



THRIVING PEOPLE

British Columbia can be a place where everyone has what they need to thrive. We envision a province with no homelessness, no poverty, and no preventable deaths. Every person in BC deserves barrier-free access to the services, supports and spaces necessary for their wellbeing.

For too long, our systems have been designed to benefit some, but not all. This has left many behind—Indigenous communities, people with disabilities and those experiencing poverty continue to face systemic barriers. We must recognize that a truly safe and secure province depends on the wellbeing of everyone—and that no one can be left behind as we build a better future.

By addressing Indigenous relations, health, mental health, drug policy, poverty, seniors' issues, and disability and accessibility together, we can see that a thriving province depends on a holistic approach. We must ensure that every person—regardless of age, ability, social condition or identity—has access to the supports they need to live a dignified life.

The groundwork has already been laid by experts and those with lived experience. Their research, position papers and wisdom have helped inform our decision-making. We believe the best policy ideas come from those most impacted. Our commitment is to ensure that health and social services are robust, creating the conditions for all people in BC to thrive.

Indigenous Relations and Reconciliation

We recognise Indigenous rights and title in British Columbia. We will uphold Indigenous self-determination, address rights and title and support the customary roles and lives of Indigenous peoples.

HOW WE'RE THINKING ABOUT THIS

The rights of Indigenous peoples are inherent, existing and cannot be infringed upon. First Nations hold rights and title to the land because it was never legally surrendered or ceded—and historic treaties have not been honoured. Ignoring this reality is not only unjust but also creates uncertainty and leads to costly, protracted litigation for the province.

While economic reconciliation is essential, it is not enough. We must strive for full reconciliation, supporting Indigenous peoples as they heal from the damaging legacies of colonization. Reconciliation should inspire both Indigenous and non-Indigenous individuals to transform Canadian society, ensuring that future generations can live together in dignity, peace and prosperity on these shared lands.

PROBLEM DEFINITION

Indigenous peoples continue to experience structural and systemic racism in British Columbia.

Indigenous peoples across British Columbia have been stripped of their land, languages and inherent right to self-determination. The residential school system, systemic racism in healthcare, education and employment—along with ongoing land loss—have resulted in lower life expectancies for Indigenous peoples, who face disproportionate rates of homelessness, substance use challenges, drug toxicity deaths, suicide, police violence and imprisonment.

Instead of supporting Indigenous governments and rights, successive governments have chosen to deny or delay rights, governance, and self-determination. The predominant pattern has been for governments to fight about every aspect of rights recognition, requiring Indigenous peoples to focus much of their limited time and resources towards endless fights against the Crown, instead of the vital nation and government-building work needed.

POLICIES FOR ANNOUNCEMENT

Recognize and empower Indigenous governments, ensuring equitable access to resources and decision-making authority.

- Recognize all Indigenous governments formed in alignment with the principles of Indigenous self-determination, removing limitations related to 'Indian Act' bands and those incorporated under provincial statutes.
- Provide Indigenous governments with stable and reliable funding, comparable to other levels of government, allowing them to carry out their duties and make long-term investment and planning decisions.

Affirm Indigenous language rights and provide the resources needed to preserve and revitalize Indigenous languages.

- We will enact an Indigenous Languages Act, which affirms that Indigenous languages are a fundamental and valued part of British Columbia's heritage. This will guarantee Indigenous language rights and provide communities with the necessary funding and support for language preservation, revitalization, and strengthening.
- We will enable the use of all Indigenous languages on government-issued identification, ensuring that people can reclaim their names in their original language at no cost.

Ensure public servants are educated on the history, rights, and laws of Indigenous peoples.

- We will provide education to all public servants on the history of Indigenous peoples, including the legacy of residential schools, treaties, Indigenous law and Indigenous-Crown relations.

Align land legislation with Indigenous rights and ensure public participation in the process.

- We will review the Land Act to ensure its alignment with the inherent rights of First Nations peoples and the Declaration on the Rights of Indigenous Peoples Act. This process will be conducted transparently, with opportunities for public consultation across British Columbia.

Ensure that provincial legislation and decision-making processes uphold the rights of Indigenous peoples.

- Enact an amendment to the Interpretation Act confirming that all provincial enactments must uphold the rights of Indigenous peoples, ensuring that no laws abrogate or derogate from those rights.

- Establish an expert advisory committee comprising specialists in Indigenous rights, the Declaration on the Rights of Indigenous Peoples Act, and constitutional law. This committee will advise both the Provincial Government and Indigenous governments on legislative developments—and their advice will be made public.
- We will co-develop with Indigenous peoples a clear policy that outlines how Indigenous peoples will be engaged consistently across government during the law-making process, including how the government will provide financial support for their participation.
- We will co-develop a mechanism with Indigenous peoples for resolving Indigenous-Crown disputes proactively, to foster understanding and avoid litigation.



Health

Making British Columbians the healthiest people possible.

HOW WE'RE THINKING ABOUT THIS

Preventing illness isn't just the compassionate thing to do—it's also the fiscally responsible choice. As climate change intensifies and the world becomes an increasingly complex and hazardous environment—whether through pandemics like COVID-19, air pollution or toxic chemicals in our water and clothing—our healthcare system must focus on keeping people well.

At the individual level, this means ensuring that every person has access to essential healthcare services. This includes timely vaccinations, routine screenings and the ability to see a doctor or nurse practitioner when symptoms first appear.

Streamlining the Healthcare System to Reduce Bureaucracy

At all stages of our healthcare system, health professionals are spending too much time on paperwork. The College of Family Physicians states that on average, family physicians will spend one-third of their working time on administrative tasks. Across Canada, physicians are spending 18.5 million hours each year on unnecessary administrative work—the equivalent of 55.6 million patient visits.

While the First Nations Health Authority stands out for its unique role in addressing the needs of Indigenous populations, other authorities have grown unwieldy and costly, with health spending up 72% in the past seven years.

Rejecting Privatization for a Patient-Centered Approach

Profit motivations are not compatible with healthcare. Research from the University of Oxford has demonstrated that “private sector outsourcing corresponded with significantly increased rates of treatable mortality.”

Investing in our health workforce is essential for a sustainable future. Our healthcare system depends on a diverse and highly trained workforce. Nurses,

technologists, and other medical professionals are key to the system's functionality, and more needs to be done to ensure their wellbeing and availability.

PROBLEM DEFINITION

A Shift to Preventive and Primary Care

Currently, one in five people in British Columbia lacks access to a family doctor or nurse practitioner, depriving them of the continuity of care they need. When early intervention is unavailable, conditions worsen, leading to more severe health issues that are costly and resource-intensive to treat.

Urgent Primary Care Centres (UPCCs) were posited as the answer to a lack of family practitioners that could divert people from hospitals. Instead, they are contributing to a staff shortage at hospitals, without providing either the resources that are available at hospitals or the longitudinal care at traditional health centres.

Streamlining the Healthcare System to Reduce Bureaucracy

This issue is compounded within British Columbia's seven health authorities, which have expanded into bloated bureaucracies with 64 vice-presidents and hundreds of managers. Instead of supporting frontline care, these structures duplicate efforts and drive up costs, undermining the efficient delivery of services.

Rejecting Privatization for a Patient-Centered Approach

The BC NDP provides millions of dollars in funding for private care every year. This contributes to workforce shortages in our public hospitals and comes at a steeper price due to profit margins, capital costs, and higher labour costs built into private clinic charges.

In Alberta, the experiment with private care has resulted in reduced surgical capacity and worsening wait times, far exceeding national averages.

Investing in Our Health Workforce for a Sustainable Future

Despite decades of awareness about our aging population, little has been done to ensure we have enough trained professionals to meet growing demands. In medical imaging, for example, the demand for MRI services has surged by 69% in the past five years, but the workforce has only grown by 24%. Two-thirds of radiation technologists report symptoms of burnout.

Nurses are routinely forced to work under unsafe staffing conditions, facing forced overtime and denied time off, leading to high levels of burnout and moral distress, with many leaving the public system altogether. Health workers across the system are grappling with the emotional toll of being unable to provide the level of care their patients deserve.

THE DOGWOOD MODEL

The BC Greens commit to establishing an integrated community health centre in every riding in the province. The 'Dogwood Model' is based on former Minister of Health Hon. Jane Philpott's Periwinkle Model. It focuses on ensuring everyone has a primary care home - a place where they belong, where they feel at home, where they will go for most of their healthcare needs, and where they have a regular provider—a family physician or nurse practitioner.

The Dogwood Model provides several advantages for both practitioners and patients; it has easy referral models, so patients can receive care from the expert that best meets their need, be it a physiotherapist or a dietician. It places the administrative burden on the administrative professionals, rather than the health staff, ensuring they can focus their energies on healthcare, and providing the benefits of being a staff member—including health benefits and paid vacation and parental leave.

The BC Greens will roll out one Dogwood Health Centre in every riding in the province, ensuring the provision of 93 health centres in the first year.



NEW POLICIES FOR ANNOUNCEMENT

We will ensure access to preventive and primary healthcare services for all citizens.

- Make all vaccines available to all people, at no cost to the consumer.
- Remove sales of tobacco from British Columbia pharmacies, and eliminate all advertising of vaping and nicotine products.
- Commission a comprehensive and independent health impact assessment to evaluate the health effects of LNG and fracking activities in BC

We will streamline healthcare administration to improve service delivery and reduce inefficiencies.

- Review the Health Authority model, with a focus on creating a single health authority for province, alongside the First Nations Health Authority, which will focus on addressing systemic racism and improving Indigenous life expectancy.
- Reduce unnecessary bureaucracy for family physicians, including legislating to remove the requirement for doctors' notes for short-term illnesses.
- Review and remove barriers for externally-trained health professionals, making it easier for them to become registered in British Columbia.
- Centralize referrals for surgeries and team-based models of non-surgical and pre-surgical care by introducing a single-entry model, reducing wait times and supporting patients more effectively.

We will prioritize not-for-profit public delivery of health care.

- Increase funding for nurses in the public system, and end reliance on agency nurses
- Implement the recommendations of the Senior's Advocate's report, "Billions More Reasons to Care" (Contracted Long-Term Care-Funding Review Update).
- Review the Procurement Services Act to ensure contracts are awarded based on expertise and relationships with communities, not just cost.

We will strengthen and support the healthcare workforce through better planning, training, and regulation.

- Require health authorities to collect and share data for workforce planning, ensuring alignment with educational institutes.
- Review loan forgiveness and paid practicums for all healthcare students to incentivize sufficient staffing and support training.
- Regulate radiographers and medical imaging technologists so they can work to the full scope of their practice.
- Reinstate the Provincial Chief Nursing Officer role to advocate for the nursing profession.
- Adopt and implement the *"Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada."*



Mental Health

Comprehensive, evidence-based mental health care meets people where they're at and creates the conditions for everyone to be well.

HOW WE'RE THINKING ABOUT THIS

People struggling with mental health, people in crisis, or those living with mental illness are not “moral failures”—and we must not treat them as such. Mental health needs to be viewed like any other health issue—and must be properly resourced within our public system.

Mental health care in BC needs to be comprehensive, evidence-based and accessible, meeting people where they are. We will prioritize preventive and proactive care to improve mental wellbeing, while ensuring crisis and emergency services are available when needed.

When individuals who are struggling with mental health challenges seek help, they should be provided with the support that meets their specific needs. A well-functioning system must offer evidence-based, trauma-informed care.

It's also crucial that we provide adequate mental health support to frontline workers, including nurses, social workers, first responders, and mental health professionals. Burnout and exhaustion are pushing many out of these vital roles. We must take care of our colleagues on the frontlines, so they can continue delivering critical services to our communities.

PROBLEM DEFINITION

One-third of Canadians will experience a mental illness or substance use disorder in their lifetime—and 37% reported a decline in their mental health since the onset of the COVID-19 pandemic. The toxic drug crisis, the climate emergency, the steady increase to the cost-of-living and the ongoing impacts of colonization, are all compounding trauma and grief, putting immense pressure on both individual and collective wellbeing.

Mental health disorders such as depression, anxiety, substance use disorder, bipolar disorder, schizophrenia and eating disorders can deeply affect an individual's quality of life. Access to comprehensive, timely and evidence-based mental health care is critical—and early intervention, such as counselling and therapy, can prevent crises before they escalate.

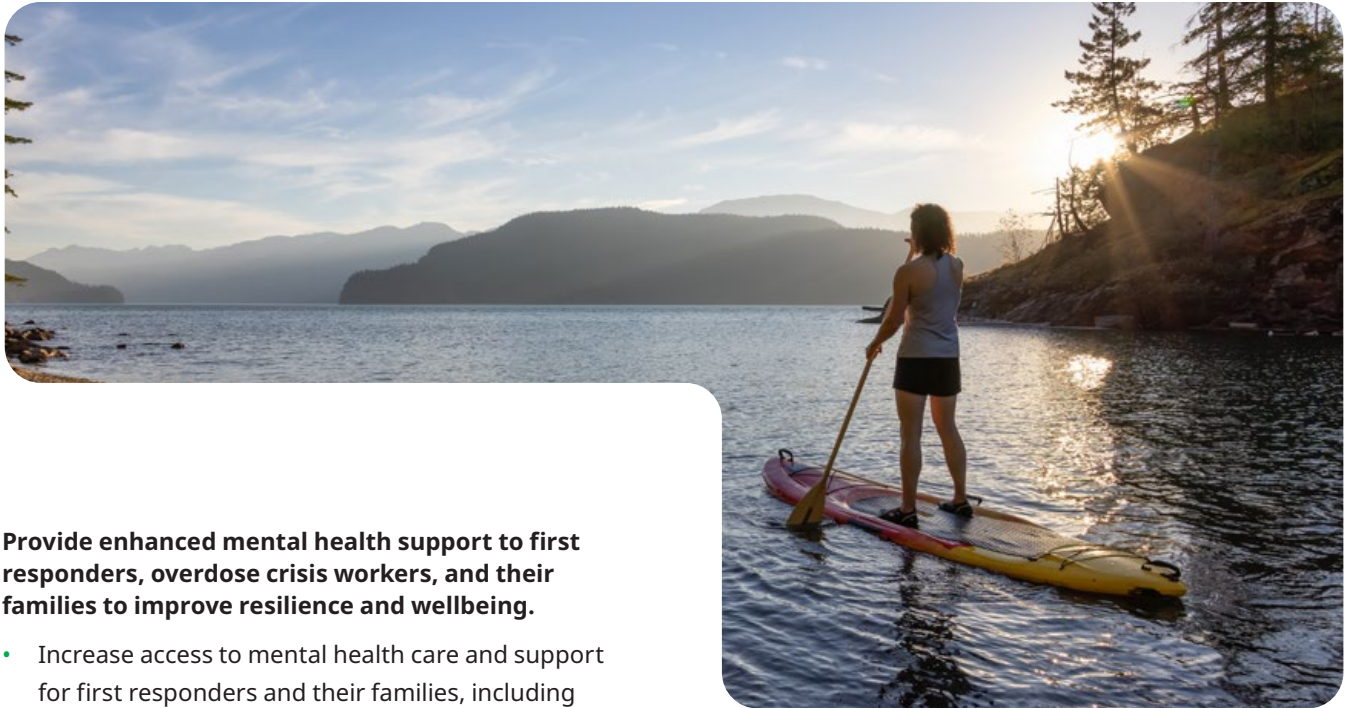
BC has some of the highest rates of self-harm and suicide in Canada, but sadly, stigma still prevents 40% of people with anxiety or depression from seeking help. Our current health and education systems are not adequately designed to promote wellbeing. Instead, it puts the majority of resources toward responding to crises, rather than preventative care.

The Mental Health Act, last updated in 1998, still authorizes coercive health measures and is out of step with modern understandings of mental health and illness. It's time for the act to be overhauled and oriented toward creating the conditions for all people to be well—informed by those who are, or have been, directly impacted by its legislation.

POLICIES FOR ANNOUNCEMENT

Ensure mental health crises are adequately addressed by emergency services and improve the integration of mental health care into emergency response systems.

- Integrate mental health as the fourth option in 911 emergency services to accommodate mental health crises that do not align with the traditional ambulance, fire or police options.
- Increase crisis line funding from \$2.5 million to \$5 million to enhance their capacity to manage diverted 911 calls, ensuring that mental health crises receive appropriate attention.
- Establish provincial leadership and invest \$500,000 to create consistent protocols for 911 operators, emergency responders, and mobile crisis teams to ensure coordinated and effective mental health crisis responses.
- Expand the PACT (Peer Assisted Care Team) program, which has been highly effective in three communities. Partner with local organizations to introduce PACTs in more communities and extend the service hours of existing teams.



Provide enhanced mental health support to first responders, overdose crisis workers, and their families to improve resilience and wellbeing.

- Increase access to mental health care and support for first responders and their families, including raising awareness about mental health tools and resources and reducing the stigma surrounding their use.
- Extend the Mobile Response Team's psychosocial support, education, and training to peers working on the frontlines of the toxic drug crisis, ensuring that everyone impacted by critical incidents, such as overdoses, receives necessary support.

Address staffing shortages in the mental health sector by attracting and retaining skilled frontline mental health workers.

- Implement recruitment and retention initiatives, similar to those used by municipalities for primary care practitioners, including rural living allowances, health and wellness benefits, and rental options to attract frontline mental health workers.

Conduct a comprehensive review of the Mental Health Act to ensure it meets modern standards and addresses the needs of individuals with mental health challenges.

- Undertake an All-Party review of the Mental Health Act and create a parliamentary working group that will oversee the implementation of the recommendations.

Strengthen regulation and oversight of mental health care to ensure high-quality, accountable services for British Columbians.

- Create an Independent Office of the Mental Health Advocate—providing individual and systemic advocacy, aimed at improving mental health care systems in BC.
- Commit to the full regulation of psychotherapy professions, including psychologists, counsellors, therapists, and social workers, to increase public protection, provide accountability, and legitimize these essential professions.
- Collaborate with experts, including physicians, clinical psychologists, and psychiatrists, as well as individuals with lived experiences, to develop evidence-based standards of care for all mental health and substance use treatment services in BC.
- Regulate substance use treatment in BC, and ensure that any public funding for treatment comes with a requirement that the service provider gives comprehensive data and robust reporting on outcomes.

Improve the continuity of care in the mental health system and provide comprehensive support for individuals with concurrent conditions.

- Address the abrupt transition between pediatric and adult mental health care by ensuring seamless and effective connections to support services at all stages of life.
- Improve systems of care for individuals with co-occurring mental illness, substance use disorders, and brain injuries, ensuring they receive integrated and comprehensive treatment.
- Increase community-based services for individuals with eating disorders and develop stepped-care models that prioritize autonomy and self-directed recovery, with inpatient care available when necessary.

Promote early intervention in mental health care through expanded access to services and increased public awareness.

- Include six visits to a mental health professional, such as a psychologist, under the Medical Services Plan (MSP), ensuring early access to mental health support for all British Columbians.
- Build on existing anti-stigma campaigns by incorporating feedback from mental health experts, students, and people with lived experiences to promote understanding, respect, and care for people with mental health challenges.

Strengthen community-based mental health services to ensure comprehensive and accessible support for all individuals in need.

- Expand the number of community integration specialists by 50%, helping more people connect to a wide range of community-based supports and services to meet their needs.
- Work with a diverse range of community partners, including Arts and Culture, Indigenous, Health, and Education experts, to develop comprehensive arts-based and land-based therapy programs that promote healing and wellbeing.



Drug Policy

Ending preventable drug deaths through evidence-based policies, and solutions grounded in dignity and care.

HOW WE'RE THINKING ABOUT THIS

Drug use is a health and social issue—not a criminal one. It is clear that punitive measures, such as prohibition, fail to foster a safe and healthy society. Instead, we must recognize that people who use drugs deserve safety, respect and access to compassionate, evidence-based care—and we must create legislation that reflects this need.

To address this crisis effectively, we need to implement a regulated drug supply and support robust harm reduction services, while also investing in evidence-based treatment, prevention and education. Our approach must be grounded in urgency and compassion, aiming to end preventable drug deaths through solutions that meet people where they are and support their journey towards recovery.

No one should be excluded from our communities due to substance use—and no one should be at risk of dying from a poisoned drug supply. People who use drugs deserve the same access to resources, medical care, housing, love, dignity and respect just as much as anyone else does.

PROBLEM DEFINITION

In British Columbia, the toxic drug crisis was declared a public health emergency in April 2016. Since then, over 15,000 people have died from the poisoned, unregulated drug supply. These deaths are not inevitable—they are preventable and reflect systemic policy failures.

The ongoing prohibition and the war on drugs have exacerbated the crisis by increasing the toxicity of street substances. Street drugs have never been so dangerous and toxic. Synthetic opioids, such as fentanyl, have dominated the illicit drug market controlled by criminal organizations – leading to enormous profits for distributors and a devastating death toll among users. The rising presence of benzodiazepines in the illicit supply has further complicated overdose reversals, making them more difficult and unpredictable.

Anti-drug user stigma remains a significant barrier to accessing care and support. The decriminalization pilot project was designed to reduce stigma and prevent unnecessary involvement with the criminal justice system, but the province's retreat from this initiative has only intensified negative attitudes towards drug users. This is a humanitarian crisis and policy failure.

After eight years of public health emergency, the situation has only worsened, becoming more deadly, dangerous and unpredictable. We must respond to this crisis effectively by implementing a regulated drug supply and comprehensive harm reduction services. Additionally, investing in evidence-based treatment, prevention and education is crucial to making meaningful progress and improving outcomes for those affected.

POLICIES FOR ANNOUNCEMENT

Immediately enhance accessibility to supervised consumption services and overdose prevention sites to save lives and connect individuals to care and recovery resources.

- Require all public hospitals to include spaces for safe, supervised consumption of substances, with capacity for inhalation.
- Ensure all shelters that permit substance use have the capacity for safe inhalation spaces.
- Continue the expansion of supervised consumption services and evaluate mobile overdose prevention services to reduce access barriers.
- Work with providers to extend service hours for overdose prevention sites, aiming for 24-hour availability.

Provide critical drug-checking services to empower individuals to make informed decisions about substance use and reduce harm.

- Allocate annual funding for existing drug-checking services to ensure their sustainability.
- Collaborate with local partners to expand drug-checking services in underserved areas.

Ensure children and youth are educated about drug risks and supported by trusted adults to make informed decisions.

- Mandate that all schools provide evidence-based, age-appropriate information on drugs and substance use.
- Ensure schools have sufficient teachers, education assistants, and mental health professionals to meet the diverse needs of all students.

Provide regulated, pharmaceutical alternatives to the illicit drug market to reduce fatalities associated with substance use.

- Collaborate with experts to expand the range of substances available through prescribed safer supply and Opioid Agonist Treatment.
- Begin the expansion of diacetylmorphine prescribing based on evidence from the NAOMI trials.
- Work with health officials and advocacy groups to evaluate a demedicalized model for regulated alternatives to the toxic supply.

Develop innovative, local solutions to address the unregulated toxic drug crisis.

- Partner with health professionals and pharmaceutical companies to create a made-in-BC solution for diacetylmorphine production.
- Provide funding for BC pharmaceutical companies to manufacture intranasal naloxone locally.

Ensure inclusive decision-making in substance use treatment services and establish a standard of care based on evidence and lived experience.

- Create an evidence-based standard of care for all substance use treatment services, informed by experts and community leaders.
- Match investments in bed-based care with a spectrum of community-based outpatient substance use treatment services.
- Ensure that individuals working on the frontlines and those with lived experience of substance use are valued in decision-making processes.

Work towards the decriminalization of substance use while ensuring adequate services are in place.

- Collaborate with local partners and the federal government to pursue decriminalization, ensuring the development of necessary services like safe consumption sites and housing.



Poverty

The Elimination of Poverty in British Columbia.

HOW WE'RE THINKING ABOUT THIS

Poverty is a political choice. There has long been a misguided belief that poverty is the result of an individual's failure. We know it is far more complex than that; the decisions that we have made have created systemic, entrenched, poverty in British Columbia. This is not inevitable—we can make different choices and have different outcomes. Investing well, early and fairly in all people, is the best and most cost-effective way to reduce poverty.

Our once-celebrated social safety net has been described by the Expert Panel on Basic Income as “a house that has had many renovations without an overall plan,” resulting in a system that often fails to treat people with the dignity they deserve, despite the best efforts of those working within it. Clawbacks and spousal caps often force individuals to choose between maintaining relationships or receiving assistance, leaving some to avoid relationships or remain in harmful situations due to financial dependence.

Indigenous poverty continues to be systemic and we must prioritize its elimination. This includes removing barriers for Indigenous people with disabilities, confronting systemic racism in government services, strengthening local Indigenous food systems and affordable housing and expanding Indigenous-specific harm reduction and treatment supports.

A failure to invest in our social systems comes at a significant cost to the province—impacting our health system, child welfare system and carceral system. Estimates put this cost at between 3.4% to 4.7% of GDP, equating to \$13.4 billion to \$18.6 billion annually. Poverty not only strains these systems but can also impair the cognitive development of children, affecting their mental growth and future potential.

Conversely, investing in people yields substantial benefits. It boosts local businesses, improves health and education outcomes, reduces crime, and enhances social cohesion. By prioritizing investment in our communities, we can drive positive economic and social impacts while fostering a healthier, more equitable society.

PROBLEM DEFINITION

In British Columbia, one in seven children lives in poverty—and the situation is even more dire on First Nations reserves, where the child poverty rate reaches 31%. Across Canada, 16.5% of disabled individuals live in poverty, and 41% of those living in poverty are disabled.

The most recent provincial figures from 2021 showed that 8.8% of British Columbians were living in poverty. However, anecdotal evidence suggests that this number has worsened significantly since then.

Current social assistance rates trap people in poverty. The provincial monthly Disability Assistance Payment stands at \$1,483.50, while the poverty line is \$2,322 in Vancouver and \$2,249 in cities like Victoria and Kelowna—leaving a monthly gap of almost \$900.

Moreover, 57.8% of homeless youth in Canada have previously been involved with the child welfare system. A young person leaving youth protection is nearly 200 times more likely to experience homelessness than a young person who did not use these services.

POLICIES FOR ANNOUNCEMENT

We will commit to raising social and disability assistance rates to above the poverty line, ensuring that all individuals receive adequate support for their needs.

- Raise social assistance rates to ensure that individuals can meet their basic living expenses and live above the poverty line.
- Increase disability assistance rates to provide adequate support for individuals with disabilities, ensuring they can thrive in their communities.

We will increase assistance rates to the following:

Social assistance

	Current	New
Single person	\$1,060	\$2,400
Person and a spouse and no children	\$1,650	\$3,450
Single parent with one child	\$1,405	\$2,900
Person and a spouse and one child	\$1,845	\$3,450

Disability Assistance

	Current	New
Single person	\$1,483.50	\$2,400
Person and a spouse and no children	\$2,548.50	\$3,450
Single parent with one child	\$1,828.50	\$2,900
Person and a spouse and one child	\$2,268.50	\$3,450

British Columbia currently has 170,200 individuals and families on social or disability assistance. A \$917 per month increase would bring the cost of this to \$1.87billion in the first year.

We will treat individuals on social and disability assistance with dignity and respect, while simplifying access to necessary support.

- Remove clawbacks, including the spousal cap, to ensure individuals receive the full support they need.
- Create low-barrier access to assistance, eliminating intrusive checks that discourage individuals from seeking help.
- Ensure a year of guaranteed assistance upon first receipt, allowing individuals to assess their needs without the burden of constant checks and reporting.
- Reduce regular reporting requirements after the first year to ease the administrative burden on recipients.
- Raise the food crisis grant from \$40 per month to \$200 per month to better support individuals facing food insecurity.

We will develop targeted poverty reduction strategies that address the specific needs of vulnerable populations, particularly Indigenous communities.

- Develop a poverty reduction plan tailored to Indigenous individuals, families, and Nations, addressing the systemic impacts of genocide and dispossession.
- Fund Indigenous-specific services in social service areas, including reintegration programs for incarcerated Indigenous women, addiction support, and childcare.
- Incorporate human rights, Indigenous rights, and gender-based analysis into all poverty reduction strategies, policies, and decision-making processes.
- Invest in programs for specific groups such as youth aging out of care, women fleeing violence, people with disabilities, and those who are long-term unemployed.

We will reduce homelessness by increasing affordable housing availability and providing comprehensive support services.

- Expand the availability of deeply affordable housing to prevent inflows into homelessness and mitigate adverse childhood experiences.
- Offer direct support for individuals leaving hospitals, medical care, and prisons for at least six months to facilitate successful transitions.
- Provide housing and wrap-around support in every township in British Columbia to reduce the risk of newly homeless individuals transitioning to long-term homelessness based on the proven ‘the Village’ model from Duncan.
- Establish second-stage housing for victims of intimate partner violence, residential school survivors, and individuals exiting MCFD care, complete with counseling and legal aid.
- Allocate funds to First Nations to create housing that meets the specific needs of their communities.
- Safeguard affordable rental housing and ensure access to necessary wrap-around supports to help individuals maintain stable living conditions.

We will reduce bureaucratic barriers for non-profit service providers, ensuring they can effectively support vulnerable populations.

- Reduce bureaucratic requirements for trusted non-profit service providers, ensuring their operational efficiency.
- Guarantee annual funding for non-profits, limiting the need to compete for grant funding, thus ensuring stability.
- Offer adequate, multi-year operational funding to non-profits with a proven track record of delivering public good.



Seniors

Seniors are valued, secure, and supported to live the lives they want.

HOW WE'RE THINKING ABOUT THIS

Seniors in British Columbia are a very diverse group. While some are among the wealthiest residents, having greatly benefited from housing wealth, many others are on fixed incomes and struggling with the cost of living crisis. In 2023, 9.7% of food bank clients were over 65 years old.

We must ensure that seniors receive the support they need to live as they choose. Those who wish to remain in their homes should have access to services that assist with daily living. On average, a long-term care bed costs taxpayers \$27,740 more per year than two hours of daily home support. Correcting this imbalance by reimagining how we care for seniors will not only help with spending, it will also promote independence and quality of life for our senior community.

PROBLEM DEFINITION

British Columbia has an aging population and, unfortunately, insufficient consideration has been given to how this will affect our workforce, healthcare system and long-term care services.

Certain groups of seniors require additional support, including Indigenous peoples, racialized individuals, renters, those in long-term care, people lacking transportation and those with complex medical needs. Rural seniors face specific challenges, including limited access to medical assistance, difficulties in finding suitable accommodation and lower average incomes.

The distribution of seniors is uneven across the province, with many choosing to retire in temperate climates and small villages on Vancouver Island.

There is a growing demand for long-term care homes, with an average waiting time of 178 days for a publicly subsidized long-term care bed—a 166% increase over the past five years. Current growth in long-term care capacity is not projected to meet the rising demand in BC. The Seniors Advocate report, “Billions More Reasons to Care,” found that for-profit care homes have doubled their profits in the past six years while failing to provide hundreds of thousands of essential care hours.

POLICIES FOR ANNOUNCEMENT

Provide greater financial support to low-income seniors who rent, ensuring affordability and housing security.

- We will increase the thresholds for SAFER (Shelter Aid for Elderly Renters) to provide greater monthly rental assistance for low-income seniors. The thresholds will be raised to \$45,000 for single individuals and \$50,000 for couples, ensuring more seniors qualify for support.
- We will apply vacancy control to assisted living, including the additional fees for services, to protect seniors from rent increases and extra charges.

Ensure seniors have access to comprehensive care, both in-home and in care facilities.

- We will improve access to respite care and day programs, ensuring that at-home care services are available for both medical care and assistance with daily tasks to support seniors and their caregivers.
- We will increase the number of publicly funded long-term care beds by 10% each year to meet the growing demand for senior care services.

Improve transparency and accountability in publicly funded care homes to ensure that funds are spent directly on senior care.

- Enact the recommendations of the Seniors Advocate’s report “Billions More Reasons to Care” by ensuring that funding for direct care is spent on direct care and not on operational or administrative costs.
- Enhance the accuracy and transparency of monitoring and reporting for publicly funded care homes, with a focus on compliance and the allocation of resources for non-direct care tasks.
- Define ‘profit’ and adopt a standardized approach to assessing costs like mortgages, head office allocations, management fees, subcontracting, executive compensation, and the financing of other businesses.

- Make the revenues and expenditures for publicly subsidized care homes publicly available, ensuring accountability and transparency in the use of public funds.

Implement strategies to support the unique needs of seniors living in rural areas.

- Develop and implement a Rural Seniors Housing Strategy to address the housing needs of seniors in rural communities.
- Develop and implement a Rural Health Human Resource Strategy to ensure adequate staffing and services for rural seniors.
- Develop and implement a Rural Seniors Home and Community Care Strategy to ensure accessible, high-quality home care for rural seniors.

- Develop and implement a Provincial Long-Term Care and Assisted Living Plan focused on achieving equity in care services across the province.
- Develop and implement a Provincial Rural Transportation Strategy to improve transportation access for rural seniors.
- Improve and promote the Provincial Travel Assistance Program and Hope Air to support rural seniors in traveling to medical appointments and other critical services.

ALZHEIMER'S AND DEMENTIA

85,000 

people in British Columbia are currently living with dementia, a number that is expected to grow to almost a quarter-million by 2050.

After the age of 65, the risk of dementia doubles every five years, and almost one-in-four people over the age of 85 have been diagnosed.

Stress from racism and colonization is known to impact brain health and increase the likelihood of dementia; by 2050, there will be an increase in people with dementia who are Indigenous by 273 percent, of Asian ethnicity by 785 percent, and of African ethnicity by 507 percent.

POLICIES FOR ANNOUNCEMENT:

- Establish a clear dementia care pathway and support family practitioners to do more early screening for dementia.
- Develop a dementia support strategy, with a focus on cultural safety.
- Fund the Alzheimer's Society to develop and run a campaign to reduce stigma and support early detection.

Disability and Accessibility

Creating a province that enables all people with disabilities to live and thrive with dignity

HOW WE'RE THINKING ABOUT THIS

Creating a safer and more inclusive province requires a holistic approach that addresses multiple facets of accessibility and support so that those in our province with disabilities can live with dignity and financial security.

We recognize that policies on disability and accessibility must be informed by, and led by, people with disabilities.

Our vision focuses on three key areas:

1. **Accessibility:** We will implement policies that ensure people with disabilities can safely access public spaces and fully participate in society.
2. **Financial Support:** We will provide assistance that ensures individuals and families living with disabilities can achieve a livable income and maintain their dignity.
3. **Awareness and Education:** To truly transform society's understanding of disability, we must shift the perception and eliminate ableism. This requires both cultural and political change—and the government must lead by amplifying the voices of the disability movement.

PROBLEM DEFINITION

Ableism continues to persist, both in our province and across Canada. Too often, the design of spaces, events, and structures is centered around the able-bodied. When society and infrastructure are built with able-bodied presumptions like this, it results in large swaths of the population being excluded and left behind. It's essential that we move away from this mindset and work towards a world where all people—regardless of their abilities or disabilities—are able to participate fully in society.

People with disabilities are discriminated against in all areas of society, but this discrimination is particularly dangerous in healthcare settings. Social assistance programs, like Persons With Disabilities assistance, require medical forms from a physician. Due to the lack

of primary healthcare in BC, the process for attaining this is often onerous or nearly impossible. Lack of financial support for people with disabilities can lead to deep poverty and result in devastating outcomes, such as severe harm or death due to a lack of nourishing food, clean water, shelter, or health care.

People can be born with disabilities, become disabled suddenly or develop disabilities slowly over time. The COVID-19 pandemic showed how quickly people can become disabled, at any place and any time. Additionally, Black, Indigenous, People of Colour, Women, LGBTQ+ people, people with lower incomes, and those with other intersecting, marginalized identities can be more at risk of being or becoming disabled. Although progress has been made, the BC government has done an insufficient job of addressing all the barriers that prevent people from accessing support and services. When we discuss improving accessibility and the living conditions for people with disabilities in BC, it is essential to apply an intersectional lens. We must ask the question: who is not being served by our current policies and how can we better meet their needs?

POLICIES FOR ANNOUNCEMENT

Enhance workplace accessibility grants and raise awareness about accessibility needs to create inclusive environments for all individuals.

- Increase funding for Small Business BC's Workplace Accessibility Grant from \$450,000 to \$2 million annually. Eligible small businesses will continue to receive up to \$40,000 to make their workplaces more accessible.
- Expand awareness and education campaigns in elementary, secondary and post-secondary institutions. These campaigns will focus on creating safer and more inclusive learning environments for students with disabilities and raising awareness about ableism and its harmful effects.

- In consultation with the Provincial Accessibility Committee, create a comprehensive guidebook for ensuring public events meet all accessibility requirements. Considerations include: sign language interpreters, ramps, automatic doors, scent-free policies, and low-stimulation spaces to ensure events are accessible to all individuals.

Improve home accessibility for seniors and people with disabilities to promote independent living and enhance safety in emergencies.

- Increase the scope of the Home Improvement Assistance Program, which provides eligible seniors, people with disabilities, and landlords with rebates of up to \$20,000 per home for modifications that promote accessible, safe and independent living.
- Implement the recommendations from the Coroner's Inquest into the 2022 Winters SRO fire, particularly funding all necessary assistive devices to eliminate barriers to safety for residents with mobility or hearing disabilities.
- Mandate that all residential buildings have emergency evacuation plans that address the needs of residents with mobility or other access requirements to ensure safe evacuations in emergencies.

Improve the quality and responsiveness of services provided by Community Living BC to ensure that the needs of individuals and caregivers are adequately met.

- We will conduct an audit of Community Living BC (CLBC) to identify gaps in service delivery. Implement all audit recommendations to ensure that CLBC provides excellent service that meets the needs of those giving and receiving care.

Ensure public spaces are equipped with clean air measures to protect vulnerable populations from respiratory threats.

- Ensure public spaces across British Columbia are equipped with air filtration systems to reduce the health impacts of COVID-19, respiratory viruses, and wildfire smoke, especially for people with disabilities and compromised immune systems.

- The Clean Air Act, introduced in Spring 2024, demonstrates a commitment to creating safe, accessible public spaces. This legislation focuses on improving air quality and public health protections for all British Columbians, particularly those most vulnerable.

Remove barriers to accessing necessary support for individuals with permanent disabilities.

- Work with the Health and SDPR Ministries, along with the Provincial Accessibility Committee, to evaluate changes to the PWD application process, reducing complexity and eliminating barriers for applicants.
- Ensure individuals with permanent disabilities do not need to repeatedly submit medical forms. Streamline the process by allowing a one-time submission of medical documentation for those with permanent diagnoses, reducing delays and frustration for applicants.

Ensure that people with neurodiverse conditions, particularly students, receive the support and services they need to thrive in educational settings and beyond.

- Expand the discussion of accessibility to include neurodiverse individuals, such as those with autism, ADHD, dyspraxia, dyslexia and Tourette's. Create environments that are inclusive of all abilities and accommodate the needs of all individuals, including those with down syndrome.
- Provide additional funding to increase the number of Education Assistants (EAs) in classrooms, provide regulation tools for students, and continue individualized autism funding. Invest in early identification and diagnosis, ensuring neurodiverse students receive appropriate support throughout their education.