



THE UNIVERSITY OF BRITISH COLUMBIA

**Canadian Institute for Inclusion and Citizenship**

## **Inclusive Housing in BC: A Jurisdictional Scan**

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## Contact Information

For information about this report, please contact:  
Canadian Institute for Inclusion and Citizenship  
University of British Columbia  
[cic.ubc@ubc.ca](mailto:cic.ubc@ubc.ca)  
604-822-5872

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# INTRODUCTION

Adequate, affordable, and inclusive housing remains a foundational determinant of health for British Columbians with disabilities, yet a substantial proportion of this population continues to encounter physical, financial, and systemic barriers when trying to secure a home that also delivers the supports necessary for daily living. Provincial data underscore persistent mismatches between the supply of suitably adapted dwellings and the diverse needs of people with physical, sensory, intellectual, and mental-health disabilities. These gaps are especially acute in rapidly growing urban centres where land costs outpace disability incomes, and in rural or northern regions where purpose-built stock is scarce. In this context, British Columbia (BC) has gradually shifted away from institutional provision toward a constellation of community-based models, ranging from home share and staffed residences to mixed-ability apartment developments such as UNITI's *Chorus*. Nevertheless, questions remain about the coherence of regulations, the transparency of funding flows, and the extent to which emerging models advance quality-of-life (QoL) outcomes rather than only meeting minimum accessibility codes.

The present jurisdictional scan was conceived to map BC's current disability-housing landscape in detail. By collating provincial statutes, funding programs, and exemplary projects in a single compendium, this report seeks to illuminate how responsibilities are allocated among Community Living BC (CLBC), BC Housing, municipalities, and their non-profit and private partners. Just as importantly, it examines whether safeguards, tenancy protections, and person-centered supports keep pace with the province's stated commitments to inclusion and universal design. Lessons drawn here are intended to guide individuals and organizations that are scaling inclusive housing, as well as to inform learning and application in other jurisdictions that may grapple with similar pressures.

## National Jurisdictional Scan: Overarching Findings

This BC-focused work builds directly on the Canada-wide disability-housing scan completed by our team earlier in 2025. That national review covered all 13 jurisdictions - ten provinces and three territories - plus the federal tier, and it revealed a landscape best characterized as patchworked and fragmented. Responsibilities for capital funding, operating subsidies, tenancy law, and support services are dispersed across multiple levels of government; where coordination mechanisms exist, they are often informal or under-resourced. As a result, people with comparable support needs may face markedly different housing prospects depending on provincial or territorial boundaries.

Across Canada, policy discourse is still dominated by accessibility metrics, i.e., ramp gradients, doorway widths, lift installations, rather than by direct measures of community participation or subjective QoL. While universal-design requirements in programs such as the National Housing Co-Investment Fund<sup>1</sup> have raised the physical standard of new builds, few jurisdictions systematically track whether residents feel safer, more connected, or better supported after moving in. This accessibility-first orientation can obscure deeper questions about autonomy, social inclusion, and cultural belonging.

Even so, the national scan highlighted promising pockets of innovation. As an example, the **My Home My Community (MHMC)**<sup>2</sup> initiative, led by Inclusion Canada and People First of Canada, has demonstrated how dispersed, mixed-tenure housing coupled with portable supports can embed people with intellectual disabilities in mainstream neighborhoods rather than congregate settings. Case-study sites in Toronto, Brockville, and Surrey show that when residents control their leases and choose “just enough” support, social networks and personal agency tend to flourish. Similar inclusive developments, such as Alberta’s *Inclusio*<sup>3</sup>, Saskatchewan’s *Willowview Heights*<sup>4</sup>, and Nunavut’s culturally tailored designs, illustrate the breadth of solutions emerging despite uneven policy scaffolding.

Yet, the national review also documented chronic deficits: long waitlists, opaque funding formulas, and limited public reporting on safeguarding or staffing standards. Federal leadership through the Accessible Canada Act and the National Housing Strategy sets an important floor, but variable enforcement and data transparency dilute impact. Collectively, these findings underscore the need for province-level deep dives, such as this BC scan, to trace how high-level frameworks translate (or fail to translate) into coherent, accountable systems on the ground.

## Rationale for Present Study: BC-Specific Jurisdictional Scan

British Columbia offers a compelling test case because it combines rapidly escalating real-estate pressures with a decades-long commitment to deinstitutionalization. The province has pioneered individualized funding through programs like Choice in Supports for Independent Living (CSIL)<sup>5</sup> and has leveraged BC Housing’s capital streams to seed mixed-ability projects. At the same time, service fragmentation between CLBC’s community-living mandate, health-authority home-support budgets, and municipal zoning decisions can leave prospective tenants navigating a maze of eligibility rules. By

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<sup>1</sup> [National Housing Co-Investment Fund](#)

<sup>2</sup> [My Home My Community](#)

<sup>3</sup> [Inclusio](#)

<sup>4</sup> [Willowview Heights](#)

<sup>5</sup> [Choice in Supports for Independent Living](#)

adapting the methods of our national scan to the provincial scale, this report provides the granular evidence needed to identify where BC's policy architecture supports inclusive, QoL-enhancing housing and where gaps persist.

In the pages that follow, we synthesize legislative instruments, funding pathways, and exemplar developments into a coherent narrative and data set. The goal is not only to inventory what exists but also to highlight areas where strategic alignment, targeted investment, and robust outcome monitoring could accelerate BC's progress toward genuinely inclusive communities.

## METHODS

A jurisdictional scan of disability-housing initiatives and exemplary developments was undertaken between 1 February 2025 and 30 April 2025. As a supplement to our earlier Canada-wide review, the present study concentrates exclusively on British Columbia (BC). Narrowing the geographic frame allowed for a deeper appraisal of BC as a case study; specifically, how BC-specific statutes, funding streams and municipal contributions intersect, and how provincial decisions translate into concrete housing opportunities for people with disabilities. The work followed the five-stage scoping-review process outlined by Arksey and O'Malley<sup>6</sup> (2007) and was documented in accordance with PRISMA-ScR recommendations (Moher et al., 2009)<sup>7</sup>. Only measures that were demonstrably active during the search window were included.

Examining disability housing in the above manner allowed us to catalog provincial-level initiatives administered by bodies such as Community Living BC (CLBC), BC Housing, and the regional health authorities; in addition, we document brick-and-mortar projects, i.e., mixed-ability apartment buildings, co-operative developments, and other inclusive schemes; these were selected because they demonstrate either innovative design or exemplary support practices. Together, the two parts of this scan compare policy intent with on-the-ground implementation, highlight gaps, and identify approaches that could be scaled provincial-wide.

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<sup>6</sup> Arksey, H., & O'Malley, L. (2007). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19 – 32. <https://doi.org/10.1080/1364557032000119616>

<sup>7</sup> Moher, et al. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *BMJ*, 339. <https://doi.org/10.1136/bmj.b2535>

## Aims

The present jurisdictional scan aimed to:

1. Describe British Columbia-level policy, funding, and governance mechanisms that shape disability housing.
2. Document concrete housing developments or service models that illustrate inclusive practice on the ground.
3. Identify gaps in policy, in implementation, and in cross-disability reach.

Where possible, these aims sought to answer five questions adapted to the BC context:

1. What residential and support models for people with disabilities are currently available in BC?
2. How are those models financed, and what cost-sharing arrangements exist between provincial, municipal and non-governmental actors?
3. What roles do CLBC, BC Housing, health authorities, and local governments play in funding, regulating and operating disability housing?
4. Which oversight, safeguarding, and quality-assurance mechanisms are in force?
5. Which initiatives or built projects illustrate promising inclusive-housing practice?

## Overview and Search Strategy

Two reviewers (NGH and NY) divided the workload and met fortnightly with the supervising author (RH) and another research team member (RS) to refine procedures and resolve uncertainties. The search unfolded in two stages. First, a grey-literature sweep used Google Advanced Search to locate statutes, regulations, program manuals, funding announcements, and evaluation reports hosted on provincial, health-authority and municipal websites. Search strings combined disability terms (“disability housing”, “community living”, “accessible housing”, “inclusive housing”) with policy descriptors (“Act”, “regulation”, “strategy”, “program”, “initiative”). Second, key-informant follow-up clarified ambiguities and verified currency. E-mail requests were sent to eleven policy analysts, planners, or program managers affiliated with CLBC, BC Housing, or municipal departments. All confirmed that the initiatives already identified represented the full complement of active programs within their remit.

## Initiative Selection and Screening

Every document located was logged in a shared Google Sheets spreadsheet and screened independently by the two reviewers. Inclusion and exclusion rules (Table 1) were established a priori and applied consistently. Any disagreement - fewer than five per cent of entries - was resolved by consensus at team meetings.

**Table 1. Inclusion and exclusion criteria applied in the BC jurisdictional scan**

Inclusion criteria	Exclusion criteria
1. Issued or formally endorsed by a BC public authority (provincial ministry, health authority, regional district or municipality) or clearly operating within BC borders	1. Expired, superseded or time-limited initiatives that ended before 1 February 2025
2. Active and implemented during the search window (1 Feb – 30 Apr 2025)	2. Draft, pilot, or hypothetical measures with no confirmed funding or approval
3. Explicit objective to enhance housing access, quality of life, accessibility or supports for people with any type of disability	3. General housing-affordability programs lacking a disability component
4. Retrievable full text or authoritative description available online or from agency staff	4. Irretrievable, unverified, or purely conceptual references

## Data Extraction and Synthesis

Data extraction was completed collaboratively in Google Sheets and organised in two dedicated tabs: one for provincial initiatives (Aim #1) and one for individual housing projects that factored across disabilities (Aim #2). Each row captured four broad clusters of information. The first cluster recorded *source and search details* (for example, city or region, initiative name, governing body, website consulted, search terms, and date accessed). The second cluster documented *housing characteristics*: general descriptions, residential-model type, target or eligible population, built-environment features and policies, on-site supports, strategies for community participation, and any noted barriers or facilitators to implementation. The third cluster focused on *resident safeguarding and quality-assurance mechanisms*, including formal frameworks, accessibility standards, psychosocial supports, staffing or training practices, advocacy efforts, and factors that either hinder or enhance quality assurance. A fourth cluster logged *retrieval information* such as the main URL, any redirected “hit” URL, and additional links. This structure allowed reviewers to compare initiatives systematically while keeping policy, practice, and implementation contexts distinct.



**Table 2. Data-extraction framework used for the BC scan**

<b>Category</b>	<b>Data fields captured</b>
<b>Source and search information</b>	City/region; name of initiative; jurisdiction or governing body; source database or website; search terms; date accessed by reviewer
<b>Housing information</b>	General description; residential-model type; target/eligible population and resident demographics; details on the built environment; linked built-environment policies; supports or accommodations; community-integration strategies; barriers and facilitators to implementation; other notes
<b>Resident safeguarding and quality assurance</b>	Safeguarding practices or frameworks; accessibility standards; psychosocial supports (mental-health, linguistic, cultural); staffing or training standards; linked policies on safeguarding or training; advocacy efforts; barriers and facilitators to quality assurance; other notes
<b>Retrieval</b>	Main URL; initial hit URL (if redirected); related links; reviewer comments on readability or missing information

Narrative synthesis followed two tracks. The first compared residential models, funding structures, and regulatory provisions across provincial programs. The second examined how inclusive-design principles, support intensity, and affordability mechanisms materialise in built projects. Particular attention was paid to areas where documentation was sparse, for example, staffing standards or culturally specific supports, so that residual gaps could be highlighted for policymakers.

Taken together, the results of this jurisdictional scan provide an integrated view of BC's disability-housing landscape, showing how legislation, funding and service delivery converge to influence who is housed, where, and on what terms.

The results of the data extraction can be found here: <https://cic.arts.ubc.ca/7986-2/>

# FINDINGS

The findings are presented in two complementary parts.

**Part 1, Provincial System & Funding Environment**, examines BC's overarching policy and financial architecture for disability housing. Because a single province-wide initiative - Community Living British Columbia (CLBC) - dominates this landscape, the section details CLBC's mandate, assessment tools, three housing streams, and the funding rules and safeguards that govern them. In doing so, Part I explains how provincial mechanisms allocate resources and set standards that frame every housing option available to people with disabilities; in effect, Part I answers the question of how BC's policy and financing architecture shapes disability housing at a systems level with a focus on intellectual and developmental disability specifically.

**Part 2, Current Cross-Disability Inclusive Housing Models & Projects**, turns to the developments and programmes that translate provincial policy into bricks-and-mortar reality. It reviews 18 inclusive-housing models and initiatives across the province, profiling independent-living exemplars such as Tipton Place in Powell River and Chorus Apartments in South Surrey, assessing financial supports like the Choice in Supports for Independent Living programme, and the Disability Trust Loan Program, highlighting specialised efforts such as The Right Fit, and analysing emerging policy levers, including the Adaptable Dwellings Policy. Through these cases, the section shows how inclusive-housing principles are realised, or constrained, on the ground.

Taken together, the two parts offer a full picture of BC's disability-housing ecosystem: the first maps the system-level framework that enables or restricts inclusive practice, while the second illustrates what that framework delivers in practice and where significant gaps remain.

# Part I: Provincial System & Funding Environment - Community Living British Columbia (CLBC)

## 1.1 Overview, Eligibility, and Funding Allocation

After a long history of large institutions where people with intellectual and developmental disabilities (IDDs) were segregated, BC closed its last institution in 1996 and people moved to live in the community. Nine years later, in 2005, the crown corporation Community Living British Columbia (CLBC)<sup>8</sup> was created to manage community living supports for adults with IDD. CLBC works under the Ministry of Social Development and Poverty Reduction (SDPR) and follows the Community Living Authority Act<sup>9</sup>.

Even though at the beginning CLBC also provided services to children and youth, now their services are exclusively for adults aged 19 years and older. They offer support through two streams. The first stream is the Developmental Disability (DD) stream, which is for people with a diagnosis of significant developmental disability, both intellectually and adaptively – a term interchangeable with IDD. The second stream is the Personalized Supports Initiative (PSI), which is for people with a diagnosis of significant adaptive disability and either a diagnosis of Fetal Alcohol Spectrum Disorder (FASD) or Autism Spectrum Disorder (ASD).

CLBC has three housing models and uses two tools to determine the options that will be offered for each person's funding for supports and services. The first tool is the Guide to Support Allocation (GSA), which is a five-point standardized scale that evaluates ten different areas of life related to social relationships, communication, decision making, safety, and health needs. The second tool is the Service Priority Tool, which is used to decide the urgency of the services. This tool looks at the risks, limitations, level of support, and vulnerabilities of the person. If the individual is receiving individualized funding, the funding allocated goes to the individual or their representative (e.g., family member, microboard). If the individual is receiving supports through a service provider, the funds go directly to the service provider organization.

The three housing models are independent living, home share/shared living, and staffed residential. 29,271 individuals are eligible for CLBC. Of these, 10,040 are in CLBC housing services with 2,998 in staffed homes, 2,779 in independent living, and 4,263 in home share/live in support (L. Evans, personal communication May 1st, 2025). There

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<sup>8</sup> [Community Living British Columbia \(CLBC\)](#)

<sup>9</sup> [Community Living Authority Act](#)

are 18,494 individuals living with family, ~93 younger adults living in long term care, and 737 with no fixed address.

The average cost per individual for each housing model is as follows:

- Staffed Living - \$227,000
- Home Sharing/Live in Support - \$43,000
- Independent Living - \$38,000

## 1.2 Housing Models

The sections below provide a high-level description of each housing model offered by CLBC.

- *Independent Living (Previously Known as Supported Living)*

This housing model is offered to people who, based on the assessments, have low to moderate support needs and who are able to live with staff support in the community. People in this model own, rent, or lease a place with their own resources (including persons with disability benefits and other, such as family resources), and CLBC offers them one-on-one or shared staff support depending on their assessed support needs. The staff support people to maintain their home and navigate situations in the community such as banking or booking and attending appointments.

In the Exploring New Ways to Live in Community (2015)<sup>10</sup> report, people shared that this model offers them greater opportunities to make choices about their homes and way of living. They shared that this model offers a way to balance support and self-determination, and they perceived it as a strength-based model. However, people have also reported difficulties with the inflexibility of the funding model, as well as with attracting staff, affording accessible housing options, experiencing discrimination from landlords and neighbours, having limited transportation, having risk of isolation, and experiencing challenges with coordinating supports with other services providers and government offices.

Moreover, there are some particularities in the approaches for safeguards and quality assurance in this model. For example, in the case of renting a place, as any other renter, people in this model are protected under the Residential Tenancy Act (RTA)<sup>11</sup>, and when three or more unrelated people live together. This Act explain to landlords

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<sup>10</sup> [Exploring New Ways To Live In Community](#)

<sup>11</sup> [Residential Tenancy Act \(RTA\)](#)

that they must make renovations in order to provide more accessible houses, unless they can prove that such changes could cause harm to the landlord's rights or the rights of other tenants.

Regarding staff training, CLBC does not provide specifications and limits around screening and training for staff to effectively support people in this kind of environment. However, the Careers in Community Living<sup>12</sup>, an initiative supported by CLBC that focuses on building recruitment awareness for the sector, outlines some general requirements. They mention requirements like education or training with relevant experience, First Aid certification, tuberculosis test, criminal record check, household and documentation management skills, driver's abstract, ability to interact professionally, effective communication skills, ability to observe and document changes in health, work independently, use good judgment, organizational skills, and abilities to perform physical duties.

Finally, CLBC has in their website a list of safeguards resource documents which address vulnerability, plain language guides for self-advocates, and community inclusion. Also, CLBC has created an Accessibility Plan 2023-2026<sup>13</sup> with the goal of meeting the Accessible British Columbia Act<sup>14</sup>, which aims to identify, remove, and prevent accessibility barriers. However, a significant barrier to quality assurance is that, as noted by CLBC, not all services are available in all the communities.

- *Shared Living (Home Sharing and Live-In Support)*

CLBC reported in 2007 that 50% of the people they served were living in Home Share/Shared Living arrangements. The majority of these arrangements are supported by service provider agencies in the province funded by CLBC. In the past, CLBC did direct contracting with home share providers directly; however, over the past five years, this model has moved towards being fully coordinated by service provider agencies to improve monitoring in the province. That said, CLBC will contract with person-centred societies and microboards where a home share coordinator can assume a role of monitoring. Home share coordinators, employed by service provider agencies, are responsible for ensuring safeguards and monitoring of the services.

The Home Share option is offered to people who may need support with some activities of daily living and with learning and strengthening some skills. In this model, the person served shares a home with a contracted shared living provider. In most cases the

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<sup>12</sup> [Careers in Community Living](#)

<sup>13</sup> [Accessibility Plan 2023-2026](#)

<sup>14</sup> [Accessible British Columbia Act](#)

contracted person owns the home, and this is called Home Sharing. However, in some cases, the person supported owns the home and this is called Live-In Support.

A Shared living provider, as per the Standards for Home Sharing (2022),<sup>15</sup> is required to offer a home atmosphere with health and safety precautions. Providers are responsible for ensuring people's basic needs are met by offering access to nutritious food, suitable clothing, a safe home, and a safe vehicle. Persons served should experience a sense of belonging in the home. They should have their own bedroom with a door. Their culture, faith, and identity should be respected, and they should be comfortable reflecting their identity in the home. Persons served also should have home-related activities and goals such as gardening, cleaning, shopping, and more.

CLBC also notes that the training of the home share provider should support the development of a long-term relationship with the person served. Therefore, besides the basic qualifications, share living providers need to be willing to build a long-lasting relationship with the person served and vice versa. The provider also may assist with self-care, teaching life and community skills, and fostering meal preparation skills.

In addition to support at home, persons in this model can also access other CLBC supports for community inclusion, employment, and life skills learning. They can also access respite support, which is staff support (two days per month) with the purpose of reducing stress within the Home Share model. Moreover, CLBC notes that advance planning to transition to adult services is a key element to facilitate a successful integration into this model and extra support services. People can begin with advance planning when they turn 16-years old or earlier, at 14- years-old, if the child already receives developmental disability children services.

When beginning with planning, each person served is designated a Facilitator from CLBC who helps with the transition into services. They connect persons served with the potential agencies that will coordinate the shared living services and will remain as contact person for supports related to CLBC. The coordinating agency, the contracted share living person, and respite provider must follow CLBC's policies and guidelines.

Unfortunately, despite facilitators supporting people integrating into this model, sometimes relationships between providers and the person served breaks down or the providers give notice for different reasons. In these situations, most often the person served is the one who transitions into a new home, and sometimes also a new coordinating agency. In such cases, planning is stated as a key element for a

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<sup>15</sup> [Standards for Home Sharing \(2022\)](#)

successful transition. Therefore, unthoughtful planning is considered a great barrier in this model.

In addition to planning, in the Shared Living Resource Guide<sup>16</sup>, it is noted that coordinating agencies are required to strengthen their infrastructure, training, documentation, monitoring processes, and staff competency. However, to do this, agencies require the support from CLBC, which at the same time needs to strengthen their capacity to support coordinating agencies (service providers). In addition to these barriers, it is also noted that there have been challenges with supporting the creation of authentic relationships between the person served and shared living providers, and far from a home-like environment, the house sometimes has a service delivery atmosphere.

Finally, CLBC and coordinating agencies (service providers) are also responsible for conducting background checks, comprehensive home studies, and regular monitoring checks. With the aim of supporting the job of the agencies, CLBC has posted on their website a list of several resources for Home Share Coordinators<sup>17</sup> to support their work. Agencies can also look for accreditation from external companies to improve their quality assurance (e.g., Commission on Accreditation of Rehabilitation Facilities-CARF). Also, family members and support networks are encouraged to be in contact and raise any concerns. Similarly, advocacy organizations are welcome to conduct research or create monitoring tools.

- *Staffed Residential (Group Homes)*

This option is offered to people with significant support needs as per CLBC's assessments. CLBC states that staff residential homes can provide people in this model with the right support with daily living activities and community inclusion. In this model, people share a house with up to four other persons served in practice, although it should be noted that this is not in policy. Each person has their own bedroom, and they share common areas of the home as well as rotating staff support who do not live in the house. Also, the ratio of staff support is determined by the needs of the people living in the house.

In the case of being three or more people living in the same house, services are licensed by the Health Authority Community Care Facility Licensing program<sup>18</sup>, and need to follow licensing regulations to ensure health and safety of the home and persons served. The government of BC and BC Housing have created the Group Home

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<sup>16</sup> [Share Living Resource Guide](#)

<sup>17</sup> [resources for Home Share Coordinators](#)

<sup>18</sup> [Health Authority Community Care Facility Licensing program](#)



Guide For Operators<sup>19</sup>, where they outlined roles and responsibilities of all the parties involved, as well as different safeguards such as contracts, agreements, inspections, moving, building maintenance, and more.

The homes also need to comply with the BC Building Code<sup>20</sup>, which regulates constructions and renovations ensuring the newest and highest standards of safety, accessibility, energy, and water supply. This code is enforced across BC with some exceptions such as the City of Vancouver.

Group homes also follow the Community Care and Assisted Living Act - Residential Care Regulation<sup>21</sup>, which is occasionally updated. There are several guidelines in this Act that speak about the distribution of the indoor and outdoor space, air flow, accessibility, sanitary requirements, and more. For example, the current act, April-2025, states that people not needing mobility aids require a minimum of 8m<sup>2</sup> while for those needing aid mobility is 11m<sup>2</sup>. Also, the home needs to have one washbasin and one toilet for each three persons in care, and one bathtub or shower for each four persons in care. There are some unclear decisions such as outdoor space previously being required to be 2.0 m<sup>2</sup> in 2009, and now, in 2025, is required to be 1.5 m<sup>2</sup> per person.

Furthermore, in addition to the licensing and Acts mentioned to ensure health and safety of the residents, CLBC has noted that they do regular checks with service providers who are directly responsible to ensure services are offered as required. Service providers are also responsible for screening and supervising employees. The staff are required to have related training and experience, interpersonal skills to care and respect the person served, as well as physical and mental competences.

Moreover, similarly, to Shared Living and Independent Living, people in the group home model could also access support for community inclusion, employment, and life skills learning. CLBC advises people to approach their office to begin planning for services as early as possible with the goal of reaching a successful transition into services.

Even though, CLBC has noted that this model is to these days the best option for people with complex support needs, there are reports such as the No Place Like Home (2008)<sup>22</sup>, which suggests the opposite. This report highlights that group homes limit people's choices, autonomy, and relationships by having rigid schedules, power

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<sup>19</sup> [Group Home Guide For Operators](#)

<sup>20</sup> [BC Building Code](#)

<sup>21</sup> [Community Care and Assisted Living Act- Residential Care Regulation](#)

<sup>22</sup> [No Place Like Home \(2008\)](#)



imbalance issues, high levels of staff conflicts, and high levels of unnecessary monitoring, among other barriers.

Finally, in this model, there was no mention of barriers for quality assurance or safeguards. It would be important to explore in more detail the possible situations around this lack of information. It may also be helpful to know specifics such as demographics and the common support network that people living in group homes have, as well as the level of transitions from different group homes and common reasons. Also, it may be beneficial to know about findings of licensing checks to improve services to this population and follow ups regarding critical circumstances such as in reports of abuse or neglect.

### 1.3 Funding Structures

Funding for the three models described above come from two sources CLBC and BC Disability Benefits, although individuals may have access to supplemental sources of funds for housing (e.g., family). In BC, individuals with intellectual disabilities over the age of 18 are eligible for persons with disability benefits (PWD). The rates for a single individual are \$983.50 for personal expenses and \$500 for shelter. For two individuals the amounts are \$1378.50 and \$695 respectively<sup>23</sup>.

- *Home Share and Staffed Residential Funding*

For both home share/shared living and staffed residential, \$841.13 of the individual's PWD is "passed through to home share providers and service providers that operate staffed homes"<sup>24</sup>. For individuals receiving Old Age Security and the Guaranteed Income Supplement the province of BC is topping up the residential portion to home share providers and providers of staffed homes to \$841.13 to match the PWD shelter contributions.

- *Independent Living Funding*

As described above, independent living is an individualized approach to housing. It can involve both housing as well as additional CLBC funded supports based on the assessed need for support and the availability of that support<sup>25</sup>. Individuals or their representative (e.g., family member, micro board) may receive individualized funding for their housing and support needs which are then coordinated by the individual and their

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<sup>23</sup> [Disability Assistance Province of BC](#)

<sup>24</sup> [Update to CLBC Individual Financial Contribution](#)

<sup>25</sup> [Independent Living Supports](#)

representative. Or, individuals may be supported to address their housing and support needs through a funded provider organization.

## 1.4 Shared Supports and Guidelines

- *Quality Assurance, Privacy, and Organizational Policies*

The three housing models share some areas of support such as CLBC Quality Assurance, Privacy, and Organizational policies<sup>26</sup>. The first set of policies is quality assurance which includes: adult guardianship, bathing, complaints resolution, criminal record check -service delivery, critical incidents, end-of-life, external reviews, legal requirements, monitoring, open board meetings, role of formal and informal representatives, and travel outside of BC with CLBC- funded services. The second set of policies is privacy that includes: access to personal information for research purposes, confidentiality and information sharing, information incidents including privacy breaches, organizational privacy, protection of information, and right to access personal information. Finally, the third set of policies is organizational: conflict of interest, funding for housing, theft, and fraud, and corruption. The Shared Living model also has the Supports to Shared Living policy (formerly the Respite Guidelines), which is currently under review, and the Service Provision by Family Members Policy and Standards for Home Sharing, which has been implemented since 2024 with the goal of supporting family members providing CLBC-funded supports.

- *Psychosocial Supports and Advocacy*

Another element that the three housing models share is the psychosocial support that persons served can access. People who are part of the Developmental Disability stream (not PSI) can access Developmental Disability Mental Health Services (DDMHS) that offers mental health assessments and treatment due to serious emotional, psychological, or psychiatric conditions (although long waitlists exist). CLBC also contracts with some mental health and behavioural professionals such as Board-Certified Behaviour Analysts and Psychologists to address high challenging situations such as aggression or self-injurious behaviours. In addition, everyone can access community services for mental health support. These supports could be from non-profit organizations or private services which are not covered by CLBC and may or not have a fee.

Moreover, CLBC has a list of advocacy groups<sup>27</sup> across BC that are available for anyone. The list includes organizations like: The Office of the Advocate for Service

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<sup>26</sup> [CLBC Quality Assurance, Privacy, and Organizational policies](#)

<sup>27</sup> [CLBC has a list of advocacy groups](#)

Quality (OASQ), Inclusion BC, BC People First Society (BCPF), Disability Alliance BC, among others. CLBC requires complying with the Adult Guardianship Act<sup>28</sup>, and therefore there is a designated agency within CLBC in charge of investigating reports of abuse or neglect. In addition, British Columbia has an Office of the Public Guardian and Trustee (PGT) who may be involved in situations of abuse, neglect, health care, finances, and decision-making support.

- *Built-Environment and Accessibility Standards*

Finally, the three models are held accountable to shared built environment and accessibility standards. BC has two documents, The BC Building Code<sup>29</sup> and the Building Accessibility Handbook<sup>30</sup> that address accessibility issues. The code applies to all new buildings and renovations.

## 1.5 Inclusive Housing: Remaining Challenges and Future Directions

Reports like No Place Like Home (2008)<sup>31</sup> and A Report on Inclusive Housing Needs in BC 2020<sup>32</sup> speak about the need to find better housing options for people with intellectual and developmental disabilities as the current three options are insufficient, unaffordable, and/or non-inclusive. For example, in No Place Like Home (2008)<sup>33</sup>, it was reported that most people available for services would like to live as independently as possible. However, each model has barriers that impede people to live as they would like, and as is their right.

- *Model-Specific Barriers*

In the independent living model, which offers greater levels of autonomy, the actual cost of rent or mortgage is not covered by CLBC. Therefore, even if people could meet the criteria for independent living, they many times cannot afford a place to live. Also, the accessibility standards of new buildings do not necessarily meet everyone's needs, so people with less common disabilities end up being excluded.

In the shared living model, people do not have the option to choose close family members (parent, child, or spouse, who is related by blood, marriage, adoption or custom adoption) as share living providers, although siblings can. This becomes a

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<sup>28</sup> [Adult Guardianship Act](#)

<sup>29</sup> [BC Building Code](#)

<sup>30</sup> [Building Accessibility Handbook](#)

<sup>31</sup> [No Place Like Home \(2008\)](#)

<sup>32</sup> [A Report On Inclusive Housing Needs In BC 2020](#)

<sup>33</sup> [No Place Like Home \(2008\)](#)

barrier for those who wish to share a home with close family members in a home-like environment but face financial issues to do it.

In the group home model, funding is tied to the house and agency coordinating the service, so people who meet the criterion for this level of support cannot take the funding and explore other options that may be more inclusive. In the Best Practices Review – Housing Choices In BC For Persons with Developmental Disabilities (April 2014)<sup>34</sup>, it is noted that family members and residents of group homes still have doubts about transitioning to different types of services that are more inclusive.

- *Data and Representation Gaps*

Surveys, focus groups, and interviews, need to reach more people. For example, A Report On Inclusive Housing Needs in BC 2020<sup>35</sup> notes that between August 2019 and June 2020, British Columbia Non-Profit Housing Association (BCNPHA) conducted an online survey to collect information from individuals with intellectual and developmental disabilities, their family, or unpaid support, and paid support. The total number of participants was 800 people, and 130 participants were people with developmental disabilities eligible for CLBC services. However, that sample was small as in March 2020 CLBC was providing services to 23,389 people with developmental disabilities, ASD, and FASD. There are also groups who may not have been considered in surveys or interviews yet such as people living on the streets or in shelters. Also, the survey from BCNPHA recognized that there was only a very small sample (eight) of participants who identified as Indigenous and from those living in Northern BC.

- *Advocacy Initiatives*

Lastly, in December 2020, CLBC launched a campaign called Key to Home<sup>36</sup> with the goal of encouraging those involved in housing projects (city councils, planners, developers, and non-profit housing providers ) to think about the importance of including people with intellectual and developmental disabilities in their plans. While this campaign highlights elements of inclusive housing such as affordability, accessibility, diversity, choice, and control, it seems to be targeting only people who would meet the independent living model criteria. There is no information about plans to make housing more inclusive for people who meet the criteria for the share living or staff living models.

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<sup>34</sup> [Best Practices Review – Housing Choices In BC For Persons With Developmental Disabilities \(April 2014\)](#)

<sup>35</sup> [Report On Inclusive Housing Needs In BC 2020](#)

<sup>36</sup> [Key to Home](#)

## Part 2: Current Cross-Disability Inclusive Housing Models & Projects

### 2.1 Overview

As of 2022, over 5,000 people with intellectual and developmental disabilities were looking for a home in BC<sup>37</sup>. Additionally, 3,996 people with disabilities are on waitlists for accessible housing, and 1,087 applicants require wheelchair modified units (according to the B.C. Housing Registry)<sup>38</sup>. These numbers highlight a growing and urgent need for inclusive and accessible housing models in the province. Inclusive housing is rooted in core principles that extend beyond physical accessibility alone - it encompasses “choice, affordability, accessibility, diversity, and sustainability”<sup>39</sup>. This section thus explores how various cross-disability inclusive housing models across BC embody, or fall short of, these principles.

Most models and sources reviewed either explicitly targeted individuals with IDD or used broad terms like “accessible” or “inclusive housing” without specifying which types of disabilities were considered. Only a handful of initiatives clearly articulated a cross-disability approach. This pattern highlights a significant gap in BC’s inclusive housing landscape: there is limited documentation of housing models that actively and comprehensively serve a cross-disability population.

### 2.2 Current Landscape of Inclusive-Housing Initiatives

The current scan found eighteen active initiatives that translate BC’s inclusion goals into brick-and-mortar reality. Roughly half of the projects are purpose-built, mixed-ability apartment buildings mostly clustered in Metro Vancouver and on southern Vancouver Island; they reserve 20-30 percent of units for tenants with disabilities while letting the balance at market or near-market rents to students, essential workers, or seniors. Two of the most prominent examples, described in broader detail further below, are Tipton Place in Powell River, a 42-unit development where all doorways and bathrooms meet wheelchair-mobility standards, and Chorus Apartments in South Surrey, a 71-unit complex whose ground-floor common space doubles as a neighbourhood meeting hub. These buildings illustrate a design template that recurs across the sample: universal-design layouts, adaptable kitchens, roll-in showers in selected units, and on-site staff who schedule supports at the tenant’s request rather than according to fixed shift patterns.

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<sup>37</sup> [Community Ventures Society](#)

<sup>38</sup> [Thousands of people with disabilities are waiting for an accessible home in B.C. | CBC news.](#)

<sup>39</sup> [Inclusion BC Fact Sheet #1 - What is inclusive housing?](#)

The remaining initiatives fall into three other categories. Five are scattered-site or “right-fit” matching programmes that pair verified accessible units in the private rental market with wheelchair users. Four are small co-operative or land-trust projects, often in secondary cities, that keep rents below shelter-rate benchmarks by blending provincial capital grants with local fundraising. Finally, a handful of legacy group-home conversions appear in the dataset, each trimming resident numbers from six or more to four and retrofitting bedrooms to meet current building-code space minimums.

Across all models, two enabling conditions stand out: access to supplementary funding, whether a CSIL budget, a provincial rent supplement, or a Disability Trust Loan for co-op shares, and proximity to level, transit-served land. Where either element is missing, units sit vacant or serve a narrower cohort than intended. Conversely, projects that combine deep affordability, universal design, and tenant-directed support show higher occupancy rates and stronger self-reported gains in autonomy.

In the following sections, we expand upon the above examples and describe overarching themes found across initiatives.

## 2.3 Independent Living Models and Exemplars

A growing pattern identified is the adoption of independent living models designed to maximize residents' autonomy. The existence of these models builds upon the province's decision to become the first province in Canada to close down all of its institutions for persons with intellectual and developmental disabilities<sup>40</sup>. These independent living models emphasize community integration, universal accessibility, and personalized support services, creating environments conducive to independence and meaningful participation in community life.

- *Inclusion Homes (“Tipton Place”)*

Inclusion homes (“Tipton Place”), located in Powell River and operated by Inclusion Powell River in partnership with BC Housing, is a strong example of inclusive, independent living design to meet the needs of a diverse population, including seniors, families, single adults, and all people with disabilities<sup>41</sup>. The building includes 42 rental units, with all entrances wheelchair accessible and four fully accessible apartments featuring roll-in showers, accessible kitchens, and widened hallways and doorways for wheelchair mobility; according to a 2021 news release, monthly rents will range from \$785 to \$971, based on unit size and household income<sup>42</sup>. Residents with disabilities

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<sup>40</sup> [Inclusion BC](#)

<sup>41</sup> [Inclusion Homes](#)

<sup>42</sup> [News Release - affordable homes for people with low incomes open in Powell River](#)

benefit from Inclusion Powell River's Supported Living Program, which provides individualized assistance with essential daily tasks like grocery shopping, meal preparation, housekeeping, financial management, and transportation. This support is available seven days a week with flexible hours, allowing individuals to maintain independence while accessing help when needed. In addition, the Community Inclusion Program offers both group and one-on-one opportunities for residents to build life skills, engage in wellness activities, and foster meaningful relationships. The integrated design and wraparound supports at Tipton Place reflect a holistic approach to inclusive housing: one that prioritizes accessibility, autonomy, and community connection.

- *Chorus Apartments*

Similarly, in South Surrey, Chorus Apartments<sup>43</sup> has been a consistent stand out for its mixed-ability and mixed-income design, offering 71 units to a diverse group of tenants, including individuals with developmental disabilities, seniors, students, and essential workers<sup>44</sup>. The building includes accessible design features, shared communal spaces, and on-site supports, with the broader goal of fostering natural community inclusion rather than relying on segregated services; according to BC Housing, rent ranges from \$725 per month for a studio apartment, up to \$1,375 for a three-bedroom unit. Crystal, a Chorus tenant, states, *"When I was living with my mom, my mom would do everything for me. But since I moved here, I've been doing things on my own now without my mom."*<sup>45</sup> These examples illustrate how inclusive housing can go beyond simply providing a place to live: it can actively support autonomy, independence, and self-sufficiency.

## 2.4 Financial Supports and Other Innovative Solutions

- *Provincial Tax Credits, Grants, and Co-op Loans*

Inclusive housing in British Columbia is supported by a range of funding models and financial tools aimed at improving accessibility and affordability for people with disabilities. Provincial programs like the Home Renovation Tax Credit for Seniors and Persons with Disabilities<sup>46</sup> help offset the costs of permanent modifications that enhance mobility, functionality, and safety in the home, such as installing ramps, grab bars, or accessible showers. Additionally, the Homeowner Grant<sup>47</sup> offers property tax relief for qualifying individuals with disabilities, making homeownership more sustainable. For those living in or seeking access to cooperative housing, the Disability

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<sup>43</sup> [News Release - new affordable rental housing complex opens in Surrey](#)

<sup>44</sup> [Chorus Apartments](#)

<sup>45</sup> [My Home My Community - Agency Driven Housing Development \(South Surrey\)](#)

<sup>46</sup> [Home Renovation Tax Credit for Seniors and Persons with Disabilities](#)

<sup>47</sup> [Home Owner Grant](#)



Trust Loan Program<sup>48</sup>, offered through the Co-operative Housing Federation of BC, allows people with disabilities to access loans that support the share purchase required to join a housing co-op.

- *Choice in Supports for Independent Living (CSIL) Program*

The Choice in Supports for Independent Living (CSIL)<sup>49</sup> program is a self-directed funding model that empowers eligible individuals with significant physical disabilities to manage their own home support services. Instead of receiving care through traditional agency-based models, CSIL participants receive funds directly from their local health authority to hire, train, and supervise their own care providers.

Under CSIL, funding is calculated in a straightforward but highly individualised way. After a clinical assessor from the health authority determines the number of home-support hours you need each month, that figure is multiplied by the current CSIL hourly rate to generate a fixed monthly allotment. For instance, a person assessed for 100 hours of support would receive \$3,707 per month when the hourly rate is \$37.07. The province adjusts the rate annually - \$34.73 as of 1 April 2022, \$37.07 as of 1 April 2023, and \$38.19 as of 1 April 2024 - so a participant's allocation rises automatically with each scheduled increase. The funds flow directly from the health authority to the CSIL "employer," who then hires, trains, schedules, and pays their own care staff under the terms of a service agreement that references the CSIL Categories of Need guidelines.

Participants also contribute toward the cost of their care on an income-tested basis. The daily user fee equals 0.00138889 times the household's "remaining annual income" (a figure defined in the Continuing Care Fees Regulation). To arrive at a monthly contribution, the daily amount is multiplied by the number of service days in that month, and the total is automatically deducted from the health-authority payment before it reaches the participant's CSIL bank account. This arrangement ensures that public funding reflects both assessed need and the client's capacity to share costs while preserving the core principle of client-directed support.

### CSIL Eligibility Criteria

Eligibility for CSIL is determined through a formal assessment based on the following criteria:

- The individual is assessed to have high physical care needs, to have a physical disability, and to be medically stable;
- Home support services are required for the individual's care plan;

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<sup>48</sup> [Disability Trust Loan Program](#)

<sup>49</sup> [Choice in Supports for Independent Living](#)



- Assessed needs can be met within available resources;
- The individual agrees to pay the assessed client rate; and,
- The individual can safely coordinate and manage CSIL services (or they have a client support group or a CSIL representative acting as a CSIL employer<sup>11</sup>).

This approach offers greater autonomy and flexibility, allowing individuals to tailor their support services to their specific needs and preferences. These funding supports are critical not only for facilitating access to inclusive housing but also for ensuring that individuals can age in place and remain in homes that meet their evolving needs. However, awareness and uptake of these programs remain uneven, pointing to the need for greater outreach and integration of financial supports into broader housing strategies.

- *Innovative Matching Program: The Right Fit*

Another example of an innovative solution in BC's housing landscape is The Right Fit<sup>50</sup>, a collaborative program that matches wheelchair users with accessible housing units that meet their specific needs. This initiative brings together healthcare professionals, housing providers, and accessibility specialists to create a centralized process that simplifies what is often a complex and disjointed search. The program supports both tenants and landlords by providing assessments, education, and customized matching services, ensuring that individuals are not only placed in housing but placed in the right housing: spaces that support their independence, mobility, and long-term well-being. However, the demand for wheelchair accessible units is readily increasing (with a 52% spike from 2010 to 2017) and there are not enough units to meet this demand. The Right Fit has its own waiting list, with over 100 applicants waiting for housing.

Of note, prior to this initiative, an available accessible unit would go to the person at the top of the waitlist regardless of disability. This initiative prioritizes accessible units to individuals who require accessible homes.

## 2.5 Policy and Regulatory Developments

There have also been several promising policy changes enacted in the province to reflect the growing need for more inclusivity in housing. One significant advancement is the Adaptable Dwellings Policy<sup>51</sup>, which took effect on March 10, 2025. Under this policy, one in five units in large condominium and apartment buildings, as well as one in five ground-floor units in smaller buildings, must be built as “adaptable”. This means

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<sup>50</sup> [The Right Fit BC](#)

<sup>51</sup> [Adaptable Dwellings Policy](#)

units will be constructed with design features that can be modified easily and affordably over time to meet the changing mobility needs of residents. Additionally, advocacy from the Union of BC Municipalities (UBCM) has pushed the provincial government to take stronger action on housing for adults with IDD, including improving affordability, support services, and access to inclusive options<sup>52</sup>. These policy changes and advocacy efforts are foundational steps toward addressing the persistent housing barriers faced by people with disabilities, though implementation and enforcement will be critical to ensuring their practical impact.

## 2.6 Gaps and Barriers

- *Safeguarding, Training, and Community Engagement*

Despite these successes, there were also prominent gaps that emerged during the process of compiling the scan. For example, training and staffing standards (particularly concerning safeguarding practices and quality assurance) were inconsistently documented, suggesting a potential gap in ensuring resident safety and service quality uniformly across programs. Moreover, notably missing from several programs was a detailed account of proactive community engagement strategies and structured resident advocacy efforts, areas crucial for fostering long-term integration and empowerment of residents.

- *Location and Urban-Planning Challenges*

Another barrier that was reported by one of the housing sites was the lack of a central location: *“It would have been better if it was located in the heart of a community; however, this was the City’s only available land in the Downtown. Given the steep topography of New Westminster, this also acts as a barrier to mobility.”* This highlights a broader issue in urban planning where accessible and inclusive housing for people with disabilities is often treated as an afterthought rather than a priority. When developments are relegated to less central, harder-to-navigate locations, it reinforces patterns of exclusion, isolating residents from essential services, social opportunities, and community life. Without deliberate efforts to prioritize accessible, prime locations for inclusive housing, cities risk pushing people with disabilities to the margins, both geographically and socially.

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<sup>52</sup>[UBCM Accessible Housing Resolution](#)

- *Intersectional Population Experiences*

#### Postsecondary Students

While most inclusive housing initiatives in BC focus on adults and seniors with disabilities, we also briefly considered how post-secondary students with disabilities access appropriate and inclusive housing during their studies. At the University of British Columbia (UBC), students can apply for a limited number of accessible rooms and suites that include features such as wheelchair-accessible layouts, modified bathrooms and kitchens, and visual fire alarms<sup>53</sup>. Similarly, other universities in BC, for example, Simon Fraser University (SFU) and the University of Victoria (UVic), offer accessibility accommodations in student housing, but detailed information about availability, accessibility features, and cross-disability inclusion is often limited or not publicly documented<sup>54</sup>. This reflects a broader trend in post-secondary housing: while efforts toward inclusion exist, students with disabilities frequently face challenges of navigating complex accommodation processes. This highlights a need for more proactive and transparent approaches across institutions.

#### Indigenous Peoples

The scan also revealed significant and persistent gaps in housing access for Indigenous peoples with disabilities. Indigenous persons, particularly those living off-reserve, report disproportionately higher rates of disabilities compared to non-Indigenous populations. Yet, there remains a severe lack of research and data that explores their lived experiences accessing housing and support services. The Aboriginal Housing Management Association's (AHMA) 2023 report<sup>55</sup> underscores the significant barriers Indigenous persons with disabilities encounter when trying to access suitable housing. The report identifies key challenges, including limited access to safe and affordable housing, insufficient awareness of available support services, systemic racism, and gaps in service provision. It also emphasizes the critical need for culturally supportive housing models that respect Indigenous self-determination and address the unique needs of their population.

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<sup>53</sup> [UBC Accessible Student Housing](#)

<sup>54</sup> [SFU Accessibility Accommodations](#)

<sup>55</sup> [Exploring Inclusive Housing For Indigenous Peoples Living With Diverse Abilities: An Environmental Scan](#)

## 2.7 Summary

In summary, while BC's inclusive housing landscape exhibits promising practices in accessible and independent living designs, it is evident that more work is yet to be done. The scan reveals both a growing number of innovative housing models and support programs, as well as clear gaps in cross-disability inclusion, community integration and resident safeguarding practices, and cross-cultural representation. Many housing initiatives still fall short in articulating and designing for the full diversity of disability experiences, and the supply of accessible, affordable, and adaptable units remains significantly below demand. Achieving truly inclusive housing across BC will require ongoing investment, intersectoral collaboration, and a sustained commitment to equity, accessibility, and choice for all.

# DISCUSSION

## Summary of Findings

This scan charts a provincial disability-housing system that is formally anchored by Community Living British Columbia (CLBC) yet increasingly animated by site-based projects and portable funding that lie outside CLBC's traditional streams. CLBC still funds more than 10,000 individuals across three legacy models - independent living, home share, and staffed residential - but its own numbers show that almost two-thirds of eligible adults either remain with family, are living in long term care, or have no fixed address. Parallel to this shortfall, eighteen newer initiatives demonstrate a decisive normative shift away from congregate settings. Mixed-ability apartments such as Tipton Place and Chorus Apartments, along with self-directed funding through CSIL, embody a preference for tenancy rights, ordinary neighbourhood locations, and "just-enough" support.

That shift is also visible in attitudes toward home share and group homes. Stakeholder feedback compiled for this scan echoes earlier research: many prospective tenants regard both models as transitional or undesirable end points. Home share is criticized for weak safeguards, provider turnover, and the prohibition on using close relatives as formal hosts, while group homes are faulted for regimented routines, power imbalances, and their immovable linkage between funding and a specific address. Importantly, the projects that tenants praise most, i.e., Tipton Place, Chorus, Right Fit matches, share three design elements: (1) a standard tenancy or co-op agreement that confers normal renter rights; (2) supports that are portable, scheduled by the tenant, and separable

from the bricks-and-mortar; and (3) locations on level ground, near transit, groceries, and social amenities. Where any of these elements is absent, vacancy data and waiting-list anecdotes suggest that units are harder to fill.

## Implications for Other Jurisdictions

Several lessons travel well beyond British Columbia. First, the BC experience shows the limits of relying on home-share and group-home stock to absorb new demand; jurisdictions that still expand these models risk building assets that future tenants may reject. Second, portable personal-support funding - CSIL for physical disability, and to a lesser extent CLBC's individualised allocations - allows housing form to evolve while safeguarding the continuity of care. Countries moving toward deinstitutionalisation (e.g., Ireland, South Korea) could pilot similar portable budgets tethered to assessed hours rather than addresses. Third, the Adaptable Dwellings Policy demonstrates how building codes can push accessible supply across the mainstream market without the long lead times of full code rewrites; the one-in-five ratio and low-cost retrofit spine are replicable in dense cities with ageing high-rise stock such as Melbourne and Sydney. Fourth, The Right Fit illustrates the value of a province-wide brokerage platform that vets both units and tenants; regions where accessible units sit vacant because landlords cannot identify qualified tenants could adapt the model with modest digital infrastructure.

## Future Directions for Practice and Research

Policymakers should align capital and operating dollars with the expressed preference for ordinary tenancies. That means redirecting growth funds from new group-home construction toward mixed-ability developments or subsidies that follow the tenant. Key stakeholders in practice, e.g., municipal planners, housing-authority boards, co-op federations, can accelerate inclusion by reserving level, transit-proximal parcels for accessible projects and by embedding tenant-led advisory panels into every development agreement. Training standards and independent safeguarding audits should be mandatory in home share and in any residual staffed homes to restore confidence while the stock gradually transforms.

From a research standpoint, three gaps are pressing. First, no longitudinal data link housing model to quality-of-life trajectories; a five-year cohort study comparing independent-living tenants, home-share residents, and staffed-home residents is overdue. Second, culturally specific models for Indigenous adults with disabilities remain mostly conceptual; participatory design research with First Nations housing societies could yield prototypes adaptable across Canada and to regions with Indigenous or Tribal governance. Third, cost-benefit modelling that includes avoided emergency-room visits, reduced caregiver burnout, and labour-force participation would

allow treasuries to weigh portable budgets against block-funded congregate care with greater precision. International collaboration pairing and comparing BC sites with, for example, Australia's Specialist Disability Accommodation or Sweden's LSS group homes, could generate comparative evidence on design, staffing, and financing.

## Strengths and Limitations

Among the principal strengths of this scan is its dual-level lens: by coupling a province-wide policy review with an inventory of specific housing projects, the study reveals misalignments that more narrowly focused inquiries often overlook. The analysis is also unusually timely, capturing data through April 2025 and therefore reflecting the newly enacted Adaptable Dwellings Policy as well as the most recent CSIL rate adjustment. Although few initiatives in the province are genuinely pan-disability, the scan nonetheless encompasses physical, sensory, intellectual, and mental-health contexts, making it possible to see where resources and regulations are skewed toward a single cohort. Finally, every source used is publicly retrievable and organized within an open data-extraction matrix, a level of transparency that enhances both verification and replicability for researchers in other provinces or countries.

The study's limitations stem mainly from its reliance on publicly available documents. Without site visits, the research team had to accept reported accessibility features, staffing ratios, and safeguard practices at face value. Tenant perspectives, particularly those of Indigenous peoples, immigrants, and post-secondary students with disabilities, are thin, raising the possibility that resident priorities diverge from provider narratives. Emerging micro-boards, private-market rentals, and unfunded peer-living collectives were excluded because they did not meet the formal inclusion criteria, even though they may represent important innovations. Moreover, the scan offers only a three-month snapshot; funding rates, wait-list sizes, and policy instruments are fluid in the current housing market and could shift rapidly. Public ledgers also fail to disaggregate capital from operating costs, restricting the precision of economic comparisons across models. Finally, most documented exemplars are clustered in the South Coast; practices in northern and rural regions remain under-reported, which limits the generalisability of some conclusions.

## Conclusion

British Columbia's disability-housing system is poised between legacy congregate options and a rising portfolio of mixed-ability, tenant-directed models. Other jurisdictions can draw from BC's portable-funding mechanisms, adaptable-unit mandate, and centralised matching service, while avoiding over-investment in models (specifically, home share and group homes) that an emerging generation of tenants may no longer

desire. Strengthening safeguards, embedding resident leadership, and expanding culturally grounded options will be critical as the province, and peers abroad, pursue the next phase of inclusive housing reform.