THE UNIVERSITY OF BRITISH COLUMBIA
Canadian Institute for Inclusion and Citizenship

Housing and Living Options for People with Disabilities in British Columbia: A Key Informant Study

May 2026

Supported by

Summer Foundation

Table of Contents

Contact Information

For information about this report, please contact:
Canadian Institute for Inclusion and Citizenship
University of British Columbia
cic.ubc@ubc.ca

Acknowledgement: This research was commissioned and funded by the Summer Foundation, Australia. The Summer Foundation turns evidence into action by creating bold, practical and affordable solutions in housing and support that empower people with disability with high support needs to live with dignity, choice and connection. We share what works, so everyone can help build a more inclusive future.

www.summerfoundation.org.au

To cite this report: Hole, R., Sharma, R., Winkler, D. (2026). Housing and Living Options for People with Disabilities in British Columbia: A Key Informant Study, Canadian Institute for Inclusion and Citizenship (Supported by the Summer Foundation). 38 pages.

INTRODUCTION

Over the past four decades, British Columbia (BC) has moved from large-scale institutional care for adults with intellectual, developmental, and physical disabilities to an array of community-based housing and support options [1]. That evolution gained momentum after the 1996 closure of Woodlands, BC's last large residential facility for children and adults with developmental disabilities, and was further established with the launch of Community Living British Columbia (CLBC) in 2005 [2]. CLBC is a provincial Crown corporation responsible for funding and coordinating disability-support services, including staffed residential homes, shared-living ("Home-Share") arrangements, supported-living clusters, and independent-living outreach; however, it does not build or operate housing itself [3]. Instead, brick-and-mortar supply depends on a patchwork of municipal inclusionary policies, non-profit and co-operative developers and organisations, and the provincial housing agency – BC Housing.

Housing affordability remains the overriding constraint for all British Columbians, but is particularly an impediment for individuals with disabilities. Adults who receive the provincial Persons with Disabilities (PWD) Benefits live on a maximum monthly income of CAD$1,483.50 for a single individual, of which $500 is earmarked for shelter costs [4]. Because PWD is classified as a rent subsidy, recipients are currently barred from stacking it with the province's other housing supplements, such as the Rental Assistance Program (RAP) for low-income families or the Seniors' Shelter Aid for Elderly Renters (SAFER) supplement [5]. In Metro Vancouver, meanwhile, median market rents for a one-bedroom apartment exceed CAD$2,200 [6]. The resulting gap leaves many individuals dependent on below-market units provided by non-profit landlords, inclusionary-zoning set-asides, or philanthropic rent top-ups, and leaves others living indefinitely in parental homes, in long-term-care facilities, or, at the most extreme margin, without fixed address.

Service innovations have proliferated in response to this landscape. Shared-living models now outnumber staffed homes four-to-one [7], and reverse-integration condominium projects embed deeply subsidised units for people with disabilities in market-rate strata. Yet, across policy, service-provider, family, and self-advocate perspectives, a set of system-level pressures are consistently described as shaping the sustainability of community-based arrangements, including workforce and respite shortages, administrative complexity, variable oversight, and concerns related to safety and social isolation. Simultaneously, BC is piloting new policy tools, including a province-wide memorandum requiring every future housing co-operative to reserve shelter-rate units for CLBC clients, raising the stakes for evidence that can inform scaling decisions [8].

Study Aim

Against this backdrop, the present qualitative study set out to map the range of housing and living options currently available to adults with disabilities in BC, examine how that range has evolved over the past 15–20 years, and analyse the strengths, limitations and cross-cutting challenges identified by key stakeholders (self-advocates, families, service-provider executives, policy leaders, and front-line practitioners). By synthesising their perspectives, we aim to generate practicable insights for provincial planners, municipal partners, and international jurisdictions seeking to build inclusive, sustainable housing and support systems for people with disability.

METHODS

Design

We employed a qualitative descriptive design [9] to obtain an account grounded in participants' own personal and professional experiences of disability housing and support arrangements in BC. This approach was selected for its suitability in capturing detailed, practice-informed perspectives without abstracting away from participants' accounts of inclusive housing in BC. The study prioritized flexibility and depth, using individual, semi-structured interviews to elicit rich narratives about sensitive and complex issues, such as unsuccessful living arrangements, funding constraints, and oversight gaps, while minimizing the influence of group dynamics. This design enabled the collection of experiential data on the breadth and evolution of housing models, the contextual conditions shaping tenant outcomes, and the policy and structural forces at play.

Sampling and Recruitment

Purposive sampling was used to seek maximum variation across perspectives. Recruitment was carried out by the UBC Canadian Institute for Inclusion and Citizenship using their networks in the BC Community Living Sector. Fourteen individuals (self-advocates, family caregivers, front-line managers, executive leaders and government officials) volunteered and met the inclusion criteria of being 19 years or older and having direct, first-hand knowledge of disability housing in BC.

Ethical Considerations

Ethics approval was obtained from the University of British Columbia Okanagan Behavioural Research Ethics Board (H24-03550). Written consent was completed via

email, and verbal confirmation was taken before audio recording interviews. Transcripts were de-identified; organizations and program names were removed or generalised to protect confidentiality.

Data Collection

Interviews took place between March - May 2025 via secure videoconferencing software (UBC-licensed Zoom), lasting 60-90 minutes. Discussions were audio-recorded with permission. At the end of each session, the interviewer summarised key points for participant confirmation.

The semi-structured interview guide centred on fourteen core prompts designed to cover the full policy and service cycle. Participants were asked to:

1. Catalogue the current landscape of housing and living options available to adults with disabilities in BC.
2. Describe the characteristics of people most likely to flourish in each option.
3. Estimate typical costs or cost ranges for the various models.
4. Explain how the mix of housing options has changed over the past 15–20 years.
5. Identify the enabling factors, e.g., funding decisions, social movements, partnerships, that drove those changes.
6. Detail the policy levers governments used to steer or accelerate developments.
7. Outline the structural barriers that blocked or slowed progress.
8. Reflect on what BC has done well - at system, organisational and individual levels - during the shift toward more inclusive housing.
9. Discuss what went wrong and what lessons emerged, including what they would do differently with hindsight.
10. Describe the ongoing barriers and challenges facing the sector.
11. Clarify the roles of federal, provincial and municipal governments in funding and delivering housing supports.
12. Identify existing policies for oversight, safeguarding and quality assurance across models.
13. Explain how outcomes, i.e., quality of life, community inclusion, health and well-being, are evaluated and monitored.
14. Trace the implementation pathway from the initial decision to expand individualised models to the present state.

Flexible probes followed each question to elicit examples, numbers, and personal reflections, while allowing participants to introduce additional topics they considered important.

Analytic Approach

Audio files were transcribed verbatim in Microsoft Word. A directed content analysis approach [10] was used. The analyst created major heading folders that mirrored the interview questions: e.g., range of options, costs, historical change, enablers, barriers, oversight, outcome monitoring. Interview excerpts were sorted under these headings, and inductive sub-codes (such as “compatibility,” “rent gap,” “dignity of risk”) were noted in margin comments. Headings and codes were iteratively refined until no new categories emerged. A summary of preliminary findings was returned to a subset of participants for accuracy checking.

Participants

The final sample comprised 14 participants; two of whom were interviewed together. Roughly two-thirds identified as women (n=9) and one-third as men (n=5), with ages ranging from late-20s to early-70s. Roles spanned the full service ecosystem:

- Four self-advocates or family caregivers with direct lived experience of multiple housing models;
- Four front-line or middle managers responsible for day-to-day delivery of staffed homes, shared-living, and/or outreach programs;
- Four executive leaders of large non-profit service agencies (two of whom are parents of adult children with IDD); and
- Two senior officials from the provincial disability authority (one of whom is a parent of an adult son with IDD).

Collectively, participants brought perspectives from metropolitan and suburban regions of British Columbia and described involvement in housing initiatives dating back to the 1990s, giving the project historical as well as geographic breadth.

RESULTS

Across 13 key-informant interviews (government, service-provider, advocacy, and self-advocate respondents), we identified four broad “models” of housing and living arrangements in BC currently used by adults with disabilities who are eligible for CLBC

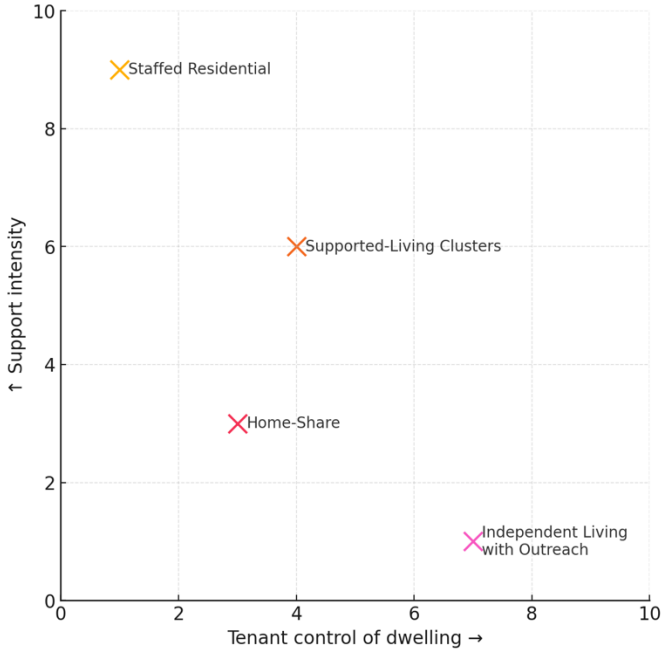
funded services and supports. The continuum runs from family-based arrangements that rely almost entirely on unpaid supports through to 24-hour staffed residences ("group homes") at the other end. In between sits a growing cluster of individualised and mixed-tenure models that try to combine ordinary housing with just-enough formal assistance.

"If you look at what Community Living BC funds, there are really only three service codes, staffed homes, shared living, independent living, but the ways people actually patch those together is much richer." – former CLBC Executive

Respondents consistently framed BC's housing landscape as a palette of overlapping options rather than a tidy "ladder" of increasing independence. Formal CLBC service codes (Independent Living, Shared-Living/Home-Share, Staffed Residential) sit beside an expanding set of collaborative, individually funded, or municipally driven hybrids.

Figure 1 (below) positions the four most prevalent models on a spectrum of support intensity and housing control, reflecting how these arrangements are currently configured and utilised within the BC system rather than inherent limits on who could be supported in each model. The "Comprehensive Summary Table" at the end of this section provides a full side-by-side comparison summarising each option, the latest province-wide headcounts (where available), and a representative quotation from the data set.

Figure 1. Spectrum of Housing Models in BC



The paragraphs that follow interweave three key components of housing: the range of housing models offered, people most likely to flourish in each, and the relative cost of each. Unless otherwise specified, cost figures refer to annual public expenditures on supports and service delivery and exclude housing, capital, and construction costs. Direct quotations illustrate divergent views among CLBC leadership, housing providers, self-advocates with disability, and parents of individuals with disability.

Housing Models

Staffed Residential Homes ("Group Homes")

Range & Definition.
Staffed Residential (SR) remains BC's archetypal 24-hour model. CLBC funds 2,998 staffed-home placements (≈10 % of the known population). Houses hold 3–4 residents with awake-night or active overnight staff and vehicle access, and are now reserved almost exclusively for people with high behavioural or complex-medical support levels (GSA 4–5[1]). Several agencies reduced capacity to two beds to avoid licensing triggers; bed counts are intentionally kept below provincial licensing thresholds to keep homes quasi-domestic. *"We cap at four so the house still feels like a house, not an institution,"* explained a former agency CEO.

While costly, informants noted that *"a small, well-run house can still deliver strong community connection if residents choose each other and the staff."*

Cost.
At **≈CA$227,000 per person/year**, SR is the most expensive line item in CLBC's CAD 1 billion residential budget. *"About 80 % of the cost is staffing,"* said one CLBC employee. Leaders accept the cost because the cohort now restricted to SR requires intensive nursing, two-person lifts, or rapid crisis de-escalation.

Who Flourishes.
Participants were almost unanimous that SRs succeed when a person's support profile genuinely requires 24-hour, clinically informed oversight. Front-line managers noted that admissions are now "reserved for very high behavioural redirection or profound medical care," situations in which the on-site presence of trained staff can mean the difference between daily stability and repeated hospitalization. A community-health nurse gave the example of frail seniors with Down syndrome who, after decades in the parental home, "actually thrive" once they share routines, mealtimes, medication rounds, gentle

[1] The Guide to Support Allocation (GSA) is a form and tool that summarizes information about disability-related need in 10 areas of life and evaluates need on a five-point scale.

exercise, with age-peers who understand their pace. A self-advocate living with uncontrolled epilepsy added that night-shift staff provide crucial seizure monitoring: *"My mom could never stay awake every night, but the house staff can."* When those clinical and social factors align, SR can deliver safety, specialized health monitoring, and a modicum of companionship that neither lone caregivers nor dispersed outreach teams can replicate.

Strengths.
Staffed residential homes offer round-the-clock, clinically informed support. Awake-night staff can respond to medical or behavioural crises the moment they arise, while purpose-built environments, complete with lifts, wide corridors and other accessibility features, allow residents with high physical needs to move about safely and with dignity. Because support workers are shared, people who might otherwise live in isolation benefit from consistent human contact and opportunities for communal routines such as shared meals or group activities.

Limitations.
Those advantages come at a steep price: staffed homes are the most expensive model in the system and, partly for that reason, places are scarce. Without deliberate attention to autonomy and community connection, the houses can slip into what one participant called *"mini-institution"* culture: *"Group homes became the most restrictive option unless you guard against institutional attitudes."* Finally, participants acknowledged that group homes sometime function as "placements of last resort," absorbing individuals only after more individualised or cost-effective options have broken down, rather than because the model was the first choice of the person or family involved.

Stakeholder Contrast.
Perceptions diverge sharply once the immediate medical or behavioural crisis recedes. A senior director described SR as *"essential hospital-avoidance infrastructure,"* arguing that the model prevents costly emergency admissions and offers a platform for intensive rehabilitation. Yet, family members and some self-advocates recalled a less empowering side. The mother of a young woman who spent two years in a five-bed home said, *"Every decision was set at meal-times and 'lights-out'; she felt like she was back in school."* For her daughter, the structure that professionals call therapeutic felt infantilizing and rigid. Others warned that shift rotations can unintentionally create *"mini-institution"* cultures where staff convenience eclipses personal choice. These contrasting narratives underline a core tension: SR can be life-saving and clinically necessary, but without vigilant leadership and genuine person-centered practice, it risks slipping into regimented care that meets medical needs while eroding autonomy.

Supported-Living Clusters (SLC)

Range & Definition.
Supported-Living Clusters (also labelled *Supported Independent Living* or *semi-independent*) are mid-rise or multi-suite buildings that contain 6 -10 fully accessible units, with on-call staff overnight and scheduled outreach by day. The arrangement suits tenants who "want their own front door but the security of help next-door." Provincial totals are not tracked, but we documented 11 projects within the Metro Vancouver area serving roughly 450 tenants, including a 10-suite strata in Burnaby, a seven-suite project in Richmond, and a city-donated six-plex in New Westminster.

Cost.
Agencies estimate **CA$45,000–55,000** per person/year - almost identical to Home-Share stipends once the shared night shift is amortised.

Who Flourishes.
Supported-living clusters were consistently described as a "sweet spot" for people who want the independence of their own front door while valuing the reassurance of nearby support. One self-advocate with cerebral palsy captured the appeal in a sentence: *"I like knowing there's someone downstairs if my smoke alarm goes off at two a.m."* Autistic adults who find the unpredictable sounds of house-mates overwhelming but are comfortable in apartments also gravitate to the model; the physical separation between units eliminates the constant negotiation of shared kitchens and bathrooms while preserving the reassurance that help is only a few steps, or a phone call, away. Because staff are typically situated in a dedicated suite and can "float" between ten or so units, on-site support can respond quickly without hovering, giving tenants privacy by default and assistance on demand.

Strengths.
Interviewees framed clusters as a pragmatic blend of autonomy, community, and fiscal efficiency. Residents sign standard tenancy agreements, reinforcing real-world rights and responsibilities, yet the proximity of peers and staff fosters an informal support network; one manager called it *"a built-in neighbourhood on a single floor."* Overnight coverage is cost-effective because a single worker can be available to everyone, *"Ten in one building, you can share staff through the night."* Agencies also report fewer recruitment headaches: staff willing to sleep on site in a separate studio find the arrangement safer and more predictable than dispersed overnight outreach.

Limitations.
The model's Achilles heel is supply. Clusters generally rely on a non-profit developer, a faith-community redevelopment, or a municipal land grant; in regions without those allies the idea remains a paper exercise. Even when funding is secured, neighbour dynamics can make or break the atmosphere: a single noise complaint or interpersonal dispute can reverberate through contiguous units and sour the whole floor. Without deliberate, person-directed community-building (e.g., voluntary shared meals, tenant councils, conflict-resolution protocols), clusters risk sliding toward the congregate stigma they were designed to avoid.

Stakeholder Contrast.
Municipal planners who champion inclusionary zoning herald clusters as "*density done right,"* pointing to their small footprint and high social return. A seasoned service-provider, however, issued a cautionary note: if acoustic insulation, neutral communal space, and clear boundaries are not built into the architectural blueprint, the apartments can "feel like a fishbowl." In other words, supported-living clusters succeed when bricks-and-mortar design, staffing patterns, and community-building rituals are aligned; remove one of those pillars and the model's promise quickly wobbles.

Independent Living (IL) with Outreach

Range & Definition.
Independent Living is the fastest-growing aspiration yet numerically constrained at 2,779 tenants because of BC's rental market. Tenants lease mainstream apartments, often secured through agency-landlord partnerships or portable rent supplements, and receive up to 20 hours of outreach support per week depending on their assessed support needs.

Cost.
CLBC averages ≈CA$38,000 per person/year - half the cost of Supported-Living Clusters and one-sixth of SR - but this excludes the rent gap. Supply is entirely constrained by the $500 PWD shelter allowance; most tenants rely on deep-subsidy units or private philanthropy. Without subsidy, a tenant faces a CA$1,100–1,800 monthly shortfall between market rent and the CA$500 shelter benefit.

Who Flourishes.
Independent living with outreach is tailor-made for adults who already manage their own schedules, navigate public transit, and view support as coaching rather than supervision. A CLBC executive said bluntly, *"Numbers would be much higher if there was more supply,"* underscoring that eligibility is limited more by housing stock than by

aptitude. Parents described the difference in everyday life, with one parent describing, *"She's happier … does her own cooking and dentist appointments."* Tenants in Unity's mixed-tenure condos echo that sentiment, crediting the model with a sense of ordinary adulthood they had never experienced in shared settings.

Strengths.
The model offers maximum privacy and what participants call *"dignity of risk."* Outreach contracts are inherently elastic: hours can swell after surgery, a breakup, or job loss and then recede, making the funding envelope both person-centred and fiscally agile. Formal evaluations of Unity-developed buildings show measurable Quality-of-Life gains, higher scores on autonomy, social inclusion, and emotional well-being compared with provincial averages. Because support is unbundled from bricks-and-mortar, tenants can theoretically move without losing their service dollars.

Limitations.
Affordability is the gating factor. Deep-subsidy units are scarce, provincial rent supplements cannot "stack" with the $500 PWD shelter allowance, and market one-bedrooms top $2,500 in Metro Vancouver. Even when rent is solved, isolation looms if outreach hours are consumed by housekeeping tasks rather than supporting community participation and the development of natural relationships: one advocate warned of tenants who are *"independent but lonely."* Safety nets can also fray quickly when a roommate moves out or the landlord sells, circumstances that a staffed environment would absorb more easily.

Stakeholder Contrast.
Self-advocates champion independent living as the gold standard of self-determination; system leaders promote it as both person-centred and financially sustainable. By contrast, some Home-Share providers and family advocates voice caution: without long-term rent controls or guaranteed community connectors, they worry independent living can *"set people up to fail"* the moment rents spike, supports thin out, or informal roommates disappear. The tension captures the model's central paradox, its promise of independence is inseparable from the vulnerabilities of the ordinary rental market.

Home-Share / Shared Living

Range & Definition.
Home-Share involves **4,263 people**, making it the largest out-of-family model. A contractor family provides housing and unscheduled daily support for a flat, non-taxable, monthly stipend (plus CA$500 shelter + CA$341 personal contribution (also monthly) from the individual). It offers a family-style environment at roughly one-quarter the cost

of a staffed home, but informants stressed that outcomes hinge on compatibility and respite: *"In a good home-share the person feels like extended family; in a bad match they're just a boarder who can't complain."*

Several variants have evolved:

- **Standard life-share** – person moves into caregiver's dwelling.
- **"Flipped" life-share** – person holds the lease or title; the caregiver moves in; increases tenant control.
- **Hybrid two-suite models** – side-by-side suites funded as Home-share but offering near-independent space.

Recruitment of home-share providers (live-in caregivers), and stipend stagnation, were cited as major threats to sustainability, with recruitment, matching, and ongoing oversight carried out by CLBC-contracted service-provider organizations.

Cost.
Average **≈CA$43,000 per person/year** - one-quarter of SR.

Who Flourishes.
Home-Share works best for adults who actively desire a family-style life, need only intermittent night-time assistance, and share genuine interests with the caregiver. According to one agency director, *"Good matches we set up 20 years ago are still going,"* suggesting that when compatibility, respite, and mutual choice align, the arrangement can endure for decades and feel indistinguishable from kinship.

Strengths.
From a system vantage point, the model is indispensable. At its cost, it frees resources for people requiring 24-hour clinical oversight. When it succeeds, integration is rich: a caregiver reported that the tenant who lives with her family "*travels to the Philippines with us every winter*," a level of immersion salaried staff rarely replicate. Stipends paid as a flat monthly rate, rather than hourly wages, give caregivers flexibility to weave support into everyday family rhythms.

Limitations.
The very informality that keeps costs low also magnifies risk. Self-advocates and parents supplied sobering accounts: *"We would **never** recommend home-share to anybody,"* declared one mother whose daughter's fifth placement finally succeeded after four failures marked by withheld food, banned visitors, and unlocked doors at night. An Inclusion BC policy lead observed that the model has *"lost sight of compatibility … it's default, not choice,"* while front-line coordinators warned that caregiver recruitment is

collapsing because home-share provider stipends have stagnated. Trust was further strained by the 2020 Auditor-General report into deaths linked to inadequate oversight, prompting new provincial standards but also heightened public scepticism.

Stakeholder Contrast.
System executives hail Home-Share as a fiscal linchpin: *"probably four times cheaper than a staffed home,"* one CLBC participant stressed; in contrast, many families view it as the riskiest option on the menu. Service-provider boards split along similar lines: finance committees applaud the savings, but quality-of-life committees caution that without sustained respite, robust matching protocols, and transparent monitoring the home can slide from nurturing haven to coercive household. This divergence captures Home-Share's paradox: indispensable for system sustainability, and capable of good outcomes when carefully matched and supported, yet perpetually one mismatch away from failure for the individual.

Safeguards and Monitoring Across CLBC Models

Across the models described above, safeguards and monitoring systems vary with more established safeguards and monitoring in staffed residential, with formal protocols lessening with increasing independence and autonomy of the resident (e.g., independent living). As one CEO of a large community living agency described,

> *With respect to a staffed home, we have every number of safeguards and protocols in place… There's fulsome development and support and safeguards with staffed homes. [It's less so in independent living]… because people live independently and with people living independently comes a certain degree of risk. Not surprising, but we still do have protocols in place like clear plans of what the person needs in terms of support.*

Similarly, a CLBC employee described the diversity of and layered approaches to monitoring and safeguards:

> *So, for our staffed homes, they're very highly monitored [and] we do monitoring on site every year with our analysts. [Also, providers who hit] over $500,000 with BC funding, they have to be accredited, right? So, then we have an accrediting body going in. We also have licensing going on for any homes that have more than two individuals that are being supported. So, [in this case] we have licensing officers... And then, for our home-share, we do we have our service providers that we monitor. And then, our service providers have coordinators that monitor each of the individual home-share providers. Okay, and there's home-share*

> *standards, and then home-share coordination standards that they have to adhere to. So, there is some significant monitoring done in both of those scenarios as well.*

With respect to home-share/shared living specifically, numerous participants spoke to a *"substantial development"* around home-share particularly in terms of monitoring. This is not surprising given an inquest (Feb 2025) into the death of one home-share participant who passed in October 2018. For example, the CEOs of the community living organizations pointed to the development of resource materials and contracts to provide guidance to service providers to effectively deliver and monitor this model safely. They also pointed to CLBC's role in the development of Home-share Standards over the past 10 years and the establishment of the Home Sharing Support Society to promote resources and best practices for this model in the province.

With respect to where the ultimate responsibility for monitoring lies, CLBC participants pointed to the central role that service providers play. One CLBC staff described how CLBC has *"an expectation that the service provider manages that. And so, the management of those issues rests largely with the service provider."* Interestingly, historically CLBC contracted with individual home-share providers. Over time to ensure better monitoring of home-shares, the practice has been to ensure that home-shares are supported by a local community living service provider organization. That said, CLBC continues to support person-centred societies and micro boards with home sharing "*because there is still the ability to have a coordinator. They still have multiple people doing oversight, and they're still required to meet the same coordination standards and home sharing standards as every other agency."*

Of note, and as mentioned above, across leaders of the sector who participated in an interview, when asked about safeguards and monitoring, they all articulated the need for balance where individuals get the support they need while promoting and supporting an individual's rights to independence and agency. Multiple participants underscored the importance of valuing the *"inherent dignity to risk."* Finally, across participants, individuals underscored the importance of natural supports (e.g., friends and family) as an important complement to important formal monitoring policies and protocols. As one participant stated, *"So, it's a combination of the formal safeguards and informal safeguards to maximize safety, but also trying to not have support people in a way that they have a safe life and not much of a life, right?"*

Other Models/Supports (Summarised)

Here, we document family homes as well as less common models and/or supports briefly because they (a) serve specialised niches, (b) house comparatively few people, and/or (c) are embryonic pilots.

Category	Examples	Rationale for Brief Treatment
Family Home	18,494 adults - largest single setting	Already treated as contextual baseline; policy attention now shifts to aging-parent risk.
Inclusive Mixed-Tenure Builds	*Chorus* (71 units), *Harmony* (91), co-op set-asides, city six-plexes	Numbers < 300; highly promising but boutique scale.
Individualised / Micro-Board / CSIL	Direct-funded attendant services; student-roommate swaps	~1,200 CSIL clients; high administrative load limits rapid replication.
Right-Fit Accessible-Rental Matching	Metro Vancouver pilot; matches full-time wheelchair users to verified, wheelchair-accessible rental units using a standardized accessibility assessment.	Geographic catchment small; focused on full-time chair users.
Emergency / Homeless	737 with “no fixed address”	Represent system failure rather than a designed option.
Long-term Care	~93 younger adults in nursing homes	Considered inappropriate by all respondents; discussed only as last resort.

Family Home

Staying with parents remains the **modal** arrangement (≈ 18 500 adults, 63 % of all individuals known to CLBC). Families make it work in a variety of ways: charging a modest room-and-board fee, building secondary suites, and/or layering in day-program and respite funding: *“Many adults live with parents into their 70s and 80s because there’s nowhere else, unless you put infrastructure round the family [it can be difficult for all involved].”* Ageing caregivers and the absence of succession plans were recurrent concerns.

Inclusive & mixed-tenure innovations

These models place a small number of deeply subsidised units inside an ordinary market or non-profit development and layer in portable supports:

- **Reverse-integration condos** – e.g., 71-unit *Chorus* (Surrey) where tenants with and without disabilities co-own; global funding of staff lets support hours flex.
- **Inclusive micro-projects** – city-donated single-family lots redeveloped into six-plexes (3 accessible + 3 family units).
- **Co-op set-asides** – 2023 CLBC–Co-operative Housing Federation agreement reserves shelter-rate units for disability tenants in every future co-op. The rates are tied to PWD shelter allowances making the suites affordable to self-advocates.
- **Co-housing / "Aspen" roommate model** – two-bedroom condos; one bedroom rent-free to a peer who provides overnight presence.
- **Tiny-home clusters & carriage-suite pilots** – on-lot suites attached to staffed homes or municipal "village" sites.
- **Keyring-style proximity support** (UK import) – small clusters of tenants support each other with a live-nearby "community connector."

Evidence to date is largely qualitative - higher tenant satisfaction and neighbourhood integration - but numbers remain small.

Specialised individualised arrangements

- **CSIL (Choices in Supports for Independent Living)** a direct-funded model (individualized funding) lets about 1,200 wheelchair users direct-hire attendants in their own homes.
- **Student-roommate exchanges** and **homeowner training-suites** offer low-or-no-rent rooms in exchange for light support or night-time presence.
- **Direct-match accessible rentals (Right Fit Program)** connect wheelchair users to the scarce pool of fully accessible units and layer rent supplements.

Out-of-system & last-resort settings

Lastly, participants also mentioned:

- **Hidden homelessness / shelters / tiny-home villages** – 737 people with developmental disability have "no fixed address."

- **Long-term care** – (n = ~93) younger adults with high medical support sometimes end up in nursing homes “with 85-year-olds with dementia” when community options fail.

These environments were universally viewed as undesirable but indicative of the supply gap.

Comprehensive Summary Table

Model	Population	Typical Support Intensity	Average Public Cost (CA$)	Core Features	Core Strengths	Core Limitations	Illustrative Quotations
Staffed Residential	2,998	24-hr, awake-night; GSA 4–5	227,000	24-hr paid staff, 3–4 residents; reserved for GSA 4–5	Clinical care; rapid response	Highest cost; risk of institutional culture	*"About 80 % of the cost is staffing."*
Supported-Living Cluster	~450	On-call night, scheduled day (≤ 20 h)	45–55,000	6-10 units in one building; overnight/on-call staff	Balance autonomy & safety; peer support	Few builds; potential 'mini-institution'	*"Ten in one building … you can share staff through the night."*
Independent Living + Outreach	2,779	Scheduled support ≤ 20 h; no night	38,000 (+ rent gap)	Tenant holds lease; ≤ 20 h/wk support; needs deep subsidy	Maximum privacy; scalable hours	Rent unaffordable; risk isolation	*"Independent living is under-utilised … numbers would be higher if there was more supply."*
Home-Share / Shared Living	4,263	Unscheduled daily help; caregiver lives in	43,000	Life-sharing with contracted caregiver; stipend not hourly	Low cost; family ambiance when match is good	Many mismatches; stipend stagnant; safety incidents	*"In a good home-share the person feels like extended family; in a bad match, which is far more common, they're just a boarder who can't complain."*
Family Home	18,494	Unpaid family + respite/day	< 20,000	Lives with parents;	Familiarity; no property cost	Caregiver aging; dependency	*"I'm 70-plus and tired … a wave of parents will hand kids back."*

Model	Population	Typical Support Intensity	Average Public Cost (CA$)	Core Features	Core Strengths	Core Limitations	Illustrative Quotations
				variable paid supports			
Inclusive Mixed Tenure	<300	Portable / flexible	Like cluster	DD units embedded in mainstream builds; global or portable funding	Universal design; community mix	Boutique scale; funding gaps	*"[A] study demonstrated that the tenants with developmental disability living in Chorus had a higher quality of life than the average British Columbian who doesn't have a disability."*
Specialised individualised (CSIL, student roommates, Right Fit)	1,200	Personal care hours self-managed	Variable	Direct-funding/attendant, rent-for-support swaps, matched accessible rentals	Full control; avoids LTC	Heavy admin burden	*"Because of CSIL I avoided institutional care."*
Accessible-Rental Match	<200	Visiting home support	Rent + supplement		True wheelchair accessibility (e.g., adequate turning radius, layouts that allow	Scarce family-sized units	*"We put the whole checklist on the website so any developer can download it."*

Model	Population	Typical Support Intensity	Average Public Cost (CA$)	Core Features	Core Strengths	Core Limitations	Illustrative Quotations
					unobstructed movement, etc.)		
No Fixed Address / Shelters	737	Variable to none	Unknown	Hidden-homeless or transitional shelter use	None documented.	Safety on all levels.	*“We’re seeing an over-representation in street counts and corrections.”*

Summary

Across interviews a coherent set of cross-model lessons emerged:

- **First, affordability dominated every conversation**. Informants returned, again and again, to the CA $500 shelter ceiling: *"If you were allowed to stack PWD and RAP[2] you'd have CA $1,200 to work with: life changing."* Where rent gaps are not bridged, independent-living and cluster innovations stall at pilot stage.
- **Second, compatibility and sustained monitoring make or break placements**. The point was sharpest for Home-Share, but managers of staffed homes and supported-living clusters told the same story: the right match, revisited and resourced over time, is the true safeguard.
- **Third, workforce and respite shortages cut across all settings**. Staffed homes struggle to hire RN-level specialists; home-share caregivers bow out when they cannot count on respite; outreach programmes cannot recruit part-time life-skills coaches at current wage bands.
- **Fourth, respondents emphasized natural relationships as the real safety net**. As the Inclusion BC policy lead put it: *"The number-one safeguard is social connection; isolation is the real danger."*
- **Fifth, respondents called out the administrative burden placed on families and community employers.** Examples included micro-board treasurers doing unpaid payroll, CSIL employers fearing audit penalties, and multi-ministry paperwork that *"polices rather than supports."*
- **Finally, leaders and self-advocates converged on the principle of dignity of risk.** An executive summed it up: *"Safe life without choice is not much of a life."* Balancing autonomy with duty-of-care is therefore a central design requirement for every model.

Implications for international replication follow directly from these themes. BC's experience shows that a fiscally attractive option like Home-Share can lose legitimacy when respite, monitoring, and matching are skimped. Any jurisdiction hoping to scale independent apartments or cluster models must first secure a portable housing subsidy that closes the rent gap. Embedding inclusion into every publicly funded build, BC's 5-10% shelter-rate set-aside in co-ops, is a tractable, policy-level lever. Success also hinges on investing in the human infrastructure behind each model, from paid caregivers to the back-office infrastructure that supports self-directed models (e.g., digital payroll portals for CSIL employers), and outcomes, not merely bed counts. As one parent-advocate concluded, *"It's not the bricks and mortar that make or break a*

[2] Rental Assistance Program

placement; it's the match, the rent gap, and whether anyone knocks on your door for coffee." Aligning affordability, fit and community connection offers the surest route for other countries to adapt BC's successes and avoid its pitfalls.

In conclusion, the British-Columbia landscape now reads less like a ladder and more like a palette with overlapping shades. Two options - living with family and Home-Share - still account for nearly four-fifths of all adults, yet both depend heavily on unpaid or low-paid caregivers and are vulnerable to ageing parents and stagnant stipends. Staffed homes remain indispensable, but only for a shrinking minority with high-support needs. The most creative energy lies in independent apartments, mixed-tenure strata, and cluster hybrids, although those reach only a few hundred people because affordability solutions trail behind architectural ingenuity. A small but worrying group remains unhoused or parked in institutional spill-over settings, reminding us that even an expanded palette has not solved the supply–and–affordability equation.

Taken together, the data suggest that future policy must confront two levers simultaneously: deepening affordability (portable supplements, inclusionary quotas) and strengthening the workforce behind each model (fair stipends, funded respite, navigation supports). Without both, the newer individualised arrangements will not scale enough to relieve pressure on families, staffed homes, or the emergency system.

DISCUSSION

Summary and Significance of Findings

The present study consolidates fifteen years of policy shifts, service-count data and lived experience to show that British Columbia has evolved from a two-track landscape - family home or staffed group home - into a layered palette of housing models. Family homes and Home-Share placements still accommodate almost four-fifths of adults connected to Community Living BC [7], but both depend on unpaid or low-paid caregivers and remain vulnerable to an ageing parent cohort and stagnant stipends. Staffed residential housing, once the system mainstay, has contracted into a specialized, clinically-focused option for people with profound medical or behavioural support needs. The most person-centered innovations, i.e., independent apartments with outreach, supported-living clusters, and mixed-tenure inclusionary builds, demonstrate consistent quality-of-life gains, yet reach relatively few people because the CAD$500 Persons with Disabilities (PWD) shelter allowance cannot be combined with existing rental supplements. Collectively, these findings confirm international literature stressing the centrality of affordability, compatibility, autonomy, and community

connection in successful community living [11]. They also echo the tension embedded in Article 19 of the UN Convention on the Rights of Persons with Disabilities, which upholds both the right to “choose where and with whom to live” and the right to adequate personal assistance [12].

Dignity of Risk and the Perils of Over-Standardization

Interviewees repeatedly invoked the principle of *“dignity of risk,”* emphasizing that *“a safe life without choice is not much of a life.”* While robust standards and audits are indispensable, particularly after the 2020 Auditor-General report on Home-Share fatalities, they also carry potential harms. Over-standardization can push providers toward risk-averse routines that stifle personal decision-making, re-institutionalizing people in their own apartments through curfews, visitor bans, or blanket “no-risk” policies. The challenge, then, is to develop quality-assurance mechanisms that are proportionate and relational, foregrounding the individual’s own goals and social networks rather than a checklist of building features or compliance metrics. Models that appear to deliver the best outcomes, i.e., long-standing, well-matched Home-Share pairings, supported-living clusters with intentional community-building, and independent tenancies bolstered by flexible outreach, share two common threads: the disabled individual exercises genuine choice, and there is active linkage to neighbours, friends, and local amenities that sustain ordinary, self-directed lives that prioritize human connection more than the rote completion of items on a support-worker checklist.

Applications Beyond BC and International Comparison

Several features of the BC system translate readily to other countries that want to widen housing choice for people with disabilities.

The first is a *“small-slice”* rule: since 2023, every new housing co-operative in BC must allocate 5-10% of its residences at the $500 PWD rent and build them to full step-free accessibility. Because the rule attaches to all future projects, inclusive stock grows automatically instead of relying on one-off disability developments or waiting for philanthropic dollars. Municipalities in other jurisdictions could adopt similar “small-slice” requirements through inclusionary zoning, co-operative housing mandates, or development approvals, embedding accessibility and affordability into the ordinary growth of housing stock rather than treating disability housing as a separate stream.

BC's *"density-done-right"* experiments offer a second, complementary lesson. In the Chorus and Harmony condominiums, market owners, subsidised renters, and people with intellectual disability live side by side, sharing amenity rooms and a community connector who can step in when informal help is not enough. These mixed-tenure designs demonstrate how inclusion can be embedded into mainstream developments without segregating residents by disability or support status. Municipalities elsewhere could support similar models by offering modest density bonuses or small land contributions, in exchange for universal design, shared social space, and a designated on-site support role, within otherwise ordinary developments.

A third transferable idea comes from the UK's KeyRing model, which clusters three or four disabled tenants in a regular apartment block and pays a neighbourly mentor to drop by a few hours each week. UK evaluations report lower loneliness and higher civic involvement under this light-touch arrangement [13]; the handful of BC pilots point in the same direction. Municipalities elsewhere could encourage similar clusters by offering planning incentives: e.g., relaxed parking minimums or a modest density bonus, to any non-profit developer willing to include a KeyRing-style ring in an otherwise mainstream build.

Finally, BC's peer-run quality-of-life survey – *Include Me!*[3] – shows that monitoring can be both rigorous and person-centred. The tool is inexpensive to administer and, crucially, it asks tenants themselves, rather than staff, about friendship, safety, and day-to-day choice. Regulators in other jurisdictions could layer a comparable tenant-voice instrument onto building inspections and financial audits, ensuring that well-designed bricks and mortar really do translate into better everyday lives.

Implications for Australia

Housing and support models have developed in BC over the past four decades in response to the desire for people with disability to move out of large-scale institutions, and housing affordability pressures.

Australia can draw several important lessons from BC's experience. These include:

- A variety of housing and support options are needed to meet the needs of people with disability
- Community-based options are more cost-effective than staffed residential homes (group homes)
- Three pillars of individualised living
- Homeshare has grown with safeguards strengthening over time

[3] The *Include Me Survey* is based on Robert Schallock's Quality of Life Framework.

- Housing affordability influences options

A variety of housing and support options are needed

British Columbia's 'palette of overlapping options' of housing and support from group home type arrangements to shared living and independent living with outreach illustrates the importance of fostering a variety of housing and support options to meet the needs of people with disability.

Over the past four decades, BC has diversified its housing and support options, with shared-living options now outnumbering staffed homes (i.e., group homes) four-to-one.

Despite the introduction of the AUD$40 billion National Disability Insurance Scheme (NDIS), which provides funding for over 700,000 people with disability, Australia has not achieved the same level of diversification and growth in community-based housing and support options. While pockets of more contemporary housing and support options have emerged, change has been slow, especially for Australians with intellectual disability [14]. Many Australians with intellectual disability remain living in outdated group homes where they are at increased risk of violence, abuse, neglect and exploitation [15]. This lack of innovation in housing and living has been recognised by both the Disability Royal Commission and the NDIS Review.

One promising area of innovation in Australia has been the growth of Specialist Disability Accommodation (SDA) apartments, which function in a similar way to BC's Supported-Living Cluster. A popular configuration for SDA apartments is the '10+1' model, where 10 accessible apartments are situated in a mainstream housing development, along with 1 unmodified apartment for 24-hour onsite support workers to base their services [16]. SDA apartments have scaled rapidly throughout Australia. There are currently 2,677 SDA apartments and another 1,782 under development [17].

Most SDA apartments are designed for people with severe physical impairments and who require extensive accessible features in the apartment [18]. The most common disability types are Cerebral Palsy, Multiple Sclerosis, Acquired Brain Injury, Spinal Cord Injury and Other Neurological conditions [19]. The inclusive mixed-tenure builds in BC, Chorus (20 of 71 units) and Harmony (25 of 91 units) are specific to people with intellectual disabilities [20].

In addition to having apartments for people with disability incorporated into higher density housing (which Australia also has), BC also has inclusive micro-projects. In BC, these are city donated single family lots that are redeveloped into six units - three accessible and 3 family units. Given many participants with housing and living funding in their plan receive funding at a 1:3 shared support ratio (approx $220,000), there may be

scope to explore how a version of this concept might be used to scale more inclusive housing in lower density neighbourhoods [21]. In Australia, this model could be implemented in partnership with affordable or social housing providers.

One group of people who were identified as flourishing in the BC context is Autistic adults living in Supported Living Clusters. This cohort often find the unpredictable sounds of housemates overwhelming but are comfortable in apartments. The physical separation between units eliminates the constant negotiation of shared kitchens and bathrooms. Staff are based in a dedicated suite and “float” between ten or so units, on-site support can respond quickly without hovering, giving tenants privacy by default and assistance on demand.

In Australia, the traditional service system often responds to risks to NDIS participants and staff safety by adding more staff, which increases costs, rather than changing the built environment [22] or examining whether the arrangement the person is living in suits their needs. Increasing the focus on more tailored housing and support solutions in Australia has the potential to:

- reduce behaviours of concern and the level of paid support required to support positive behaviour and associated risks to the participant and staff
- Increase the quality of life and outcomes
- Increase the safety of co-residents and staff

Further research is needed to inform an Australian demonstration project that transitions people with behaviours of concern from group homes to individualised arrangements. A well designed and evidence based demonstration project would enable outcomes to be measured for NDIS participants and support staff, and a rigorous economic analysis to be undertaken to inform the replication and scale of this model and any potential savings to the NDIS.

In BC, staffed residents (group homes) are reserved for people with “very high behavioural redirection or profound medical care”. In Australia, group homes are often used to support people with lower support needs, but at a high cost. In 2025, the Summer Foundation commissioned an economic analysis of 30 disability service providers that operate more than 3,000 dwellings with around 10,000 residents, making up a substantial share of Australia’s group home system. The analysis found that more than half of all group home residents do not require a support worker to be awake overnight [23]. This means many people living in group homes could potentially have their needs met in more inclusive and cost-effective individualized housing and living options.

The articulation of the level of support and tenant control in the home environment is perhaps more nuanced in Australia where people with high support needs are

supported in a variety of living arrangements (not just group homes). This includes being able to live at home and receive 24/7 support.

The evidence about who flourishes in different housing options in BC provides some useful insights for the evolving SDA market and models of support for different cohorts in Australia. A government-funded longitudinal study led by Australia's La Trobe University is adding to the evidence base by using multi-level modelling to understand which cohorts of NDIS participants flourish in the different types of living arrangements [24]. The evidence from BC demonstrates there is a need for Australia to expand the range of housing and support options available for people with different disability types and support needs and preferences.

Community-based options are more cost-effective than staffed residential homes

In BC, Staffed Residential Homes (group homes) support 2,998 people and are almost exclusively for people with high behavioural or complex medical support needs with awake-night staff and vehicle access. These houses are also 3-4 residents in capacity to keep them 'quasi domestic'. At ≈CAD$227,000 per person/year (≈AUD$246,000) these arrangements are the most expensive line item in their residential budget, with much of the resourcing going to staffing.

Other support options in British Columbia include supported living clusters, shared living/homeshare and independent living with outreach and range from CAD$38,000-$55,000 per person/year (≈AUD$41,000-$60,000).

The tight eligibility criteria and limits on the number of residents in staffed residential homes is different to Australia, although group homes are reducing in size, with the introduction of the NDIS. There are an estimated 17,000 people living in group homes in Australia [25].

While on a different scale to Canada, the fact that more individualised and community-based housing and living supports are more cost-effective is also mirrored in Australia [26].

Economic analysis of some home and living support approaches in Australia indicates that NDIS participants receiving Supported Independent Living funding (typically used in a group home) are typically being funded at least ≈AUD$191,902 - $320,670 per person/year depending on their support needs. This compares to a typical funding amount of ≈AUD$105,000 - $230,000 per person/year for people supported through the NDIS Individualised Living Options (ILO) funding [26].

BC's experience of homeshare demonstrates the cost effectiveness of the homeshare model, which frees resources for people requiring 24-hour clinical oversight.

Three pillars of individualised living

One of the insights from the BC findings that resonates strongly with the Australian experience is the need to get three things right with individualised housing options - bricks and mortar design, staffing patterns and community building rituals. If one of these pillars is not right, the promise of the housing option “quickly wobbles”.

Bricks and mortar design: critical features include acoustic insulation, neutral communal space and clear boundaries built into the architectural blueprint

Staffing patterns: The support provided offers maximum privacy and “dignity of risk”. The funding envelope is both persona-centred and fiscally agile. Support is described as an outreach service model that is inherently elastic and can increase after changes in a person’s life (such as surgery, a breakup or job loss) and then recede. Support is unbundled from bricks and mortar so tenants can move without losing their funding for support.

Community building rituals: For most people who move to a new home, social connection does not happen automatically. A BC advocate warns that without guaranteed community connectors, tenants are at risk of being “independent but lonely”. Skilled support for community participation with a focus on the development of natural relationships is a critical pillar that is often missing for NDIS participants moving into new housing options.

In the Australian context, there is an overemphasis on one pillar - the development of new bricks and mortar for NDIS participants via the SDA market and investment. However, the SDA market has not delivered on the promise of more efficient support, increased independence and better outcomes for NDIS participants.

In many new SDA dwellings in Australia, the promise of the housing option “quickly wobbles” because the other two pillars are missing. Many support providers are delivering support in SDA apartments with the same institutional mindset and culture as many group homes. In Australia there is an urgent need to learn from BC and other evidence to redesign how support is delivered in individualized housing.

Skilled support to foster the development of natural relationships is absent for most tenants living in SDA. One unintended consequence of the introduction of the NDIS in Australia is that social capital and citizenship has reduced for many NDIS participants [27]. Instead of building connections, paid supports can sometimes replace the forming and maintaining of natural friendships and relationships. There is enormous potential to support NDIS participants to belong and connect in their neighbourhood and reduce reliance on paid support.

Homeshare has grown with safeguards developing over time

With 4,263 people supported through homeshare arrangements, this is the largest out-of-family home and living support in BC. Safeguarding arrangements exist for all living arrangements in BC and have strengthened recently following an inquest into the death of a person with disability in a homeshare.

In Australia's efforts to grow shared living arrangements, lessons can be learnt from BC's experience of the importance of robust matching of participants and caregivers, transparent monitoring and an appropriate stipend.

Measures to strengthen safeguarding in homesharing in BC have included:

- Highlighting the role of dignity of risk and natural supports in keeping people safe
- Contracts and resources to guide the effective delivery and monitoring of homesharing arrangements
- The development of Standards for homesharing
- The establishment of the Home Sharing Support Society to promote resources and best practices for this model in the province
- The ability to support person centred societies and microboards to manage homesharing arrangements
- Funding to ensure the 'right match' and monitor and support the arrangement over time, as well as appropriate compensation for the homesharer

Housing affordability and supply impact options

Housing affordability and the constraints this places on the choices that people with disability in BC have about where they live and how they are supported was a strong theme throughout this study.

Since 2023, BC has implemented a 'small slice' rule requiring all new housing cooperatives to be affordable for people with disability and have step-free accessibility. Australia has similar housing affordability and supply constraints. However, there is scope for different support models (such as homeshare) to provide housing and support for more people with disability while supply, affordability and accessibility can continue to be progressed through inclusionary zoning and national adoption of the Livable Housing Design Standard under the National Construction Code [28].

In Australia, NDIS participants with extreme functional impairment or very high disability-related support needs may be eligible for SDA. While the government only estimates that about 6% of the NDIS population will be eligible for SDA, it covers the full cost of purpose built disability accommodation. While SDA is yet to fully deliver on its original promise, it has the potential to greatly increase the housing options for people with disability with high support needs [29]. Housing affordability is a significant barrier

to social and community participation and living a good life for the 94% of NDIS participants who are not eligible for SDA payments.

Future Directions for Research and Practice

Addressing affordability is the most urgent task, and the evidence base must move beyond anecdote. A controlled pilot that permits Persons with Disabilities (PWD) recipients to stack the CAD$500 shelter component with the Rental Assistance Program (RAP) would allow policymakers to test whether a roughly CAD$1,200 housing envelope reliably unlocks independent tenancies across markets with varying vacancy rates. Linking such a pilot to administrative data on tenancy duration, eviction, and health-system use would move the affordability debate from principle to proof.

The promise of individualised funding emerged as a consistent bright spot in the interviews; families valued the freedom to hire the right supporters at the right times, but they also described the model as *"death by paperwork."* Bookkeeping, payroll tax, and worker insurance typically land on parents (many of whom are ageing) who have neither accounting training nor the stamina to manage a second household ledger. Future research should test practical scaffolds that could keep self-directed budgets viable: for example, digital payroll portals that automate deductions, pooled liability coverage, or brokerage services that bundle bookkeeping, recruitment, and respite into a single fee. Quasi-experimental evaluations could compare outcomes - worker retention, carer stress, and participant satisfaction - between self-managing families with and without such back-office supports.

Emerging Indigenous-led housing prototypes merit participatory action research that respects self-determination and cultural safety. In BC, this involves on-reserve clusters that weave land-based activities and Elders' guidance into tenancy supports. Research partnerships must be Indigenous-led and attentive to how colonial housing norms may misalign with Indigenous ways of living, caregiving, and governance.

Future studies should also explore how a broader range of disabilities and cognitive profiles interact with housing models. Conditions such as ADHD and acquired brain injury are over-represented in homelessness and justice populations [30-33] . Research comparing outcomes for neurodivergent tenants in cluster housing versus dispersed units could inform eligibility pathways and wrap-around services. Because mental-health fluctuations are a leading cause of tenancy breakdown, controlled trials of on-site peer support, tele-psychology and neighborhood social-prescription schemes should track impacts on hospitalization and eviction rates.

Stigma reduction starts early. School-based universal-design modules and disability-pride curricula could be evaluated for their downstream effect on neighborhood acceptance of inclusive housing, especially pertinent in jurisdictions where “Not-In-My-Backyard” resistance has delayed disability accommodation developments.

Finally, BC’s peer-run Quality-of-Life (QoL) survey Include Me! offers a scalable monitoring innovation. Expanding the tool province-wide and linking it to administrative data on health, justice, and income supports would provide a low-cost, person-centred complement to compliance-based audits. Embedding tenant voice in routine monitoring would help ensure that well-designed housing models translate into meaningful everyday outcomes.

Strengths and Limitations of the Present Study

A principal strength of this study lies in its mixed-source triangulation. We paired up-to-date CLBC service counts with first-person narratives from a deliberately heterogeneous group of self-advocates, family caregivers, executive leaders, and provincial officials. The diversity of vantage points allowed us to see both the system-wide architecture - who lives in which model, at what cost - and the granular contingencies of match, monitoring and neighbour connection that determine whether an individual thrives. By covering every major housing model now operating in BC, the data set offers a comprehensive baseline against which future policy experiments, such as rent-supplement stacking or new workforce incentives, can be assessed.

Important limitations temper those contributions. First, all cost figures are interviewee estimates rather than audited financial statements; while they align with published CLBC ranges, they may miss indirect or opportunity costs. Second, voices from BC’s northern and rural regions, as well as disabilities other than Intellectual and Developmental Disabilities (IDDs), were fewer, meaning the findings may over-reflect urban challenges such as high rents while under-capturing issues like geographic isolation and limited service availability, as well as overlooking the experiences of groups whose needs do not fit neatly within dominant intellectual, physical, or psychosocial disability frameworks, such as people with ADHD or acquired brain injury. Third, the study’s qualitative design inevitably carries the risk of recall bias and social-desirability effects; participants may under-report negative experiences or over-state program benefits. Fourth, data collection spanned in 2025, a period of rapid inflation and post-pandemic labour churn, so affordability thresholds and workforce observations

may date quickly. Finally, interviews were conducted in English, limiting the inclusion of non-English-speaking newcomers, whose housing pathways can differ substantially.

REFERENCES

1. BC Non-Profit Housing Association Research Department. (2009). *Exploring housing options for people with developmental disabilities in BC*. BC Non-Profit Housing Association. https://www.communitylivingbc.ca/wp-content/uploads/2018/03/FINAL-Housing-Options-for-People-with-Developmental-Disabilities-Final-Research-Report-Aug-28-2009.pdf
2. British Columbia Ministry of Children and Family Development. *Government Takes Action on Woodlands Review.* News release 2002MCF0015-000588. 28 August 2002. *"Woodlands had operated in New Westminster since 1878 but has been closed since 1996."* Available from the BC Government News archive: https://archive.news.gov.bc.ca/releases/archive/2001-2005/2002mcf0015-000588.htm
3. Community Living British Columbia. *About CLBC.* Accessed 8 May 2025. https://www.communitylivingbc.ca/about-us/who-is-clbc/
4. Government of British Columbia. *Disability Assistance Rate Table.* Updated 1 April 2024. https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/bc-employment-and-assistance-rate-tables/disability-assistance-rate-table
5. BC Housing. *Rental Assistance Program (RAP).* Accessed 8 May 2025. https://www.bchousing.org/housing-assistance/rental-assistance-programs/RAP
6. Canada Mortgage and Housing Corporation. *Rental Market Report – Vancouver CMA.* Fall 2024. https://www.cmhc-schl.gc.ca/professionals/housing-markets-data-and-research/market-reports/rental-market-reports-major-centres
7. Community Living BC. *Quick Statistics – April 2024 Service Counts.* Internal briefing obtained 2025.
8. Community Living BC & Co-operative Housing Federation of BC. *Partnership Expands Housing Choice for People with Developmental Disabilities.* News release, 5 October 2024. https://www.communitylivingbc.ca/inclusive-housing/new-partnership-expands-housing-choice-for-those-with-developmental-disabilities/
9. Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health, 23*(4), 334-340. https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G

10. Hsieh, H., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*(9), 1277-1288. https://doi.org/10.1177/1049732305276687
11. Oliver, S., Gosden-Kaye, E. Z., Winkler, D., & Douglas, J. M. (2022). The outcomes of individualized housing for people with disability and complex needs: A scoping review. *Disability and Rehabilitation, 44*(7), 1141-1155. https://doi.org/10.1080/09638288.2020.1785023
12. United Nations. *Convention on the Rights of Persons with Disabilities,* Article 19. General Assembly resolution A/RES/61/106; 2006. https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf
13. *KeyRing support networks*. (2024, November 20). Social Care Future. https://socialcarefuture.org.uk/glimpses-of-the-future/keyring-support-networks/
14. Commonwealth Government (2023). Working together to deliver the NDIS. Independent Review into the National Disability Insurance Scheme. Recommendation 9. https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis
15. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023). Inclusive education, employment and housing. Final report, Volume 7, p. 51.
16. Morgan, A. J., Aimers, N.,& Winkler, D. (2024). Innovation in housing and living for people with disability: Environmental scan report. Melbourne, Australia: Summer Foundation. https://assets.summerfoundation.org.au/app/uploads/2024/09/02105527/Innovation-n-housing-and-living.-Environmental-scan-report-Aug-2024.pdf
17. NDIA (2026). NDIS quarterly report to disability ministers: Q2 2025-2026. National Disability Insurance Agency. Supplement P, Tables P.11, P.12, P.16. Downloaded 16 March 2026. https://dataresearch.ndis.gov.au/media/4500/download?attachment
18. Crowe, A., James, A., Peaty, G., Malbon, E., & Ellis, K. (2024). Specialist disability accommodation in the social housing sector: Policy and practice (AHURI Final Report No. 417). Australian Housing and Urban Research Institute. https://doi.org/10.18408/ahuri8129801
19. Oliver, S., Jamwal, R., D'Cruz, K., Naismith, J., Winkler, D., & Douglas, J. (2025). How do people with disability and complex needs experience the built environment in apartments designed for people with disability? Australian Occupational Therapy Journal, 72(5), e70051. https://doi.org/10.1111/1440-1630.70051
20. Canadian Association for Community Living (2019). My Home My Community: Inclusive Housing Options for People with Developmental Disabilities. Case Study Report 3: UNITI- Chorus.

https://static1.squarespace.com/static/57f27c992994ca20330b28ff/t/5e84ccb01e63fc42213014f8/1585761457761/MHMC+-+Case+Study+Report+3+-+UNITI-Chorus.pdf
21. Burke, A., et al. (2025). Moving out, moving on: Beyond group homes for NDIS participants. Summer Foundation. Melbourne, Australia. https://assets.summerfoundation.org.au/app/uploads/2025/06/02134913/Summer-Foundation-Moving-Out-Moving-On-Report.pdf
22. Homes Victoria (2021) Designing person-centred robust Specialist Disability Accommodation. Victorian Government.
23. Walker, J. (2025). *It's time to move beyond group homes, not just manage their collapse*: 12 December 2025. https://www.summerfoundation.org.au/news/its-time-to-move-beyond-group-homes-not-just-manage-their-collapse/
24. Home and Living Outcome Framework. (2024). Home and Living Outcome Framework. https://homeandlivingoutcomeframework.org.au
25. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). Inclusive education, employment and housing. Final report, Volume 7. https://disability.royalcommission.gov.au/publications/final-report-volume-7-inclusive-education-employment-and-housing
26. Burke, A., et al. (2025). Moving out, moving on.
27. Duffy, S. & Brown, M. (2023) Redesigning the NDIS: An international perspective on an Australian disability support system is published by Citizen Network Research https://citizen-network.org/uploads/attachment/849/redesigning-the-ndis.pdf
28. YIMBY Melbourne. *Building More, Building Better: Victoria' Experience with the Livable Housing Design Standard*. Melbourne: YIMBY Melbourne, 2025. https://www.summerfoundation.org.au/wp-content/uploads/2025/11/The-Most-Most-Livable-Homes-v2.0_compressed.pdf
29. Morgan, A. J., Aimers, N.,& Winkler, D. (2024). Innovation in housing and living for people with disability: Environmental scan report. Melbourne, Australia: Summer Foundation. https://assets.summerfoundation.org.au/app/uploads/2024/09/02105527/Innovation-in-housing-and-living.-Environmental-scan-report-Aug-2024.pdf
30. García Murillo, L., MD, Ramos-Olazagasti, M. A., PhD, Mannuzza, S., PhD, Castellanos, F. X., MD, & Klein, R. G., PhD. (2016). Childhood attention-Deficit/Hyperactivity disorder and homelessness: A 33-year follow-up study. *Journal of the American Academy of Child and Adolescent Psychiatry, 55*(11), 931-936. https://doi.org/10.1016/j.jaac.2016.07.772
31. Stone, B., Dowling, S., & Cameron, A. (2019). Cognitive impairment and homelessness: A scoping review. *Health & Social Care in the Community, 27*(4), e125-e142. https://doi.org/10.1111/hsc.12682

32. Mackelprang, J. L., & Flatau, P. (2018). PA 14-5-2127 Prevalence of self-reported brain injury among homeless adults in Australia. *Injury Prevention, 24*(Suppl 2), A33. https://doi.org/10.1136/injuryprevention-2018-safety.89
33. Jubinville, W., Ducharme, R., Hendryckx, C., Roy, L., & Bottari, C. (2025). Barriers, facilitators and solutions to the care of people experiencing homelessness with traumatic brain injury in Quebec, Canada: Clinicians' and concerned parties' perspectives. *Disability and Rehabilitation,* , 1. https://doi.org/10.1080/09638288.2025.2496359

APPENDICES

Resource	Description	Link
Home-Share Standards (CLBC)	Full PDF of the provincial standards adopted in 2007 and still in force.	Community Living BC
CLBC Service Standards & Guidance for Service Providers	2023 PDF that bundles draft standards for staffed homes, independent living and other models.	Community Living BC
Home-Share Rates Table (effective 1 Apr 2024)	Two-page PDF listing monthly caregiver stipends by support level and age band.	Community Living BC
Home-Share Coordinator Handbook – Template (BC CEO Network)	PowerPoint/PDF template + link to editable Word file; covers matching, monitoring, crisis response.	BCCEO Network / BCCEO Network
Shared-Living Resource Guide: A Toolkit of Ideas to Support Good Lives in Community	120-page toolkit produced by CLBC & CEO Network—sample contracts, planning worksheets, best-practice checklists.	Community Living BC
Right Fit Accessibility Checklist (Disability Alliance BC)	Online download of the standardised wheelchair-accessibility audit tool.	Right Fit
CRA Foster-Care / Home-Share Tax Bulletin	Official interpretation explaining why Home-Share payments are tax-exempt under s.81(1)(h) of the Income Tax Act—useful for service providers and caregivers.	Community Living BC