



THE UNIVERSITY OF BRITISH COLUMBIA
Canadian Institute for Inclusion and Citizenship

Housing Innovations in BC: Responding to the Housing Crisis

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Research Team

Lead Researcher: Dr. Rachelle Hole
Lead Research Assistant: Blanca Gala
Graduate Research Assistant: Ola Lasocka
Graduate Research Assistant: Elyssa Hunter

Contact:

Dr. Rachelle Hole
Canadian Institute for Inclusion and Citizenship
University of British Columbia
rachelle.hole@ubc.ca
604-822-5872

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Introduction

Housing insecurity is a pressing current issue in Canada impacting many households and individuals, primarily as a result of affordability. Between 2018 to 2022, housing costs saw a national increase of 20.6% (The Daily, 2024). Due to a significant lack of available, acceptable housing at affordable rates, such as social or subsidized housing, many renters have had to rely on the steadily rising and over-inflated costs of market rental housing (O'Donovan et al., 2024). Statistics Canada data from 2022 shows that new renters were paying 27% higher rents than tenants who did not move in 2022 (The Daily, 2024). Overall, nearly one-third (30.9%) of households struggled to meet their basic needs, representing a significant increase from 21.9% in 2018. This number was even higher (64.5%) for those waiting for subsidized housing.

While housing insecurity is not limited to a specific population, people with intellectual and/or developmental disabilities (IDD) face significant barriers to adequate and affordable housing and are disproportionately impacted by the housing crisis, more often experiencing inadequate and insecure housing (Casson et al., 2021; Lindsay et al., 2024; Dube, 2016). According to Downer and Rotenberg (2023) “[o]ver 400,000 Canadian adults with significant disabilities live without adequate, affordable or quality housing” (p. 349). In the era following deinstitutionalization, a lack of suitable housing options to replace previous housing models has contributed to “transinstitutionalization”, with adults with IDD sometimes ending up in other institutions such as hospitals, long-term care homes, or in the prison system (Butterill et al., 2009; Dube, 2016; Friedman, 2019).

Furthermore, people with disabilities are at four times greater risk of experiencing homelessness, according to a recent publication from the Canadian Human Rights Commission (2024). Casson et al. (2021) state that “many adults with IDD have difficulty finding and maintaining housing that appropriately addresses their behavioral support needs”, which contributes to an overrepresentation of adults with IDD in the homeless/unhoused population (Downer & Rotenberg, 2023; O'Donovan et al., 2024).

These realities are difficult to confront and important to address. Like all people, adults with IDD deserve and desire housing that promotes self-determination and privacy while supporting community inclusion and participation (McConkey, Sowney, Milligan, & Barr, 2004). As Durbin et al. (2018) state, “viewing housing as an unconditional human right is a tenet that should apply to all people, regardless of disability status” (p. 128). But, as Casson et al. (2021) add, “[i]ncreasing adequate

housing to support this population requires a better understanding of the characteristics of the physical environment that lead to long-term, successful placements” (p. 218).

This research is a response to the housing crisis impacting individuals with IDD in British Columbia (B.C.) and was commissioned by the Community Living British Columbia, the crown agency responsible for services and supports for adults with IDD in B.C. This study was a two phased project – a survey followed by qualitative interviews. The research explored what innovative housing solutions in response to the housing crisis that enable people can lead good lives in their communities. The research is guided by the following research question: What creative housing options are available for adults with IDD in response to the housing crisis in BC?

Organization of this report

Following the introduction, the report presents Phase 1 of the research – “A Survey on Housing Innovations.” First the methods are described, followed by the results and then the discussion. Next, Phase 2 of the research is presented, which involved 11 qualitative interviews with a range of participants (CLBC staff, parents, a parent and home share provider, and agency staff). The methods are described first, followed by the qualitative findings and a discussion of the Phase2 results. Finally, the report closes with a concluding section that considers the findings of both Phase 1 and Phase 2.

Phase 1 Study Design: A Survey on Housing Innovations

Methods

To explore the housing innovations available for adults living with IDD a survey was designed in Qualtrics. The survey was designed for participants to provide their knowledge and experience as professionals of CLBC and/or of CLBC-funded agencies who provide services and supports to individuals with IDD and their allies such as family members.

The survey was divided into two sections: one focused on demographic information and the other focused on examples of housing innovations in BC. Regarding the housing innovation examples, the survey collected information on the following aspects: the supported population, descriptions of the housing models, reasons for their creation, facilitators that contributed to their development, barriers that had to be overcome for their establishment, partnerships formed for their construction and operation, policy instruments that enabled their implementation, policy instruments that hindered their consolidation, and suggested policy changes needed to improve their functionality.

Multiple-choice questions included an 'other' option, allowing respondents to provide additional answers not covered by the listed choices or to offer further details in open text boxes. Open text boxes were also provided in sections where more detailed information was required, such as questions related to partnerships and policy.

Data collection procedure

The survey was distributed by CLBC through its newsletter from May 23, 2023 to July 17, 2024. A description of the purpose of the survey was provided and potential respondents were asked to access the survey through a link that took them to the survey hosted on the UBC secure Qualtrics program.

The results of the survey are presented as frequencies and percentages to reflect the relative distribution based on the total number of responses. The survey allowed participants to share up to three different examples of housing innovations in a single submission. Demographic information, such as the respondent's role and geographic area, was collected once at the beginning of the survey. If participants wished to provide more than three examples, they were required to reopen the survey

and resubmit demographic information. However, no participants submitted more than three examples.

Twelve questions were asked in total: two focused on collecting demographic information, and ten explored the housing innovation examples. Of the ten questions exploring housing innovations, two were open-ended, and eight were multiple-choice. It is important to note that not all questions were answered by every respondent for each example. Additionally, participants were allowed to select more than one option for the multiple-choice questions. As a result, the frequencies and percentages reported may vary across the sections of the results. The frequencies represent the number of times each option was selected by participants.

Additionally, square brackets "[]" were used in the reporting of results to indicate corrections for typographical errors or adjustments made to improve readability in responses to open-ended questions.

Results

The following section details the results of the survey. It is important to note that all responses are reported without interpretation by the researchers about the nature of the housing options with respect to innovativeness and/or their realizations of “inclusive housing” standards.

1. Demographic Information

1.1 Roles of Survey Respondents

Thirty-two individuals responded to the survey. Many of them were CLBC and Agencies staff, as described below.

Table 1. Roles of survey respondents

Role	Frequency	%
Agency staff coordinating housing options	1	3%
CLBC Manager	1	3%
CLBC Analyst	2	6%
CLBC Facilitator	8	25%
Individualized Funding (IF) agent	2	6%
Person centred society/ micro board member	3	9%
Public Service Agency (PSA)	2	6%
Other (specified below)	13	41%
Total	32	100%

Thirteen individuals reported having roles different from those listed above, with the majority identifying as parents of adults living with IDD. Additionally, some of these parents indicated that they held other roles related to housing for adults with IDD.

Table 1.2 Other roles of participants

Other	Frequency	%
Behaviour Consultant	1	8%
CLBC head office staff	1	8%
Home Share Provider and a Parent of an Adult with disabilities	1	8%
Housing Coordinator	1	8%
Housing Lead	1	8%
Individualized Funding Contractor	1	8%
Parent	4	31%
President Delta Housing Be Mine Society and a parent	1	8%
Not specified	2	15%
Total	13	100%

1.2 Location of Respondents

Most of the respondents were located at South Fraser (including Abbotsford, Chilliwack, Langley, Mission, Surrey, and Delta) and Southern Interior (including Castlegar, Cranbrook, Creston, Kelowna, Penticton, Salmon Arm, and Vernon).

Table 2. Location of respondents

Area	Frequency	%
North/Thompson-Cariboo (includes: 100 Mile House, Dawson Creek, Fort St. John, Kamloops, Prince George, Quesnel, Smithers, Terrace, Williams Lake, and Merritt)	3	9%
South Fraser (includes: Abbotsford, Chilliwack, Langley, Mission, Surrey, and Delta)	8	25%
Southern Interior (includes: Castlegar, Cranbrook, Creston, Kelowna, Penticton, Salmon Arm, and Vernon)	8	25%
Vancouver Coastal (includes: Burnaby, Sunshine Coast, North Vancouver, Squamish, Whistler, Powell River, Richmond, Vancouver, Burnaby, Tri-Cities, and Port Moody)	6	19%
Vancouver Island (includes: Campbell River, Courtney, Duncan, Nanaimo, Parksville, Port Alberni, Victoria, and Gulf Islands)	7	22%
Total	32	100%

2. Housing Examples

Innovative housing model examples

The survey results are grouped and discussed according to the following housing models in British Columbia: Independent and Supported Living (Outreach Supports); Independent and Supported Living (Cluster Living); Shared Living - Home Share or Live-in Support; Staffed Residential; and “Other.” The following definitions were used for these housing models.

Independent and Supported Living with outreach support is for people who live independently or with others who are not paid caregivers. Some forms of outreach support may be provided by a paid support worker.

Independent and Supported Living in Cluster Settings is a type of independent living mode. In this model, CLBC eligible individuals live independently (e.g., in an apartment) in a housing arrangement where other people with intellectual disabilities live along with others who do not have an intellectual disability. There may be a paid caregiver(s) onsite who provides support to the CLBC eligible residents.

Shared Living - Home Share and Live-in Support - are similar forms of residential support: in both the CLBC eligible individual shares a residence with a paid caregiver. The aim of both is to provide the individual appropriate supports while fostering independence. For the purposes of the survey, Home Share is a model

where the individual lives in someone else's home (for example, a family's home). Live-in Support refers a shared living arrangement in which the individual/family controls the home through ownership, lease, or rental. It can also describe a shared living arrangement in which the individual and contractor have established a joint tenancy (CLBC 2023)

Staffed Residential (e.g., group home) is housing for a group of individuals with intellectual disabilities. Paid caregivers provide rotating 24/7 support (24/7) for the residents.

In total, 51 housing examples were provided by survey respondents.

Table 3. Housing innovation examples identified by respondents

Housing Model innovation examples	Frequency	%
Independent living - Supported living (Cluster living)	11	22%
Independent living - Supported living (Outreach support)	12	24%
Shared living - Home sharing	5	10%
Shared living - Live in support	4	8%
Staffed Living – Staffed Residential	9	18%
Other (please specify)	10	20%
Total	51	100%

Included in the “Other” category were the following descriptors:

Table 3.1: Other housing innovation examples as described by respondents

Other housing innovation examples as described by respondents	Frequency	%
Independent living-outreach, shared living live-in, and cluster living	1	10%
Found housing through Facebook Live	1	10%
Respite	2	20%
All (of the) above	1	10%
Interior Health long term care	1	10%
Didn't specify	4	40%
Total	10	100%

2.1 Independent Living - Supported Living (Outreach support)

Housing examples provided under the category of Independent and Supported Living were very diverse. Some respondents described that some adults with IDD were living in dwellings that their parents’ owned. In other cases, community living organizations were identified as owning or managing the properties where the individuals with IDD were residing.

Table 4. Brief description of the Housing innovation example

Number	Brief description of the Housing Innovation example
1	<i>Still in progress but working toward half time in suite in parents' home and half time in own apartment (rented) with rotating 'outreach' staff working overnight shift 4pm to 9am next day. Community inclusion staff comes in for 7 hrs and then 'outreach' staff does overnight etc.</i>
2	<i>Using the home share funding to offset the cost of utilities and food so the individual can use most of their PWD to pay the rent.</i>
3	<i>My daughter lives in an Independent-Living house support.</i>
4	<i>I would like to see a large building for adults with disabilities, hope they can make friends and talk to each other because their whole life [they have] no one to talk to.</i>
5	<i>This was at [agency name and city] years ago. [agency name] bought the house, had an individual with multiple and complex needs living in a basement suite in the (basement), and rented the top floor at a discount to a social work student. The housing was very tailored to the individual's needs (struggled to live with others but needed support). The social work student acted as a sort of friendly neighbour who would look out for the individual and alert the [support] team if something was amiss, but also provided friendship and support to the individual.</i>
6	<i>A Stepping Stone Model that provides more flexibility to the homeowner/contracted support as needed. The goal is learning how to live independently and then moving into your own apartment.</i>
7	<i>BC housing apartment complex that prioritizes individuals with IDD, but which also welcomes those without [IDD].</i>
8	<i>New development (with) a variety of buildings - apartments/condos etc., with a variety of low income/ generic rental units and supportive housing.</i>

Based on the examples and responses provided in the survey, the Independent Living - Supported Living (Outreach Support) model supports a wide range of individuals. Respondents provided examples of this model where adults with IDD and complex needs, adults with IDD who are aging, individuals with high behavioral and personal support needs, individuals with physical disabilities, and a range of other needs were all supported.

Table 5. Supported population

Supported population	Frequency	%
Indigenous peoples	3	11%
People with complex needs (i.e., Individuals served by CLBC (and youth transitioning to CLBC) whose mental health and/or substance use has resulted in or places them at high risk for overdose, hospitalization, incarceration, victimization, exploitation and homelessness)	7	25%
People with complex medical needs	5	18%
People who are ageing	6	21%
People within the LGBTQ2S+ community	2	7%
Other (please specify):	5	18%
Total	28	100%

Table 5.1 Other supported target population

Other (please specify):
Person with high behavioural and personal support requirements
Physical disability
Mild to moderate intellectual abilities
Medical needs but not complex medical needs
Some complex needs depending on the specific medical care necessary

2.1.1 Reasons for the creation of the example provided

The primary reasons for the creation of the Independent Living - Supported Living (Outreach Support) model as described by respondents were in response to the lack of limited, affordable, and appropriate housing option for the individual being supported.

Table 6. Reasons to be created

Reason to be created	Frequency	%
Addressing unique housing needs of the individual.	5	19%
Lack of appropriate options available	7	27%
Lack of fit for the individuals' needs	7	27%
Lack of options in the individuals' home community	5	19%
Other	2	8%
Total	26	100%

2.1.2 Facilitators

The enablers for the creation of the housing innovations included collaborative efforts that supported the development and/or availability of a residence for the individual. Other facilitators include the presence of an inclusive and accessible community and the establishment of trusting relationships and collaborations.

Table 7. Facilitators

Facilitators	Frequency	%
Collaborations	9	29%
Individuals' community is inclusive and accessible	6	19%
Policies to meet the housing needs of the people we serve	4	13%
Procedures to meet the housing needs of the people we serve	2	6%
Processes to meet the housing needs of the people we serve	2	6%
Trusting relationships with the people we serve	6	19%
Other	2	6%
Total	31	100%

The collaborations that facilitated the development of this housing innovation primarily involved family members, advocacy groups, agencies, health authorities,

service providers, BC Housing, and non-profit organizations. Other facilitators include family-centered solutions and creative thinking CLBC staff.

Table 7.1 Facilitators - Collaborations

Collaborations
<i>Family and CLBC</i>
<i>Contracted agency</i>
<i>CLBC, Interior Health and Interior Home Care Solutions</i>
<i>CLBC and service providers</i>
<i>CLBC and agency, families</i>
<i>[Name of agency] and CLBC, possibly BC housing as well</i>
<i>Family advocacy group, BC Housing, CLBC</i>
<i>CLBC and agency</i>
<i>Numerous other agencies within the area other than CLBC</i>

Table 7.2 Facilitators - Other facilitators

Other facilitators
<i>Creative solutions focussed (on the) family, (accompanied by) open and 'out of the box thinking' facilitator and analyst. We tried shared living model first and lessons learned pointed to a more flexible rotating staff model in community and at home.</i>
<i>Still waiting for CLBC to o adjust financials for model Stepping Stone Educational Model that will lead to living in your own apartment.</i>

2.1.3 Barriers

The primary barriers faced by the Independent and Supported Living Model (Outreach Support) included insufficient collaboration with partners outside the sector to effectively address the housing needs of individuals with complex needs, as well as existing policies that were not fully aligned with the needs of the individuals served (see Table 8). Respondents also noted that collaboration from CLBC was limited in certain instances. Some additional obstacles described by respondents included: a lack of

innovation to supports, lack of cooperation with a health authority, and a recommendation to change the home-share model.

Table 8. Barriers

Barriers	Frequency	%
Insufficient collaboration with partners outside the sector to better meet the housing needs of people with complex needs	7	26%
Lack of collaboration	1	4%
Lack of trusting relationships with the people we serve	2	7%
Policies to meet the housing needs of the people we serve	5	19%
Procedures to meet the housing needs of the people we serve	3	11%
Processes to meet the housing needs of the people we serve	4	15%
The individuals' community is not inclusive and accessible	2	7%
Other	3	11%
Total	27	100%

2.1.4 Partnerships

Respondents underscored that the success of the examples provided for this housing model relied on diverse partnerships with various third parties, as well as establishing multiple collaborative arrangements.

Table 9. Partnerships

Partnerships	Frequency	%
With a Health authority	2	14%
With a third party	6	43%
Living arrangements	2	14%
Multiple partner arrangements	3	21%
Other	1	7%
Total	14	100%

The third parties mentioned by participants included agencies, BC Housing, and the local municipality.

Table 9.1 Partnerships - Third parties

Third party
<i>Contracted agency</i>
<i>Indigenous led housing agencies that are funded by (BC) Housing should allocate housing for people living with [disabilities].</i>
<i>BC Housing, municipality</i>
<i>Outreach agency</i>
<i>BC Housing</i>

A multiple partner arrangement was specified by one respondent who identified CLBC, BC housing, [agency name], and [the support] health team from the health authority. While another respondent indicated that the housing example involved a multiple partner arrangement but they were unsure of who the actors were/are.

2.1.5 Policy – enablers

The policies that most contributed to the success of this housing model were those of partner organizations, which facilitated the delivery of innovative housing supports. One respondent identified CLBC’s Independent Living Outreach policies as helpful, while another respondent noted CLBC’s Individualized Care Support policies. Additional policies identified as helpful were the Residence Tenancy Act and agreement, Outreach agency policies, and BC Housing policies.

Table 10. Helpful policy

Helpful policy	Frequency	%
CLBC's policies allow the flexibility necessary to facilitate person-centred housing supports	1	10%
CLBC's policies enable the delivery of innovative housing supports	1	10%
Other organizations' (e.g., partners') policies enable the delivery of innovative housing supports	6	60%
Other	2	20%
Total	10	100%

2.1.6 Policy – barriers

Conversely, the policies that presented challenges to the sustainability of the Independent Living - Supported Living (Outreach Support) model included CLBC's policies, which limited the flexibility required to provide person-centered housing supports, and policies that insufficiently supported the delivery of innovative housing solutions.

Table 11. Challenging policy

Challenging policy	Frequency	%
CLBC's policies and processes are not very clear or easy to follow	3	13%
CLBC's policies are not updated with the necessary information	3	13%
CLBC's policies do not allow the flexibility necessary to facilitate person-centred housing supports	6	25%
CLBC's policies do not facilitate enough the delivery of innovative housing supports	6	25%
Other organizations'	5	21%
Other	1	4%
Total	24	100%

Table 11.1 Challenging policy – CLBC's

Challenging CLBC Policies
<i>Residential services</i>
<i>The home support options do not outline the flexibility and examples of different ways they can be applied especially the option to individualize home support \$\$ and create own flexible model</i>
<i>The policy that we don't pay rent</i>
<i>Group home</i>
<i>Everything based on GSA level – evaluation form for GSA level is very confusing</i>
<i>Part-time home-share without the 'board'</i>

2.1.7 Needed change in policy

Some survey responses regarding necessary policy changes included improving efforts to inform individuals about existing housing models, enhancing residential funding, allowing for greater flexibility, and improving communication among the parties involved.

Table 12. Changes needed in policy, procedures, and processes

Number	Changes needed in existing policies, procedures, and processes to be more supportive of this housing innovation example
1	<i>People think there are only 2 options- group home and home share- when in reality there are many different ways someone can be supported to live in their own home. Rather than CLBC providing what appears to be limited options, encourage the person/family to design what will work for them and then have home support policy that is flexible enough to individualize \$\$ to fit that model. Encourage (within inclusive housing definition) people/families to design the housing model that works best for them and then apply budget to make it happen. Provide many stories and scenarios for people to think about and connect to...</i>
2	<i>Allow for residential funding i.e., home share funds/outreach to be used as the individual needs to live how and where they choose.</i>
3	<i>Have organizations mandated to have housing for people living with disabilities and indigenous population.</i>

Number	Changes needed in existing policies, procedures, and processes to be more supportive of this housing innovation example
4	<i>We need more flexibility to create and procure more housing for our individuals.</i>
5	<i>CLBC mark the GSA level for every individual that needs support. CLBC without checking with the parents or support workers of how each individual has [deteriorated] in health or new medical issue came up. The GSA level sheet is very confusing, very hard for you to answer correctly.</i>
6	<i>This innovative housing happened 10 years ago, would not be possible now with the cost of real estate now, the price of homes for individuals needs to decrease to have viable options.</i>
7	<i>Spend money- same amount of dollars - reconstruct the financials.</i>
8	<i>It is an extremely difficult process to procure necessary resources to build flexible housing.</i>
9	<i>Wedge and support innovative residential services instead of providing barriers based on the misconception that a number of CLBC individuals in a building (number, same floor etc.) is congregate care. This prevents cost effective and better service to CLBC individuals. The current funding model does not support adequate funding for people to live independently. Pooled funds by individuals could provide better wraparound services. CLBC tried to reduce the number of group homes for the same fallacy that individuals "should" not be living in institutions" but the significant rise in the number of individuals (with) complex medical needs, high behavior and mental health needs, the general lack of appropriate supported housing and an aging population of CLBC individuals as well as their parents has created a crisis for many individuals and families. CLBC has refused to participate in a huge new collaborative housing project based on the fallacy about "congregate" care, based on the number of CLBC individuals who could be supported within this large assortment of different housing situations in this project.</i>

2.2 Independent Living - Supported Living (Cluster living) Model

Respondent descriptions of cluster living included housing models where the property is owned and managed by a third party. In some cases, this involved a building with apartments or a house with rooms accommodating up to four adults with IDD. Examples provided highlighted a supportive and community-focused environment where each resident has responsibilities and participates in decisions, such as welcoming new residents or organizing events.

Table 13. Brief description of the Housing innovation example

Number	Brief description
1	<i>Accessible housing build. Renovated home owned by local service provider.</i>
2	<i>I have been involved when I was with MCFD with [housing organization name]. It is when a house is rented and there are 4 roommates (who) would each pay subsidized rent via PWD. They have a house manager who helps with planning and support. If one of the room mates leave, then the other tenants and the house manager screens somebody else in the home. It is more cost effective because then you can rent a 4-bedroom house and almost take on the entire cost. Also, you can staff less because you can have a 1 to 4 ratio of staff.</i>
3	<i>Cluster living - an agency has acquired 5 apartments in a new building. They provide 1:1 support as well as group cooking activities.</i>
4	<i>Partnership with CMHA and a CLBC service provider. CMHA provided 5 deep subsidized units and a support program of one FTE delivered by the service provider. BC housing registry was not required, and a program referral process was developed through a MOU and a partnership process document. Unique to this project was developing the process document that ensures clear understanding of roles, responsibilities and various processes such as program referral and criteria, after hours support, participant agreements, exiting the program, notices etc.</i>
5	<i>A cluster model where there are 4 individuals supported with one unit as 24/7 supports for oversight</i>
6	<i>Semiahmoo Chorus Apartment</i>

Number	Brief description
7	<p><i>A hub model with tiny homes that has a central hub that can be used for accessing health resources, community presentation, education, workshops, and skill building. The units would be self contained and persons accessing would need to submit their shelter portion of their PWD. There would be one unit identified as needed 24/7, awake overnight support that would also be able to support overnight safety of the location (and if) any issues come up. The homes/units would consist of a bed, sink, small sitting space. There would be showers in a central location along with laundry facilities. People accessing would be able to contribute to the space by taking on chores- landscaping, tidying common spaces, and have a mentor aspect as well to support others to build essential skills.</i></p>
8	<p><i>[two non-profit examples of Semi-Independent Living Programs] Both had similar concepts of youths on Youth Agreements, and [name of agency had PWD clients] and they paid around \$500 back then to have a room in a home that was rented by the agency. There was a house manager and two youth workers every day who did SIL work. Each week the 4 “roommates” had to meet with the house manager to set the housing goals and food lists, so the youth workers went out with the youths to get groceries prep the meals and divide up tasks. If one of the youths moved on, then the remaining 3 roommates helped select the new roommate. It worked pretty well. If any one of the tenants didn’t want to do their part they would be asked to end their tenancy. Everyone signed the residential tenancy agreement and the agency was the landlord.</i></p>
9	<p><i>Buy an entire unit of housing use CHMC to fund and support the initiative and have individual live in PWD subsidized home. Build in a centre for day program and work incentives. Pool individuals allocated funded hours to support more individual through their range of needs. Have housing with multiple entry points...from short term stabilization to longer term transitional housing. Build a store front for employment and ask TransLink to provide items for sale within their lost and found system.</i></p>

The examples provided by respondents, once again, identified a wide range of individuals with IDD for whom this model supported (see Table 14 for responses).

Table 14. Supported population as identified by survey respondents

Target population	Frequency	%
Indigenous peoples	6	22%
People who are ageing	5	19%
People with complex medical needs	7	26%
People with complex needs (i.e., Individuals served by CLBC (and youth transitioning to CLBC) whose mental health and/or substance use has resulted in or places them at high risk for overdose	2	7%
People within the LGBTQ2S+ community	3	11%
Other	4	15%
Total	27	100%

For the “Other” category, one respondent described that this model meets the needs of individuals needing support to live independently and help with skills for daily living. Another respondent described that this model is for individuals with IDD without complex needs.

2.2.1 Reasons for the creation of the example provided

Key reasons for the creation of these examples of cluster housing included the lack of appropriate housing options, insufficient alignment with individuals’ needs, and the absence of available options within their home communities. Additional reasons reported include a shortage of affordable units and inadequate support to ensure success after securing housing.

Table 15. Reasons to be created

Reason to be created	Frequency	%
Addressing unique housing needs of the individual	7	21%
Lack of appropriate options available	9	27%
Lack of fit for the individuals' needs	8	24%
Lack of options in the individuals' home community	8	24%
Other	1	3%
Total	33	100%

2.2.2 Facilitators

Among the primarily enablers for the examples of cluster housing provided by respondents were the collaborations made and the trusting relationships with the people CLBC serves.

Table 16. Facilitators

Facilitators	Frequency	%
Collaborations	8	27%
Individuals' community is inclusive and accessible	5	17%
Policies to meet the housing needs of the people we serve	3	10%
Procedures to meet the housing needs of the people we serve	3	10%
Processes to meet the housing needs of the people we serve	3	10%
Trusting relationships with the people we serve	6	20%
Other	2	7%
Total	30	100%

Parties and collaborations identified as being involved in the examples provided included BC Housing, agencies, government entities, health authorities, and service providers, among others. One respondent particularly highlighted that exceptions to housing policies was a facilitator of housing innovations.

Table 16.1 Facilitators - Collaborations

Collaborations between
MCFD/Community and BC housing
CLBC and service provider
BC Housing
CMHA, CLBC and CLBC service provider
Health Authority, MSDPR, CLBC, Lions Club, Rotary Club
BC housing and community agency creativity
All levels of government

2.2.3 Barriers

The main obstacles and barriers that respondents identified relating to cluster living were the policies and procedures needing to be followed in order to meet the housing needs of the people CLBC serves.

Table 17. Barriers

Barriers	Frequency	%
The individuals' community is not inclusive and accessible	2	6%
Lack of collaboration	4	12%
Lack of trusting relationships with the people we serve	1	3%
Insufficient collaboration with partners outside the sector to better meet the housing needs of people with complex needs	5	15%
Policies to meet the housing needs of the people we serve	6	18%
Procedures to meet the housing needs of the people we serve	6	18%
Processes to meet the housing needs of the people we serve	5	15%
Other	5	15%
Total	34	100 %

A few respondents also noted a lack of collaboration as a barrier to successfully implementing this housing option. In particular, one noted a lack of collaboration with CLBC; another reported a lack of collaboration between health authorities, CLBC & the IT (team). MSDPR, and BC Housing; and, one described that there are “too many multi-level barriers.” Finally, additional challenges described included insufficient funding, a lack of agreements among the parties involved, and a shortage of available spaces to accommodate adults with IDD.

Table 17.1 Barriers - Other

Number	Other
1	<i>Took a large amount of local budget. Had to be forecasted 2 fiscal years out due to construction challenges.</i>
2	<i>CLBC not really into cluster living.</i>
3	<i>Finding consensus on who can be included. CLBC was not paying for the units and therefore at the total discretion of the housing provider. Power imbalance because the housing provider can veto any referral. We had to negotiate hard to have people not excluded if have history of risk behaviors. Housing provider is concerned about maintaining "good neighbours," so are very cautious about more complex needs in the new development (48 units in total).</i>
4	<i>Funding and available houses.</i>
5	<i>Some neighbourhoods didn't like at risk people and staff.</i>

2.2.4 Partnerships

Respondents reported that partnerships with third parties, structured living arrangements, and multi-partner collaborations were the primary forms of collaboration under the Independent Living - Supported Living (Cluster living) Model.

Table 18. Partnerships

Partnerships	Frequency	%
With a third party	5	29%
With a Health authority	3	18%
Living arrangements	4	24%
Multiple partner arrangements	4	24%
Other	1	6%
Total	17	100%

Specific partnerships included BC Housing, agencies, Health Authorities, community services societies, community living providers, and other forms of housing providers. A few respondents provided examples of multiple-partner arrangements (Table 18.1), while one respondent noted, “*You need an impartial non -political agency as it will take more than one election cycle to have it completed.*”

Table 18.1 Partnerships – Multiple-partner arrangements

Multiple-partner arrangements
<i>Need an outreach agency</i>
<i>Housing provider, CMHA, CLBC service provider, BCH</i>
<i>CLBC service providers</i>
<i>MCFD, Options community services, (Pacific) Community Services Society</i>

2.2.5 Policy – enablers

Survey respondents identified clear and straightforward policies and processes from other organizations as the primary policy-related enabler for the independent and supported living cluster model.

Table 19. Helpful policy

Helpful policy	Frequency	%
CLBC's policies allow the flexibility necessary to facilitate person-centred housing supports	1	8%
CLBC's policies and processes are clear and easy to follow	1	8%
CLBC's policies enable the delivery of innovative housing supports	1	8%
Other organizations' (e.g., partners') policies and processes are clear and easy to follow	7	58%
Other	2	17%
Total	12	100%

2.2.6 Policy – barriers

Conversely, survey respondents noted that the lack of clarity and ease of navigation in CLBC's policies and processes posed a challenge to be addressed for housing innovations with this model.

Table 20. Challenging policies and procedures

Challenging policies and procedures	Frequency	%
CLBC's policies and processes are not very clear or easy to follow	5	29%
CLBC's policies are not updated with the necessary information	2	12%
CLBC's policies do not allow the flexibility necessary to facilitate person-centred housing supports	4	24%
CLBC's policies do not facilitate enough the delivery of innovative housing supports	4	24%
Other organizations' (e.g., partners') policies do not allow the flexibility necessary to facilitate person-centred housing supports, please specify whose and which ones:	2	12%
Total	17	100%

2.2.7 Needed change in policy

Survey responses suggest that policy could benefit from modifications such as changes to Home Share criteria, streamlining processes by eliminating unnecessary paperwork, and defining clear, permissible funding models.

Table 21. Changes needed in policy

Number	Changes needed in existing policies, procedures and processes to be more supportive of this housing innovation example
1	<i>Get rid of the additional paperwork required for "exceptional" homes to be purchased/rented by service providers, and adequately assess market trends to identify how best to support local regions around housing. This is a lot of work and right now we are reliant on service providers to have the funding to purchase capital.</i>
2	<i>CLBC needs to revamp its living arrangements as there are so many individuals who do not meet any home share criteria, and they end up homeless or at high-risk shelters.</i>
3	<i>CLBC has to acknowledge that 5 CLBC individuals living in an apartment building of X number of renters is not "congregate care", but actually living fully included in society. This backward thinking has been the biggest barrier to providing innovative housing options.</i>
4	<i>CLBC policy to define clearly models of funding that are permissible, criteria, business rule, procurement framework for a menu of housing options.</i>
5	<i>More funding, less red tape to get a resource up and running, less headache from licensing- exempt sprinkler requirement maybe would help for a 3-bed resource</i>
6	<i>CLBC needs to get away with thinking very high risk [mental health, addictions, self harm] can live in home shares. It is not a sustainable set up. Also, cluster living is supported by staff and reduced burning out or endangering a home share.</i>
7	<i>I think that CLBC needs to be really out of emergency housing due to hospitalization, addictions, mental health. Those ministries [Mental health and addictions] have a much bigger budget and CLBC should focus on individuals that want to be housed and not those the need to be housed, but falls into CLBC because they are identified with a developmental delay, but they have so much more complexities than the developmental disability.</i>

2.3 Shared Living - Home Sharing

The Shared living - Home sharing model is a housing option where the individual requiring supports lives with a home share provider who controls the home through ownership, lease, or rental (CLBC, 2023). The aim of this housing model is to provide the support that the individual needs while facilitating and promoting independence.

Table 22. Brief description of the Housing innovation examples

Number	Brief description of the Housing Innovation example
1	<i>Simulating a retirement living and assisted living module.</i>
2	<i>Family purchased a condo; service provider has lived in support/staffing.</i>
3	<i>Currently home share providers can earn rental income that is comparable or higher than they would earn from providing home share services. To incentivize home share municipalities should offer property tax discounts or other ways to make it an attractive option.</i>
4	<i>I wanted to point you in the direction of PCS Home shares and Liv in support. Although in this category they are doing any number of flexible, creative living options. More like outreach and cluster. Why has HSP and live in support morphed? Because people can't find HSP providers and liv in support is a notoriously difficult option to recruit and maintain. So, for example, a dad has rented a house for J. He has hired two guys to live there half time. It works and they are paid well. Obviously, housing is not as difficult in the north as it is in the lower mainland. We need to get out of our own way, give permission to agencies to innovate and provide adequate funding.</i>
5	<i>Home share -CLBC person served lives in a separate house on my property.</i>

Examples provided by nine respondents portrayed a diverse group of individuals living in home share arrangements. These included Indigenous persons, adults with IDD and complex needs as well as people who are ageing.

Table 23. Supported population

Supported population	Frequency	%
Indigenous peoples	3	33%
People with complex needs (i.e. Individuals served by CLBC (and youth transitioning to CLBC) whose mental health and/or substance use has resulted in or places them at high risk for overdose	5	56%
People who are ageing	1	11%
Total	9	100%

2.3.1 Reason for the creation of the example provided

Survey respondents indicated that the primary reasons for the creation of the Shared Living - Home Sharing model for adults with IDD in the examples provided were the lack of appropriate housing options and the absence of options within individuals' home communities.

Table 24. Reasons to be created

Reasons to be created	Frequency	%
Addressing unique housing needs of the individual	3	18%
Lack of appropriate options available	5	29%
Lack of fit for the individuals' needs	4	24%
Lack of options in the individuals' home community	5	29%
Total	17	100%

2.3.2 Facilitators

Respondents identified planning support, the freedom to design, and collaborative efforts as the key facilitators in the Home Share examples that they provided. One respondent specifically pointed to the need for collaborations across all levels of government.

Table 25. Facilitators

Facilitators	Frequency	%
Collaborations	2	20%
Individuals' community is inclusive and accessible	1	10%
Policies to meet the housing needs of the people we serve	1	10%
Procedures to meet the housing needs of the people we serve	1	10%
Processes to meet the housing needs of the people we serve	1	10%
Trusting relationships with the people we serve	1	10%
Other	3	30%
Total	10	100%

Table 25.1 Facilitators - Other

Other
<i>I was touring several retirement living communities with my elderly mother and WISHED there were places like that for my daughter and the people I care for! I actually could not believe we don't use the same model that is working there for us in our older years for our disabled population?? The incredible programs- supports- in house medical supports- and many opportunities for volunteering and self serving those communities</i>
<i>Significant long term planning support for families with PLAN BC.</i>
<i>Having the freedom to design [and be creative]</i>

2.3.3 Barriers

Respondents identified the lack of collaboration, particularly across various levels of government as the primary obstacle to the success of this housing model. Again, one respondent noted the barrier of lack of collaboration across all levels of government.

Table 26. Barriers

Barriers	Frequency	%
Insufficient collaboration with partners outside the sector to better meet the housing needs of people with complex needs	1	13%
Lack of collaboration	2	25%
Lack of trusting relationships with the people we serve	1	13%
Policies to meet the housing needs of the people we serve	1	13%
Procedures to meet the housing needs of the people we serve	1	13%
The individuals' community is not inclusive and accessible	1	13%
Other	1	13%
Total	8	100%

2.3.4 Partnerships

In the examples provided, multiple-partner arrangements were identified as the most common way of collaborating under the Shared living - Home sharing model. For example, one participant shared that multiple-partner arrangements could happen between family members, Health Authorities, CLBC, Service Providers, and PLAN BC. Another respondent suggested a third-party partnership with retirement communities as an option for people with disabilities.

Table 27. Partnerships

Partnerships	Frequency	%
With a third party	1	13%
With a Health authority	2	25%
Living arrangements	2	25%
Multiple partner arrangements	3	38%
Total	8	100%

Table 27.1 Partnerships - Multiple partner arrangements

Multiple partner arrangements
<i>CLBC focuses on agency connections people with disability attend or are supported majority of the time during the day- THEN those individuals go to a home share situation often with little support- or community access - very costly. My mom can live in a fully private apartment retirement community for \$6500 a month - if funds were global funded for these communities like the retirement community - we would have a sure winner!!!! Even combining the elderly with the young!?</i>
<i>Person/Family/Fraser Health/CLBC/Service Provider/PLAN BC</i>
<i>Local, provincial, federal (government)</i>

2.2.5 Policy – enablers

Survey respondents identified that clear policies and processes from other organizations' (e.g., partners') were the main policy enablers for the Shared living - Home sharing examples provided.

Table 28. Policy facilitators

Policy facilitators	Frequency	%
CLBC's policies and processes are clear and easy to follow	1	14%
CLBC's policies are updated with the necessary information	1	14%
Other organizations' (e.g., partners') policies and processes are clear and easy to follow, please specify whose and which ones	3	43%
Other	2	29%
Total	7	100%

One respondent shared that home share policies and community inclusion policies are both facilitators of the example they provided. While other respondents noted the policies of other organizations. One respondent shared, again pointed to the policies in retirement communities as a good example of what is possible for this model. Another pointed to the support that PLAN BC can provide to facilitate the success of this model. Finally, another respondent highlighted that working around policies to create unique housing arrangements leads to success with this model.

2.3.6 Policy – barriers

Paradoxically, respondents noted that the policies (both CLBC, governments, and organizations) are often unclear and difficult to navigate, posing a significant barrier. Moreover, some respondents highlighted that provincial and federal governments lack incentives to support these populations, and funding allocations are not structured in a way that allows agencies the flexibility to innovate. One respondent specifically noted the need for funding housing innovation: *“Unfortunately, innovation costs money and CLBC regions have to prioritize individuals over housing innovation.”*

Table 29. Challenging policy

Challenging policy	Frequency	%
CLBC's policies do not allow the flexibility necessary to facilitate person-centred housing supports	1	17%
CLBC's policies do not facilitate enough the delivery of innovative housing supports	2	33%
Other organizations' (e.g., partners') policies and processes are not very clear or easy to follow	3	50%
Total	6	100%

Table 29.2 Policy barriers - Other organizations'

Other organizations' (e.g., partners') policies do not facilitate enough the delivery of innovative housing supports
Provincial and federal governments do not incentive supporting these populations.
We don't structure funding allocation in a way that give agencies the freedom to innovate.

2.3.7 Needed change in policy

According to one participant, there is room for improvement in funding allocation, funding sources, and the process for approving innovations when it comes to home sharing. For one respondent, the policies and procedures need to be more nimble and more supportive:

Funding allocation needs to be fluid and flexible. Housing innovation needs to be paid by HO provincial funds not from regional budgets. All innovation needs to be

approved provincially if it can be scaled up or replicated. Right now, there are too many pockets of excellence that are sweetheart deals that no one has ever heard of.

2.4 Shared living - Live in support

Survey respondents described examples of the Shared Living - Live-In Support model. This model includes a staff member or supportive roommate who assists individuals with IDD. It is a shared living arrangement in which the individual controls the home through ownership, lease, or rental. It can also be a shared living arrangement where the individual and the contractor have established joint tenancy (CLBC 2023).

Table 31. Brief description of the Housing Innovation example

Number	Brief description of the Housing Innovation example
1	<i>Live in-home share</i>
2	<i>A duplex style home, two separate units both sharing a common 24/7 staff</i>
3	<i>Supportive Roommate / Shared Living</i>
4	<i>Located close to community of individual's family and friends. Accommodates two suites. One for staff and one for individual.</i>

The examples of the Shared Living - Live-In Support model provided included a diverse group of individuals with IDD being supported in shared living, including Indigenous individuals, aging adults, and those with complex needs (i.e., Individuals served by CLBC (and youth transitioning to CLBC) whose mental health and/or substance use has resulted in or places them at high risk for overdose, hospitalization, incarceration, victimization, exploitation and homelessness).

Table 32. Supported population

Supported population	Frequency	%
Indigenous peoples	2	29%
People who are ageing	2	29%
People with complex needs (i.e. Individuals served by CLBC (and youth transitioning to CLBC) whose mental health and/or substance use has resulted in or places them at high risk for overdose, hospitalization, incarceration, victimization, exploitation and homelessness)	2	29%
People within the LGBTQ2S+ community	1	14%
Total	7	100%

2.4.1 Reasons for the creation of the example provided

Respondents indicated that the main reason this option was chosen for the example they provided was a lack of options in the individuals' home community.

Table 33. Reasons to be created

Reasons to be created	Frequency	%
Addressing unique housing needs of the individual. Please describe:	2	20%
Lack of appropriate options available	2	20%
Lack of fit for the individuals' needs	2	20%
Lack of options in the individuals' home community	3	30%
Other	1	10%
Total	10	100%

Two respondents elaborated on the unique housing needs of the individuals. One noted that the individual falls under *“the complex needs umbrella”*, while another described that the individual *“[needed] his own space due to sensitivities to noises, etc.”* Lastly, the one respondent who chose “Other” in the table elaborated: *“[It’s] what the person wanted.”*

2.4.2 Facilitators

The primary enabler provided by respondents for the creation and sustainability of the Shared Living - Live-In Support example was the existing policies designed to address the housing needs of individuals served by CLBC.

Table 34. Facilitators

Facilitators	Frequency	%
Collaborations	3	16%
Individuals' community is inclusive and accessible	3	16%
Policies to meet the housing needs of the people we serve	4	21%
Procedures to meet the housing needs of the people we serve	3	16%
Processes to meet the housing needs of the people we serve	3	16%
Trusting relationships with the people we serve	3	16%
Total	19	100%

Another facilitator of note was the importance of collaborations. Three examples of these collaborations were provided.

Table 34.1 Facilitators - Collaborations

Collaborations between
CLBC, contracted HS agency, family, HSCL, DDMH
CLBC and Splatsin First Nations
Cross-Ministry

2.4.3 Barriers

Conversely, the main obstacle to be addressed, according to respondents, was the specific procedures required to meet the housing needs of individuals served by CLBC.

Table 35. Barriers

Barriers	Frequency	%
Insufficient collaboration with partners outside the sector to better meet the housing needs of people with complex needs	2	15%
Lack of collaboration	1	8%
Lack of trusting relationships with the people we serve	2	15%
Policies to meet the housing needs of the people we serve	2	15%
Procedures to meet the housing needs of the people we serve	3	23%
Processes to meet the housing needs of the people we serve	2	15%
The individuals' community is not inclusive and accessible	1	8%
Total	13	100%

2.4.4 Partnerships

Collaborations enabled the functioning of the Shared Living - Live-In Support models reported by participants. The most common partnerships reported were the partnerships with Health Authorities and with other community living organizations.

Table 36. Partnerships

Partnerships	Frequency	%
With a third party	1	13%
With a Health authority	3	38%
Living arrangements	2	25%
Multiple partner arrangements	2	25%
Total	8	100%

With respect to partnerships with a health authority one respondent highlighted a partnership with Developmental Disabilities Mental Health Services and the Health Services for Community Living. Another identified Interior health and, particularly, the Mental Health and Substance Use Services. A third respondent indicated Provincial Health.

Finally, with respect to the partnerships that facilitated the living arrangements, one respondent described the partnership between the family owning the home, the individual, and the home share provider as instrumental to the example. The other respondent described a living arrangement partnership where it was a duplex style where the individuals could have the appropriate *“space of their own as needed due to significant mental health challenges.”*

2.4.5 Policy - enablers

The only policy enabler reported to support the creation and sustainability of the Shared Living - Live-In Support models provided by respondents was CLBC's policies, which provide the flexibility needed to facilitate person-centered housing supports. Only one participant indicated that CLBC's policies allow the flexibility necessary to facilitate person-centred housing supports. They explained in an open text box: *“I'm not taking the time to look up the policy, however, there is allowance (though it rarely occurs) for supports to live in the supported individual's home and to care for them there.”*

2.4.6 Policy – barriers

On the other hand, the primary policy-related obstacle reported was the lack of clarity and accessibility in CLBC's policies and processes.

Table 38. Challenging policies

Challenging policies	Frequency	%
CLBC's policies and processes are not very clear or easy to follow	2	50%
CLBC's policies do not allow the flexibility necessary to facilitate person-centred housing supports	1	25%
CLBC's policies do not facilitate enough the delivery of innovative housing supports	1	25%
Total	4	100%

2.4.7. Needed change in policy

Survey responses indicated that policies supporting the Shared Living - Live-In Support model could place greater emphasis on improving accessibility to shared living models and addressing the individual needs required for a successful and healthy life.

Table 39. Changes needed in policy

Number	Changes needed in existing policies, procedures and processes to be more supportive of this housing innovation example
1	<i>Home shares in general are supremely difficult to find, and live-in supports are rarely considered.</i>
2	<i>Consideration of individual's needs to live a successful and healthy life.</i>

2.5 Staffed Living – Staffed Residential

In addition to the previous examples provided in the survey, respondents also identified helpful elements of the Staffed Living – Staffed Residential model, including wheelchair-accessible units and 24/7 support staff.

Table 39. Brief description of the housing innovation example

Number	Brief description of the housing innovation example
1	<i>SRES to support up to 5 Individuals living with Dementia/early onset of (Alzheimer).</i>
2	<i>Privately owned and run residential home 2-1 support staff 24/7.</i>
3	<i>More wheelchair accessible units that are constructed to accessible building code standards.</i>
4	<i>Working with someone who is on probation, complex behaviourally, and anger issues.</i>
5	<i>It would seem that creative housing should include what already exists as well as new models. There is value in closely examining the BC Housing and private ownership of houses that could be expanded to accommodate more people with less staffing if the design is well planned.</i>
6	<i>We have proposed a fiscally sound plan for a roommate to join my adult son who has complex medical issues and needs 24/7 support in our R-2 home but CLBC Courtenay continues to ignore this partnership opportunity.</i>
7	<i>Staffed Residential Operational and Development homes.</i>
8	<i>Our home is R-2 zoned. The lower portion was purpose-built for accessibility. The offer to CLBC is that the proposed roommate only pays the MSDPR rental rate in exchange for my son receiving 24/7 support.</i>

According to participants' examples, the Staffed Living – Staffed Residential model primarily supports individuals with complex medical needs and those with complex needs, such as individuals served by CLBC (including youth transitioning to CLBC) whose mental health and/or substance use has led to or places them at high risk for overdose, hospitalization, incarceration, victimization, exploitation, or homelessness.

Table 40. Supported population

Target population	Frequency	%
Indigenous peoples	2	11%
People who are ageing	3	16%
People with complex needs (i.e. Individuals served by CLBC (and youth transitioning to CLBC) whose mental health and/or substance use has resulted in or places them at high risk for overdose, hospitalization, incarceration, victimization, exploitation and homelessness)	5	26%
People with complex medical needs	6	32%
People within the LGBTQ2S+ community	2	11%
Other	1	5%
Total	19	100%

2.5.1 Reasons for the creation of the example provided

The primary reason for the creation of the Staffed Living – Staffed Residential model given by respondents is the lack of alignment with individuals' specific needs in existing housing options.

Table 41. Reasons to be created

Reasons to be created	Frequency	%
Addressing unique housing needs of the individual	6	24%
Lack of appropriate options available	6	24%
Lack of fit for the individuals' needs	7	28%
Lack of options in the individuals' home community	5	20%
Other	1	4%
Total	25	100%

Some respondents provided open text reasons why this model was the best fit for the housing example they were providing:

Table 41.1

Addressing unique housing needs of the individual
<i>Needs a controlled environment, cannot live happily with others</i>
<i>The individual was moving from home share to other living. As a team we decided staffed living would meet the individual's needs best at this time. Be the most supportive.</i>
<i>Adding on to current builds could allow individuals who need less support to live in extended areas of a home and create more capacity.</i>
<i>Transitions are difficult for my son who thrives on stability and predictability. He also has complex medical issues which are managed well in his own home environment</i>
<i>Not enough staff support, only 8.5 hours a week of support</i>

2.5.2 Facilitators

The key enablers for the creation and operation of the Staffed Living – Staffed Residential models provided were the collaborations established with agencies, various levels of government, and service providers.

Table 42. Facilitators

Facilitators	Frequency	%
Collaborations	6	25%
Individuals' community is inclusive and accessible	5	21%
Policies to meet the housing needs of the people we serve	4	17%
Procedures to meet the housing needs of the people we serve	2	8%
Processes to meet the housing needs of the people we serve	3	13%
Trusting relationships with the people we serve	4	17%
Total	24	100%

With respect to collaborations, respondents added the following facilitators:

Table 42. 1 Facilitators - Collaborations

Collaborations
<i>CLBC and Agency</i>
<i>Builders and municipalities and provincial governments who set building standards for these specific types of needs</i>
<i>Use of MDD funding, Probation Support, Anger Management Support, Behavioural Support Services</i>
<i>Services providers and funders</i>
<i>Giving in Action maximum grant \$50,000</i>

2.5.3 Barriers

With respect to barriers, survey respondents identified the main obstacles as insufficient collaboration with partners outside the sector to more effectively address the housing needs of individuals with complex needs, as well as the complexity of processes required to meet the housing needs of those served by CLBC. One respondent specifically named the lack of collaboration between “*builders and municipalities and provincial government.*”

Table 43. Barriers

Barriers	Frequency	%
Insufficient collaboration with partners outside the sector to better meet the housing needs of people with complex needs	4	17%
Lack of collaboration	2	9%
Lack of trusting relationships with the people we serve	1	4%
Policies to meet the housing needs of the people we serve	3	13%
Procedures to meet the housing needs of the people we serve	3	13%
Processes to meet the housing needs of the people we serve	4	17%
The individuals' community is not inclusive and accessible	3	13%
Other	3	13%
Total	23	100%

Finally, other barriers described in open text included: *“The policy that prevents more housing options stops private ownership of homes for our population. This needs to stop;”* *“CLBC first wanted to place my son into a home-share and then into a staffed group home where he would have experienced lack of proper support, sensory “abuse” and possible social isolation;”* and *“CLBC.”*

2.5.4 Partnerships

Partnerships between CLBC and family members were among the key collaborations that supported the success of the Staffed Living – Staffed Residential model identified by survey respondents. One respondent identified that *“there are amazing project managing companies that have the expertise”* who would be valuable partners. Another response pointed to the value of health authorities when it comes to licensing. Finally, a couple other respondents pointed to the value of multiple partner arrangements who bring together their varied expertise and knowledge to achieve positive outcomes.

Table 44. Partnerships

Partnerships	Frequency	%
With a third party	1	11%
With a Health authority	1	11%
Living arrangements	1	11%
Multiple partner arrangements	2	22%
Other	4	44%
Total	9	100%

2.5.5 Policy – enablers

While responses were sparse related to policy enablers, according to respondents, policies that facilitated partnerships and support from other sectors were the most beneficial for the success of the Staffed Living – Staffed Residential model. One respondent described moving to an Individualized Funding Society to facilitate positive housing outcomes for their loved one.

2.5.6 Policy – barriers

With respect to policy barriers, respondents identified that the least helpful policy-related factor for the success of this model was the lack of flexibility in CLBC's policies to effectively support person-centered housing solutions, primarily due to their lack of consistency.

Table 45. Challenging policy

Challenging policy	Frequency	%
CLBC's policies and processes are not very clear or easy to follow	2	25%
CLBC's policies do not allow the flexibility necessary to facilitate person-centred housing supports	3	38%
CLBC's policies do not facilitate enough the delivery of innovative housing supports	2	25%
Other	1	13%
Total	8	100%

Table 46 Challenging policy - CLBC's policies

CLBC's policies and processes are not very clear or easy to follow
Policy/practice keeps shifting in [name of city]
Lack of consistency

2.5.7 Needed Change in Policy

Finally, survey respondents indicated that the Staffed Living – Staffed Residential models they reported on could have benefitted from more flexible and consistent policies and processes. They also emphasized the need for funding-related policies that provide families with support without requiring constant advocacy.

Table 47. Changes needed in policy

Number	Changes needed in existing policies, procedures and processes to be more supportive of this housing innovation example
1	<i>CLBC, Fraser Health, and Government of BC do not support individuals with complex needs as well as they could. The funding [is] not there, families have to advocate consistently, and it is a hard battle to get what the individual requires to live their life.</i>
2	<i>Clients and their family should be part of creative/cooperative housing plans which could save CLBC significant, cost-effective sums plus be in the client's best interests for long-term success. Who wants to be constantly moved from one residence/facility to another because of poor/short-sighted planning by CLBC staff who do not work in partnership with the client/their family?</i>
3	<i>More flexible structure and process.</i>
4	<i>Openness by CLBC staff to review this proposal and understand that not everyone fits into the restrictive CLBC housing mold</i>

2.6. Other Housing Models

In the survey respondents were able to select “Other housing models” and provide an example that they perceived as not falling into the previous CLBC housing support options described above. The identified “Other” are listed in Table 48 and Table 49 presents respondents’ descriptions of the housing example provided in the survey.

Table 48. Other type(s) of housing examples

Other type(s) of housing examples	Frequency	%
Independent living-outreach, shared living live-in and cluster living	1	13%
Lives with parents	1	13%
Found housing through Facebook Live	1	13%
Respite	2	25%
All above (previous models described)	1	13%
I know of people who live in church attics	1	13%
Interior Health long term care	1	13%
Total	8	100%

Table 49. Brief description of the Housing Innovation

Number	Brief description of the Housing Innovation
1	<i>Cluster housing helps a lot of our (individuals) who don't fit in the mold of home share or staff residential.</i>
2	<i>Would like to see assisted living for people with autism. They need specific supports, not to be constantly moved around.</i>
3	<i>Our respite provider lives in a very small community.... They have a few acres and we have put a one bedroom 5th wheel on the property. Our son is able to experience some independence but still has someone very close by to support him. He requires prompting and assistance with most activities in daily living.</i>
4	<i>Home ownership within small housing complexes with individualized support as needed</i>
5	<i>We moved a 5th wheel on to our friends' property. It is remodelled to resemble a tiny home. Currently our friends provide respite and our son spends both paid respite time and unpaid. In the summer he helps out on their property, so they consider it sweat equity. He's learning life skills from some younger and cooler friends. Staying at the tiny house gives him the opportunity to have a safe space with folks very near by assisting him.</i>
6	<i>"Borrowing" a bed from health authority.</i>

The populations respondents identified as requiring these alternative types of housing included individuals for whom the other models don't work well for.

Table 49.1. Supported population

Supported population	Frequency	%
Indigenous peoples	3	15%
People who are ageing	4	20%
People with complex needs (i.e., Individuals served by CLBC (and youth transitioning to CLBC) whose mental health and/or substance use has resulted in or places them at high risk for overdose, hospitalization, incarceration, victimization, exploitation and/or homelessness)	5	25%
People with complex medical needs	3	15%
People within the LGBTQ2S+ community	2	10%
Other	3	15%
Total	20	100%

2.6.1 Reasons for the creation of the example provided

The primary reason for the creation of alternative housing models is the lack of alignment with individuals' specific needs. This is followed by the need to address unique housing requirements and the absence of suitable options within individuals' home communities.

Table 50. Reasons to be created

Reasons to be created	Frequency	%
Addressing unique housing needs of the individual	5	24%
Lack of appropriate options available	3	14%
Lack of fit for the individuals' needs	7	33%
Lack of options in the individuals' home community	5	24%
Other	1	5%
Total	21	100%

2.6.2 Facilitators

Collaborations was identified as the main enabler for the creation of “other” types of housing models for adults with IDD.

Table 51. Facilitators

Facilitators	Frequency	%
Collaborations	5	24%
Individuals' community is inclusive and accessible	2	10%
Policies to meet the housing needs of the people we serve	3	14%
Procedures to meet the housing needs of the people we serve	3	14%
Processes to meet the housing needs of the people we serve	3	14%
Trusting relationships with the people we serve	2	10%
Other	3	14%
Total	21	100%

2.6.3 Barriers

The primary obstacles to the creation of alternative housing innovations included insufficient collaboration with partners outside the sector to effectively address the housing needs of individuals with complex needs, as well as housing-related policies and procedures that do not adequately support the needs of those served by CLBC.

Table 52. Barriers

Barriers	Frequency	%
Lack of collaboration	1	7%
Insufficient collaboration with partners outside the sector to better meet the housing needs of people with complex needs	3	20%
Policies to meet the housing needs of the people we serve	3	20%
Procedures to meet the housing needs of the people we serve	3	20%
Processes to meet the housing needs of the people we serve	2	13%
Other	3	20%
Total	15	100%

2.6.4 Partnerships

Alliances with agencies and individuals within the social circles of adults with IDD appear to be the most commonly reported form of partnerships facilitating the creation of alternative housing models.

Table 53. Partnerships

Partnerships	Frequency	%
With a third party	3	19%
With a Health authority	3	19%
Living arrangements	3	19%
Multiple partner arrangements	1	6%
Other	6	38%
Total	16	100%

Elaborating up Table 53, third-party partnerships were identified as “*Parents,*” “*Banks/contractors,*” and “*LTC facility.*” One respondent who indicated the importance of partnership with health authorities asserted that “*Adults with developmental disabilities need to be under health.*”

2.6.5 Policy – enablers

Survey participants found it challenging to identify specific policies that have been helpful for the success of alternative housing models for adults with IDD. However, they highlighted the importance of involving individuals from the individual's social network, which aligns with the previously noted significance of partnerships in this context.

Table 54. Helpful policy

Helpful policy	Frequency	%
CLBC's policies and processes are clear and easy to follow	2	25%
Other	6	75%
Total	8	100%

With respect to helpful CLBC policies, one respondent named *“Direct funded respite.”* With respect to the respondents who replied “Other”, most explicitly pointed out that there weren't policy enablers for these types of alternative housing models. For example, one respondent shared, *“NONE of the above, it was truly a network of family and friends. We didn't even think within the framework of policies and agencies.”* Another respondent explained, *“No policies helped to facilitate this option. This was borne of necessity as there are simply no other options in the individuals' home community.”*

2.6.6 Policy – barriers

According to survey participants, the policies of other organizations (e.g., partners) lacked the necessary flexibility to support person-centered housing solutions, creating obstacles to the development of alternative housing for adults with IDD.

Table 55. Challenging policy

Challenging policy	Frequency	%
CLBC's policies and processes are not very clear or easy to follow	1	5%
CLBC's policies are not updated with the necessary information	2	10%
CLBC's policies do not allow the flexibility necessary to facilitate person-centred housing supports	3	14%
CLBC's policies do not facilitate enough the delivery of innovative housing supports	4	19%
Other organizations' (e.g., partners') policies do not allow the flexibility necessary to facilitate person-centred housing supports	7	33%
Other	4	19%
Total	21	100 %

As with policy enablers, respondents pointed to the lack of policy to support the unique needs of individuals for whom alternative housing is needed. For example, one respondent stated, “[CLBC] has no housing policy.” Another respondent shared, “Again, I’m not looking up policy. There are no considerations for rural communities when there are no suitable options for an individual to stay in their home community.”

2.6.7 Needed change in policy

Respondents in this section indicated that the creation and sustainability of alternative forms of housing for adults with IDD could benefit from policy that focuses on direct funding for individuals with IDD and their specific health needs, the divulcation of all the existing housing models in general, creative thinking, and accessibility to resources in urgent situations.

Table 56. Changes needed in policy

Number	Changes needed in existing policies, procedures and processes to be more supportive of this housing innovation example
1	<i>Direct funding for individuals and support for assisted living through health.</i>
2	<i>I would make more people aware that there are a variety of housing options.</i>
3	<i>I think we need more examples of people thinking outside the box. At this point we have not paid our respite caregiver, and we have a give and take relationship: e.g., the fifth wheel is on his/their property, and we have paid for a storage locker here in the [geographic area] that we share with them for free. When we finish the criminal record check process, we will use those funds to enable longer visits to the mountains. So, at this point we are not actually in the situation where we need to meet any of CLBC's requirements.</i>
4	<i>respect right to own housing / develop agency to co-ordinate and support home ownership.</i>
5	<i>I don't know at this point.</i>
6	<i>When there are no other options available for an individual to stay in their home community, near family and other natural and familiar paid supports, there must be the ability to access resources operated by other agencies/ authorities.</i>

Discussion

The survey results provide examples of innovative housing options as identified by respondents. Respondents were asked to identify which CLBC housing support – Independent Living and Shared Living (Outreach Supports or Cluster Living); Shared Living (Home Share or Live-in Support), Staffed Living – or “Other” their example fell under. Respondents provided brief descriptions of their innovative housing examples. The survey findings demonstrate that the creation, implementation, and sustainability of these housing examples were influenced by a range of enablers, barriers, and policy-related factors. This discussion examines the key elements identified by survey participants, focusing on supported populations, collaborations, and policy-related challenges and areas of opportunity.

The housing innovations provided supported a diverse array of individuals who are eligible for CLBC funded supports. Respondents highlighted that adults with complex needs, such as those at high risk for overdose, hospitalization, or homelessness, are among the primary beneficiaries of these models. The Shared Living – Home Sharing and Staffed Living – Staffed Residential models, for instance, have been particularly effective in supporting individuals with complex medical needs, aging adults, and Indigenous peoples. However, the diversity of needs within the IDD population accentuates the importance of housing models that are flexible and inclusive, offering tailored support to individuals who may not fit within traditional frameworks, such as the Home Share models.

Survey respondents identified several enablers that contribute to the success of alternative housing models. Collaboration emerged as the most significant factor, with partnerships involving CLBC, agencies, Health Authorities, service providers, and even individuals from the social networks of adults with IDD playing a critical role. These alliances enabled the pooling of resources, expertise, and support, which are essential for the creation and maintenance of creative housing models.

Additionally, participants emphasized the role of clear and straightforward policies and processes from partner organizations in facilitating the development of housing models. Policies that promote partnerships and allow for flexibility in implementation were reported as particularly beneficial. For example, collaborations between CLBC and various stakeholders, such as BC Housing, have been key in addressing the funding and operational challenges associated with these models.

Despite the progress made, survey participants noted several obstacles that hinder the development and sustainability of innovative housing models. A lack of collaboration with partners outside the sector was identified as a significant challenge, particularly when addressing the complex needs and health needs of some individuals with IDD. Participants also pointed to the rigidity and complexity of policies and

processes as barriers that limit the effectiveness of housing models. For instance, CLBC's policies were reported to lack the flexibility necessary to facilitate person-centred housing supports, a factor that can delay or obstruct the development of suitable housing solutions.

Funding-related challenges were also prominent. High costs associated with rent, mortgages, and general living expenses created financial barriers for both families and organizations. Participants expressed concerns about the inconsistency of funding allocations and the burden placed on families to continuously advocate for financial support. These financial restrictions accompanied by the lack of affordable housing options and resources in some communities, further limit more independent lives for adults with IDD.

The role of policy in shaping housing models for adults with IDD was a recurring theme in the survey responses. While some policies were identified as enablers, such as those promoting partnerships and direct funding, others were seen as obstacles. Participants highlighted the need for more flexible and consistent policies that align with the unique needs of the IDD population. For example, a lack of clarity and accessibility in existing policies was reported to create significant challenges for families and organizations navigating the system.

Additionally, participants emphasized the importance of disseminating information about existing housing models to increase awareness and accessibility. The lack of information-sharing mechanisms was seen as a missed opportunity to connect families and individuals with available resources and options. This gap in communication highlights the need for improved coordination and transparency among stakeholders.

Innovation and community involvement were also highlighted as critical components of successful housing models. Participants noted that creative approaches to funding and resource allocation, as well as the involvement of individuals from the social networks of adults with IDD, can enhance the effectiveness of housing solutions. For example, Home Share providers who engage in community-building activities, by promoting a sense of collective decision making, create environments that not only meet housing needs but also a sense of belonging, participation and inclusion.

Moreover, the ability to adapt housing models to the specific needs of individuals was seen as a key factor for their success. Survey participants shared examples of models that allowed for tailored support, such as providing accommodations for supportive roommates or staff members in live-in arrangements. These personalized approaches address both the practical and complex needs of adults with IDD, contributing to their overall well-being and independence.

Phase 2: Qualitative Interviews

Methods

Eleven qualitative interviews were conducted with individuals to explore examples of housing innovation models for adults living with IDD. All interviews were audio recorded in Zoom and then transcribed by Otter.ai. The translated interviews were subsequently imported into NVivo (Release 14), coded and analyzed. One coder (BG) coded the eleven interviews, which was then reviewed by a critical friend, or second reviewer (OL), who checked for the interpretive and analytic validity.

Recruitment and consent

Interview participants were recruited in two ways. A question asking if survey participants were willing to participate in a follow up interview was asked at the end of the survey (phase one of this project). The last question of the survey asked, “Would you be willing to have an interview with a researcher to provide further information about the housing innovation example(s) described in this survey? If participants answered “Yes”, then they were asked to provide their email addresses. Seventeen participants responded “Yes” to the question about their willingness to be interviewed. Of these, seven responded to our email and provided consent to be interviewed.

The rest of the interview participants were recruited with the help of an invitation to participate email distributed by CLBC through their Newsletter. The invite message contained the UBC researcher team’s contact information for potential participants to reach out. Five participants contacted the researched team and four consented to participate in the interview.

Data collection procedure

In-depth, semi-structured interviews were used for data collection. The interview guide was developed utilizing insights from the findings of the survey responses in phase 1 of this project. The main topics included in the interview guide focused on obtaining a description of the housing model that the participant wanted to share; identifying the target population (who the housing model served); exploring the reason(s) for the housing model to be created; exploring the facilitators, barriers, partnerships that helped the existence of and operation of the housing model; and eliciting participants thoughts about policy changes needed for housing innovations’ success.

Interviews were carried out using a UBC secure Zoom account and lasted 1 hour each. During each interview, the two research team members asked the questions contained in the interview guide. More in depth follow-up questions were asked if participants’ responses were novel or different to previous interviews. The main purpose

was to learn more about what has and is being done proactively and differently in the province of British Columbia to offer positive and creative housing solutions to adults with IDD.

Analysis plan

Interviews were audio recorded in Zoom and subsequently transcribed using Otter.ai. All the audio recordings were deleted once the transcription was verified to protect participants' privacy. The interview transcriptions were coded in using NVivo (Release 14) by research team member GB. Inductive reflexive thematic analysis (Braun and Clarke, 2006) was used to identify the main factors involved in the supply of housing models to adults with IDD.

To begin the process of analysis, the research team member responsible for the analysis immersed herself in the data to become familiarized with the content of the interviews. Next, GB colour-coded the patterns found in the data. General themes were then created based on the patterns found in the interviews. The next step was creating a thematic map to visually identify the connections between the themes created and to refine and validate them. The fifth phase involved identifying secondary themes and naming all the themes found. At this stage, a second researcher (OL) acted as a “critical friend” meeting with GB and reviewing the findings to address both the interpretive and analytic validity of the findings. The final step was reporting the findings in this report. In order to complement Phase 1 of this research – the survey – the qualitative results are also reported following the CLBC housing models: Independent Living – Supported Living (Outreach Supports or Cluster Living); and Shared Living (Home Sharing or Live-in Supports). There were no examples of Staffed Living in Phase 2.

Results

1. Demographic characteristics

Out of eleven participants interviewed, five were CLBC staff members, three were parents, one was a parent and a home share provider (HSP), one was a staff of a Public Sector Agency (PSA), and one was a staff at a Social Service Agency (SSA) employee.

Table 57. Role of participants interviewed

Roles	Frequency
CLBC staff	5
Parent	3
Parent and HSP	1
PSA member	1
SSA member	1
Total	11

Table 58. Housing innovation examples shared

Housing innovation example	Frequency
Daughter living at home with her parents	1
General experience as CLBC staff	1
Home share	3
Independent living - Supported living (Cluster living)	3
Independent living - Supported living (Outreach support)	2
Independent living	1
Total	11

Table 59. Housing innovation examples and Interviewees' role

Housing model example	Interviewees' role
Home share	Parent
Independent living - Supported living (Cluster living)	PSA member
Independent living – Supported living (Cluster living)	CLBC staff member
Independent living - Supported living (Outreach support)	CLBC staff member
Daughter living at home with her parents	Parent
Independent living - Supported living (Cluster living)	CLBC staff member
Independent living - Supported living (Outreach support)	Parent working with CLBC
Independent living (no CLBC oversight)	Parent president of a micro board
General experience as CLBC staff	CLBC staff member
Home share	CLBC staff member
Home share	SSA member

2. Specific housing examples

2.1 Independent living - Supported living (Outreach support)

Two participants, a CLBC staff member and a parent, provided examples of innovative independent living and supported living with outreach support. One of the examples involved independent and supported living for a woman with mental health and complex needs. The second example was shared by a parent who described pursuing this model for their daughter in order to ensure more choice and control for their daughter and family.

2.1.1 Housing Model Description

Participants described that the physical residences of these two individuals utilizing Independent Living - Supported Living (Outreach Support) typically had more than one bedroom. In these examples, this was necessary to accommodate both the primary resident and the person providing assistance and care. The caregiver could be a trusted friend, someone personally chosen by the primary resident, or an individual hired specifically for that role. For example, Participant 4 described:

That house had two suites that might even have had three because, the other piece of it was that in the long-term plan, I don't know if this ended up working out, the individual would have a roommate in the basement suite as well. And just a normal typical roommate situation just you know, friends and whatever [in the main suite]. But I don't know if they ended up ever finding a fit. So, then it would have been sort of two individuals in the basement and then the social work student in the workplace, [or a] friendly neighbour, it didn't have to be a student necessarily. I think they even ended up recruiting somebody that wasn't a student but just somebody that was you know, appealed to like the discounted rent but also would be like to have a caring nature that would look out for their neighbour kind of thing.

Participant 7 described how they originally tried a type of home share model where they owned the home their daughter would live in and a roommate (of her choosing) would provide the support she needed, but that didn't work. Their CLBC team supported them in realizing an innovative approach to independent and supported living that fit for their family:

And so, we had a two bedroom, this place was set up to be two bedrooms. And we, she chose a roommate, somebody that she wanted to share that space with, and somebody that would also be someone she could trust to pay for the support, she needed to live in her home. And because she needs that full time care, the person she chose shows, like ..., we didn't know how [much] time she could actually provide (for) that care. [So, we had a] transition amount of money and not kind of just jumping into like a shared living situation full time, [that] was really important. Because she does require so much care, we knew that probably one person wasn't going to be able to do that on their own. But we wanted to see how much was possible. And so, she started staying there between two and three nights a week with her roommate. And what was really important about the roommate was that [it] was somebody that she chose... And so that worked really, really, really well, for about a year and a half... But it was pretty apparent that we couldn't sustain that for long, for more than three nights a week, because of the amount of care that our daughter needed. And it would be hard for her roommate to have to commit to more than that amount of support, and also to be living there, and have so much support coming in and out of her home. ... So, what we ended up doing actually was selling her home. And instead, we purchased an apartment downtown in our city. And it was also accessible to her. But it wasn't the model where she would have a roommate, because of the level of support she required, it proved to be too, too much. So, we've moved to a model now where we have her daytime community inclusion, and funding. We have worked with our CLBC team to convert the whole amount she would be

eligible for, in a home share contract, and we converted that to an outreach contract. And so, she can use that outreach dollars, which again, is the equivalent to if she lived in home share. So, it provides enough to pay for somebody of her choosing to do the overnight parts of her living on her own.

2.1.2 Target population

The research participants described how individuals benefiting from Independent living - Supported living (Outreach support) - vary across this implementation of this housing model. According to both interview participants describing this type of housing support, this model of housing is suitable for anybody who wants to have more autonomy and decision-making on housing and daily living. For example, participant 4 shared: “...but it would work really for anyone that they wanted that independence, I guess, but maybe needed a bit a bit of like, good neighbourly help kind of thing.” Similarly, participants 7 shared

I think it is a support for anybody who wishes to have that level of choice and control and self-determination around where you live in, who you live with, and how that works. It's not dependent on the level of support you require, I guess, it's important for me to say, you do need to be someone who has kind of a good informal support network set up around you, because there's Yeah, to, to coordinate regular life, which is kind of what we're going for, right? Like, there's lots of things that happen in everyone's everyday life and having lots of people around, who can help think that through and help the person in their decision making and know, particularly for us as a family”.

While the target population of supported living varies greatly, one of the self-advocates from the examples provided was a female individual with mental health and multiple complex needs. For example, one participant shared,

So, I guess I'll start from the beginning. So, we had an individual when I was working for [agency name]. And we had an individual who was just very hard to house basically, she was kind of been through a bunch of systems and in and out of shelters, mostly, for a long time. And then CLBC was trying to figure out a way to house her. And at that point, it had kind of gotten so dire that it was just in hotels; she was living in hotels ... but those were always so time limited, because she did have multiple complex needs. So, she would get kicked out of them pretty quickly.

This participant further described,

The individual had some pretty severe mental health and multiple complex needs sort of stuff going on. They wanted that independence and wanted that like life of having the autonomy of not having someone living with them ... their needs were just to be an independent person, be autonomous and make their own decisions and stuff. They had a lot of funding and a lot of staff hours attached to them ... and they use them but still had a lot of time to like be on their own and be autonomous and have their own life and things like that. So yeah, [housing model] was specific to that person.

2.1.3 Reasons to be created

In both scenarios presented, individuals utilizing Independent Living - Supported Living (Outreach Support) required a balance between independence and the provision of assistance and support. Participant 4 described, adults with IDD often need to explore various housing models to identify the accommodation that best suits their needs:

They had tried every other model, and I only worked there for about a year and a half. ...The person had been funded by CLBC... by this point for like many years. So, I know that they had tried group homes, and I know, I'm pretty sure they tried home shares, and then this like shelters and hotels and hospitals and stuff like that. And [independent and supported living] was just like, the creative solution that they hoped would be the long-term fix and ended up being that.

Participant 7 described that for their family independent and supported living was their clear choice for their daughter. They shared, “*And so for us, we really wanted our daughter to have a home of her own that she was in control and that she decided, lived with her she decided how often she wants to be there*”.

2.1.4 Innovative aspects

The funding of these housing models and partnerships to make the models work was innovative, and in the example that Participant 4 shared, natural supports and community supports contributed to the success. For example, Participant 4 shared:

So, [agency name] and CLBC got really creative with how they wanted to move forward with that. And they ended up buying a house in [name of city], and they, I believe, and I don't know, specifically the details of how it works, I believe [agency name] bought the house, and CLBC funded a rental part of it, or something, or subsidized part of it or something, I can't remember exactly how the funding worked. But they had a social work student that was going to

university live in the top floor, and act ... like a friendly neighbour ... [and their] role is kind of to have a general idea of what was going on with the individual that lived in the basement suite. And, ... for that they got a discounted rent, and maybe a little bit of a resume booster, I guess. And, they kind of just would make sure because again, with multiple complex needs, there was a lot of drug use and you know, alcoholism and a lot of mental health instability happening so that what we were finding in the community is that it was some kind of good Samaritans would be helping out sometimes, but often she would be getting - she's very vulnerable - and she'd be getting into some tough situations. And so just [to] have somebody that's just kind of watching and call the cops if needed or whatever. That was kind of [the] role”.

Another innovative aspect of this housing model, as noted by the parent of an adult with IDD (Participant 7), was the transition period supported by CLBC. This period allowed the family to explore various options before finding the best fit for their family. It provided both the family and the individual with the opportunity to make an informed decision.

So, our family was really wanting to not slot ourselves into a category of housing options. So, we were really, our approach was to figure out what we wanted to try. And then to work with the CLBC team to see how their policies could think outside the box or be flexible to be able to help us achieve that or help us try some stuff out. So, our approach was, rather than being like, “I'm going to choose home sharing, or I'm going to choose Independent Living, or I'm going to choose one of these like, defined categories,” we sort of had a vision of what we wanted to try, and then CLBC figured out how to make that work within their existing policy framework. So, that's what we're really grateful about that. So, you know, one of the first things that ... they agreed to do with us was to have what we would call like a transition period. So, it wasn't like we had to choose an option and then move into that option [to try it out and see if it worked for our daughter and our family].

2.1.5 Impact

One of the most impactful aspects of this housing model shared by the two participants was the ability for the individual to make their own decisions and personalize their living spaces. For example, choosing their own decorations contributes significantly to their sense of independence and autonomy. Participant 4 shared:

The impact for the individual was life changing? For sure. Because it went from being a situation where they had, like unstable housing...I think it's a bigger deal

than people expect... because the place was not furnished when we got it...we had to go and like pick out furniture and we went to... Kijiji I think it was at the time on Facebook marketplace. But [she] got a lot of second-hand things. But she went to pick everything out. And, it was like very much her own place that she kind of decorated ... That was a big impact.

The participants also described the innovation of having caregivers who rotate, allowing users to interact with different individuals over time. However, according to the parent participant, having a roommate who also serves as a caregiver can present challenges:

Anyway, so that that model is working better. She does better. Just personally with having different and fresh faces in her in terms of support and not the same person all the time. That sort of thing. Blurring of my roommate and who's also the person supporting me could be tricky.

The sense of autonomy and independence was described as a very impactful element of the Independent Living - Supported Living (Outreach Support) model. This housing option supported the individuals with IDD to do the activities that they like the most. Participant 7 described:

Her social connection and inclusion in the evenings, which is kind of where she gets most of her... most of what she likes to do is live music and going out to drag shows and being downtown (has) really helped to support her inclusion, I guess, in the community and things that she likes to do. Whereas the other model and, and the place in our property, you know, wasn't close to all those things. And so, she had a harder time getting to those places and spaces. So, this model is, I think, been more inclusive for her and also given her kind of more control over the paid people in her life and how that works. And so, using that outreach contract, instead of a home sharing, or shared living, or some kind of a model that kind of locks you into a contract with one person has worked really well for her. And so, we're really happy that our CLBC team helped us think that through and helped us realize, like I didn't even work there, I didn't realize that that outreach contract was an option.

2.2 Independent living - Supported living (Cluster living)

2.2.1 Target population

Participants described examples of Independent Living – Supported Living (Cluster Living) explaining that individuals who are supported through this model are diverse, including aging adults, individuals with complex mental health needs, those experiencing homelessness, or those transitioning out of the criminal justice system.

That said, according to one interviewee, this model may not be ideal for older adults with complex medical needs, as they often require a higher level of assistance and care. For example, Participant 2 described a “cluster living” example for a client who was aging. The client lived in an assisted living complex, however the staff participant and the individual’s family felt that her declining health required a transition to long-term care:

I was working with a client who was in [an] assisted living complex up in [name of city] and her needs were growing increasingly more challenging primarily due to aging. So, like having trouble walking, and couldn't sit down without support anymore, ended up in the hospital quite ill. And we ended up giving notice to the assisted living residence because she could no longer safely be there. And she was meeting the threshold of long-term care. But because she's still obviously eligible, we have to ensure that we've done everything we can to keep her within the CLBC eligible resources, such as a group home. But the family strongly felt that she was past even being able to be supported in a group home and needed to go into a long-term care bed. And then the systems kind of collided. So, between health because she's in the hospital, and the assessments for long term care happen under health.... and then, CLBC being the overarching responsible body for people with disabilities. And as far as I know, she's actually still in hospital, because we haven't been able to figure out how to navigate that path forward.

Participant 6: “We are trying to support individuals with complex mental health. That may include trauma, also, just with addictions. So, some of these individuals are, are highly homeless, and they are leaving the criminal justice system. So those are the individuals that we're trying to support. And those are the most challenging ones. And that now we're having a bit of a bit more attraction with [name of health authority]”.

2.2.2.Reasons to be created

The examples provided for this housing model indicate that model can be well suited for adults with IDD who aspire to live independently but may require guidance or additional support to do so safely. For example, Participant 2 described how cluster living is valuable in situations when there’s a need

to span that very specific gap between an individual's desire to live independently, but not quite being able to safely know [how]...there is, like, I mentioned the ability to have someone come in, such as like a community support worker to help with the grocery shopping, budgeting all that stuff. But our individuals are... I mean, there's just systemic prejudice against people with

disabilities. So, they struggle at a greater rate to get what we would call it normal residency, or tendency.

Participants highlighted that location is a critical factor for this housing model, with one interviewee noting that city centres are often ideal for such accommodations. During the day, the presence of residents is not disruptive to those commuting into the city, and at night, when most people return to their homes, it does not cause any inconvenience either. For example, Participant 6 shared:

I think that there's a lot of concerns about people with various challenges living residentially because once they find out that there might be for individuals that, you know, may not comply to the neighborhood rules, then you get some backlash, right. So, that's why a lot of these homes are placed into like city centres, because during the day, they could be a bit of a nuisance in the community. But at night, there's really nobody to bother because everybody goes home to their respective homes outside of the city. Second to that, I think some of the challenges and barriers are just the individuals themselves, right? They know they have choice.

2.2.3.Housing Model Description

The operation of Independent Living - Supported Living (Cluster Living) varies. In some cases, CLBC owns the residences and users apply to access them. In other instances, as Participant 6 explained, there is coordinated support between BC Housing and CLBC. In these cases, CLBC may not directly contribute to rental funding but instead, provides the necessary services to support the individual to secure appropriate housing. For example, Participant 2 described:

So basically, ...there's varying degrees of housing models, depending on the disability related need. So, if an adult is able to live on their own, even if there's some safeguards that need to be put in place, we always will do our best to house them independently. But sometimes that looks like having a keen inclusion worker, for example, come by and help them with grocery shopping, budgeting, meal prep, all those kinds of things. And sometimes there's just natural supports in those individuals' life, and there might not be a need to have paid support. That's ideal, obviously. And then kind of from there, the model grows more and more complex as the disability related needs get more challenging. So in between there, there's a model called cluster, which is a CLBC, owned apartments. And then the individual would follow the program rules as prescribed by whatever agency owned that cluster...I would say it's in the cluster area is

probably the biggest number of our clients are living in a cluster, semi-supported living arrangement.

Another participant (6) described how as an agency they play a facilitative role in ensuring appropriate and successful housing for individuals they support. *“I also have individual independent living through BC housing. So, we would not support the funding of the housing, per se, but we will support all the revenue from services that the individual would need to make sure they're successful in their housing.”*

Participant 11 described a different approach to independent “supportive” living that resulted from a non-community living non-profit offering support:

[There was a woman] supported by a colleague that runs sort of home share and home support services through our agency, this individual... was in a supported housing environment, and she was kicked out of that environment. And she was homeless. We were, you know, scrambling to try to support her to find housing, and that was difficult to procure, because of her special needs. Ultimately, we discovered housing and a really great fit through the local [non community living organization]. They're a non-profit organization in the city that supports adults, not specifically from the IDD sort of spectrum, but disadvantaged adults in need of housing. And they support her now in a supported housing environment that provides meals and activities. And, and she lives there. And it's really an ideal fit. And it's ... outside of sort of the CLBC's developmental disability sort of network. But it, it was an excellent resource that isn't organic thought the (IDD) sort of community.

2.2.4 Innovation

Participants highlighted that providing safe housing and support services for adults with IDD who also have complex needs poses a significant challenge, as only a limited number of specialized service providers are equipped to meet these demands. Participants shared that one approach to addressing this challenge is to foster the development of housing initiatives, and include CLBC's involvement, to ensure that market housing and subsidized housing options are available for individuals supported by CLBC in community. Participant 2 described the importance of creative service providers and leaders:

[we need] service providers who understand how to run a program that is both intersecting with the [housing] market [it's] either, they're purchasing or they're renting. And they also are very skilled at supporting people with individuals or individuals with disabilities who have complex challenges: so, the hardest [individuals] to support ... those that have disabilities, but then other challenges

such as substance use. And, we have a really hard time finding places for them to be safely housed. And so, the very best service providers are able to do both of those things. And it's few and far between service providers that have that skill.

Participant 6 described:

... talking about housing is really badly, you know, not just because of like the housing market, it's just because just is not available. And even like, I'll just use my manager, for example, again, she's gonna, you know, they're starting to develop housing, with, you know, with their request for proposals to actually include Community Living BC, as part of the request for proposal so that we will have spaces in market housing, and subsidized housing for our individuals. So, that's a big step, right? Because now, you know, yes, they have a developmental disability, we're going to use that as an identifier, to allow them to have some percentage of housing in there.

2.2.5.Impact

Providing affordable housing to adults with IDD plays a crucial role in supporting their transition from their parents' home toward independence. Having access to diverse housing options and the ability to make decisions about their own lives and living arrangements significantly enhances their sense of independence and autonomy. Additionally, a safe and calm environment fosters the opportunity for individuals with IDD to build a supportive community around them. Participant 2 described:

It's huge. I will say housing is the number one support that CLBC provides. All other things come second to housing. And as you can imagine, like all of us when we transition from our 18th, into our 19th birthday, and we're leaving the house, it's a challenging time. It's a challenging transition. But to then have struggles of this other disability on top of that... It's though for those children in-care that I described, coming out of a group home having the right to say, "No, I don't want to live in a group home," which is, quite honestly very understandable. At least being able to provide them a CLBC owned and run semi-independent cluster and say, "Yeah, absolutely." And, this is a rental suite, and they pay rent every month, like every other you know, typical person. So, it becomes a way of least the very, like minimal safety, you know? And it really helps like them, you get a sense of autonomy, right?.

Participant 6 described the benefits of cluster housing this way:

You know, housing for individuals who live together, maybe feels as an institution, I guess the positive is they build their own community, like, support, you know,

like, you know, you get four people together, you know, they coexist and they end up being living together, they can be a real strong support for each other. And it really kind of [counters the] loneliness, right for them. Because ... some people with developmental disability well people in general, they're very empathetic, you know, they want to see the best for people. And sometimes you only see the best for people when they're in a calm state. And being in a calm state means like housing, that proper food, medical needs, and being part of accepting community is huge, right? So, I think it's a benefit.

2.3 Shared living - Home Sharing and Live-In Support

2.3.1 Target population

Again, as with the other models discussed above, adults with IDD supported under the Shared Living/Home Share Housing Model, as well as the home share providers or roommates, exhibit significant diversity. Home share providers and/or contracts can be held directly with CLBC, or the shared living can be supported through a community living organization. Additionally, there are instances where organizations not specifically focused on supporting this population play a critical role in assisting individuals with IDD with their housing needs and desires. These organizations provide essential support such as housing, food, and other basic living services, thereby contributing to their well-being. One participant (1) was a home share provider as well as a parent of adults with disabilities. She explained, *"I'm a parent of adults with disabilities. And I'm also currently a homecare provider for two individuals as well, that are adults (with) disabilities."*

2.3.2 Reasons to be created

Home Share aims to offer a balance of needed supports for the individual while at the same time facilitating self-determination and independence for the individual. This arrangement can involve a range of living arrangements from living in a family home to living with a roommate. For Participant 1 got involved in home sharing as a parent of an adult child with disabilities. She explained that she didn't want her adult daughter to be in a group home and so, she became a home share provider:

I am a mother with a child, an adult with disabilities, so I don't choose to have her in a ... group home. And then the second one model that is quite popular is a home share situation. So, anybody in the community can go through a process to, you know, engage in becoming a care provider for people, adults with disabilities...

Another participant described a family's decision to move into a home share model due to the parents aging. This option allowed the family to ensure that the two siblings with IDD could continue living together:

So there, there's two individuals in the community, they're siblings. They are very involved in the community in a lot of ways, they have really supportive parents. But, you know, like everyone's parents, they get up there and age. And, you know, not to say that these individuals, their needs are so high that their parents couldn't provide the support that they needed to. But, you know, independence for the individuals is always great. And the parents want to be able to go and travel and kind of not have to worry about that kind of thing.

2.3.3 Housing Model Description

As described above, home share is intended to provide a housing model that balances support and independence for the individual(s) with IDD. According to Participant 1, parents who become home share providers have the unique opportunity to take a creative approach to designing activities that align with their children's interests and needs as well as the adults with IDD who are part of the shared living arrangement. Participants described home share as providing flexibility in the ways they can support the individuals who live with them: they can organize social events and fun activities, like game nights, where individuals with IDD can join in and feel included. These personalized efforts enhance the quality of life for those in their care while creating a more engaging and supportive environment.

For example, Participant 1 described how she consciously works to create social events for her daughter and the two individuals with IDD that live in the home share.

I do a lot of activities Valentine's Day, I've got probably 25 special need people coming. Anyways, I do parties all the time here. So, Valentine's Day on the 17th I've got a big slumber party that's happening over here with people that have disabilities, my daughter's helping them manage it, they all make the invites. I'm teaching them skills on being able to reach out to their acquaintances, and we're gonna have pizza, we're gonna play games. They're managing it, I'm here to support it. So, they picked out they want to play bingo, they want to do scratching wins for prizes, and it's all we've been talking about all month. So, I do a lot of that. And that's over and above, there's nothing to do with money. I do a summer bowling thing. Or spring bowling at the poker bowling alley. Personally, I give out gift cards every, every Tuesday, nobody pays me for it. I give out usually \$40 worth of gift cards, you know, anybody gets a strike gets a ticket, just makes it fun. You know, like, that's what I want to do when I go out with my friends and

hang out. So, I create those types of experiences for people with disabilities. And, you know, there's no money behind it. I just do it because I love being around.

Moreover, participants described how for individuals in home share who live near their family, the flexibility of home share can provide a sense of autonomy while maintaining a connection to their family, creating a supportive and balanced living experience. Participant 10 explained that for the parents who were aging, they were able to find a home share provider who was familiar to their two adult children:

And so, they (the parents) found a home share provider who was kind of, you know, family, friends and known amongst the service provider that the individuals already went to. And so, I think the, the agreement that they came up with, which I appreciate and I see success with, and it would be, it'd be great if more individuals and families could have an arrangement like this, where, yes, they have a home share provider, the home share provider, I'm sure is compensated through CLBC for the appropriate home share rates. But these individuals actually like they go and spend quite a bit of time with their parents still.

2.3.4 Innovation

Innovations can be introduced to the Home Share housing model in various ways. For instance, a participant from CLBC involved in facilitating housing suggested that, although not yet implemented, tax incentives for homeowners could be an effective strategy to encourage more homeowners to participate in home sharing. Participant explained:

So, one of the things that I have been thinking a lot about is like, why don't we do work with cities and municipalities to have tax incentives? So, for example, like property tax has gone up every year as property values have gone up, since it's based on a percentage of your house's worth. We should be incentivizing home owners to do home sharing and reducing their property tax. So, which would just kind of be a ratio where it brings them more in line with what they would get for rent, maybe a little bit less. So that way, if it kind of, you know, provides that benefit, because right now, I don't think that exists right now. But I think there's a gap there. And I said, and it's kind of an easy win-win. I mean, it's a win for cities to say that they're doing this as a win for the person who's providing the service. So, I don't really see anything negative there. But yeah, that's kind of one of the things that was really interesting.

The home share situation Participant 10 shared with the aging parents demonstrates another innovation of the home share model where the flexibility of the home share arrangement offered a type of transition for the adult children. The siblings

could move out of their family home while still being able to visit: they experience greater independence by having their own space for part of the week while still maintaining meaningful connections with their parents. And for the parents, they get some time for themselves as well. Participant 10 described:

So, it's not, it's nowhere near approaching 50%, or anything like that they're most often with their, their home share provider, but with, especially being in the north here, and things are a little bit more spread out, and there isn't public transit, or definitely not good public transit or usable public transit. And so, you know, that creates some barriers, because the home share provider lives, about 20 minutes out of town... So, I think the individuals are spending, you know, a few nights kind of as needed, still at their parents, but also, you know, going back to the homecare provider, and they just kind of work really well together, to manage that. So, the parents still get in a majority of their time, alone to enjoy their retirement and do those kinds of things, and they volunteer so much. And so, but they're still, you know, open to this flexibility, and, you know, knowing that their children or say, well, they're not children anymore, but you know, their, their children are safe. And so, then they, you know, they seem to be very open to continuing this, this arrangement. And I think the individuals are definitely benefiting a lot from it, because it just expanded that support network, which, which is really good. And I don't know anyone else who's in a situation like that. But definitely like that flexibility. And whether you would call that innovative, I think it's just that, you know, some sometimes I see families struggle to necessarily understand what all of the different options are for supporting individuals with intellectual disabilities into adulthood... it can be very collaborative, you know, work together to come up with what the arrangement is going to be. It's not, not set in stone, exactly what has to happen.

2.3.5 Impact

Participants described adults with IDD supported through the Home Share model benefitting in various ways. As mentioned previously, this housing approach provides a balance between independence and autonomy while fostering a unique sense of community. And, as described by Participant 10 in the quote above, home share can provide the opportunity to build meaningful and supportive networks, enhancing both social engagement and well-being. Moreover, Participant 10 also highlighted that the home share model can also be good for communities through promoting community inclusion:

I think seeing successes like these is really good for the community, because it is that like direct integration of, you know, people with intellectual disabilities in with,

you know, everybody else where they should be, and just how that can be successful with the right support in place and willingness to work together to come up with a solution.

Protective factors, such as a strong support network, play a crucial role in shaping an individual's experience with stable and quality housing. Securing a living arrangement that meets the needs of an adult with IDD can be a transformative, life-changing opportunity, providing stability, independence, and a sense of safety and belonging.

3. Facilitators and Barriers

3.1 Facilitators

Several factors contributed to the creation and sustainability of the innovative housing models provided. Participants placed a significant emphasis on resources, particularly financial and human resources, to support adults with IDD residing in these living arrangements. However, participants also underscored that the continued existence of these housing models also relies on unique forms of support from the government, non-governmental organizations, and the community. Willingness to collaborate among these three parties can lead to beneficial agreements, not only fostering networks that facilitate the development and maintenance of innovative housing models but also providing additional support where needed. For instance, such partnerships can address the needs of adults with IDD who require extra assistance due to complex medical conditions. This multifaceted approach ensures these housing solutions remain accessible, effective, and adaptable to the diverse needs of the individuals they serve.

3.1.1 Available resources

With respect to the importance of available resources Participant 7 emphasized the importance of adequate funding:

And the funding, right, like... so, she qualifies you know, as a as a high level of funding as her guide to support allocation, right. So, she gets close to the highest amount of a home share amount plus the supports to home to shared living. So, the dollar amount, it's not, you know, there might be negotiation later on that we have to go through to up those dollars because people expect to get raises over time. But it's enough to pay people an overnight rate.

Similarly, Participant 8 shared how government funding meant that they were able to care for an individual's physical and complex care needs: *"I was able to secure funding*

from the Ministry of Health for his physical needs, you know, his bathing and toileting, cooking, his meals, transportation, all of that.”

3.1.2 The value of flexibility

Participants spoke of the need for flexibility in the system as a facilitator of successful outcomes. In particular, Participant 8 highlighted the value and contribution that micro boards and individualized funding for families to secure appropriate housing and supports:

So, the policy... where there's much more flexibility given, I think this kind of an informal policy. And the policy, where micro boards are even allowed, is fundamental. So, the fact that they recognize and allow for micro boards... that has been a game changer for my son, because there was nothing that would have met his needs otherwise. So, the way that they set up and allowed us to administer our own funding was helpful.

Similarly, Participant 9 shared: *“Well, me now, like people being open to it, like people just, there are so many lovely passionate people out there that really want to see things happen.”*

3.1.3. “Think out of the box”

Related to the importance of flexibility, participants also valued the times when policies and/or service providers were able to *“think out of the box”* in order to facilitate positive outcomes. Participant 3 described:

This one, it was the case where it was kind of, you know, a combination of the family, and existing caregivers that had worked with this individual. And then this new agency that was willing to kind of do something different, right? So, it was kind of a combination of that. And like, I mean, the family at that time had a positive relationship with the service provider. So, they were like, “We want to work with these guys and see what they can do ...” And, I think one of the primary caregivers, he was originally a support worker for the individuals. So, it was kind of one of those things where all the parties were kind of in agreement to give this a try.

Similarly, Participant 4 shared:

one of the things was the creative, the creativity of the [agency name] staff, and they came up with it, and they found this house and they like, they came up with all the ideas solution, I think they came up with it, and then took it to CLBC. And

then the numbers made sense for CLBC. So, they decided that it, you know, they could fund it with [agency name] buying it... So that was one factor.

3.1.4 Willingness to collaborate

Finally, with respect to facilitators, participants highlighted the importance of collaboration, as noted by Participant 4 above. For example, Participant 10 stated:

It was nice to see the service providers willing to work together, we don't always see that sometimes we see service providers get... And so those partnerships between service providers is really great. You know, obviously (with) CLBC is involvement.

3.2 Barriers

Several factors hinder the creation and sustainability of the housing innovations described in this study, most of which are resource-related, particularly financial. A significant gap exists between the available funding and resources and the level of support provided to adults with IDD to live independently in affordable housing models.

One key area of impact is caregiving for adults with IDD. As both the individuals and their parents age, parents often lose the capacity to continue providing care. However, limited funding restricts the availability of paid caregivers across many innovative housing models. When caregivers are available, their compensation is often insufficient, resulting in high turnover rates. For example, Participant 1 shared:

But us caregivers have never received a raise the government gave extra money to people with disabilities to take their rent from \$375 a month to 500. So therefore that \$125 increase went to us that's we haven't got any other money. And all these years, these people with disabilities that I care for, you know, ...there's a lot of care involved.

The heavy workloads and low wages further exacerbate this issue, reducing the stability and quality of care. For example, Participant 3 stated, “*And in home sharing, you know, where the individual does qualify [to be a provider], we have caregiver burnout.*” And, Participant 1 described:

So, you know, the staff don't get paid enough, I paid my staff for my daughter \$35 an hour, I have the funds to do it, because I've chosen (so). I think she deserves \$35 an hour, you know, and even that, I don't think it's enough. But I have my support gal, and she is fabulous. She's happy. But she's worked in agencies, and she gets paid 20 bucks, maybe 25. So how?... I hear people all the time going, “Oh, my God, the staff turnover, the staff turnover.”

Housing costs, such as rent and mortgages, present additional challenges. Families often struggle to find affordable housing for their family members with IDD, which frequently leads to these individuals continuing to live with their parents due to a lack of feasible alternatives. Many families would never receive any support for their children to live independently.

Lastly, and related to the previous challenge, communication gaps among families of adults with IDD further complicate access to resources. While there may be valuable resources available, the absence of effective mechanisms for sharing information prevents many families from benefiting from them. This lack of knowledge-sharing underscores the need for improved communication channels to ensure broader access to support and services.

4. Implications of no housing support

The lack of sufficient housing support for adults with IDD has significant consequences, impacting both the individuals and their families in various ways. According to family members, this issue often requires one parent, typically the mother, to become a full-time caregiver. This often necessitates leaving their career to focus entirely on providing care, which can lead to financial and personal challenges for the family. Participant 5 suggested a kind of stipend for families to offset the financial hardship:

Okay, something like a stipend would be great. Because I know a lot of women [who] are in the same boat as myself. I basically, I do some work for my husband. And I'm lucky to do that. But most women were all around middle age, we've had to give up our careers to stay home to help with our individuals, quite often we get called or I get called from the day program, because they're having an issue or they need support or ... so, it's extremely difficult, if not impossible, to have a job outside of your 24/7 job, except for the few day program hours where they're managing.

Family members interviewed also highlighted that accessing housing support for individuals with IDD often involves meeting specific eligibility requirements. One such requirement is living in rural areas, which can result in isolation for both the individuals and their families. This isolation directly contradicts the goal of fostering social inclusivity for adults with IDD, further limiting their opportunities for engagement and community participation.

5. Policy

Policy plays a critical role in providing housing for adults with IDD, with differing experiences and perspectives reported by family members, CLBC, and agency staff. On the enabling side, policy flexibility and proactive measures are key to driving housing innovations and implementing effective plans. These factors help create opportunities for sustainable and inclusive housing options. However, significant policy-related obstacles remain. The rigidity of policies, regulations, and processes for obtaining housing supports poses major challenges. Additionally, a lack of understanding and consideration of the unique needs of adults with IDD further limits the effectiveness of these policies.

5.1 Facilitators

Participants described how policy flexibility and proactiveness are essential for adults with IDD, their families, as well as CLBC and agency staff, enabling them to take action. When adults with IDD are selecting the housing model that best fits their needs, flexibility becomes particularly important. In many cases, individuals need to try different models before finding the right fit. Allowing them the time and adapting housing supports to facilitate this process has had a profoundly positive impact on their quality of life.

Similarly, from the perspective of CLBC and agencies, a willingness to collaborate through agreements of understanding has helped address gaps in various areas. Policies that promote partnerships are critical for addressing the diverse needs of adults with IDD, enabling them to lead more independent lives while fostering their inclusion in society.

5.2 Barriers

Common barriers to accessing innovative and affordable housing for adults with IDD highlighted by participants were often linked to rigid policies and a lack of understanding of the specific needs of this population. Participants underscored that adults with IDD and their families often face lengthy and repetitive administrative processes to secure housing support. These procedures can be time-consuming and challenging, leaving families feeling unsupported and overwhelmed as they navigate the system to obtain necessary assistance. Participants described how rigidity and lack of understanding of the individuals' needs created barriers for families and individuals with IDD needing residential supports. For example, Participant 3 shared,

But now, again, it's just it's just much more difficult given not only the funding, but also like the rules or regulations around having a proper home setup. So, we do have to balance that creativity with safety and all the other rules regulations. Just kind of not having super rigid I understand the, the part of that policy and, you know, the intention is good, but sometimes it can work against you.

Related to the need for increased understanding of families' and individuals' unique contexts and needs, Participant 5 shared:

It just makes life more difficult for you instead of really understanding the person's needs and not making parents like spend their time repeating their story over and over again, at each level of the process to recognize that that feels abusive would be nice... The only reason she has what she has [housing supports], is because I had to use the complaint process for her for all her supports, because when she came out of high school, she was denied everything. The only thing she received was \$17, more than the normal respite given, she was denied community inclusion. So, I had to file the complaint system for all of her supports. Which, as I've mentioned, it's just it's an arduous task to take on. And it reflects that the individuals that are making the decisions to do those things and not immediately support families, it's just a lack of understanding of the person, of the family.

6. Partnerships

Participants described how partnerships with governmental and non-governmental organizations have been essential for the creation and maintenance of innovative housing models in British Columbia. These collaborations are critical in overcoming a variety of challenges. On one hand, they focus on factors affecting the well-being of users, such as aging, medical needs, or substance abuse issues. On the other hand, they deal with funding-related difficulties, which are essential to sustaining these housing models.

One area that was particularly emphasized was the need for increased collaboration with the health sector. Participants described that partnerships are vital for supporting the well-being of adults with IDD with complex needs who require specialized care or individuals with mental health needs. Services provided by the Ministry of Health or Developmental Disabilities Mental Health Services, for instance, play an important role in meeting these individuals' health needs. For example, Participant 3 shared:

I guess the only partnership, I know at the time, we had a lot of involvement with our mental health team, I think as Developmental Disabilities Mental Health

Services (DD MHS), we call it, they were kind of meeting with us regularly to review, you know, medication or review how things were going. And I believe we had a behavioral support agency in place to at the time. So yeah, we have we had other agency partners kind of in place to help out when they could write.

Participants, however, also recognized how the funding-related challenges are significant for both CLBC and families. They described how the rising costs for mortgages, rent, and daily living expenses make affordable housing increasingly difficult to sustain. Partnerships with organizations like BC Housing have been key to continuing to provide affordable housing options for adults with IDD, ensuring that these individuals can access stable and supportive living arrangements.

7. What is needed?

Parents, along with CLBC and service provider agencies staff, shared similar sentiments regarding the improvements needed in housing innovations for adults with IDD in the British Columbia. Parent participants played a central role in their children's transition to the housing examples described and they highlighted existing gaps in access to resources. Similarly, CLBC staff and service providers acknowledged the complexities involved in addressing the needs and the challenges posed by current processes.

There was a shared perspective that meaningful partnerships and greater flexibility in policies are important for advancing housing solutions. While some progress has been made through new agreements and initiatives, many participants felt that additional collaboration and coordination among agencies, organizations, and communities could further enhance the development of innovative housing options.

Regarding policies, parents, CLBC, and service providers staff pointed out that rigid administrative processes and extensive eligibility requirements can make it difficult for families to access affordable housing options. This has created a sense of frustration for family members, specifically parents, navigating these processes, as well as for organizations working to support individuals with IDD.

Transparency and accountability were also recurring themes in discussions about housing resources. Parent participants expressed concerns about the lack of clarity in budget allocations and the distribution of available resources. For some families, being informed that no funding or supports are available for their adult children or for housing initiatives fostered feelings of exclusion and uncertainty. These shared sentiments reflect the ongoing challenges in providing sustainable housing options for adults with IDD.

7.1 More collaboration and partnerships

As mentioned above, partnerships play an important role in addressing the various gaps in housing for adults with IDD. CLBC and agency staff described the important roles and community living organizations provide, and these participants emphasized that enhanced communication amongst actors could further strengthen collaboration. For example, Participant 6 shared:

Yeah, so the partnerships are not there. I'm gonna say that, you know, it's, you know, we have Victoria Police. We have Saanich police. We have RCMP. So once again, communication barriers. We have Victoria General Hospital, we have royal Jubilee Hospital, and they don't really communicate. So, and then also we have, like, you know, CLBC and then some of these individuals are coming from MCFD because they've just turned 19. And, they're still part of like a group with young adults program. So, they have some MCFD has some responsibilities. We also have Indigenous, Aboriginal authorities that have children care that become young adults... And you know, workload problems. So, we may not respond appropriately creating a reactionary response, not a planned response. So that creates its own challenges, right?

Moreover, in some instances, the involvement of third parties, such as Health Authorities, was underscored as essential. Thus, establishing clear and effective partnerships is seen as a fundamental step in continuing to support this population as this quote from Participant 9 demonstrates:

I have to be planning with the Health Authority with regard to our aging population, with regard to people with mental health and addiction issues. I have to be planning those pieces. Because those turn into emergencies very quickly, in family homes with aging populations. You know, in home shares are not equipped to deal with people with drug or addiction or mental health issues. That's a really tough one, if we don't have that added support coming from mental health.

Expanding capacity, developing clear action plans, and utilizing available resources creatively were identified as significant steps to offering more innovative housing options for adults with IDD. Parent participants expressed the perception that while funding and ideas are available, the implementation plans may lack clarity or effectiveness. From the perspective of CLBC and service providers, there was acknowledgment of the extensive work already being done to assist a growing number of individuals. However, the demand for support continues to rise, adding complexity to an already challenging scenario pointing to the need for expanded capacity within and across systems. Participant 9 noted:

I understand that mental health and addiction services are completely overwhelmed. Understand that they can only give maybe an hour or two of support per individual per week, or per month. And [there] are individuals that can just say, well, you're already giving this guy 12 hours a week. So, what do you need us for? Right? Because he's well supported? Oh, no, he's not. He's well supported in this ... piece, not in this other piece, and [we] have to still come together.

Finally, participants highlighted the need for thoughtful planning and creativity within systems. For example, Participant 9 explained:

Well, I think what needs to be changed is right off the bat, again, quick, quick thinking. We can just toss money out the door, and it's going to fix all the problems without having a really good game plan around how that's going to be used? We need to do some thoughtfulness and get everybody together. And all the professional job, that's just (only) government kind of stuff? ...How do we get these things going? How do we manage these things internally at CLBC? How can we initiate that change internally, so we can have a broader spectrum of things and impacts that we can make in this in this world around housing? Do we need [to cap] our own budget?

Discussion

The availability of innovative and affordable housing options for adults with Intellectual and Developmental Disabilities (IDD) remains a critical issue in the province of BC. Despite significant progress in recent years, numerous challenges persist, including access to resources, rigid policies, and a lack of communication between stakeholders. Discussions among parents, CLBC staff, and service provider agencies revealed a shared vision for what is needed to enhance housing opportunities for adults with IDD. This study explored the current state of housing for adults with IDD, the efforts being made to foster innovation, and the prevailing sentiments about what remains essential for improvement.

Current state of housing for adults with IDD

Housing options for adults with IDD are diverse but often insufficient to meet the needs of this population. Models such as Independent Living and Home Share have developed to provide varying levels of support and independence. While these models are innovative in many respects, they have limitations. For example, Home Share provides a unique balance of independence and support by enabling adults with IDD to live in shared accommodations with caregivers or other individuals. However,

restrictions such as limits on the number of residents and a lack of flexible funding can exclude some individuals from benefiting from this model.

Moreover, adults with IDD often face barriers related to accessibility, affordability, and stability, which reflects existing findings in the literature (Lindsay et al., 2024). Rising costs for mortgages, rent, and living expenses make it challenging for families to secure suitable housing for their members with IDD. Rising costs of living also make it less financially viable and possible for caregivers to provide services. Caregiver burnout and low pay were highlighted as barriers to maintaining home share models. Smith et al. (2019) emphasize that high turnover rates and a lack of available and qualified care providers in this sector is a significant issue that needs to be addressed. Families are frequently the primary caregivers, even in their later years, due to a lack of viable alternatives. This dynamic not only places financial and emotional strain on families but also limits the independence of adults with IDD.

Innovation

Despite these challenges, there is a notable proactiveness among stakeholders in advancing housing innovations. Parents in particular have played a significant role in advocating for their children's needs, often taking the initiative to explore and develop housing options. For instance, some parents who serve as Home Share hosts actively create environments that align with their children's interests, organizing social activities and fostering a sense of community.

Similarly, CLBC and other service providers have demonstrated a willingness to collaborate with governmental and non-governmental organizations to expand housing opportunities. Partnerships with the health sector have been especially impactful in addressing the needs of adults with IDD who require specialized care. Programs like Developmental Disabilities Mental Health Services have provided crucial support, ensuring that housing solutions also address health and well-being.

Policy and Collaboration

Policy plays a critical role in providing housing opportunities for adults with IDD. On one hand, flexible and proactive policies have enabled the creation of innovative housing models. For example, collaboration between CLBC and BC Housing has facilitated the development of affordable housing options for this population, specifically for those with co-occurring complexities like substance use. These partnerships have been essential in bridging gaps in funding and resources, allowing for the implementation of innovative housing models.

However, there is a shared sentiment among parents, CLBC, and service providers that policy rigidity often presents an obstacle to inclusive housing for adults with IDD. Administrative processes to secure housing supports are frequently described as long and repetitive. Family members report frustration with eligibility requirements that do not account for the unique and varied needs of individuals with IDD, such as those managing co-occurring conditions like autism or substance use. These challenges highlight the need for policies that are more adaptable and attuned to the realities faced by this population.

Cultural brokerage, the ability to bridge the gap and negotiate across and among varied cultural backgrounds (Giorgi et al., 2017), is an essential aspect of addressing the housing needs of adults with IDD, particularly in diverse communities. A cultural broker could mediate between individuals and organizations, helping to bridge cultural and systemic gaps that may hinder access to housing resources and services. For example, in Indigenous communities, cultural intermediates can ensure that housing solutions are culturally appropriate and aligned with traditional values, while also navigating complex governmental and organizational processes. This approach promotes trust and inclusion, making housing solutions more accessible and relevant to individuals from diverse cultural backgrounds.

Conclusion: Phases 1 and 2

The results of both the quantitative and qualitative phases of this research revealed key findings that provide a deeper understanding of what people and communities are doing to come up with creative housing solutions to meet the needs of adults with IDD amid an ongoing housing crisis in BC. Respondents also discussed barriers and desired policy changes that would help facilitate more effective and tailored responses to housing needs. The specific housing examples mentioned fell within the CLBC categories of independent and supported living with outreach support or cluster living, home sharing and live-in support, and staffed residential living. Other housing options such as respite and long-term care, living with parents, and housing found through Facebook marketplace were also acknowledged. There were many similarities across both studies, with respondents of both highlighting many of the same enablers and barriers to housing solutions. While the quantitative study named a larger variety of housing examples, the qualitative study provided more specific and rich descriptions on living arrangements.

Overall, the results and findings of both phases of this research complement one another well, highlighting themes such as the need for collaboration and transparency, a lack of availability and funding, and the insufficient housing options for individuals with complex needs. Parents represented the majority participant demographic in both studies, highlighting that they remain dedicated advocates. While having a strong support network is an important protective factor for adults with IDD, respondents emphasized that the constant need for advocacy is a barrier to establishing and maintaining stable and quality housing.

Responses from both phases emphasized collaboration as both an enabler, when it exists, and a significant barrier when it's lacking. In creative housing models that included collaboration and partnerships, respondents described collaboration as a positive contributor to housing innovation and stability for individuals. However, a majority of study respondents desired more collaboration, listing the lack of collaboration as a significant barrier to housing innovations. As one respondent shared, there is “insufficient collaboration with partners outside the sector to effectively address the housing needs of individuals with complex needs, as well as existing policies that were not fully aligned with the needs of the individuals served”.

The findings from both the survey and qualitative interviews highlight a lack of housing availability and funding, and more importantly a lack of flexibility within available funding. As one respondent shared, “funding allocations are not structured in a way that

allows the agencies flexibility to innovate.” This rigidity corresponds to another issue identified by respondents in both phases, which is that there is a significant gap in addressing the unique housing needs of individuals with complex needs. Multiple respondents across both phases highlighted that the reason for seeking out creative housing models was largely as a response to a lack of adequate housing options that fit very specific and overlapping needs such as IDD and substance use.

Of note, this research did not solicit the direct accounts of individuals with IDD. That said, we are currently conducting focus groups with self-advocates from across the province. Areas for future research could also focus more specifically on the experiences and perspectives of 2SLGBTQIA+ individuals, ageing self-advocates and family members, individuals with complex needs, and individuals from Indigenous communities. These were specific populations identified in by participants in this research who have unmet housing and who require innovative housing solutions. Due to the small sample size in both phases, the findings do not represent the full scope of creative housing solutions that exist. More research is required to understand what innovative housing solutions exist, if any, for the populations CLBC serves.

The future of housing for adults with IDD depends on the continued commitment of all actors to innovate, collaborate, and remain adaptable. While significant strides have been made, much work remains to ensure that housing options are accessible, affordable, and tailored to the diverse needs of this population. Flexible policies, transparent resource allocation, and inclusive decision-making processes are key to achieving this goal. Ultimately, housing is not just about providing a physical space for individuals with IDD; it is about creating environments that promote independence, inclusion, and well-being. By both addressing existing challenges and building on the successes of current housing models, the province can move closer to realizing a vision where all adults with IDD have the opportunity to live with dignity and autonomy.

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