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Social and attitudinal barriers to the provision of accessible housing in Canada: A qualitative study

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ABSTRACT

Background: Housing is a critical social determinant of health and for individuals with accessibility needs, having a roof over one's head is not enough. For people requiring accessibility features to enter and exit their home, use the bathroom, or prepare meals, the absence of these features can limit social participation, increase reliance on caregivers, and negatively impact health, dignity, and safety.
Objective: This article presents a qualitative study with members from diverse key interest groups across the housing, disability, healthcare, and policy sectors to identify social and attitudinal barriers limiting accessible housing and home modifications options in Canada.
Methods: Semi-structured interviews and a demographic survey were conducted with 59 people. Participants included people with lived experience of disabilities and other end-users of accssible housing (i.e., family caregivers and people from the Deaf community), as well as cross-sectoral professionals with expertise in accessible housing. Inductive codebook thematic analysis was used to analyze the data.
Results: Four prevailing themes were identified from the data, including a lack of prioritization by policy makers and housing developers, cost-benefit appraisals of including accessibility features, discriminatory attitudes towards the aesthetics of accessibility and towards end-users, and underestimating of the need for preventative accessibility.
Conclusions: Attitudinal barriers are contributing to a lack of prioritization of accessibility in housing in Canada. To create a more inclusive housing landscape and improve public health, investments in accessible housing, policy advancement, and new regulatory measures are recommended.

1. Introduction

In Canada, nearly 50 % of persons with a physical disability reported requiring an aid or accessibility feature in their home.[1] Statistics Canada defines persons with physical disability as those who report activity limitations due to conditions affecting mobility, flexibility, or dexterity.[1] Home accessibility features may include raised toilets, grab bars, walk-in showers, ramps or ground level entrances, lifts or elevators, automatic doors, widened pathways, and lowered counters. It may also involve technology and communication systems—such as elevators, intercoms, and home appliances—with tactile buttons, Braille, visual displays, and auditory alerts, which are particularly important for people with sensory disabilities. The lack of accessibility features can limit daily functioning, freedom of movement, and independence[2] at home, sometimes necessitating reliance on caregivers or institutional living.[3] Recent census data indicates 7,590 Canadians under age 55 reside in nursing or seniors' homes[4]—facilities primarily intended for older adults—highlighting a critical gap in appropriate housing for younger

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people with disabilities.

Avenues for obtaining accessible housing in Canada arise in three general contexts. First is in the existing market housing stock, which was largely built to low or non-existent accessibility standards. Accessibility was added as a standalone objective to Canada's National Building Code in 2005;[5] however, current codes do not have accessibility standards for detached or semi-detached homes,[6] and Canadian homes are on average 40 years old.[7] As such, most older homes require renovations or retrofitting, commonly called home modifications. The second avenue is the newly built market housing. New homes typically meet minimum legislated accessibility standards, which vary between provinces and territories, but broadly apply to between 5 and 20 % of units within multi-unit residential buildings.[8–10] The third avenue for accessible housing exists in non-market housing built by governments and non-profit organizations.[11,12] These developments may incorporate a selection of units or an entire development with bespoke accessibility features to support individuals in specific disability populations or may include universal design features.

The cost of accessible homes varies based on local labor and material costs, standards, design, and the extent of features included. Canadian studies estimate that incorporating basic accessibility features increases construction costs by 1–6 % for multi-unit buildings,[13] and 6-12% for for detached and semi-detached houses.[14] Many accessibility features cost little or nothing to add,[15] and studies show a positive return on investment when they are included during initial construction or through investments in home modifications.[16–18]

Despite legislated changes in human rights for housing in Canada,[19] and the adoption of the *Accessible Canada Act, SC 2019, c 10,* in 2019,[20] the housing and policy landscape has been slow to adopt changes directed at meeting this human right. And, while the Accessible Canada Act has resulted in two new national standards for accessible housing,[21,22] application of these standards remains voluntary. There have been some efforts towards addressing home accessibility, but given that current housing policies and practices rely heavily on market-based solutions, the adoption of universal design principles and higher accessibility standards in regulated building codes remains unsatisfactory. [11,19]

1.1. Accessible housing and health

Disability can be considered to result from the interaction between health conditions and/or impairments that a person experiences and a range of contextual factors including societal attitudes, access to infrastructure, discriminatory policies, age, or gender.[23] Home environments can be disabling when barriers hinder one's ability to enter and move throughout the home, receive personal care, or efficiently carry out tasks that they could otherwise do in an accessible space. Inaccessibility can worsen a person's physical and mental health.[18,3,24] In studies exploring people's experiences with inaccessible home environments, challenges have been attributed to pain and fatigue from increased energy expenditure and poor ergonomics,[3,25,26] social isolation due to difficulty entering, exiting, and travelling about the home,[3,27,28] reduced self-worth and strained relationships due to unwelcome reliance on caregivers,[3,29,30] and anxiety about elevated safety risks[26] and institutionalization.[3] Conversely, those with satisfactory accessibility report improved quality of life and that their home contributes to their sense of dignity, value, and independence.[24,31,32] Further, having home accessibility features has been shown to reduce community caregiver assistance,[18,33] promote safety,[33] and enable social and leisure participation.[28,34]

There is limited research examining attitudinal barriers in relation to accessibility in the built environment.[35,36] Also, while there is a body of qualitative studies accounting the experiences of people with disability in receiving home modifications[26,29,31] or with inaccessible home environments[3,36] there is little information available from key-interest groups on what they perceive is needed to advance accessible housing. This limits our understanding of challenges with accessibility in the built environment that go beyond physical barriers and of opportunities to create positive change. Thereby, the primary goal of this study was to explore social and attitudinal barriers from the perspective of people who require accessible housing and from professionals who help design, build, find, secure or advocate for the attainment of accessible housing across sectors. A secondary goal of this study is to inform recommendations for advancement of accessible housing practice, policy, and research in Canada.

2. Methods

This qualitative study employed semi-structured interviews and inductive codebook thematic analysis. The study was conducted as part of a larger mixed methods project to identify a set of priorities for advancing accessible housing practice, policy, and research in Canada.[37,38] Research ethics approval was provided by Sunnybrook Research Institute (protocol #5775) and the University of Toronto (protocol #00046200). Given that the experience of social and attitudinal barriers is often contextual, subjective, and embedded within lived experience,[39] qualitative methods are ideal for exploring these nuanced dynamics.[40]

2.1. Participants

Two groups of participants were recruited using heterogeneous, purposive sampling: (1) accessible housing end-users and (2) professionals with expertise related to accessible housing (see Table 1). Some individuals who benefit from accessibility do not identify as having disability (e.g., caregivers, some older adults and people who are

Table 1
Sociodemographic characteristics of study participants.

Participant Characteristics (N = 59 total)			(n)
Age (mean, range)	51.5, 26–81 years		
Gender	Man		22
	Woman		33
	Transgender man or woman, Non-binary, Two-spirit, Intersex, Gender-fluid, Other		2
	Not reported		2
End-users	Total		33
	Person who has home modifications, but still has accessibility concerns		20
	Person who has home modifications and does not have accessibility concerns		8
	Person who has not made home modifications and has accessibility concerns		3
	Person with disability and professional expertise related to accessible housing		13
	Co-habitant family caregiver with professional expertise in accessible housing		2
	Primary disability[a]	Sensory (e.g. very low to no vision, or, no hearing)	10
		Physical (e.g. functional mobility impairment)	14
		Combined physical and sensory	7
	Housing type	Apartment or condominium	18
		Detached house	12
		Townhouse	2
		Basement suite	1
	Housing tenure	Owned by self or cohabitant	19
		Market rental	12
		Non-market (public, non-profit, co-operative)	2
Accessible housing professionals	Person with professional expertise related to accessible housing, but WITHOUT lived experience as an end-user		26

[a] Secondary conditions reported include attention deficit hyperactivity disorder, autism, asthma, sarcoidosis, chronic fatigue syndrome, post-traumatic stress disorder, and diabetes mellitus.

Deaf). As such, we use the term "end-users" herein to inclusively describe people who need or use home accessibility features.

Accessible housing end-users (n = 33) were recruited by email outreach to local disability organizations who agreed to email, post to social media, and share study flyers with members. Included participants were community-dwelling individuals from Ontario, Canada with chronic or permanent functional mobility and/or sensory impairment (s). This included persons with conditions such as arthritis, Ehlers-Danlos syndrome, cerebral palsy, muscular dystrophy, spinal cord injury, amputation, multiple sclerosis, myalgic encephalomyelitis, poliomyelitis, glaucoma, retinitis pigmentosa, and deafness and co-habitant family caregivers for persons with a developmental disability. At the time of the study, all end-users reported having accessibility-related modifications in their home or having concerns about the accessibility of their home (see Table 1). Importantly, 64% of participants with home modifications reported on-going concerns with accessibility at home. Forty-two percent of end-user participants had professional expertise related to accessible housing in addition to their personal experiences.

Housing accessibility professionals (n = 26) were recruited from across Canada for their familiarity with Ontario housing and expertise related to designing, building, finding, securing or advocating for accessible housing. Potential professionals were identified by the study team through leveraging existing professional networks across the housing, disability, and healthcare sectors, and snowball sampling. Identified professionals were recruited through email invitation and/or telephone outreach. Professionals worked in housing, community support, policy, healthcare, and legal sectors and represented a variety of roles, including realtor, housing developer, architect, interior designer, contractor, community support worker, accessibility advisor, advocacy leader, social worker, occupational therapist, physician, and lawyer.

2.2. Data collection

Data were collected from July to October 2023. A pre-interview survey via REDCap[41] was used to collect sociodemographic information, data on professional experience and/or disability, and housing circumstances. Semi-structured one-to-one interviews (n = 51) and small group interviews (n = 3, with 2–4 participants per group) were completed. Small group interviews were offered to reduce organizational impacts of employee participation. Interviews were conducted by a trained member of the research team [KEY, EC] and took place either in-person, by video conferencing, or telephone. On average discussions lasted 43 min, with 37 h and 54 min of data in total. Discussions focused on personal and/or professional experiences around needing, obtaining, providing, creating, or supporting others with accessible housing. Study materials including the pre-interview survey and the discussion guides have been published for open-access.[38] Interviews were audio-recorded, professionally transcribed in clean verbatim, and de-identified. Participants received a $25 gift card for their participation.

2.3. Analysis

The data from both participant groups were analyzed together using codebook thematic analysis, as outlined by Braun and Clarke.[40] After transcript familiarization and generating initial codes from the data by four investigators [KEY, FB-M, SG-S, EC], transcripts were independently double coded. Disagreements were tracked in an audit trail and a codebook was maintained to enable researchers to trace codes back to the original data. Once >80 % agreement between coders was reached, independent line-by-line coding was carried out on the remaining transcripts by [KEY, FB-M, SG-S]. This coding identified social and attitudinal barriers to accessible housing as a commonly discussed issue across the participant groups. Following coding, themes within the data were identified by an iterative thematic analysis process. This process involved two investigators [KEY, CLS] (co-investigators with qualitative data analysis experience) who read all applicable coded references and merged applicable initial codes. References from applicable codes were analyzed both within and across participant groups to support data triangulation and consideration of convergent, divergent, and unique perspectives existing within and across the participant groups. This approach has been shown to support the generation of actionable recommendations for policy advancement on potentially contentious topic areas where stakeholder perspectives may diverge.[42] NVivo 12 software[43] was used to facilitate data management and coding. Participant characteristics have been included alongside quotes to provide context. In some instances these characteristics have been withheld to maintain participant privacy.

3. Results

Fifty-nine people participated in the qualitative interviews (see Table 1). Participants discussed the role of attitudes and perceptions in shaping accessible housing development and policy in Canada. As explained by one participant, *"there [are] just barriers in terms of people's knowledge and judgment [of] what they're building and who they're building it for."* (P15, non-market housing executive). Several social and attitudinal barriers were identified, including: (1) lack of prioritization and availability of accessible housing; (2) cost-benefit appraisals of including accessibility features in housing; (3) discriminatory attitudes towards the aesthetics of accessibility and the value or capabilities of end-users, and (4) underestimation of the need for preventive home accessibility. In alignment with this study's secondary objective, specific policy recommendations informed bv participant interviews, alongside aspirational examples are outlined in Table 2.

3.1. A lack of prioritization and availability

The perceived lack of prioritization of accessibility by housing developers and policy-makers was evident, with participants describing how those in need of accessible housing had few options. While many noted that non-profit housing developments more commonly provided accessible units due to having a mandate of supporting vulnerable populations, participants explained that decades-long wait lists make these units inaccessible. This, in turn, was said to increase reliance on market options, where there was little incentive to build accessible units, as one occupational therapist described, "*there is no will from the people who are building our homes to make them accessible [or] even just adaptable*." (P23). Others similarly expressed frustration with housing developers, stating, *"housing is not designed appropriately to accommodate a range of people or [their] specific needs"* (P19, Deaf end-user).

Several participants compared the process of finding accessible housing to searching for *"a needle in a haystack"* (P25, real estate professional), primarily due to the lack of inventory, which made searches feel *"fruitless"* (P28, advocacy leader and end-user). Many participants pointed out that only a small proportion of homes are required to have minimal accessibility features, and that accessible multi-bedroom homes appropriate for couples, families, and those with pets, are generally not being built.

The decrease in government sponsored financial incentive programs for accessible features in housing, alongside a lack of legislative regulations to enforce higher accessibility standards, was also thought to contribute to the lack of availability of accessible homes in Canada. Ultimately, study participants described that the development of accessible housing has come down reliance on the good will of developers, which was thought to be at odds with the current commodity-based economy of housing in Canada.[55]

> "*There used to be funding available at all levels of government to make changes to improve accessibility, and that has stopped. […] I do know that unless it's legislated in some way, change will not happen.*" (P34, end-user, municipal accessibility advisor)

Table 2
Policy recommendations to improve accessible housing in Canada and aspirational examples.

Policy recommendation and exemplary quote(s)	Aspirational example(s)
Recommendation: Create a national plan dedicated specifically to policies and building code advancement that aligns with the right to adequate housing for people with disability. "*One of the challenges in any funding program is that typically healthcare is funded at a provincial level and housing can be national. So, we're looking at the intersection between healthcare and housing. These two need to merge and it is this intersection where this hard work needs to happen.*" P22	The Government of Ireland has developed and launched Ireland's National Housing Strategy for Disabled People 2022–2027.[44] This publicly available plan maps and identifies relevant policies and includes a clear implementation plan with 27 outcomes and 107 actions alongside action plans and funding commitments to address improvements to the state of housing for people with disabilities in Ireland.
Recommendation: Adopt higher accessibility standards in 100 % of newly constructed homes (including detached, semi-detached, and multi-unit residential homes). "*Developers look for this low cost no cost change that they think is going to make it accessible. That's not true. There is a cost and the cost is floor space. If you don't have the floor space, you will never get to a mobility accessible unit. […] We need to lay the rules down and say, 'No. You have to have this much floor space in these specific spaces …"* P26	Australia has introduced a Livable Design Standard into their National Construction Code. As of 2025 all but two Australian states have adopted this code, which applies broadly to residential construction.[45] The Livable Design Standard includes provision for at least one step-free entry, wider internal doors and corridors, step-free access into a bathroom and shower and an accessible toilet, and reinforcement of walls to support grab bar installation.[46]
Recommendation: Streamline needs assessment and funding administration processes to improve access to adequate housing and home modifications for people with disabilities. *"There needs to be more incentives. Publicized and clear incentives to the public that lets them know, if you all of a sudden are faced with a life-changing event that changes your physical nature, and you require your home to be modified, here are some services. Here are some resources and some financial assistance that could help you make the changes to your home. Whether they're for you, or they're for your landlord."* P9	Australia's National Disability Insurance Scheme (NDIS) includes programs and provisions to support Specialized Disability Accommodations (SDA) as well as support for home modifications.[47] Since its inception, the program has largely reduced institutionalization of young people with disabilities in homes for older adults.[48] The United Kingdom (UK) offers a robust home modification program called the Disabled Facilities Grant (DFG).[49] Nova Scotia's CAPABLE program trial[50,51] could provide foundation for a federal program, if eligibility were expanded to include those under age 65.
Recommendation: Strengthen protections for tenants in need of accessibility-related home modifications and increase penalties to property-owners who do not comply with their duty to accommodate. We recommend interventions to reduce attitudinal barriers (see below) in conjunction with programs to improve education on human rights and access to legal counsel. "*Of course, you're not supposed to discriminate. Doesn't mean we don't face it every day. So, you learn to be quiet and hope to continue existing, but you don't hope to thrive."* P1	A 2022 Canadian Human Rights Commission report emphasizes that advancing disability rights in landlord-tenant disputes requires better human rights education for landlords, tenants, and adjudicators, along with improved access to legal counsel.[52] Some local UK authorities offer "Fast track" policies to allow rapid access to DFG supports for those with urgent needs and reduce delay.[53]
Recommendation: Implement interventions designed to improve education and reduce attitudinal barriers that impede attainment of accessible housing. "*Well, you have to advocate for yourself, obviously. But you have to understand that a lot of people in these industries don't have the training and they don't have the knowledge.*" P2 "*Universal access should be the starting point […] but that knowledge is not well disseminated, so that is the problem that needs to be addressed.*" P3	A recent meta-analysis recommends combined education and contact-based interventions to reduce ageism.[54] No examples of combined approaches focusing on ageism, ableism, and housing were identified and as such, research and development of such an interventions is recommended. Public education that addresses ageism and ableism, such as British Columbia's *Rewrite the Rules* campaign[52] could be expanded and focused on housing. Given the cross-sectoral nature of accessible housing, interventions in housing, policy, design, skilled trades, health, and legal sectors are needed.

3.2. Cost-benefit appraisals of including accessibility features in housing

Participants commonly discussed the costs and benefits of providing accessibility features in homes and explained that the emphasis on reducing costs and maximizing profitability over accessibility have perpetuated barriers to accessible housing. End-users described how builders have historically lobbied against taking on the financial costs related to accessibility features in the homes they build, unjustly passing these costs onto them as residents. For example, a participant with sight loss stated,

> "*It should not be an additional cost to have lighting under […] the cupboards […] Or having modified appliances that are more accessible. These things should not be an additional charge. […] They should be considered standard, not a modification. Because it's what someone needs. I didn't ask to be blind. It's my life, and I should not be, what feels like, penalized, because of it."* (P6, end-user, low vision).

End-users explained they also had to bear the costs of ongoing maintenance and repairs to ensure that accessibility features remained in good working order. These were particularly common for mechanical features, such as ceiling, stair and platform lifts: "*it's not just expensive buying the equipment, it's maintaining it.*" (P9, end-user, physical disability).

Participants broadly agreed that investments in accessible housing were justified, though opinions on the associated costs and willingness to incur them varied among accessible housing professionals. Some argued that incorporating universal design during the initial design phase resulted in no added costs, with one stating, "*It doesn't cost any more if they think of universal design from the get-go*" (P36, end-user, construction professional). Others acknowledged additional costs for accessible design features but stressed their value. For example,

> "*Now, one might argue, if you are a developer, that, yes … to do all that costs more. And truthfully, it probably does. […] Not as much more as they would tell you it is, but certainly, thoughtfulness sometimes costs money, and you have to mentally shift forward and say, it's worth it. It's worth it."* (P20, end-user, housing development professional).

In stark contrast, one developer described an intentional prioritization of profitability over accessibility: "*from a profitability standpoint, generally, we try to do only the minimum that is required*" (P35, market housing developer). This participant also recounted a scenario where a potential tenant with a disability would be declined rental housing due to a request for accessibility-related modifications: "*… I don't see why we would [modify a rental unit] when we could just rent it to somebody else that doesn't need all those conversions."*

Despite additional costs, other market housing developers placed a high value on accessibility and identified ways to achieve profitability. One participant emphasized their organization's sense of "*moral responsibility*" and the importance of creating housing that "*allows people to live in the way that they want and need to live,*" noting that "*a financial gain […] comes naturally out of you doing the right thing*" (P54, market housing developer). Another developer noted that accessible housing developments are feasible because accessibility features add only a small fraction to the total construction costs of a building. This same participant suggested that commitment to accessible housing design came down to willingness rather than cost.

> *"Ultimately, our corporation is still one that is for profit, so, by no means are we doing all these things outside of the corporate machine of*

capitalism[…]I think there just needs to be a willingness and an understanding of why this is so important." (P58, market housing developer).

3.3. Ableism, ageism, and discriminatory practices

3.3.1. The aesthetics of home accessibility features

Across participants, there was recurring discussion on how negative attitudes towards aging and disability shaped the design and implementation of home accessibility features. This discussion included the importance of beauty and functionality within home accessibility and how these values conflicted with historical perceptions of accessibility as "institutional", "clinical", or "ugly". As explained by one end-user, *"everybody should have the house that they want […] it shouldn't have to look institutional. It shouldn't have to be ugly."* (P2, end-user, physical disability).

End-users described how consideration of aesthetics can impact their sense of dignity and inclusion, with one noting how the lack of aesthetic consideration in accessible design can stigmatize residents. This participant stressed that developers should invest in accessibility features that blend seamlessly into a standard home aesthetic because potential residents are, "*not wanting a guest to immediately walk in and say, "Oh, this poor guy, he's got to have this horrible bathroom."* (P20, end-user, housing development professional).

The importance of design was an identified consideration to ease cleaning, with this participant stating, "*it becomes a complete consumption of any available energy and any available time, because it's not built […] in a way to give me dignity or to give me the ability to easily care for myself […]*" (P1, end-user, physical disability).

End-users and professionals described a recent increase in aesthetically pleasing and/or dual-purpose home accessibility products, reflecting gradually changing attitudes. One professional observed, "*it has really to do with our society that is very focused on youth and being youthful. And while there is some change, we're nowhere near where Japan is […] Where we have maybe one choice in an [accessible] product line, they would have ten."* (P23, occupational therapist). Another participant underscored the value of normalizing accessibility features such that they go undetected, arguing that *"if we start doing these things on every build, people will except these [accessible features] and they'll benefit from the [accessibility] when they need it."* (P22, occupational therapist).

3.3.2. The value and capability of older adults and people with disability

Many end-users linked barriers in advancing the quality and availability of accessible homes directly to negative attitudes towards the value and capabilities of older adults (ageism) and people with disability (ableism) in the housing and financial sectors. Some end-users ascribed these negative attitudes generally to housing developers, while others described personal experiences of navigating discrimination by property owners or management when looking to secure tenure. For instance, one participant stated, "*[housing developers] think that old people and people with disabilities are not useful …*" (P28, end-user, age 65+, advocacy leader). Another end-user similarly suggested that slow uptake of accessible design was linked to ableist attitudes of developers,

> "*Before my unit was modified, I went through six months where I had a bathtub, so I had to have sponge baths, and it was difficult getting my hair washed. Having that dignity taken away from you [like that], just because developers don't want to build [an accessible shower] or they don't see that there's a market for it, it's truly discriminating […] Why developers are allowed to drive this is beyond me."* (P26, end-user, accessibility advisor).

Participants with a disability who rent their home commonly attributed experiences of housing discrimination to ableist attitudes perpetuated by property-owners or management. Some speculated that discriminatory attitudes stemmed from concerns of being responsible for undertaking and paying for home modifications or of facing liability for not doing so. For instance, one participant felt that property owners and managers considered people who are blind to be "*hopeless and helpless*" (P38, end-user, advocacy leader), which may lead them to having liability or safety concerns. Another similarly described discrimination due to assumptions of increased safety risks, stating, "*I actually had landlords tell me, "I don't think this is the right fit. You're blind. What if you fall down the stairs?*" (P27, end-user and professional).

Discrimination was also described to occur when carrying out home modifications.For instnace, one participant, who was an advocacy professional noted experiences with contractors and trades-people who refused home modification projects for low-income clients due to onerous paperwork and delays associated with government grant funding. Other participants described challenges middle-income earners faced in securing bank loans or mortgages to finance home modifications or purchase a more accessible home. This was ascribed to not meeting lending requirements due to reliance on a fixed income (e.g., pension or disability payments), despite having financial equity.

3.4. Underestimating the need for preventative home accessibility

Discussions with participants revealed that many individuals, including those with a disability, did not fully anticipate their future home accessibility needs. Stigma, cost considerations, purposeful avoidance due to emotional discomfort, and lack of awareness of the need for proactive planning were all described to contribute to delays or poor implementation of accessibility features. For example, one participant described difficulty with washing dishes after a decline in upper body functioning – a need that she did not anticipate when choosing her countertop design. Another end-user explained how accessibility features may be considered a luxury item, which influences the decision to delay preventative action.

> "*Some people might not go forward, thinking, oh, am I asking for too much? […] they feel they don't deserve it […] Sometimes I also feel like that, when I think about getting a chair lift […]And then, when the time comes that you really need it, it becomes very difficult to access […]. I think the mind set has to change.*" (P14, end-user, age 65+, physical disability).

Professionals commonly expressed concern that the public lacks foresight regarding future needs, with one participating stating, "*[older adults] just don't proactively plan for their future housing needs, and they only become an issue when their health declines. So that's got to change.*" (P21, advocacy leader). Participants noted that the lack of prevention often led to a need for urgent home modifications due to recent injury or illness, compounded by challenges with emotional stress and the need for family involvement in decision-making. Professionals attributed this delay to stigma surrounding aging and disability, as well as cost concerns. An occupational therapist stated, "*[Clients] don't necessarily want to anticipate their demise*" (P23), while a social worker who supports clients with progressive disease described the mental health benefits of gradually adapting homes or providing seamless integration of accessibility features so that the added features are not, "*a constant reminder of that eventual loss.*" (P29). Similarly, building more adaptable (versus fully accessible) units to support gradual ease in adapting homes to meet residents' accessibility needs and improve the long-term utility of homes was emphasized as a strategy to facilitate attitudinal change.

4. Discussion

This study engaged a diverse group of participants to examine social and attitudinal barriers to accessible housing. Findings show that limited availability and lack of prioritization by policy-makers and developers remain key challenges. Barriers such as cost-benefit appraisals, aesthetics, ageism and ableism, and undervaluing preventative accessibility were all described to be limiting the uptake of accessibility features in housing. These results underscore how physical and attitudinal

barriers intersect to shape accessibility in the built environment,[36] and highlight the need for targeted interventions to shift negative attitudes. Such efforts could foster greater awareness and support for inclusive housing policies and practices and reduce discriminatory actions.[56,57] In line with the study's second objective—to inform improvements in accessible housing practice, policy, and research—policy recommendations and aspirational examples are outlined in Table 2.

A prevailing theme found in this study was a systemic lack of prioritization of accessibility by housing developers and policy-makers, which was attributed to be perpetuating the low stock of accessible homes. Participants described how accessible housing is commonly limited to non-market housing (not-for profit, public, and co-operative housing), and that funding to support developments is less available than it has been historically. This finding is consistent with review of social housing policy in Canada, which reveals a momentous decline in non-market housing development occurring since the early 1990's.[12] Our qualitative findings reflect the substantial personal impacts of this policy shift on those with accessibility needs and highlight the important role of home accessibility as a preventative public health measure.

Many participants described the need for policy measures and regulation to improve the current state, suggesting that the current Canadian approach of reliance on voluntary action alongside government financial incentive, is failing. Review on the efficacy of public policy measures has shown that reliance on voluntary approaches rarely succeeds in reaching the intended performance outcomes.[58] Given this, regulatory measures are recommended, including the advancement of building code alongside measures to improve the enforcement of human rights in relation to housing (see Table 2).

Political aversion towards regulatory approaches directed at improving home accessibility has previously been sourced to "*the hegemony of neo-liberal 'market' ideology that seeks to frame government regulation as an importation and in opposition to consumer preferences.*"[59] Attitudinal barriers identified in this study (i.e. cost concerns, aesthetics, and perceived need), are similarly tied to consumer preferences.[60] This resistance likely stems from fears that accessibility requirements might reduce housing marketability or provoke public disfavor toward policy-makers. However, there is evidence contradicting these assumptions, which suggests Canadians generally support home accessibility and are concerned with remaining in their own homes as they age.[61,62] Cost remains a significant barrier, affecting over 50 % of adults and older adults seeking accessibility related home modifications.[63,64]

Our findings reveal that delays in home modifications and in implementing accessible home designs were often linked to perceptions of unworthiness or of high costs. Participants emphasized that the financial burden of implementing accessibility features is frequently shifted from developers and landlords onto residents, a practice often rooted in ageist and ableist attitudes. These results highlight the interplay between attitudinal barriers—such as diminished perceptions of self-worth or the worth of others—and systemic barriers, including policies that restrict the affordability, accessibility, and adoption of home modifications. This finding enriches recent reports displaying high rates of discrimination towards renters with disability and on perspectives of value for money of accessibility related home modifications.[60,65] Our findings further add that the administrative burden of paperwork and delays in receiving funding from government programs and banks can create a barrier and opportunity for discrimination.

4.1. Strengths and limitations

This study undertook a heterogeneous purposive sampling approach to broadly explore barriers to accessible housing and support a comprehensive overview of this topic from diverse perspectives. Our study included accessible housing professionals from a variety of disciplines and with expertise in a wide range of accessible housing needs. Further studies focusing on sub-groups of accessible housing end-users and those within distinct professional roles and sectors would complement this work. This study also captured diverse lived experiences from end-users who have needs arising from physical disabilities, blindness or deafness. While participants without disability who support people with intellectual, mental health or cognitive disabilities, were included – the perspectives of individuals with lived experience of these disability groups is not reflected in our sample. Although similar issues identified in our study are applicable to persons living across Canada, the majority of our sample was from Ontario, which may limit relevance to others living across the country. It is also important to acknowledge that home accessibility is of particular importance to people living in strained situations because of disability, poor health, and/or low income. Individuals living in these circumstances may find it challenging to participate in research, thus influencing the balance of perspectives received.

4.2. Future research

To further understand barriers and perspectives on accessible housing, studies diving deeper into attitudes and decision-making by market housing developers, designers, and policy-makers are warranted. Studies exploring awareness of accessibility needs and decision-making when priorities like accessibility, affordability, density, and sustainability intersect could further uncover reasons why accessibility remains under-prioritized and inform resource development to support inclusive, pro-social decision-making. This is especially critical in complex housing landscapes where the legal recognition of housing rights clashes with the financialization of housing.

Limited research has examined housing accessibility-related policies in Canada,[11,66] with the most comprehensive reviews being over 20 years old.[67] Assessment of current voluntary and enforced provincial and national housing accessibility requirements in new construction and in modification of existing dwellings is needed. International comparisons could help clarify the fiscal and societal impacts of having nationwide versus provincial, territorial, and municipal level policies and programs.

5. Conclusions

Having disability or accessibility needs impacts one's social and economic circumstances and can result in the need for housing with accessibility features to support optimal health, daily functioning, and ease care provision. This study highlights a lack of prioritization of home accessibility, contributing to limited options for individuals with disabilities and describes attitudinal barriers such as cost and aesthetic concerns, discrimination, and underestimating needs, which impede accessible housing development. The failure of the current Canadian system in relying on incentives and voluntary measures to meet the demand for accessible homes highlights the need for policy change and increased regulation to improve housing outcomes for people with accessibility needs in Canada. Our findings point specifically to the need for, 1) comprehensive policy review and a coordinated national response to address the shortage of accessible housing, 2) adopting higher accessibility standards into regulated building codes, 3) streamlining administrative processes and expanding funding for residential accessibility support programs, 4) strengthening legal protections and access to counsel for tenants with disabilities, and 5) implementing education and awareness interventions on universal design, housing and human rights in relation to disability, and on ageism and ableism.

CRediT authorship contribution statement

Kirstin E. Yuzwa: Writing – review & editing, Writing – original draft, Validation, Supervision, Project administration, Investigation, Formal analysis, Data curation, Conceptualization. **Farah Bacchus-Misir:** Writing – review & editing, Formal analysis, Data curation. **Siobhan Galeazzi-Stirling:** Writing – review & editing, Formal

analysis, Data curation. **Eva Cohen:** Writing – review & editing, Investigation, Formal analysis, Data curation, Conceptualization. **Peter Athanasopoulos:** Writing – review & editing, Validation, Resources, Investigation. **Sander L. Hitzig:** Writing – review & editing, Writing – original draft, Supervision, Resources, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Christine L. Sheppard:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Funding acquisition, Formal analysis, Conceptualization.

Declarations

Research ethics approval for this study was provided by Sunnybrook Health Sciences Center (REB# 5775) and University of Toronto (REB# 00046200). Written or verbal informed consent to participate in this study was obtained from all study participants. The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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