



REIMAGINING HOME HEALTH FOR SENIORS IN BRITISH COLUMBIA

Table of Contents

About BCCPA.....	3
Territorial Acknowledgement	3
A Letter from Terry Lake, CEO	4
Glossary of Terms and Abbreviations	5
Executive Summary	7
Part 1: Understanding Home Health in BC	11
What is Home Health?	12
Who Provides Home Health Services?	12
Public Home Health Services	12
Family-Funded Home Health Services	14
Who Receives Home Health?	16
Historical Context	17
What is the Current State?	18
Part 2: Benefits of Home Health	23
Quality of Life	23
Cost-Effective	25
Relief for Family Caregivers	27
Part 3: Building a Future	29
Short-Term Home Health Contracts	29
Live-In Home Support	33
Intermunicipal Mobile Business License	36
Quality Assurance	38
Cost Barriers to Aging in the Right Place	41
Part 4: A Commitment to Home Health	44
Prioritizing Home Health: The Call to Action	45
Works Cited	47

About BCCPA

[BC Care Providers Association](#) (BCCPA) has represented non-government care providers for over 40 years. We work with over 500 long-term care, home health care, assisted living, independent living, and commercial members across the province. As part of our mandate, BCCPA champions B.C.'s family-funded seniors living and continuing care options as a way for older adults to live well.



Territorial Acknowledgement

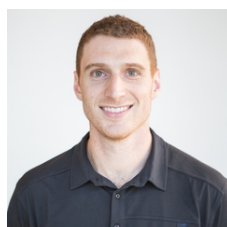
The office of BCCPA is located on the traditional territory of the Musqueam, Squamish, and Tsleil-Waututh Nations. We are grateful to live, learn, and work on these shared lands.

Home Health Committee

BCCPA expresses its appreciation to the Home Health Committee for its leadership and commitment in guiding our policy and advocacy efforts on home health. Their expertise and involvement have been instrumental in shaping our approach and ensuring continued support for those providing essential home health services to our committees.



Margot Ware
Shylo Home Healthcare
Chair



Danny Birch
Hero Home Care
Board Member



James Challman
Greater Vancouver
Community Services Society



Susan Fulton
Classic Life Care



Carol Lange
Nurse Next Door



Kim Lepp
Home Instead



Lene Parenteau
Living Well Home Care

The Association would like to acknowledge **Kenzie Stirling** for her work developing this paper.

Letter From the CEO, **Terry Lake**



Dear Readers,

Home health has long been a critical pillar in supporting seniors to age with dignity and independence across British Columbia. At BCCPA, we have continuously worked alongside family-funded providers and affiliate care partners to strengthen and expand this sector. However, as the needs of our aging population grow, it is clear that more must be done to ensure the home health system can continue to meet these demands effectively.

In this paper, I am pleased to present a series of recommendations that we believe are essential to the future of home health in our province. These recommendations address key challenges such as supporting the home health workforce, improving access to services, simplifying regulatory processes, and enhancing care quality—all with the goal of ensuring that seniors can benefit from a system that truly meets their needs and allows them to age with dignity and independence.

Our recommendations are centred around five key areas:

1. Supporting the sector's long-term sustainability;
2. Improving access to affordable home health options;
3. Making it easier to deliver services where they are needed;
4. Strengthening care quality across all providers; and
5. Enhancing support for seniors to remain in their homes.

Together, these actions reflect the preferences and needs of aging British Columbians, ensuring that families receive the support and resources required to care for their loved ones at home and within their communities. Simultaneously, these recommendations are timely, presenting an immediate solution to ease the pressure on our broader healthcare system, which is stretched beyond capacity.

Sincerely,

A handwritten signature in black ink that reads "T. Lake". The signature is stylized with a large, flowing 'T' and a cursive 'Lake'.

Terry Lake

Glossary of Terms and Abbreviations

Home Health refers to a range of health services provided in an individual's home, including both medical (home care) and non-medical (home support) services. These services are designed to help individuals, particularly seniors, maintain independence and improve their quality of life.

➤ **Home Care:** Professional health services offered at home, focused on medical care. Examples include:

- Nursing care
- Physiotherapy
- Occupational therapy
- Counselling
- Social services

➤ **Home Support:** Non-professional services that assist with activities of daily living. Examples include:

- Personal care (e.g. dressing, bathing)
- Medication reminders
- Meal preparation
- Light housekeeping and laundry
- Respite services
- Driving services and running errands
- Companionship

Aging in Place refers to the desire of older adults to stay in their own homes and communities for as long as possible. This approach, favoured by the vast majority of seniors and supported by home health operators, emphasizes autonomy, independence, and maintaining connections to familiar environments and social networks. Achieving this requires access to essential services like home care and support.

Public Home Health Services are funded and managed by the provincial government through regional health authorities. These services, which include both home care and home support, are typically offered to individuals who meet specific eligibility criteria. Public services often come with limits on the amount of care and support provided, with many clients receiving only limited support each day. Public home health, while available at a reduced rate to seniors, is often less flexible than family-funded options.

Family-Funded Home Health Services, also referred to as **private care**, offer personalized and flexible care options tailored to individual needs. These services are provided by both for-profit and non-profit organizations (referred to as family-funded providers within this document). These services offer greater flexibility and customization than the public system, though the costs are born out of pocket.

Affiliate Care Partner: A family-funded home health provider contracted by a health authority to deliver publicly subsidized home health services when public capacity is limited. This type of partnership helps health authorities to meet regional service demands while easing pressure on the public system.

Caregivers are typically unpaid individuals, such as family members or friends, who provide care and assistance to a person in need, often due to aging, illness, or disability. They help with daily tasks such as personal care, meal preparation, medication management, and emotional support. While caregivers play an essential role in supporting loved ones, they are not considered formal, trained care professionals.

Care Workers are trained and paid professionals who provide health-related services and support to individuals needing care and support, such as seniors or individuals with disabilities.

Health Care Assistant (HCA): HCAs are direct care workers who provide essential personal care services to residents, clients, or patients in various care settings, such as long-term care, assisted living, and home health. Their responsibilities typically include assisting with daily activities like bathing, dressing, eating, and mobility, as well as supporting emotional well-being and ensuring the comfort and dignity of those they care for. Often referred to colloquially as care aides.

Community Support Worker: Community Support Workers provide direct support to individuals, promoting independence and well-being within their homes or community settings. They assist with activities of daily living, skill development, and access to community resources, often working with individuals with disabilities, mental health challenges, or the elderly. This role is similar to the work of Registered HCAs.

BC Care Aide and Community Health Worker Registry, commonly known as “the Registry,” is a database of credentialed health care assistants. The Registry ensures that these workers have met minimum educational standards, either by completing a provincially recognized HCA training program or an equally recognized program from another jurisdiction. Registration is mandatory for those working in publicly funded environments (such as hospitals, long-term care, and community care), but not required for care that is family-funded and privately delivered. However, many family-funded providers prefer to hire only registered HCAs where possible to ensure proper regulatory oversight.

Executive Summary

Understanding Home Health

Home health has long been a cornerstone of healthcare in Canada, supporting seniors to remain in their homes through medical and non-medical services. As 96% of Canadians express a preference to age in place, the need for comprehensive home health services has surged. These services play a crucial role in complementing long-term care homes, easing pressure on hospital systems, and addressing the increasing demand for senior care.

Despite its effectiveness, home health in Canada has not historically received the necessary policy focus or funding. To address the needs of an aging population, provincial governments should focus on integrating policies and forming public-private partnerships that expand access to home health services. This is crucial to ensuring that more seniors can age in place, maintaining their dignity and independence.

Key Categories of Home Health

Home health services fall into two main categories:

- 1. Home Support:** Non-professional services like personal care, medication reminders, light housekeeping, and respite care. It may also include providing social and emotional support through companionship.
- 2. Home Care:** Professional health services such as nursing, physiotherapy, and rehabilitation.

These services are offered by both public and family-funded providers. Public programs typically involve rotating care workers and offer set levels of care, while family-funded services may provide more tailored and consistent support, often at a higher cost.

The services provided are not mutually exclusive; it is common for seniors who receive publicly subsidized services to enhance their care with additional services to meet all their needs.

B.C.'s Service Delivery Challenges

Until recently, home health services in B.C. operated under a hybrid model involving both public health authorities and family-funded providers (i.e. affiliate care partners). However, in 2019, a government decision to centralize services under public control significantly reduced the role of affiliate care partners and family-funded providers. This decision, though well-intentioned, has strained the system; the expected improvements in care hours and service quality have not materialized. This has resulted in a growing demand for services but a decline in the average care hours received by seniors.

Workforce Shortages

The success of home health services relies heavily on the workforce, particularly health care assistants (HCAs), as well as companions, nurses, schedulers, administrators, and other care workers. However, workforce shortages, wage disparities, and unstable working conditions pose significant challenges. Family-funded providers struggle to compete against the regional health authorities, which can afford to pay home health workers higher wages and better benefits. Further, long-term homes and acute care hospitals also offer more secure employment conditions, with more predictable schedules and permanent locations. Ensuring a sustainable workforce through robust wages and benefits, as well as strengthened working conditions across both public and private sectors, is vital to maintaining high-quality care.

Benefits of Home Health

Home health services provide far more than just physical care—they offer a holistic approach that significantly enhances the well-being and quality of life for seniors. Aging at home allows seniors to maintain their independence, dignity, and emotional stability by staying in an environment where they feel most comfortable. This connection to their homes, communities, and personal routines is invaluable for mental and emotional health, especially for those with cognitive impairments or challenges with memory.

Remaining at home enables seniors to continue living their lives on their own terms, surrounded by familiar belongings, cherished memories, and personal space. These factors contribute to reducing anxiety, loneliness, and the emotional distress—issues faced by many older adults and sometimes exacerbated by institutional settings. This emotional stability, combined with the ability to maintain a sense of autonomy, has a profound effect on mental health and overall well-being.

Beyond emotional and mental health benefits, home health services also offer tangible physical health advantages. Receiving personalized care at home helps seniors maintain their health and well-being while reducing the risks that can come with hospital stays, such as infections or the challenges of adapting to unfamiliar settings. Regular home health visits support fall prevention, monitor medication adherence, and address health concerns early, helping to prevent emergencies. This proactive approach not only enhances individual care but also helps ease pressure on the broader healthcare system.

For families, home health services provide much-needed relief. Knowing that their loved ones are receiving professional, personalized care in a safe and familiar environment gives families peace of mind. It allows them to focus on their own responsibilities while still ensuring their loved ones are well cared for. Home health services, particularly respite care, also alleviate the emotional and physical strain on family caregivers, who often experience burnout due to the demands of caregiving.

Moreover, home health can be a more cost-effective option compared to long-term care in many situations, where expenses for room, board, and overhead can accumulate quickly. With home health services, families can customize care to meet the specific needs of their loved ones, paying only for the services they need. This flexibility makes home health an efficient and economical choice, helping to reduce unnecessary costs while maintaining high standards of care. In the long run, expanding access to home health services can ease pressure on congregate care settings, optimize healthcare spending, and improve patient outcomes.

In summary, home health services provide a well-rounded solution that supports seniors in preserving their independence, ensuring their physical and emotional well-being, and offering families peace of mind. As demand for aging-in-place solutions grows, home health stands as a vital component in the continuum of care, delivering benefits that extend far beyond the physical support typically associated with healthcare services.

Strengthening Home Health: Recommendations

To advance the future of British Columbia's home health sector in order to meet the needs of an aging population, BCCPA has identified five recommendations for federal, provincial and municipal governments, which include:



1) Provide Sustainable Funding for Home Health

Family-funded providers delivering short-term home health contracts on behalf of the regional health authorities or other crown corporations require a fully loaded rate that reflects the true cost of delivering high-quality services. This rate must cover operational costs, allow for competitive wages, maintain service quality, and be adjusted annually for inflation. Without improved funding, affiliate care providers may not be able to continue supporting public services, leading to gaps in services for seniors and an increased burden on the broader healthcare system.



2) Make Live-In Home Support Affordable Again

Live-in home support is vital for seniors who require ongoing assistance to stay in their own homes. However, many seniors find live-in home support unaffordable. Current labour laws allow government providers to offer these services at an affordable flat daily rate, but they exclude family-funded providers from doing the same. Updating this employment standard would enhance affordability for families and ensure that seniors have equal access to care, regardless of whether their care is publicly subsidized or self-funded.



3) Cut Red Tape with Intermunicipal Business Licenses

Family-funded providers currently face the costly and time-consuming task of obtaining separate business licenses for each municipality in which they operate. Implementing intermunicipal business licenses (IMBLs) for home health providers would simplify this process, lower administrative costs, and enhance service accessibility across multiple regions.



4) Strengthen Public Protection for Home Health Clients

To ensure consistent care quality, family-funded home health providers need access to the provincial list of qualified and registered health care assistants (HCAs). Oversight of this important group of workers should be consolidated under the unified nursing regulator, the BC College of Nurses and Midwives. This would improve oversight and maintain high standards across all providers, thus improving public confidence.



5) Support Seniors Aging at Home with a Tax Credit

Family-funded home health services support older adults to age in the right place but are not affordable to all. A refundable tax credit—modeled after Quebec's successful program—would help to cover the costs of home health services and make aging at home more affordable for seniors. This credit would also reduce reliance on public long-term care and acute care settings.

Conclusion

Home health is essential to supporting seniors who are aging with dignity and independence while also reducing the burden on the broader healthcare system. However, without targeted funding, policy attention, and workforce improvements, this sector will continue to face challenges. The outlined recommendations provide a roadmap to building a sustainable home health system that meets the growing needs of B.C.'s seniors, allowing them to age in place with the necessary support and care.



Part 1: Understanding Home Health in BC

Home health has long been a cornerstone of Canada's healthcare system, and its significance is only increasing as new challenges arise. For many older adults, the ability to remain in their own homes—supported by family, friends, and community services—has consistently been the preferred choice. Today, this desire to age in place has never been stronger, with more Canadians expressing a clear preference to live in their homes and communities as they age.

96% of Canadians want to age at home and live independently for as long as possible.¹

As long-term care waitlists grow and acute care sites face added pressure, home health is crucial for managing cases that don't require 24-hour care with professional nursing oversight. Beyond being a more cost-effective option in many cases, home health honours people's preferences to receive care where they feel safest and most connected: **at home and in their communities**.^{2,3,4,5} Despite its clear benefits, home health has not been consistently prioritized in provincial health care strategies.

With B.C.'s population aging rapidly, the demand for long-term care and acute care services will only increase. To meet this challenge, the provincial government must prioritize home health as an essential part of the healthcare ecosystem through public-private partnerships and adequate funding to meet the growing need. This requires integrating policies and directing funding to fully support home health services as a viable care option, ensuring that British Columbians can access the care they need and prefer—enabling them to age with dignity and independence.²

It also necessitates clear and consistent terminology: home health, which includes both home care and home support, should be explicitly recognized as a core component of the province's healthcare system. It deserves the necessary attention and support from the government for the valuable care it provides to thousands of British Columbians.

What is Home Health?

Home health includes both home care and home support services, catering to individuals of all ages.⁶

Home care provides professional services focused on health promotion, treatment, end-of-life care, and rehabilitation. It includes services like:

- Nursing care
- Physiotherapy
- Occupational therapy
- Nursing care
- Physiotherapy
- Occupational therapy

Home support offers non-professional services to maintain individuals' independence by assisting with daily tasks and promoting socialization. These services include:

- Assisting with personal care
- Supporting medication reminders
- Homemaking tasks
- Offering respite and transportation services

Who Provides Home Health Services?

In B.C., home health services are available through both publicly funded programs and family-funded (private) options, each offering different levels of care and service.

Public Home Health Services

Funded and managed by the provincial government's [Home and Community Care program](#), public home health services are delivered through the five regional health authorities: Island Health, Vancouver Coastal Health, Fraser Health, Interior Health, and Northern Health.

While many assume these services are free and cover everything needed to live comfortably at home, the reality can be surprising. Most clients receive two to four hours of service per day, with visits sometimes as brief as 15 minutes, with different care workers rotating in and out. This rotation of care workers can be especially challenging for those with cognitive impairments who thrive on consistency.^{7,8} Home support services are typically provided by health care assistants (HCAs) who are registered with the [BC Care Aide and Community Health Worker Registry](#) (the "Registry").⁹ Registered Nurses, Licensed Practical Nurses, Physiotherapists, and

other health care professionals deliver professional home care services.

Access to public home support services is determined through assessments by health authorities, with eligible clients charged a daily rate based on their income. Two-thirds (67%) of home support clients have the daily rate waived, as government financial assistance programs—including the Guaranteed Income Supplement (GIS), income assistance, disability assistance, the War Veterans Allowance, and Palliative Care benefits—ensure free access to these services.

However, daily rates are charged for the remaining one-third (33%) of clients. According to the Office of the Seniors Advocate, the median daily cost for these services was \$46.63 in 2024. This can be prohibitively expensive for seniors living on fixed incomes, as these individuals must pay out of pocket for care in addition to their other daily expenses.^{10, 11}

The Office of the Seniors Advocate has repeatedly highlighted this affordability issue as a significant concern. To illustrate this point, consider a senior with an annual income of \$29,000, who would need to pay nearly \$9,000 per year for just one hour of daily home support. When we factor in other daily expenses—such as food, housing, clothing, and telecommunications—this senior would end up spending nearly \$14,000 less per year by living in a long-term care home compared to staying at home and receiving home support.¹³ This can make it financially necessary for some older adults to move into long-term care prematurely.

The B.C. Government also funds the [Better at Home](#) program, delivered and managed by United Way BC. This program aims to support seniors with simple non-medical, day-to-day tasks so that they can continue to live independently in their own homes. The most common services provided are light housekeeping, meal delivery, friendly visits and grocery shopping.¹¹

The Ministry of Health provides funding for the Better at Home program, although individual community organizations may also accept donations, raise funds and get volunteer support. Some seniors receive their services for free, while others pay a fee based on their income levels.

Better at Home services are delivered by a combination of paid staff, contractors and volunteers. The Office of the Seniors Advocate reports that the waitlist for the Better at Home program continues to grow, with over **4,750** seniors waiting for services as of 2023/24. The most common reasons cited for the increasing waitlists include the demand for subsidized services and a shortage of available contractors.¹¹

However, public home health services are not always provided directly by health authorities. In situations where the public system is at capacity, family-funded home health organizations—known as **affiliate care partners**—are contracted to step in and deliver these essential services.

Family-Funded Home Health Services

For British Columbians seeking more personalized and flexible care, family-funded home health services are an important addition or alternative to public options. These services, [offered by a variety of for-profit and non-profit organizations](#), are ideal for individuals seeking personalized care plans, along with consistency and flexibility in meeting their specific needs and scheduling preferences. Whether it's specialized medical care, personal assistance, or just a friendly face for companionship, these providers can adapt to meet specific needs with consistent care workers and longer visits.

Unlike public services, which might have limits on what they can provide (e.g. limited hours or services), family-funded care is more adaptable. This flexibility does come at a cost, however, with rates typically ranging from \$35.00 to \$55.00 per hour, and some providers require a minimum commitment of three to four hours per shift, at least three times a week.¹² While this can add up quickly, some families are able to afford it and find it's worth it for the peace of mind and quality of care.

Unlike public home health staff, family-funded home health staff are not required to register with the Registry. However, many family-funded providers choose to hire only registered care aides to demonstrate their commitment to delivering high-quality care and align with principles of transparency and accountability, as highlighted by programs like [Assurity](#).

Complementary Care

Neither publicly subsidized nor family-funded home health care exists in isolation; they work hand in hand to meet the diverse needs of our aging population. Many seniors and their families find that family-funded services are a practical way to enhance the support received through the public system. These services can provide more personalized care, offer additional help as needs evolve, or bridge gaps when public resources are limited. Whether it's supplementing home health services, supporting a resident in assisted living, or adding extra attention in a long-term care setting, family-funded care plays a vital role in ensuring seniors receive the comprehensive and adaptable care they deserve.



[Route65.ca](#) provides a comprehensive resource for identifying local family-funded home health providers and understanding the range of services they offer.

Assurity is a quality assurance certification program that helps seniors and families choose home health providers. When an organization has Assurity certification, it means they have demonstrated that they meet or exceed industry standards in areas that matter most for seniors and their families.

These areas include maintaining privacy, ensuring safety, client/resident onboarding, infection control practices, emergency readiness, keeping employees safe, and ensuring client satisfaction.



Who Receives Home Health?

Figure 1. A look at the demographics of publicly subsidized home support clients (2021/2022).¹³ Home support services are designed for people of all ages, but seniors make up the largest group of those who use these services.¹⁴

Living Arrangement



59% live alone



41% live with another person
(e.g. spouse or adult child)

Gender

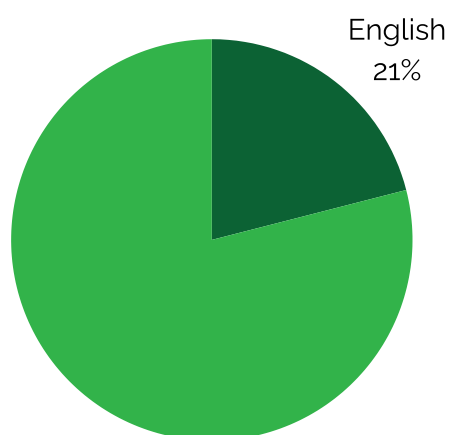


68% female 32% male



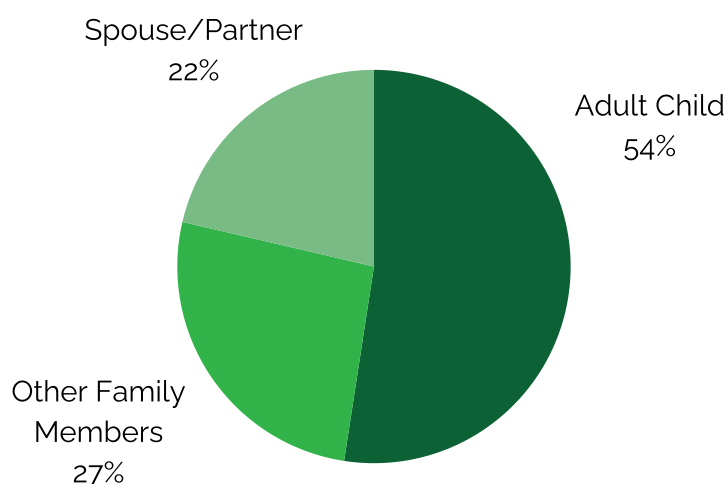
82 years

Primary Language:

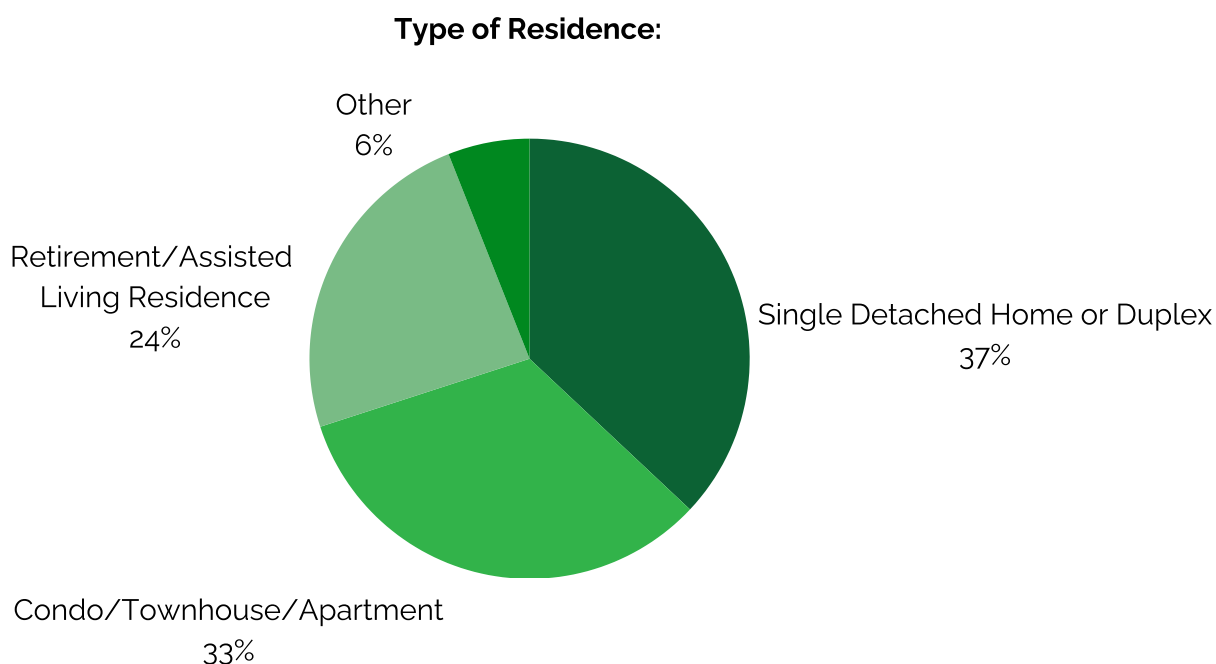


Other Languages (e.g.
Chinese, German, Punjabi)
79%

Primary Caregiver:*



**Note: These categories are
not mutually exclusive*



Historical Context

Up until 2019, home health services in B.C. were a team effort between the regional health authorities and six large family-funded home health providers (i.e. affiliate care partners). These affiliate care partners played a big role in delivering care to seniors in their homes, delivering over two-thirds of publicly subsidized home health in Metro Vancouver.¹⁵ However, in 2019, the provincial government and health authorities decided not to renew these contracts, choosing instead to bring home health services fully under public management.¹⁶

At the time, the provincial government communicated that this change was to improve scheduling and staffing, aiming to provide more stability for both care workers and seniors. The government's perspective was that the previous system was fragmented and inefficient, particularly for clients. By integrating home support into the broader healthcare system, the aim was to enhance quality, consistency, and accountability, while promoting a more team-based approach to home health.¹⁶

However, there were differing views on this shift. BCCPA expressed its concerns that the move seemed more driven by ideology than by the actual needs of seniors and their families. The existing system had a 93% satisfaction rate and was working well for clients and their families. Furthermore, the Association noted that the change might worsen the already existing staffing issues, shrinking system capacity.¹⁶

Despite these concerns, the government argued that transitioning public home health services under the management and delivery of health authorities would enhance coordination and create more stable jobs for care aides.¹⁶ However, the transition has not fully delivered on these expectations. According to the Office of the Seniors Advocate (OSA), over the past five years, there has been little to no improvement in the number of care hours provided or the overall quality of service.¹³

With the growing preference for aging at home and a healthcare system under immense pressure, there is a clear need for a flexible and personalized home health system. Current challenges underscore the urgent need for innovative solutions that engage all partners—whether public, family-funded, for-profit, or not-for-profit. A collaborative, all-hands-on-deck approach is crucial to address the diverse needs of British Columbians and ensure the long-term sustainability of our healthcare system.

For more information on our all-hands-on-deck approach, please refer to our white paper, *"An Urgent Call to Action to Ensure Care for B.C. Seniors."*

Scan here



What is the Current State?

Rising Demand and Declining Service

In recent years, B.C. has seen a growing demand for home health services, driven by an aging population and the increasing preference of seniors to age in place. Despite ongoing efforts to expand these services, the system is facing challenges in meeting the growing demand.^{10, 11}

Recent data from the OSA highlights a concerning trend. As of 2024, 54,000 British Columbians receive publicly subsidized home support services. This figure represents an 11% increase from five years ago.¹¹ However, despite more people accessing these services, the amount of care each person receives has remained stagnant or even declined. In 2024, clients received an average of 251 hours of service per year—up 3% from the previous year but down 2% from five years ago (Figure 2). This indicates that while more people are using home support services, **each person is receiving less care overall.**^{10, 11}

Average Annual Service Hours per Client (2019/20 - 2023/24)

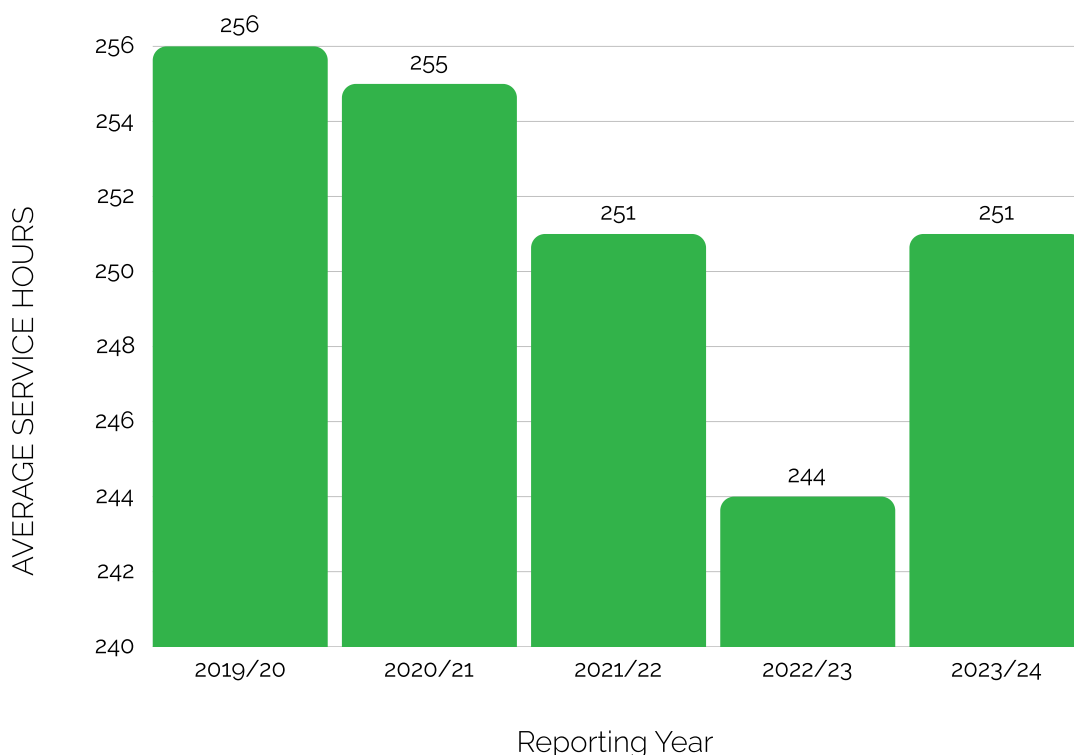


Figure 2. Illustrates the trend in average annual service hours per client for publicly subsidized home support services in B.C. from 2019/20 to 2023/24. Source(s): 11

*Notes. The Y-axis has been truncated and starts at 240 to highlight variations in the data.

Falling Per Capita Support

It's not just that seniors are getting fewer hours of care and support—home health services themselves are becoming harder to access as the population ages. In 2024, only 115 out of every 1,000 seniors aged 75 and older are receiving home support services (Figure 3). That's unchanged from last year and a 7% decrease since 2019/20.¹¹

This decline is worrying because it shows that as the number of seniors continues to grow, the services they rely on aren't keeping up. The increasing demand is putting a strain on the system, making it harder for seniors to get the care they need to stay safe and comfortable in their own homes.

Per Capita Home Support Clients in BC Aged 75+ (2019/20 - 2023/24)

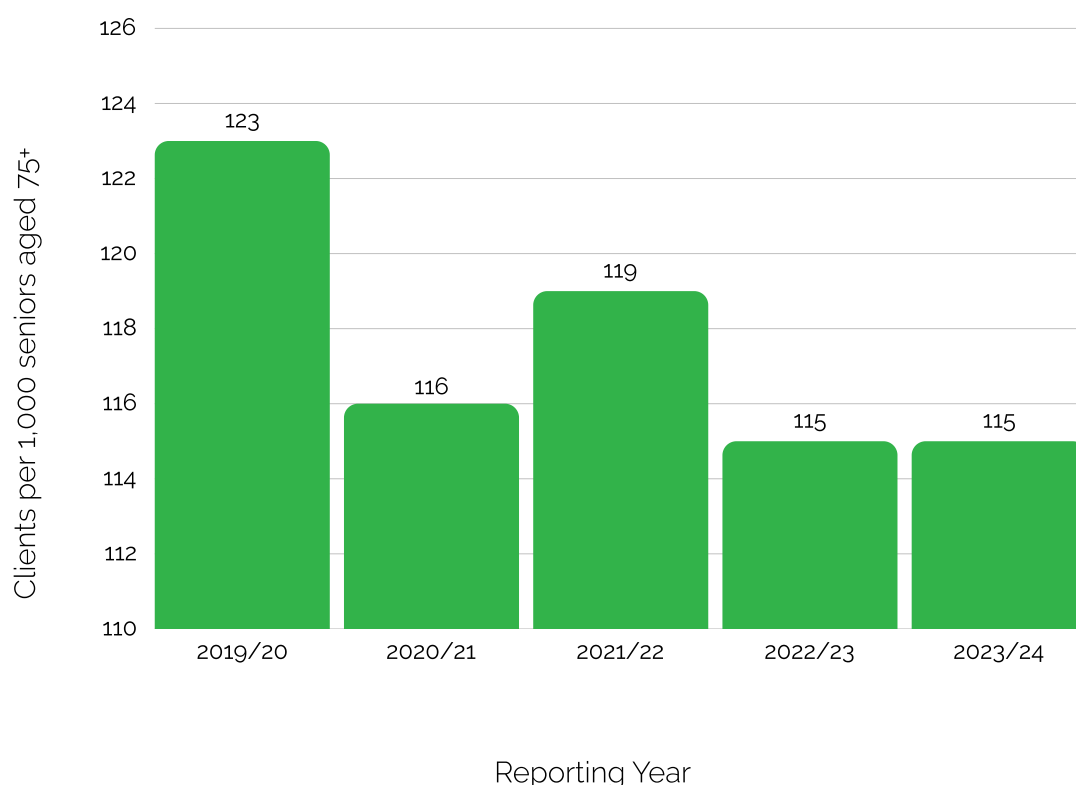


Figure 3. Highlights the trend in publicly subsidized home support clients per 1,000 seniors aged 75 and older in B.C. from 2019/20 to 2023/24. Source(s): 11

*Notes. The Y-axis has been truncated and starts at 110 to highlight variations in the data

Workforce Dynamics

The effectiveness of any home health system is closely tied to its workforce. The home health workforce consists mainly of health care assistants, as well as companions, nurses, schedulers, administrators, and other care workers. These workers play a critical role in supporting seniors and individuals to remain in their homes. As demand for home health services grows, so too does the need for a well-supported, adequately compensated, and sustainable workforce. Without addressing the challenges facing both public and family-funded providers' workforces, the quality of care and access to services may be put at risk.

One of the major obstacles in addressing these workforce challenges is the lack of comprehensive data, particularly for family-funded home health organizations. While some information is available for nurses and HCAs in the public system, there is limited data on the family-funded workforce. Key factors—such as wage disparities, staffing challenges, and working conditions—are largely anecdotal. This data gap makes it difficult to fully understand

and address the systemic issues impacting both the public and family-funded sectors of home health. However, data from the public system sheds light on some of the broader challenges—see figures 4 and 5 on this page and on the next page.

While efforts to increase the number of HCAs have been made, they have not kept pace with the rising demand, particularly in rural and remote areas where shortages are most critical. Recruitment struggles are common in both the public and family-funded sectors, as they grapple with issues such as wage disparities, job insecurity, poor working conditions, and underemployment.^{9, 13, 17, 18}

Family-funded providers, however, face unique workforce challenges. Due to the higher wages paid in the public system, family-funded providers struggle to compete for the limited number of available workers, in particular as they aim to keep their services affordable for seniors. The home health sector also struggles to compete for workers with the acute care and long-term care sectors, which are typically able to offer more predictable shifts, higher wages and better benefits.

To create a sustainable home health system, it is important to consider family-funded providers as partners rather than competitors. A more integrated approach that leverages the strengths and addresses the limitations of both public and family-funded sectors is necessary to ensure that all British Columbians, regardless of income, have access to the care they need. Tackling wage disparities and enhancing working conditions across both sectors will be crucial in breaking the cycle of competition, ensuring that HCAs can continue to work in home health without being drawn to other parts of the healthcare sector.

Job Vacancy Rate (%) for Health Care Industries in B.C.

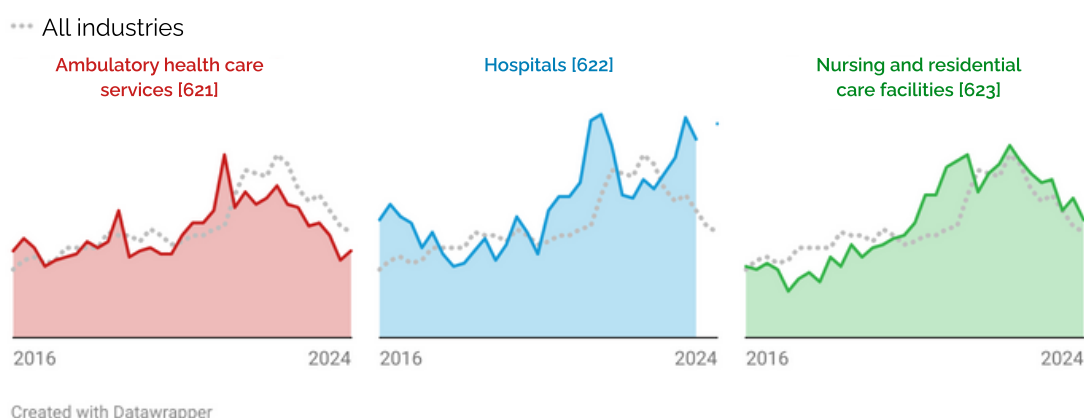


Figure 4. Highlights the growing challenge of job vacancies in the healthcare sector from 2016 to 2024, expressed as the job vacancy rate (%) for hospitals [NCAIS 622], residential care settings [NAICS 623], and the ambulatory health sector [NACIS 621] (which includes home health settings). Source(s): 19

Job Vacancies for Health Care Assistants and Home Support Workers in B.C.

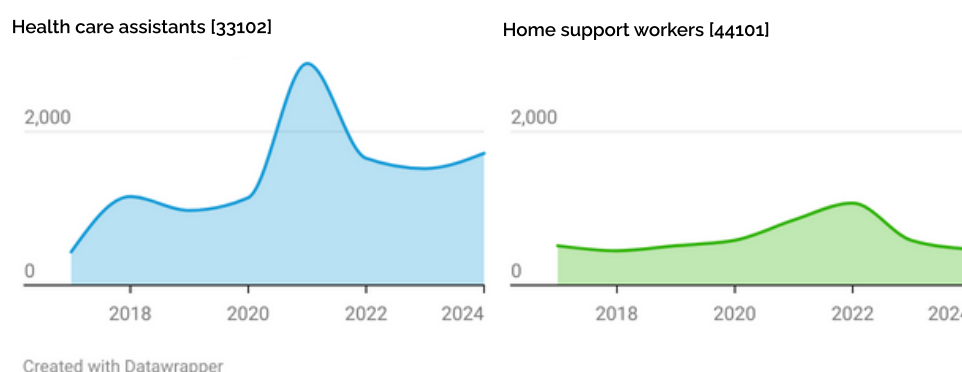


Figure 5. Highlights the growing challenge of job vacancies for Health Care Assistants [NOC 33102] and Home Support Workers [NOC 44101] over the period 2017-2024. Source(s): 20

Note: Statistics Canada defines health care assistants [NOC 33102] as only those care aides working in facility settings, such as acute care and long-term care. Those working in home and community settings are captured as home support workers [NOC 44101].

International Talent

Another factor affecting the home health workforce is the issue of international credential recognition. Canada's eldercare workforce is disproportionately made up of older, female, racialized individuals who were born outside of the country.²¹ Many of these workers have completed higher education in their home countries but face challenges in finding employment that effectively utilizes their skills, education, and experience here in Canada. The most significant barrier they encounter is the lack of recognition for their foreign credentials.

The processes in Canada for recognizing the credentials of internationally educated healthcare professionals (IEHPs) are complex, bureaucratic, time-consuming, and costly. As a result, many IEHPs are not able to work in their chosen professions and are forced to accept lower-paying jobs, such as nannies and housekeepers, among others. While this increases the supply of unregulated care workers, it represents a significant waste of talent in a country that urgently needs qualified healthcare professionals, particularly nurses.

To create a sustainable healthcare workforce, it is essential to improve the processes for seamlessly integrating IEHPs into the Canadian healthcare workforce. While several provincial initiatives exist to assist IEHPs with the costs and navigation of the credential recognition process, these programs primarily focus on those seeking employment within the publicly funded healthcare system. By supporting IEHPs in effectively utilizing their skills and talents—regardless of whether they work for a regional health authority or a family-funded home health employer—we can address critical vacancies in the health workforce and ensure timely, high-quality care for Canadians.



Part 2: Benefits of Home Health

Imagine waking up in the same bedroom where you've watched countless sunrises, the kitchen where you've brewed thousands of cups of coffee, and the living room where your family has gathered over the years.

Aging at home isn't just about comfort; it's about staying connected to the life that one has built. Home health services make this possible, offering far more than just physical support.

At the heart of their approach is the philosophy of **Aging in the Right Place**. Whether it's staying in a beloved home, downsizing your home, moving in with a relative, or settling into an independent living suite, the focus is on ensuring individuals live life on their terms, surrounded by the people and things that matter most to them. This isn't just a care strategy—it's a commitment to respecting one's life's journey.

Quality of Life

Home health services offer older adults the chance to age with dignity and independence in the comfort of their own homes. By remaining in familiar surroundings, they can continue to enjoy their personal belongings, daily routines, and cherished memories—factors that foster a sense of peace and fulfillment, while significantly reducing stress and anxiety.^{22, 23}



Meet Carlos—a retired teacher who has spent 30 years in the same home where he and his wife raised their children. His walls are lined with books that reflect a lifetime of learning, and his backyard is a peaceful retreat where he's planted every tree himself. For Carlos, staying at home is more than preference, it's a source of happiness and continuity.

Home health services support him to keep up with his routines, like reading on the porch every morning, tending to his garden, and enjoying Sunday lunches with his grandchildren. With the support of his care workers, Carlos receives the medical attention he needs without the upheaval of leaving his beloved home. This personalized care enables him to avoid stress and disorientation, and continue living a life filled with purpose and joy, surrounded by everything he does.

One of the greatest advantages of home health is that it empowers individuals to maintain control over their daily lives. Whether it's assistance with mobility, personal care, or meal preparation, this approach respects their routines and preferences, which is crucial for their well-being.^{22, 23}

Carlos' story illustrates that home health services address more than physical needs—they also foster emotional and mental well-being. While congregate care settings will always be an important part of the care continuum for seniors, home health can be the best option for many older adults. By preserving social connections and delivering personalized care, these services enhance overall happiness and quality of life, empowering individuals to age on their own terms.

Safety

Safety is an equally critical aspect of life. Aging at home without proper support can expose some seniors to significant risks, such as falls, missed medications, and undetected health deterioration, often resulting in hospital visits or long-term care admissions. Data from B.C. shows that **61% of seniors admitted to long-term care in B.C. had no home support** in the 90 days preceding their admission, highlighting the important role that consistent home health services play in enabling seniors to age safely at home.^{9, 24}

Mr. Friesen, a retired bus driver who has lived in the same house for 50 years, a home full of memories with his late wife. As his health declined due to diabetes and mobility issues, his daughter noticed he was struggling to manage his medication and daily tasks. She feared that without help, he might have to move into a care home, which was the last thing Mr. Friesen wanted.

Thanks to home health services, Mr. Friesen now receives regular visits from an HCA who assists with medication, mobility, and personal care. This support allows him to remain safely in his cherished home, surrounded by the things that bring him comfort and peace. The HCA's consistent care has not only helped prevent health complications but has also brought reassurance to both Mr. Friesen and his daughter.



Home health services provide the necessary support to manage daily tasks such as medication management, mobility assistance, and personal care. By offering care in the familiar environment of their home, seniors can reduce the risk of infections and unnecessary hospital visits. For those with chronic conditions, home health offers stability, making it easier to manage their health while also supporting their mental well-being. Additionally, it gives peace of mind to family members, knowing that trained professionals are regularly monitoring their loved ones and addressing health concerns before they worsen.

For Mr. Friesen, home health services offer more than physical care—they preserve his independence, reduce the need for hospital visits, and allow him to continue living with dignity in the place he loves most. His story highlights how home health empowers seniors to age safely and comfortably at home.

Cost-Effective

Compared to long-term care and acute care settings, home health services are often a more cost-effective care option for both individuals and the broader healthcare system. Unlike facility-based

settings, home health does not incur extra costs like room, board, and overhead. By providing care at home, these services reduce strain on hospitals by preventing unnecessary visits and lowering the need for 24-hour nursing care. This approach not only minimizes hospitalization risks but also leads to better health outcomes, ultimately contributing to a healthier population.^{2, 3, 25}

However, a current shortfall in primary and community-based services means many individuals rely on expensive inpatient hospital and long-term care options. Patients waiting to move into long-term care homes often remain in limbo, living in the hospital for weeks or months on end. These individuals are known as **Alternate Level of Care (ALC)** patients. Each ALC patient can cost the healthcare system up to **\$1,200 per day**.²⁵ Many of these patients would be better supported at home, for much less, with tailored home health services.



After a serious fall at home that left Mrs. Patel with a broken hip, her family was understandably worried about how she would recover. Rather than leaving her in a hospital environment, which they knew would be stressful, they wanted her to heal in the comfort of her own home, surrounded by familiar surroundings.

With the support of home health services, Mrs. Patel received personalized physiotherapy and assistance with daily tasks, allowing her to recover at her own pace. This flexible care arrangement meant her family only paid for the services she needed. As a result, Mrs. Patel's recovery was smoother, with fewer hospital visits, and she regained her mobility without the stress of being in an unfamiliar environment. Additionally, her timely discharge freed up a hospital bed for someone else in need.

With the long-term care bed shortage unlikely to be resolved immediately, home health services are pivotal in meeting the future needs of our aging population, both in the short and long term. Adequate government support can ensure these services are tailored to individual needs, allowing families to pay only for the care they require, optimizing healthcare spending, and reserving hospital and long-term care beds for those who need them most.

Mrs. Patel's experience underscores the cost-effectiveness and personalized care offered by home health services. Instead of relying on expensive hospital stays, and overburdening acute resources for routine care, her family paid only for the specific services she needed at home. This flexible approach reduced unnecessary costs while preventing hospital readmissions, making it a more efficient and affordable solution for families and the healthcare system alike by optimizing resources and improving outcomes.

Relief for Family Caregivers

Caring for a loved one, often referred to as informal caregiving, can be incredibly rewarding but also physically and emotionally draining. The constant demands of caregiving frequently leave family members feeling exhausted and overwhelmed as they juggle their personal responsibilities with the needs of their loved ones.

According to the Canadian Institute for Health Information (CIHI), **more than 1 in 3 unpaid caregivers report** experiencing distress, which can manifest as anger, depression, or a sense of being overwhelmed.²⁶

Caregivers often provide an average of 38 hours of care per week, comparable to a full-time job. Family caregivers are disproportionately women in their 40s and 50s and are often forced to reduce their participation in the workforce as a result of their caregiving responsibilities. This represents a loss to Canada's economy, as these individuals are often at the peak of their careers, and thus at maximum earning potential and productivity.

Lynn is a dedicated mother, full-time teacher, and caregiver to her aging father. As her responsibilities grew, she found herself struggling to balance it all—caring for her father while managing her own well-being and keeping up with her busy life.

Home Health services provided the solution she desperately needed. A local family-funded provider connected her with an HCA who stepped in to assist with her father's daily care and medical needs. This reliable support gave Lynn the time to rest, recharge, and focus on her personal health while ensuring her father received consistent, high-quality care.

With peace of mind knowing her father was in trusted hands, Lynn could be fully present in her roles as both a mother and a daughter. Home Health services not only lightened her caregiving load but also allowed her to spend more meaningful time with her father, strengthening their relationship without the overwhelming stress of managing everything alone.



Distress levels among caregivers tend to be higher among those assisting with personal care tasks, such as bathing and dressing, or supporting loved ones with communication or behavioural challenges. This highlights the need to enhance home health services and community-based support, including access to respite care, meal delivery, and other essential resources, to better assist caregivers in managing their responsibilities.²⁷

Lynn's story highlights the invaluable support home health services provide for family caregivers. These services allow caregivers to maintain balance in their own lives while ensuring their loved ones receive high-quality care.



Part 3: Building a Future

Home health services play a key role in supporting seniors by maintaining their health, independence, and overall well-being while alleviating pressure on the broader healthcare system. Many seniors express a strong preference to age in their homes, and home health services enable them to do so. However, despite its importance, home health has not received the same policy focus or funding attention as other care sectors.

This imbalance is evident in policy discussions, where home health often remains an afterthought. Consequently, home health providers face financial challenges, workforce shortages persist, and many seniors are left without access to the services that best meet their needs and wants. This lack of prioritization may affect the quality and accessibility of care but also hamper the system's ability to manage an aging population.

With a growing aging population, ***this needs to change.***

To build a sustainable system that effectively supports seniors and strengthens the broader healthcare system, it's crucial to address these challenges and establish home health as a core component of care and support services.

Short-Term Home Health Contracts

When health authorities in B.C. reach their capacity, they rely on family-funded home health providers (i.e. affiliate care partners) through what is known as "surge contracts." These contracts allow health authorities to quickly expand care services by bringing in affiliate care partners during times of high demand. However, the payment rates under these contracts are often too low to cover the true costs of providing quality care. This creates strain for affiliate care partners, making it difficult for them to retain staff, deliver high-quality services, and support their community while trying to remain financially viable. As a result, some providers choose not to renew contracts where reimbursement rates fail to cover the full cost of delivering care.

Similar contracting arrangements also exist between home health providers and crown corporations such as WorkSafe BC, Community Living BC (CLBC) and the Insurance Corporation of British Columbia (ICBC). These contracts enable the delivery of specialized care, such as rehabilitation services for injured workers or motor vehicle accident victims. The financial pressures faced by providers under these agreements often mirror those experienced in surge contracts with health authorities, as reimbursement rates frequently lag behind the rising costs of wages, training, and service delivery.

Financial Strain of Wage Pressures and Rising Costs

Family-funded home health providers face mounting financial pressure driven by rising labour costs and inflation, which have significantly driven up basic operational expenses like utilities, rent, supplies, and fuel for travel. Adding to these challenges are the [Employer Health Tax](#), mandatory paid sick days, and the challenges of recruiting qualified staff. Together, these factors compound the financial strain on providers.

Government contract rates have not kept pace with rising labour costs. For instance, WorkSafeBC's rate has increased by **29%** since pre-pandemic levels, reaching \$48.00 per hour in 2024. While operators appreciate this increase, it remains insufficient to offset inflation and escalating labour costs. According to Statistics Canada, wages for home support workers in British Columbia have risen from \$15.70 per hour in 2018 to \$25.00 per hour in 2024—a **59% increase** (see Figure 6).²⁸

Contract rates from other government agencies are even lower. The rate offered by the Insurance Corporation of British Columbia (ICBC) is only \$40.00 per hour. Once you deduct workers' wages, this leaves operators with only \$15.00 per hour to cover all overhead costs and operating expenses—including training, health benefits, mileage, late cancellations, overtime, and administrative fees (see Table 1). This leaves little or no margin to maintain the viability of the business.

Additionally, rates are inconsistent across providers. A sample of family-funded home health providers with surge contracts with Vancouver Coastal Health revealed hourly rates ranging from \$37.50 to \$61.50, with an average of \$47.83. No clear rationale or justification for these discrepancies is evident. (see Table 1).

Providers are facing challenges concerning contract fairness. For instance, Community Living BC reports that they provide a rate of \$57.94 per hour for care delivered by Community Service Workers to unionized operators. CLBC clarifies that this rate is designed to cover labour and benefits costs, supervision, and general administrative expenses, while other program expenses are funded separately. However, this rate is exclusive to unionized providers; non-unionized providers need to negotiate their contract rates—the average rate for non-unionized Community Support Workers is \$46.75 per hour. This contributes to concerns about fairness among family-funded providers, with some organizations securing higher rates due to stronger bargaining skills, while others, despite offering similarly competitive wages and benefits, receive lower contract rates.

Another significant concern raised by providers is that they are often funded for non-clinical support services under their CLBC contracts. However, due to the complexity of clients' health conditions, they are often required to send a registered HCA to provide personal care, even though this exceeds the scope of non-clinical support. This creates an unfunded cost for operators, as they must cover the additional expense of sending a more qualified, higher-wage worker without corresponding funding support from CLBC. Providers argue that this mismatch between client needs and funding allocation places them in a financially unsustainable position.

Contract Limitations and Their Impact on Providers

Health Authority contracts can often come with restrictive conditions that place additional pressure on affiliate care partners. For example, these contracts may prohibit billing for overtime or negotiating higher rates for short visits (under two hours), even though B.C.'s labour laws require payment for a minimum of two hours of work.²⁹ This forces providers to absorb costs that they cannot recover, further straining their finances. In addition, these contracts may require providers to continue delivering services despite staff shortages, without offering additional support to cover basic operational costs or the administrative burden of managing these contracts. This leaves affiliate care partners in a precarious position, struggling to meet their contractual obligations while trying to maintain financial stability.

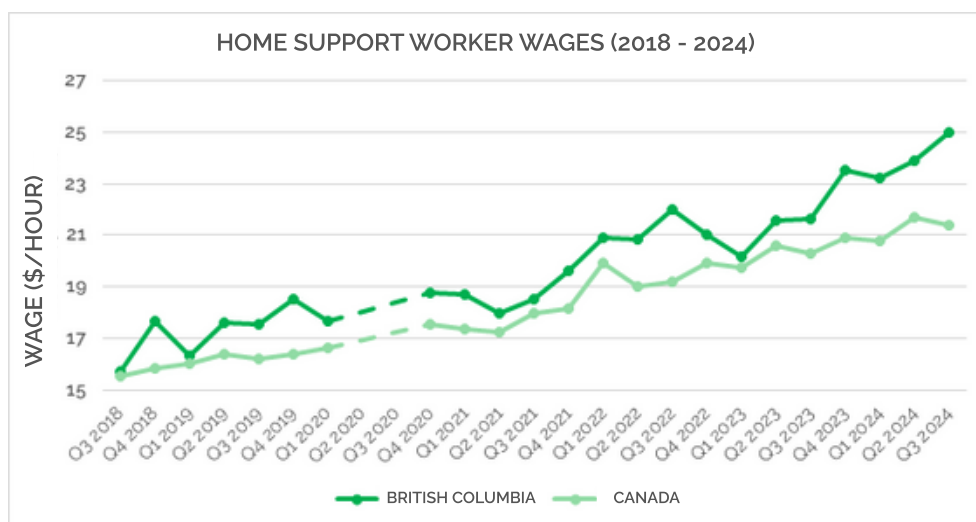


Figure 6. Highlights the increasing cost of labour among home support workers (NOC 44101) over time in British Columbia and Canada, from Q3 2018 to Q3 2024. Source(s): 28

**Notes. The data for Q2 2020 and Q3 2020 are missing. The Y-axis has been truncated and starts at \$15.00 to highlight variations in the data*

Table 1 – Contract Rates for Personal Care Services (2024)

Funder	HCA Contract Rates	Differential	Overhead & Additional Service Delivery Costs
WorkSafe BC	\$48.00	\$23.00	<ul style="list-style-type: none"> ➤ Training ➤ Health Benefits ➤ Raises ➤ Mileage/ Fuel ➤ Late Cancellations ➤ Overtime ➤ Administrative Fees ➤ Margin/ Profit
Coastal Health	\$47.83	\$22.83	
ICBC	\$40.00	\$15.00	

Table 1: This table provides a comparative overview of contract rates offered by select Crown Corporations and Health Authorities to family-funded home health providers for personal care services. The differential column emphasizes how much remains after worker wages to cover essential overhead and service delivery costs, such as training, benefits, and administration. The average wage rate for HCAs is taken to be \$25.00 per hour, as per Statistics Canada data.

**Notes: ICBC reports that the rate will increase to \$43 per hour as of April 8, 2025.*

Consider Golden Ears Home Health, a small family-funded home health provider in Metro Vancouver. They pay their HCAs an average of \$24.50 per hour, but the total cost of delivering care, including operational expenses like training, benefits, and overhead, is closer to \$45.00 per hour. Their surge contract with the health authority pays \$48.00 per hour, leaving only a small margin to grow their business.

Because the contract doesn't allow for premium rates or shorter visits, the provider faces mounting financial pressure. With wages rising in the public sector, they risk losing staff to better-paying jobs. Absorbing these costs isn't sustainable, and scaling back services threatens the quality and availability of care.

Recommendation 1: Provide Sustainable Funding for Home Health

Based on consultations with family-funded home health providers, it is clear that a fully-loaded rate that reflects the true cost of delivering high-quality home health services is sorely needed to make these services sustainable. This rate will need to be adjusted annually to keep pace with inflation. Such rates would help providers maintain financial stability, offer competitive

wages, and invest in staff training and benefits. The threat is real—without sustainable rates, many affiliate care partners may struggle to continue delivering quality care or may be unable to sustain their operations.

This fully loaded rate would also account for premiums on shorter visits, which are common in the home health sector. These premiums would help cover the additional costs associated with travel time, mileage, and other operational expenses required to provide care during these shorter shifts. Without these adjustments, providers face financial instability while trying to meet the growing demand for home health services in B.C.

Furthermore, BCCPA advocates that funding should always adhere to the core principles of **sustainability**, **transparency**, and **timeliness**, as well as **equity** and **fairness**.

This recommendation supports:



Ensuring financial stability for providers by supporting home health operators to cover operational costs, offering wages commensurate with the regional health authorities, and investing in essential staff training and benefits. Closing the gap between the actual cost of care and reimbursement rates will allow providers to sustain their operations.



Improving service delivery by introducing premium rates on shorter visits, which will help providers cover additional expenses such as travel time and mileage. This ensures providers can deliver high-quality care, especially in cases where multiple short visits are necessary throughout the day.



Sustaining high-quality care by adjusting rates annually to keep pace with inflation, preventing financial strain on providers and ensuring they can continue to meet the growing demand for home health services.



Retain skilled staff by helping family-funded providers offer competitive wages that align with public sector wages, minimizing staff loss to better-paying jobs and ensuring continuity of care for clients.

Live-In Home Support

Live-in home support is essential for seniors who need continuous, around-the-clock care, allowing them to remain comfortably and safely in their homes. However, the current system creates a significant barrier for many families seeking affordable care, especially those relying on family-funded providers.

Employment Standards Act Regulation, Part 1, Definitions

A live-in home support worker is defined in legislation as a person who:

- Is employed by an agency, business or other employer providing, through a government-funded program, home support services for anyone with an acute or chronic illness or disability not requiring admission to a hospital; and*
- Provides those services on a 24-hour per day live-in basis without being charged for room and board.³⁵*

Government funding includes payments from B.C.'s health authorities and from Veterans Affairs Canada but does not include funding from ICBC, WorkSafeBC, old age security, or the guaranteed income supplement.

In 2016, the BC Employment Standards Tribunal reaffirmed that live-in home support workers employed by family-funded providers must be paid hourly, with overtime applied after 8 hours of work. Before this ruling, families were accessing live-in home support at an affordable flat rate. Though not uniform, a small sampling of family-funded home health providers revealed that \$225 was a typical daily rate paid for live-in home support work, ranging from \$150 to \$250 per day depending on the organization and the requirements of the position.

Following the ruling, only live-in home support workers employed by government-funded programs could be paid through this alternative minimum wage standard. And as outlined in a report from the 2018 [Fair Wages Commission](#), this made for a very unusual employment standard, in that this category covers few or no workers.³⁰

This limitation has had a direct impact on seniors and their families, making it harder to access affordable, quality care. After the ruling, the cost of live-in care soared. A live-in home support worker earning \$22.90 per hour now costs families approximately \$522 per day for a 24-hour shift (which includes a 4-hour unpaid break and 8 hours of paid rest). Notably, this is only the cost of the wage paid to the worker, without factoring in any operational costs. Even without these operational costs, the cost is over \$15,000 per month, making live-in home support unaffordable for many families.



Maria, an 85-year-old retired teacher, has lived independently in her home for decades. After developing arthritis and suffering a minor stroke, she needed continuous assistance with everyday activities like getting dressed, preparing meals, and managing her medication. Her daughter, Andrea, wanted to keep her mother at home, where she felt safe and comfortable, so they arranged live-in home support through a family-funded provider at a flat daily rate of \$225.

For months, this arrangement worked well for Maria. But after the 2016 BC Employment Standards Tribunal ruling, which required live-in workers to be paid hourly with overtime after 8 hours, everything changed. The provider could no longer offer a predictable, flat daily rate, and the cost of Maria's care became unpredictable and skyrocketed to over \$500 per day—or \$15,000 per month. Faced with these overwhelming costs, Andrea was forced to cut back on her mother's care, leaving Maria without the full support she needed.

To address these challenges, a balanced approach is needed—one that ensures affordability for families while recognizing the need for fair wages for workers. Re-evaluating the alternative minimum wage standard for live-in home support workers could provide a pathway forward. By updating daily wage rates and making them available to family-funded providers, access to affordable live-in home support can be restored for British Columbians.

Maria's experience mirrors the experiences of many seniors across the province. With family-funded providers unable to offer affordable flat rates, families are left with few options—either pay unsustainable fees, cut back services, or seek riskier, unregulated care options through sites such as Craigslist.

Recommendation 2:

Make Live-In Home Support Affordable Again

Access to affordable live-in home support must be restored for frail and elderly British Columbians. Allowing family-funded providers to offer flat daily rates would ensure predictable and accessible pricing, making quality care attainable without imposing prohibitive costs on older adults and their families. Furthermore, the minimum flat rate should be updated to keep work in this field competitive with other similar alternative minimum wage standards.

This recommendation supports:



Providing financial relief for seniors and their families by offering flexible and predictable payment options (such as flat daily rates), making live-in home support more affordable, and helping British Columbians avoid resorting to unsafe and informal care options (e.g. Craigslist).



Facilitating aging in place by enabling seniors to remain in their homes with continuous, personalized support, enhancing their independence and quality of life.



Reducing pressure on congregate care settings by providing affordable live-in home support, which results in fewer seniors needing to rely on long-term care homes, hospices or hospitals, thereby easing the strain on such settings.

Intermunicipal Mobile Business Licenses

Family-funded home health providers across B.C. face complex and costly processes to acquire business licenses in each municipality where they serve clients. This bureaucratic burden disproportionately affects smaller organizations with limited resources, forcing them to either pass these additional costs onto the seniors who depend on their services or, in some cases, stop providing services in those communities altogether. These requirements can increase operational expenses, which may affect providers' ability to offer competitive pricing and potentially limit the options available to seniors when choosing a provider.

In contrast, industries such as trades and construction benefit from a streamlined system known as an Intermunicipal Mobile Business License (IMBL). This system allows businesses to operate across multiple municipalities under a single license. For instance, a [North Shore IMBL](#) costs an additional flat fee of \$60.00, allowing businesses to operate seamlessly across municipal boundaries. Unfortunately, this option is currently unavailable to most home health providers, adding unnecessary complexity and cost to their operations.



Meet Grace—Grace owns a small family-funded home health service in rural B.C., dedicated to providing personalized care and support to seniors across several small communities across the island. Each time she expands into a new area, she faces the expensive and time-consuming process of applying for separate business licenses in every municipality. For a small provider like her, these additional costs are hard to absorb,

To keep her business afloat, Grace sometimes has no choice but to pass these fees onto her clients—seniors living on fixed incomes—making care less affordable. In some instances, she's even had to stop offering services in certain areas, leaving seniors with fewer options for home health services. For those living in remote regions, this means fewer chances to age at home with the support they need.

If home health providers like Grace could access an IMBL, like trades and construction businesses do, she could reduce her operating costs and offer more affordable care across rural communities. This streamlined system would allow more seniors to stay in their homes enjoying better access to essential services.

Recommendation 3: Cut Red Tape with Intermunicipal Business Licenses

By introducing an IMBL, Grace and other home health providers could reduce their operating costs and deliver more affordable care. Instead of navigating multiple municipal licensing processes, providers could operate across different regions with a single license, just as trades and construction companies do. This would allow providers to focus on providing consistent care without the financial burden of separate licenses, ensuring more seniors can access the services they need.

BCCPA continues to advocate for municipal governments to expand their IMBL programs to include home health providers and other healthcare services, such as mobile dental and hearing care. A recent example of progress is [the expansion of the Metro-West IMBL](#), which, starting January 1, 2025, will include health professionals and services like home health

providers. This streamlined approach, covering municipalities such as Vancouver, Burnaby, Delta, Richmond, New Westminster, and Surrey, could help make care more accessible. Other municipalities may consider following Metro-West's lead, as simplifying the licensing process may contribute to better patient outcomes, lower costs, and a more sustainable home health system.

This recommendation supports:



Reducing administrative burdens by allowing home health providers to operate across multiple municipalities under a single license, which reduces costs and complexity.



Improving access to care by enabling providers to serve a broader geographical area, helping seniors retain their preferred care providers regardless of municipal boundaries, thus facilitating aging in place.



Lowering operational costs for providers, which can lead to more affordable services for seniors, ensuring that they have access to home health options without the added financial burden from municipal licensing fees.



Encourage system-wide adoption by expanding the IML program to include home health and healthcare services, such as mobile dental and hearing care, across more municipalities.

Quality Assurance

The home health sector in B.C. faces challenges in achieving consistent quality standards, in part due to the flexible regulatory environment. While this flexibility supports innovation and adaptability, it can also lead to varying approaches in care delivery, creating challenges in ensuring uniform quality across providers.

Leading providers, particularly those affiliated with BCCPA, are working to address these risks through comprehensive quality assurance initiatives. A prime example is the **Assurity program**, which helps promote best practices in areas such as safety, reliability, and overall care quality. When an organization has an Assurity certificate, it means they have demonstrated that they meet or exceed industry standards in the areas that matter most for seniors and their families, such as maintaining privacy, safety, and satisfaction. As a result, this program helps potential clients identify providers that are committed to delivering high-quality services, giving them greater confidence in their choice.

Accreditation Options for Family-Funded Home Health Providers

There are many different quality assurance and accreditation options being utilized by family-funded home health providers. The Assurity program developed by BCCPA is just one example. Other industry-recognized certifying organizations include:

- Accreditation Canada
<https://accreditation.ca/about/>
- CARF International
<https://carf.org/about/>
- International Organization for Standardization (ISO)
<https://www.iso.org/about>

Although the Assurity program has made notable progress in establishing industry standards and helping clarify provider choice to the public, there remains potential to further expand its reach and impact. BCCPA will work with our membership and industry partners to strengthen the program. This will help mitigate risks within the current regulatory framework and promote more consistent, high-quality care for seniors across the province.

Public Protection

Another key element of maintaining professional standards in the sector is the **BC Care Aide and Community Health Worker Registry** (the "Registry"), a database of credentialed or 'registered' health care assistants working for (or wanting to work for) publicly funded health care employers in B.C. The Registry verifies that workers meet minimum educational qualifications, either having graduated from a recognized health care assistant program in B.C. or having achieved equivalent education and experience in another jurisdiction. In addition to verifying qualifications, the Registry also has the ability to suspend or remove care aides from the database if they are accused of abuse or neglect. However, family-funded providers—who deliver a substantial amount of care and support to seniors across the province—have limited or no access to the Registry's resources.*

While these providers conduct rigorous vetting, including criminal record checks and hiring qualified staff, their ability to verify that a care aide remains in good standing with the Registry is limited. This results in a significant gap in the Registry's public protection mandate, as well as the support mechanisms available to family-funded home health providers compared to their publicly funded counterparts.^{31, 32}

*Some family-funded providers have been given access to the Registry due to current or historic contracts with the regional health authorities, but this is idiosyncratic rather than uniformly applied.



After Ayesha's hip surgery, her son Imran searched for reliable home care in Surrey. With varying standards across providers, he turned to the Assurity program, which highlighted providers committed to safety and quality.

Imran chose a well-regarded family-funded provider but soon discovered that neither he nor the company were able to verify that their assigned HCAs were in good standing with the BC Care Aide and Community Health Worker Registry. While the provider followed strict hiring practices, the absence of Registry oversight left Imran concerned about gaps in worker verification, and the safety implications for his mother.

Imran believes everyone—employers, clients and their families—should have access to the same tools to ensure consistent, high-quality care. A more transparent system, similar to the credential verification system available for nurses, would protect seniors like his mother and give families peace of mind.

Recommendation 4:

Strengthen Public Protection for Home Health Clients

To ensure that all home health providers, whether publicly or family-funded, have equal access to the tools needed to maintain high professional standards, it is essential to provide everyone—including family-funded providers, seniors and their families—access to the list of registered care aides. This is similar to the verification system available to the public for nursing professionals via the BC College of Nurses and Midwives.

In fact, the government has previously proposed transferring oversight of HCAs to a single nursing regulator to improve inclusivity and transparency for all providers. While this proposal received support from BCCPA, it has not yet been implemented, leaving family-funded providers without full access to the Registry's oversight capabilities.³³ Now that the BC College of Nurses and Midwives has successfully consolidated to create one nursing regulator, it is time for this body to assume oversight of care aides.

To further safeguard seniors, a notification system should be introduced to alert employers when a care aide is suspended or removed from the Registry, preventing the rehiring of workers with concerning records and ensuring safety across all care settings.

This recommendation supports:



A more transparent and equitable system by expanding access to the list of registered care aides to the public, including family-funded home health providers. This will build trust, allowing seniors to choose their care provider without concerns about differing quality or regulations.



Enhanced safety for seniors through a notification system that alerts employers if a care aide is suspended or removed from the Registry. This will prevent unsafe workers from moving between settings, ensuring greater protection for seniors and peace of mind for families.



A more streamlined and logical system by transferring oversight of HCAs to the BC College of Nurses and Midwives. This will improve accountability and reduce the number of regulatory bodies that employers, workers and the public must engage with.

Cost Barriers to Aging in the Right Place

Aging in place not only preserves personal independence and dignity but also helps 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.²

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

The urgent need for financial support to access these services is undeniable. Most seniors in B.C. are middle-income, a demographic often referred to by policymakers as the '*forgotten middle*.' In 2019, the median income for seniors in B.C. was \$30,750 annually.³⁴ Yet to receive one hour of daily home support, seniors in this income bracket need to pay about **\$9,000 per year** for publicly subsidized services, representing nearly a third of their income.¹³



Take, for example, Mrs. Chen, an 85-year-old woman living with early-stage dementia. Her family has been paying for several hours of home health services each week to ensure that she can safely remain in her home. These services include help with personal care, medication management, and meal preparation. However, these costs have quickly added up—reaching over \$5,000 per month. Mrs. Chen's family finds it increasingly difficult to manage these expenses while maintaining her standard of living. Faced with the mounting costs, they have considered moving her into a long-term care home, which would come with its own financial burdens and emotional challenges, as Mrs. Chen is attached to her home and her community.

For the forgotten middle, the lack of accessible and affordable care options undermines their ability to age in place safely and independently, increasing the risk of unmet needs and avoidable healthcare interventions. Enhancing access to affordable self-funded home health services would significantly alleviate this burden—not only for seniors and their families but also for the publicly subsidized healthcare system, reducing costs and improving outcomes for all.

Recommendation 5:

Support Seniors Aging at Home with a Tax Credit

For a family such as Mrs. Chen's, the Aging in the Right Place Tax Credit has been proposed as a solution to help seniors afford the care they need while staying in their homes or independent living arrangements. Modelled after the Quebec tax credit for home-support services for seniors, which compensates seniors for a percentage of home health or independent living expenses, this refundable tax credit would allow seniors and their families to claim a portion of the costs they incur for home health services and personal care.

In practical terms, this tax credit could provide significant relief for families. For instance, if Mrs. Chen's family is paying \$2,000 per month for home health services, they could claim a portion of that expense. This would reduce their out-of-pocket costs, making it more financially feasible to continue caring for Mrs. Chen at home. The tax credit would ensure that seniors like Mrs. Chen can receive personalized care in a familiar setting.

This recommendation supports:



Providing financial relief to families by enabling them to stay in the environment of their choosing, whether that be their own homes or independent living communities. This approach fosters dignity and personal autonomy for seniors as they age.



Empowering seniors to maintain their independence by enabling them to stay in the environment of their choosing, whether that be their own homes or independent living communities. This approach fosters dignity and personal autonomy for seniors as they age.



Reducing strain on long-term care homes and hospitals by promoting aging in place, which decreases reliance on institutional care and alleviates pressure on the broader healthcare system. This shift would help free up space in long-term care and acute settings for those who need it most.



Building a more equitable and sustainable care system that ensures seniors, regardless of their financial situation, have access to the care and support they need. This would create a more inclusive and balanced approach to aging, ensuring no one is left behind due to financial barriers.



Advancing gender equity by allowing family caregivers, who are disproportionately women, to remain in the workforce rather than reducing their hours or leaving their jobs due to caregiving responsibilities.



Part 4: A Commitment to Home Health

Home health is essential for allowing seniors to age with dignity and independence. As more British Columbians choose to remain in their homes and communities, the demand for these services continues to grow. However, the sector continues to face challenges in terms of recognition, funding, and regulatory support. It's clear that a stronger focus on home health is necessary to meet the evolving needs of our aging population and alleviate pressure on other parts of the healthcare system.

Home health plays a vital role beyond simply alleviating pressure on hospitals and long-term care homes—it actively improves health outcomes for seniors by allowing them to remain in familiar environments where they feel safe and supported. For families, it offers peace of mind, knowing their loved ones receive care tailored to their specific needs.

Building a sustainable and equitable home health system is a shared responsibility. It requires forward-thinking policies like the Aging in the Right Place Tax Credit, as well as reforms that ensure fair and sustainable funding. These changes will empower seniors to make informed choices about their care while ensuring home health providers have the resources to fairly compensate and support workers in their essential roles.

Home health is not just an add-on to our healthcare system; it is a fundamental pillar supporting the growing number of seniors who want to age in place. The contributions of home health providers, care workers, and the families who rely on these services are indispensable, yet they often go unrecognized. The province must fully embrace the importance of home health as a core part of the solution.

This is not only about addressing the immediate needs of today's seniors—it's about creating a sustainable system that will serve future generations. A fully supported home health system ensures that all British Columbians can access the care they need.

Moving forward, home health must be at the forefront of B.C.'s healthcare strategy. By investing in home health today, we lay the foundation for a healthier future—one that benefits seniors, families, and the broader healthcare system. This collective responsibility, if acted on now, will ensure a better tomorrow for everyone.

Prioritizing Home Health: The Call to Action

Our vision for the future is one where home health is treated as an integral part of B.C.'s healthcare system, not an afterthought. To achieve this, we need decisive and meaningful action in several critical areas, including promoting sustainable funding, enhancing affordability and accessibility for families, streamlining administrative processes, and supporting quality care. These steps provide a roadmap for enabling seniors to age with dignity and independence in their homes.

Recommendations



1) Provide Sustainable Funding for Home Health

To ensure sustainability, affiliate home health providers need a fully loaded rate that reflects the true cost of delivering high-quality home health services. This rate would help maintain financial stability, cover operational costs such as competitive wages and short-shift premiums, and be adjusted annually for inflation. Without these adjustments, many affiliate care partners may struggle to continue to support public services. In addition to sustainability, funding should always adhere to the core principles of timeliness, transparency, equity and fairness.



2) Make Live-In Home Support Affordable Again

Live-in home support is crucial for seniors needing continuous support, but the current application of the employment standards is making it unaffordable for many families. This interpretation requires live-in home support workers to be paid hourly with overtime after 8 hours, pushing costs up to \$500 per day. Unlike public providers, family-funded providers are not allowed to offer more affordable and predictable flat daily rates. We recommend revising and updating employment standards to allow family-funded providers to offer flat daily rates, balancing fair compensation for workers with affordability for families. This will make live-in home support more accessible, reduce the financial burden on families, and ensure providers can sustainably offer high-quality care.



3) Cut Red Tape with Intermunicipal Business Licenses

Implementing an intermunicipal mobile business license (IMBL) for home health providers would reduce administrative burdens, allowing providers to offer more affordable care across a wider geographic area. This approach would enable more seniors to access home health services and age in place with dignity. Expanding IMBL programs, similar to the upcoming Metro-West initiative, could lead to better care access, reduced costs, and a more sustainable home health system across B.C.



4) Strengthen Public Protection for Home Health Clients

To ensure consistent care quality, family-funded home health providers and the public should have access to the list of registered care aides maintained by the BC Care Aide and Community Health Workers Registry. Oversight of this important group of workers should be consolidated under the one nursing regulator, the BC College of Nurses and Midwives. This would improve oversight and maintain high standards across all providers. A notification system should also be introduced to alert providers if a worker is suspended or removed, helping prevent unsafe rehiring.



5) Support Seniors Aging at Home with a Tax Credit

The proposed Aging in the Right Place Tax Credit would help seniors, and their families cover a portion of the costs for home health services and independent living, modelled after Quebec's tax credit system. This financial relief would make aging at home more affordable, allowing seniors to remain in familiar settings. The tax credit would also reduce pressure on long-term care homes and hospitals, creating a more equitable and sustainable care system for seniors across B.C.

Works Cited

1. Feil, C., Iciaszczyk, N., & Sinha, S. (2021). Pandemic perspectives in long-term care: Insights from Canadians in light of COVID-19. National Institute on Ageing. https://digitallibrary.cma.ca/viewer?file=%2Fmedia%2FDigital_Library_PDF%2F2021%2520Pandemic%2520Perspectives%2520on%2520Long-Term%2520Care%2520EN.pdf_page=1
2. 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>
3. Chappell, N. L. (2012). An appropriate and cost-effective health care system for an ageing society. University of Victoria. https://www.mun.ca/nlcahr/media/production/memorial/administrative/nl-centre-for-applied-health-research/media-library/researchexchange/Aging33_Chappell.pdf
4. Canadian Institute for Health Information. (2017). Seniors in transition: Exploring pathways across the care continuum. <https://www.cihi.ca/en/seniors-in-transition-exploring-pathways-across-the-care-continuum>
5. Canadian Institute for Health Information (2020, August 6). 1 in 9 new long-term care residents potentially could have been cared for at home. <https://www.cihi.ca/en/1-in-9-new-long-term-care-residents-potentially-could-have-been-cared-for-at-home>
6. McGrail, K. M., Broemeling, A., McGregor, M. J. Salomons, K., Ronald, L. A., & McKendry, R. (2008). Home health services in British Columbia: A portrait of users and trends over time. UBC Centre for Health Services and Policy Research. <https://open.library.ubc.ca/soa/cIRcle/collections/facultyresearchandpublications/52383/items/1.0048262>
7. Helmer-Smith, M., Mihan, A., Sethuram, C., Moroz, I., Crowe, L., MacDonald, T., ... Liddy, C. (2022). Identifying Primary Care Models of Dementia Care that Improve Quality of Life for People Living with Dementia and their Care Partners: An Environmental Scan. Canadian Journal on Aging, 41(4), 550–564. <https://www.cambridge.org/core/journals/canadian-journal-on-aging-la-revue-canadienne-du-vieillessement/article/identifying-primary-care-models-of-dementia-care-that-improve-quality-of-life-for-people-living-with-dementia-and-their-care-partners-an-environmental-scan/EBDED241B23E1CBFA98A7DA176B4E989>
8. Prorok, J. C. and Lorbergs, A. L. (2023). Dementia-inclusive home and community care in Canada. Canadian Standards Association. <https://www.csagroup.org/wp-content/uploads/CSA-Group-Research-Dementia-Inclusive-Home-and-Community-Care-in-Canada.pdf>
9. Office of the Seniors Advocate British Columbia. (2019). Home support: We can do better. https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2019/06/Report-Home-Support-Review_web.pdf
10. Office of the Seniors Advocate British Columbia. (2023). Monitoring seniors services 2023 report. <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2024/03/OSA-Monitoring-Report-2023.pdf>

11. Office of the Seniors Advocate British Columbia. (2024). Monitoring seniors services 2024 report. <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2024/12/Monitoring-Seniors-Services-2024.pdf>
12. Jorsvik, C. (n.d.). Understanding home care: Public & private. Patient Pathways. <https://patientpathways.ca/navigating-the-bc-healthcare-system-1/understanding-home-care-public-and-private>
13. Office of the Seniors Advocate British Columbia. (2023). We must do better: Home support services for BC seniors. <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2023/02/OSA-HOME-SUPPORT-REPORT-2023-ONLINE.pdf>
14. Statistics Canada. (2022). Home care use and unmet home care needs in Canada, 2021. <https://www150.statcan.gc.ca/n1/en/daily-quotidien/220826/dq220826a-eng.pdf?st=oSwKrIE6>
15. Zussman, R. (2019, March 13). B.C. government rolling privately-run home support services into health authorities. Global News. Retrieved from <https://globalnews.ca/news/5052863/privately-run-support-services-health-authorities/>
16. Shaw, R. (2019, March 14). B.C. moving private home support services back into health authorities. Vancouver Sun. <https://vancouversun.com/news/politics/b-c-moving-private-home-support-services-back-into-health-authorities-~:text=Health%20Minister%20Adrian%20Dix%20said,the%20growing%20number%20of%20seniors>
17. Office of the Seniors Advocate British Columbia. (2024). Resilient and resourceful: Challenges facing B.C.'s rural seniors. <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2024/02/OSA-Rural-Seniors-FINAL-LOW-RES.pdf>
18. Keefe, J. M., Knight, L., Martin-Matthews, A., & Légaré, J. (2011). Key issues in human resource planning for home support workers in Canada. *Work* (Reading, Mass.), 40(1), 21–28. <https://doi.org/10.3233/WOR-2011-1203>
19. Statistics Canada. Table 14-10-0442-01 Job vacancies, payroll employees, job vacancy rate, and average offered hourly wage by industry sub-sector, quarterly, unadjusted for seasonality <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410044201>
20. Statistics Canada. Table 14-10-0443-01 Job vacancies, proportion of job vacancies and average offered hourly wage by occupation and selected characteristics, quarterly, unadjusted for seasonality <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410044301>
21. Chamberlain, S. A., Hoben, M., Squires, J. E., Cummings, G. G., Norton, P., & Estabrooks, C. A. (2019). Who Is (Still) Looking After Mom and Dad? Few Improvements in Care Aides' Quality-of-Work Life. *Canadian journal on aging = La revue canadienne du vieillissement*, 38(1), 35–50. <https://doi.org/10.1017/S0714980818000338>
22. Healthcare Excellence Canada. (2022) Shaping the future of care closer to home for older adults. https://www.healthcareexcellence.ca/media/5wvevdgt/20220530_shapingfutureforolderadults_en.pdf

23. National Seniors Council. (2024). Supporting Canadians aging at home: Ensuring quality of life as we age. <https://www.canada.ca/content/dam/esdc-edsc/documents/national-seniors-council/programs/publications-reports/aging-home/NSC-ExpertPanel-AgingAtHome-FinalReport-EN-20240621.pdf>
24. Healthy Aging CORE British Columbia. (2019, June 19). Home support...we can do better. <https://bc.healthyagingcore.ca/resources/home-supportwe-can-do-better>
25. BC Care Providers Association. (2017). Seniors: Right care. Right time. Right place [infographic]. <https://bccare.ca/wp-content/uploads/2017/02/ALC-Days-infographic-Feb2017.pdf>
26. Canadian Institute for Health Information. (2020, August 6). 1 in 3 unpaid caregivers in Canada are distressed. <https://www.cihi.ca/en/1-in-3-unpaid-caregivers-in-canada-are-distressed>
27. Family Caregivers of British Columbia. (2021, November 1). Getting a break from caregiving: Respite options. <https://www.familycaregiversbc.ca/archives/14244>
28. Statistics Canada. (2024). Job vacancies, proportion of job vacancies and average offered hourly wage by selected characteristics, quarterly, unadjusted for seasonality. (Table: 14-10-0443-01). <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410044301&pickMembers%5B0%5D=1.1&pickMembers%5B1%5D=2.533&cubeTimeFrame.startMonth=04&cubeTimeFrame.startYear=2018&cubeTimeFrame.endMonth=04&cubeTimeFrame.endYear=2024&referencePeriods=20180401%2C20240401>
29. Government of British Columbia, (2024). Working in British Columbia. https://www2.gov.bc.ca/assets/gov/employment-business-and-economic-development/employment-standards-workplace-safety/employment-standards/factsheets-pdfs/working_in_bc_infosheet.pdf
30. Griffin Cohen, M., Limpright, I., & Peacock, K. (2018, March). Minimum wages for those with alternate rates in British Columbia (BC Fair Wages Commission Report and Recommendations to the Minister of Labour, Second Report). British Columbia Ministry of Labour. https://www.sfu.ca/content/dam/sfu/labour/fairwagescommission/FWC_Second_Report_March_2018_FINAL.pdf
31. BC Ombudsperson. (2012). The Best of Care: Getting it Right for Seniors in British Columbia, Part 2 (Public Report no. 47). Office of the Ombudsperson. <https://bcombudsperson.ca/assets/media/Public-Report-No-47-The-Best-of-Care-Volume-1-1.pdf>
32. Foerster, V., Murtagh, J., & British Columbia Ministry of Health. (2013). British Columbia Care Aide & Community Health Worker Registry: A review. <https://www.deslibris.ca/ID/238055>
33. BC Ministry of Health. (2016). Health Care Assistant Oversight: Policy Intentions Paper for Consultation. Government of British Columbia. https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/hca_new.pdf
34. Office of the Seniors Advocate British Columbia. (2022, September). BC seniors: Falling further behind. Retrieved from https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2022/10/OSA-BCFFB_FINAL.pdf



**BC Care
Providers**
A S S O C I A T I O N

Contact

BC Care Providers Association

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

(604) 736-4233

www.bccare.ca
[@BCCareProviders](https://www.instagram.com/BCCareProviders)

