

**Defining Supportive Housing  
in British Columbia & Ontario:  
Policy Implications & Considerations**

## Executive Summary

Across Canada, supportive housing providers face a patchwork of overlapping and inconsistent regulatory frameworks. The absence of a shared definition of supportive housing has produced a fragmented policy landscape marked by uneven service delivery, siloed funding, and unclear regulatory oversight. These ambiguities undermine efforts to ensure those at risk of homelessness are provided the supports and protections they need to stay housed and live independently.

*Defining Supportive Housing in British Columbia and Ontario: Policy Implications and Considerations* explores these challenges and proposes solutions. It compares a range of supportive housing definitions used to guide programs in Ontario, British Columbia and at the federal level. Assessing their strengths and limitations, it concludes by recommending core characteristics that could provide the basis for a consistent and effective approach to delivering supportive housing.

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### **New Housing Alternatives:**

The project received funding from New Housing Alternatives (NHA), a Canada-wide research partnership based at the University of Toronto. Bringing together academics & community organizations from across the country, NHA explores policies and community-led alternatives that could transform Canada's inequitable housing system. NHA was launched in 2024 and is funded by a SSHRC partnership grant.

### **Balanced Supply of Housing:**

The project was also supported by the Balanced Supply of Housing (BSH). The BSH is a CMHC-SSHRC funded partnership grant led by Dr. Alexandra Flynn and housed at the University of British Columbia's Allard School of Law. It is a collaborative network of academic researchers and community partners that conduct rigorous community-based research and data analysis to foster a just and equitable housing system through knowledge generation and mobilization. Its goal is to inform policy and systemic changes to address socio-economic and racial inequalities so that the right to housing is realized and everyone is housed well.

## Land Acknowledgement

The New Housing Alternatives is based at the University of Toronto, in Takaronto, on land that is the traditional territory of many nations, including the Wendake-Nionwentsio, the Ho-de-no-sau-nee-ga (Haudenosaunee Confederacy), the Anishinabewaki, and most recently, the Mississaugas of the Credit First Nation. This territory was the subject of the Toronto Purchase, signed on August 1, 1805, between representatives of the Crown and certain members of the Mississauga people, and it is covered by the Dish With One Spoon Wampum, a covenant among the Anishinaabe, Haudenosaunee, and allied nations to share and care for the land and resources around the Great Lakes.

Our work extends across Turtle Island and engages with housing policy in many jurisdictions, including British Columbia, most of which remains unceded and unsurrendered territory of the many First Nations whose relationships with these lands predate colonization and were never relinquished through treaty.

As a research group studying housing alternatives, we recognize that questions of land, tenure, and belonging are inseparable from questions of colonization and dispossession. We are committed to learning from and building relationships with Indigenous communities, and to ensuring that our research on housing justice takes seriously the unfinished work of returning land and upholding Indigenous sovereignty.

## Glossary

**Affordable Housing Fund:** A CMHC program that provides capital to partnered organizations for new affordable housing and community housing.

**Assertive Community Treatment (ACT):** A team-based, person-centered service delivery model that supports people living with complex mental health or concurrent mental health and substance use disorders in their community.

**Build Canada Homes:** A new federal agency under Housing, Infrastructure, and Communities Canada (HICC) that will build affordable housing at scale. It will leverage public lands, offer flexible financial incentives, attract private capital, facilitate large portfolio projects, and support modern manufacturers to build the homes that Canadians need.

**Complex Care Housing:** A BC supportive housing type intended to support adults (19 and over, including young adults) with significant mental health and substance use challenges and other health issues not adequately supported by standard supportive housing and who are at risk of or experiencing homelessness.

**Culturally Supportive Housing:** An Indigenous led model developed by the Aboriginal Coalition to End Homelessness (ACEH) in Victoria, BC, combining culturally supportive housing (Elder support, ceremony, language, land-based healing) with decolonized harm reduction.

**Housing First:** Housing First involves moving people experiencing homelessness particularly people experiencing chronic homelessness, rapidly from the street or emergency shelters into stable and long-term housing with supports.

**Housing First 2.0:** An updated national approach in Finland that treats homelessness as a systems failure and responds to evolving trends in

homelessness by strengthening multi-professional outreach, low-threshold services, and better integration of social services.

**Intensive Case Management (ICM):** A team model in which case workers, working alone or in teams, link individual clients to mainstream housing, clinical and complementary support. Services may include housing and complementary support workers, with a link provided to mainstream clinical services.

**Low Barrier Supportive Housing:** Internationally recognized Housing First model whereby individuals are placed in housing and provided with the necessary supports to help them move forward with their lives with minimal to no preconditions.

**Reaching Home:** Federal community-based program aimed at preventing and reducing homelessness across Canada by providing funding and support to urban, Indigenous, territorial, and rural and remote communities to help them address their local homelessness needs.

**Service Managers:** Local municipal entities that fund, plan and administer affordable housing, community housing and homelessness-related services for a geographic region. Service Managers work to meet local housing need using federal, provincial and municipal funds and can also provide housing directly. They have authority over decisions related to affordable housing through the [Housing Services Act](#).

**Supportive Housing:** Housing that integrates long-term housing units for persons who were previously homeless or persons who are at risk of homelessness, who may also have mental illness, have/be recovering from drug or alcohol addictions, or experience other barriers to housing, with on-site support services that are available to residents of the housing project.

**Transitional Housing:** Permanent facilities that provide temporary, longer-term accommodation for individuals and/or families experiencing homelessness or at risk of homelessness and serve as an intermediate step

between emergency shelter and permanent housing. It differs from emergency shelters by allowing a longer length of stay and greater intensity of support services, typically last between 3 months and 3 years and offers programming on developing the necessary skills to be able to live more independently.

## Introduction

Nationally, homelessness is growing at an alarming pace. Results from the 2024 point-in-time count show that homelessness grew by about 79% over a two-year period in Canada from an initial count of 32,192 people in 2022 to 57,627 in 2024 (HICC, 2025; PBO, 2024). The primary driver of homelessness continues to be the shortage of affordable housing. For some individuals, stable housing can be achieved through access to affordable units alone, however many people face intersecting challenges – such as mental health conditions, substance use and addiction, trauma, and histories of incarceration – that necessitate additional supports to sustain housing stability.

The provision of both housing and services has been broadly defined as supportive housing (SH). SH connects people to services based on their needs, allowing them to live independently. How long people live in SH depends on their needs and the type of housing. Some people may need short-term supports to return to living independently, while others may need regular check-ins and support (e.g., help with meals and personal care) throughout their life. Overall, research has found that when people are provided with housing and their needs are met, their health improves, often resulting in dramatic public savings (Goering et al., 2014; Stergiopoulos et al., 2014).

There is a growing understanding at all levels of government that any serious plan to reduce homelessness must also take steps toward building a more robust supportive housing policy framework. This will involve extensive collaboration, to move beyond the fragmented policy landscape that constrains our ability to plan, fund, and regulate SH effectively.

Part 1 introduces the rise to prominence of the supportive housing model as a solution to chronic homelessness, outlining the history of deinstitutionalization and the movement towards Housing First policies. It also briefly introduces

several frameworks that have influenced the growth of supportive housing, including Canada's National Housing Strategy Act (NHSA) and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

Part 2 compares the wide range of definitions guiding current supportive housing programs in Ontario, British Columbia, and at the federal level. It reveals a patchwork of overlapping and inconsistent regulations and guidelines. Among federal bodies, notable inconsistencies are identified between the expectations laid out in "Reaching Home" and "National Housing Strategy" documents. In Ontario, similar inconsistencies are identified between provincial bodies responsible for health and housing, which provide differing guidelines for how supportive housing should be funded and defined. Only in BC is supportive housing found to be regulated by a relatively consistent legal framework.

Part 3 provides an overview of the array of challenges that hinder the delivery of supportive housing to people experiencing or at risk of homelessness across Canada. Because of an inadequate amount of affordable "next step" housing, many SH tenants have no place to go, even if they decide they would like to live independently. Because of an inadequate amount of transitional or Complex Care housing, many people with high needs that are better served by those specialized types of housing are instead being funneled into SH. As a result, the people that SH is designed to support (those experiencing or at risk of homelessness) face long wait lists, leaving growing numbers in a state of chronic homelessness. Part 3 explains how addressing these challenges is made more difficult by the absence of a consistent framework for defining, regulating, and funding SH. It explores how regulatory ambiguities undermine the ability of governments to effectively fund supportive housing and safeguard tenants.

The analysis identifies four defining characteristics of effective supportive housing programs. First, they provide long-term tenancy, which is not time-limited like transitional housing. Second, they focus on meeting the needs of

people that have experienced homelessness or are at risk of homelessness. Third, they provide these tenants with supports and services on a voluntary basis. Finally, they are operated by mission-driven non-profit or government entities. The report urges collaboration among all levels of government to establish a more consistent and effective approach to delivering supportive housing.

## 1. Background

There are several discursive and legal commitments that have spurred and guided the rise of the supportive housing model. In recent decades, many provinces have adopted Housing First (HF) principles, ratifying a commitment and overarching aims to their supportive housing programs. The HF approach was developed based on the idea that everyone deserves a stable and affordable place to call home; housing should come first and not be dependent on treatment adherence (Tsemberis & Asmussen, 1999). The approach was advanced as a solution to the failures of a poorly coordinated move from institutionalizing people with mental health and addiction issues to providing community care (i.e., mental health and addiction services “in community”), that resulted in many people falling through the cracks (Padgett et al., 2016; Tsemberis & Eisenberg, 2000).

The federal government has also ratified several broader legal mandates that outline the right to housing nationally. Canada signed the National Housing Strategy Act into law in 2019, which recognizes the human right to housing and Canada’s obligation to work toward the progressive realization of the right to housing (National Housing Strategy Act, 2019). Finally, in 2021 Canada signed Bill C15 into law providing a roadmap to implement the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) including obligations to improve the social and economic conditions of Indigenous

Peoples (Department of Justice Canada, 2021). These commitments shape Canada's obligations to people experiencing homelessness and housing insecurity.

## **Deinstitutionalization**

Beginning in the 1960s, Canada moved away from institutional psychiatric care towards a community-based model, closing large psychiatric hospitals and discharging patients into the community. While this shift was driven by human rights advocacy and the growth of outpatient services (Sealy & Whitehead, 2004), governments failed to provide adequate community support, particularly in housing and income security for former inpatients (Read, 2009). In British Columbia, the closure of Riverview Hospital between the 1970s and early 2000s provides a notorious example, frequently described as an "abysmal failure" due to the lack of follow-up supports (Morrow & Jamer, 2008). Amidst declining access to stable employment and broad cuts to social programs and affordable housing, deinstitutionalization resulted in many individuals with serious mental health needs becoming unhoused. As communities across Canada reckoned with this rapidly growing population in need of housing stability and ongoing supports, the supportive housing model grew to prominence as a critical intervention.

## **The Housing First Service Delivery Model**

Housing First (HF) has become a cornerstone in Canada's response to homelessness, particularly for individuals with serious mental health and addictions challenges. Unlike the older "treatment first" or staircase approach, which required people to demonstrate stability or sobriety before accessing permanent housing, Housing First emphasizes immediate access to housing without preconditions (Padgett et al., 2016). The model is guided by principles of individual choice, harm reduction, recovery orientation, individualized supports, and social integration (Goering et al., 2014). Evidence shows HF yields greater housing stability, health, and wellness outcomes (Gaetz et al.,

2016; Housing First Europe Hub, 2025). By offering rental supplements, case management, and optional wrap-around supports, HF acknowledges housing as a fundamental human right and prioritizes stability as the first step toward recovery and community integration (Gaetz et al., 2013b).

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### **Choice and Autonomy**

The HF approach is clear that supports must be separate from housing facilitation – housing is not dependent on an individual accessing supports, participating in programs, or adhering to behavioral requirements or rule. In practice this often means that SH providers provide low-barrier and flexible supports that can be accessed on an as-needs basis.

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The adaptability of HF has allowed it to function both as a philosophy and as a program model, shaping policy and service delivery across provinces. In Ontario and British Columbia, where homelessness pressures are especially acute, HF has influenced system-level strategies such as coordinated access and community-based approaches under federal initiatives like Reaching Home.

Canadian communities have experimented with variations that reflect local housing markets, funding availability, and client needs (Currie et al., 2004). From Intensive Case Management to Assertive Community Treatment team interventions, these models aim to tailor individual supports with higher acuity. While challenges remain in scaling and consistent application, HF remains a highly effective intervention for reducing homelessness and fostering long-term housing stability in Canada (Goering et al., 2014; Stergiopoulos et al., 2014).

FIGURE 1 Application of Housing First

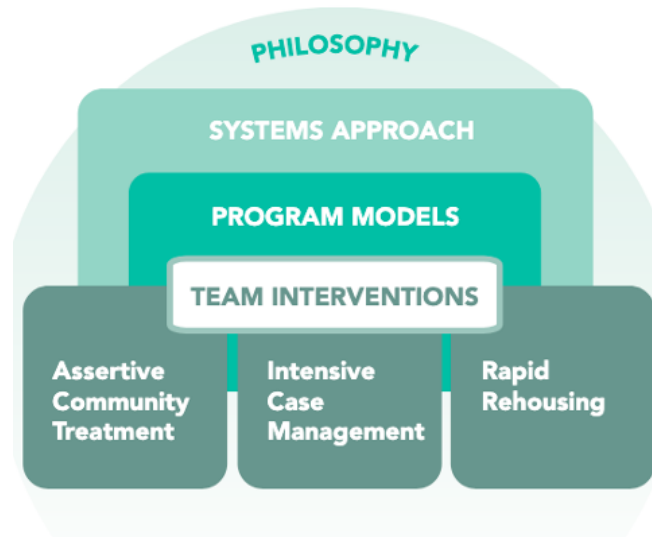


Figure 1. Application of Housing First. (Gaetz et al., 2013a: 7)

The *National Housing Strategy Act* (NHSA), enacted in 2019, recognizes that housing is a fundamental human right. Legislated during the first term of Justin Trudeau’s federal Liberal government, the NHSA requires Canada to take progressive steps toward realizing the right to housing that is stable, affordable, and adequate to each individual’s needs (National Housing Strategy Act, 2019). It requires the federal government to create mechanisms that ensure transparency, accountability, and measurable progress in addressing unmet housing needs, with particular attention to vulnerable populations. The Strategy includes investments to increase the supply of affordable housing, repair and modernize existing units, and support innovation and community housing providers.

A major goal of the National Housing Strategy is to cut rates of chronic homelessness in half between 2019 and 2028. Reaching Home: Canada’s Homelessness Strategy is a central part of the federal government’s strategy for meeting these goals (Canada, 2022). Launched in 2019, the program provides long-term, outcomes-based funding to communities so they can design solutions tailored to their local homelessness challenges.

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## **Finland's Progress on Homelessness and the Housing First 2.0 Model**

Between 2008 and 2022, Finland reduced homelessness dramatically: the number of people living alone without housing fell by 54%, long-term homelessness by 68%, and both measures in Helsinki by 72% (Kaakinen, 2023). This success reflects a combination of factors: increased rental housing supply, long-term national homelessness programs, preventive housing advice, and the establishment of Housing First and supportive housing units.

Finland's Housing First approach treats housing as a fundamental right and a precondition for resolving social and health issues. Individuals receive permanent housing through standard tenancy agreements without preconditions, alongside voluntary but actively offered support. Housing and services are distinct – tenants have the right to remain in housing even after supports end or are no longer accessed (Kaakinen, 2023).

Finland's updated Housing First model strengthens multi-professional outreach, low-threshold services, and better integration of social services. It recognizes homelessness as primarily a system failure and promotes early intervention through a cross-sectoral prevention system and increased, stable funding (Juha Kaakinen, 2023*ibid.*).

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Reaching Homes aims to provide flexibility, to meet the needs of groups such as Indigenous peoples, youth, and women fleeing violence (Housing Infrastructure and Communities Canada, 2022). The program initially committed to investing \$5 billion from 2019 to 2028, with Budget 2024 committing an additional \$1 billion over the final four years. By supporting Housing First approaches, targeted supports for vulnerable populations, and dedicated funding to address encampments and unsheltered homelessness, Reaching Home operationalizes the federal commitment to progressively realize the right to adequate housing into concrete, measurable initiatives at the community level.

*Table 1: Five Tiers within the Mental Health and Substance Use / Addiction Treatment System Framework*

Tier	Target Population	Service Need
Tier 5	Severe or complex needs	Highly specialized, intensive services (hospital-based services and possibility for long-term psychiatric treatment services)
Tier 4	Moderate to severe needs	Intensive and specialized services Intensive and specialized services (SH)
Tier 3	Moderate Need	Services targeted to moderate MHA needs (SH)
Tier 2	Low Need	Early intervention and self-management services
Tier 1	General Population	Population-based health promotion and prevention

Concerningly, consecutive federal Liberal governments have fallen [far short](#) of realizing their commitments to reducing homelessness (Canadian Centre for Housing Rights, 2024). Indeed, a 2024 report by Canada’s Parliamentary Budget Officer (PBO) found that the number of people experiencing chronic homelessness has actually risen by 20% since 2018 (Segel-Brown, 2024). Their

analysis found that, to realize their goal of cutting homelessness in half, federal investments in programs such as Reaching Home would need to increase seven-fold, to \$3.5 billion per year (Segel-Brown, 2024). Alarming, the recent Budget 2025 appears to be moving fast in the opposite direction. As the PBO recently reported, “[f]ederal planned spending on housing programs is set to decline 56 percent, from \$9.8 billion in 2025-26 to \$4.3 billion in 2028-29 due to the expiry of funding for existing programs and cuts set out in Budget 2025” (Segel-Brown, 2025).

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A Manitoba report (Rush et al., 2018) found that mental health and substance use services require a coordinated, province-wide, person-centered governance model (Rush et al., 2018). Aligning with national guidance, the report highlighted major gaps in supportive housing and recommended a population-health, five-tier framework to match levels of need with appropriate services, housing, and referrals. SH overlaps with the level of need in Tiers 3 and 4 (highlighted in green).

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## **United Nations Declaration on the Rights of Indigenous People Act**

Indigenous people are disproportionately impacted by homelessness and are consistently overrepresented in populations experiencing or at risk of homelessness in Canada. Under the *United Nations Declaration on the Rights of Indigenous People Act (UNDRIPA)*, Canada has a legal obligation to take effective and targeted measures to ensure the ongoing improvement of Indigenous populations’ economic and social conditions, based on strategies and priorities determined by Indigenous peoples. Several UNDRIPA articles

related to housing and health are relevant to SH, particularly Articles 21, 23, 24 and 26 (United Nations Declaration on the Rights of Indigenous Peoples Act, 2021).

Given Indigenous peoples' disproportionate share of the homeless population, there is an identified need for a significant increase in Indigenous-led and culturally safe SH providers (Aboriginal Housing Management Association, 2025; see AHMA [Neha Submission](#)). The NHS should be attentive to Canada's obligations under *UNDRIPA* by ensuring key ministries work in partnership with Indigenous experts, advocates, and community members with lived experience.

### **Culturally Supportive Housing**

The Aboriginal Coalition to End Homelessness (ACEH) in Victoria, British Columbia has developed the Dual Model of Housing Care that includes two pillars – culturally supportive housing and decolonized harm reduction. Both pillars are supported by a focus on land-based healing. Culturally Supportive Housing centers Indigenous teachings and way of life through elder supports and access to traditional medicines, ceremony, and language. Decolonized harm reduction focuses on reconnecting Indigenous people to practices of care including land-based camps and family reunification (Brown et al., 2022).

## 2. Comparing Supportive Housing Definitions and Legislation

Supportive housing programs are governed by a wide range of federal and provincial legislation. Nationally, Housing Infrastructure and Communities Canada (HICC), and the Canadian Mortgage and Housing Corporation (CMHC) have definitions for supportive housing. At the provincial level, British Columbia's Residential Tenancy Regulations (RTR) and Assessment Act (AA) provide definitions of SH, including what constitutes a "support." Ontario lacks both a provincial definition and a coordinated funding program. The result is a wide range of service delivery models for SH across the province.

This section finds that SH tends to be defined in broad and general terms. Policies, reports, and public documents typically provide high-level descriptions of what SH entails, but there is no legislated definition or consistent agreement across the programs and organizations responsible for its delivery. Only British Columbia has a regulatory definition. In the absence of a precise definition, the term "supportive housing" often overlaps with related housing categories, such as transitional housing and complex care housing. This ambiguity has led to significant challenges in the provision of SH at multiple levels, including difficulties in appropriately directing individuals to suitable housing, regulatory gaps and inconsistencies, and concerns regarding worker safety.

### Federal Definitions of Supportive Housing

Two federal bodies that are responsible for funding supportive housing include the CMHC and Housing, Infrastructure and Communities Canada (HICC), which manages Reaching Home funding. Reaching Home is intended to directly support the National Housing Strategy, aiming to reduce homelessness by 50% by 2028 (Government of Canada, 2024). CMHC is a crown corporation and financial institution that delivers the federal government's housing programs. The CMHC is responsible for administering

the *National Housing Act (NHA)* and for providing administrative support and services to the National Housing Council, which oversees the implementation of the National Housing Strategy, per section 12 of the *National Housing Strategy Act (NHSA)* (National Housing Strategy Act, 2019). Table 1 distinguishes between the different approaches to defining SH taken by these federal bodies:

Table 2: National Definitions of Supportive Housing

Reaching Home Definition (Government of Canada, 2025)	CMHC Definition
<ul style="list-style-type: none"> <li>• Permanent housing (no time limit) with rental assistance and individualized, flexible support services (case management) for people with greater depth of need (acuity) related to physical or mental health, developmental disabilities, and/or substance use. Within the homeless-serving system, tenants were either homeless prior to intake and/or remain at-risk of homelessness.</li> <li>• Supportive housing provides a physical environment that is designed to be safe, secure, and home-like. Support services aim to maximize independence, privacy, and dignity. Rents are affordable to people with lower incomes.</li> <li>• Housing support strategies can include coordinating access to more specialized and/or clinical services (e.g., medical care or psychiatrists), skill-building to reduce depth of need (acuity) in areas of life that create risks to a tenancy (e.g., budgeting, landlord mediation, and keeping the unit clean), accompaniment to appointments, help with engaging in meaningful activities, and ensuring people have</li> </ul>	<p>“Supportive housing is housing that provides a physical environment that is specifically designed to be safe, secure, enabling and home-like, with support services such as social services, provision of meals, housekeeping and social and recreational activities, in order to maximize residents’ independence, privacy and dignity” (CMHC, n.d.).</p>

someone to call when issues arise (Government of Canada, 2025).	
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The Reaching Home and CMHC’s definition of SH both share a focused on the environment (i.e., safe, secure, and “home-like”) and the purpose of SH (i.e., to maximize residents’ independence, privacy, and dignity). However, Reaching Home also includes wording about the permanence of the unit (no time limit), and the population it is meant to serve (i.e., homeless or at risk of homelessness). There are also some differences in how services are defined, with the CMHC definition focusing on “social services” such as housekeeping and recreation, while the Reaching Home definition includes a broader range of services, including clinic services like medical and psychiatric care.

## **British Columbia**

BC is the only province that provides definitions of supportive housing that are formally connected to legislation. These definitions are set out in both the BC Residential Tenancy Regulations (RTR), and the BC Assessment Act (AA). The RTR operates under the authority of the BC Residential Tenancy Act (RTA) and is the statute that governs SH across the province. The definition in the RTR was added to clarify what constitutes a “SH rental unit” to qualify for certain exemptions under RTA (e.g., SH providers are exempt from Section 26(3) of the RTA that limits a provider’s ability to seize personal property) (Residential Tenancy Act [SBC 2002] CHAPTER 78, 2002). This addition came in response to criticism that the lack of clarity around what constitutes SH in a regulatory or legal sense was causing significant issues for tenants and service providers (see BC Housing, 2024).

According to section 2.1(2) of the Regulation (Residential Tenancy Regulation, B.C. Reg. 477/2003, 2003) a rental unit qualifies as a SH rental unit if it meets all of the following criteria:

1. First, the unit must be located within a residential property operated by a supportive housing provider (which can include CMHC, a municipality, a society or non-profit, or a treaty first nation, among other provider types).
2. Second, the tenant must have been assessed based on criteria set by the supportive housing operator, identifying them as either experiencing homelessness or at risk of homelessness, and as a person who would benefit from housing stability support.
3. Third, at least one tenant in the rental unit must have access to housing stability support services.
4. Finally, the rental unit cannot be provided on a temporary basis.

This last criterion is particularly important for regulatory purposes because it clarifies that some types of temporary housing, such as transitional housing, fall under the excluded sections of the *RTA*.

Further, the *Regulation* sets out certain conditions which must be met for a “support” to qualify as a “housing stability support.” First, the support must be offered on the premises of the residential property where the SH unit is located and it must be delivered by a support worker, defined in the regulations as “an employee of a SH operator whose duties include providing housing stability support.” Participation must remain voluntary for tenants, and the funding must come either in whole or in part from a SH operator or from the governments of BC or Canada. Second, the support must fall within specific categories, being at least one of the following types:

1. it may involve opportunities for tenants to engage in social or recreational activities that encourage community inclusion.
2. Support may be skills training aimed at promoting independent living and participation in social and economic life, or
3. Involve collaborative planning and follow-up to help tenants set goals, identify resources, and overcome barriers to services,

4. Including referrals and regularly available assistance in accessing community resources and non-emergency health services.

Together, these requirements define what constitutes housing stability support (Residential Tenancy Regulation, B.C. Reg. 477/2003, 2003)

BC also provides a definition of supportive housing for assessment purposes as part of the Assessment Act (AA) (Assessment Act [RSBC 1996] Chapter 20, 2026). The policy statement on Class 3 Supportive Housing that the AA draws on defines supportive housing as follows. Supportive Housing “integrates long-term housing units for persons who were previously homeless or persons who are at risk of homelessness, who may also have mental illness, have or be recovering from drug or alcohol addictions, or experience other barriers to housing, with on-site support services that are available to residents of the housing project.”

“Long-term” means residents are not restricted by policy to occupancies of less than 90 days (Definition of “Supportive Housing,” Funding Requirements, and Designated Property in the Assessment Act, 2013).

“On-site support services” are physically offered in the building’s offices, common areas, and include but are not limited to:

1. health and mental health services;
2. health and community support referrals;
3. addiction services;
4. education services;
5. job and life-skills training;
6. assistance with meal preparation and housekeeping; or
7. counselling and outreach services (Ibid.).

“Housing unit” means residential sleeping accommodation where the resident:

1. controls access to the room or rooms the resident or resident's family sleeps

2. has access to private or shared bathroom facilities; and
3. has access to private or shared cooking facilities.” (Ibid.)

The definition also includes housing with supports that is exempt from Class 3 Supportive housing stating that: “Supportive housing does not include licensed facilities under the Community Care and Assisted Living Act (CCALA). Supportive housing does not include “group homes.” For the purposes of this policy statement, “group homes” are defined as staffed residential housing for those with a level of disability that requires continual assistance to complete daily tasks of living (such as taking medication, dressing, or bathing).

To be eligible for Class 3 designation, the owner of the property must be one of the following:

1. a public body (including local governments and regional districts);
2. a non-profit organization; or
3. a registered charity.” (Ibid.)

These definitions provide more specifics than the general definitions of SH found at the national level. Clarifications such as the permanency of the housing, the voluntary nature of tenant’s use of supports, and distinction from other types of housing with supports are important, as they can help to distinguish SH from other housing models.

## Ontario

In Ontario, the term “supportive housing” is used in reference to a range of housing options, most often referring to seniors housing or housing for people with significant cognitive or physical disabilities. The province does not have a legislative definition of SH; however, the Government of Ontario does define SH in online resources, under both “health and wellness” and “home and housing”. The “health and wellness” definition falls under [“long-term care”](#) and includes a broad range of housing that is identified as SH, including long-term care homes, home and community care, and retirement homes

(Ontario, 2025b). While these are all identified as supportive housing, a more nuanced definition can be found on the [“Ontario Health atHome”](#) website (Ontario Health atHome, n.d.). Here, SH is listed as a type of “supportive living” environment that: “provides seniors, adults with physical or cognitive disabilities, mental health issues, HIV/AIDS and other conditions, living independently with some supports in more shared accommodation settings in specially designed units, such as houses or apartments” (ibid.).

Supportive housing buildings are owned and operated by not-for-profit corporations like municipal governments, housing cooperatives or non-profit groups including faith groups, seniors’ organizations, service clubs, cultural groups, and service providers. In most cases, the rent charged is based on ability to pay, or the market level rent is subsidized through the Ministry of Housing. Through the Ministry of Health, personal support is provided on-site, with staff available to respond 24 hours a day. Some benefits for those living in supportive housing include:

1. assistance with personal care
2. light housekeeping and laundry
3. medication reminders
4. safety checks
5. light meal preparation
6. wellness/health promotion activities and education referral to community resources and assistance navigating the health care system” (Ontario Health at Home, n.d.).

The Ontario Health atHome definition is the only definition that assigns responsibility for housing subsidies and supports, identifying the Ministry of Housing as responsible for rent subsidies, and the Ministry of Health for on-site support and staff availability 24-hours a day.

Ontario’s “home and housing” definition of SH focuses on the need to [“address homelessness”](#) defines SH as follows: “Supportive housing combines

long-term housing assistance with individualized, flexible, and ongoing support services (for example, counselling, life skills training, activities of daily living, behavior supports) to enable people to live as independently as possible in their community” (Ontario, 2025a).

SH in Ontario is primarily regulated by the Ontario Residential Tenancy Act (Ontario RTA). However, SH that is funded or provided by a Service Manager falls under the Housing Services Act (HSA, 2011). Some types of SH qualify for specific exemptions under the Ontario *RTA*. These exemptions are outlined in Ontario RTA section 5.1, which specifies that the Act does not apply to living accommodations that are part of a qualifying program, provided there is a written agreement between the provider and the occupant that meets the required conditions. To qualify, the program must include both temporary living accommodations (i.e., intended to last no more than four years) and accompanying services. These services may include rehabilitative or therapeutic supports, employment-related assistance, or life-skills development. The purpose of the program must be to help occupants transition into and sustain more permanent housing. In addition, the program must be delivered or funded, in whole or in part, by one of the following: the federal or provincial government, a government agency, a municipality, a service manager under the *Housing Services Act*, or a registered charity.

The 2011 Housing Services Act (HSA) sets out Ontario’s provincial commitment to affordable housing. It defines the respective roles and responsibilities of municipalities and provides a framework for establishing local priorities related to affordable housing, social housing, housing for persons with disabilities, and homelessness prevention. Under Section 6 of the HSA, Service Managers are required to develop Local Housing and Homelessness Plans, which outline the municipality’s overall strategy in these areas (Ontario Human Rights Commission, n.d.). Tenants of SH provided by Service Managers do not enjoy the renter protections provided by the Ontario *RTA*.

Section 7 of Ontario's RTA establishes exemptions from roughly 30 provisions of the HSA for certain types of housing units. Many of the supportive housing types which are granted these exemptions do so because they engage the HSA, being operated by a Service Manager. However, these exemptions from RTA protections also apply more broadly to the following housing types that may be operating as SH:

1. rental unit located in a residential complex owned, operated, or administered by or on behalf of the Government of Canada or an agency of the Government of Canada;
2. a rental unit that is a non-member unit of a non-profit housing co-operative;
3. some rental units provided by an educational institution to a student or member of its staff, and;
4. a rental unit located in a residential complex owned, operated, or administered by a religious institution for a charitable use on a non-profit basis.

## Comparing Definitions of Supportive Housing

There are several common themes in definitions for SH across the different jurisdictions.

In British Columbia, there are a number of key differences between the RTR and AA. First, the AA has an environmental component, defining housing units as a unit that the individual controls access to. The RTR does not. Second, the RTR definition requires SH to be available permanently, whereas, the AA definition just requires that housing be available for over 90 days, without identifying if programs with an end date are still eligible.<sup>1</sup> Third, the RTR defines populations eligible for SH as persons who are homeless or at risk of homelessness, while the AA definition also includes persons with addiction or

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<sup>1</sup> Many transitional housing programs have a maximum stay of one to three years.

mental health needs. Finally, while both define eligible providers in a similar manner, focusing on non-profit and government providers, the AA also defines ineligible providers – those covered under the CCALA. In Table 2, the two definitions are compared.

Table 3: Comparison of Social Housing Definitions in British Columbia

Elements of Definition	BC (RTR)	Assessment Act [RSBC 1996]
Environment (e.g., safe, secure, etc.)	no	Housing unit defined by 'controlled access to unit'
Permanence	yes	>90 days
Population (homeless or at risk of homelessness)	yes	yes
Tenant requires services or supports (i.e., housing stability supports in BC)	yes	Available but not required
Defines eligible providers	yes	yes
Defines ineligible providers (i.e., covered under <i>Community Care and Assisted Living Act</i> )	no	yes

The BC definitions of supportive housing under the AA and RTR differ in three keyways. First, their exclusions vary in scope: the AA explicitly excludes licensed care facilities under the CCALA, including group homes that provide continual daily living assistance in addition to transitional or temporary housing, whereas the RTR simply exclude housing types that are temporary or transitional without specifying particular support needs of residents. Second, the AA includes a requirement that residents must "control access to the room or rooms" where they or their family sleep (AA, 2013), a specification entirely absent from the RTR definition. Third, regarding support services, the RTR explicitly require that supports be available for residents' voluntary

participation only, while the AA focuses solely on the availability of supports without addressing whether participation is required or not. Overall, the AA definition is more restrictive in what it excludes and adds a physical control element. It also lacks the RTR emphasis on voluntary participation in support services.

*Table 4: Common Elements of Supportive Housing Definitions*

Elements of Definition	Canada (HICC)	Canada (CMHC)	BC (RTR)	BC (AA)	Ontario (housing & home)	Ontario (health & wellness)
Environment (e.g., safe, secure etc.)	yes	yes	no	Housing unit defined by 'controlled access to unit'	no	yes
Permanence	yes	no	yes	>90 days	yes	no
Population (homeless or at risk of homelessness)	yes	no	yes	yes	yes	yes
Services or supports (i.e., housing stability supports in BC)	yes	yes	yes	yes	yes	yes
Defines eligible providers	no	no	yes	yes	no	yes
Defines ineligible providers	no	no	no	yes	no	no
Purpose (e.g., independence)	yes	yes	no	no	yes	yes

This analysis can be extended to include federal definitions of SH and Ontario-based definitions. The two definitions of SH provided by federal

bodies include elements of the environment (i.e., safe, secure, and home-like) in their definitions. Definitions in Ontario and BC do not include this element, although BC's AA does include a definition of housing units that focuses on personal control. Each of the definitions include reference to the length of the tenancy, except for the CMHC definition. Similarly, except for the CMHC definition, all the other definitions include statements about the population that is meant to be served by SH – specifically identifying people that are homeless or at risk of homelessness. The tenants need for services or supports was also found in all definitions, however, there are significant variations in how these supports are defined. One variation of note is the Ontario atHome definition that specifically identifies the Ministry of Housing as responsible for rental supports and the Ministry of Health as responsible for “personal support...provided on-site, with staff available to respond 24 hours a day” (Ontario, 2026). Ontario atHome and BC definitions also include eligible providers, with BC's AA as the only definition that includes ineligible providers. Finally, a statement about the purpose of SH is found in both national definitions and Ontario's definitions. Table 3 provides a summary of these findings.

### **3. Challenges to the Delivery of Supportive Housing**

A broad array of challenges face those aiming to deliver sufficient supportive housing to end chronic homelessness across Canada. Federal divestment from affordable housing in the early 1990s has contributed to severe shortages of housing affordable to lower income Canadians (Suttor, 2016; Tranjan, 2023). Many communities require thousands of additional affordable rental units to meet housing needs (HART, 2026). These shortages create disruptive bottlenecks along the housing continuum, blocking effective pathways out of homelessness and on to independent living. On the one

hand, many SH tenants have no place to go, even if they decide they would like to live independently, because of an inadequate amount of affordable “next step” housing. On the other hand, because of an inadequate amount of transitional or Complex Care housing, many people with high needs that are better served by those specialized types of housing are instead being funneled into SH. As a result, the people that SH is designed to support (those experiencing or at risk of homelessness) face long wait lists, leaving growing numbers in a state of chronic homelessness (Canadian Observatory on Homelessness, 2019; Frankish et al., 2005).

Addressing these challenges is made more difficult by the absence of a consistent framework for defining, regulating, and funding SH. There is a clear need for funding streams and tenant regulations to precisely distinguish between: supportive housing for those experiencing or at risk of homelessness, transitional housing for women and gender-diverse people fleeing domestic violence, and transitional housing for those experiencing mental health and addiction issues. The absence of a stable and functional funding model has left many non-profits without the long-term funding for vital services that their clients require to live independently. They are frequently forced to apply for and cobble together a hodge podge of funding targeted towards temporary and permanent supports.

Furthermore, the frequent mismatch between tenants’ needs and SH supports has fostered a persistent tension between operational needs and tenant rights. Inadequate resources and training are contributing to unsafe work and living environments and high levels of staff turnover, as operators struggle to retain staff and provide the services that tenants need. These challenges are compounded by the absence of clear and consistent legal frameworks defining SH tenant protections. Regulatory ambiguity undermines stability for tenants and housing providers alike, leading to unpredictable and occasionally contradictory legal interpretations. Each of these issues is discussed in more depth below.

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### **Transitional Housing vs. Supportive Housing**

In many funding programs, transitional housing (i.e., time-limited housing with supports) falls under the umbrella of supportive housing. However, it is important to consider identifying transitional housing as a separate category of housing. In some cases, transitional housing is an important step in stabilizing a high-acuity individual who may only temporarily require high-levels of support before they move into affordable housing. Common examples include homelessness stabilization beds or housing for women and gender-diverse people fleeing violence. The higher level of service provision in transitional housing is often not sustainable within SH. The different time horizons and goals of short-term transitional housing and long-term SH make it important to differentiate between them.

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### **Unpredictable and Contradictory Legal Interpretations**

The legislative environment governing SH is characterized by persistent ambiguity, particularly regarding how the RTA applies to housing that incorporates therapeutic, rehabilitative, or transitional elements. Case law and RTB decisions demonstrate that determinations about whether housing is exempt from the RTA often rely on subjective interpretation rather than clear statutory guidance. The absence of a defined threshold for what constitutes “temporary” accommodation has forced courts and arbitrators to weigh multiple, sometimes contradictory, indicators – operator agreements, tenant agreements, program intent, and policy guidelines – without a consistent

analytical framework. The fact that multiple RTB decisions on this issue have been found to be incompatible underscores the instability of the current regulatory regime.

This uncertainty has tangible operational consequences for supportive housing providers and tenants alike. Providers must navigate overlapping and sometimes conflicting obligations under tenancy law, workplace safety requirements, and health and safety standards, without clarity on which framework ultimately govern their operations. At the same time, tenants face inconsistent application of rights and protections, depending on how their housing is classified in each dispute. Transitional housing is fully exempt from the RTA in BC while supportive housing is generally regulated under it. Yet in practice, the only formal distinction between the two is the undefined notion of temporariness. As highlighted in *McNeil v. Elizabeth Fry Society (McNeil v. Elizabeth Fry Society of Greater Vancouver, 2024 BCCA 2 (CanLII), 2024)*, housing may be deemed “temporary” even when tenancies last several years, and no concrete transition plan exists. This creates a paradox where housing can be legally classified as transitional without functioning as such in practice.

In many funding programs, transitional housing (i.e., temporary housing with supports) falls under the umbrella of supportive housing. However, it is important to consider identifying transitional housing as a separate category of housing. In some cases, transitional housing is an important step in stabilizing a high-acuity individual who may only temporarily require high-levels of support before they move into SH. Common examples include homelessness stabilization beds or housing for women and gender-diverse people fleeing violence. However, this higher level of service provision is often not sustainable within SH. The different time horizons and goals of short-term transitional housing and long-term SH make it important to differentiate between these two forms of housing.

The McNeil decision explicitly called for clearer guidance from the RTB, noting “persistently discordant or contradictory legal interpretations,” yet no such clarification has been issued (*McNeil v. Elizabeth Fry Society of Greater Vancouver, 2024 BCCA 2 (CanLII), 2024*). This problem is compounded in Ontario where long-term care and SH definitions often overlap. In a report by Addictions and Mental Health Ontario, the need for clear SH service standards was a key finding (Ganesan et al., 2025). This systemic misalignment reinforces inefficiency across the housing system and weakens the intended role of SH as part of an integrated pathway out of homelessness.

Until regulatory definitions are stabilized and consistently applied, supportive housing will continue to operate in a legally precarious environment that undermines both compliance and service quality.

## **Absence of a Stable and Functional Funding Model**

The lack of a clear, shared definition of SH contributes to fragmented and inadequate funding models. When housing is ambiguously positioned between permanent housing, transitional programs, and healthcare accommodation, funding streams become siloed across housing, health, and social service systems. Supportive housing operators are often expected to deliver long-term housing stability alongside intensive supports without receiving funding that reflects the full scope of these responsibilities. Program-based and time-limited funding for supports is particularly ill-suited to housing models that, in practice, function as permanent homes for individuals with ongoing needs.

This misalignment is compounded by the broader affordability crisis, which places additional pressure on supportive housing as one of the few deeply affordable options available. As individuals access supportive housing primarily due to affordability rather than support needs, operational costs rise without corresponding increases in funding. This problem is two-fold, first there is the underlying problem that effective housing pathways are blocked

by the lack of affordable housing meaning that people with low-support needs have nowhere to go, and second the absence of a stable and functional funding means that SH providers are often forced to piece together operating budgets to provide the needed supports for people that do need them. These problems continue to go un-addressed. Emerging federal strategies such as Build Canada Homes signal a reduced reliance on direct public subsidy, raising serious concerns about how deeply affordable and supportive housing will be financed going forward. Without a cohesive funding framework that integrates capital, operating, and support costs, and that recognizes supportive housing as essential infrastructure rather than a temporary program, providers will remain unable to meet demand or sustain safe, effective operations.

## **Persistent Tension Between Operational Needs and Tenant Rights**

Low-barrier SH providers are often expected to house high-need tenants without adequate funding or regulatory tools which can effectively respond to the situations that arise. The Complex Care Housing (CCH) options that could effectively support such high-needs tenants remain scarce and open up concerns around maintaining low-barrier access to high-support housing contexts. The mismatch between tenant needs and operator capacity heightens safety risks for tenants and frontline staff, issues that are exacerbated by chronic underfunding and underdeveloped workplace safety and regulatory frameworks.

Ambiguity in the legal status of SH intensifies the ongoing tension between operational realities and tenant rights. The lack of clarity around whether housing is permanent, transitional, or healthcare-related creates uncertainty about which legal protections apply, leaving both tenants and providers vulnerable. While recent amendments in BC introduced limited RTA exemptions for supportive housing units, these changes address only narrow safety concerns and do not resolve the broader question of how tenant rights

should be protected in housing models that blend tenancy with intensive supports. The reliance on non-binding operational standards and discretionary interpretation increases the risk that exemptions will be used inconsistently or, in some cases, to circumvent tenant protections.

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### **Complex Care Housing (CCH)**

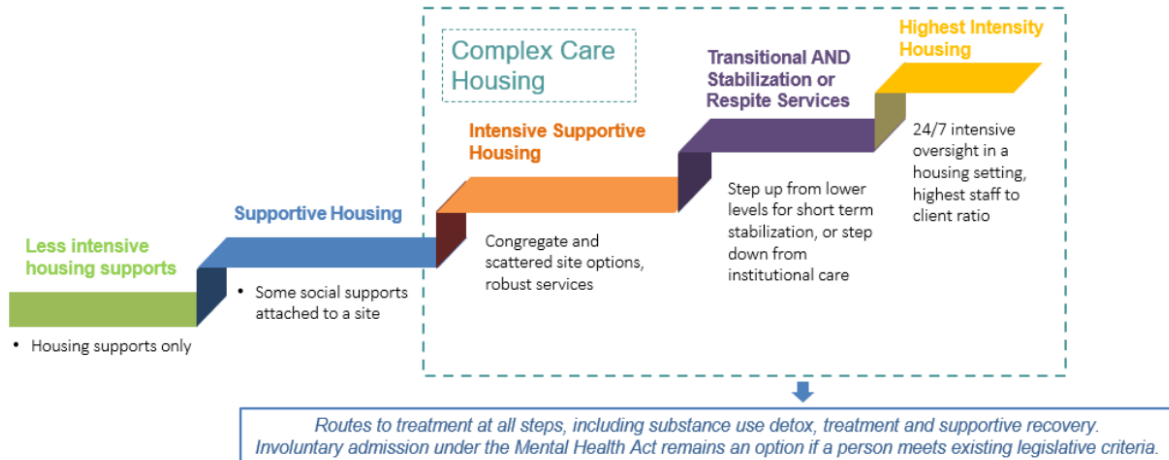
Provides stable housing combined with coordinated clinical, psychosocial, and practical supports for individuals who are unstably housed or at risk of homelessness, cycling through emergency shelters, acute care, or transitional bed-based services, or living without a permanent home. The model is intended to bridge system gaps by offering long-term, person-centered support that reduces reliance on crisis services and enables sustained housing stability, recovery, and improved quality of life for people whose needs would not otherwise be met by supportive housing services (Complex Care Housing: Draft Strategic Framework, 2022).

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This tension is particularly acute in low-barrier supportive housing settings serving high-need populations. Providers must manage safety risks, staffing constraints (McWhinney, 2025), and crisis response within a legal framework designed for conventional landlord-tenant relationships. At the same time, tenants, many of whom face significant barriers to justice, depend on the RTA as their primary safeguard against arbitrary eviction and loss of housing. As legal advocates have emphasized, removing or weakening tenant protections does not inherently improve safety and instead heightens tenant vulnerability (Crompton et al., 2025). The current framework forces a false

choice between safety and rights. What is needed is a reformed regulatory model that explicitly accounts for the realities of supportive housing while preserving enforceable tenant protections.

Figure 2: Complex Care Housing Services – Part of a System of Care



## 4. Defining Characteristics of Effective Supportive Housing

Our comparison of the different definitions guiding supportive housing programs reveals a patchwork of overlapping and inconsistent regulations and guidelines. These regulatory ambiguities undermine the ability of governments to effectively fund and monitor supportive housing and safeguard tenants.

There is an urgent need for broad-based collaboration to develop a consistent framework for effective service delivery. This will require agreement on the core characteristics of supportive housing. Our comparative assessment provides useful insights to contribute to this timely discussion.

By identifying current legislation governing SH nationally and in BC and Ontario, and the challenges to its delivery, the key elements that make SH unique become more apparent. Based on this review, we identify four defining characteristics that distinguish effective SH.

- 1. Tenancies are secure and not time-limited:** SH is understood to be permanent housing, as opposed to transitional housing. Accordingly, it should provide security of tenure, including legal protections against forced eviction, harassment, and other threats (Special Rapporteur on the right to adequate housing, n.d.). At the provincial level this includes ensuring residents of SH are granted standard protections under residential tenancy laws.
- 2. Serves people who are homeless or at risk of homelessness:** SH is meant to serve low-income individuals and households who are experiencing homelessness or at risk of homelessness. Some definitions also include seniors and persons with disabilities, and in many cases both seniors and persons with disabilities access SH. However, there is a need for wider sector consultation to identify when this is appropriate (e.g., the senior is unable to access other services because of a history of homelessness), as well as when this is inappropriate (e.g., the senior was recently evicted and is unable to find affordable housing).
- 3. Serves people who require services or supports:** The demographic in most need of housing with supports often face concurrent challenges and barriers to housing. These may include no government issued ID, no fixed address, low or no income, criminal records, mental health, and substance use/addiction challenges – all of which make access to housing extremely difficult. To meet the diverse needs of those experiencing or at risk of homelessness, a wider range of services need to be provided.

**4. Operated by Non-Profit or Government Providers:** SH requires public funding to deliver the housing and services that are needed by low-income households to remain stably housed. It is therefore important that SH be delivered by non-profit housing organizations and government service providers whose goal is to support the needs of their clients. It is also important to distinguish SH from other more intensive forms of housing with supports, such as complex care. In BC, the exclusion of housing that falls within *CCALA* is a good example of clarifying SH from housing eligible for different types of funding.

## Conclusion

Overall, Canada's SH sector operates within a fragmented and under-resourced system that urgently requires coordinated investment, definitional clarity, and integrated policy to respond effectively to the homelessness crisis. This system faces escalating challenges rooted in a deepening affordable housing crisis and insufficient supply of housing with supports. Demand far exceeds supply. Individuals and households on waitlists in provinces like Ontario and British Columbia number in the tens of thousands and wait times are routinely years-long. Rising homelessness disproportionately affects Indigenous, racialized, and 2SLGBTQIA+ populations (Caspersen et al., 2025; HICC, 2025).

Conceptual ambiguity substantially contributes to these issues. "Supportive housing" lacks a shared definition across relevant sectors, leading to inconsistent referral criteria, regulatory gaps and confusion, and uncertainty around tenant rights and operator obligations under Residential Tenancy Acts. Funding remains fragmented and unstable, with poor coordination between health and housing budgets limiting service integration and sustainability.

A high level of cross-sectoral collaboration is needed to create a national framework for service delivery that is effective and sustainable. It will require agreement on what supportive housing is, what the sub-types are, as well as what differentiates supportive housing from other forms of housing with supports. It will require attentiveness to the defining characteristics of SH. By taking immediate, concerted action to address these challenges, governments and sector partners can build a more coherent, equitable, and effective supportive housing system. Doing so is crucial if governments are to reverse the trajectory of Canada's deepening homelessness crisis and realize the right to housing for all.

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# Appendix A

## 1.0 British Columbia Legal Definitions

### Residential Tenancy Regulation, B.C. Reg. 477/2003

1) In this section:

"housing stability support" means a support described in subsection (4);

"support worker" means an employee of a supportive housing operator whose duties include providing housing stability support;

"supportive housing operator" means a person or body described in subsection (3).

(2) A rental unit is a supportive housing rental unit if all of the following criteria are met:

(a) the rental unit is located in a residential property that is operated by a supportive housing operator;

(b) the rental unit is provided to a tenant who has been assessed, according to criteria set by the supportive housing operator,

(i) as experiencing homelessness or as being at risk of experiencing homelessness, and

(ii) as a person who would benefit from housing stability support;

(c) housing stability support is available to at least one tenant of the rental unit;

(d) the rental unit is not provided on a temporary basis.

(3) A supportive housing rental unit must be operated by one of the following:

- (a) the British Columbia Housing Management Commission;
- (b) the Canada Mortgage and Housing Corporation;
- (c) a municipality or regional district;
- (d) a corporation incorporated by, or in which shares have been acquired by, a municipality or regional district for a purpose that includes providing affordable housing;
- (e) a treaty first nation;
- (f) a board within the meaning of the [\*Health Authorities Act\*](#);
- (g) a society within the meaning of the [\*Societies Act\*](#);
- (h) a corporation within the meaning of the [\*Canada Not-for-profit Corporations Act\*](#);
- (i) a registered charity within the meaning of section 248 (1) of the [\*Income Tax Act\*](#) (Canada).

(4) A support is a housing stability support if it meets all of the following criteria:

- (a) the support must be available on the premises of the residential property on which the supportive housing rental unit is located;
- (b) the support must be provided by a support worker;
- (c) receipt of the support by tenants must be voluntary;

- (d) the support must be funded, in whole or in part, by
- (i) a supportive housing operator referred to in subsection (3) (a) to (f), or
  - (ii) the government of British Columbia or Canada;
- (e) the support must be of at least one of the following types:
- (i) providing opportunities to participate in social or recreational activities intended to promote community inclusion, including activities that take place off the premises of the residential property;
  - (ii) providing opportunities to participate in skills training, including training that takes place off the premises of residential property, intended to facilitate independent living, including social and economic participation;
  - (iii) assisting with short- or long-term collaborative planning and providing follow-up with respect to setting goals, assessing needs, identifying resources and supports and reducing barriers to services;
  - (iv) making referrals to, and providing regularly-available assistance in accessing, community resources and health services for conditions that do not require emergency or acute care.

Assessment Act [RSBC 1996] Chapter 20, 2026 – Policy Statement on Class 3 Supportive Housing

"Supportive Housing" means: housing that integrates long-term housing

units for persons who were previously homeless or persons who are at risk of homelessness, who may also have mental illness, have or be recovering from drug or alcohol addictions, or experience other barriers to housing, with on-site support services that are available to residents of the housing project.

In the definition of "supportive housing:"

"long-term" means residents are not restricted by policy to occupancies of less than 90 days;

"on-site support services" are physically offered in the building's offices or common areas, and include but are not limited to:

- a. health and mental health services;
- b. health and community support referrals;
- c. addiction services;
- d. employment and education services;
- e. job and life-skills training;
- f. assistance with meal preparation and housekeeping; or
- g. counselling and outreach services.

"housing unit" means residential sleeping accommodation where the resident:

- a. controls access to the room or rooms the resident or resident's family sleeps in;
- b. has access to private or shared bathroom facilities; and
- c. has access to private or shared cooking facilities.

#### *Additional Criteria for Eligibility*

Supportive housing does not include licensed facilities under the Community Care and Assisted Living Act (CCALA).

Supportive housing does not include "group homes." For the purposes of this policy statement, "group homes" are defined as staffed residential housing for those with a level 2 Policy Statement on Class 3 Supportive Housing -

2013 of disability that requires continual assistance to complete daily tasks of living (such as taking medication, dressing or bathing).

To be eligible for Class 3 designation, the owner of the property must be one of the following:

- a. a public body (including local governments and regional districts);
- b. a non-profit organization; or
- c. a registered charity.

## **2.0 Ontario Legal Definitions**

Residential Tenancies Act, 2006. S.O. 2006, Chapter 17, Section 5.1

### Other exemption from Act

(1) This Act does not apply with respect to living accommodation provided to a person as part of a program described in subsection (2) if the person and the provider of the living accommodation have entered into a written agreement that complies with subsection (3). 2017, c. 13, s. 2.

#### **Program requirements**

(2) A program referred to in subsection (1) is a program that meets all of the following requirements:

1. The program consists of the provision of living accommodation and accompanying services where,
  - i. the living accommodation is intended to be provided for no more than a four-year period, and
  - ii. the accompanying services include one or more of the following services, regardless of where and by whom the services are provided:
    - A. rehabilitative services,
    - B. therapeutic services,
    - C. services intended to support employment, or
    - D. services intended to support life skills development.

2. The program is intended to support the occupant of the living accommodation in subsequently obtaining and maintaining more permanent living accommodation.
3. All or part of the program is,
  - i. provided by, or funded under an agreement with,
    - A. the Crown in right of Canada or in right of Ontario,
    - B. an agency of the Crown in right of Canada or in right of Ontario,
    - C. a municipality, or
    - D. a service manager as defined in the *Housing Services Act, 2011*, or
  - ii. provided or funded by a registered charity within the meaning of the *Income Tax Act (Canada)*. 2017, c. 13, s. 2.

### **Agreement between the provider and the occupant of the living accommodation**

(3) The agreement between the provider of the living accommodation and an occupant of the living accommodation must meet all of the following requirements:

1. The agreement must state that the provider of the living accommodation intends that the living accommodation be exempt from this Act and must also state that the occupant may apply to the Board under section 9 of this Act for a determination of whether this Act applies with respect to the living accommodation.
2. The agreement must set out the following:
  - i. the legal name and address of the provider of the living accommodation,
  - ii. the maximum period of the occupant's occupancy of the living accommodation,

- iii. the circumstances under which and the process by which the occupant's occupancy of the living accommodation may be terminated by the provider of the living accommodation,
- iv. the occupant's rights and responsibilities in respect of the occupant's occupancy of the living accommodation,
- v. the rules that apply to the occupant's occupancy of the living accommodation,
- vi. the amount of any consideration required to be paid by the occupant for the right to occupy the living accommodation, and
- vii. the amount of any other charges to be paid by the occupant in conjunction with the living accommodation.

3. The agreement must set out a process to address disputes between the occupant and the provider of the living accommodation which must,

- i. include a reasonable method by which either party may initiate the process,
- ii. provide for the involvement of an individual not otherwise involved in the dispute, to assist the parties in resolving the dispute, and
- iii. meet such other requirements as may be prescribed.

4. Unless the information is set out in a separate agreement under subsection (4), the agreement must set out the following information in respect of the program under which the living accommodation is provided to the occupant:

- i. the occupant's rights and responsibilities in respect of the occupant's participation in the program, other than the rights and responsibilities described in subparagraph 2 iv,
- ii. the rules that apply to the occupant's participation in the program, other than the rules described in subparagraph 2 v,

iii. the amount of any charges to be paid by the occupant in conjunction with the program, other than the charges referred to in subparagraphs 2 vi and vii,

iv. the policy of the provider of the living accommodation or the administrator of the program, as applicable, with respect to securing alternate living accommodation for an occupant whose participation in the program or whose occupancy of the living accommodation is terminated, and

v. the policy of the provider of the living accommodation or the administrator of the program, as applicable, with respect to readmission into the program.

5. The agreement must meet such other requirements as may be prescribed. 2017, c. 13, s. 2.

### **Requirements in subpars. 4 i to v of subs. (3)**

(4) Where the provider of the living accommodation and the administrator of the program under which the living accommodation is provided to the occupant are not the same person or entity, any information required by subparagraph 4 i, ii, iii, iv or v of subsection (3) may be set out in the agreement in respect of the occupant's participation in the program entered into between the occupant and the administrator of the program, if the agreement,

(a) sets out the legal name and address of the administrator of the program; and

(b) meets such other requirements as may be prescribed. 2017, c. 13, s. 2.

### **No limitation**

(5) Nothing in this section limits the availability of other exemptions under this Act. 2017, c. 13, s. 2.

**Existing tenancy**

(6) For greater certainty, nothing in this section exempts living accommodation that is subject to a tenancy to which this Act applies, unless the tenancy has first been terminated in accordance with this Act. 2017, c. 13, s. 2.