Homes Not Hospitals

Budget 2027:

BCCPA Submission to the Select Standing Committee on Finance and Government Services

BC Care Providers ASSOCIATION

June 2026

Table of Contents

Table of Contents....2
Message from the CEO....3
Summary of Recommendations....4
R1. Modernizing Funding in Long-Term Care....5
R2. Strengthening the Care Workforce....7
R3. Build New Care Spaces to Expand System Capacity....9
R4. Support Aging in the Right Place....11
About Us....13
Territorial Acknowledgement....13
Special Recognition....13
Contact....13
About BC's Seniors Living & Continuing Care Sector:....14
Sources....15

Message from the CEO

BCCPA CEO, Mary Polak

Dear Members of the Standing Committee on Finance and Government Services,

British Columbia is at an important crossroads when it comes to supports for seniors. We have known for years that the baby boom generation was coming, yet we have not prepared for the scale of need we are now seeing. Seniors' services are under intense pressure, and families, workers, and providers are feeling it every day.

BC Care Providers Association (BCCPA) recognizes the reality government is facing right now. In this fiscal environment, it is challenging to maintain the public services people rely on, let alone expand or improve them. We understand those pressures and the difficult decisions involved.

At the same time, this is not a challenge government can or should carry alone. Across the province, there are experienced non-government operators already delivering the majority of care (approximately two-thirds of long-term care and 90% of assisted living). These are our members, and we see firsthand the commitment, innovation, expertise, and care they bring to supporting seniors every day.

BCCPA believes this is a real opportunity to work together with government. Our members have the knowledge, capacity and experience to help build and deliver solutions that are more affordable for government. What we need now is stronger partnerships and a shared focus on outcomes.

Ultimately, this is not about who delivers care, it is about making sure every senior in British Columbia can access the care they need, where and when they need it.

In this submission, we're asking the Committee to help move things forward by recommending initiatives that will make the biggest difference: **fair and sustainable funding, growing system capacity, developing the workforce, and improving access to home and community care.** By getting these things right, we can build a system support that will keep pace with the needs of seniors today and for years to come.

Sincerely,

Mary Polak
BCCPA, CEO

Summary of Recommendations

To support older adults requiring care and support in British Columbia, BC Care Providers Association (BCCPA) calls upon the Government of British Columbia to:

1

Modernize the long-term care funding model to ensure that it reflects the true cost of delivering person-centred care across the province and adheres to the principles of fairness, equity, sustainability, transparency and timeliness. The funding model must also ensure that all members of the Health Employers Association of BC (HEABC) are fully funded to deliver the requirements of the HEABC-negotiated collective agreements.

2

Invest in a comprehensive human resource strategy for the seniors care sector to ensure that older adults are supported by a strong and sustainable workforce of healthcare workers. This strategy—based on the four pillars of recruitment, retention, training and redesign—must include targeted year-over-year investments to achieve an average of four hours of direct care per resident per day.

3

Expand system capacity across the seniors care sector by developing a multi-year capital investment plan to build new (and refresh existing) long-term care and assisted living care spaces, with a clear and thoughtful approach to leveraging the capacity of the affiliate care sector, by partnering with private and non-profit providers as true partners in care.

4

Establish a tax credit to help seniors age in the right place to improve the affordability of home health and independent living services, enabling more older adults to age safely and comfortably in their communities.

Recommendation 1: Modernizing Funding in Long-Term Care

British Columbia's long-term care sector faces significant and growing financial pressure. Many long-term care operators face a crucial choice: whether to continue operating or to shut down in the foreseeable future.

A sustainable, predictable, and transparent funding approach is essential to support high-quality, person-centred care, workforce stability, infrastructure renewal, and sound operational planning. This is particularly critical for non-government (affiliate) providers, who deliver the majority of long-term care services across the province.

At present, there is no coherent, province-wide funding methodology guiding long-term care in British Columbia. Funded rates remain largely based on historical contracts, and funding methods and adjustments vary significantly across and within health authority regions. Daily funding rates (called per diems) range from $259 to $409 per resident day across the province, with no credible justification for this variability.[1]

This lack of consistency has created inequities across the system, and the need for reform has been recognized for years. The Ministry of Health has been working to modernize the long-term care funding model since before the COVID-19 pandemic and made commitments to deliver a phased implementation between 2024 and 2025. However, meaningful progress has yet to materialize.

> ***Did you know?*** Non-government providers deliver approximately two-thirds of publicly funded long-term care services in British Columbia.
>
> Source: Office of the Seniors Advocate

Compounding these pressures, more than **$250 million in stabilization** funding—provided to bridge the gap until the new funding model could be implemented—has been systematically withdrawn over the past 24 months.[2] Combined with sustained inflationary pressures, rising workforce costs, and increasing resident acuity and care complexity, provider capacity is at a critical breaking point. Many operators are struggling to meet even the provincial minimum care standards while maintaining financial viability and operational sustainability.

Most recently, the provincial government announced its intention to transition more than 100 eligible long-term care and assisted living homes into provincially bargained collective agreements.[3] These multi-party collective agreements (negotiated by the Health Employers Association of BC and the respective unions) are among the costliest in the province, with extensive entitlements and a heavy benefit burden. Seniors care homes that are currently party to these HEABC-bargained collective agreements report that they are unable to cover the true costs of the wage and benefit packages under these agreements. BCCPA further estimates that this decision will cost the province an additional **$85 million per year.**[4] These additional cost pressures underscore that reform is long overdue. As British Columbia's population ages and demand for services grows, the future of elder care services depends on establishing funding models that are **fair, sustainable, transparent, and equitable.** Modernizing the funding framework is essential to ensure all seniors receive the care they need, when and where they need it, while maintaining a stable and sustainable system for the future.

Recommendation

To support the delivery of high-quality, person-centred long-term care across British Columbia, BCCPA calls upon the Government of British Columbia to modernize the long-term care funding model so that it reflects the true cost of care and adheres to the principles of fairness, equity, sustainability, transparency, and timeliness. The funding model must also ensure that all members of the Health Employers Association of BC (HEABC) are fully funded to meet the requirements of HEABC-negotiated collective agreements.

Recommendation 2: Strengthening the Care Workforce

The combined effects of population aging and increasing care complexity are placing immense pressure on health human resources in the seniors' care sector. Vacancies and high turnover rates are plaguing the province, especially in rural and remote communities. Persistent staffing shortages, an increased reliance on overtime and agency staff, and challenges in recruiting and retaining qualified staff severely challenge the quality of care for seniors.

These system-level pressures are most acutely felt by frontline staff and the elders that they care for. This environment contributes to increased workload intensity for existing staff, accelerating burnout and driving higher rates of staff turnover. The resulting cycle—vacancies leading to overwork, which in turn fuels turnover—poses an imminent risk to continuity of care for seniors.

Additionally, it is important to understand that these challenges are felt disproportionately across the province. Workforce shortages are worse in rural and remote communities, where limited local labour pools, housing shortages, geographic isolation, and competition with larger urban employers make recruitment and retention significantly more challenging.

As per the BC Office of Seniors Advocate, **vacancies in the long-term care sector rose 42% between 2019 and 2024**.[5] Many senior care homes report turnover rates for Licensed Practical Nurses (LPNs) and Registered Nurses (RNs) exceeding 10% per year.[6] Not surprisingly, BC's long-term care sector has the highest use of overtime hours in the country.[7]

In response to these escalating workforce challenges, in 2022, the BC Ministry of Health launched a five-year Provincial Health Human Resource (HHR) Strategy to strengthen the healthcare workforce across the system.[8] The strategy includes more than **70 initiatives organized under four key pillars: recruitment, retention, training, and workforce redesign.** These pillars focus on attracting new workers,

> ***Did you know?*** BC estimates that the health care sector will see approximately 200,000 job openings between 2025 and 2035, including 28,000 vacancies for Registered Nurses, and 21,000 for Health Care Assistants.
>
> Source: British Columbia Ministry of Post-Secondary Education and Future Skills. [10]

supporting staff wellness, expanding education pathways, and modernizing care delivery.

Even though the strategy is well-intentioned and has helped ease some pressure on the workforce, more progress is needed, as many of the initiatives under this strategy have been structured around the needs of regional health authorities, which dominate acute and primary care delivery. The situation is different for the senior care sector, which operates under a mixed delivery model including a significant proportion of affiliate and private care providers.

While some elements of the provincial strategy have benefited the seniors care sector overall, many initiatives have had limited impact on affiliate providers, and in some cases, have even unintentionally created new workforce pressures and challenges like unproductive competition between employers.

As resident care needs become more complex, there is a parallel need to improve care quality and ensure more reasonable workloads for frontline workers. This can be achieved by **updating the currently mandated 3.36 hours per resident day (HPRD)** in the province, which falls short of the Health Standards Organization (HSO)'s national benchmark of 4.1 hours of care per day, and is lower than other provinces like Alberta and Ontario.[9] This gap highlights a misalignment between current funding levels and the actual care needs of residents. The 3.36 funded HPRD benchmark leaves staff feeling rushed and under pressure to care for their residents to the best of their abilities.

Thus, addressing both immediate workforce pressures and longer-term system goals—such as achieving the national benchmark of four hours of care—will require targeted, sustained investment in the seniors care sector. This must be paired with a refreshed health workforce strategy that recognizes the unique nature of the senior care sector, the role of affiliate care providers and integrates their perspectives into policy design. In addition to these considerations, the strategy would also benefit from more targeted rural workforce supports to stabilize delivery in smaller communities. Together, these actions will help ensure workforce strategies are practical, equitable, and capable of supporting sustained improvements in care delivery and staffing stability.

Recommendation

To ensure older adults are supported by a strong and sustainable workforce, BCCPA calls upon the Government of British Columbia to invest in a tailored health human resources strategy for the seniors care sector. This strategy—based on the four pillars of recruitment, retention, training, and redesign—must include targeted year-over-year investments to achieve an average of four hours of direct care per resident per day.

Recommendation 3:
Build New Care Spaces to Expand System Capacity

British Columbia's health care system is under increasing pressure, urgently requiring more care spaces to support its aging population. As the number of seniors grows, so does the need for timely access to long-term care and assisted living spaces that are designed for their care needs.

The effects of insufficient care spaces are already evident, with over 7,000 seniors on waiting lists for long-term care and 1,200 waiting for assisted living.x[11] In hospitals and emergency departments, seniors who no longer need acute care remain stuck in temporary beds while waiting for community placement, either with home support or in long-term care—environments better suited to their ongoing needs.

The scope of this challenge is well documented. The BC Ministry of Health estimates that nearly **16,000 new long-term care spaces are needed by 2036**.[12] However, current plans fall short—the province has built only about 450 new spaces since 2020 and is expected to deliver only a fraction of the required capacity by 2030.

Rising construction costs have also delayed several approved projects. Budget 2026 paused seven publicly owned long-term care projects due to cost escalations, risking **nearly 1,200 spaces** (500 replacements and 700 net new). Several of these projects were then subsequently canceled. These projects have reported construction costs of about **$1.2 million per bed**, with some exceeding $1.8 million per bed.[13] These costs are nearly double the national average of $780,000 per bed,[14] and prompted a review to find more cost-effective approaches.

> ***Did you know?*** British Columbia Needs Over 16,000 Net New Long-Term Care Spaces to Care for our Aging Population by 2036.
>
> Source: Office of the Seniors Advocate [12]

The most straightforward solution is partnering with the non-government (affiliate) care sector. Private and non-profit providers have identified that they can build to the same construction standards, but for less. As private-sector providers, these organizations are accustomed to delivering high-quality projects on time and

within budget. Moreover, the government should also include affiliate operators in discussions on design standards and capital planning policies, as they bring practical experience of balancing resident quality of life, staff workflow and safety.

With the affiliate care sector, construction costs are minimized due to several factors, including competitive bidding processes and effective systems and approval processes; land cost for private buildings are often at a reduced rate due to the competitive nature of the bidding process; and there is no room for cost overruns, as budget escalations risk the financial viability of the project.

Historically, new development has occurred in waves through Request for Proposals (RFPs) issued by the regional health authorities, creating a stop-start process hindered by bureaucratic delays. Shifting to a **continuous, year-round RFP** process would help providers respond quickly to community needs and speed up new care space delivery.

Another promising option is establishing a **dedicated capital funding program**, such as programs like Alberta's New Capacity Stream of the Continuing Care Capital Program and Ontario's Long-Term Care Home Capital Funding Policy.[15] [16] If adopted in BC, such a program would provide one-time capital grants to support the construction of new long-term care spaces in accordance with provincial design standards. The government would have the option to support ongoing operational funding through service agreements, with operators managing service delivery, ownership, and operation of the care homes. But regardless of who pays for the care services, these care spaces would support the needs of the community.

Given rising cost pressures, driven through market factors and increasingly complex design specifications, the affiliate sector can offer valuable operational insight to support high-quality, financially sustainable, and appropriately designed future projects.

Leveraging the affiliate sector's strengths offers one of the most practical and immediate ways to accelerate the expansion of care spaces across the province. And without a multi-year capital investment strategy, the gap between supply and demand will only continue to widen.

Recommendation

To ensure sufficient access to safe and appropriate care settings, BCCPA calls upon the Government of British Columbia to expand system capacity across the seniors care sector through a multi-year capital investment plan. This plan should support the development of new long-term care and assisted living spaces, the renewal of existing infrastructure, and a clear and thoughtful approach to leveraging the capacity of the affiliate care sector.

Recommendation 4: Support Aging in the Right Place

Aging in place preserves personal independence and dignity, as well as helping to ease the burden on the healthcare system by reducing the reliance on long-term care homes and hospitals. However, the cost of home health services and independent living can be a significant barrier for many seniors and their families, especially for those who do not qualify for public subsidies.

A 2020 survey by the National Institute on Ageing revealed that 91% of Canadians, and nearly 100% of those aged 65 and older, prefer to live independently in their homes as they age.[17] However, about 25% of Canadians aged 75 and older report unmet needs in areas such as personal care, mobility, and household maintenance.17 This gap in adequate support services can lead to serious risks like falls, malnutrition, and hospitalizations, often resulting in premature admissions to long-term care homes.

Ensuring seniors have access to adequate, publicly subsidized home health care is important for an aging population. However, providing seniors with a choice as to who and how their home health is provided is paramount.

Commonly, family-funded (private) home health provides seniors and their families with more flexibility and a greater ability to ensure that they can focus on the things that will help them stay independent for as long as possible.

> ***Did you know?*** 1 in 10 new residents in long-term care could have potentially been cared for at home with adequate home health services.

Source: Canadian Institute for Health Information [18]

Supporting seniors to offset costs incurred through hiring a family-funded agency also helps to ensure that publicly subsidized care remains accessible to those who need it most.

Congregate living environments (i.e., independent living) can also offer tremendous benefits—including better health, more opportunities to be social and engage in recreation, fewer falls, better nutrition, and the security of knowing support is available if they need it. It also addresses the issue of loneliness and is thought to delay cognitive decline.

By promoting congregate living options, governments can also better utilize scarce health care resources by keeping seniors well for longer. Additionally, when seniors choose to "right-size," it has a direct impact on housing affordability and availability, while also being more climate-friendly when compared with the decision to remain living alone in a single-family detached home, for example.

Seniors should be supported to access family-funded home health and independent living services. One model to look to is Quebec's "Tax Credit for Home Support Services for Seniors."[19] This refundable tax-credit allows seniors to claim against the cost of self-funded home health services, such as housekeeping, meal preparation and personal care services and more. Seniors who live in "certified private seniors' residences can claim the tax credit for comparable services, such as housekeeping services, laundry, personal care services, companion services, nursing, meal preparation and delivery, emergency call systems, and more. The credit is progressive, providing increased support to seniors with lower household incomes and capping out at higher incomes.

Additionally, it is much more cost-effective to provide a tax credit than to provide care in a hospital or a long-term care home. According to some estimates, more than one in ten (12.5%) new long-term care residents could have been supported safely at home.[18] For these seniors, timely and adequate home support could have delayed the premature transition to a higher level of care, resulting in savings for the healthcare system.

BCCPA estimates that such a tax credit could **save the taxpayer an estimated $342 million each year in direct costs,** as seniors are cared for at home.[20]

> ***Did you know?*** An aging in the right place tax credit could support system-level cost savings of approximately $340 million per year?
>
> Source: BC Care Providers Association [20]

Such a tax-credit offers both an opportunity for significant direct cost savings for the province and the deferred costs of building additional assisted living and long-term care spaces.

This tax credit program has been notably successful, fostering a robust independent living sector and increasing access to self-funded home health services. A similar tax credit developed for British Columbia would support seniors to age well in their own communities, while taking pressure off the broader health care system.

Recommendation

To help older adults age well in their communities, BCCPA calls upon the Government of British Columbia to establish a refundable tax credit that allows for the reimbursement of both self-funded home health services and independent living support services.

About BCCPA

Established in 1977, BC Care Providers Association (BCCPA) is the leading voice for B.C.'s seniors living, wellness and care sector. Our growing membership base includes nearly 600 long-term care, assisted living, independent living, home health, associate, and commercial members across British Columbia.

Territorial Acknowledgement

The office of BCCPA is located on the traditional territory of the Musqueam, Squamish, and Tsleil-Waututh Nations. We are grateful to live, learn, and work on these shared lands.

Special Recognition

BCCPA expresses its appreciation to its Advocacy Committee for its leadership and commitment in developing this budget submission.

- **Marc Kinna (Chair)**, Baptist Housing
- **Ron Pike,** Elim Village
- **Celeste Mullin,** Golden Life Management
- **Danny Birch,** Hero Home Care
- **Ann Marie Leijen,** Maplewood Care Society
- **Sharon Ranalli,** Chartwell Retirement Residences
- **Nancy Webb,** Sienna Seniors Living
- **Graham Freeman,** West Coast Seniors Housing Management

Contact

BC Care Providers Association
Metrotower I
1424 – 4710 Kingsway
Burnaby, BC V5H 4M2
www.bccare.ca
(604) 736-4233

About BC's Seniors Living & Continuing Care Sector:

There are four key components of the seniors living, wellness and care continuum which work together to support seniors.

Independent Living

For seniors who are confident in their ability to live alone safely but do not want to worry about things like home maintenance, housekeeping, or cooking. Seniors feel more confident knowing that help is there if they need it, and they enjoy the amenities and activities available in their purpose-built retirement community. Some seniors living in independent living also receive home health supports and care.

Home Health Care

Home care and home support options enable seniors to get the help they need at home. Services range from publicly subsidized care, which is delivered through the health authorities, to customized private-pay options, which can include medical care, transportation, companionship, and home making.

Assisted Living

Assisted living homes are for seniors who can still live independently and make decisions for themselves but require additional support due to physical or health challenges. Assisted living services provide housing, hospitality services, and personal care services.

Long-Term Care

Long-term care homes are an option for seniors who need 24-hour professional support and care because of their physical needs or because they have significant cognitive decline.

Sources

1. Office of the Seniors Advocate. (2026). B*ritish Columbia Long-Term Care and Assisted Living Directory, Summary Report (2025):* https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2026/01/ltc-al-directory-report-2025.pdf

2. BC Care Providers Association. (January 2026). *Report of withdrawn supplemental funding in long-term care and assisted living.* (Unpublished internal report)

3. Government of British Columbia. (2025, December 1). *BC builds on efforts to support care-home workers, strengthen long-term care.* https://news.gov.bc.ca/releases/2025HLTH0102-001187

4. BC Care Providers Association. (April 2026). *Anticipated Cost of HEABC Expansion for Affiliate Providers.* (Unpublished internal report)

5. Office of the Seniors Advocate B.C. (2026, January 26). *New data: Seniors' population increase outpacing long-term care.* https://www.seniorsadvocatebc.ca/current-issues/new-data-seniors-population-increase-outpacing-long-term-care/

6. BC Care Providers Association. (2025, October 16). *Survey finds significant nursing shortages, heavy reliance on agency staff and overtime in B.C.'s seniors care sector.* https://bccare.ca/2025/10/survey-finds-significant-nursing-shortages-heavy-reliance-on-agency-staff-and-overtime-in-b-c-s-seniors-care-sector/

7. Canadian Institute for Health Information. (February 26, 2026). *Understanding staffing challenges in long-term care.* Understanding staffing challenges in long-term care | CIHI

8. Government of British Columbia. (2022, September). B.C. *Health Human Resources Strategy: Putting People First.* https://news.gov.bc.ca/files/BCHealthHumanResourcesStrategy-Sept2022.pdf

9. British Columbia Ministry of Post-Secondary Education and Future Skills. (2025). B*ritish Columbia Labour Market Outlook: 2025 - 2035 Forecast. WorkBC.* https://www.workbc.ca/research-labour-market/bc-labour-market-outlook

10. Health Standards Organization. (2023). CAN/HSO 21001:2023 Long-term care services (National Standard of Canada). https://healthstandards.org/standard/long-term-care-services-can-hso21001-2023-e/

11. Office of the Seniors Advocate. (2026, March). *Monitoring Seniors Services 2025.* https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2026/03/report-monitoring-seniors-services-2025.pdf

12. Office of the Seniors Advocate. (2025, July). *From Shortfall to Crisis: Growing Demand for Long-Term Care Beds in B.C.* https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2025/07/From-Shortfall-to-Crisis-Report.pdf

13. Government of British Columbia. (2026). *Budget and fiscal plan,* 2026/27 – 2028/29. Ministry of Finance. https://www.bcbudget.gov.bc.ca/2026/pdf/2026_Budget_and_Fiscal_Plan.pdf

14. Canadian Association for Long-Term Care. (2026, March). *Position statement: Canada's long-term care housing crisis.* https://caltc.ca/wp-content/uploads/2026/04/CALTC.LTC-housing-Infrastructure.-March-2026.pdf

15. Government of Alberta. (2026, April 29). *More spaces. More care. Stronger communities.* [Government]. Alberta.Ca. https://www.alberta.ca/release.cfm?xID=960918ABD0CB7-B0AB-9FFB-AB4DCDE91EB6C5B2#jumplinks-4

16. Ministry of Long-Term Care. (2025, July 31). *2025 Long-Term Care Home Capital Funding Policy* [Government]. Ontario.Ca. http://www.ontario.ca/page/2025-long-term-care-home-capital-funding-policy

17. Iciaszczyk, N., Arulnamby, A., Brydges, M., Marshal, M., Cheng, S. M., Feil, C., Sinha, A. (2022). *Ageing in the right place: Supporting older Canadians to live where they want.* National Institute on Ageing. https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/638e0857c959d1546d9f6f3a/1670252637242/AIRP+Report+Final2022-.pdf

18. Canadian Institute for Health Information. (October, 2025). *New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home.* New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home | CIHI

19. Revenu Québec. (n.d.). *Tax credit for home-support services for seniors.* Retrieved April 14, 2025, from https://www.revenuquebec.ca/en/citizens/tax-credits/tax-credit-for-home-support-services-for-seniors/

20. BC Care Providers Association. (September 2025). *Briefing Note: Aging in the Right Place Tax Credit, prepared for Tyler Norman, Ministry of Finance.* (Unpublished internal report)

BC Care Providers
ASSOCIATION

BC Care Providers Association
Metrotower I
#1424 - 4710 Kingsway
Burnaby, BC, V5H 4M2

(604) 736-4233
info@bccare.ca

www.bccare.ca
@BCCareProviders