ADVOCATE FOR SERVICE QUALITY

ANNUAL REPORT

2025 - 2026

BRITISH COLUMBIA
Ministry of
Social Development
and Poverty Reduction

TERRITORIAL

ACKNOWLEDGMENT

The Office of the Advocate for Service Quality acknowledges that we are uninvited settlers, living and working on the unsurrendered territories of the Lekwungen, Musqueam, Squamish, Tsleil-Waututh, Kwikwetlem, Katzie and Stó:lō Peoples. This past year's work has reinforced the need to be vigilant and committed to pushing against barriers against Indigenous Peoples everywhere—including those in our health and care systems.

As conflict and crises persist across the globe, we hear stories about violence and inhumanity, with often severe impact on people with disabilities. At this time, we once again look to and draw inspiration from Indigenous Peoples, who continue to teach us about resilience, resistance and solidarity. We commit to doing our part to nurture these incredible strengths and invite all partners in Community Living to do the same.

LETTER TO THE

MINISTER

Dear Minister Malcolmson,

For the past 35 years, the Office of the Advocate for Service Quality (OASQ) has helped people with intellectual and developmental disabilities (IDD) and their families. We offer support as they work through challenges and disagreements with Community Living BC (CLBC) and other organizations, such as health authorities.

The success of our work centers around our ability to bring people together. We speak with individuals, families and organizations. We gather information and analyze issues. Most importantly, we encourage cooperation and dialogue, so that we can help address individual cases and systemic issues. At the OASQ, we will always strive to embody open-mindedness, empathy and neutrality. We consistently use a person-centered approach to problem-solving.

This past year, we continued to hear about significant challenges people with IDDs experience when accessing supports and services. The emotions and desperation conveyed to our office continue to be intense. This is likely compounded by the unprecedented costs of living and housing.

Last year, I testified at the BC Coroner inquest into the tragic 2018 death of Florence Girard. In line with the Coroner's recommendation, we continue to recognize the vital importance and value of identifying and reviewing systemic issues and will continue to do so.

Thanks once again to every person who has put their trust in our office. This includes each CLBC-eligible individual, family member, friend, CLBC employee, health authority employee, service provider, home share provider and fellow advocate. We will continue to try and find solutions to the issues brought to us.

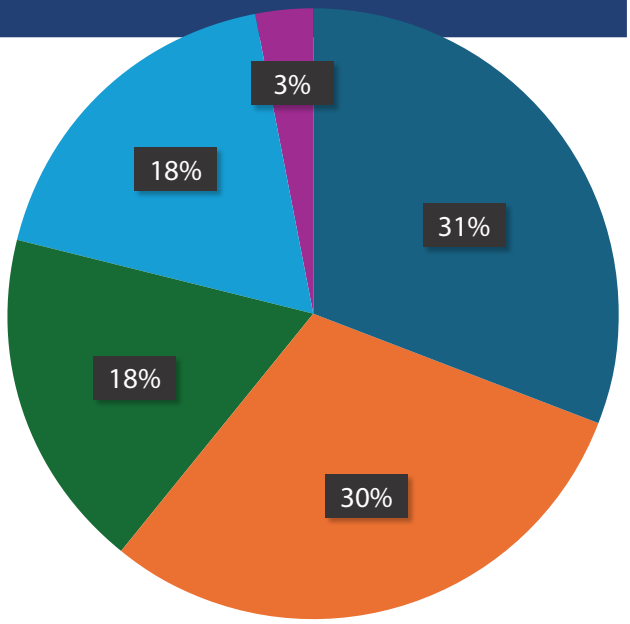
And thank you, Minister Malcolmson, for your commitment to listening and projecting our office's voice.

Sincerely,

Cary Chiu

Impact

Historically, the OASQ has received about 250 requests for help each year. Over 2024/2025, we received 251 requests for help.

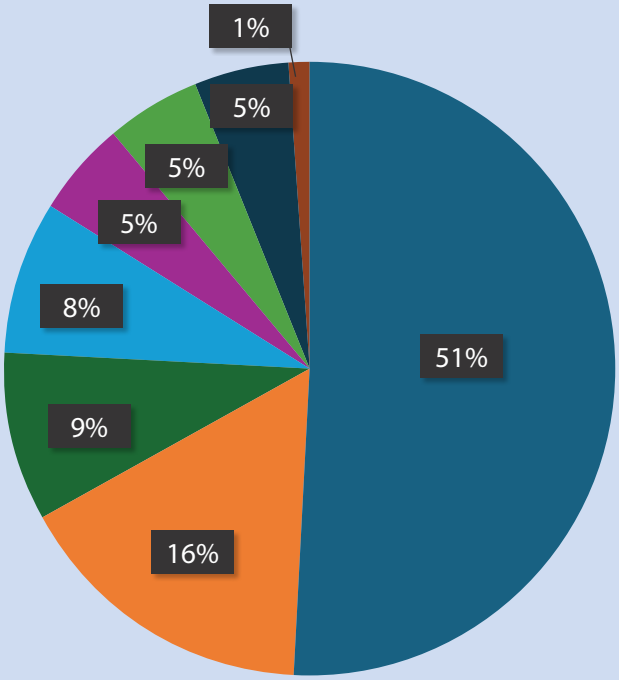


Where do calls for help come from?

- **31%** — Vancouver Island
- **30%** — Fraser
- **18%** — Vancouver Coastal
- **18%** — Interior
- **3%** — North

Who contacts our office?

- **51%** — Family
- **16%** — CLBC Individual
- **9%** — Advocate
- **8%** — Health Authority
- **5%** — CLBC
- **5%** — Home Share Provider
- **5%** — Friend/Acquaintance
- **1%** — Service Agency



Issues

People with IDDs and their families face challenges and barriers every day, specifically related to those disabilities. One of the central mandates of the Office of the Advocate for Service Quality (OASQ) is to shine a light on these issues, which are often systemic in nature.

The recent BC Coroner's Service inquest into the death of Florence Girard highlighted the importance of this mandate.

We also feel the need to acknowledge the reemergence of the "R word" in everyday conversations. This is troubling, deeply hurtful and downright infuriating. Without commenting on the likely causes of this despicable reality, it highlights the ongoing challenges and blatant discrimination and disrespect people with IDD face every day.

Home share

In January 2025, the BC Coroner's Service held an inquest into the tragic 2018 death of Florence Girard. This resulted in 15 recommendations, including:

"Immediately increase the compensation package for home share providers to include a living wage commensurate with the complexity of care needed for the individual in care, over and above financial contribution for food, shelter and basic necessities. This living wage compensation package should be annually adjusted to the consumer price index."

Despite a series of increases beginning in 2020[1], we continue to hear about home share compensation being greatly outpaced by living and housing costs[2]. This has obvious implications for the recruitment of potential home share providers and the retention of current ones.

We believe one of the most fundamental ways the number of home shares can increase is to make the program more attractive to prospective home share providers. This is especially clear given the current unprecedented costs of living and housing. Further complicating this is the reality that the typical CLBC individual requiring a home share has much more medically complex needs than when the home share program started, 20 years ago[3]. This correlates with CLBC's aging population.

[1] In 2019, the B.C. Government announced new funding to support an increase to CLBC's home sharing rates. CLBC used the funding to increase home sharing rates twice over two years, beginning in April 2020. In the first year of the COVID-19 pandemic, CLBC provided emergency funding to support home sharing providers. In 2023, the shelter rate for disability assistance (i.e., assistance provided to people with Persons with Disabilities (PWD) designation) increased by $125 per month, which flows through to home share providers. In 2024, CLBC developed the Home Sharing Property Support Program. This program fully funds insurance for damages for home-share providers. CLBC also increased pay rates to home share providers to cover the costs of their WorkSafeBC premiums.

[2] Both from families of CLBC individuals and from service agencies, as detailed in the BC CEO Network's March 2025 report "House of Cards: Addressing Challenges in Shared Living".

[3] It's worth noting that 20 years ago, more medically complex CLBC individuals would have been more likely to be in a hospital or a hospital-like setting.

Over the past year, we have continued to hear about some CLBC individuals who are deemed too complex (either medically or behaviourally) for prospective home share providers. Yet, they're simultaneously deemed not medically complex enough to be considered for staffed living resources[4].

We have also heard how, in some cases, families bear the pressure of housing their family member while a home share resource is identified. In other cases, CLBC individuals wait in hospitals—most commonly, in acute care units. And in other situations, some home share providers who have come to the end of their time in the program have agreed to extend their arrangement until a new home share placement has been made. These are usually providers who have given notice to terminate their home share contracts.

We once again recommend:

1. **That the Province improve CLBC funding to specifically increase compensation to home share providers**
2. **That home share providers be offered the training required to be able to take on high-needs, complex-needs and medically-complex CLBC individuals**
3. **That the Province increase CLBC funding to create more staffed living resources to enable more CLBC individuals to be housed**
4. **That the Province provides CLBC the funding to create or access a new program or resource, if this is a better option**

Recent obstacles

CLBC and service agencies it contracts with face profound challenges. This is the case even when they have succeeded in coordinating a rare, outside-the-box resource for CLBC individuals whose complex profiles have made it challenging to house them in a community.

As well, public statements about a CLBC individual's care, combined with publicly disseminated videos of them in distress, further complicate and intensify those challenges. A recently publicized staffed living situation in Port Coquitlam has demonstrated this.

[4] CLBC explained that some staffed living resources are taken up by individuals who would be better served in health resources, which, in turn, would free up spaces.

This is a particularly tricky, precarious time. We acknowledge the significant budget deficit our province finds itself in. We understand how this limits even further, potential housing resources for CLBC individuals with the most complex needs.

Examples of this took place recently: both the Garth Homer Society's supportive housing project in Saanich (the Centre for Belonging) and the supportive housing initiative in Burnaby lost their provincial funding from the Community Housing Fund program. The latter initiative's defunding happened amidst huge community backlash, demonstrating how community outcry can and does contribute to how people with developmental disabilities continue to bear the effects of a province-wide supportive housing shortage.

Lack of supports for CLBC individuals with complex needs

We continue to hear from health authorities about CLBC individuals whose length of stay in the health system, particularly the acute care system, has been indefinite.

Once their acute care needs have been resolved, these individuals remain in the acute care system, waiting for an appropriate housing resource. Because of their complex support and health care needs, in some cases these wait times are significant.

When there is no appropriate or adequate resource for these individuals, the only alternative often is to place them in a community shelter.

We wish to acknowledge with gratitude the health system's efforts in these cases. The system continues to act as a last resort, providing supports during these interim periods. However, these delays put significant pressures on health system resources. Unnecessarily staying long-term in health systems also leads to real, tangible and negative impacts for the mental health of affected CLBC individuals.

In many planning meetings between our office, CLBC, health authorities and advocacy organizations[5], it's clear CLBC has explored all available options at its disposal. However, those options simply do not appropriately or adequately meet most of these individuals' needs.

[5] Particular thanks to InclusionBC, Community Living Victoria and the Office of the Representative for Children and Youth, for combining our advocate voices on complex CLBC cases.

Reviews

In January 2025, the Advocate for Service Quality testified at the BC Coroner's Inquest into the death of Florence Girard. Since the inquest, the Province commissioned an independent review of CLBC's home share program[6]. We understand there is ongoing work happening across the provincial government and within CLBC[7], reviewing the gap in housing resources and supports, including those available to CLBC individuals with the most complex support needs.

Unhoused CLBC individuals

In cases where no alternate sources of housing support exist, the options are limited for a CLBC individual. There is often no resource for them to go into, other than community shelters and supportive housing resources. We continue to advocate in such cases.

We recently toured some of the supportive housing resources[8] that can house CLBC individuals. The purpose was to gain a better, firsthand understanding of the conditions and environments of these housing options. We have heard concerns about how the low-barrier nature of these shelters may pose issues for CLBC individuals battling addictions. However, we also acknowledge the critical benefits some of these resources provide in addition to just housing. This includes meals, laundry services, clinic services[9], mental health supports and harm reduction supports.

As detailed in our previous reports, for the last four years, Grosvenor House has demonstrated a model of supportive living that has successfully supported CLBC individuals with complex needs. It has succeeded as a collaborative project in the Fraser Region. It delivers low-barrier, supported living for CLBC-eligible young men with high, complex needs.

We're pleased to learn that CLBC has recently collaborated on other such projects. This includes:

- A housing development in Prince George for people with complex care needs and who are unhoused or at risk of homelessness[10]
- A housing project which supports Indigenous women with complex needs in northern B.C. [11]

We recommend that such collaborations between CLBC and other systems continue to receive the funding needed to implement more projects or initiatives like these. These should be specifically designed to address the lack of housing options with tailored, wrap-around supports for CLBC individuals with complex needs. There should be a specific focus on regions with the highest demand for these supports.

[6] BC Gov News
[7] CLBC is in the final phase of the Reimagining Community Inclusion initiative, specifically focused on addressing systemic issues in these four key pillars: Health, Housing, Employment and Indigenous Relationships.
[8] Thanks to Portland Housing Society.
[9] Clinic services provided at these shelters are provided by the Victoria Cool Aid Society.
[10] New supportive homes, complex-care spaces coming to Prince George | BC Housing
[11] https://www.communitylivingbc.ca/homepage-news/video-housing-project-supports-indigenous-women-with-complex-needs-in-northern-b-c/

Ellen

Ellen is a 23 year-old woman with Fetal Alcohol Syndrome Disorder (FASD) and other disabilities. This impacts multiple areas of her life. Her mother provided guidance to navigate tasks when Ellen lived with her.

Ellen would need significant support if she were to try to live independently. She can't do the activities of daily living on her own.

For the last five years, Ellen has been unhoused. She has been surviving in unsafe circumstances on the streets.

For over seven years, Ellen's mother has been trying to secure housing with wrap-around supports for her daughter. Ellen has had brief stints in supportive housing resources and in various shelters. However, the environments of those resources have perpetuated Ellen's substance addiction and have not met her needs. Ultimately, those stays have ended when Ellen has been unable to comply with the ground rules. Most often, this is framed as her inability to do what is expected of her. However, it is overlooked that, due to her disabilities, she needs appropriate support to meet those expectations.

Ellen has been determined ineligible for health authority programs. This is because most of these require her to have participated in a community-based substance rehabilitation program. These programs are designed for the average population. Currently, there are no programs that provide adaptations or a learning style that would meet Ellen where she is at to start her recovery journey.

Ellen has been rejected by every rehab program she has applied to. This includes programs across different regions. Each of the rejection letters explain that, due to the low level of Ellen's cognitive capacity, she won't be able to participate in the programs and follow the rules. When requesting accommodations, these have been denied.

A CLBC investigation conducted under the Adult Guardianship Act has not found concerns with Ellen's decision-making capacity to care for herself. This is despite the fact that Ellen doesn't understand and is not able to self-reflect on the nature and reality of her substance addiction and its impacts on her.

Ellen needs a housing resource that includes robust, around-the-clock supports that consider her disability-related needs, her substance use disorder and mental health needs.

To develop a comprehensive plan to address her needs holistically, updated assessments are necessary. These assessments cannot take place while Ellen is using substances. She needs detox and treatment. However, she can't access either because, due to her cognitive disability, there are currently no treatment centres that will accept her. She has been stuck in this cycle for years. Her health continues to deteriorate.

BC Corrections

We continue to advocate for CLBC individuals who exhibit:

- **Mental health disorders**
- **Substance use disorder**
- **Criminal risk behaviours**

Placement in resources such as Red Fish Healing Centre and Tertiary Care facilities has been integral to the care and planning for most of these individuals. In the absence of more resources to address the complex needs of these individuals, we're grateful to the systems which have found outside-the-box interim solutions. However, these resources are extremely limited.

We continue to advocate for a longer-term, cross-systems solution to this gap in supports for this subset of CLBC individuals.

In our last report, we mentioned Dr. Daniel Vigo, B.C.'s chief scientific adviser for psychiatry, toxic drugs and concurrent disorders. Dr. Vigo's advice has led the creation of secure facilities where people held under the Mental Health Act can receive involuntary treatment, housing and support, in limited scenarios[8]. We toured the Dr. Vigo-led facilities in Surrey and Maple Ridge to gain a firsthand understanding of his vision in practice[9].

We continue to agree with the conclusions of:

- **Experts in the medical field**
- **Experts working with CLBC individuals on the street and in hospitals**
- **Family members of CLBC individuals with these complex profiles**

We continue to recommend funding to allow for a cross-system program specifically designed to house and support this cohort of CLBC individuals. This program could be similar to the facilities led by Dr. Vigo. Alternatively, we recommend that this cohort of CLBC individuals receive equal prioritization of admission at such facilities.

In the interim, we continue to recommend that CLBC be provided the funding necessary to coordinate and contract 24-hour support for this small group of individuals.

[12] Criteria: people with substance-use disorders and who have one of the following: simultaneous mental disorders, an acute and severe psychiatric condition with unknown causes, or ongoing mental impairment after an acute crisis has passed. Dr. Vigo's recommendations do not permit authorities to hold people solely for addiction.

[13] Thanks to the teams at Dr. Vigo's office, Vancouver Coastal Health, Provincial Health Services Authority, and the Ministry of Public Safety and Solicitor General, for facilitating these tours. Particular thanks to the teams at Spiritwood Homes and Surrey Pretrial Services Centre.

John

Last year, we highlighted John's journey. He is a young man with highly complex needs. He should be supported by CLBC, the health system, the justice system (including Community Corrections) and Forensic Psychiatric Services.

In our previous report, we detailed the catch-22 situation facing John: following his release from the justice system, he was expected to follow Court-mandated conditions. However, he was released with minimal support and without a concrete plan to support him in learning more prosocial behaviours and to take care of himself.

We now understand that John's parents and a family friend contribute more than 60 hours a week of support and supervision. We continue to be concerned that John does not have the capacity to follow through with his conditions independently. This is because of his disabilities.

Since his release from the justice system, John's family and the advocates supporting him have repeatedly voiced concern. They fear he will likely experience a crisis in community and consequently return to the justice system.

In sporadic multi-organizational planning, it remains clear that John requires a combination of supports and services across various ministries and public services. John's profile is unique and complex. As such, the collaboration and planning needed to address his needs require a combination of expertise and services. It also requires a shared flexibility to explore person-centred solutions. We're optimistic about Forensics Psychiatric Services' increased participation in in these planning meetings. Psychiatric expertise will help solve the riddle of an effective and adequate solution for John's care and safety.

Ongoing collaboration and "thinking outside the box" will be critical. Otherwise, John is likely to continue cycling between being in the community with insufficient support, and being constantly at risk of returning to the justice system.

Sam

Last year, we chronicled Sam's journey. He's a young man with profoundly complex needs. He receives support through CLBC, the health system, the justice system and Forensic services.

Cross-system collaboration resulted in Sam being admitted to the Red Fish Healing Centre for Mental Health and Addiction. We are grateful for the treatment and support Sam received at Red Fish. He was successfully stabilized in several aspects of his mental and physical health.

Extensive, cross-system collaboration took place during Sam's stay at Red Fish. When his stay at Red Fish ended, Sam was transferred to a tertiary care facility, as the next step in his journey to well-being. He still needs intensive care and support to develop the skills he needs. The care he has received in the last year has shown the importance of person-centred care, required to continue giving Sam the best chance of thriving.

As with all CLBC individuals with highly complex and varied support needs, the options for housing and supporting Sam long-term are limited. We continue to advocate for a longer-term resource with supports that meet Sam's complex needs. The development of his combined support package after tertiary care is a critical part of setting Sam on a trajectory toward health and well-being. The clock is ticking, since tertiary care is intended to be an interim resource.

Testimonials

"Thank you for your advocacy and for ensuring my case was reviewed with the urgency it required."

"Thank you for your prompt response to my letter and for providing me the link to file a complaint, which I have just done. I greatly appreciate your assistance."

"I just wanted to send a note of thanks for your assistance and support with CLBC and ensuring my daughter gets the supports she needs. We have now had a meeting with CLBC and the group home that my daughter has successfully received a room in. We have started planning for her supports there, and it appears she has found a fabulous new home."

"Thank you so much. It's so reassuring to know there's an organization that reviews concerns about CLBC."

Budget

Budget Salaries and Benefits	$398,047
Operating costs:	
Travel	$1,487
Office expenses	
Information systems	
Total Budget	**$399,534**

Right to left: Salima Jamal, Nick Birch, Cary Chiu

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