



RentSafe Roundtable Discussion Paper

What we have learned so far about experiences of and intersectoral responses to unhealthy housing conditions in Ontario

Version 1, November 2016



Acknowledgements

The drafting of this document was led by Erica Phipps, with significant input from colleagues on the RentSafe Project Team.* It reflects the research and contributions of all members of the RentSafe Project Team, past and present, the work of consultants (Lindsay McDermid, Tapinder Singh Flora, Deborah Schoen) as well as the knowledge, ideas and guidance shared with us over the past two years by members of the RentSafe Advisory Committee, RentSafe focus group participants, survey respondents and many colleagues and organizations across the province and nationally.

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RentSafe is an intersectoral initiative, led by the **Canadian Partnership for Children's Health and Environment (CPCHE)**, that aims to address unhealthy housing conditions affecting tenants living on low income in both urban and rural communities in Ontario. With active involvement of public health, legal aid clinics and social service sectors as well as housing providers and tenants, RentSafe aims to build awareness and capacity across sectors so that tenants, when faced with mould, lead, radon and other unhealthy housing conditions, are better able to get the support they need. This 3-year initiative, launched in December 2014, is funded by the **Ontario Trillium Foundation**, with the **Environmental Health Institute of Canada** serving as the lead CPCH partner organization. The **RentSafe Project Team** is actively involved in implementing the RentSafe initiative. A **RentSafe Advisory Committee** serves to broaden the base of expertise and experience brought to bear on the project, and to facilitate sustained engagement of key organizations and sectors.

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About this document

This document has been prepared by members of the RentSafe Project Team as a starting point for discussion during the RentSafe Roundtable on November 23, 2016 in Hamilton, Ontario. It is a living document that will continue to evolve as we collectively build our understanding of the underlying drivers and circumstances that perpetuate unhealthy housing in Ontario, the key sectors and actors and their possibilities to act, and the potential solution pathways that will lead to healthy housing for all.

This first version summarizes the findings of research efforts conducted during the first two years of RentSafe, work that has been led and supported by multiple partner organizations and sectors. It reflects the input and perspectives of more than 800 people across the province who have participated in RentSafe via online surveys, focus groups, events and/or the work of the RentSafe Advisory Committee.

RentSafe research is still underway, including a province-wide survey of small-scale landlords and ongoing efforts to understand and bring attention to the complexities of off-reserve Indigenous housing. As such, this first version is a work in progress.

We welcome your feedback on the information that we have presented thus far, and we invite you to share your perspectives as we attempt to paint a complete and inclusive picture of the current landscape of key drivers, impacts and possibilities for change related to the quality of rental housing for people living on low income in Ontario.

The RentSafe Roundtable on November 23rd is a key opportunity to build this fulsome picture and achieve a shared understanding of multiple perspectives.

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Introduction

Housing. It is a basic human need and, according to the United Nations' International Covenant on Economic, Social and Cultural Rights (ICESCR),¹ a human right. Housing provides shelter, security, a space in which family life can happen and where children grow up and thrive. Yet, for many people, their housing jeopardizes their health and is a source of mental and emotional stress.

This report provides a critical look at the situation experienced by people on low income in Ontario who are living in unhealthy rental housing. We explore the types of conditions that tenants are experiencing, including mould, pests, structural disrepair, lead, radon and poor air quality among others, as well as their experiences in trying to get help. We also present what we have learned about the capacity of various sectors – public health, legal aid clinics and frontline social services – to respond adequately to tenants' concerns and to do so in ways that are coordinated, supportive and effective. We share what we are hearing from housing providers about the challenges of maintaining healthy housing conditions, in particular the circumstances of small-scale landlords. We also look at the existing laws and regulations in Ontario, with a view to seeing how their application could be improved and where there are gaps that need to be filled.

We are presenting this evolving picture, which draws upon diverse views and experiences because we want to start a conversation in Ontario that will lead to change.

No matter what our role, we can find common ground in the aspiration that every child, every senior citizen, every person in Ontario should have a safe and healthy place to live. Some of us might come to this position because of our commitment to health equity and human dignity. Some of us will be motivated by the fact that providing healthy and affordable housing will reduce public health care expenditures by preventing the onset and/or exacerbation of asthma, allergies, mental illness, neurological damage in children and other chronic health conditions that have been scientifically linked to unhealthy housing conditions. Some of us will be activated by a desire to make Ontario a great place to raise healthy and secure children.

Starting from that point of convergence, we are optimistic that a productive conversation will continue to unfold about how we can work together toward the goal of healthy housing for all. We have been awestruck by the energy and commitment of those who have joined with the RentSafe initiative to share their experience, find ways from wherever they sit in the “system” of health, legal and social services to do better, and to uncover possibilities for change. This shared undertaking requires courage, a willingness to listen, and the foresight to see past the competing demands of today to imagine the future to which we aspire.

It is work that needs to get done. So let's get started.

The RentSafe Project Team, November, 2016

¹ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/ICESCR.aspx>

Low-income rental housing conditions in Ontario

Nearly 1.9 million people in Ontario, or 13.8 percent of the population, live on low income, defined as a household income of less than \$38,920 per year.^{2,3} Nearly 1 in 5 (19.6%) of these people are children.² 13.4 percent of Ontarians are in core housing need, defined as households with housing that does not meet one or more of the standards for adequacy, suitability and/or affordability, and that have to spend 30 percent or more of their income to access acceptable local housing.⁴ Families and individuals on low income are faced with difficult choices in allocating scarce resources for food, clothing, shelter, health care needs such as medications, transportation, and investments in training or education. Many have to settle for whatever housing is available that they can afford.

Of Ontario's occupied private dwellings, 322,735 units (6.6%) are in need of major repair. The percentage of units in need of major repair is greater for rental stock (9.6%). Ontario's housing stock is also aging. Nearly 3 out of 10 (27.2%) of the occupied private dwellings were built in 1960 or before, a similar percentage (29.1%) were built between 1961 and 1980, 28.1% were built between 1981 and 2000, and 15.6% were built in the decade from 2001 to 2011.⁵

More than a half of Ontario's renters (51.6%) live in a unit below one or more housing standards. This percentage is lower for homeowners (25.6%). The percentage of total

Box 1 - Types of rental housing

In this report, we define rental housing as including social housing, rent geared to income housing and private or "market" rental housing. Across these categories, there is wide diversity in the types of housing offered, including:

- high rise apartment buildings
- low-rise apartment buildings
- townhouses
- duplexes, triplexes and free-standing houses
- houses that have been converted into multiple rental units
- basement suites
- trailers, cabins or cottages

Across these types of rental properties, there is also diversity in who is providing the housing. Some rental companies are large corporations owning multiple properties. Some are small-scale landlords that may own one or several properties. Some are people who are renting out a part of their house (e.g., a basement suite) in order to supplement their income. The needs and capacities of these various types of housing providers can vary widely.

² Statistics Canada. (2008). Table 206-0041 – Low income statistics by age, sex and economic family type, Canada, provinces and selected census metropolitan areas. Retrieved 2016-11-16 from <http://www5.statcan.gc.ca/cansim/pick-choisir>

³ Statistics Canada. (2016). Ontario region – Percentage of the population below after-tax low-income measure in 2010 by 2011 census subdivision. Retrieved 2016-11-16 from https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/map-carte/thematic_download-thematiques_telecharger_R3-eng.cfm?SERIES=10&GEOCODE=300

⁴ Canada Mortgage and Housing Corporation. What is core housing need? Retrieved 2016-11-16 from https://www.cmhc-schl.gc.ca/en/hoficlincl/observer/observer_044.cfm

⁵ Canada Mortgage and Housing Corporation. Census-based housing indicators and data, Starts and Completions Survey, Rental Market Survey. Statistics Canada. Retrieved 2016-11-17 from https://www.cmhc-schl.gc.ca/en/hoficlincl/homain/stda/inin/inin_001.cfm?obssource=observer-eng&obsmedium=link&obs campaign=promo-inter-loc-data-tables

households that do not meet the affordability standard is 23.5, whereas for renters it is 37.6 percent. In terms of the suitability of the units (enough bedrooms), 7.2 percent of total households are below the standard; the percentage for renters is larger (13.6%). The percentage of all units below the adequacy standard (need of major repairs) is 6.4 percent; again, the percentage is higher for renters (9.6%). Households in the lowest-income quintile accounted for 81 percent of all households that do not meet all of the adequacy, suitability and affordability standards in 2011.⁶

RentSafe research, further described below, reflects the significant challenges faced in Ontario in achieving healthy living conditions in low-income housing. Tenants who participated in the RentSafe focus groups talked about prevalent problems with mould, pests and structural disrepair, among other unfit conditions. These concerns were echoed in the responses to RentSafe surveys of public health inspectors, legal aid clinic staff and frontline workers who frequently receive reports about and/or directly observe a multiplicity of unhealthy conditions in low-income rental housing, with frequently reported problems including pests (e.g., bedbugs, cockroaches, rodents), mould, structural disrepair, thermal comfort (too cold/too hot), noise, flooding and/or moisture problems and poor indoor air quality.

Links between housing conditions and health

Unfit conditions in housing are not only a source of discomfort and inconvenience, but also negatively affect people's physical and mental health. Multiple chronic diseases and acute effects, including asthma, respiratory conditions, allergies, chemical sensitivities, as well as cardiovascular disease and its numerous risk factors can be exacerbated or, in some cases caused, by poverty, stress, and living in unhealthy conditions.

Indeed, poverty is well recognized as a health threat unto itself. Statistics Canada reports that people living in poverty in Canada experience significantly poorer health and a significantly shorter life expectancy than their wealthier counterparts.⁷ The associated stress is similarly well recognized as being linked with risk factors for and the development of cardiovascular disease^{8,9} and other chronic health conditions. The experience of living in unhealthy housing conditions and the challenges related to seeking improvements can add to the physical and mental toll.

For more on the links between housing conditions and health, please see the *RentSafe Background Paper on Housing-Related Health Risks*, available at: www.healthyenvironmentforkids.ca/collections/rentsafe

⁶ Canada Mortgage and Housing Corporation. Canadian Housing Observer 2014. Retrieved 2016-11-17 from <https://www.cmhc-schl.gc.ca/odpub/pdf/68189.pdf>

⁷ Statistics Canada (2009) Income disparities in health-adjusted life expectancy for Canadian adults, 1991 to 2001 Component of Statistics. Canada Catalogue no. 82-003-X, *Health Reports*; 20(4):1-10

⁸ Yusuf F et al (2004) Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study. *The Lancet*; 364:937-952.

⁹ O'Donnell MJ et al (2010) Risk factors for ischaemic and intracerebral haemorrhagic stroke in 22 countries (the INTERSTROKE study): a case-control study. *The Lancet*; 376:112-123.

Tenant experiences

To gauge the range of experiences of Ontarians who are experiencing unhealthy rental housing conditions, the RentSafe Project Team conducted focus groups with tenants living on low-income in both rural and urban communities. A total of 80 tenants participated in 9 focus group sessions that were convened in smaller community settings in Owen Sound, Walkerton, Perth and several urban neighborhoods in downtown Toronto between June and August 2015. Focus group discussions explored people's experiences of various housing conditions, their efforts to get help and their ideas on how the situation could be improved.

While there were differences in the issues and experiences expressed by urban and rural participants (see Box 2), several common themes emerged:

- **Unhealthy housing conditions are not the exception.** Mould, water leaks, bedbugs, roaches, rodents and other pests, structural disrepair (broken appliances, broken windows), excessive heat or cold, faulty wiring, indoor air pollutants (e.g., fumes from cleaning products, cigarette smoke) are among the unhealthy housing conditions commonly experienced by tenants on low-income.
- **Disrupted lives and compounding impacts.** The time commitment and stress associated with seeking remediation of unhealthy/unsafe conditions was cited as taking a heavy toll on tenants, many of whom are struggling with other poverty-related challenges, and as a deterrent to self-advocacy.
- **Lost in the system.** Lack of knowledge of their rights as tenants and where/how to seek assistance were frequently discussed by tenant participants, as was the frustration of getting bounced around from agency to agency or not getting their concerns addressed;
- **Conflictive and unsafe relationships.** Conflictive relations between tenants and landlords were sources of anxiety for many focus group participants, with some (e.g., women who had experienced abusive relationships) reporting heightened impacts from such encounters. Some focus group participants spoke of security and respect issues, such as racism, harassment or intimidation.

Indigenous peoples living in off-reserve rental housing experience unique challenges stemming from colonial legacies, racism, on-reserve/off-reserve dynamics and other factors. Understanding these challenges and engaging Indigenous community members in the pursuit of improvements in the prevention and response to unhealthy housing conditions is a priority within RentSafe moving forward, with the RentSafe Roundtable as a key opportunity to bring those issues into the fore.

Unhealthy housing conditions are not the exception

Tenant focus group participants spoke about the physical and emotional toll of living with pest infestations, mould, structural disrepair and other problems in their rental housing. Examples of related health concerns cited by participants included exacerbation of asthma and allergies, including among children; stinging, itchiness and rashes from insect pests;

Box 2: Place Matters

The **tenant focus groups** held in **urban settings** – which included a high-rise neighborhood that is home to many newcomers to Canada and another neighborhood characterized by smaller apartment buildings and secondary housing (e.g., basement suites) in Toronto – revealed some specific concerns, most prominent of which were latent racism and disrespect for newcomers. Some newcomer focus group participants talked about landlords and/or maintenance workers entering their apartments without due notice. Language barriers were cited as contributing to poor communication with and apparent disrespect from landlords.

From the focus groups held in **rural and small town settings**, several specific challenges emerged. One was the informal “blacklisting” of tenants who, once identified as being undesirable, would have great difficulty in finding anyone willing to rent to them and thus would often have to settle for the least desirable housing or relocate to another community entirely. A second and related challenge is that tenants in small-town settings are sometimes renting from a friend or acquaintance, which can make it awkward to raise issues or request needed improvements. Tenants also noted that it is not uncommon for small-scale landlords, e.g., someone renting out an apartment in their house, to be unfamiliar with their responsibilities as a landlord. This lack of awareness further exacerbates the challenges that tenants face in trying to get unhealthy or unsafe conditions fixed and, when combined with the lack of awareness among tenants about their rights and responsibilities, results in the dysfunctional communication that was noted by tenants and landlords alike.

Housing also intersects with other circumstances in the community. Lack of public transportation was raised as an important barrier in rural settings. Due to inadequate public transit, the housing options available to tenants who do not own a car are constrained to the downtown area where the rents are typically higher. The quality of housing that they can afford to rent is therefore lower than what they might have been able to afford in an outlying area.

families feeling sick following pesticides applications; fumes and fragranced products triggering symptoms especially for those with chemical sensitivities; lack of proper heating contributing to illness; headaches attributed to poor ventilation and, in one instance, the proximity of cell towers on the roof.

“In our building ...I have allergic problem. All the time I feel allergies, sneezing and sometimes breathing problems.”

- RentSafe tenant focus group participant

Participants’ stories revealed the ways in which housing conditions can compound or increase the impact of existing health conditions. One tenant with chronic health challenges (chronic pain, inability to climb stairs) reported spending more than a day in his living room with an active plumbing leak flooding the space before the problem was fixed. Several participants with existing health conditions, such as heart problems or bad knees, were put at risk when the building elevators were not working for extended periods of time, effectively trapping them in their apartments.

Disrupted lives and compounding impacts

The mental and emotional stress felt by tenants stemmed both from the experience of living with cockroaches or bed bugs, mould or other unfit conditions, as well as from the sense of powerlessness or disrespect they felt when they were not able to get a timely and effective response to their concerns. As a newcomer said in one of the urban focus groups,

“Two years I have lived in this apartment and it’s very bad. Because nobody helped, bad talking to me, very bad all the time. I come in Canada, not relaxed, very sick, always stressed.”

The stress of unfit housing conditions often compounds and exacerbates other challenges in people’s lives, including financial stresses, food insecurity and other dimensions of living on a low income, as well as other factors, such as mental health problems, that some tenants may be facing.

Lost in the System

“Multiple levels. You send letters to these people, no answer. You call them, no answer.”

– *RentSafe tenant focus group participant*

Tenants who participated in the RentSafe focus groups reported approaching multiple agencies/actors for assistance, including municipal licensing and standards, public health, housing workers, legal aid clinics, social workers, tenant committees, city councilors, community health centres and family doctors. Some met with success in resolving their concerns but many received only partial or temporary resolution (referred to as “band-aid” repairs) or no resolution, resulting in frustration and discouragement.

Focus group participants talked about the widespread lack of knowledge and empowerment among tenants about where and how to seek help. Many shared with others in the group what they had learned from their own experiences (e.g., the importance of putting things in writing when communicating with landlords on housing remediation requests). Several spoke of their desire to help others avoid the challenges they had faced, as in the following quote from one of the rural focus group participants:

I did not know my rights, I did not know how to go about it, so my kids and I became homeless. I learned through the process that there’s different ways to go... [U]sing my voice to [say] to others, hey, try this route.”

There were multiple stories that revealed that oftentimes tenants feel that no one will take their concern seriously and ensure that it was addressed. This sense that nothing satisfactory will come of their efforts served to discourage tenants from reaching out for assistance, as exemplified by this comment from an urban focus group participant:

“There’s so much bureaucracy, it will never ever get solved. I just keep my mouth shut.”

Although most had experienced frustration from their efforts to get help, some focus group participants spoke positively about the personalized support they received from service providers in the community, e.g., a mental health caseworker, or a prominent community figure such as the fire chief or a local politician, who were able to provide the information, encouragement and moral support that enabled tenants to self-advocate. The following quote from a rural focus group participant illustrates the importance of these local champions:

“I dealt with somebody at [the county mental health agency] and they’re wonderful... It’s starting to become one on one. They work really well with different things, and will help with landlords, property managers, whatever. [I]f you’re looking for anything, they’re there. Which is wonderful.”

Quality and timeliness of response from building personnel was a common theme. In the smaller town settings, in particular, getting a timely response was mentioned as a challenge. Some landlords, for example those renting out a second house, did not live in the community and were therefore hard to reach and/or not well-equipped to respond promptly. In the large apartment buildings in urban settings, the timeliness of response was sometimes an issue, but participants also focused on what they perceived as poor quality and/or disrespectful service. Participants spoke about maintenance workers not respecting or protecting tenants’ belongings when carrying out repairs, not taking off dirty boots before coming into the apartment, etc.

Participants had multiple examples of “band aid” solutions that failed to provide a permanent solution to problems such as mould or faulty plumbing, as well as the use of cheap materials that did not last and/or that emitted toxic-smelling fumes, as illustrated by this quote from an urban participant:

“Whatever solution there is is temporary. Like the paint, they renew the paint and then it falls off.”

The effectiveness of existing approaches to persistent problems, such as pests, also emerged, as in this quote from an urban focus group participant:

...this company has been coming so many times, like four or five times, and the roaches increase every time. And now they’re at a point where they’re in our rooms, all over the house, and we’re scared to eat or cook or anything.

Conflictive relationships

Landlord interactions were frequently discussed. Focus group participants shared experiences in which they had felt disrespected or unfairly treated by landlords, such as landlords or building workers entering their homes without due notice as well as landlords intimidating tenants’ roommates, allegedly stealing tenant property or giving preferential treatment to certain tenants. Some tenants felt that they needed to go to great lengths to get the landlord to respond to their concerns, with some resorting to threatening the landlord in order to get action.

A sense of intimidation or powerlessness was evident in some of the participants' stories, with one urban focus group participant saying,

“A lot of landlords take the strong arm of the law and it's abuse of the individual so there needs to be a process or a place where residents can go to get the assistance they need without the power of the key.”

Landlord experiences

The experiences of landlords in navigating these problems is an equally important perspective. As a step towards understanding issues as experienced by providers of low-income housing, the Grey Bruce Health Unit, an active RentSafe partner, is conducting a series of focus groups with landlords. The intent of the sessions is to learn about the challenges landlords face in providing and maintaining at or above standard housing, the impacts these challenges have on landlords both professionally and personally, and, finally what strategies might be employed to address these challenges. One focus group has been held to date with six participants representing small and medium-sized multi-occupancy buildings and stand-alone rental units. At least two more sessions are planned. In addition, the RentSafe Project Team is currently conducting an online survey of small-scale landlords, in collaboration with the Landlord Self Help Clinic. Results from this survey and the Grey Bruce focus groups will be synthesized and presented in the RentSafe report to be released in 2017.

Understanding the “system”¹⁰ of public health agencies, legal aid clinics and social services

An initial motivator for the RentSafe initiative was the perceived lack of coordination among the various sectors, including public health departments, legal aid clinics and social services agencies, that are (or could be) in a position to assist tenants with unhealthy conditions in their rental housing. This going-in assumption was robustly confirmed by what we heard from tenants who expressed frustration about their efforts to access assistance. The lack of a well-functioning network of supports and services provided by relevant agencies was also confirmed by the sector-specific surveys conducted with public health inspection units, legal aid clinic staff and “frontline” social service professionals¹¹ (see [Boxes 3, 4 and 6](#)).

¹⁰ A “system” is defined as a “group of related parts that move or work together” (<http://www.merriam-webster.com>). Throughout this section, we use this term loosely, and in an aspirational sense, to refer to these multiple agencies and professional sectors and the ways that they do (or could) coordinate their respective efforts and expertise.

¹¹ The full reports of the surveys of public health units and legal aid clinics are available online at www.healthyenvironmentforkids.ca/collections/rentsafe. The report of the survey of frontline workers is forthcoming and will be available on the same webpage.

These surveys revealed, to varying degrees, a **lack of consistency within sectors** in how they interpret their mandate, the types of assistance they provide, as well as the degree to which they have the capacity to meet the needs of marginalized populations. The surveys also showed that, while a certain degree of intersectoral collaboration exists, for example between public health and municipal inspection, there is a general **lack of coordination across sectors**, with public health, legal aid clinics and social services sectors often siloed in their approach to housing conditions in tenant housing. The research also highlights regional variability: the ways in which these various agencies address housing quality issues and the degree of intersectoral coordination among them can vary considerably from municipality to municipality and across rural and urban contexts.

Response Coordination Across Agencies

As evidenced in the tenant focus groups, people are often unsure of where to turn to get their unhealthy living conditions addressed. This is compounded by the fact that the response to their concerns may be inconsistent across the province depending on local agencies' respective capacities, internal policies, or interpretations of their mandate. In addition, agencies may not be aware of the mandate, capacity or expertise other local agencies. Therefore, tenants may be 'bounced' around from agency to agency before getting action and in some cases such referrals simply fall off the radar.

Referrals to other agencies and service providers are frequent. Nearly three-quarters (72%) of public health unit survey respondents and 66 percent of legal clinic staff respondents reported frequent referrals to the building department or by-law enforcement. Half of the public health respondents and 37 percent of legal aid clinic respondents reported occasionally referring issues to other enforcement agencies, such as police or fire departments. While about half of legal aid clinic staff reported referring issues to public health departments, the converse was not the case.

Box 3 - Public health unit (PHU) survey

The PHU survey was completed in October 2015, with responses received from all 36 of Ontario's public health units. Survey responses revealed wide variability in how PHUs interpret their mandate for responding to complaints about housing conditions, and varying degree of focus on health equity concerns and the needs of marginalized tenants. Key findings include:

- Most PHUs provide informational materials and over-the-phone consultations in response to indoor environmental health complaints.
- Over half of PHUs conduct on-site investigations for sewage, water issues, hoarding and mould; very few PHUs conduct on-site investigations for structural issues, thermal comfort (too hot/too cold), pesticides, and radon.
- Nearly three-quarters of PHUs refer issues to the building department or by-law enforcement; most (86%) rarely or never refer issues to legal aid; fewer than half feel that they always know where to refer the client.
- Fewer than half (47%) of PHUs feel they have adequate capacity and expertise to respond to indoor environmental health issues; most feel that confounding factors (e.g., mental health issues) challenge their ability to respond effectively.
- Fewer than half of PHUs believe that the majority of indoor environmental health concerns fall within their mandate.
- Approximately three-quarters of PHUs agree that housing conditions adversely affect the health of marginalized populations; fewer than half agree that this is a priority for their health unit; fewer than half of Ontario's PHUs have internal policies that address substandard housing issues for marginalized populations.
- Approx. half of PHUs are developing public policies to address inequities associated with access to safe, affordable & healthy housing.

Most public health respondents (86%) said that they rarely or never refer issues to legal aid clinics.

Despite the frequency of referrals, there is often a lack of follow-up. About half of legal aid clinic respondents expressed a lack of confidence that tenant concerns are adequately addressed when they make referrals, and 71 percent disagreed or strongly disagreed that

Box 4 – Legal Aid Clinic Survey

The RentSafe survey of legal aid clinics across Ontario was completed in November 2015, with responses received from 71 percent of Ontario's 80 legal aid clinics. The aim of the survey was to assess clinics' response to indoor environmental health issues in rental housing. Key findings include:

- Pests, mould, structural issues are the most common issues raised, followed by noise, inadequate heating, hoarding, and flooding; other issues occasionally/rarely come up.
- Approximately three-quarters of clinics often use Community Legal Education Ontario (CLEO) or other informational resources (e.g., PHU, Landlord Tenant Board (LTB) resources); over 80% of respondents see a need for new/updated resources (addressing mould in particular, as well as pests, hoarding).
- Respondents noted many barriers facing tenants. The top 3 barriers cited were: fear of eviction; fear of need to move/pay higher rent for necessary repairs; and not knowing whom to call. Mental health was also noted as key barrier.
- Clinics most frequently make referrals to local by-law enforcement, the landlord, local PHU; more than 70% lack time to follow-up, and approximately 50% lack confidence that referrals will address concerns.
- Approximately 60% of respondents disagree that LTB repair orders will be enforced.
- Regarding clinics' capacity to respond to these issues, the most commonly cited challenge (~80%) was confounding factors (e.g., mental health, landlord-tenant relationship, and hoarding); other commonly cited challenges were: finding and paying for experts; getting PHU involved in addressing issues; lack of follow-up by LTB to enforce repair orders.
- More than 80% of respondents agree there is a need for effective implementation of local bylaws and HPPA.
- More than 90% of respondents agree that the *Residential Tenancies Act* should require provision of healthy rental housing.

their clinic has sufficient time and resources to follow up with other agencies to ensure that issues are addressed. These findings suggest that much more work is needed towards what some have referred to as a 'No Wrong Door' approach, a system of coordination and referral that ensures that someone seeking help, no matter what their initial entry point, will receive assistance.

Another dimension of this lack of intersectoral coordination was revealed by the results of the legal aid clinic survey, in which staff noted that a key challenge in representing tenants experiencing indoor environmental health risks is finding experts needed for client representation, including getting the local public health department involved. When asked about the challenges that legal aid clinics face in representing tenants on indoor environmental health issues, "finding experts needed for client representation" (69%) and "clients' ability to pay for expert evidence" (69%) were second only to "confounding factors, such as mental health, landlord-tenant relationships and hoarding" (80%) as key challenges.

Issues with legal instruments and their application

There are a number of issues related to the applicable laws, regulations, definitions and guidelines that exist at the provincial and local levels, and the ways in which these are utilized and enforced.

Multiple disconnected laws

A key challenge in resolving unfit housing conditions arises from the fact that the range of possible legal tools is dispersed across several statutes, associated regulations and interpretive guidance, as well as local by-laws, none of which directly address housing and health. These include the *Residential Tenancies Act (RTA)*, property standards by-laws enacted by local municipalities under the authority of the *Building Code Act*, the *Health Protection and Promotion Act (HPPA)*, and the *Ontario Human Rights Code (OHRC)*, as summarized in [Box 5](#). Key aspects of existing legislation are often too vague in intent and/or incomplete to address specific substandard housing conditions.

Box 5 - Laws, Rights, and Remedies

Law/By-law	Tenant Rights	Remedies
<i>Residential Tenancies Act</i>	<ul style="list-style-type: none"> Landlord obligations for repair and maintenance Tenant right to reasonable enjoyment 	<ul style="list-style-type: none"> Landlord and Tenant Board Orders for rent abatement and/or repairs
Local property standards bylaws	<ul style="list-style-type: none"> Indoors and/or outdoors: structural integrity, utilities and services, safety and security 	<ul style="list-style-type: none"> Bylaw enforcement officers can issue orders/emergency orders for repairs; if not done, can have repairs done with cost billed as lien on property taxes
<i>Health Protection and Promotion Act</i>	<ul style="list-style-type: none"> Protection from imminent health risks (communicable disease, serious risk of harm, etc.) 	<ul style="list-style-type: none"> Local Medical Officer of Health has duty to inspect and power to issue orders (re “health hazard” as defined in the Act) Order can be appealed to the Health Services Appeal and Review Board
<i>Ontario Human Rights Code</i>	<ul style="list-style-type: none"> Multiple chemical/environmental sensitivities recognized as a disability Accommodation without “undue hardship” to landlord 	<ul style="list-style-type: none"> Human Rights Tribunal of Ontario Orders for monetary compensation, restitution, or actions to promote compliance with the Code

To cite just a few examples, the *Residential Tenancies Act* does not have as a purpose, the provision of healthy housing, nor does it define it. With respect to landlord obligations to provide housing in a state of good repair, the RTA does not define the key term “fit for habitation.” The *Health Protection and Promotion Act* includes a vague definition of “health hazard,” it contains a narrow and outdated focus on communicable disease, and does not provide a legal definition for either “health” or “public health.” Local property standards by-laws vary in how comprehensively they apply to indoor housing environments and there is widespread discontent with a lack of enforcement of such bylaws. The Ontario

Human Rights Code, arguably one of the strongest tools for addressing indoor environmental health risks, is applicable to cases of disability as a result of chemical sensitivity but is not always complied with or enforced despite superceding all other provincial laws.

Lack of clear and appropriate legal definitions

A central issue arising across this work is what public agencies, including tribunals and the courts, consider to be a health hazard, or more positively, a healthy indoor environment.

Mould and bed bugs, two issues that are very common problems in substandard housing, illustrate many aspects of this problem. There is no clear definition of when and if mould is a health hazard. Some define it in terms of square footage of visible mould, potentially ignoring the possibility of mould inside walls. Once before a tribunal or the courts, the complexity of mould biology can mean that low income tenants could not afford to mount such a case or the case becomes mired in a “battle of experts.” For bed bugs, because they do not carry communicable disease, they are narrowly deemed to not be a health hazard, ignoring the mental health consequences of living with bed bugs including the challenges of eliminating them under conditions of poverty (e.g., without easy access to laundry facilities).

If “health” were defined in the HPPA, and defined as broadly as it has been by the World Health Organization since 1948, the relevance of the Act to unfit housing conditions could be expanded, beyond communicable disease to multiple dimensions of well-being. The WHO defines health as “a state of complete **physical, mental and social well-being** and not merely the absence of disease or infirmity” (emphasis added). Such a definition is comparable to the broad definition of “environment” found in Ontario’s *Environmental Assessment Act* wherein not just the physical environment is included but diverse aspects of the social, economic, and cultural conditions that influence the environment.

Likewise, inclusion of a legal definition of “health promotion” in the HPPA in line with the Ottawa Charter of 1986 would assist in providing a stronger legal foundation to the broader mandate of health promotion, including important considerations of health equity, that many health units already strive to achieve.

From a public health perspective, the use of evidence-based research is important not only to inform regulatory standards but also to prioritize public health program delivery based on burden-of-illness and health equity considerations. Recognizing that substandard housing is a key determinant of health and that public health professionals and partners have other tools available to them (e.g. advocacy, health promotion), provides opportunities for agencies to work together to address housing quality and health equity. In this context, the broadening of definitions of health in relevant statutes would bolster public health’s ability to address housing quality as a determinant of physical, mental and social well-being.

Challenges in applying existing legal tools

In addition to gaps and shortcomings in the law, the application of existing legal instruments is hampered by the fact that enforcement agencies (public health and municipal property standards) often act in isolation of each other. This can occur due to workload, competing priorities, or a simple lack of mutual knowledge of respective roles. Better coordination among agencies in addressing substandard housing issues would not only allow for synergized action to address tenants' various housing concerns but could also maximize the effectiveness of a regulatory approach.

When it comes to legal representation on repair and maintenance issues, comments provided by legal aid clinic survey respondents underscore the precariousness of some tenants' situations and the reality of most RTA work in clinics being first and foremost about preventing evictions. For example, legal aid clinic staff noted that while the primary reason a tenant comes to the clinic for assistance is often because of a rent dispute, possible eviction or other contractual matter, issues of repair and maintenance are often a driving factor behind these types of breakdowns in tenant-landlord relations. Sixty-six percent of legal aid clinic staff who responded to the RentSafe survey agreed or strongly agreed that it is common for a complaint from a tenant regarding repair/maintenance issues to lead to an eviction notice for the tenant, with fewer than 6 percent disagreeing with this statement.

The nature of the outcomes of Landlord Tenant Board (LTB) hearings on housing quality-related issues, under the RTA, is another issue. The proceedings are often focused on economic considerations, either loss to landlords, or monetary compensation to tenants, and not clearly or consistently towards resolving repair and maintenance problems. As one legal aid clinic respondent noted on the survey:

“...the most common remedy is a [rent] abatement.... Rarely do repairs happened as a result of the LTB.”

The fact that work orders to remediate housing units are not a consistent outcome of LTB proceedings can mean a “revolving door” of tenants experiencing the same unfit conditions.

Alignment with local frontline staff and services

Responses from tenant focus groups indicated that frontline social services workers are often the first point of contact and a trusted source of information for tenants. When faced with a housing-related health concern, tenants may be unsure or reluctant to contact agencies like public health or legal aid clinics. Frontline social or health services staff are often the first person tenants approach about housing-related health concerns, as evidenced in these quotes from urban focus group participants:

“I come to South Riverdale because I have a social worker here who I get my support from to help me find where I need to go from there.”

“Because I’ve hung out in drop ins, I knew some of the staff so I was like okay I’ll go there. They’ll be working today; I’ll go talk to them.”

Frontline social service staff can play a key role in assisting clients in addressing unhealthy housing but are often limited in their capacity to provide support. Almost 90 percent of the RentSafe frontline workers survey respondents agreed that frontline workers like themselves have a role to play in supporting tenants seeking resolution of unhealthy housing conditions in rental housing. But only 23 percent of respondents agreed that they have the resources (e.g. time, budget) that they need to support clients with unhealthy housing conditions. Eighty-five percent of participants agreed that they would like to become better equipped on these issues so that they can be of greater support to clients living on low income who are experiencing unhealthy housing conditions. Respondents cited a desire for more comprehensive information on what constitutes unhealthy housing and proper channels to refer clients, an online training course on tenant rights and relevant laws regulations, and real-world scenarios and strategies to improve skills to advocate for clients.

Although the majority of the frontline workers make referral to other agencies to assist their clients in resolving unhealthy housing conditions, only 30 percent of survey respondents are confident that clients' concerns are adequately addressed when they make referrals. Almost 80 percent of respondents indicated a need for information on where to refer clients.

Prioritizing equity and the needs of marginalized populations

RentSafe research to date has underscored the compounding nature of unfit housing as it intersects with poverty, discrimination, mental health and other realities faced by at-risk and marginalized populations. These factors inhibit tenants' ability and willingness to self-

The RentSafe survey of frontline service providers in Ontario was completed in November 2016, with responses received from over 500 participants from a variety of professions including, but not limited to, social workers, housing support staff, case managers, public health nurses, health promoters. Survey responses revealed that there are various barriers for frontline workers in addressing unhealthy housing conditions for their clients. Respondents indicated the need for strategies and resources to enable them to advocate for and support their clients. Key findings include:

- Pests, noise and structural issues are the most common issues raised, followed by mould, inadequate heat, tobacco smoke, hoarding, garbage, other smoke (marijuana or e-cigarette).
- The top 5 barriers faced by tenants in seeking to resolve unhealthy conditions in their rental housing were identified as: fear of eviction, rent arrears, fear of negative consequence from landlord, fear of Children's Aid Society (CAS), and absentee landlord.
- The majority of participants agreed that substandard housing conditions in rental housing are adversely affecting the physical/mental health of the clients whom their organization serves.
- Approximately 80% of the participants indicated that information on where to refer clients would be the support needed to address unhealthy housing conditions for their clients.
- Approximately 74% of participants indicated the need for stronger enforcement of existing by-laws and 65% indicated the need for stronger by-laws/regulations.
- 88% of participants agreed that frontline workers like themselves have a role to play in supporting tenants
- 85% of participants agreed that they would like to become better equipped/trained on these issues so that they can be of greater support to clients

advocate, and are important challenges/barriers to the effective provision of support services. As a case manager respondent to the RentSafe frontline workers survey noted,

"Low literacy or disability can lead to someone being underserved, misunderstood, or dismissed."

The research also revealed that specific policies and protocols to address the needs of marginalized populations are not universal, and that many in the relevant professional sectors feel underequipped to play a strong advocacy role on housing conditions as they relate to health equity.

At the same time, survey respondents felt strongly that unhealthy/unsafe housing conditions are a potent driver of health inequities. Almost three-quarters of public health survey respondents (71%) agreed or strongly agreed that substandard housing conditions are adversely affecting the physical/mental health of local marginalized populations.

The precariousness of living on a low income, especially in the context of high-priced or scarce rental housing, directly affects tenants' capacity to self-advocate for better living conditions. The majority of public health, legal aid clinic and frontline worker survey respondents said that fear of eviction was a key barrier faced by tenants in seeking to resolve unhealthy conditions in their rental housing. Other barriers to tenant self-advocacy that were considered significant by survey respondents included: fear of landlord, fear of needing to move or pay higher rent, mental health challenges, not knowing whom to call and frustration from being bounced around among agencies.

Confounding factors also affect the ability of staff to assist tenants in getting their needs met. Eighty percent of legal aid clinic respondents said that mental health issues and hoarding, among other compounding factors, are a common challenge when representing tenants. The ability of tenants to pay for expert advice to substantiate their case to the LTB was also cited as a common barrier.

Just over one-third (37%) of the public health survey respondents reported that their health unit has policies in place to address substandard housing issues affecting local marginalized populations. Fewer than half (43%) felt that their health unit has made it a priority to address unfit housing conditions affecting marginalized populations.

Issues of capacity and resources

The information gathered in the sectoral surveys indicate that while staff in public health, legal aid clinics and social services have relevant skills, knowledge and expertise, there are shortcomings in the amount of time and resources they are able to allocate to housing conditions. This is particularly apparent in the insufficient amount of follow-up and coordination on inter-agency referrals. It is also apparent in the feedback from legal aid clinic staff who state that they are prioritizing limited resources on preserving tenancies, and that fulsome representation on housing quality issues is often out of reach. Recognizing that resources follow priority-setting at the policy level, there is a need for advocacy within and by these professional sectors for more robust capacity and resources to systematically and effectively address housing quality concerns.

Public information resources

While some housing conditions, such as mould and pests, are well known, there is evolving and in some cases nascent knowledge about other health hazards in indoor environments. Examples of housing concerns that are under-recognized or less familiar include radon, chemical fumes, sources of lead and asbestos risk, to name a few. This evolving knowledge of the multiplicity of risks is evidenced in the available public information resources. As one legal aid clinic survey respondent commented,

“The sources we use consist of information on tenants’ rights and maintenance. They do not speak directly to environmental health. We could certainly use a resource which does so.”

There is a need for public information resources on the full array of indoor environmental health hazards, why they are of concern and how they can be addressed.

What actions are needed?

The following draft recommendations have been compiled based on what we have heard and learned over the first two years of the RentSafe initiative. They are presented here as a draft for discussion at the RentSafe Roundtable. [Annex 1](#) provides highlights of ideas and recommendations generated by the RentSafe Advisory Committee during their October 2015 meeting in Toronto.

Big picture changes

First and foremost, housing must be recognized as a human right and as a necessary condition for mental and physical health and social well-being. Within that, the *quality* of housing needs to be prioritized alongside efforts to tackle challenges of quantity and affordability. Ensuring secure and healthy housing for all is a societal task that requires the efforts of housing providers, health, legal and social services professionals, policy makers, and residents. It requires both a commitment to end poverty and an investment in housing that is financially within reach for all people, regardless of income status. It also requires that we tackle the many facets of divisiveness that stem from racism, colonialism, xenophobia and gender discrimination. We must work to create a culture of collaboration, rather than one based on conflict and blame.

What can we do now together?

The following potential actions are grouped thematically to correspond with the RentSafe Roundtable break-out session topics. They will be further developed and refined based on the outcomes of those discussions, with the possibility of additional and/or different areas of action being identified and proposed.

(1) Tenants’ empowerment and access to justice and remediation

- Increase public information (using plain language and in multiple languages and formats) on the full range of indoor environmental health hazards.
- Provide accessible resources for tenants about their rights and the process to follow to exercise those rights (using plain language and in multiple languages and formats, e.g., videos with real-world scenarios).
- Provide resources and support for tenant-led peer-to-peer education and empowerment.
- Enable frontline workers to act as champions by providing them with training on: how to recognize unhealthy housing conditions, understanding relevant regulations and tenant rights and responsibilities, where to make referrals, and how to advocate for clients in resolving unhealthy housing conditions.

(2) Indigenous housing needs and priorities

- Raise the visibility of off-reserve housing needs in large urban centres, smaller communities and rural regions.
- Increase understanding among health and social service professionals and policy makers about the specific circumstances and experiences of Indigenous peoples in seeking and retaining off-reserve housing.
- Support robust implementation of the Truth and Reconciliation Commission’s call for all medical and nursing students (and expand this to include public health and social services students/professionals and members of the Landlord Tenant Board) to “take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.”¹²
- Provide cultural safety education/training for housing providers and health and social services staff.

(3) Housing provider needs and priorities

- Further explore and identify housing provider needs and priorities
- Pursue targeted measures to ensure that housing providers, in particular small-scale landlords, have access to funding for major remediation needs (for example, the proposed federal radon mitigation tax credit)
- Provide support for housing providers who have tenants with specific needs, e.g., mental health issues, hoarding, etc., including effective liaison with relevant health and social services agencies
- Increase efforts to ensure that both tenants and landlords understand their respective rights and responsibilities, and are familiar with low-conflict approaches to communicating about problems and solutions

¹² Truth and Reconciliation Commission of Canada (2015). *Truth and Reconciliation Commission of Canada: Calls to Action*.

(4) Towards a more coordinated intersectoral “system”

- At the local/regional level, relevant agencies should establish clear mutual understanding of each others’ roles, capacities and limitations, in order to facilitate intersectoral approaches.
- Relevant agencies should work together to establish proper channels for making referrals, including mandatory follow-up and accountability, to ensure that referrals lead to action
- Relevant agencies should create local inter-agency committees to formalize and improve communication across sectors.
- Relevant agencies should ensure clear and consistent communication to clients (tenants, landlords, social housing providers) to increase understanding of their respective roles and expertise on housing conditions.
- Relevant agencies and professional sectors should prioritize collaborative and intersectoral advocacy to increase resources and capacity across public health departments, legal aid clinics, and social service agencies to address housing quality issues
- Prioritize public health program delivery based on burden of illness and health equity, recognizing that healthy housing is a key determinant of health. This would go beyond enforcement to include population health strategies such as health promotion and advocacy.
- Capitalize on the role of public health units, as per the Ontario Public Health Standards, which calls for public health leadership to “reduce health disparities and inequities by coordinating and aligning its programs and services with those of other partners” and “promote community capacity building by fostering partnerships and collaborating with community partners, including the voluntary sector, non-governmental organizations, local associations, community groups, networks, coalitions, academia, governmental bodies, the private sector, and others.”
- Provide consistent information on best practices to deal with indoor environmental health issues and to debunk myths (e.g., treating mould with bleach).
- Engagement and training of frontline health and social services workers on housing issues through provincial regulatory bodies or associations.
- Build a professional competency among all service providers, especially frontline staff, to act as champions to assist people in accessing support and resolving housing concerns.

(5) Legal infrastructure and reform

- Identify priority conditions for which there is an urgency to create clear, enforceable standards. Establish an evidence base that both validates this urgency and provides a foundation for the creation of standards.
- Conduct a scan of relevant standards and guidelines in other jurisdictions to inform the development of a more comprehensive suite of standards on housing conditions.
- Review existing legislation related to substandard housing and issue mitigation to identify gaps/uncertainties regarding scope and applicability. Suggest how these gaps/uncertainties could be addressed.
- Identify key law reform proposals to improve the clarity and scope of the RTA and the HPPA to define key terms including, in the RTA, “healthy housing,” “fit for habitation,” “serious breach” (of landlord obligations) and in the HPPA, to insert more encompassing definitions of “health,” “public health,” and “health promotion.”
- Identify law reform proposals such that the RTA include presumptions (on the part of landlords and the LTB) regarding issues of repair and maintenance as well as language regarding the standard and burden of proof for maintenance issues.
- Consider law reform proposals that would create, within the RTA, a positive duty on landlords to ensure housing conditions that cannot undermine health.
- Identify law reform measures for the RTA to allow for quick termination of a tenancy should they face serious interference with their health (e.g., from mould, intolerance of conditions due to chemical sensitivities, etc.)
- Identify and implement strategies that improve cohesion and harmonized action among enforcement agencies.

Annex: RentSafe Advisory Committee - Ideas for Action

The following are highlights of the many ideas for action that were generated by the RentSafe Advisory Committee during their October 2015 meeting in Toronto.

“Low-hanging fruit”

- Information sharing to understand ‘who is doing what’
- Service provider education/sensitization (‘life as it is, seeing is believing’)
- Education of front line staff on tenants rights, health + housing, and where to refer
- Better coordination among service providers/agencies
- Tenant education/empowerment re: rights
- Enforce existing regulations/by-laws

“Big picture” / structural changes

- Provincial legislation to define standards for broader range of indoor environmental health hazards
- Mandatory checklist for inspection of units
- Incorporate the right to healthy housing into Ontario’s *Residential Tenancies Act*
- Prioritize housing needs of First Nations, Inuit & Métis
- Living wage, more equitable distribution of wealth
- National Housing Strategy