

A Space to Thrive: Addressing Barriers to Accessible Housing for People with Disabilities in British Columbia

by
Sarah van Baarsen

B.A. (Sociology), University of British Columbia, 2020

Project Submitted in Partial Fulfillment of the
Requirements for the Degree of
Master of Public Policy

in the
School of Public Policy
Faculty of Arts and Social Sciences

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SIMON FRASER UNIVERSITY
Spring 2022

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Declaration of Committee

Name: Sarah van Baarsen

Degree: Master of Public Policy

Title: **A Space to Thrive: Addressing Barriers to Accessible Housing for People with Disabilities in British Columbia**

Committee: **Chair: Genevieve LeBaron**
Professor, Public Policy

Olena Hankivsky
Supervisor
Professor, Public Policy

Yushu Zhu
Examiner
Assistant Professor, Public Policy and Urban Studies

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Abstract

People with disabilities who make up nearly 25% of the population in British Columbia (BC) encounter barriers that hinder their full and equal participation in all aspects of society, including within the housing sector. Two housing crises are currently underway in BC – an affordability crisis and an accessibility crisis. Because of the combination of high costs and lack of suitable housing, people with disabilities are uniquely impacted by this problem. This study documents the barriers experienced by people with disabilities in relation to housing and their impact on people’s quality of life. In order to analyze the policy problem, a literature review, evaluation of promising practices, and qualitative analysis of interview data was conducted, in which four policy options were determined and evaluated: (1) guiding principles for policy; (2) a province wide information campaign; (3) accessible modular housing; and (4) grants for housing providers. This study recommended all four of these options, in addition to the alignment of provincial, municipal, and non-governmental organizations mandates, and the improvement and development of standards that are focused on, and outline requirements for accessible housing.

Keywords: Disabilities; Housing; Barriers; Accessible; Affordable; British Columbia

Dedication

To those who do not have access to adequate housing.

Acknowledgements

I would first like to acknowledge that the learning and writing of this capstone has taken place on the unceded, traditional Coast Salish Lands including the Squamish (Sk̓wx̓wú7mesh Úxwumixw), Tseil-Waututh (səlilwətaʔt) and Musqueam (xʷməθkʷəy̓əm) Nations and has involved a number of people located on various territories, who I would like to recognize and thank.

I would first like to thank Nancy Olewiler and the School of Public Policy, for providing the space and the opportunity for me to engage in this research.

I would also like to thank my supervisor, Olena Hankivsky, for your expertise, guidance, and thorough feedback. Under your supervision I was pushed to do more than I thought I was capable of. Thank you to my external, Yushu Zhu, your questions and feedback were much appreciated and helped to improve the quality of this project.

Thank you to the people in my cohort for your support, inspiration, and humour. I would not have wanted to go through this learning journey with anyone else.

Lastly, I would like to express my gratitude to all the people who took the time to speak to me in both casual conversations and formal interviews. Your insights were invaluable and helped inform, shape, and guide this research.

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Glossary

Accessible Housing	Refers to the way housing is designed, constructed, or modified to enable independent living for people with disabilities.
Adaptable Housing	Housing designed to be adapted economically at a later date to accommodate someone with a disability(ies). Features may include removable cupboards to accommodate the height needs of a person in a wheelchair, knock out floor panels in a closet to accommodate the installation of an elevator, the ability to raise or lower counters, and other features.
Affordable Housing	Housing is considered affordable when 30% or less of a household's gross income goes towards paying for housing costs.
Barrier	Anything that hinders the full and equal participation in society of a person with an impairment. (Bill C-6, 2021: Accessible British Columbia Act).
Built Environment	The human-made environment that provides the setting for human activity, including buildings, urban spaces, walkways, roads, parks, etc.
Disability	Any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person's full and equal participation in society. (Bill C-81, 2019: Accessible Canada Act).
Discrimination	Discrimination is an action or practice that excludes, disadvantages, or merely differentiates between individuals or groups of individuals on the basis of some ascribed or perceived trait.
Housing Unit	A structure or the part of a structure or the space that is used as a home, residence, or sleeping place by one person or more people who maintain a common household.
Private Housing	Housing that is privately owned by an individual (or a company). It can refer to any type of housing available on the market. Prices are set by the private market.

Public Housing	A form of housing tenure in which the property is usually owned by a government authority, either central or local; housing provided for people with low incomes, subsidized by public funds.
Substance Use Disorder	Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home (SAMHSA, 2020).
Stigma	The disapproval of, or discrimination against, an individual or group based on perceivable social characteristics that serve to distinguish them from other members of a society.
Universal Design	The design of buildings, products, or environments to make them accessible to all people, regardless of age, disability, or other factors.
Utilitarian	Something designed to be useful or practical rather than attractive.

Executive Summary

Housing is a fundamental human right (CWP, 2019; OHRC, 2020). Adequate housing is essential to one's sense of dignity, safety, inclusion, and ability to contribute to communities and societies. British Columbia (BC) is currently faced with two housing crises, an affordability housing crisis, and an accessible housing crisis, which disproportionately impacts various groups such as vulnerable populations, low-income households and individuals, and specifically people with disabilities (Cadieux, 2021; OECD, 2020). People with disabilities, a rapidly growing population in BC (Ministry of Health, 2017) experience unique stigmatization and discrimination, including a lack of access to information resulting in housing instability and homelessness. And their experiences are not homogenous as people with disabilities are a diverse population, shaped by a range of disabilities (such as, developmental, learning, hearing, vision, or mental health related disabilities), as well as other factors such as gender, ethnicity, and age (CMHC, 2021; Feder, 2021).

To date, however, there is a lack of policy attention to the specific and diverse needs of people with disabilities in relation to the housing sector. Little research has been done within international, Canadian and provincial contexts, including British Columbia to better understand issues of accessibility and affordability, their impacts, and potential solutions.

This study thus looks to address the policy problem that **the current housing supply in British Columbia does not adequately address the diverse needs of people with disabilities.**

A literature review was conducted in order to review accessibility in BC and barriers to accessible and affordable housing for people with disabilities. Sources included news articles, web sources, published reports, and peer-reviewed literature. The review highlighted gaps in legislation, barriers to housing, and helped identify two promising practices, accessible housing adaptations, and community based housing programs. These promising practices were determined through their evaluation based on four criteria which look to determine their effectiveness: (1) does the intervention focus on the individual level; (2) does the intervention reduce the barriers identified in the literature; (3) does the intervention have a positive impact on an individual's quality of

life, and (4) challenges of the intervention. The focus on the individual is an important consideration as this reflects unique circumstances and positionalities that people with disabilities experience (Miller, 2017). Quality of life was assessed using the Organisation for Economic Co-operation and Development (OECD) dimensions of quality of life (2014), and one additional indicator, social inclusion, which for the purpose of this study, is defined as the process of improving the terms on which individuals and groups take part in society – improving the ability, opportunity, and dignity of those disadvantaged on the basis of their identity (Elmusharaf et al., 2018).

In addition, a total of 14 expert semi-structured interviews were conducted with disability stakeholders including experts in accessibility, with specific focus on housing, individuals who work to support specific groups within the disability community, and individuals with lived experience of disability(ies). Research surrounding this topic is growing, but is limited and minimal in some areas, as such, interviews were conducted in order to better understand the variation in experience by groups and to discern and inform policy options. Six key themes were identified from these 14 interviews, which further highlighted barriers that people with disabilities encounter, deepened understandings of such barriers and provided suggestions for making positive change.

Policy options were determined and developed from the information collected through the literature review, including the identified promising practices, and the qualitative analysis of the interview data. The policy options analyzed were guiding principles for policy, a province wide information campaign, accessible modular housing, and grants for housing providers. The analysis considered the performance of each option in relation to criteria relating to equity and fairness, effectiveness, stakeholder acceptance, empowerment, and administrative complexity.

In the short term, this study recommends the implementation of a province wide information campaign which looks to provide information to people without disabilities in relation to the impact that a lack of accessible housing has on people with disabilities. As the development and implementation of an information campaign will take some time it is essential to start immediately, and to implement the five guiding principles for policy. In tandem with this, it is important to implement immediate housing interventions, to which this study recommends the development of accessible modular housing. In the medium term, this study recommends the alignment of provincial, municipal, and non-

governmental organizations mandates, in order to promote joint coordination to tackle this issue, as well as implementing grants for housing providers, in order to create incentives to go beyond what is currently stated in legislation. Finally, in the long term, this study recommends the improvement and development of standards that are focused on, and outline requirements for accessible housing. Each recommendation is an essential step in the process of systematically eliminating barriers, and creating urgently needed accessible and affordable housing, that people with disabilities can access, regardless of their diverse positionalities.

Chapter 1.

Introduction

“Everybody needs a decent home. Maybe it does take time, but [...] people can’t wait for a year or more.”

-Jo-Anne Gauthier, President of BC People First

Housing is a fundamental human right (CWP, 2019). Adequate housing is essential to one’s sense of dignity, safety, inclusion, and ability to contribute to communities and societies (OHRC, 2020), and is a critical piece of social infrastructure, as it is seen as a platform that most other aspects of social life depend (Dunn, 2021). BC is currently faced with two housing crises, an affordable housing crisis, and an accessible housing crisis. As a result, many vulnerable populations within BC including but not limited to seniors, people with disabilities, those dealing with mental health and substance use, and veterans (CMHC, 2018; Cadieux, 2021), are unable to access adequate housing. People with disabilities are especially affected as they are more likely to have low income, low or no employment, and a low level of education (United Nations, 2020; Wall, 2017). They also often face stigmatization and discrimination when trying to access housing. Inadequate housing results in people with disabilities being at an increased risk of experiencing homelessness and health problems, a decreased level of independence, and reduced quality of life (Braveman et al., 2011; Canadian Observatory on Homelessness, 2020). International entities, such as the Equality and Human Rights Commission, and national entities, such as March of Dimes Canada note that urgent action is needed in relation to the provision of adequate housing for people with disabilities (Adams, 2018; March of Dimes Canada, 2019).

This study’s definition of disability aligns with the definition used in the *Accessible Canada Act* which states that a disability is “any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society” (Bill C-81, 2019, pg. 2).¹ At the same time, it is important to recognize that

¹ It is important to note that to date, there is not a universally agreed upon definition of disability.

people with disabilities intersect across all walks of life, in all professions, across all races, religions, ethnicities, gender identities, sexual orientations, and socioeconomic status' (Diversity and Ability, 2019; Goethals et al, 2015). Furthermore, the intersection of these target groups with other positionalities creates unique experiences of housing instability and homelessness (CMHC, 2021).

Within Canada, and BC, accessibility and the removal of barriers has become a growing priority, as can be seen through the enactment of the *Accessible Canada Act* in 2019, and recently the *Accessible British Columbia Act* in 2021. Along with this, there has been a growing body of research in relation to accessibility, in areas such as employment, health care, and climate change, however there are still many gaps in relation to accessible housing, including its impact on people with disabilities. As such, there are three objectives to this study:

1. Provide a better understanding of the experiences of people with disabilities surrounding accessing housing that meets their needs;
2. Contribute to existing literature and to address gaps in literature on accessible and affordable housing; and
3. Improve policy response by making recommendations that (1) increase the supply of accessible and affordable housing, and (2) reduce barriers for people with disabilities in all their diversity.

The proportion of BC's population with disabilities is only projected to grow. It is projected that by 2031, almost one in four people in BC (more than 1.3 million people) will be over the age of 65 (Ministry of Health, 2017). This means that by 2031 the prevalence of disability(ies) within BC's population will increase by as much as 40.37%.² This can be seen through both a growing aging population, as the prevalence of disability(ies) increases with age (Learning Disability Association of Canada, 2019), such as hearing and vision loss, dementia, or arthritis, and the precarious nature of life where one's situation can change suddenly, as throughout the course of our lives "we all exist on a spectrum of able-bodiedness," that can shift at any time, as people "experience injuries, illnesses, or disabilities" (Stack, 2014, pg. 1). With this rate of growth, accessible and affordable housing will continue to be an issue of importance. This study looks to

² % increase = $(1,300,000 - 926,100) / 926,100 \times 100 = 40.37\%$

address the policy problem: **the current housing supply in British Columbia does not adequately address the diverse needs of people with disabilities.**

Literature on this issue is sparse within the international, Canadian and provincial contexts. With research available being focused and centred towards specific populations within the disability community, this study will take an intersectional approach to this policy problem. It is important to note that intersectionality was first coined by Kimberlé Crenshaw to describe how the experiences of Black women vary from those of Black men, and Caucasian women, and over the last three decades, the use of intersectionality has been expanded to talk about identities beyond race and gender (Allison, 2014; Crenshaw, 1995). Intersectionality recognizes that human beings are shaped by the interaction of different social locations (e.g., race, ethnicity, Indigeneity, gender, class, sexuality, geography, age, ability, migration status, religion, etc.), as well as interactions with systems and structures of power (Crenshaw, 1995; Goethals et al, 2015; McLean, 2009). A growing number of disability studies researchers engage in intersectional research; however, it is common for researchers to limit their analysis to the binary – people with and people without disabilities (Goethals et al, 2015). An intersectional approach to this study allows for moving beyond conceptualizing disability as a singular experience within a homogenous population (Manning et al., 2018).

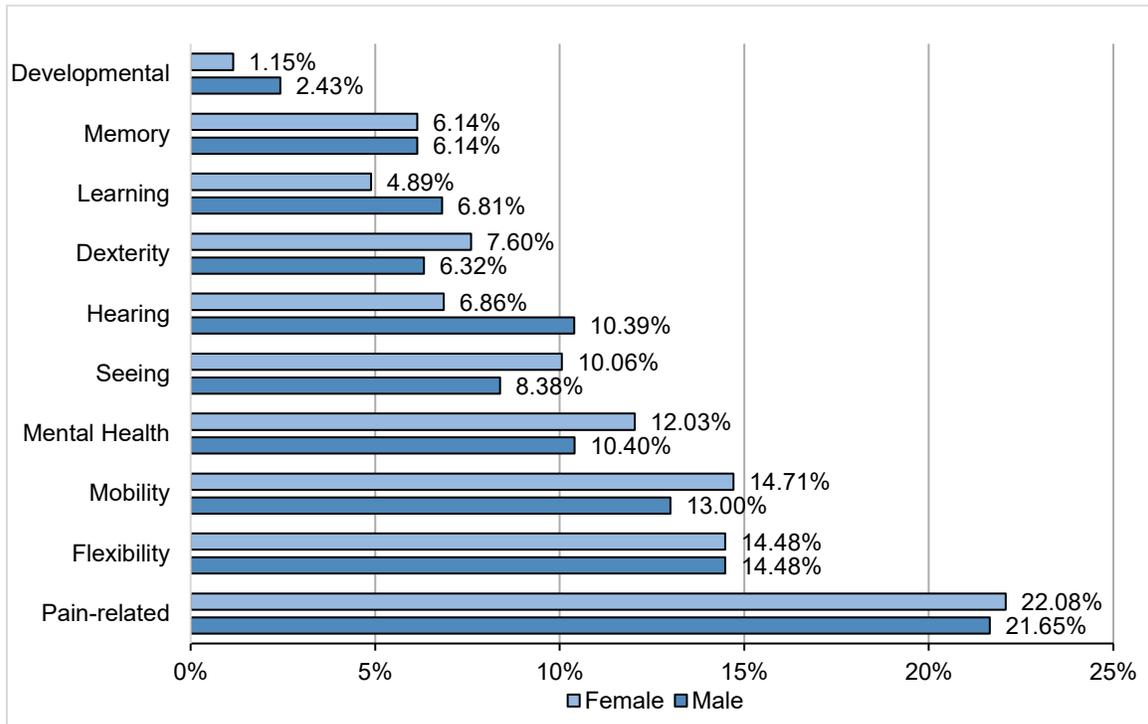
Chapter 2.

Background

2.1. People with Disabilities

In BC people with disabilities encounter barriers that hinder their full and equal participation in all aspects of society (Ministry of Health, 2017). The table below depicts a breakdown of disability type by sex in BC for people aged 15 and over from data from the 2017 Canadian Survey on Disability, to which of the respondents who reported at least one disability in BC, pain related disabilities were the most prevalent, followed by flexibility and mobility related disabilities (Choi, 2021). Many of these disabilities often require adaptations in the home and/or assistive technology, and services or supports may be needed in order to assist a person with a disability(ies) in overcoming barriers to carrying out everyday activities. It is important to note that within Canada, and BC, disabilities are more prevalent among women than men (Choi, 2021). Equally important to note, is that while no global data exists regarding Indigenous peoples with disabilities, available statistics show that Indigenous peoples are disproportionately likely to experience disability(ies) in comparison to the general population (Choi, 2021; United Nations, 2014). The intersection of Indigeneity, disability and colonization shapes the lives of Indigenous peoples (Soldatic & Gilroy, 2018), to which colonial ideas surrounding disabilities can dichotomize their lived experiences and hinder the development of identity and community membership for Indigenous peoples (Ineese-Nash, 2020).

Figure 1: Breakdown of Disability Type by Sex in BC Aged 15 and Over



Statistics Canada. Table 13-10-0376-01 Type of disability for persons with disabilities aged 15 years and over, by age group and sex, Canada, provinces, and territories. DOI: <https://doi.org/10.25318/1310037601-eng>.

2.2. Legislation

2.2.1. United Nations Convention on the Rights of Persons with Disabilities

In 2010, Canada ratified the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), an international human rights treaty intended to “promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” (United Nations, 2006, pg. 4). All provinces within Canada have adopted several of the 50 articles outlined in this treaty, of which BC has adopted just under half (Government of Canada, 2014). These adopted articles include article 28, which states that an “adequate standard of living and social protection: requires that States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of these rights without discrimination on the basis

of disability” (United Nations, 2006, pg. 20-21). BC is committed to upholding and safeguarding the principles outlined in the UN CRPD, including full and effective participation and inclusion in society, and equality of opportunity (Ministry of Social Development and Poverty Reduction, 2019). Accessibility legislation is expressed by the BC government to help advance this support (Government of British Columbia, 2019a).

2.2.2. Accessible British Columbia Act

On June 17, 2021, the BC Legislature passed the *Accessible British Columbia Act* into law. Prior to this, a province-wide public consultation on the development of this legislation was held over a three-month period, in which thousands of British Columbians participated, which included people with disabilities, and family members and supporters of people with disabilities (Government of British Columbia, 2019b). According to the BC Framework for Accessibility Legislation (2019), this Act is seen as a means to help build an inclusive BC that cares for and protects all British Columbians for generations to come. The Act allows the provincial government to establish accessibility standards aimed at identifying, removing, and preventing barriers to accessibility and inclusion (Bill C-6, 2021). According to the Act, the government may establish these accessibility standards in a range of sectors, including employment, delivery of services, the built environment, transportation, information and communications, health, education, and procurement (Bill C-6, 2021). Along with this, six principles must be considered in developing an accessibility standard, these include: inclusion, adaptability, diversity, collaboration, self-determination, and universal design (Bill C-6, 2021).

Following the introduction of the Act, Disability Alliance BC and several other disability advocacy organizations in the province carried out a review and found several concerns (Disability Alliance BC, 2021). The main concerns involve the Act’s narrow definition of impairment, its lack of timelines, its limited application, its failure to refer to human rights and BC’s Human Rights Code, its failure to include interactive communication within its list of standards and its weak enforcement process (Disability Alliance BC, 2021). Critics of the Act note that there is no mention of a timeline or intent from the BC government to extend the law to housing (Cadieux, 2021, Interviews). Disability advocacy organizations have announced that they will be engaging in the implementation of this legislation, working to ensure the development of regulations and

standards that will promote accessibility for people with disabilities, inclusive of, but not limited to, the housing sector (Disability Alliance BC, 2021).

2.2.3. The British Columbia Building Code 2018

The BC Building Code is a provincial regulation that governs how new construction, building alterations, repairs and demolitions are completed. It establishes the minimum requirements for safety, health, accessibility, fire and structural protection of buildings, and energy and water efficiency (BC Building Code, 2018). It applies throughout the province except for some federal lands, which adhere to the National Building Code (NBC), and the City of Vancouver, which adheres to the Vancouver Building Bylaw (Building Act, SBC 2015, c. 2.). Treaty First Nations that do not reference the BC Code in their agreements are not required to follow the building code (Building Act, 2015). Of note, is that the building code does not apply to existing buildings unless they undergo alterations or renovations, had components or parts replaced, or experienced a change to their use or occupancy (BC Building Code, 2018).

The 2018 Building Code is based on the 2015 NBC with some changes specific to BC (Government of British Columbia, 2017a). Section 3.8 of the Building Code outlines the building requirements for people with disabilities (BC Building Code, 2018). This section applies to the design and construction of new buildings and occupancies to make them accessible to people with disabilities. Accessibility requirements within the building code set the rules for the design and construction of new buildings to ensure people can approach, enter, exit, and move through buildings independently (BC Building Code, 2018). Section 3.8 is divided into five subsections, of which subsection 3.8.1 provides the scope of the BC Building Code's accessibility requirements; subsection 3.8.2 establishes the application of accessible design requirements to spaces and facilities; subsection 3.8.3 establishes the design requirements of a space or facility if it is to be considered accessible; subsection 3.8.4. determines the minimum accessibility requirements during alterations or additions to existing buildings; and subsection 3.8.5. contains the requirements for adaptable dwelling units (BC Building Code, 2018).

According to the Centre for Equality Rights in Accommodation in Canada, many provincial codes for building standards directly contribute to the inequality in housing

experienced by people with disabilities (CERA, 2021). In the context of BC's Building Code, this can be seen specifically in its scope of a housing unit being visitable for people with disabilities, as it ensures people can approach, enter, exit, and move through buildings independently (CMHC, 2018). Furthermore, there are no requirements that go beyond this, and housing is not being built or designed in a way that allows people with disabilities to live safely in a housing unit (Accessible Housing Network, 2021).

A public review focused on accessibility within the Building Code, concluded in late January of 2022 (Office of Housing and Construction, 2022). This engagement included people with disabilities, accessibility experts and advocates, Treaty Nations, and Indigenous partners, who were invited to provide feedback about barriers and priorities to enhance the accessibility requirements for new buildings (Office of Housing and Construction, 2022). The input received will help inform changes to the next Building Code, and currently, this input has not yet been published. Later in 2023, phase two of this engagement will be launched to seek feedback on proposed BC Building Code accessibility changes (Office of Housing and Construction, 2022).

While current legislation, such as the *Accessible British Columbia Act* and Section 3.8 of the BC Building Code are important steps in ensuring that people with disabilities are given the same dignity, opportunity, and participation as everyone else, they both have limited impact within the housing sector, through their scoping which focuses on the built environment and housing units visitability respectively.

Chapter 3.

Barriers to Housing

A barrier is “anything that hinders the full and equal participation in society of a person with an impairment” (Bill C-6, 2021 pg. 2). Individuals and families in Canada and BC struggle to find appropriate housing solutions due to a shortage of affordable housing, and further challenges to find a unit that meets their accessibility needs (Morries & Halseth, 2019). Increased demand provincially continues to put pressure on the already limited accessible and affordable housing stock, and this trend will likely only increase as economic situations worsen and low-income individuals and households find it harder and harder to afford housing (McQuillin, 2019). An undersupply of, or lack of access to, accessible housing means that many individuals with disabilities reside in housing or health facilities that are not adequate for their needs (Lakhani & Smith, 2016). Dominant within existing literature are systemic barriers that people with disabilities encounter that further impact their access to adequate housing, these include, stigmatization and discrimination, and access to information. These barriers in combination with other factors, result in people with disabilities being at a higher risk of experiencing homelessness due to being on a low income/unemployed, poor mental health, and due to the discrimination and failures to support people with disabilities in the housing system and private and public market (Onley, 2021).

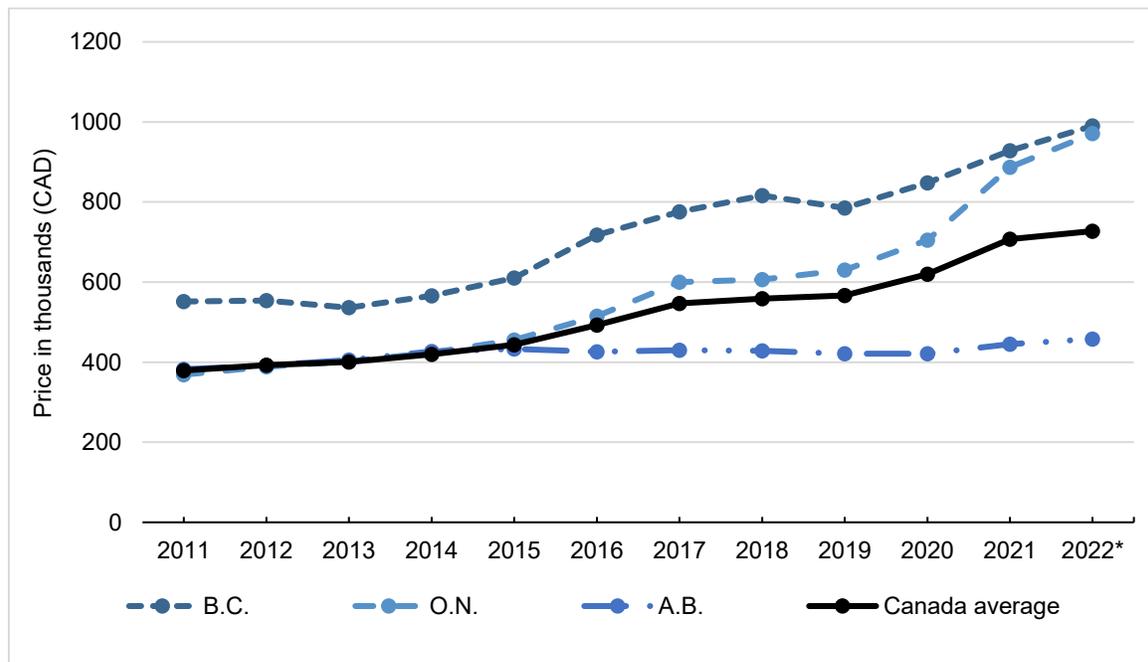
3.1. Affordability & Accessibility

Currently, there is an affordable housing crisis in Canada. Although a number of factors are seen to contribute to this crisis, the core of this problem can be described as the supply of homes to own, and rent are not keeping up with the growing population (Alini, 2021; Perrault, 2021). Canada’s housing crisis disproportionately affects Canadians who are already economically vulnerable (Canada Housing Crisis, 2021), with people with disabilities being particularly vulnerable to rising inequality and poverty (PSAC, 2020).

3.1.1. British Columbia’s Housing Affordability Crisis

The Canadian housing crisis of course affects BC, and the COVID-19 pandemic has worsened the problem. Specifically, during COVID-19 the desire for more living space and historically low mortgage interest rates have contributed to the sharp increase in home prices (Government of British Columbia, 2017b). As depicted in figure 2, BC currently has the highest housing costs in Canada (CREA, 2021), and has seen an increase in housing prices since 2014, with exception of 2019. From 2019 to 2020, housing prices increased by 7.89% followed by a 9.41% increase from 2020 to 2021 (Statista Research Department, 2021). According to a recent forecast from the Canadian Real Estate Association, the average composite home price in BC will increase 6.72% this year to \$999,038 (McSheffrey, 2022). Along with this, the average rent in BC among all property types is \$2,084 as of August 2021 (Ogmundson, 2022), showing an annual increase of 9.6% (Rentals Data, 2022).

Figure 2: Housing Prices 2011 - 2021 with 2022 forecast, BC, ON, and AB³



Statista Research Department (2021); CREA (2021)

³ British Columbia, Ontario (ON) and Alberta (AB) are the top 3 provinces in terms of housing prices as of 2021 in Canada (Statista Research Department, 2021).

Affordable housing can be defined as housing that costs no greater than 30% of an individual's income (Claveau, 2020). With this threshold being out of reach for many British Columbians, BC's affordable housing crisis has been described to have "deprived an entire generation of the ability to rent or own housing that fits their needs" (Finch & Melvin, 2017, para. 1; Kruger, 2021). This is especially seen with people with disabilities, who according to Statistics Canada, make up over 40% of the low-income population (Canadian Observatory on Homelessness, 2021), "earning less than one-half of the median Canadian income"⁴ (Wall, 2017, para. 7). Furthermore, due to BC's high housing costs in relation to income, people with disabilities are unable to afford adequate private housing, which leads them to turn to public housing (Roy, 2021).

3.1.2. British Columbia's Accessible Housing Crisis

Tied to BC's housing affordability crisis is an accessible housing crisis, which disproportionately affects people with disabilities access to housing units (Fron, 2021; Goddard, 2021). In the context of supply, this is seen to be resulting from a number of factors. The first is that many units on the market that accommodate people with disabilities are not available to people with disabilities, and not enough suitable accessible units are being built (Tran, 2021). Secondly, public housing also faces challenges in terms of supply and demand, with long and overburdened waitlists, paired with low turn-over rates for housing (Goddard, 2021). These factors are especially challenging for people with disabilities, as due to requiring a unit that meets their specific accessibility needs, they can end up waiting months, or years for an adequate unit. (Goddard, 2021; Vaiu, 2019). Strains in both the private and public housing markets often leave people with disabilities settling for inaccessible housing units (Goddard, 2021, Homeless Hub, 2021).

3.2. Stigmatization & Discrimination

Stigmatization and discrimination are cross-cutting barriers to the barriers related to the accessible and affordable housing crises, as there are a number of ways that stigmatization and discrimination further create housing inequalities for people with

⁴ As of 2019, the median income in Canada was \$37,800 CAD (Statistics Canada, 2021); Half of this is \$18,900 CAD.

disabilities. However, it is important to note that this inequality is experienced differently throughout the disability community with people with mental health and substance use related disabilities facing additional discriminatory barriers (Backer et al., 2019), which manifest in prejudicial attitudes and policy structures (Committee on the Science of Changing Behavioral Health Social Norms, 2016). These additional barriers can be seen through the availability of accommodations such as health supports, a companion or support animal, assistance with household tasks or specialized staff to help them transition into secure housing (Hamfelt et al., 2019).

Many groups within the disability community are denied access to housing based on their disability(ies), this includes, and is not limited to, people with mobility and visual disabilities (Fenderson, et al., 2005). For people with mental health and/or substance use related disabilities, discrimination is based on perceptions of the severity of an individual's disabilities, with those who utilize support services being viewed to have a "functional impairment that is more extreme" (Homeless Hub, 2019, para. 2), and in turn, this reduces the likelihood of these individuals obtaining adequate housing (Homeless Hub, 2019). Along with this, is the perception of one's character, in which housing providers' perception of an individual's "warmth and competence" is also seen to contribute to one's access to housing (Homeless Hub, 2019, para. 2). Not only are there barriers to initially obtaining accessible housing for people with disabilities, maintaining housing is also challenging with housing providers refusing to modify units to make a unit accommodate an individual's needs, be it necessitated by age or a progressive disability (CERA, 2021).

Stigmatization surrounding accessibility features in a housing unit is seen to pose challenges for those who require them. Accessibility features are seen to signal a disability, to which features are viewed to be culturally associated with negative stereotypes of aging and vulnerability (Bailey et al., 2019; Dionigi, 2015). Paired with this, these features are also associated with clinical aesthetics, with the design of the equipment viewed to be utilitarian, such as through white rails, tiles, and fittings, which people dislike, as it is seen to either resemble a hospital environment or to be viewed to not fit existing home decor (Bailey et al., 2019). Ageism is seen to play a role in preventing seniors from obtaining a housing unit with accessibility features. However, this is dependent on one's perception of aging, either as something that "happens," as one gets older, and necessitates forward planning; or it is viewed negatively, with

individuals not wishing to ask for help, or acquire adequate accommodations due to fears of signalling aging (Bailey et al., 2019, pg. 6).

3.3. Information

A lack of information about accessible and affordable housing is a key obstacle for many different groups within the disability community (Anderson et al., 2020). Adequate information is seen as necessary for resources to be allocated efficiently (Clayton, 2007). A failure to do so is seen to have the potential to result in a market failure (Tzeng, 2019), in that the people who accessible housing is primarily designed and constructed for, people with disabilities, are unable to occupy them (McQuillin, 2019). A lack of information seen in relation to housing availability and housing applications, is seen to in part create this market failure. Housing applications are often complex, and at times difficult for applicants to understand (Anderson et al., 2020), which can result in avoidable rejections, or revisions that in turn can delay people with disabilities access to housing. Not only this, but applications are not always offered or available in someone's preferred or needed format (e.g., plain language, braille, etc.) (University of Minnesota, 2019), which creates further challenges for people with disabilities to obtain the necessary information needed in relation to applications.

A lack of information is also seen to impact housing developers, with impacts being seen to surround coordination between the parties involved in the development and people with disabilities. Complex decisions relating to the development of inclusive accessible housing are often made without meaningful or early end-user considerations (Lakhani & Smith, 2016). Meaning that housing providers are not fully aware of the needs of the population which they are trying to serve, and that with developers working with an incomplete picture, vulnerable groups can be excluded from housing, through the design, development, and requirements for occupancy (Global Disability Rights, 2018). This is in alignment with international experiences of poor coordination across both the public and private housing sectors (Lakhania & Smith, 2016).

Chapter 4.

Methodology

This study examines barriers for people with disabilities that impact the acquisition of accessible and affordable housing in BC and summarized over 40 pieces of academic and grey literature. As people with disabilities are a diverse community with a wide range of experiences and needs, qualitative methods were used in order to provide the space for these experiences and needs to be expressed and communicated (Ashby, 2011; Callahan, 2018; Coons et al., 2013).⁵

A literature review was conducted to examine barriers to accessible and affordable housing for people with disabilities and to examine in detail the current housing situation in BC. Sources included news articles, web sources, published reports, and peer-reviewed literature. The geographic scope of the review was limited to the United States, the United Kingdoms, and Canada. However, the literature in this area is extremely sparse and was thus augmented by news articles from the media which did provide important insights into the accessible housing crisis in BC. The literature review was critical in highlighting the impacts that inadequate housing has on people with disabilities, and that people with disabilities experience different barriers, and barriers differently, necessitating this policy problem to be addressed through an intersectional lens to avoid a homogeneous treatment of people with disabilities.

Two promising practices were identified, accessible home adaptations (Bailey et al., 2019; Mackintosh, 2020), and community-based housing programs (Chum, 2020; National Academics of Sciences, Engineering and Medicine, 2021), as they appeared frequently in existing literature, with both being described as positive interventions. Commonly seen throughout literature was a lack of evaluation of proposed policies, as such the promising practices were measured against the four criteria: (1) does the intervention focus is on the individual level; (2) does the intervention reduces the barriers identified in the literature; (3) does the intervention has a positive impact on an individual's quality of life; and (4) challenges of the intervention. Quality of life was

⁵ This study received ethics approval from Simon Fraser University's Research Ethics Board on November 19, 2021.

assessed using the OECD dimensions of quality of life (2014) (see appendix B), and the additional indicator, social inclusion. These promising practices proved to be paramount in informing the development of policy options, as they show successful characteristics of interventions, and challenges.

The primary method used in this study was semi-structured interviews. A total of 14 semi-structured interviews were conducted with disability stakeholders including experts in accessibility, with specific focus on housing, individuals who work to support specific groups within the disability community, and individuals with lived experience of disability(ies) (see Appendix F for breakdown). Participants were identified and contacted via publicly available email. Each potential participant received an email invitation that included an overview of the project (see Appendix E), as well as a consent form (see Appendix D). Interviews covered themes such as the current state of accessible and affordable housing, barriers to housing and their subsequent impact on people with disabilities, the role of institutions, and the impact of the COVID-19 pandemic on housing. Interviews were conducted over Zoom and varied in length between 30 to 60 minutes. Interviews were transcribed using transcription software, and interviews were coded using NVivo. Findings from the interviews informed the policy analysis and further considerations.

Chapter 5.

Promising Practices

Through the literature review, two potential promising practices were identified, accessible home adaptations (Bailey et al., 2019; Mackintosh, 2020), and community based housing programs (Chum, 2020; National Academics of Sciences, Engineering and Medicine, 2021). These two practices emerged frequently in existing literature and were described as positive interventions that provide adequate housing to people with disabilities. However, because they have not been evaluated, the decision was made to measure them against the following criteria: (1) does the intervention focus on the individual level; (2) does the intervention reduce barriers identified in the literature; (3) does the intervention have a positive impact on an individual's quality of life; and (4) challenges of the intervention.

These criteria were primarily based on two studies, the first being “Homelessness Prevention: The Public Health Model” by R. Fisher, which highlights ways to prevent homelessness, one of which is through addressing structural factors that limit opportunities and reduce resiliency for the general population, such as discrimination, poverty, and lack of access to housing (Fisher, 2018). The second study utilized was “Quality of Life and Housing” by D. Streimikiene, which notes that “the increase of the quality of life is the main aim of sustainable development” (Streimikiene, 2015, pg. 140).

The third criterion surrounding quality of life was assessed using the OECD dimensions of quality of life (see appendix B), which include the following indicators: income and jobs, housing conditions, health, education, personal security, civic engagement, work-life balance, infrastructure and services, mobility, and culture and leisure (OECD, 2014). Focus was given to the indicators: housing conditions, infrastructure, and services, as they are focused on housing and accessibility. There is no universal measurement for quality of life, and as inadequate housing for people with disabilities can result in social isolation (Bailey et al., 2019; Emerson et al., 2021), social inclusion was included as an indicator of quality of life in this assessment. For the purpose of this study, social inclusion is defined as access to opportunities and means,

material or otherwise, to achieve well-being and security in the terms that are important to them (Elmusharaf et al., 2018).

A summary of the evaluation is presented in Table 1 and discussed in more detail below.

Table 1: Promising Practices Summary Table

	Accessible Housing Adaptations	Community based Housing Program
Individual Focus (y/n)	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Yes
Reduction of barriers	<ul style="list-style-type: none"> • Supply and demand • Isolation 	<ul style="list-style-type: none"> • Supply and demand • Isolation • Stigma
Quality of Life	<ul style="list-style-type: none"> • Housing conditions • Infrastructure & services • Social inclusion 	<ul style="list-style-type: none"> • Housing conditions • Infrastructure & services • Social inclusion
Other Challenges	<ul style="list-style-type: none"> • Cost onerous on individuals • Intervention timing • Navigating programs 	<ul style="list-style-type: none"> • Funding • Choice

5.1. Accessible Home Adaptations

Accessible home adaptations are changes made to a home, in order for it to be better accommodating to an individual's accessibility needs. Adaptations can include large and small adaptations. Large adaptations can include, but are not limited to widening doorways, the installation of ramps, lowering kitchen counters, or installing an elevator or stairlift, whereas, small adaptations can include, but are not limited to installing grab rails in a bathroom or fitting a second banister on a staircase and can be put into a housing unit in a short period of time.

5.1.1. Focus on the Individual

This intervention focuses on making accommodations in a home that are directly related to people with disabilities needs. Along with this, this intervention allows and gives the option for individuals to remain in their homes, in place of needing to relocate.

5.1.2. Reduction of Barriers

This intervention creates an increase in the stock of accessible housing. However, as housing adaptations are targeted towards the individual needs of the person or people who require the adaptation(s), it benefits a niche population within the disability community. Along with this, since adaptations allows people with disabilities to remain in their housing unit, there is not an increase in the demand for accessible housing as a result of inadequate housing. Furthermore, if people with disabilities remain in their home and in their community, they are less likely to experience social isolation resulting from inadequate housing. Although this does not apply to access to transportation and services, people with disabilities can maintain their family and/or community support and social connections.

5.1.3. Quality of Life

This intervention is seen to have the potential to positively impact people with disabilities quality of life, as this intervention improves the homes and subsequent living conditions of people with disabilities. Furthermore, accessible home adaptations are seen to be a good intervention for preventing falls and injuries, as well as reducing social isolation and improving self confidence (Bailey et al., 2019; Satsangi et al., 2018). Of note, is that research has indicated that for people with disabilities, and specifically seniors with disabilities, the benefit of improvements can be dependent on the timing of the implementation of this intervention (Bailey et al., 2019). Seniors with disabilities may choose to delay the implementation of this intervention due to stigmatization, as accessible adaptations are seen to signal a disability, specifically through the clinical aesthetic associated with these adaptations (Bailey et al., 2019). Research suggests delays in adaptations, can reduce their effectiveness, especially when they are delayed until a person's crisis point⁶ (Bailey et al., 2019).

5.1.4. Other Challenges

Although this intervention is seen to help reduce barriers and to have a positive impact on one's quality of life, there are challenges with this intervention. The most

⁶ The point before an individual needs urgent help or care.

prominent barrier to this intervention is cost. Adaptations can be very costly depending on a person's needs, with research conducted in the United Kingdom comparing the cost for adaptations as equivalent to the cost of one place in a care home for a year, costing around £30,000 (\$51,430.80 CAD as of January 2022). For many people with disabilities, and people without disabilities, major adaptations are financially out of reach. However, programs are in place which provide financial aid in the form of rebates to eligible low-income households to complete home adaptations for independent living, such as the BC Rebate for Accessible Home Adaptations. Limitations for this program include limited funding,⁷ which can limit the number of people who benefit and access this program, as well as potential challenges navigating the application process (CDC, 2020).

5.2. Community Based Housing Programs

Community based housing programs are primarily seen in the United States and provide loan funding for the acquisition, rehabilitation, new construction, and predevelopment of housing developments for people with disabilities. For example, in Massachusetts, the Community Based Housing Program was created in 2004 to address the problem of short supply of accessible housing by promoting the development of accessible and affordable housing options for people with disabilities, particularly those living in institutions or at risk of institutionalization (National Low Income Housing Coalition, 2016).

Community based housing programs are typically fully accessible or adaptable units, which meet the federal *Americans with Disabilities Act* requirements for people with disabilities. Most residents are at 30% of area median income or less, with disability benefits as their only source of household income. Rent paid by eligible tenants does not exceed 35% of resident's income (National Low Income Housing Coalition, 2016). Features of the program also include expectations for Universal Design features (see Appendix C), and a guaranteed percentage of the units are set-aside for people with disabilities (McQuillin, 2019).

⁷ To note: According to the BC Housing website as of December 2021, "the BC RAHA program is now closed for the current funding year as funds have been exhausted" (BC Housing, 2022).

5.2.1. Focus on the Individual

This intervention focus is on the individual through the provision of adequate housing for people with disabilities. To note, universal design features are the most inclusive accessible design option. However, they still adequately accommodate individual needs, as universal design acknowledges, and is reflective of, the diverse needs of individuals within the disability community, as features of this design accommodates a wide range of individual preferences and abilities (Burgstahler, 2021).

5.2.2. Reduction of Barriers

The Community based housing programs have been successful at increasing the stock of accessible and affordable housing available to people with disabilities. Along with this, by reserving a specific percentage of the units for people with disabilities, it also ensures that those who need the accessible units are able to obtain them, and also promotes community integration which helps reduce the stigmatization of people with disabilities. The cost of the units also presents this as an accessible option when compared to the high price of housing units. Lastly, in relation to the housing supply, community based housing programs have been seen to increase the housing stock for people with disabilities by an average of 30 to 40 units per year (McQuillin, 2019).

5.2.3. Quality of Life

People with disabilities' quality of life is seen to be positively impacted by this intervention. This is seen through the provision of accessible and affordable units, which provide a housing unit that accommodates people with disabilities needs, as well as community based housing guidelines that are flexible enough to be applied to a range of project types, which increases housing choice for people with disabilities. In addition to this, due to the requirement that rent cannot exceed 35% of a person's income (for those eligible to pay rent), this leaves more of people with disabilities' income to be available for other needs. Furthermore, based on the criteria for eligibility, it prevents people with disabilities from being housed in institutions. Community based housing programs promote community integration and social inclusion, which also positively impact one's quality of life (Grogan et al., 2019).

5.2.4. Other Challenges

As the program is limited by funding, an increase in the funding available to organizations would broaden the impact of the program, in terms of the number of accessible units available and choice for people with disabilities. Individuals' choice is also limited with this option, as although it prevents people with disabilities from being institutionalized, it necessitates people to move from their current housing unit, which they may not wish to do even if their current housing unit does not accommodate their needs.

5.3. Summary

Both practices show to have positive impacts for people with disabilities, which when assessed based on the four criteria can be identified as promising practices. Both interventions occur at the individual level and positively impacts people with disabilities quality of life. Variations between these interventions are seen with the reduction of barriers and challenges of the intervention. Both interventions result in an increase in the accessible housing supply, although in the case of accessible home adaptations, the units being added, are specifically accommodated to meet the needs of those occupying them, which is not the case with community based housing programs, that include universal design features. Accessible home adaptations help to create a space in which people with disabilities are able to maintain their current social connections and remain in their communities and housing units. Community based housing programs create social connections and reduces stigma through the inclusion of both units reserved for people with disabilities, and units available to people without disabilities. However, people with disabilities would have to leave their current residences in order to occupy these units.

The challenges of each intervention do not overlap. The challenges attributed with accessible home adaptations, surround the onerous being placed predominately on people with disabilities. This can be seen with the cost of these adaptations being put on people with disabilities, although there are programs that provide funding, the navigation and application to these programs are also put on people with disabilities. Stigma is also seen to prevent seniors with disabilities from acquiring home adaptations, which is seen to reduce their effectiveness, if done later on. In terms of community based housing

programs, challenges are seen with the provision of choice, as people would have to leave their current housing units. Further challenges can be seen when the programs are limited by funding.

Chapter 6.

Interview Findings

In order to understand the barriers and their subsequent impacts in relation to BC's accessible housing supply, and strategies to mitigate the policy problem, a total of 14 semi-structured interviews were conducted with disability stakeholders (see Appendix G for sample questionnaire). These included experts in accessibility, with a specific focus on housing, individuals who work to support specific groups within the disability community, and individuals with lived experience with a disability(ies). Interviews provided insights to the magnitude of the impact of this policy problem, as well as confirmed and expanded on findings from the literature review and provided suggestions for solutions and policy reforms. While many themes emerged from the interviews, this chapter discusses six key themes which were the most frequently discussed. To note, that while the themes that emerged were pivotal in shaping this study, they do not adequately address important issues of diversity within this population, which is an area of focus both within the framing of this study, and within the policy options and subsequent recommendations.

6.1. A Need for More Accessible Housing and Services

The interviews highlighted the current state of the accessible housing market, in which as one respondent emphasized that there is a *“shortage all around, and a great need for accessible housing.”* The majority of interviewees noted a real struggle in finding accessible and affordable housing for people with disabilities, not just in any one region but throughout the province. For example, as one expert explained, waitlists for accessible and affordable public housing are *“generally about 5 to 10 years”* from when an individual applies, to when they are offered housing. Those that need immediate housing, and who *“did not apply eight years ago, [are] not being offered housing today,”* highlights the sheer limit in the housing supply.

Further limitations to the private and public housing supply for people with disabilities can be seen when looking for a housing unit that will accommodate an individual's specific needs. Options are seen to get smaller and smaller, and even more

so when considering cost and location, as an individual is either able to afford a unit that is not accessible, or they can not afford a unit that is accessible. Another challenge that respondents noted is that people with disabilities are often competing for accessible housing units with people without disabilities. Because people without disabilities often stay in accessible units for at times years, the housing opportunity is lost to people who truly need accessible housing. Another issue that came up in the interviews is the impact of challenges surrounding a housing unit's design, and its location in relation to the proximity to services, amenities, one's workplace, and social networks. Combined, such challenges can lead to a loss of hope, despair and even considerations to ending one's life. As one respondent explained:

People with disabilities are thinking of their last resort, if things don't work out well, to use medical assistance and dying. This is terrible. Where if you can't get housing and it's not accessible, and it's not accessible financially because you need rent geared to income, that's very, very hard to get. The waiting list is decades long in our cities and it's ridiculous. Where if things don't come together - it's a very slippery slope to be like, there's nothing for me in that community, and if I can't live without my personal support through attendant services, and if I can't live in a unit because I can't afford it. And then I go to a nursing home, my quality of life is going to be terrible there right. So, you'll choose that option, I'll just end it now. And, we're hearing people with disabilities starting to say that, so it's a very serious thing.

Discussions surrounded how it is evident that the current state of housing options and services are unable to meet the needs of people with disabilities, due to the volume that the limited supply is expected to serve. Individuals struggle to navigate this system, which can impact people with disabilities quality of life. There were also discussions surrounding Maslow's hierarchy of needs (see Appendix A), which includes basic needs such as housing, food, and warmth. Once these fundamental needs are met individuals are then able to do other activities, such as work, and contribute in other ways to society, and for many people with disabilities their basic needs are not being met. One respondent noted that:

They are very basic needs. They are fundamental, and I have not heard of anybody disputing Maslow after all these years. That's been out there for over 50 years, and it makes a lot of sense. So, if these basic needs can be addressed, things would look very different.

These basic needs are seen as key in creating an environment where people with disabilities can thrive.

Discussions also centred around a lack of services for people with disabilities due to the fact that resources for such services have steadily decreased over the years. As a result, they are harder to access, and there are fewer of them. Along with this, the demand for them has risen, which has resulted in waitlists for services getting longer, and in turn, people with disabilities waiting longer, for in some cases very basic services such as access to testing or medical appointments. Respondents emphasized that this demand for services will continue to grow as more people with disabilities become aware of the services available to them, or as more people need them.

6.2. Institutional Inequalities

The interviews noted systemic and structural inequalities in several areas that impact people with disabilities. As one expert succinctly put it:

You're being told, equality, everybody's equal, and we're going to treat everybody equally, and everybody has the same opportunity. But it's seen at face value. When you look at the little things, it's not. There are these systemic barriers, or these structural barriers, where people who live with a disability, they're not represented and when they are, it's not equal.

The most predominant area surrounded the idea that people with disabilities do not experience institutions the same, which was seen to stem from the idea of, in the words of one interviewee: *“palatable and unpalatable disabilities, such as [those related to] addiction and mental health,”* which determine if one is *“deemed worthy of care”* and whether they are someone *“we need to focus our energy towards.”* Furthermore, people with mental health and/or substance use related disabilities are viewed to be deserving of precarious housing situations, as put but another interviewee these individuals are viewed to have made poor choices, to which their *“street life and exclusions from supports are [these individuals] rightful lot in life.”* As for individuals seeking housing in the private housing market, those who are low income and have mental health and/or substance use related disabilities, can be asked to pay, rent that is very high for inadequate housing as *“nobody else would rent to the person.”* As one respondent noted, there is a perception that these individuals are hard to house, which contributes to discrimination in access:

They're not hard to house. They're potentially hard on housing. One suggests the individual hasn't changed enough to be deemed ready to

be housing ready. The other holds that we haven't built housing that fits their needs in their performance of survival in this space, with their performance of their disability[(ies)].

Exclusion can also be seen on the basis of financial reliability and perceived financial impacts. Landlords are seen to choose tenants who are employed against people who receive financial assistance as evidenced in the following interview excerpt:

For the most part, if a landlord has a decent place at a decent price, they are going to pick the person with the job who is gone 40 hours a week and maybe goes away on weekends so that they're not using utilities and the laundry and everything else in their house as opposed to somebody who's on a system who is not employed, and maybe are around 24 hours a day, or 20 hours a day in their house.

Outside of exclusion based on employment status or government aid, landlords may also exclude people with disabilities based on concerns of litigation and liabilities brought by individuals with a visible disability(ies), surrounding potential injuries due to falls on their property(ies).

6.3. A Gap in Information

Interviews highlighted a lack of accessible information towards available housing. This lack of information is seen to go two ways with both individuals who are seeking housing and housing providers. For individuals seeking housing, the biggest challenge on this front is navigating the system, where individuals may not know where to go to seek out housing, but also may not know how to navigate an “*unclear and complex system.*” In the words of one respondent:

From a user's perspective, or a client who's trying to access these units, you don't really know where to go or what to do. And I think this is a reflection of the kind of piecemeal-ness of our system, a lot of websites, and you'll find that trying to assist people and understanding how to navigate them, as opposed to there being a central place, that is the system, where you go into to get all the information you need.

Along with this, is misinformation in terms of available units, in which either units that are accessible are not advertised as such, or units that are not truly accessible are advertised as accessible. This inaccurate advertisement is seen to reflect a lack of understanding as to what constitutes an accessible unit. For housing providers, a gap in information surrounds those looking for units, the availability of the units, and the

turnover rates for these units, meaning that housing providers do not fully know who is looking for accessible units, and the supply of units available. Not having a complete picture creates an added challenge for housing providers, who are looking to provide housing to people with disabilities.

Interviewees also discussed the lack of information surrounding the development of accessible housing. This gap in knowledge surrounds the idea that accessible housing is more difficult to design, will cost more and will require bigger spaces to accommodate any additional features into the home. This is, however, inaccurate and stems from the process of making accessible adaptations to a pre-existing housing unit, which is more costly. With accessibility features being considered in the planning stages for new construction, additional costs are either non-existent or minimal, and significantly less expensive than when they are added to housing units after they are built. As put by one respondent, many developers think that:

For housing to be accessible, it has to be bigger. Well, that's not true. It's just how you design the space. And then they say it costs more. But in fact, even the Canada Mortgage and Housing Corporation has put out reports showing that it doesn't cost any more to make, especially for an apartment, it doesn't cost any more if you build it from the beginning to be fully accessible. It doesn't cost any more than a non-accessible apartment.

6.4. Choice is Important

The interviewees highlighted an overall lack of choice which was seen as a prominent barrier for people with disabilities. Due to the limited availability of adequate housing, people with disabilities have a lack of choice in terms of housing location, the size, and housing capacity of a unit. What is available in terms of these factors does not meet every person with disabilities needs and wants for housing. Along with this, in the current market people with disabilities may find a housing unit and they will not leave that unit for many years, and for some, they will stay in that unit until they die, due to the overwhelming lack of choice. The lack of choice also was discussed to limit what people with disabilities can do, ranging from work and educational opportunities, and even choices surrounding having children. As put by one respondent:

We want the option of living in a house, a trailer, a condo, high rise, or on a boat, and anywhere else other people might be living, with the same level of choice and location. There are people I know who have

had to turn down job opportunities or turned down scholarships for school, because they literally couldn't find a place to live.

Interviews noted the impact assumptions have on people with disabilities choice, noting the assumption that if a person has a disability(ies), they are probably single, with expectations that they will always be single, which is seen to carry over into the design and size of accessible housing units. Allowing choice was viewed to help people stay and grow in their own communities. However, with the current reality of the housing options for people with disabilities, at present this is considered out of reach for many.

6.5. An Intersection between Health and Housing

The interviews noted that both housing and healthcare are universal basic human rights, which intersect with one another and as such should be approached together. Inadequate or bad housing impacts an individual's health. This point is further illustrated by respondents involved in the housing sector, one of which expressed that:

The idea of housing versus healthcare that kind of bump off against each other. Where people fall between the two camps right? This is housing, this is healthcare, which isn't correct. And we allow those two camps to work as opposed to each other. But those are one camp - housing, and healthcare [are] a single framework. Those are not two separate things, particularly if we're talking about housing within individuals of healthcare needs.

Interviews noted recent and ongoing health events and their connection to housing such as the COVID-19 pandemic, where housing spaces require proper ventilation to help prevent the spread of COVID-19 and the BC heat dome, where housing spaces require air conditioning to prevent heat-related illness, cardiac arrest, and death. Interviews drew parallels from these events, noting that disabilities require necessary housing accommodations, no different from the COVID-19 pandemic or the BC heat dome, as housing that does not accommodate the needs of people with disabilities can impact an individual's health. Interviews further highlighted that inaccessible housing presents health risks for people with disabilities, such as an increased chance of injury. Not only are the health risks physical but they are also mental, through inadequate housing's impact on one's quality of life. This was summarized effectively by one key informant:

We know that people are less healthy if they don't have good housing. So, they're more likely to access the emergency room or emergency services of other types, they're more likely to have mental health issues, they're less likely to be able to hold down a job, just all the different things. There's a huge domino effect when housing isn't provided.

Clearly, the effects on the health care system result in higher costs to governments and increased costs for taxpayers.

6.6. A Need for Coordination

Interviews highlighted a number of pre-existing cracks in the current system, which the COVID-19 pandemic was seen to expose. The most notable of these was the lack of coordination between institutions and organizations by showing what improvements and changes can be made when effective coordination is put in place. For example, during the pandemic, the creation of housing and provision of housing to reduce the spread of COVID-19 was unprecedented. As one respondent explained:

[The COVID-19 pandemic] is a really good example of how different levels of government and non-profits can work together to make things happen really smoothly [...] and having that collaboration to make the best livable spaces they can be, I loved how quickly they could go up.

This was something that many respondents wished could be done for the dual housing crises experienced in BC, and in particular for people with disabilities, for whom the current state of housing requires emergency action. As such, it is important that provincial and municipal governments, and other relevant organizations such as non-profits, and housing developers are aligned. Respondents highlighted a first step to this being the alignment of mandates, as noted in the following quote:

There needs to be some connection on the higher level - upper management, like directors and EDs. This sort of thing can be helpful - communication and commitment to working together as ministries. But then also what's very important with housing is connection at the direct level, as in those doing the direct work. Connections that are built between ministries and between those directly working in this area, there's a lot to that. A lot can happen when relationships are started and reinforced and continued at that local level. It's very important.

Chapter 7.

Policy Options

The following policy options were determined and developed from information collected from the literature reviewed, promising practices, and interview findings. In particular, interviews noted specific interventions that need to be implemented in order to address BC's lacking supply, and overwhelming need for more accessible and affordable housing units for people with disabilities, in both the private and public housing markets. As such, the four policy options that will be assessed are: (1) guiding principles for policy; (2) a province wide information campaign; (3) accessible modular housing; and (4) grants for housing providers. These options build on literature and are directly responding to the suggestions made by interviewees.

7.1. Guiding Principles for Policy

The first policy option to be analyzed is guiding principles for policy. Interviewees highlighted a number of important principles that should be taken into account with any policy option presented. These principles are especially important with consideration of the diverse positionalities, needs, and communities that make up BC's disability population. Five guiding principles were identified, (1) meaningful consultation with people with disabilities; (2) access to information; (3) integrated financial supports; (4) policy that meets people where they are at; and (5) the provision of choice. These five guiding principles provide a foundational and consistent starting point that would inform the development and implementation of policy across BC, as they would be expected to be adopted throughout the province. In order to ensure that these principles are being upheld by municipalities, non-governmental organizations and for-profit organizations, it will be expected that these entities self-report their alignment with these principles. Random checks should be conducted by reviewers to help combat dishonest reporting. Such reporting should be sanctioned through fines.⁸

⁸ Fine should be determined on a case-by-case basis and should align with the approach taken in sections 22-25 under the Accessible British Columbia Act; To note from section 23 (Monetary penalties) is that "a monetary penalty imposed [...] must not exceed \$250,000."

7.1.1. Meaningful Consultations with People with Disabilities

Consulting with people with disabilities is a critical step for any policy that will impact people with disabilities. When people with disabilities participate in decision making processes, it provides strong support towards ensuring that policies, strategies, programs, and operations will be more effective in addressing barriers to inclusion (United Nations, 2021). Consulting people with disabilities helps policy makers understand not only the current barriers experienced by people with disabilities, but of any perceived changes resulting from a policy intervention. This in turn allows policy makers to develop and design policies that better meet the needs of people with disabilities (United Nations, 2021). It is also important that people with disabilities are compensated for giving their time, expertise, and insights from their lived experiences. Consultation should not be done just to check off a box, and in order to ensure this is not the case, a diverse range of people with disabilities should be involved in and consulted in every step of the process (DABC, 2022). However, it is important to acknowledge the individual role that should be taken on as not all the burden should be placed on people with disabilities. Policy and decision makers should learn from the insights and expertise of people with disabilities, and seek out information and learn independently, in order to ensure that a one size fits all approach is not taken across this diverse population.

7.1.2. Access to Information

It is important that those who a policy is aiming to serve, are able to access it. It is essential that any information surrounding obtaining a housing unit is made accessible to those who wish to occupy a unit. This can involve, providing the information through different mediums (e.g., web, telephone, in-person, etc.). Along with this, ensuring that documents are available in plain language, other languages, and other accessible formats such as large print or braille.

7.1.3. Integrated Financial Supports

The services and supports available to people with disabilities cannot keep up with the current and future growth of demand, and financial constrains are a severe barrier for people with disabilities. The financial assistance given to people with disabilities who are unable to work, work limited hours, or do not have the money to pay

unaffordable rent prices is not a feasible amount that would allow people with disabilities to obtain adequate housing in this extremely competitive market (Clifford, 2021). Furthermore, disability rates are not at a level that can be considered a living wage (van Vloten, 2021). Policies should set aside funds for people with disabilities with the intent being that these funds will go towards the acquisition of housing and/or obtaining services and supports when possible.

7.1.4. Policy that Meets People Where they are at

It is important to acknowledge that what constitutes low barrier for one individual can be high barrier for another (Schulze, 2010). As such, institutions should be mindful that when an individual cannot access a service it is not the individual's fault, but a shortcoming of a program or service that creates a space which results in the inability to serve and support that person (CDC, 2020; WHO et al., 2011). This further highlights the need to recognize and listen to the needs of individuals and communities, which will allow institutions to provide better health care, supports, and services to people with disabilities. It is important to create spaces that meet individuals where they are at, and not expect individuals to meet the space. This can be done by meeting the differences that exist within the disability community in relation to individuals' diverse positionalities in relation to race, ethnicity, religion, gender identity, sexual orientation, socioeconomic status, etc. To which, this requires a focus on client-centred services, supports and care, as this would allow for a focus on the individual, with individuals being involved in decisions about the support they receive and have maximum control over their lives. By doing this, institutions can accommodate people to the best of their abilities and help set people up for success. Interviews noted that a client focus helps individuals go through doors to access the supports they need, and that by listening to the expressed needs of the individual, better health care, services, and support for people with disabilities will be provided.

7.1.5. The Provision of Choice

Choice is the freedom to consider possibilities and decide what is best for oneself. The provision of choice for people with disabilities is fundamental, and in order for it to be available for people with disabilities there must be accessibility (Guess et al, 2008), as the choices available to people with disabilities are dependent on what can be

accessed (Center for Community Health and Development, 2014). Choice should not be just thought about in the context of housing. But how the access to any space fits people with disabilities needs and allows for the pursuit of school, employment, and social connection. It is also important that this choice extends to communities, with consideration to daily activities, such as going grocery shopping, meeting a friend in a restaurant, or going to the library, should be accessible to people with disabilities. The provision of choice helps create a society in which everyone can access, choose, and live in.

7.2. A Province wide Information Campaign

The second policy to be analyzed is the development and implementation of a province wide information campaign. Information plays a key role in helping reduce the barriers of stigmatization and discrimination (Betton et al., 2018; Committee on the Science of Changing Behavioral Health Social Norms et al., 2016; Thornicroft et al., 2014). Along with this, information campaigns were viewed in the interviews as key to bringing awareness to accessibility issues within BC's housing sector.

The province wide campaign would include television, online, and social media, as well as high-visibility public billboards. The main goal would be to bring awareness to the impact that a lack of accessible housing has on people with disabilities. The design of this approach is informed by the practices to policy for policy makers and practitioners in the area of raising awareness and sensitizing a wide range of stakeholders outlined in "Awareness raising on the rights of persons with disabilities" published by the Council of Europe in alignment with Article 8⁹ of the UN CRPD (The Council of Europe, 2021). It would be designed to primarily target people without disabilities and should incorporate people with disabilities and a wide range of disabilities in the campaign. As such, the representation from the groups identified by Canada's National Housing Strategy as to be in greater need of housing should be consulted and engaged, as well as people with disabilities who represent a wide range of disabilities should advise the messaging and the delivery of messaging throughout this project.

⁹ Article 8: Awareness-raising: "measures [...] include: Initiating and maintaining effective public awareness campaigns..."

This policy option aims to provide more information and awareness to people without disabilities, as BC's accessible housing crisis is exacerbated by BC's housing affordability crisis. Although this policy option does not directly create additional housing units for people with disabilities, it brings awareness to people without disabilities, governments, and other organizations which has the potential to reduce barriers, reduce stigmatization, and motivate people to take action on this policy problem (Committee on the Science of Changing Behavioral Health Social Norms, 2016; Lee et al., 2018).

7.3. Accessible Modular Housing

The third policy to be analyzed is accessible modular housing. Modular housing is partially built in a plant, shipped to the site, and assembled on a foundation (United Way British Columbia, 2019). It is estimated that modular housing takes about half the time to build as traditional construction with some projects being completed in as little as three months (United Way British Columbia, 2019), and as such, it can provide immediate relief to people in need of housing. Accessibility features can be easily incorporated into the unit's design to meet people with disabilities accessibility requirements (Mountain View Industries, 2018). The inclusion of universal design features is an important consideration for this policy option, as it would result in the greatest number of people with disabilities being able to access these units, as they would not be limited by the accessibility features included in the units. In terms of location, modular housing can be located on vacant and underutilized sites. Modular housing can also involve the provision of services and supports to those who occupy the units. Residents of modular housing pay rent which can be as little as \$375 or the shelter component of income assistance (CBC, 2021; City of Vancouver, 2018).

Modular housing has been utilized throughout Canada (City of Vancouver, 2020; Hollingsworth, 2021), and internationally (Blundell, 2019), to which it has been constructed in order to provide immediate relief to hundreds of people living without a home (City of Vancouver, 2020). In a survey conducted by BC Housing, residents of temporary modular housing units reported positive outcomes as a result of their occupancy of these units (BC Housing, 2020), noting better overall well-being, and positive interactions with neighbours, with residents remaining housed six months after having moved in (City of Vancouver, 2020).

Interviews highlighted that it is critical to get accessible and adequate housing. This policy option can quickly increase the supply of accessible and affordable housing for people with disabilities within the public housing market. And, modular housing can improve the well-being of the people who occupy these units through the availability of units that meet their needs.

7.4. Grants for Housing Providers

The final policy option to be analyzed is grants for housing providers. Currently, there are no incentives for developers to go beyond the accessibility requirement set out in the BC Building Code, which states requirements for a housing unit to be visitable for people with disabilities. Interviewees noted that it is unlikely that developers, unless specifically looking to provide accessible units, will go beyond the requirements set out in the building code. Similar conclusions can be made about landlords, who also have no incentives to make the housing units that they offer be accessible to people with disabilities, as there are no requirements under the BC Building Code for pre-existing units. Grants would provide incentives and include minimum requirements for housing providers in relation to accessible housing units.

The framework for these grants involves a financial amount that would be determined based on two streams, existing units through landlords, and units under development through housing developers. As interviews and research have indicated, the cost of integrating accessibility into the design of a unit is minimal, whereas, making adaptations to a pre-existing unit is more costly. Several requirements will be attached to these grants and will be factored into the amount provided to housing providers. These include select and adapted criteria from the Canada Mortgage and Housing Corporation's (CMHC) Affordable Housing Innovation Fund (see Appendix C). This program was utilized as the interviews highlighted the need for existing programs that set requirements on units, to increase the requirements and highlighted this program as an effective start. The following criteria will be applicable to housing developers:

- **Accessibility features & affordability:** At least 30% of the units of a project must meet universal design requirements (see Appendix C), as well as the same units must be affordable units. (Adapted)
- **Adaptable:** The remaining units of a project must adhere to adaptable design.

- Unit affordability maintained for at least 10 years: The project must remain affordable for at least 10 years. (No change)
- Location: Easy access to transit, and essential buildings (i.e., grocery stores, pharmacies, doctor's offices, hospitals, schools, banks, etc.). (Adapted)

For landlords of existing units, this grant would require them to install home adaptations to their housing units, which would help alleviate the onerous of these adaptations being placed on people with disabilities. This grant would cover up to 80% of the cost associated with accessible adaptations. This threshold was determined during interviews with advocates, who noted that the financial support provided needs to be substantial in order to incentivize this group of housing providers. Research has determined that financial incentives are effective, however research does not give a specific percentage that would illicit a change in behaviour, however, like in the interviews, there is acknowledgement that the amount should be significant, as such it is important to revisit the percentage offered to housing providers (Home for All, 2022; Inclusionary Housing, 2019; Local Housing Solutions, 2021; New Commons Development, 2018). The following criteria will be applicable to landlords, and are based on, and adapted from the CMHC's Affordable Housing Innovation Fund, and is as followed:

- Accessibility features & affordability: The units being adapted must meet universal design requirements (see appendix C), as well as the same units must be affordable units. (Adapted)
- Unit affordability maintained for at least 10 years: The project must remain affordable for at least 10 years. (No change)
- Location: Preference will be given to units with easy access to transit, and essential buildings (i.e., grocery stores, pharmacies, doctor's offices, hospitals, schools, banks, etc.). (Adapted)
- Individuals contracted for the installation of the adaption must have prior experience in this area. A list of recommended qualified contractors should also be provided to landlords. (New)

This policy aims to reduce people with disabilities having to choose between location, price, and accessibility as well as increase the stock of accessible housing. Still, it does not mandate accessibility as a requirement outside of what is currently outlined in the BC Building Code. However, it would help the private housing supply catch up to the growing and existing demand for accessible and affordable housing.

Chapter 8.

Evaluation Framework

To assess the policy options outlined in Chapter 7, five criteria were used, equity and fairness, effectiveness, stakeholder acceptance, empowerment, and administrative complexity and is summarized below.

Table 2: Evaluation and Measures for Policy Analysis

Objectives	Criteria	Measure	Ranking
Key Objectives			
Equity and Fairness	Equitable access to accessible and affordable housing	Ability to reduce barriers with consideration to: specific restrictions, cost, stigmatization, information, and design	High: significant reduction in barriers Moderate: moderate reduction in barriers Low: no reduction in barriers
Effectiveness	Increase in accessible and affordable housing stock	Ability to increase the accessible and affordable housing stock, and number of housing units available	High: significant increase Moderate: moderate increase Low: minimal increase
Other Considerations			
Stakeholder Acceptance	Acceptability amongst local communities, non-profit and/or private housing providers, and municipal governments	Level of acceptance by local communities, non-profit and/or private housing providers and municipal governments	High: high support Moderate: some support Low: no support
Empowerment	Access to services and support structures	Ability to access services and social support structures that enhance wellness	High: significant increase Moderate: moderate increase Low: minimal increase

Administrative Complexity	Ease of implementation	Barriers to implementation, with consideration to land/property acquisition, bylaws, the number of partners required, cost, and alignment with the provincial governments existing political agenda	High: high complexity Moderate: moderate complexity Low: low complexity
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8.1. Equity and Fairness

This criterion measured the barriers that impact people with disabilities access to adequate housing, such as cost, design, stigmatization/discrimination, and guidelines that influence access.

8.2. Effectiveness

Highlighted within existing literature and throughout expert interviews was the need for accessible and affordable housing throughout BC, as such the criterion for effectiveness looked at increasing the accessible and affordable housing supply. Policy options were measured based on their perceived impact on the housing stock, specifically, the amount to which accessible and affordable housing increases.

8.3. Stakeholder Acceptance

The stakeholders included in this criterion are local communities, non-profit and/or private housing providers, and municipal governments. Of note is that local communities were highlighted in interviews as having a strong impact on where housing is located and noted that NIMBYism (Not in My Back Yard) can play a role in delaying developments.

8.4. Empowerment

The empowerment of people with disabilities is an important consideration when determining the success of a policy option, as such this criterion looked to assess the fulfillment of potential for people with disabilities. It is important to acknowledge that the fulfillment of potential and what that may look like for people with disabilities cannot be

considered in terms of normative ableist ideas of what constitutes fulfillment (Kinross, 2021). This would be determined on an individual level and as such, this criterion looked at access to services or supports, as the UN CRPD sees support, services, and assistance as a means to preserving dignity and enabling individual autonomy and social inclusion (WHO, 2011).

8.5. Administrative Complexity

Interviews highlighted the important role that the provincial government plays in relation to the development of accessible housing and the guidelines surrounding it. As policies are intended to be implemented at the provincial level, this criterion considered the level of complexity and time involved in the provincial government implementing a policy, such as consideration to land and property acquisition, bylaws, the number of partners required, cost, and alignment with the provincial governments existing political agenda. As such, this criterion looked at the ease of implementation. This criterion was informed by interviews, which highlighted barriers in relation to the implementation of the policy options listed.

Chapter 9.

Policy Analysis

This chapter shows the analysis of the four policy options: guiding principles for policy, a province wide information campaign, accessible modular housing, and grants for housing providers. Policy options were evaluated using literature findings, the promising practices identified, and interviews. Each option was scored on a scale of high, moderate, and low, and given a rating on a heat map. The colour green corresponds with a high rating, the colour orange corresponds with a moderate rating, and the colour red corresponds with a low rating. A summary of the findings can be found below.

Table 3: Summary of Evaluation

Objectives	Guiding Principles for Policy	Province wide Information Campaign	Accessible Modular Housing	Grants for Housing Providers
Key Objectives				
Equity and Fairness	Significant Reduction	Significant Reduction	Significant Reduction	Moderate Reduction
Effectiveness	Minimal Increase	Minimal Increase	Significant Increase	Moderate Increase
Additional Considerations				
Stakeholder Acceptance	Moderate Support	High Support	Minimal Support	High Support
Empowerment	Significant Increase	Moderate Increase	Significant Increase	Significant Increase
Administrative Complexity	Low Complexity	Moderate Complexity	High Complexity	Moderate Complexity

9.1. Guiding Principles for Policy

Table 4: Evaluation of Guiding Principles for Policy

Equity and Fairness	Effectiveness	Stakeholder Acceptance	Empowerment	Administrative Complexity
Significant Reduction	Minimal Increase	Moderate Support	High Increase	Low Complexity

9.1.1. Equity and Fairness

The guiding principles support policy that acknowledges, and is reflective of, the diverse positionalities within the disability community. The principles are seen to have a positive impact towards the reduction of barriers specifically seen through the principles: meaningful consultation with people with disabilities, integrated financial supports, access to information, and policy that meets people where they are at. Consultation with people with disabilities is seen to help prevent the perpetuation of systemic barriers present within policy for people with disabilities, which can take place for example in housing intake processes, and the design and development of infrastructure. Paired with the acknowledgement for policy and decision makers independent learning, this principle shows to have promising long term impacts on the reduction of barriers for people with disabilities. Furthermore, financial supports provide financial assistance in accessing housing, services and supports. In terms of the principle: access to information, this principle looks to ensure that information surrounding policies are easily accessible to people with disabilities and available in the medium of their choice. This principle is directly related to the barrier of access to information for people with disabilities that was expressed throughout expert interviews and literature. Lastly, the principle: policy that meets people where they are at, is focused on the provision of client centred services and care, which gives people agency in the decisions that impact them and allows for their specific needs to be accommodated. This policy option received a rating of **good**, as it is seen to result in a significant reduction in barriers for people with disabilities.

9.1.2. Effectiveness

This policy option does not have a direct impact on the accessible and affordable housing market, in terms of an increase in the housing stock. This indirect impact can be seen through the principles surrounding consultation with people with disabilities, access to information, and integrated financial supports. Consultations can create policies that in turn result in an increase in the stock, as well as policies that result in more people being able to access accessible units through the reduction of barriers. An increase in the availability of information related to housing policies, provide people with disabilities easier access to clear information, and integrated financial supports notes the need for an increase in financial support, which would allow for more units to be available financially to people with disabilities. However, as the impact of the guiding principles is not direct, this policy option received a rating of **low**, as it is seen to directly result in a minimal increase in the accessible housing stock, and the number of housing units available.

9.1.3. Stakeholder Acceptance

As this policy option is focused on policy development and implementation, local community support is seen to vary depending on the policies shaped by the guiding principles. For example, for policies that involve the development of housing units for people with disabilities, support and NIMBYism may vary depending on the design, placement, and size of a building, as well as perceptions of the people occupying said units, whereas, if the policies being developed using the guiding principles do not result in the development of housing units, local communities are likely to not be opposed. This policy option does involve non-profit and private housing providers, as the policies developed under these principles may impact these providers and necessitate additional considerations (such as the provision of low barrier units) on their part. Furthermore, municipalities will also be impacted by this policy in that municipal governments will be expected to integrate these guiding principles into their policies development process, to which support for this may vary depending on the capacity of a municipality, and the alignment with municipalities own priorities, which vary across the province. With these considerations in mind, this policy option received a rating of **moderate**.

9.1.4. Empowerment

This policy is seen to result in a significant positive impact in relation to people with disabilities access to services and supports. As mentioned previously, the guiding principles result in a reduction of barriers, which is not limited to services and supports. This can primarily be seen through the principle: policy that meets people where they are at, through a focus on client centred care, and the principle integrated financial supports. The first principle mentioned allows for policy to be better reflective of people's individual needs and has the potential to result in services and supports that were not accessible to groups within the disability community, to now be accessible. The later, provides funding for the acquisition of services and supports, which in turn increases access. With these considerations in mind, this policy option received a rating of **good**, given that it results in a significant increase in access to services and social support structures that enhance wellness.

9.1.5. Administrative Complexity

This option aligns with the BC's government priorities of "mak[ing] BC more inclusive for people with disabilities" (Bill C-6, 2021), and the "remov[al of] barriers for all British Columbians" (Bill C-6, 2021). This policy option necessitates communication from the government to entities such as municipal governments, organizations, and institutions, meaning that this policy option does not involve land/property acquisition, bylaws, or number of partners required. For this policy option there are costs associated with human resources such as staff time in relation to extra work brought on by the implementation of the guiding principles, and efforts, such as monitoring and enforcement, to ensure that these principles are being upheld by municipalities, non-governmental organizations and for-profit organizations. Based on these considerations this policy option received a rating of **good**.

9.2. A Province wide Information Campaign

Table 5: Evaluation of a Province wide Information Campaign

Equity and Fairness	Effectiveness	Stakeholder Acceptance	Empowerment	Administrative Complexity
Significant Reduction	Minimal Increase	High Support	Moderate Increase	Moderate Complexity

9.2.1. Equity and Fairness

Challenging the stigmas towards people with disabilities and providing awareness to the current state of housing for people with disabilities takes understanding, education, and a closer look at our own attitudes toward health. Information campaigns are an effective way to reach a large population, as well as the use of multiple mediums increases the likelihood of individuals interacting with the content and message(s) (Luecke, 2006). Along with this, the accessibility of the information and messages is high due to the range of media proposed. Interviews viewed information campaigns as an essential, effective, and necessary step in reducing barriers for people with disabilities. Research indicates that information campaigns targeted at the mass public are a promising and effective avenue for policymakers in shifting public opinion and providing information (Facchini et al., 2017). Research also supports interviews as information campaigns have proved to be effective in reducing barriers, addressing stigma and stereotypes towards specific groups, as greater awareness through an information campaign is associated with a positive impact on individual's views, and actions persisting into a long-term timeframe (Henderson et al., 2017). As such, this policy option received a rating of **good**, as it is seen to result in a significant reduction in barriers for people with disabilities.

9.2.2. Effectiveness

Although, this policy option is seen to result in a significant reduction in barriers, which in turn can impact people with disabilities access to housing units that were not accessible to them prior due to barriers such as stigmatization, design, and cost. This policy option is seen to have an indirect impact on the accessible and affordable housing

stock, and the number of housing units available to people with disabilities. As it has the potential to impact this area, through awareness and through the reduction of barriers, more accessible housing units can become available or be created. This policy option received a rating of **low**, as it is seen to directly result in a minimal increase in the accessible housing stock, and the number of housing units available.

9.2.3. Stakeholder Acceptance

This option is very likely to be supported by local communities. NIMBYism (Not in My Back Yard) typically involves residents of a neighbourhood where a new development (e.g., shelter, affordable housing, group home) is designated, or a change in occupancy of an existing development is viewed as inappropriate or unwanted for their local area (Homeless Hub, 2021). This policy option has no direct relation to the creation of housing, and as such is not impacted by NIMBYism. Of note, is that an information campaign has the potential to mitigate NIMBYism as it is seen that the concern brought by communities towards developments are shaped by stigmatization, stereotypes, and misconceptions (Homeless Hub, 2021). Information was viewed by interviews with advocacy groups who were involved in the development process, to be a very effective counter and solution to address NIMBY views. This policy option has no impact on non-profit and private housing providers. Municipalities involvement will only involve coordination in relation to the implementation of this policy option, and as this is a limited role, it is expected that municipal governments will be in support of this option. Based on these considerations, this policy option received a rating of **good**.

9.2.4. Empowerment

As mentioned above, this policy option is seen to result in a reduction of barriers. As this policy option seeks to bring awareness to a number of accessibility issues, there is the potential for the reduction in barriers surrounding access to services and supports, as well as the potential for more services and supports to be created and offered to people with disabilities. This policy option has the potential to indirectly impact the quantity of supports, as in the creation of more services and supports, and indirectly impacts people with disabilities access to services and supports. As such, this policy option received a rating of **moderate**, given that it results in a moderate increase in access to services and supports that enhance wellness.

9.2.5. Administrative Complexity

This option is aligned with the BC government’s priorities. The *Accessible British Columbia Act* looks to “make BC more inclusive for people with disabilities” (Bill C-6, 2021). This piece of legislation is “aimed at removing barriers for all British Columbians” (Bill C-6, 2021). Policies geared towards this work are in line with the government of BC’s priorities, which entail a high level of support. The BC government has also taken part in a number of information campaigns, one of the most recent being focused on anti-racism (Ministry of Social Inclusion and Poverty Reduction, 2021). As this policy option looks to provide information using television, online and social media, and high-visibility public billboards, this necessitates collaboration with several entities in relation to the distributions. Specifically, television networks, and online platforms. There is also a need to acquire public billboards throughout the province, which would also necessitate collaboration with organizations. Of note is that information campaigns can be high in cost, estimated to range anywhere from \$2,500 to \$100,000 a month (Tobin, 2022). Along with this, the time frame for the development and implementation of a province wide campaign is expected to take some time, based on considerations to the scale of the campaign. Based on these considerations, this policy option received a rating of **moderate**.

9.3. Accessible Modular Housing

Table 6: Evaluation of Accessible Modular Housing

Equity and Fairness	Effectiveness	Stakeholder Acceptance	Empowerment	Administrative Complexity
Significant Reduction	Significant Increase	Minimal Support	Significant Increase	High Complexity

9.3.1. Equity and Fairness

Accessible modular housing reduces the number of barriers experienced by people with disabilities to acquiring adequate housing, the first of which is the barrier of design. Accessible modular housing can be built so that they are accessible to people with disabilities, and with universal design features, this would mean that any housing

unit an individual occupies will meet their needs. Modular housing is commonly used to house people in urgent need of housing, such as people experiencing homelessness, and is inclusive of people with substance use disorders, as well as people with mental health related illnesses (Homeless Hub, 2019), which means that there are low inclusion criteria based on disabilities. Cost for residents for these housing units is relatively low, typically \$375 or the shelter component of income assistance (CBC, 2021). Although this is a significant reduction in cost when compared to the average price of rent in BC, this can still be a barrier to people with disabilities, with consideration to people with disabilities cost of living being higher due to the costs associated in relation to a person's disability(ies). With these considerations in mind, this policy option received a rating of **good**, as it is seen to result in a significant reduction in barriers for people with disabilities.

9.3.2. Effectiveness

This policy option would quickly increase the supply of accessible and affordable housing for people with disabilities, as modular housing is housing that is partially constructed in a factory and is then shipped to a designated lot (Araj, 2021). Due to modular housing being primarily constructed indoors, they can be completed in a matter of weeks, and do not see on-site delays resulting from weather (MHABC, 2022). Interviews indicated that modular housing is convenient in the sense that it can be located in vacant and underutilized sites, as well as onto smaller lots. Of note, is that this option is dependent on the amount of vacant and underutilized sites and lots in an area, as for urban areas, this may be a smaller number than in rural areas. However, modular homes can be stacked which allows for an optimization of the space available. Modular homes can also be relocated which not only maintains the addition to the housing supply, but also allows it to be adaptable to changes in lot use, or changes in community need. This policy option received a rating of **good**, as it is to result in a significant increase in the accessible housing stock, and the number of housing units available.

9.3.3. Stakeholder Acceptance

This option is unlikely to receive support from local communities, as this policy option is viewed to see NIMBYism from local communities. Given the design of modular housing may not be satisfactory to local communities and given the occupants of the

units. Interviews highlighted how once housing occupies people with substance use disorder, local communities are more likely to express dissatisfaction with a development. This dissatisfaction was expressed by interviews to be based on perceptions of risk to the community, which can be framed as concern toward child and youth safety and the perceived potential to expose children and youth to substance use and lead to reduced property values. NIMBYism can be combated with the provision of information that accurately disproves concerns that are seen to stem from stigmatization and stereotypes of this group within the disability community. As this policy option is focused on the public housing sector, this policy option will only impact non-profit housing providers, and as there are many non-profit organizations and providers that are focused on accessibility and people with disabilities, there will likely be support from this group. Municipalities will likely also receive complaints by those with NIMBY views, which will result in additional work to address these complaints. However, as modular housing has been implemented in a number of municipalities within BC, additional challenges for municipal governments would be an increase in processing permits (e.g., permit applications), as well as an increase in the volume of complaints depending on the scale of development in an area. Based on these considerations, this policy option received a rating of **low**.

9.3.4. Empowerment

Modular housing developments can include supports geared to residents needs. Although the location of the development is limited by the number and access to vacant and underutilized sites and lots in an area, which in turn can limit what supports are in the immediate vicinity and accessible by transit. Transit is not always an ideal or feasible option for people with disabilities depending on one`s needs, and although in urban areas transit is typically more developed and frequent, in rural areas this may not be the case. However, the provision of services and supports being attached to the development allows for people with disabilities to access them with ease. As well as these services and supports can be tailored to people with disabilities specific needs, whereas, when considering proximity-based services and supports, not every service or support that people with disabilities need will be in close proximity to their location. With these considerations in mind, this policy option received a rating of **good**, given that it

results in a significant increase in access to services and supports that enhance wellness.

9.3.5. Administrative Complexity

Interviews highlighted two considerations in relation to government support surrounding the construction of housing. The first of which was that housing is not identified as a government priority in the *Accessible British Columbia Act*, where in relation to buildings, the built environment is a priority area. The second surrounded interviewees viewing the government to be less supportive of building units and more in favour of utilizing and adapting the current stock available. Modular housing involves several actors and in turn hurdles to development. Modular housing requires approval to use land, the navigation of by-laws, permits, funding, and organizations to operate them. Interviews with advocacy groups involved in providing housing acknowledged that the approval process with municipal governments can be challenging, through issues with paperwork, other administrative issues, or initial rejection can result in substantial delays, as it can involve having to completely restart the process. This can be the same when trying to secure funding for a project. As mentioned above there are also challenges in terms of NIMBYism, where community meetings may need to be held, in order to address community concerns, as community backlash can also result in substantial delays in a project. Interviews also noted that these challenges can be mitigated when organizations and governments collaborate, resulting in this process occurring much faster. Interviews highlighted that collaboration is extremely effective, in the case of the pandemic, where there was an urgency to house people, and a willingness for collaboration. To note, modular housing is seen to be far less costly than buildings that are constructed on-site (Paez Bowman, 2020). As modular homes are built in a factory, they are unaffected by variables that impact and delay site-built homes (Paez Bowman, 2020), which results in reduced costs associated with their build. The average modular home could cost between \$90 and \$120 per square foot to build, whereas a home built on-site starts at \$150 per square foot (Paez Bowman, 2020). Along with this, modular homes can have either little or no maintenance after construction, depending on the material specified for the project (Paez Bowman, 2020). With these considerations in mind, this policy option received a rating of **low**.

9.4. Grants for Housing Providers

Table 7: Evaluation of Grants for Housing Providers

Equity and Fairness	Effectiveness	Stakeholder Acceptance	Empowerment	Administrative Complexity
Moderate Reduction	Moderate Increase	High Support	Significant Increase	Moderate Complexity

9.4.1. Equity and Fairness

Similar to accessible modular housing, grants for housing providers would reduce barriers to access housing. Several criteria are attached to receiving the grants, which specifies design, cost of units, and location requirements. In terms of design a specified percentage of units are to meet universal design requirements, which means that people with disabilities can access any of these units regardless of their disability(ies). These units also must be affordable, costing no more than 30% of an individual's income per month. Although 30% is still not accessible for everyone, it is a significant difference when compared to the average rent. An important consideration is that because the grants outline requirements for housing design and cost, housing providers are still able to decide who occupies the units within the disability community. With high demand developers may cherry-pick the occupants, which may be impacted by stigma and stereotypes towards groups within the disability community. As such, this policy option received a rating of **moderate**.

9.4.2. Effectiveness

The impact of this policy option in terms of increasing the accessible housing stock, and the number of housing units available, is dependent on several key factors. The first of which is the scale of the project. In the case of new developments, the increase in accessible housing depends on the number of total units in a development, with the minimum requirement being 30% of the units meeting universal design requirements. Meaning that in a development of 10 units, 3 at a minimum must be accessible, and in a development of 100 units, 30 at a minimum must be accessible. However, due to the requirement for the remaining units to have adaptable design,

which would allow the unit to easily undergo adaptations to make it accessible later on, it provides the potential for a further increase in the accessible housing stock. The second factor is choice. As the design and cost requirements are dependent on developers' choice to pursue this grant, the increase in accessible units is also dependent on the effectiveness of the incentive, and developers' choice to utilize it. As such, this policy option received a rating of **moderate**, as it is to result in a moderate increase in the accessible housing stock, and the number of housing units available.

9.4.3. Stakeholder Acceptance

This policy option is likely to receive moderate support from local communities. This policy option will likely result in NIMBYism from local communities. However, it will likely only be based on the development of the building depending on the area and location. NIMBYism in relation to the occupants is not anticipated, as developments will likely have occupants who are people with and without disabilities. Although for housing developers it would be known that a certain percentage of the occupants would be people with disabilities in correlation to the number of accessible units, the occupants would not be known to the public. As this policy option is focused on the private housing sector, this policy option will only impact private housing providers, and as this policy option is voluntary for private housing providers, in that only those who wish to access the grants have to abide by the qualifying criteria. There is no impact or involvement with municipalities outside of pre-existing involvement in relation to the development of housing (e.g., the provision of building permits). Based on these considerations, this policy option received a rating of **good**.

9.4.4. Empowerment

Requirements for the grants require the housing developments to have easy access to transit, and essential stores (i.e., grocery stores, pharmacies, doctor's offices, hospitals, banks, etc.). This would also mean that their services and supports would be easier to access for people with disabilities resulting from the location of the development. Both in relation to the services or supports that people with disabilities would go to themselves, but also in that it would be convenient for those providing the services or supports to go to the location of those utilizing them. As mentioned above, this does not mean that every service or support that people with disabilities may need

would be accessible. However, the ability to access and receive services and supports increases as a result of this policy option. As such, this policy option received a rating of **good**, as it results in a significant increase in access to services and supports that enhance wellness.

9.4.5. Administrative Complexity

As mentioned previously, interviews indicated that the provincial government would be more likely to support policies that look to impact the current housing supply, in place of new developments. Since this option involves developments that are going to be developed with or without the grant, this option looks more to motivate developers to make their developments accessible. However, the grant for landlords aligns with government interest. To note, as this policy option is a grant that housing providers would apply for, the only additional step added to the development process is navigating the application process. Outside of this, developers would still need to acquire land and permits, hire contractors, or have existing units, which would be necessary regardless of whether they sought out the grant or not, meaning the grant itself does not add substantial barriers to developers. Along with this, there are minimal partners involved in this policies implementation, as this would be operated within the provincial government. Cost is seen as a substantial indicator of support, as the amount of the grants would be dependent on the size of the development and project, or the number of units being adapted, and it is challenging to provide an estimate due to it being heavily dependent on individual circumstances. However, the amount of money provided for some projects could be relatively high, especially looking at landlords who may wish to renovate existing units, which can be costly. It is also important to note that although there are relatively high upfront costs associated with this policy option, the provision of adequate housing was identified by expert interviewees, to cost the government less money in comparison to the costs associated with homelessness, and the health care cost associated with inadequate, non-existent housing or shelter. With these considerations in mind, the policy option received a rating of **moderate**.

Chapter 10.

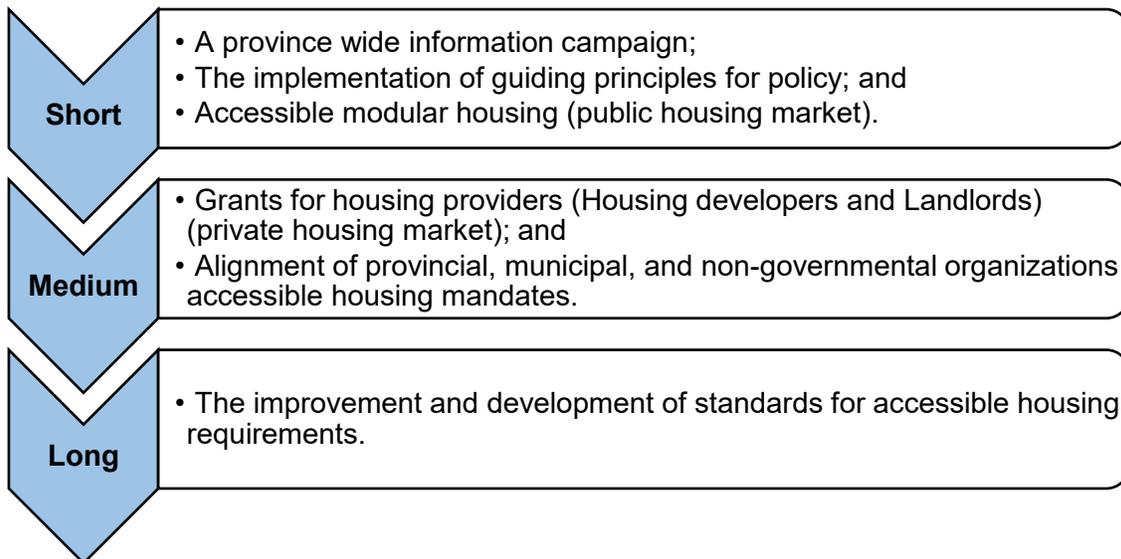
Recommendations & Considerations

There's just so much that's needed to address this crisis. And we have so many tools and so many amazing things that we can work with, it's just a matter of making it a priority. And making everybody understand how much of a priority it is. It's a choice to let people stay on the streets. A choice to not have enough units for folks who need accessible housing. Access to these kinds of homes will enable them to thrive.

-Interview Participant

This chapter discusses and outlines the policy recommendations and considerations of this study, which looks to address both the reduction of barriers, and the creation of accessible and affordable housing for people with disabilities. Given the urgent nature of this policy problem, recommendations are organized in the short, medium, and long term, and are summarized below.

Figure 3: Summary of Recommendations (Short, Medium, and Long Term)



There is not one policy action that can fully mitigate the barriers experienced by people with disabilities that impact the acquisition of housing, and result in an increase in the accessible and affordable housing stock. However, through the literature, promising practices identified, qualitative analysis, and policy analysis it is clear that one cannot address one of these areas effectively without also addressing the other. Each policy has clear trade-offs. However, each of these policies are essential steps in the process

of systematically eliminating barriers for people with disabilities and creating urgently needed accessible and affordable housing. Particularly highlighted by the interviewees was the impact of collective action and urgency in a crisis, as seen throughout the COVID-19 pandemic. A starting step to collective action is collective awareness, which can be provided by an information campaign. As such, an important first step and recommendation is implementing the province wide information campaign. An information campaign is a promising action that can be taken to bring awareness to this policy problem and provide information that looks to reduce stigmas and stereotypes for people with disabilities, which is a necessary step, and in turn, will help other policy options be more effective. It is important to note that the development and implementation of this campaign will not be immediate. However, it is important that efforts surrounding this campaign begin immediately. Also in the short term, should be the implementation of guiding principles to policy as they are essential to harmonizing the approach for policy development and implementation across BC, and will also help inform the information campaign.

In tandem, as an immediate response to the current accessible housing crisis, should be the development of accessible modular housing, as once approved and developed it is a quick intervention that can house a large number of people with disabilities. This is essential as the impact that inadequate housing has on people with disabilities has a detrimental effect on both mental and physical health as a result of the poor quality of life that inadequate housing can play a role in creating. Accessible modular housing has shown to both effectively increase the supply of accessible and affordable housing for people with disabilities and is relatively low barrier, and results in a significant increase in access to services and supports that enhance wellness.

Of note in the analysis, accessible modular housing was shown to rank lower in relation to administrative complexity, and both government and local community support. This can be improved through awareness being brought to this issue, and the reduction of stigmatization and stereotypes towards people with disabilities.

The policy option: grants for housing providers, looks to incentivize developers and landlords to go beyond the requirements outlined in the building code, and highlights the variability in impact resulting from the voluntary nature of this policy option. This policy option should be implemented in the medium term as it provides selection within

the private housing market. Given the housing crisis that is being experienced by people with disabilities, paired with the anticipated increase in people with disabilities as a result of a growing aging population and the precarious nature of one's life, the current housing supply is not keeping pace with demand, necessitating interventions for both the private and public housing market. Highlighted in the interviews was the need for substantial government intervention, and as developers are seen to only build to the level that the building code dictates, this grant can be seen as one of many effective interventions.

Interviewees highlighted the need for the alignment of mandates and the development of standards in relation to accessible housing. As such, another medium term action should be the alignment of mandates between provincial, municipal and non-governmental organizations, as it will allow those working in areas related to accessible housing, to have a joint and common goal and approach.

A long term and effective intervention is the improvement and development of standards that set requirements for not only the number of accessible units that should be created, but also for universal design requirements to be implemented as the accessibility standard. These also allow for joint work to be done between organizations and levels of government. Interviewees highlighted this to be critical in order to create accessible housing for people with disabilities, noting that if a large enough percentage of housing was accessible universally, people with disabilities would not be limited in their choices as a result of the housing available to them.

As mentioned, BC is lagging behind the population's needs for accessible and affordable housing, which necessitates actions that not only look to long term success, but also actions that allow the housing supply to catch up to this demand. This study does not consider the recommendations proposed as the sole interventions necessary to address the policy problem but sees them as promising steps which will have positive impacts for people with disabilities and other population groups in the short, medium, and long term.

Everyone can benefit from affordable housing. As a result of the affordable housing crisis, rising housing prices have pushed homeownership out of reach for many (Haider et al., 2021), and along with this, almost half of BC's population spends more than 30% of their income on housing (Wadhvani, 2018). This results in more people

being likely to struggle financially (Backman, 2021), especially for those who are already financially vulnerable and vulnerable populations such as women and children fleeing family violence, seniors, Indigenous peoples, veterans, and young adults (CMHC, 2018). Everyone can benefit from lessened housing costs, and the ability to reallocate funds to other financial priorities which helps to create financial security (MacPherson, 2009).

In the context of accessible housing, everyone can benefit from universal design features (CBC, 2018). Everyone can benefit from an elevator in a building, which means they do not have to carry groceries, or a couch up three flights of stairs. Everyone can benefit from a wider doorway and hallways, which makes bringing a couch into a housing unit substantially easier (CMHC, 2019). These kinds of features are not something that people without disabilities may even notice or consider to be included in relation to accessibility, but would be still appreciative that they are there, and still utilize them. Accessibility features not only in the context of housing, but also beyond housing, can create an environment that everyone can benefit from.

Chapter 11.

Conclusion

This study aimed to address gaps in literature on accessible and affordable housing and provide interventions that increase the supply of accessible and affordable housing and reduce barriers for people with disabilities in BC. Study findings highlight the need for effective and timely action in this area, as inadequate housing not only limits people with disabilities pursuits, but also has a critical impact on their health.

This study points to the need to address systemic barriers, in order to effectively address this policy issue. Interview findings highlight the strain that is currently on the system, for both housing, and services and supports, which cannot accommodate nor keep up with the current demand, and the impact that this has on people with disabilities. Not only are there serious consequences resulting from the current situation, but they will only persist if appropriate action is not taken.

In the short term, this study recommends the development and implementation of a province wide information campaign which looks to provide information to people without disabilities in relation to the impact that a lack of accessible housing has on people with disabilities. Along with this is the implementation of guiding principles to policy. In tandem with this, it is important to implement immediate housing interventions, to which this study recommends the development of accessible modular housing, as accessible modular housing can be quickly built and placed following approval. In the medium term, this study recommends the implementation of grants for housing providers in order to create incentives for accessible housing that goes beyond what is currently stated in legislation. Along with this, is the alignment of provincial, municipal, and non-governmental organizations mandates, in order to promote collective action in this area. In terms of long-term action, the improvement and development of standards that set requirements for not only the number of accessible units that should be considered, but also for universal design implemented as the accessibility standard, as without this level of action the housing supply will continue to lag behind the demand.

There are still areas that need addressing in relation to this policy problem. Particularly there is a need for reporting on both the number of accessible units

available, but also on the need for accessible units in each geographic area of BC, with specific attention to rural and urban locations. This information is both underreported and under recorded and would allow policy makers, governments, advocacy groups and other organizations to better target efforts to communities, and individuals.

Another important area for further research involves the current body of research surrounding accessible housing. Research proved limited in determining promising practices, as there were many studies conducted that provided recommendations, however little analysis or information was provided in order to discern the positive or negative implications of the recommendations. This proved to limit the number of promising practices identified. As such, further research should be done to assess the success of implemented recommendations, as this will allow for policy makers and decision makers to address problems better and more efficiently. Equally important for this area, as well as beyond, is consultation with people with disabilities, in which such consultations are not only necessary in order to fully understand the diverse experiences and needs within the disability community, but also in relation to the impact of policy options, mechanisms, and changes to policy specific to people with disabilities.

The barriers experienced by people with disabilities within the housing sector are not singularly felt within BC. It is critical that research is conducted throughout Canada in this area in order to further address this problem in ways that acknowledge, and are reflective of, the diversity of the disability community. Along with this, findings should be made publicly available and free of charge, not only for the benefit of decision makers, but also the disability community within Canada and BC. This will help ensure that people with disabilities across Canada and BC are not only able to occupy housing that meets their needs, but a space that enables them to thrive.

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Appendix A.

Maslow's Hierarchy of Needs Five-stage Model (Maslow, 1943)

Maslow (1943) theorized five levels of needs for people, in which the following level cannot be satisfied or considered by an individual, without having satisfied the previous level.

The first level is physiological needs. These are basic needs and the biological requirements for human survival. E.g., food, drink, shelter, clothing, warmth, sleep, etc.

The second level is safety needs. This level refers to people's needs for safety and security. Where people want to experience order, predictability, and control in their lives. These needs can be fulfilled by the family and society. E.g., emotional security, financial security, health and wellbeing, etc.

The third level is love and belonging needs. These refer to people's emotional need for interpersonal relationships, affiliating, connectedness, and being part of a group. E.g., friendships, trust, acceptance, etc.

The fourth level is esteem needs. This level falls into two categories (1) esteems for oneself. E.g., dignity, mastery, independence, etc. (2) the desire for reputation or respect from others. E.g., status, prestige, etc.

The fifth and final level is self-actualization needs. These refer to the realization of a person's potential and are described as the desire to accomplish everything that one can, to become the most that once can be.

Appendix B.

OECD Dimensions of Wellbeing (2014)

Dimension	Measure(s)
Income and Jobs	<ul style="list-style-type: none"> • Economic activity rate • Part-time employment • Social assistance rate • Unemployment rate
Housing Conditions	<ul style="list-style-type: none"> • Traffic noise • Area of living • Overcrowded dwellings • Dwelling vacancy rate
Health	<ul style="list-style-type: none"> • Practicing doctors • Mortality rate <65 years • Suicide rate
Education	<ul style="list-style-type: none"> • Educational attainment • Early school leavers
Environmental Quality	<ul style="list-style-type: none"> • Land use • Air quality
Personal Security	<ul style="list-style-type: none"> • Violence • Burglaries • Road accidents
Civic Engagement	<ul style="list-style-type: none"> • Participation rate
Work-Life-Balance	<ul style="list-style-type: none"> • Infant day care • Duration of commute
Infrastructure & Services	<ul style="list-style-type: none"> • Accessibility
Mobility	<ul style="list-style-type: none"> • Price of monthly public transport ticket • Choice of transportation mode to work • Public transportation stops
Culture & Leisure	<ul style="list-style-type: none"> • Cinema seats • Museums, theatres, cinemas

Appendix C.

Example of Universal Design Features (CMHC, 2019)

<p>Throughout the Home</p>	<ul style="list-style-type: none"> • Allow space for wheelchairs and walkers to move freely. • Install lever-style door handles and faucets. • Use non-slip flooring. • Install smooth, low thresholds. • Include good, non-glare lighting. • Install windows with low sills. • Insulate exposed pipes.
<p>Entryway</p>	<ul style="list-style-type: none"> • Position the entry near parking. • Use ramps and landings, or well-designed steps. • Install a bench or ledge to set things down while opening the door. • Add a covered sitting porch, canopy, or overhang.
<p>Living Room and Dining Room</p>	<ul style="list-style-type: none"> • Design the space for a range of activities, such as watching television, reading, entertaining, playing table games and dining. • Allow for flexible furniture layouts. • Make the most of natural light and outdoor views.
<p>Kitchen</p>	<ul style="list-style-type: none"> • Install removable lower cupboards. • Use adjustable-height counters with rounded corners. • Place cabinets, appliances, switches, and outlets within easy reach. • Create adjustable storage and place short-term storage between knee and shoulder heights. • Use colour contrast on outlets, cabinets, and counters. • Install hands-free faucets.
<p>Bedrooms</p>	<ul style="list-style-type: none"> • Design the space for varied uses, such as crafts, hobbies and reading. • Provide bedside storage. • Place controls for lights, television, and telephone within reach of the bed.
<p>Bathrooms</p>	<ul style="list-style-type: none"> • Locate the full bathroom on the ground floor. • Install an adjustable-height vanity and removable lower cabinets. • Use a step-in tub with a seat and a roll-in shower with an adjustable-height showerhead. • Install temperature-limiting controls and make them accessible from both inside and outside the tub and shower. • Reinforce walls to support grab bars. • Add a closet or cabinets that can be used later to expand the room.

Storage Spaces	<ul style="list-style-type: none"> • Leave space to store wheelchairs, walkers, and electric scooters. • Provide a place to recharge scooter batteries. • Avoid high or very low shelving. • Ensure any storage area outside of the unit is lockable.
Laundry Room	<ul style="list-style-type: none"> • Locate laundry areas on the same floor as the living area. • Put switches and plugs within easy reach. • Install front-loading machines.
Patio and Balcony	<ul style="list-style-type: none"> • Ensure a wheelchair can fit through the doorway. • Plan for a minimum depth of 1.8 m (6 ft.). • Add lighting and an electrical outlet. • Use a railing that doesn't block the view while seated. • Ensure doors are secure.

Appendix D.

Consent Form¹⁰

Study Title: A Space to Thrive: Addressing Barriers to Accessible Housing in British Columbia

Student Lead: Sarah van Baarsen
School of Public Policy
xxx
(+x) xxx-xxx-xxxx

Faculty Supervisor: Olena Hankivsky
School of Public Policy
Professor
xxx

This research is for the completion of a graduate degree in Public Policy at Simon Fraser University. Information gathered will be used for the completion of a capstone research project.

Purpose of this Study:

This study has two purposes (a) to examine barriers which contribute to a housing mismatch where people in need of accessible housing are unable to find a unit that meets their needs, while other units sit vacant for long periods of time or are occupied by non-disabled households; and (b) learn more about models present which may help mitigate this.

Participation:

Your decision to participate in this study is completely voluntary. You have the right to decide to not participate in this study. You may withdraw your consent at any time during or after the interview and you may retract any information that you feel is inaccurate any time leading up to two weeks after the scheduled interview, during the study.

¹⁰ This form was distributed as a word document at size 14 font.

Additionally, if data has already been collected, you can decide whether this data can be included in the study or not. This can be done by emailing the student lead.

If you say yes to participate in an interview, (a) you will participate in a 30 minute interview. I will contact you asking for your availability, and once a convenient date and time is determined, the interview will either take place over Zoom. I will send an email containing meeting information 24-48 hours prior to the scheduled interview. (b) During the interview, you will be asked questions surrounding accessible housing. You can choose to not answer any question you do not wish to answer. (c) Recordings of the interview will be taken. These recordings will be stored securely on the student lead's password protected laptop. These recordings will be transcribed following the interview. Recordings and any other information related to this study will be destroyed 6 months following the expected completion of this report in April-May 2022.

Participation Risks:

For participants with lived experience navigating barriers to obtaining housing that meets their needs, discussion of their experience may bring about unpleasant memories surrounding their experience navigating barriers to accessible housing. Participants that represent an organization have a risk of expressing opinions that are not aligned with the opinions of the organization that they represent. This risk can be reduced greatly by privacy and confidentiality measures, such as the use of an acronym and no mention of the organization that participants are associated with.

Participation Benefits:

There are no direct benefits as a result of participating in this study. However, societal benefits are expected to result from this study. In British Columbia (BC) people living with disabilities, who make up nearly 25 percent of the population, encounter barriers that hinder full and equal participation in all aspects of society. This number is projected to increase as the average age of BC's population rises, with projections that by 2031, almost one in four people in BC (more than 1.3 million people) will be over the age of 65. The analysis and policy recommendations resulting have the potential to help inform communities and organizations, to support the removal of barriers for people with disabilities.

Participant Privacy:

Confidentiality will be respected throughout the duration of this study. Information that discloses your identity will not be released without your consent. All interview documents will be stored separately in password protected files. Unless explicitly requested, participants will not be identified by name in the final report. This can either be communicated via email to the student lead or during the beginning of the interview. During the two week period following the interview if you would like to either have identification information previously discussed excluded or included in the final report, please contact the student lead. All study documents will be stored on the student lead's personal password protected laptop. All data will be destroyed 6 months following the completion of this study. This study's expected completion date is April-May 2022.

For more information surrounding Zoom privacy practices, please see [Zoom's privacy statement](#).

Study Results:

The results of this study will be reported in a graduate capstone research project and will be placed on the Public Policy archives open access website. Results will also be presented at a capstone defence taking place in March-April 2022.

Contact for Complaints:

If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, you may contact the SFU Office of Research Ethics at xxx or xxx-xxx-xxxx.

Contact Information:

Any questions related to this study can be directed via email to the student lead, Sarah van Baarsen at xxx, or via telephone at (+x) xxx-xxx-xxxx.

Consent:

Signing your name below and returning this consent form represents your consent to be involved in this research project.

Please sign below before returning this form.

Signature of Participant (type your name here)

Date

Appendix E.

Sample Interview Invitation Email

Hello,

I hope this email finds you well. I am emailing you today to see if you are agreeable to participating in an interview on the topic of accessible housing. I know your research is more focused on employment and stratification for people with disabilities, among other areas, but I was wondering if you had any knowledge of housing.

I am a master's student with the school of public policy at Simon Fraser University. Under the direct supervisor of Dr. Olena Hankivsky, I am currently working on a capstone research project on accessible housing, specifically looking at the existing accessible housing supply in BC, and its ability to adequately accommodate the diverse needs of people with disabilities. Attached you will find a consent form, outlining relevant information surrounding this project. Please let me know if you have any questions.

I expect the interview should be around 30 minutes. The findings from the interviews conducted for this project will help inform policy recommendations that will look to help reduce and eliminate barriers to housing for people with disabilities.

If you are agreeable to participating, please let me know and provide your availability for arranging an interview.

I look forward to hearing from you and thank you in advance for your time and consideration.

All the best,
Sarah van Baarsen (she/her)

Appendix F.

Interview Participants

Interview Participant	Interview Date
Experts in Accessibility, with a Specific Focus on Housing (n=4)	
Participant A	November 30, 2021
Participant B	December 9, 2021
Participant C	December 22, 2021
Participant D	December 28, 2021
Individuals who Work to Support Specific Groups within the Disability Community (n=5)	
Participant E	December 3, 2021
Participant F	December 3, 2021
Participant G	December 10, 2021
Participant H	December 13, 2021
Participant I	December 16, 2021
Individuals with Disabilities¹¹ who Work to Support Specific Groups within the Disability Community (n=3)	
Participant J	December 24, 2021
Participant K	December 27, 2021
Participant L	January 13, 2021
Individuals with Lived Experience with Disability(ies) (n=2)	
Participant M	December 24, 2021
Participant N	December 27, 2021

¹¹ The account of people with disabilities throughout this table may not be accurate as participants may not have felt comfortable or did not desire to disclose that they have lived experience with a disability(ies).

Appendix G.

Sample Interview Questions

1. Does the organization serve a specific population within the disability community?
 - a. Are there any challenges to this work?
2. How would you describe the current state of affordable and accessible housing for persons with disabilities in your area?
3. What factors/barriers do you feel have had the greatest impact on peoples with disabilities access to adequate housing?
 - a. How do these factors impact people with disabilities (the acquisition of housing)?
 - b. Are there forces/institutions at play that impact/create these factors?
 - c. Which do you think has the greatest impact?
4. What services available have you found to be successful/helpful
 - a. Are there any that prove challenging?
5. What do you think could be done to reduce the impact of these factors (i.e what interventions could be put in place to help reduce/eliminate these barriers?)
 - a. Short term?
 - b. Long term?
 - c. Are there any actors (such as the level of governments) that need to be involved?
6. Has COVID-19 changed people with disabilities needs surrounding housing?
 - a. Have there been any new challenges?
7. Are there any other considerations that are important to this topic that we have not covered?