



THE UNIVERSITY OF BRITISH COLUMBIA

Canadian Institute for Inclusion and Citizenship

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

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INTRODUCTION

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

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

Service innovations have proliferated in response to this landscape. Shared-living models now outnumber staffed homes four-to-one [7], and reverse-integration condominium projects embed deeply subsidised units for people with disabilities in market-rate strata. Yet questions persist about the long-term viability of each arrangement, given chronic workforce shortages, respite supports, monitoring, administrative burden, and concerns about safety and social isolation. Simultaneously, BC is piloting new policy tools, including a province-wide memorandum requiring every future housing co-operative to reserve shelter-rate units for CLBC clients, raising the stakes for evidence that can inform scaling decisions [8].

Study Aim

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

METHODS

Design

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

Sampling and Recruitment

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

Ethical Considerations

Ethics approval was obtained from the University of British Columbia Okanagan Behavioural Research Ethics Board (H24-03550). Written consent was completed via email, and verbal confirmation was taken before audio recording interviews. Transcripts

were de-identified; organizations and program names were removed or generalised to protect confidentiality.

Data Collection

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

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

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

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

Analytic Approach

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

Participants

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

- Five self-advocates or family caregivers with direct lived experience of multiple housing models;
- Four front-line or middle managers responsible for day-to-day delivery of staffed homes, shared-living and outreach programs;
- Three executive leaders of large non-profit service agencies; and
- Two senior officials from the provincial disability authority.

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

RESULTS

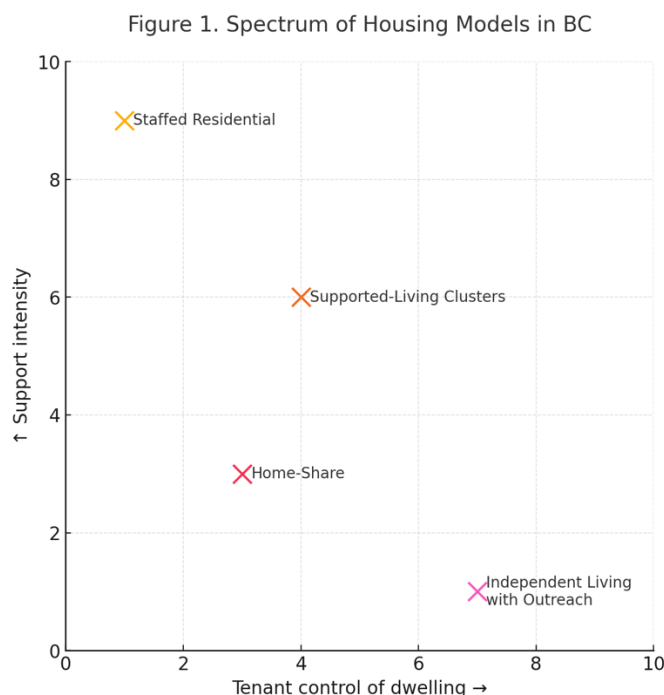
Across 13 key-informant interviews (government, service-provider, advocacy, and self-advocate respondents), we identified four broad “models” of housing and living arrangements currently used by adults with disabilities in British Columbia. The continuum runs from family-based arrangements that rely almost entirely on unpaid supports through to 24-hour staffed residences (“group homes”) at the other end. In

between sits a growing cluster of individualised and mixed-tenure models that try to combine ordinary housing with just-enough formal assistance.

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

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

Figure 1 (below) positions the four most prevalent models on a spectrum of **support-intensity** and **housing control**; the “Comprehensive Summary Table” at the end of this section provides a full side-by-side comparison summarising each option, the latest province-wide headcounts (where available), and a representative quotation from the data set.



The paragraphs that follow interweave three key components of housing: the range of housing models offered, people most likely to flourish in each, and the relative cost of each. Direct quotations illustrate divergent views among CLBC leadership, housing providers, self-advocates with disability, and parents of individuals with disability.

Housing Models

Staffed Residential Homes (“Group Homes”)

Range & Definition.

Staffed Residential (SR) remains BC’s archetypal 24-hour model. CLBC funds 2,998 staffed-home placements (≈10 % of the known population). Houses hold 3–4 residents with awake-night staff and vehicle access, and are now reserved almost exclusively for people with high behavioural or complex-medical support levels (GSA 4–5¹). Several agencies reduced capacity to two beds to avoid licensing triggers; bed counts are intentionally kept below provincial licensing thresholds to keep homes quasi-domestic. *“We cap at four so the house still feels like a house, not an institution,”* explained a former agency CEO.

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

Cost.

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

Who Flourishes.

Participants were almost unanimous that staffed residential homes (SR) succeed when a person’s support profile genuinely requires 24-hour, clinically informed oversight. Front-line managers noted that admissions are now “reserved for very high behavioural redirection or profound medical care,” situations in which the on-site presence of trained staff can mean the difference between daily stability and repeated hospitalization. A community-health nurse gave the example of frail seniors with Down syndrome who, after decades in the parental home, “actually thrive” once they share routines, mealtimes, medication rounds, gentle exercise, with age-peers who understand their pace. Self-advocates living with uncontrolled epilepsy added that night-shift staff provide crucial seizure monitoring: *“My mom could never stay awake every night, but the house staff can.”* When those clinical and social factors align, SR can deliver safety, specialized health monitoring, and a modicum of companionship that neither lone caregivers nor dispersed outreach teams can replicate.

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

Strengths.

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

Limitations.

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

Stakeholder Contrast.

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

Supported-Living Clusters (SLC)

Range & Definition.

Supported-Living Clusters (also labelled *Supported Independent Living* or *semi-independent*) are mid-rise or multi-suite buildings that contain 6-10 fully accessible units, with on-call staff overnight and scheduled outreach by day. The arrangement suits tenants who “want their own front door but the security of help next-door.” Provincial

totals are not tracked, but we documented 11 projects within the Metro Vancouver area serving roughly 450 tenants, including a 10-suite strata in Burnaby, a seven-suite project in Richmond, and a city-donated six-plex in New Westminster.

Cost.

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

Who Flourishes.

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

Strengths.

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

Limitations.

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

Stakeholder Contrast.

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

Independent Living (IL) with Outreach

Range & Definition.

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

Cost.

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

Who Flourishes.

Independent living with outreach is tailor-made for adults who already manage their own schedules, navigate public transit, and view support as coaching rather than supervision. A CLBC executive said bluntly, “*Numbers would be much higher if there was more supply,*” underscoring that eligibility is limited more by housing stock than by aptitude. Parents described the difference in everyday life: “*She’s happier ... does her own cooking and dentist appointments.*” Tenants interviewed in Unity’s mixed-tenure condos echoed that sentiment, crediting the model with a sense of ordinary adulthood they had never experienced in shared settings.

Strengths.

The model offers maximum privacy and what self-advocates call “dignity of risk.” Outreach contracts are inherently elastic: hours can swell after surgery, a breakup, or job loss and then recede, making the funding envelope both person-centred and fiscally agile. Formal evaluations of Unity-developed buildings show measurable Quality-of-Life gains, higher scores on autonomy, social inclusion, and emotional well-being compared

with provincial averages. Because support is unbundled from bricks-and-mortar, tenants can theoretically move without losing their service dollars.

Limitations.

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

Stakeholder Contrast.

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

Home-Share / Shared Living

Range & Definition.

Home-Share involves **4,263 people**, making it the largest out-of-family model. A contractor family provides housing and unscheduled daily support for a flat, non-taxable stipend (plus CA\$500 shelter + CA\$341 personal contribution from the individual). It offers a family-style environment at roughly one-quarter the cost of a staffed home, but informants stressed that outcomes hinge on compatibility and respite: *“In a good home share the person feels like extended family; in a bad match they’re just a boarder who can’t complain.”*

Several variants have evolved:

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

Recruitment and stipend stagnation were cited as major threats to sustainability.

Cost.

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

Who Flourishes.

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

Strengths.

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

Limitations.

The very informality that keeps costs low also magnifies risk. Self-advocates and parents supplied sobering accounts: *“We would **never** recommend home share to anybody,”* declared one mother whose daughter’s fifth placement finally succeeded after four failures marked by withheld food, banned visitors, and unlocked doors at night. An Inclusion BC policy lead observed that the model has *“lost sight of compatibility ... it’s default, not choice,”* while front-line coordinators warned that caregiver recruitment is collapsing because stipends have stagnated. Trust was further strained by the 2020 Auditor-General report into deaths linked to inadequate oversight, prompting new provincial standards but also heightened public scepticism.

Stakeholder Contrast.

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

Safeguards and Monitoring Across CLBC Models

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

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

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

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

With respect to home share/shared livings specifically, numerous participants spoke to a “substantial development” around home share particularly in terms of monitoring. This is not surprising given the inquest into the death of one home share self-advocate in October 2018. For example, the CEOs of the community living organizations pointed to the development of resource materials and contracts to provide guidance to service providers to effectively deliver and monitor this model safely – materials developed by the BC CEO NETWORK. They also pointed to CLBC’s role in the development of Home Share Standards over the past 10 years and the establishment of the Home Sharing Support Society to promote resources and best practices for this model in the province.

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

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

Other Models/Supports (Summarised)

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

Category	Examples	Rationale for Brief Treatment
Family Home	18,494 adults - largest single setting	Already treated as contextual baseline; policy attention now shifts to aging-parent risk.
Inclusive Mixed-Tenure Builds	<i>Chorus</i> (71 units), <i>Harmony</i> (91), co-op set-asides, city six-plexes	Numbers < 300; highly promising but boutique scale.
Individualised / Micro-Board / CSIL	Direct-funded attendant services; student-roommate swaps	~1,200 CSIL clients; high administrative load limits rapid replication.

Category	Examples	Rationale for Brief Treatment
Right-Fit Accessible-Rental Matching	Metro Vancouver pilot for wheelchair-users	Geographic catchment small; focused on full-time chair users.
Emergency / Homeless	737 with “no fixed address”	Represent system failure rather than a designed option.
Long-term Care	Younger adults in nursing homes	Considered inappropriate by all respondents; discussed only as last resort.

Family Home

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

Inclusive & mixed-tenure innovations

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

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

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

Specialised individualised arrangements

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

Out-of-system & last-resort settings

Lastly, participants also mentioned:

- **Hidden homelessness / shelters / tiny-home villages** – 737 people with developmental disability have “no fixed address.”
- **Long-term care** – younger adults with high medical support sometimes end up in nursing homes “with 85-year-olds with dementia” when community options fail.

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

Comprehensive Summary Table

Model	Population	Typical Support Intensity	Average Public Cost (CA\$)	Core Features	Core Strengths	Core Limitations	Illustrative Quotations
Staffed Residential	2,998	24-hr, awake-night; GSA 4–5	227,000	24-hr paid staff, 3–4 residents; reserved for GSA 4–5	Clinical care; rapid response	Highest cost; risk of institutional culture	<i>“About 80 % of the cost is staffing.”</i>
Supported-Living Cluster	~450	On-call night, scheduled day (≤ 20 h)	45–55,000	6-10 units in one building; overnight/on-call staff	Balance autonomy & safety; peer support	Few builds; potential ‘mini-institution’	<i>“Ten in one building ... you can share staff through the night.”</i>
Independent Living + Outreach	2,779	Scheduled support ≤ 20 h; no night	38,000 (+ rent gap)	Tenant holds lease; ≤ 20 h/wk support; needs deep subsidy	Maximum privacy; scalable hours	Rent unaffordable; risk isolation	<i>“Independent living is under-utilised ... numbers would be higher if there was more supply.”</i>
Home-Share / Shared Living	4,263	Unscheduled daily help; caregiver lives in	43,000	Life-sharing with contracted caregiver; stipend not hourly	Low cost; family ambiance when match is good	Many mismatches; stipend stagnant; safety incidents	<i>“We would never recommend home share to anybody.”</i>
Family Home	18,494	Unpaid family + respite/day	< 20,000	Lives with parents;	Familiarity; no property cost	Caregiver aging; dependency	<i>“I’m 70-plus and tired ... a wave of parents will hand kids back.”</i>

Model	Population	Typical Support Intensity	Average Public Cost (CA\$)	Core Features	Core Strengths	Core Limitations	Illustrative Quotations
Inclusive Mixed Tenure	<300	Portable / flexible	Like cluster	variable paid supports DD units embedded in mainstream builds; global or portable funding	Universal design; community mix	Boutique scale; funding gaps	<i>"Chorus tenants scored higher than the average British Columbian."</i>
Specialised individualised (CSIL, student roommates, Right Fit)	1,200	Personal care hours self-managed	Variable	Direct-funding/attendant, rent-for-support swaps, matched accessible rentals	Full control; avoids LTC	Heavy admin burden	<i>"Because of CSIL I avoided institutional care."</i>
Accessible-Rental Match	<200	Visiting home support	Rent + supplement		True wheelchair accessibility	Scarce family-sized units	<i>"We put the whole checklist on the website so any developer can download it."</i>
No Fixed Address / Shelters	737	Variable to none	Unknown	Hidden-homeless or transitional shelter use	None documented	Safety on all levels.	<i>"We're seeing an over-representation in street counts and corrections."</i>

Summary

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

Implications for international replication follow directly from those themes. BC’s experience shows that a fiscally attractive option like Home-Share can lose legitimacy when respite, monitoring, and match are skimmed. Any jurisdiction hoping to scale independent apartments or cluster models must first secure a portable housing subsidy that closes the rent gap. Embedding inclusion into every publicly funded build, BC’s 5-10% shelter-rate set-aside in co-ops, is a tractable, policy-level lever. Success also hinges on investing in the human infrastructure behind each model, from paid respite for life-share caregivers to digital payroll portals for CSIL employers, and on tracking quality-of-life outcomes, not merely bed counts. As one parent-advocate concluded, *“It’s not the bricks and mortar that make or break a placement; it’s the match, the rent gap, and whether anyone knocks on your door for coffee.”* Aligning affordability, fit and community connection offers the surest route for other countries to adapt BC’s successes and avoid its pitfalls.

In conclusion, the British-Columbia landscape now reads less like a ladder and more like a palette with overlapping shades. Two options - living with family and Home-Share - still account for nearly four-fifths of all adults, yet both depend heavily on unpaid or low-paid caregivers and are vulnerable to ageing parents and stagnant stipends. Staffed

homes remain indispensable, but only for a shrinking high-support minority. The most creative energy lies in independent apartments, mixed-tenure strata and cluster hybrids, although those reach only a few hundred people because affordability solutions trail behind architectural ingenuity. A small but worrying group remains unhoused or parked in institutional spill-over settings, reminding us that even an expanded palette has not solved the supply–and–affordability equation.

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

DISCUSSION

Summary and Significance of Findings

The present study consolidates fifteen years of policy shifts, service-count data and lived experience to show that British Columbia has evolved from a two-track landscape - family home or staffed group home - into a layered palette of housing models. Family homes and Home-Share placements still accommodate almost four-fifths of adults connected to Community Living BC [7], but both depend on unpaid or low-paid caregivers and remain vulnerable to an ageing parent cohort and stagnant stipends. Staffed residential housing, once the system mainstay, has contracted into a specialized, clinically-focused option for people with profound medical or behavioural support needs. The most person-centered innovations, i.e., independent apartments with outreach, supported-living clusters, and mixed-tenure inclusionary builds, demonstrate consistent quality-of-life gains, yet reach relatively few people because the CAD\$500 Persons with Disabilities (PWD) shelter allowance cannot be combined with existing rental supplements. Collectively, these findings confirm international literature stressing the centrality of affordability, compatibility, autonomy, and community connection in successful community living [11]. They also echo the tension embedded in Article 19 of the UN Convention on the Rights of Persons with Disabilities, which upholds both the right to “choose where and with whom to live” and the right to adequate personal assistance [12].

Dignity of Risk and the Perils of Over-Standardization

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

Applications Beyond BC and International Comparison

Several features of the BC system translate readily to other countries that want to widen housing choice for people with disabilities. The first is a “small-slice” rule: since 2023, every new housing co-operative in BC must allocate 5-10% of its residences at the \$500 PWD rent and build them to full step-free accessibility. Because the rule attaches to all future projects, inclusive stock grows automatically instead of relying on one-off disability developments or waiting for philanthropic dollars. Australia, where the National Disability Insurance Scheme (NDIS) already funds highly specialised homes known as Specialist Disability Accommodation (SDA), could graft a similar clause onto its funding calls so that NDIS participants gain options in ordinary neighbourhoods, not merely in designated SDA complexes.

BC’s “density-done-right” experiments offer a second, complementary lesson. In the Chorus and Harmony condominiums, market owners, subsidised renters, and people with intellectual disability live side by side, sharing amenity rooms and a community connector who can step in when informal help is not enough. Writing universal-design layouts, shared social space and an on-site connector into future SDA design standards would help other jurisdictions achieve the same balance of autonomy and immediate backup.

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

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

Future Directions for Research and Practice

Addressing affordability is the most urgent task, and the evidence base must move beyond anecdote. A controlled pilot that permits Persons with Disabilities (PWD) recipients to stack the CAD\$500 shelter component with the Rental Assistance Program (RAP) would show whether a CAD\$1,200 housing envelope reliably unlocks independent tenancies in markets with widely varying vacancy rates. Australia may confront a parallel gap of many National Disability Insurance Scheme (NDIS) participants spending above the "benchmark" affordability ratio for rent or mortgage payments; a similar stacking experiment - combining Commonwealth Rent Assistance with a disability-specific top-up - could thus be trialled in high-pressure capitals such as Melbourne and Brisbane.

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

National Disability Insurance Scheme (NDIS) participants now self-manage their funds and face similar administrative overload, all against a backdrop of a projected shortfall of 83,000 full-time-equivalent disability-support workers by 2030 [14, 15]. Identifying which administrative aids most effectively reduce churn and prevent family burnout will therefore be crucial on both sides of the Pacific.

Emerging Indigenous-led housing prototypes merit participatory action research that respects self-determination and cultural safety. In BC this involves on-reserve clusters that weave land-based activities and Elders' guidance into tenancy supports. Comparable projects could be co-designed with Aboriginal Community Controlled Organisations (ACCOs) in remote and regional Australia, where cultural practices may shape dwelling use in ways mainstream designs seldom anticipate [16].

Future studies should also explore how a broader range of disabilities and cognitive profiles interact with housing models. Conditions such as ADHD and acquired brain injury are over-represented in homelessness and justice populations in both Canada and Australia [17-20]. Research comparing outcomes for neurodivergent tenants in cluster housing versus dispersed units could inform eligibility pathways and wrap-around services. Because mental-health fluctuations are a leading cause of tenancy breakdown, controlled trials of on-site peer support, tele-psychology and neighborhood social-prescription schemes should track impacts on hospitalization and eviction rates.

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

Finally, BC's peer-run Quality-of-Life (QoL) survey “Include Me”, administered by trained self-advocates, should be rolled out province-wide and linked to administrative data on health, justice and income supports, offering a low-cost complement to clinical audits. Australian regulators could adapt this tool to balance rigorous SDA building inspections with first-person outcome data, aligning with NDIS Quality and Safeguards Commission goals. Together, these research and practice priorities would move both BC and Australian systems beyond boutique pilots toward scalable, culturally attuned, and evidence-based housing portfolios that honour dignity of risk while safeguarding well-being.

Strengths and Limitations of the Present Study

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

Important limitations temper those contributions. First, all cost figures are interviewee estimates rather than audited financial statements; while they align with published CLBC ranges, they may miss indirect or opportunity costs. Second, voices from BC's northern and rural regions, as well as disabilities other than Intellectual and Developmental Disabilities (IDDs), were fewer, meaning the findings may over-reflect urban challenges such as high rents while under-capturing issues like geographic isolation and limited service availability, as well as overlook the experiences of individuals with other disabilities, such as ADHD or acquired brain injury, among others. Third, the study's qualitative design inevitably carries the risk of recall bias and social-desirability effects; participants may under-report negative experiences or over-state program benefits. Fourth, data collection spanned in 2025, a period of rapid inflation and post-pandemic labour churn, so affordability thresholds and workforce observations may date quickly. Finally, interviews were conducted in English, limiting the inclusion of non-English-speaking newcomers, whose housing pathways can differ substantially.

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APPENDICES

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