



**In a circle we are all equal  
No one in front of you,  
No one behind you,  
No one above you and  
No one below you.**

**Lakota Wisdom**

This work is dedicated to the voice of Lived and Living Experience and member of Alliance to End Homelessness in the Capital Region's Lived and Living Experience Council (LLEC).



**ALLIANCE TO END  
HOMELESSNESS**  
IN THE CAPITAL REGION



# Supportive Housing in the Capital Region of British Columbia: Journeys & Recommendations

The Alliance to End Homelessness in the Capital Region (AEHCR) started in 2008 as the Greater Victoria Coalition to End Homelessness (GVCEH) with a mission to end homelessness in the Capital Region. The AEHCR consists of local housing, health & social service providers, non-profit organizations, all levels of government, businesses, post-secondary institutions, the faith community, people with lived & living experiences of homelessness, and members of the general public. This diverse membership, referred to as the Alliance Partners, comes together to collectively address the needs of individuals experiencing homelessness in the Capital Region.

## Our Vision

A region, a province, and a country where everyone has a safe place to call home.

## Our Mission

To ensure experiences of homelessness in the Capital Region by 2030 are rare, brief, and non-recurring, and that housing and supports are culturally adaptive, creative, caring, and person-centred.

## Indigenous Acknowledgement

The territory that we now refer to as the Capital Regional District has a long and storied history as the traditional territory of the Lkwungen (Lekwungen) and W̱SÁNEĆ peoples, and the Schian'exw (Beecher Bay), T'Sou-ke (Sooke), Elwha Klallam, and Makah First Nations.

We acknowledge and thank these peoples and communities for their continued stewardship, care, and leadership of these lands.

The disproportionate representation of unhoused, homeless, or precariously housed individuals from the Indigenous community points to deficiencies in the system to address the long-standing trauma.

The Alliance to End Homelessness in the Capital Region stands in solidarity with all the Nations to redress the colonial legacy that these lands and her people continue to endure.

## Person-centred Supportive Housing

The Office of the Federal Housing Advocate's 2023–2024 Annual Report to the Minister, titled *"Putting People First"* highlighted the persistent lack of housing affordability and choice, particularly for marginalized groups across Canada, including those who are low-income, racialized communities, veterans, Indigenous peoples, 2SLGBTQIA+, seniors, and others. This is especially true for British Columbia, ranked third for highest cost of living across all of Canada, with the housing in Vancouver and Victoria remaining BC's most significant living expense (Fleguel, 2025; Landry, et al., 2025; Mann, 2025; Spergel, 2025).

As many marginalized groups continue to fall further and further behind, there are many who are unhoused living in conditions that are either inadequate to their needs or unsafe, largely due to a lack of housing options. The Office of the Federal Housing Advocate stresses that investing in permanent, affordable non-market housing is crucial to resolving our housing crisis.

While the urgent need for more affordable housing across Canada is clear, extensive research has highlighted community concerns and opposition to new developments, especially supportive housing<sup>1</sup>, commonly referred to as NIMBYism (Not in My Backyard). This attitude complicates the search for suitable locations to address the housing crisis (Foster & Warren, 2021).

4.3 million homes are needed for very low- and low-income households, 3.9 million for moderate- and median-income households, and 1.4 million for high-income households, resulting in an overall need of 9.6 million new homes by 2031.

Whitzman, 2023, p.5

Supportive housing that is person-centred and well-designed is one way to **meet the housing crisis in Canada**.

**We are not there yet.**

The voice of lived and living experience is integral to understanding homelessness and ensuring that instances of homelessness are rare, brief and non-recurring for all individuals. This voice must be at the centre of all engagements, discussions, fact-finding, and research for any solution to be effective, sustainable and far-reaching.

**The Costs of Homelessness**

Based on research published in 2012 (Gaetz), the annual cost to provide supportive housing for an individual for a year was \$13,000–\$24,000, while it cost \$13,000–\$42,000 for a shelter bed, \$51,996 if incarcerated (or \$4,333/month), and \$130,800 (or more than \$10,900/month) if receiving hospital care. If a person is experiencing chronic homelessness, costs can run between \$72,444–\$134,642 for a year to cover emergency care, policing and institutional stays. Costs are up to \$75,000 a year for an individual experiencing both homelessness and coping with a severe mental illness. Since 2012, the costs have risen markedly, especially in light of the 2020 – 2023 global pandemic.

**Table 1**  
*Annual Per Person Cost of Housing/Care (2012 dollars)*

Scenario	Estimated Annual Cost (CAD)
Supportive Housing	\$13,000–\$24,000
Shelter Bed (homelessness)	\$13,000–\$42,000
Provincial Jail (per month/year)	\$4,333 / \$51,996
Hospital Bed (per month/year)	\$10,900 / \$130,800
Chronically homeless with complex needs	\$72,444–\$134,642
Homeless with severe mental illness	\$75,000

<sup>1</sup> In British Columbia, supportive housing is subsidized, long-term housing with on-site support services for individuals who need assistance to live independently and maintain housing stability; it is not limited to short stays. Supportive housing is generally operated by non-profit organizations with provincial funding. Groups supported include single adults, seniors, and people with disabilities at risk of or experiencing homelessness. Residents have voluntary access to on-site non-clinical support services. In special cases, such as rehabilitative or therapeutic programs, supportive housing occupancy may be conditional on actively receiving treatments or services.

Simply put, the cost savings to provide housing and support for an individual **can range from one-quarter to one-half as much as having the same individual remain homeless**. This amounts to substantial public funds savings, as well as producing better social outcomes when compared to the high and ongoing costs of homelessness, particularly for people with complex needs (Michel, 2025).

## Supportive Housing Journeys

Navigating the complexities in finding and securing supportive housing when you are in need has not been easy. There are so many different twists and turns, and each person's journey is different – though there are some consistent themes. Here are some stories along the path, provided by LLEC members across the years.



The journey into and out of supportive housing is horrible. Recovery seems impossible as you are triggered every time you think about your supportive housing journey. Supportive housing here is one-size-fits-all.

"Policies used by housing providers are based on what works for the masses rather than a person-centred approach" (LLEC Meeting Minutes, 2023/05/23).

It is supervised housing or surveillance that is lacking in support. It is not designed to support community living with no accommodation or separation based on disability, mental health, or substance use needs.

There are cameras everywhere, watching your every move. Often there is one poorly trained staff to more than 40 tenants. Individual support is absent. There is one meal a day and food allergies and sensitivities are not accommodated. There are suites that are unkempt, filthy and are potential health hazards. The 24-hour room check was to ensure you are still alive, not to check-in with you, never to meet to talk about goals for wellbeing. Supportive housing is often unsafe and, at times, dangerous. There doesn't seem to be an eviction policy, with unwanted guests taking over suites and the staff unable to exert any control over the situation. The noise from outbursts from those in fragile mental health, the continuous noise and toxic smoke fumes can keep you up all night. Many of your health and safety concerns are not taken seriously by health authorities or government agencies, after all you have the stigma of living in supportive housing.

There is no support or planning if you want to move on – we're expected to stay for the rest of our lives. How does someone else, who needs supportive housing, move in? You feel like a failure as your dignity and self-worth are stripped away – you have no hope of recovery.

LLEC member, 2025/07/189, Personal Communication



## Supportive Housing Recommendations

The following recurring themes were developed through the support of the Alliance to End Homelessness in the Capital Region's (AEHCR) Lived and Living Experience Council (LLEC) and include information gathered

from the LLEC meeting minutes as well as work done for the User Centred Design of Supportive Housing project<sup>22</sup>. The LLEC's purpose is to foster a culture of accountability and community belonging, as well as ensuring the participation and perspective of lived and living experiences of homelessness in all AEHCR, while ensuring this voice is not tokenised.

- **Communication**
- **Healthcare and Wellness**
- **Food and Community**
- **Empowerment**
- **Privacy, Security, and Safety**
- **Harm Reduction**
- **Housing Design**

Specific recommendations are based on the LLEC meeting minutes collected between January 2022 and August 2025, as well as the results of 12 talking circles for 6 supportive housing buildings and shelters with more than 100 participants talking freely about their experiences.

The following recommendations are **actionable strategies** that can be implemented in the current supportive housing units and future builds.

## **Communication**

### ***Challenge: Anxiety and mistrust occur when communication is not ongoing and clear***

Proposed solutions:

- provide clear and stable communication from staff to residents and to other staff
- provide frequent, accessible, and quality communication about available programs and resources
  - install multiple community boards in various accessible and visible places and on all floors of the site
  - ensure community bulletin boards are updated and well utilized to provide clear and frequent communication
- convene regular resident meetings (e.g., biweekly or monthly) on alternating days of the week
  - use meetings and have residents guide policy, rules, and the future of the site, allow residents to vote on rules and actions
- create lists and systems to facilitate family and friends connecting and finding loved ones
- provide ways for residents to anonymously report stigmatizing events
  - have a peer who is not staff be a silent witness to document issues and any alleged abuses
- provide access to a list of services and resources that are easily accessible by residents (e.g., Greater Victoria Public Library system will be housing the Alliance to End Homelessness in the Capital Region's resource guides)

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<sup>22</sup> Original categories from the User Centred Design of Supportive Housing project have been altered to accommodate information added by the LLEC.

- provide a computer room with a computer/multiple computers with a simple word processor installed and a printer, to also be used for socializing
- provide cell phones for residents, as needed

## Healthcare and Wellness

### ***Challenge: Wellness checks should be more than just knocking on doors***

Proposed solutions:

- provide a peer resident advocate on each floor of the site and include training for the peer resident advocate, this could include implementation of a Resident Advisory Committee<sup>3</sup>
- provide access to an Elder
- provide access to an overnight counsellor
- bring in traditional Indigenous cultural practices that are open to all and include practices from other cultures
- provide access to a life skills coach, especially for new residents
- provide person-centred, individual support where plans for reuniting back into the community living independently are an option, if desired
- create robust advocacy services to be available to provide direct help, e.g., a supportive housing ombudsperson, as there is no single source of assistance with supportive housing tenants' rights<sup>4</sup>
- provide relevant training for all residents, staff, and other relevant peers
  - emergency mental health first aid training
  - first aid health training
  - trainings must be trauma-informed and include compassion and empathy as backbone concepts

## Food and Community

### ***Challenge: Using food to build and foster community***

Proposed solutions:

- ensure food accommodates residents' allergies/sensitivities/other needs
  - have whole grains, fruits and veggies available for all meals
- host community events around food
- tie food to wellness checks
- allow residents to grow food on balconies, in rooms, and in common areas
- make traditional cultural foods accessible
  - done through group events to prepare and teach how to prepare, the food
- support/hold regular game and movie nights

## Empowerment

### ***Challenge: Residents want to be empowered, not infantilized***

Proposed solutions:

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<sup>3</sup> The Travel Lodge Resident Advisory Committee is an example of something that was piloted, used and proven a success during the COVID-19 pandemic and was found to empower Travel Lodge residents. Similar types of committees can be created in the supportive housing sites and used to create a healthy community within the supportive housing buildings.

<sup>4</sup> In July 2025, the Community Legal Assistance Society (CLAS) point to a possible stripping of supportive housing tenants' rights.

- When you work with individuals and fulfill their needs, opportunities are created for them
- provide residents with opportunities to work at the site where they live
  - hire more peers with lived and living experience as staff
  - provide opportunities for residents to ply previously held trades and apprentice others in their trades
- provide programs that educate workers/residents/the surrounding community and foster empathy
  - programs like Face to Face with Stigma, an anti-stigma program run by peers, use powerful stories to inspire empathy and compassion, educate and reduce fear in the community
- provide better access to clean and proper clothing, hygiene supplies
- find/provide/foster accessible education and training for an evolving world

## Privacy, Security, and Safety

***Challenge: Balancing the need for security and safety with the right for privacy and autonomy is a must***

Proposed solutions:

- implement of effective conflict and de-escalation strategies for residents and staff
  - hold regular healing circles and airing of grievances meetings for residents
- provide anonymous reporting methods that are taken seriously by staff and various levels of management
- provide convenient and easy access to outside visitors for community/culture/family/harm reduction/mental health/physical health building
  - provide a safe area(s) reserved as an option for families and elders to wait for/visit residents

## Harm Reduction

***Challenge: Using harm reduction practices save lives***

Proposed solutions:

- provide at least one cache of harm reduction supplies on every floor of a low-barrier supportive housing building
- provide easy 24h access to harm reduction supplies
- train all site staff in overdose recognition and prevention
  - more allowances for Narcan supply and training
  - provide periodic Narcan training refreshers for staff

## Housing Design

***Challenge: There needs to be a living space that is better suited to you for your specific needs***

Proposed solutions:

- creation of a variety of types of supportive housing (i.e., one size does not fit all)
  - more housing for persons working on sobriety
  - more housing for women and gender-diverse individuals
  - more housing for families

- more Indigenous housing<sup>5</sup>
- more units in supportive housing that meet the needs of those with physical limitations<sup>6</sup>
- lower barrier housing that allows for greater independence, not more restrictions

There is enough evidence in the files and archives of documents of years of what the lived experience have succeeded in completing and actually making prototypes of different scenarios that we have proven to be effective in solutions to ending homelessness and even making life better for those living in supportive housing. [Will the] years of lived experience work ... sit on shelves and collect dust because the lived experience are probably not going to get control of "our" work and "our" documents.

LLEC member, 2025/08/07, Personal Communication

## Moving Forward

To ensure the success of supportive housing, all levels of government, healthcare, and the social services sector must collaborate. **Each and every one of us needs to be involved.**

In an attempt to balance tenant need with operational flexibility for organizations, the RTA was amended in early 2024. Supportive housing operators ('landlords') are exempt from the enforcement of quiet enjoyment (sections 28). Further, landlords are able to enter tenant units (sections 29 exemption) and are able to enforce guest restrictions (sections 30(1)(b) exemption)

[am. B.C. Regs. 249/2008; 278/2016, Sch., s. 2; 3/2024, s. 2.]

Emily Rogers (Together Against Poverty Society) noted that supportive housing units are individuals' long-term homes, "not temporary shelters or transitional housing." For that reason, supportive housing should come with "the same basic rights as any other rental housing." Removing tenancy rights increases the risk of homelessness for supportive housing residents, "directly undermining the goal of providing safety and support to people facing significant challenges." "What we really need is to ensure supported housing is properly funded and well-staffed so it can provide meaningful support and a stable living environment to its residents". (Harnett, 2025).

<sup>5</sup> The Dual Model of Indigenous Housing is a Culturally Supportive Housing model that includes traditional foods, plants and medicines, Elder support, cultural activities, traditional healing practices, building community, family reunification, and Indigenous harm reduction programming for alcohol and substance use (Aboriginal Coalition to End Homelessness, 2025)

<sup>6</sup> A new standard, CAN/ASC-2.8:2025, was published as a National Standard of Canada in May 2025. It provides specific requirements for accessible-ready housing with focus on accessible entrances, circulation paths, washrooms, kitchens, and emergency egress, among others. Further, in British Columbia, there is a building code that is complemented by the Accessible British Columbia Act (2021) and guides like the 2020 Building Accessibility Handbook.



There is a fine line between providing safety and security and taking away freedoms to be able to live in a manner that includes personal choice as is guaranteed in Canada through the Charter of Rights and Freedoms (Canadian Charter, 1982). How can we expect, in good conscience, people to live in a place and space where some of their most basic rights are not protected and provided?

Much time has been spent studying the major issues in supportive housing and homelessness and providing countless recommendations based on evaluative evidence, with little progress in sustaining the programs, interventions and policy frameworks that work, or in scaling them in ways that meet the depth and breadth of community need. Many effective strategies are underutilized. As well, addressing the root causes of homelessness through prevention has received minimal funding. Furthermore, we cannot move forward without gathering a more fulsome understanding of the needs of Indigenous individuals. Little to no work has been done to assess the impact of and provide information on implementing recommendations for the Aboriginal Coalition to End Homelessness' Dual Model of Indigenous Housing for Culturally Supportive Housing.

We must ensure that the **voice of Lived and Living Experience of Homelessness** is **present** at **all levels**: government, healthcare, social services, and supportive housing organizations, and **not tokenized**. To do this, we must ensure that Lived and Living Experience have the opportunity to:

- equitably participate in decision-making tables
- equitably participate in the development of new initiatives, ensuring previous reports and recommendations are considered
- have their presence in community increased by supporting and leading engagement activities
- equitably participate in monitoring, learning and evaluation processes.

When we do not listen to the voice of lived and living experience – those with the knowledge and expertise to provide recommendations for effective and lasting change – we will continue to see people living rough without the services and supports that would see them thrive as they continue on their journey.

LLEC Meeting Minutes, 2025/04/24