniors, from participating in chair yoga with an active, independent 102-year-old to holding the hand of a 68-year-old non-verbal dementia patient, along with countless discussions and debates on a wide range of topics with engaged seniors.

Through engaging with and listening to seniors in town hall meetings, facility tours, written correspondence, and phone calls, the Advocate heard stories of both hope and desperation. While the Advocate was inspired by many seniors and their families who are supported, engaged and satisfied, there was also a clear call for help from many seniors as they experience daily challenges today, or worry about how they will cope with problems in the future.

Issues from housing and finances, to adequate services and societal attitudes and behaviours toward seniors, were the most common and pressing, and included:

1. **Being unable to continue to live where they want.** Seniors are concerned that, because of a lack of supports and/or because of regulatory roadblocks, they will be forced to move. Across the spectrum of housing, from the single family house to the condominium to assisted living and residential care, seniors identified issues that potentially pushed them to the next level on the continuum prematurely. Some of these issues were financial in nature, others were regulatory, and some related to the lack of adequate supports in a particular community to enable a senior to remain at home.

There were stories of seniors being pushed out of their homes because they could not afford simple repairs and maintenance such as roof replacements or furnace repairs. There were stories of seniors who were challenged by a lack of home care services, who needed assistance with household chores such as snow shovelling or chopping wood. Isolated seniors were challenged by a lack of, or inadequate, transportation.

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Seniors universally felt that their first choice was to remain in their own homes, and that all possible supports to achieve this should be fully utilized before a move to the next level on the housing continuum is required.

Evidence suggests that, given more support in the community, some seniors could have delayed or prevented the move to assisted living, and that changes to the current assisted living regulations could have delayed or prevented the move to residential care. Seniors voiced that this is particularly significant given the scarcity of residential care that exists in some areas and the fact that, in some cases, residential care is clearly the appropriate choice given a senior's care needs.

2. **Having an adequate income to meet future health and housing needs.** Seniors described facing economic hardship as a result of unforeseen expenses and rising costs. Statistics Canada data indicates that most seniors in British Columbia live on less than \$25,000 per year. Provincial data shows that more than 52,000 seniors in B.C. live on \$17,000 per year or less. In particular, many seniors identified that costs related to their housing, dental care, drugs, eyeglasses and hearing aids are causing current hardship or worry about future hardship.

Federal and provincial governments provide a number of programs and subsidies to assist low-income seniors. Most seniors however, voiced their frustration with how they access those programs and with the bureaucracy involved in securing and keeping those benefits. Many questioned the adequacy of some programs that were established years ago and may not have kept pace with inflation. It was identified that no programs exist to help seniors with dental care, eyeglasses and hearing aids unless they were on certain types of income assistance before becoming seniors.

3. **A lack of transportation to medical appointments and support services.** Many seniors expressed grave concerns about their ability to get out and about once they are no longer able to drive. There were emotional stories from seniors about the trauma they experienced from the driving assessment process, and the devastation they faced upon losing the independence that driving provides. Those seniors who no longer drive appreciate services such as HandyDART, but they also highlighted concerns about the limitations of such services, frustrations around processing applications, wait times, frequency, and the cost for low income seniors.
4. **A lack of, and inconsistency with, home care services across the province.** The type and frequency of home care services varies significantly throughout the province. Needs appear to be met in some communities, but fall short in others. The elimination of meal preparation, reductions in services due to staffing shortages, changes in staffing, the availability of live in and overnight respite, day programs and residential respite care in some communities and not in others, and concerns about the capacity of the new *Better At Home* program were among the issues seniors and their family members raised. Inconsistency in the provision of home nursing services, and limited rehab for clients in the community and in assisted living, were also highlighted as gaps that may be pushing some seniors into residential care.



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5. **The inability to secure a residential care bed at the right time and in the right place.** Access to, and types of, residential care bed varied greatly throughout the province. In some communities, the average wait time to secure a first available and appropriate residential care bed (FAAB) is 32 days, whereas in others it is more than 89 days. It is not clear to the Advocate that the Ministry of Health's FAAB policy is consistently applied in all health authorities. Local conditions significantly influence when and where a senior secures a FAAB. In addition, while provincially, 69 percent of seniors secure a FAAB within 30 days, in some communities only 30 percent of seniors secure that crucial bed within that time.



In addition, families expressed significant frustration with the time it takes a senior to secure a bed in their **facility of choice**. The impact on seniors of the location of their care facility can be profound, as it often dictates the ability of a frail spouse and other family members to visit their loved one. Research clearly supports the positive therapeutic effects on residents of visits from family members. Health authorities recognize that they do struggle on this issue, but there was some evidence to suggest improvements could be made that would allow the objective of the FAAB policy to be met while reassuring families with a reasonable and accurate estimate of time to move to a facility of their choice.

6. **Concerns about the quality of care in residential care facilities.** Seniors and family members shared stories of their experiences with residential care that ran the gamut from “exceptional” to “appalling”. The care and compassion of staff was the most cited reason for satisfaction, and lack of staff and food quality were most often cited as reasons for dissatisfaction.

In some communities, residential care facilities offered a single room with en suite bath, while others had more limited options, including four beds to a room with shared bath, while charging residents the same – 80% of income.

Concerns were expressed by unique populations, most notably the multi-cultural, First Nations and lesbian, gay, bisexual, transgendered and queer (LGBTQ) communities, about discrimination in residential care and assisted living and the lack of culturally sensitive care. Many service providers acknowledged the need for more education and training to ensure that all residents feel safe and respected regardless of their ethnicity or sexual orientation.

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7. **Proper dementia care.** Whether seniors were housed in a residential care facility or in the community, there were concerns about the availability of supports necessary to provide proper dementia care. In facilities, this related to the physical environment, the training and clinical expertise of staff, the level of staffing and the use of antipsychotic drugs. In touring several facilities and meeting with service providers, it was clear that best practices are in place in some facilities and not others. Proper training of staff, the proper number and complement of staff including recreational, occupational and physical therapists, and the use and tracking of anti-psychotic medication varied across the province.



In the community, there are concerns about getting support when needed and in properly addressing the possibility for those with dementia to wander and get lost. Linking families that are caring for a loved one with dementia to community resources is a challenge in some places, particularly in more rural and remote parts of the province.

8. **Fragmentation of services.** Seniors recognize that a significant number of services and supports are available to them; however, knowing what those services are and how to access them can be difficult, and navigating the application paperwork involved is daunting. A streamlined system of access, and better awareness of what services and supports are available, is required before the government and health authorities can be confident that the services they offer to seniors are actually being delivered.
9. **Caregiver burnout.** A significant number of seniors spoke of their role as an unpaid caregiver to a spouse or parent who is most often suffering from dementia. Seniors were unanimous in their commitment to care for their loved one and in their willingness to sacrifice many of their own needs, but they clearly require more support. Additional resources ranging from day programs that have been reduced or eliminated, to respite beds that are either over-booked or not available, to using home support as respite, not just care, were among the supports identified as lacking.

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10. **Elder abuse.** Seniors, service providers and stakeholders all shared their worries about the growing abuse of seniors. Concerns include:
    - abuse by paid caregivers, and questions about the regulatory adequacy of the Care Aid Registry to monitor;
    - the concern about abuse of seniors within families, particularly financial abuse;
    - resident-on-resident abuse in care facilities;
    - conflict between concerns of self-abuse / neglect and personal autonomy.
  
  11. **An ageist society that devalues seniors.** A clear message from seniors was their strong desire to ensure that society values what they can do and their sense that they often feel “invisible”. While some seniors do need assistance, seniors actively contribute to their communities in many ways and their contributions should be recognized. Many, many seniors expressed their dismay at the portrayal of seniors as a drain on the system. Seniors spoke of the contributions they make as volunteers, as unpaid caregivers and donors to many philanthropic causes, and pointed to the taxes they pay and have paid in support of services available to all British Columbians.
  
  12. **A lack of respect for the decision-making abilities of seniors.** While it is recognized that some seniors lack the capacity to make sound decisions, many seniors feel that long before this happens, care professionals and even family members begin to assume they know what is best for seniors. Respecting the right of seniors to make their own decisions will require a paradigm shift for everyone who is involved in the lives of seniors.
  
  13. **Challenges faced by the multicultural community.** The multicultural community is concerned about a number of challenges faced by seniors who came to Canada from other countries. Their financial status can be precarious as they are often not able to enjoy the full benefit of a number of entitlements, and their isolation and loneliness can be exacerbated by language barriers. While not wholly successful in directly reaching some seniors in the multicultural communities, the Advocate focused, by necessity, more on the stakeholders and providers who serve them.





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# Where Do We Start – Next Steps in the Journey

As the *Office of the Seniors Advocate* begins to address the issues highlighted in this report and other emerging issues there is a need for reliable, objective, provincially standardized information to indicate where governments and service providers meet the needs of seniors and where they must improve.

For example, the need for standardization and reporting of home and community care services was the underlying theme in many of the recommendations made by the Ombudsperson in her 2009-2012 report *“The Best of Care: Getting it Right for B.C. Seniors”*, Parts 1 & 2. To date, government and health authorities have struggled to meet these recommendations and produce information that makes seniors and their family members feel confident about the quality and adequacy of health services they receive. The Advocate found the same challenges in other service areas and has determined the most effective approach will be for the Advocate, under the mandate of *Sections 3 and 4* and powers under *Sections 7 and 8* of the *Act*, to use the independence of the *Office of the Seniors Advocate* to publicly report on a number of services and supports provided to seniors.

B.C. seniors will be informed of the quality and adequacy of services provided to them, as the Advocate will assume control of establishing, collecting, and tracking provincial indicators that will be published and posted on the Advocate’s website. These indicators will address the spectrum of service areas covered by the *Seniors Advocate Act* and will include:

1. A provincially standardized, independent satisfaction **survey for all publicly funded residential care facilities**. Results will be posted by facility so that seniors and their families will be able to see how the facilities in their community compare with others in the province from the perspective of residents and their families. These data will combine with other data on wait times, licensing reports, complaint reports, and other clinical assessment indicators to allow the Advocate to determine if there are particular systemic issues across the sector and/or specific issues related to particular health authorities or facilities. This will allow for evidence-based recommendations for service improvements and provide seniors and their families with a complete picture of the state of residential care in the province.
2. A provincially standardized, independent satisfaction **survey for all publicly funded home support clients**. Results will be posted by provider and by health authority. The survey will allow seniors and family members to see how the performance of their home support service provider compares to others, and where issues may differ based on geography or type of service provider, from the perspective of seniors and family members. These data will be combined with other data including: the number of home support hours, the type of services included in home support, incident reports, and InterRAI to allow the Advocate to recommend service improvements that reflect the input of seniors and their families.





3. A provincially standardized, independent, satisfaction **survey for users of HandyDART services**. This will allow the Advocate to understand the issues that face users of HandyDART and, potentially, to provide solutions from those who use the system. The information from these surveys will be used with other data, such as the total number of rides, cost per ride, and unfilled requests, to provide recommendations that will ensure B.C. seniors receive transportation to medical appointments and social engagements to address the isolation many seniors fear will come when they are no longer able to drive.
4. **Waiting times and refusal rates for Shelter Aid for Elderly Renters (SAFER) applications**. Over 20 percent of B.C. seniors live in rental housing and, among these, over 17,000 use the Shelter Aid for Elderly Renters (SAFER) program. While applicants are provided with supports retroactively to the date of their application, they can experience hardship while they await processing, which can take more than four months. Tracking and reporting on wait times, as well as on the number of applications declined, will allow the Advocate to ensure that BC Housing is continuing to meet the needs of seniors through this program.
5. **Wait list for a subsidized senior's unit**. There are 21,387 seniors living in subsidized seniors' housing in the province, and approximately 4,500 seniors are on the waiting list for that same housing. These are generally in apartment buildings run by BC Housing or a local non-profit housing provider, and require that seniors pay 30 per cent of their income to their housing costs. They have been described by many as the ideal housing for low-income seniors. The Advocate will track by region both the number of seniors on the waitlist and the time seniors spend on the waiting list.
6. **Waiting times for a first available and appropriate residential care bed (FAAB) and subsequent placement** in a residential care preferred bed. This will be reported both for individual facilities and by health authority. Of significance, the Advocate will report wait times by quintile, which will provide a much more accurate picture of what families are experiencing rather than expressing average or median wait times.
7. **Income levels of seniors and income support programs**. It is important to recognize the true economic picture of seniors. While some want to portray the senior of today as affluent and well-resourced, genuine poverty is common among many B.C. seniors and that poverty harms their health and well-being. The Advocate will report on the income levels of seniors and assess the impact of inflation on the services and subsidies available. This will include the adequacy of programs such as the Old Age and Guaranteed Income supplements, MSP Premium Assistance, Fair Pharmacare, BC Transit passes and income tax credits available from both the provincial and federal governments.

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## 8. Abuse Reports

- The B.C. Care Aide and Community Health Worker Registry will be required to report on the number of abuse allegations and their resolution.
- The Public Guardian and Trustee and designated agencies will be required to report on the number of cases of abuse, neglect and self-neglect.

## 9. Dementia Care

- The Alzheimer Society of B.C. will be required to report on the number of families registered with First Link dementia support program and the number of communities in B.C. covered by the program.
- Residential care facilities will be required to report on the percentage of direct care staff that have been trained in dementia care, i.e. the provincial standard of the Physical, Intellectual, Emotional, Capabilities, Environment, and Social Self (P.I.E.C.E.S™) program.
- Home support providers will be required to report on the percentage of staff that have been trained in a provincially approved dementia care module.
- Law enforcement will be required to report on the number of seniors reported missing and the number of Missing Person bulletins issued as well as the number of located missing seniors.

This is an initial, and not a final, list of services and indicators the Advocate will monitor. In continuing to work with seniors, families, stakeholders and service providers, the Advocate will add to and revise monitored services based on continued feedback, new and emerging research and the results of initial monitoring.

Through independent monitoring, the Advocate will provide to the seniors of B.C. and their families a comprehensive overview of how their governments (local, regional, provincial, and federal) are addressing the needs of this important and growing population. The Advocate will also use the data to recommend to governments and service providers how they can improve services and supports.

This is a substantial piece of work. If it is to be of value, it must be accurate, objective, and evidence-based. Achieving this will take some time, as some data will be easier to obtain than others. There will be issues of privacy and consent that may need to be addressed and agreement on standardization. Regardless of these hurdles, this is a crucial piece of work and must be done.



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## The First Major Report & Recommendations



A major determinant of seniors' health and well-being is their housing. Indeed, the British Columbia government's *Home is Best* initiative is evidence that the government sees housing as foundational to good health, and wants citizens to remain in their homes as long as they can. However, the biggest frustration and concern voiced by seniors during the Advocate's tour was a perceived lack of support to ensure all possible home-based assistance is exhausted before a senior moves to assisted living or residential care.

The Advocate's consultations made it clear that most, if not all, seniors would rather remain in their own homes than be forced to move to residential care, and many are trepidatious about assisted living. Having to accept an assisted living or residential care placement prematurely, whether due to a lack of financial support for a renovation or a lack of community care supports, was among the many housing stories heard. In addition, the legislative restrictions that force seniors to leave assisted living appear to be outdated and may be failing to meet the needs of seniors who want to remain in this housing setting. This is particularly troubling given the stories of people who needed to be placed in residential care but were facing long wait times, often while waiting in an acute care hospital bed. If more people in residential care could be cared for

either in the community or through assisted living, more residential care beds would be available for those who are currently on waiting lists.

The services and supports that exist to help people remain at home, such as home support, nursing, rehabilitation and medical equipment to support independence, vary in availability and quality across the province. It is clear that the coordination and consistency of these services needs to be improved. In addition to health-related factors, other barriers exist that hamper a senior's ability to remain at home. Subsidy rules, system processes and regulations, and the lack of certain types of housing in parts of the province were all described by seniors as challenging.

While many believe seniors' housing issues are limited to rental and care situations, low- and middle-income seniors also face a wide range of barriers affecting their ability to live independently, whether in a house, manufactured home or condominium. The Advocate heard heart-wrenching stories of low-income seniors in rural communities, where subsidized housing is rare, who were forced to pack up and move to other cities because assistance with a major house repair or suitable housing in the local community was not available.

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Ensuring seniors are living in housing that is affordable, accessible, and appropriate is the basic foundation upon which the assumptions for all other services are built. For this reason, the first major report of the Advocate will focus on housing for seniors. This report will examine, in depth, the issues related to:

- Single family home ownership
- Rental housing
- Condominiums / co-operative housing / co-housing
- Manufactured homes
- Assisted living
- Residential care

In all cases, the Advocate will be asking:

- **Is this affordable for the senior and, if not, why not?** This review will touch on the utilization and adequacy of government supports such as subsidized housing, property tax deferral, HAFI, SAFER, the contribution rates for assisted living, home support services, and other supports intended to mitigate costs.
- **Is it appropriate?** Given the policy shifts in home and community care, developments in assisted living, and advances in technology and medications, seniors can now live outside of residential care more safely and for longer. The report will examine the supports needed for the different housing models to facilitate independence within an environment that provides the required level of safety while respecting seniors' rights.
- **Is it accessible?** Both the design and location of housing determine accessibility. The report will examine what impediments may exist to seniors achieving a barrier-free home that is located near services.
- **What, if any, are the regulatory constraints?** Are there issues in the *Residential Tenancy Act, Strata Property Act, Mental Health Act, Community Care and Assisted Living Act, Hospitals Act*, or other legislation that force seniors to move and/or experience challenges affecting their independence?

The Advocate has met with senior government officials in the affected ministries, service provider representatives, health authorities and BC Housing to advise them of the housing report. There was enthusiasm for the information and recommendations the report will provide, and all pledged their support and co-operation in providing information and data to the Advocate.



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## Together We Can Make It Better

This journey is just beginning. While the *Office of the Seniors Advocate* is launching its first major report on housing and establishing its monitoring role, activity continues on a number of other issues. Some will require major public reports and these will be produced in the coming months and years. Other issues may require letters of expectation to service providers or short review documents.

The *Office of the Seniors Advocate* will work closely with those who provide services to discuss and test out conclusions, recommendations and changes. The Advocate recognizes that recommendations need to be realistic and actionable in order to improve seniors' health and living conditions. Changes to a complicated and broad system will take time, dedication, and co-operation.

Some have voiced their desire for change. Moreover, they have voiced a keenness to participate in identifying and participating in action to create that change. The motivation of seniors themselves, coupled with strong commitment to improvement from service providers, health authorities, government and individuals, will be the driving force as we make the journey together to make life better for all British Columbia's seniors, now and in the future.



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