



RentSafe Legal Aid Clinic Survey Summary Report

February 2016

Acknowledgements

The *RentSafe* survey of legal aid clinics in Ontario, the results of which are summarized in this report, was led by Kathleen Cooper, Senior Researcher with the Canadian Environmental Law Association (CELA) in collaboration with Erica Phipps, Executive Director, Canadian Partnership for Children's Health and Environment (CPCHE) and with the expertise and support of Lindsay MacDermid who managed the online survey and data and prepared this report. The survey was conducted as a key component of the CPCHE-led *RentSafe* initiative funded by the Ontario Trillium Foundation. CPCHE gratefully acknowledges the leadership and in-kind contribution of CELA in carrying out the survey, and thanks all of the legal aid respondents across the province for their time and valuable insights. This report will inform a related effort at CELA canvassing the law governing residential tenancies related to housing and indoor environmental health. Both will form part of the *RentSafe* baseline report to be published by CPCHE and *RentSafe* collaborating organizations in late 2016.

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Executive Summary

Background

RentSafe is a collaborative initiative led by the Canadian Partnership for Children's Health and Environment (CPCHE) and funded by the Ontario Trillium Foundation, which seeks to address indoor environmental health risks affecting low income tenants in Ontario. The goal of *RentSafe* is to build awareness and capacity across sectors to better respond to such concerns.

Legal aid clinics in Ontario are funded by the Ontario Ministry of the Attorney General to provide legal services to those with low incomes. Services include direct representation and outreach, the latter broadly defined to cover public legal education, community development, and advocacy for public interest law reform. Among the 76 clinics located across the province, 18 offer services in specialized areas of the law while others provide general services. Across most clinics, a great deal of work occurs on housing or landlord and tenant matters albeit focused mainly on urgent matters such as preventing evictions with very limited capacity to address the complexities of indoor environmental health issues.

The Canadian Environmental Law Association (CELA) is a founding member of CPCHE and is a specialty legal aid clinic within Legal Aid Ontario. As a member of the *RentSafe* Project Team, CELA coordinated the *RentSafe* Legal Aid Clinic survey, the results of which are summarized in this report. The purpose of the survey was to assess the nature and frequency of tenants' inquiries and requests to Ontario legal aid clinics for assistance on housing conditions that may affect health (e.g., mould, lead, pests, pesticides, renovation fumes, etc.), and legal aid clinics' approaches and capacities to respond.

Method and Response

A survey was developed by a subgroup of the *RentSafe* Project Team with representation from CELA and CPCHE and was modeled after the *RentSafe* Public Health Unit Survey. An invitation to participate in the survey was sent to all Legal Aid Clinics in Ontario on October 1, 2015 via several e-lists available to the entire legal aid clinic system. Three follow-up reminders were sent over the course of the survey period. The survey closed on November 13, 2015.

At least one response was received from 60 of the 84 clinics (71%). Fifty-three of the responding clinics indicated that they deal with housing-related health risks. There were 139 completed individual responses from the 53 clinics with the number of responses per clinic ranging from 1 to 11. The majority of respondents identified themselves as being Counsel (36.7%) followed by Community Legal Worker (21.6%), Paralegal (15.1%), Executive Director (13.7%), Duty Counsel (8.6%) and Articling Student (3.6%).

Highlights

The following highlights summarize respondents' answers to the questions posed in the survey. Many respondents provided additional detail in the optional comment boxes provided with each section of the survey. Most of these comments are captured in the main body of the report following the summaries of responses to each question, and in some cases grouped thematically. Topic areas generating the most comment included: barriers faced by tenants; clinics' experience in working with other agencies; and challenges faced by clinics in addressing indoor environmental health issues in rental housing.

How often do indoor environmental health risks in rental housing arise in the work of staff at legal aid clinics?

- Pests, mould and structural issues in rental housing arise most frequently in the work of respondents, followed by noise, thermal comfort (too cold), hoarding, and flooding.
- Tobacco smoke, indoor air quality, other smoking, pet-related, and garbage issues arise occasionally in the work of about half of respondents, and rarely for less than one-third.
- Sewage and thermal comfort (too hot) issues arise occasionally in the work of less than half of respondents, and rarely for less than half.
- Marijuana grow ops/other drug lab, pesticides, and drinking water quality issues arise rarely in the work of less than half of respondents, and never for about one-quarter.
- Outdoor sources impacting indoors and lack of drinking water issues never arise in the work of less than half of respondents, and rarely for about one-third.
- Radon and wifi/electromagnetic field issues arise least frequently in the work of respondents.

What is the experience of staff at legal aid clinics in using public legal education (PLE) resources related to indoor environmental health risks?

- 76.1% of respondents *frequently* (39.1%) or *occasionally* (37.0%) use Community Legal Education Ontario (CLEO) and/or Advocacy Centre for Tenants Ontario (ACTO) PLE resources to respond to inquiries about indoor environmental health risks faced by tenants.
- 70.6% of respondents *occasionally* (47.8%) or *frequently* (22.8%) use PLE resources from other sources (such as public health departments, the Landlord Tenant Board, etc.) to respond to inquiries about indoor environmental health risks faced by tenants.
- 75.6% of respondents *never* (45.2%) or *rarely* (30.4%) develop their own PLE resources to respond to inquiries about indoor environmental health risks faced by tenants.
- 54% of respondents *frequently* (20.7%) or *occasionally* (33.3%) find it difficult to find suitable PLE resources to respond to inquiries about indoor environmental health risks faced by tenants.
- 41.9% of respondents *frequently* (13.7%) or *occasionally* (28.2%) find PLE resources to be insufficiently detailed for responding to inquiries about indoor environmental health risks faced by tenants.
- 39.1% of respondents *frequently* (18.0%) or *occasionally* (21.1%) find PLE resources to be insufficiently authoritative.
- 34.3% of respondents *frequently* (13.4%) or *occasionally* (20.9%) find PLE resources to be inappropriate for the intended audience (e.g., language; literacy level).

What indoor environmental health topics do legal aid clinic staff feel are in need of new or updated PLE resources?

- Over 80% of respondents selected mould as being in need of new or updated PLE resources.
- The next most commonly selected topics were pests (50.4%), hoarding (42.1%), and flooding (26.3%).

What do staff at legal aid clinics perceive to be the main barriers faced by tenants in seeking to resolve housing-related indoor environmental health issues in rental housing?

- Respondents perceived the following to be the main barriers faced by tenants in seeking to resolve housing-related indoor environmental health risks: fear of eviction (n=92), fear of landlord (n=51), fear of needing to move or pay higher rent for needed repairs (n=48), and not knowing who to call (n=47). Thirty-nine (n=39) respondents also identified mental health as a top barrier.

To whom do legal aid clinic staff refer issues related to indoor environmental health risks in rental housing? How often?

- The most frequent referrals are to the local by-law enforcement officer, the landlord and the local public health department.
- The next most frequent referrals are to other enforcement agencies, and the Ministry of Municipal Affairs and Housing (MMAH) Investigation and Enforcement Unit.
- The least frequent referrals are to specialty legal clinics, social services, and elected officials.

How do legal aid clinic staff feel about their clinic's experience working with other agencies to address indoor environmental health issues for tenants?

- 70.6% of respondents *disagree* or *strongly disagree* that their clinic has sufficient time and resources to follow-up with other agencies about indoor environmental health issues to ensure they are addressed.
- 49.3% of respondents *disagree* or *strongly disagree* that their clinic is confident that tenant concerns are adequately addressed when they make referrals.
- 72.0% of respondents *agree* or *strongly agree* that their clinics' confidence in whether tenants' issues will be adequately addressed depends on to whom the referral was made.
- 38.6% of respondents *agree* or *strongly agree* that their clinic works jointly with other agencies to investigate indoor environmental health issues (33.3% *disagree* or *strongly disagree*, 23.7% *neither agree nor disagree*).
- 33.4% of respondents *agree* or *strongly agree* that their clinic follows up with other agencies to whom they have made referrals to ensure issues are addressed (32.6% *disagree* or *strongly disagree*, 28.9% *neither agree nor disagree*).
- 35.8% of respondents *neither agree nor disagree* that when their clinic obtains Public Health Department orders, they are always enforced. 29.9% *disagree* or *strongly disagree*, and 27.5% said this statement was *not applicable*.

- 45.5% of respondents *neither agree nor disagree* that their local Public Health Department does not take action if a landlord tells them that action is already being taken. 31.3% *agree* or *strongly agree* and 16.4% said this statement was *not applicable*.
- 58.9% of respondents *disagree* or *strongly disagree* that when their clinic obtains an order from the Landlord and Tenant Board to address problems (beyond a simple rent abatement), the order is always enforced.
- 37.6% of respondents *disagree* or *strongly disagree* that when their clinic makes referrals to their local property standards department, necessary action is taken to resolve the problem. 33.8% *neither agree nor disagree* and 24.1% *agree* or *strongly agree*.

What challenges are faced by legal aid clinic staff in representing tenants who are experiencing indoor environmental health risks?

- The most common challenge that respondents have faced in representing tenants experiencing indoor environmental health risks was confounding factors (e.g., mental health; landlord-tenant relationships; hoarding) (80.0%).
- The next most common challenges were finding experts needed for client representation (69.4%), clients' ability to pay for expert advice (69.4%), getting the Public Health Department involved in addressing issues (67.1%) and lack of follow-up by the Landlord Tenant Board to ensure orders to the landlords are enforced (67.1%).

Are legal aid clinics engaged in work related to safe/healthy housing and equity?

- 48.2% of respondents indicated that their clinic uses census, or similar data, to map the location of low-income populations in the clinic catchment area. 27.0% indicated their clinic does not, and 24.8% were unsure.
- 57.7% of respondents indicated that their clinic does not have in-house policies for addressing indoor environmental health risks faced by their client community. 35.0% were unsure, and only 7.3% indicated that their clinic does have such policies.
- 38.7% of respondents indicated that their clinic is engaged in local/provincial policy reform to address safe and healthy housing. 32.8% were unsure and 28.5% indicated that their clinic is not engaged in such work.
- 63.5% of respondents indicated that their clinic is engaged in local/provincial policy reform to address affordable housing. 23.4% were unsure, and 13.1% said their clinic is not engaged in such work.

What are the opinions of legal aid clinic staff related to By-laws and Acts for addressing indoor environmental health issues for tenants?

- 86.9% of respondents *agree* or *strongly agree* that effective implementation of local bylaws (e.g., property standards by-law) is essential to resolve tenants' indoor environmental health issues.
- 80.5% of respondents *agree* or *strongly agree* that effective local implementation of the Health Promotion and Protection Act is essential to resolving indoor environmental health complaints.
- 91.2% of respondents *agree* or *strongly agree* that the Residential Tenancies Act should create a positive duty on landlords to ensure housing cannot undermine tenants' health.

RentSafe Legal Aid Clinic Survey



Background

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Method

The survey (Appendix A) was created by a subgroup of the *RentSafe* Project Team with representation from CELA and CPCHE and was modeled after the *RentSafe* Public Health Unit Survey². A draft of the survey was pilot tested at the Eastern Region Clinic Training Conference held in Kingston in May of 2015 where legal aid clinic staff in attendance pointed out key gaps in questions posed and recommended improvements to the survey tool. A second round of pilot testing occurred in September 2015 with staff from several clinics.

An invitation to participate in the survey was sent to all legal aid clinics in Ontario on October 1, 2015 via several e-lists available to the entire clinic system including a list that reaches all staff in every clinic in the province, a housing list used by paralegals and lawyers throughout the clinic system, and a list of all clinic Executive Directors who were asked to encourage their staff to participate. Multiple responses were encouraged from each clinic to help understand the diversity of issues faced and response strategies. Intake staff, community legal workers, paralegals, and counsel were all encouraged to respond to the survey. Follow-up reminders were sent to the full

¹ For more information on *RentSafe*, visit: <http://www.healthyenvironmentforkids.ca/collections/rentsafe>

² Results of the *RentSafe* Public Health Unit Survey are available at:
<http://www.healthyenvironmentforkids.ca/collections/rentsafe>

staff list and the housing list on October 13th and 19th. After the initial survey deadline of October 30th, the deadline was extended for two weeks and a final reminder was sent. The survey closed on November 13, 2015.

Response

At least one response was received from 60 of the 84 (71%) legal aid clinics in Ontario. Seven (n=7) of the responding clinics indicated that they do not deal with housing-related health risks and thus were not asked to complete the remainder of the survey. After being asked whether or not their clinic deals with housing-related health risks, an optional comment box was provided. Thirty-one (n=31) respondents provided comments which can be found in Appendix B.

From the remaining 53 clinics who indicated that they do deal with housing-related health risks, there were 139 completed individual responses. The number of responses per clinic ranged from 1 to 11.

Respondents were asked to select their job title(s) from a list. The majority of respondents identified themselves as being Counsel (36.7%) followed by Community Legal Worker (21.6%), Paralegal (15.1%), Executive Director (13.7%), Duty Counsel (8.6%) and Articling Student (3.6%) (Table 1). Twenty respondents selected more than one job title as being applicable which is why the percentages total more than 100.

Table 1: What is your job title?

Response	Percentage	Count
Executive Director	13.7%	19
Counsel	36.7%	51
Community Legal Worker	21.6%	30
Paralegal	15.1%	21
Articling Student	3.6%	5
Duty Counsel	8.6%	12
Other, please specify...	18.0%	25
Total Responses		139

Twenty-five respondents (18.0%) specified other job titles including: *Support Staff* (n=6), *Staff Lawyer* (n=5), *Office Manager* (n=2), *Legal Director* (n=2), *Case Manager*, *Casework Assistant/Intake Worker*, *Legal Support Worker*, *Clinic Assistant*, *Legal Secretary*, *Administrative Assistant*, *Social Worker*, *Associate Executive Director*, *Intake Person & Ontario Disability Support Program (ODSP) Case Preparer*, *Housing Help and Support Worker*.

Results

How often do indoor environmental health risks in rental housing arise in the work of staff at legal aid clinics?

(Table 2)

Pests, mould and structural issues are the issues most frequently encountered in the work of respondents:

- 78.8% (n=) indicated that **pest** issues *frequently* arise (17.5% *occasionally*).
- 75.0% (n=) indicated that **mould** issues *frequently* arise (24.3% *occasionally*).
- 68.1% (n=92) indicated that **structural issues** *frequently* arise (26.7% *occasionally*).

Noise, thermal comfort (too cold), hoarding, and flooding issues frequently arise in the work of some respondents and occasionally for others:

- 55.9% (n=76) indicated that **noise** issues *frequently* arise (*occasionally*, 33.8%).
- 48.9% (n=66) indicated that **thermal comfort (too cold)** issues *frequently* arise (*occasionally*, 40.7%).
- 47.4% (n=64) indicated that **hoarding** issues *occasionally* arise (*frequently*, 35.6%).
- 49.3% (n=67) indicated that **flooding** issues *occasionally* arise (*frequently*, 37.5%).

Tobacco smoke, indoor air quality, other smoking, pet-related, and garbage issues occasionally arise in the work of about half of respondents, and rarely for less than one-third:

- 54.0% (n=74) indicated that **tobacco smoke** issues *occasionally* arise (24.1% *rarely*).
- 48.9% (n=66) indicated that **indoor air quality** issues (e.g., fumes, odours, excluding tobacco smoke) *occasionally* arise (28.1% *rarely*).
- 48.2% (n=66) indicated that **other smoking** issues (e.g., marijuana, or e-cigarettes) *occasionally* arise (32.1% *rarely*).
- 46.0% (n=63) indicated that **pet-related issues** (e.g., excessive number of pets, smell, allergens) *occasionally* arise (29.2% *rarely*).
- 45.8% (n=60) indicated that **garbage** issues *occasionally* arise (24.4% *rarely*).

Sewage and thermal comfort (too hot) issues occasionally arise in the work of less than half of respondents, and rarely for less than half:

- 39.8% (n=53) indicated that **sewage** issues *occasionally* arise (38.3% *rarely*).
- 35.7% (n=45) indicated that **thermal comfort (too hot)** issues *occasionally* arise (35.7% *rarely*).

Marijuana grow ops/other drug labs, pesticides, and drinking water quality issues rarely arise in the work of less than half of respondents, and never for about one-quarter:

- 48.9% (n=67) indicated that **marijuana grow ops/other drug lab** issues *rarely* arise (22.6% *never*).
- 43.6% (n=58) indicated that **pesticide** issues *rarely* arise (24.8% *never*).

- 38.8% (n=52) indicated that **drinking water quality** issues *rarely* arise (26.9% *never*).

Outdoor sources impacting indoors and lack of drinking water issues never arise in the work of less than half of respondents, and rarely for about one-third:

- 45.6% (n=62) of respondents indicated that **outdoor sources impacting indoors** (e.g., outdoor burning, industry, transportation corridors, road or construction dust) *never* arise (31.6% *rarely*).
- 33.6% (n=45) indicated that **lack of drinking water** issues *rarely* arise (33.6% *never*).

Radon and wifi/electromagnetic field issues arise least frequently in the work of respondents:

- 66.9% (n=91) of respondents indicated that **radon** issues *never* arise.
- 58.5% (n=79) of respondents indicated that **wifi/electromagnetic field** issues *never* arise (23.0% *rarely*).

Four respondents listed other indoor environmental health issues in rental housing that arise in their work that were not in the list provided: *slip and fall hazards from ice and snow not removed* (n=1), *living space too small* (n=1), *electrical* (n=1), *basement units with windows too small to allow for fresh air circulation* (n=1), and *basement units accessible only by a very narrow and steep set of stairs and with small windows making them fire hazards* (n=1).

An optional comment box was provided at the end of this section of the survey. Eight respondents left comments about indoor environmental health issues in rental housing that arise in their work:

- *Bed bugs and roaches are a common theme, particularly with certain landlords.*
- *Mould, pests and rodents are the environmental health related issues most frequently seen.*
- *Often, it is the client/ intake that is coming to see us because they are getting accused of causing these issues and have received an eviction notice from the landlord.*
- *In terms of tobacco, marijuana or e-cigarette, we act for the tenant accused of this use as they are the ones being evicted. My job is to preserve tenancies.*
- *You have listed hoarding. It is a serious problem for our clients who are hoarders. It is not often brought to us by other tenants.*
- *Mostly small landlords that have converted a house into duplex for example. As a result often have electrical issues as whoever did the work was unlicensed. A lot of illegal units. Quality of workmanship is a serious problem.*
- *Who has clients that can afford to test for radon gas or can prove that radon gas caused damages?*
- *People are always asking where they can find low cost inspections and monitoring systems and services for odours and fumes as Building Inspectors do not attend after 4 pm. Noise due to own building construction - balconies, water rattling through pipes, pipes banging, garage fans, on-top-of-roof fans.*

Table 2: Please indicate how often, if at all, the following indoor environmental health issues arise in your work related to rental housing.

	Frequently	Occasionally	Rarely	Never	Unsure	Total Responses
Mould	102 (75.0%)	33 (24.3%)	1 (0.7%)	0 (0.0%)	0 (0.0%)	136
Asbestos	2 (1.6%)	11 (8.5%)	63 (48.8%)	44 (34.1%)	9 (7.0%)	129
Lead (e.g., in old paint, in water service pipes, etc.)	1 (0.8%)	8 (6.1%)	54 (40.9%)	52 (39.4%)	17 (12.9%)	132
Drinking water quality	5 (3.7%)	33 (24.6%)	52 (38.8%)	36 (26.9%)	8 (6.0%)	134
Lack of drinking water	2 (1.5%)	36 (26.9%)	45 (33.6%)	45 (33.6%)	6 (4.5%)	134
Sewage	10 (7.5%)	53 (39.8%)	51 (38.3%)	15 (11.3%)	4 (3.0%)	133
Flooding	51 (37.5%)	67 (49.3%)	13 (9.6%)	3 (2.2%)	2 (1.5%)	136
Thermal comfort (too hot)	10 (7.9%)	45 (35.7%)	45 (35.7%)	23 (18.3%)	3 (2.4%)	126
Thermal comfort (too cold)	66 (48.9%)	55 (40.7%)	8 (5.9%)	4 (3.0%)	2 (1.5%)	135
Structural issues (e.g., leaky roof, windows)	92 (68.1%)	36 (26.7%)	7 (5.2%)	0 (0.0%)	0 (0.0%)	135
Garbage (e.g., left in indoor common areas)	22 (16.8%)	60 (45.8%)	32 (24.4%)	8 (6.1%)	9 (6.9%)	131
Hoarding	48 (35.6%)	64 (47.4%)	13 (9.6%)	7 (5.2%)	3 (2.2%)	135

	Frequently	Occasionally	Rarely	Never	Unsure	Total Responses
Pests (e.g., cockroaches, bed bugs, rodents, pigeons, raccoons)	108 (78.8%)	24 (17.5%)	2 (1.5%)	3 (2.2%)	0 (0.0%)	137
Marijuana grow ops / other drug labs	2 (1.5%)	28 (20.4%)	67 (48.9%)	31 (22.6%)	9 (6.6%)	137
Pet-related issues (e.g., excessive number of pets, smell, allergens)	17 (12.4%)	63 (46.0%)	40 (29.2%)	13 (9.5%)	4 (2.9%)	137
Noise	76 (55.9%)	46 (33.8%)	9 (6.6%)	3 (2.2%)	2 (1.5%)	136
Use of pesticides	11 (8.3%)	19 (14.3%)	58 (43.6%)	33 (24.8%)	12 (9.0%)	133
Indoor air quality (e.g., fumes, odours, excluding tobacco smoke)	19 (14.1%)	66 (48.9%)	38 (28.1%)	6 (4.4%)	6 (4.4%)	135
Tobacco smoke	19 (13.9%)	74 (54.0%)	33 (24.1%)	6 (4.4%)	5 (3.6%)	137
Other smoking (e.g., marijuana or e-cigarettes)	11 (8.0%)	66 (48.2%)	44 (32.1%)	8 (5.8%)	8 (5.8%)	137
Radon (i.e., radioactive soil gas that gets into indoor air)	0 (0.0%)	1 (0.7%)	25 (18.4%)	91 (66.9%)	19 (14.0%)	136
Outdoor sources impacting indoors (e.g. outdoor burning, industry, transportation corridors, road or construction dust)	3 (2.2%)	13 (9.6%)	43 (31.6%)	62 (45.6%)	15 (11.0%)	136
Wifi / Electromagnetic fields	1 (0.7%)	4 (3.0%)	31 (23.0%)	79 (58.5%)	20 (14.8%)	135

What is the experience of staff at legal aid clinics with using public legal education (PLE) resources to respond to inquiries about indoor environmental health risks faced by tenants?

(Table 3)

Respondents were asked to indicate the frequency with which they use and develop PLE resources to respond to inquiries about indoor environmental health risks faced by tenants.

- 76.1% of respondents *frequently* (39.1%) or *occasionally* (37.0%) use Community Legal Education Ontario (CLEO) and/or Advocacy Centre for Tenants Ontario (ACTO) PLE resources to respond to inquiries about indoor environmental health risks faced by tenants.
- 70.6% of respondents *occasionally* (47.8%) or *frequently* (22.8%) use PLE resources from other sources (such as public health departments, the Landlord Tenant Board, etc.) to respond to inquiries about indoor environmental health risks faced by tenants.
- 75.6% of respondents *never* (45.2%) or *rarely* (30.4%) develop their own PLE resources to respond to inquiries about indoor environmental health risks faced by tenants.

Respondents were asked four questions about the frequency with which they experience challenges related to the suitability, detail, authoritativeness and audience appropriateness of PLE resources. Over one-quarter of respondents were *unsure* about the frequency with which they experience each challenge related to PLE resources.

- 54% of respondents *frequently* (20.7%) or *occasionally* (33.3%) find it difficult to find suitable PLE resources on indoor environmental health issues. 23.7% *rarely* or *never*, and 22.2% *unsure*.
- 41.9% of respondents *frequently* (13.7%) or *occasionally* (28.2%) find PLE resources to be insufficiently detailed. 30.6% *rarely* or *never*, and 27.5% *unsure*.
- 39.1% of respondents *frequently* (18.0%) or *occasionally* (21.1%) find PLE resources to be insufficiently authoritative. 30% *rarely* or *never*, and 30.8% *unsure*.
- 34.3% of respondents *frequently* (13.4%) or *occasionally* (20.9%) find PLE resources to be inappropriate for the intended audience (e.g., language; literacy level; cultural appropriateness). 38.8% *rarely* or *never*, and 26.9% *unsure*.

Table 3: Thinking about public legal education (PLE) resources. How often, if at all, do you...

	Frequently	Occasionally	Rarely	Never	Unsure	Total Responses
Use Community Legal Education Ontario (CLEO) and/or Advocacy Centre for Tenants Ontario (ACTO) PLE resources on indoor environmental health issues	54 (39.1%)	51 (37.0%)	14 (10.1%)	15 (10.9%)	4 (2.9%)	138
Develop your own PLE resources on indoor environmental health issues	4 (3.0%)	18 (13.3%)	41 (30.4%)	61 (45.2%)	11 (8.1%)	135
Use PLE resources from other sources (such as public health departments, the Landlord Tenant Board, etc.)	31 (22.8%)	65 (47.8%)	25 (18.4%)	9 (6.6%)	6 (4.4%)	136
Find it difficult to find suitable PLE resources on indoor environmental health issues	28 (20.7%)	45 (33.3%)	23 (17.0%)	9 (6.7%)	30 (22.2%)	135
Find PLE resources to be insufficiently detailed	18 (13.7%)	37 (28.2%)	25 (19.1%)	15 (11.5%)	36 (27.5%)	131
Find PLE resources to be insufficiently authoritative	24 (18.0%)	28 (21.1%)	26 (19.5%)	14 (10.5%)	41 (30.8%)	133
Find PLE resources to be inappropriate for the intended audience (e.g., language; literacy level; cultural appropriateness)	18 (13.4%)	28 (20.9%)	37 (27.6%)	15 (11.2%)	36 (26.9%)	134

An optional comment box was provided at the end of this section of the survey. Eight respondents left comments:

- *The sources we use consist of information on tenants' rights and maintenance. They do not speak directly to environmental health. We would certainly use a resource which does so.*
- Two respondents indicated that they did not respond to the question because, as support staff, they do not use PLE to respond to clients.
- *If wifi/electromagnetic fields is a big issue it would be good to do something related to that because I had someone file a court case on this issue but very little is known about this issue.*
- *When it comes to bed bugs, we find that most tenants, especially those on Social Assistance do not have the financial means to deal with the issue; [ability to do] laundering, [etc.]*
- *Smoking is becoming an increasing problem as social housing is going smoke free. Heat not being turned on or another tenant in another unit controlling the heat is always a seasonal.*
- *Pests would be my fourth choice. Useful information would include what tenants can/should do, and what the LTB might expect them to do in dealing with these issues.*
- *Hoarding is a mental health concern and needs to be addressed with environmental as well as mental health support. There is a lack of resources in [our region] to address this.*

What indoor environmental health topics do legal aid clinic staff feel are in need of new or updated PLE resources?

Over 80% of respondents selected **mould** as being in need of new or updated PLE resources. The next most commonly selected topics were **pests** (50.4%), **hoarding** (42.1%) and **flooding** (26.3%). The remaining topics were selected by fewer than 20% of respondents. (Table 4)

Table 4: From the list below please select up to 3 topics that you feel are in need of new or updated PLE resources.

Response	Percentage	Count
Mould	82.7%	110
Asbestos	6.8%	9
Lead (e.g., in old paint, in water service pipes)	3.8%	5
Drinking water quality	6.0%	8
Lack of drinking water	0.8%	1
Sewage	5.3%	7
Flooding	26.3%	35
Thermal comfort (too hot)	2.3%	3
Thermal comfort (too cold)	6.0%	8
Structural issues (e.g., leaky roof, windows)	18.0%	24
Garbage (e.g., left in indoor common areas)	1.5%	2
Hoarding	42.1%	56
Pests (e.g., cockroaches, bed bugs, rodents, pigeons, raccoons)	50.4%	67
Marijuana grow ops / other drug labs	1.5%	2
Pet-related issues (e.g., excessive number of pets, smell, allergens)	4.5%	6
Noise	9.0%	12
Use of pesticides	1.5%	2
Indoor air quality (e.g., fumes, odours, excluding tobacco smoke)	5.3%	7
Tobacco smoke	11.3%	15
Other smoking (e.g., marijuana or e-cigarettes)	3.0%	4
Radon (i.e., radioactive soil gas that gets into indoor air)	0.8%	1
Outdoor sources impacting indoors (e.g. outdoor burning, industry, transportation corridors, road or construction dust)	0.8%	1
Wifi / Electromagnetic fields	2.3%	3
None of the above	0.8%	1
Other, please specify...	0.8%	1
Total Responses		133

Other, please specify: *Septic tank maintenance; inspection services; what is considered negligence; more details on compensation.*

What do staff at legal aid clinics perceive to be the main barriers faced by tenants in seeking to resolve housing-related indoor environmental health issues in rental housing?

The barriers that respondents perceive to be most commonly faced by tenants in seeking to resolve housing-related indoor environmental health risks were: **fear of eviction** (n=92), **fear of landlord** (n=51), **fear of needing to move or pay higher rent for needed repairs** (n=48), and **not knowing who to call** (n=47). Thirty-nine (n=39) respondents also identified **mental health** as a top barrier. (Table 5)

Table 5: In your experience, what are the top 3 barriers faced by tenants in seeking to resolve housing-related indoor environmental health risks?

	Choice 1	Choice 2	Choice 3	Total Responses
Fear of eviction	71 (77.2%)	11 (11.9%)	10 (10.9%)	92
Fear of landlord	11 (21.6%)	28 (54.9%)	12 (23.5%)	51
Fear of authority (e.g., lawyers, CAS, etc.)	0 (0.0%)	1 (9.1%)	10 (90.9%)	11
Fear of need to move or pay higher rent for needed repairs	9 (18.8%)	21 (43.8%)	18 (37.5%)	48
Not knowing who to call	11 (23.4%)	19 (40.4%)	17 (36.2%)	47
Frustration from being bounced around among agencies	2 (7.4%)	12 (44.4%)	13 (48.1%)	27
Language or other cultural barriers	3 (20.0%)	5 (33.3%)	7 (46.7%)	15
Mental health issues	8 (20.5%)	21 (53.8%)	10 (25.6%)	39
Substance abuse issues	0 (0.0%)	1 (100.0%)	0 (0.0%)	1
Not recognizing that the issue is unsafe or a health concern	2 (20.0%)	1 (10.0%)	7 (70.0%)	10
Lack of confidence to contact agencies	0 (0.0%)	2 (25.0%)	6 (75.0%)	8
Other (please specify)	10 (34.5%)	4 (13.8%)	15 (51.7%)	29

Respondents who selected “other” as one of their top 3 choices were asked to describe the barrier. Twenty-nine respondents provided descriptions of other barriers which have been grouped into common categories below. Many described multiple barriers which is why the total number of barriers listed below equals more than 29.

Lack of Knowledge/Information/Literacy

- *Literacy issues- many clients in our area cannot read or write or are computer illiterate so it is difficult for them to access information about their rights.*
- *There is a very real problem with the process - the forms from LTB are very difficult to use for people with lower levels of education/literacy/cultural/life-style barriers.*
- *Lack of knowing tenant rights vs. landlord demands.*
- *Tenants not knowing what their legal rights are as renters.*
- *Lack of information.*
- *Inability to prosecute a remedial application to the Landlord & Tenant Board due to reading and writing abilities (may be linked to education and language issues).*

Landlord Tenant Board

- *There is a very real problem with the process...tenant applications are not heard at the LTB until all the landlord applications are dealt with so other tenants never see repair/rent-abatement type applications. Tenants are almost never properly prepared when they do get their applications heard so they are not very successful and get discouraged. No matter how many community workers tell tenants that they can bring applications, if one tenant is spreading a story about how bad they were treated it will discourage the other tenants from trying. A rent abatement does not help tenants on Social Assistance because they can't keep the money.*
- *Clients most often face simple lack of initial cooperation from their landlords and then subsequently have to deal with the difficulties of enforcing LTB orders against uncooperative landlords.*
- *Lousy outcomes at LTB for tenant - poor orders, never enforced.*
- *Genuine understanding that the remedies at the LTB will be inadequate or not worth the time and effort.*
- *Tenants bring up the issues but the landlords do not act on them until they are brought to court (LTB). This is may be an inconvenience or challenge for tenants.*
- *Inability to follow through on what the LTB would expect them to do to resolve the issue.*

Property Standards

- *Lack of effective municipal enforcement dooms tenants to pursue a litigation model.*
- *Lack of enforcement by property standards.*
- *Property Standards by-law officers are also frustratingly ineffective at forcing landlords to proceed to the needed repairs.*
- *In our area, property standards is slow to respond and does not do testing.*
- *Even when we get a work order issued municipalities fail to follow up on them.*

Testing Inaccessible

- *No real resources for tenants to get air quality testing done for free or an affordable price.*
- *Lack of place to get mould testing done at reasonable rate.*
- *The Landlord and Tenant Board will often request evidence (such as expert reports on mould) which are not accessible for clients (mainly because of the cost of same, but also because of availability of resources).*
- *We regularly appear at LTB and also run a Tenant Duty Counsel service at every sitting. Taking cases to the LTB has a serious hurdle of proving the harm [as] testing is difficult to arrange, especially with mould.*

Other Tenant Characteristics

- *Client generally has so many problems going on in their life, they have no time or energy to solve this problem.*
- *Feeling that nothing will be done i.e., not worth their effort.*
- *Confidence that the landlord will take no action and that no other agency or authority will be able to bring about change.*
- *Tenants would rather move than deal with the issues.*

Landlords

- *Landlords not following up with work orders to address issues. Protocols not properly enforced for landlords to actually complete repairs. No accountability!*
- *Tenant is in rental arrears so does not want to request work done because landlord will then no longer allow persistent late payment of rent.*
- *Need for tenant to enter into personal litigation with a landlord.*

Lack of Assistance

- *Lack of assistance: not having someone to assist them in representing themselves at the LTB or completing the forms.*
- *No legal assistance available.*
- *Needing advocacy to get authorities to respond.*

Public Health

- *Public Health is [slow to respond and does not do testing].*
- *Health Units have no interest in assisting yet in employment mould is treated as a serious health and safety issue, Health Unit slightly more helpful around water quality, but everyone runs away from hoarding.*

Other

- *The weak remedies that the Residential Tenancies Act (RTA) have for landlords who breach any maintenance obligations and the relatively large hoops that the tenants must overcome in order to get a remedy. On the latter it appears as though a landlord has a lesser burden of proof than tenants do on their claims.*
- *Lack of proper recourse to force landlords to take corrective measures.*
- *Legal clinics not willing to represent Tenant applications - they do not want to attend LTB by themselves. Cost of paralegals and lawyers too high for Tenant Applications.*

- *Lack of tenant rights.*
- *Often the issues are critical and the legal process takes too long and is too uncertain.*
- *Inadequacy of the legal protections that are supposed to prevent these things and are supposed to be able to be used to deal with the issues as they arise. The LTB has devolved into a pro-landlord adjudicative tribunal that, in effect, imposes a license fee for not having a property up to standards. Municipal By-law enforcement offers some relief, but the need far outstrips demand for service. The Ministry of Housing is useless and the local police can be helpful, but at times aid and abet landlord misconduct.*

An optional comment box was provided at the end of this section of the survey about the main barriers faced by tenants in seeking to resolve housing-related indoor environmental health issues in rental housing. Seven respondents left comments:

- *Two respondents noted that many of the other factors listed [as barriers to tenants seeking to resolve indoor environmental health issues] also play a role.*
- *90% of all tenant complaints stem from landlord demands/inaction/anti-tenant actions and tenant not knowing what their rights are to tell the landlord to back off/stop the anti-tenant actions. Especially true when complaint is maintenance-based.*
- *Many of our clients do not have the ability to complete their own tenant applications and represent themselves at the Landlord Tenant Board, even if we give them all of the PLE and resources available to assist themselves.*
- *Effective response to a tenant's call for inspection would relieve the tenant from having to contemplate taking all of the steps to advance an application to the LTB.*
- *Tenants move out rather than take on the considerable work of demanding repairs to a rental.*
- *Landlords threaten tenants and police often side with landlord when the tenant calls them.*

To whom do legal aid clinic staff refer issues related to indoor environmental health risks in rental housing? How often?

(Table 6)

The most frequent referrals are to the Local By-law Enforcement Officer, the Landlord and the Local Public Health Department:

- 65.7% of respondents *frequently* refer issues to the **Local By-law Enforcement Officer**.
- 51.9% of respondents *frequently* refer issues to the **Landlord**.
- 51.5% of respondents *frequently* refer issues to the **Local Public Health Department**.

The next most frequent referrals are to Other Enforcement Agencies, and the Ministry of Municipal Affairs and Housing (MMAH) Investigation and Enforcement Unit:

- 37.2% of respondents *occasionally* refer issues to **Other Enforcement Agencies**.
- 31.3% of respondents *occasionally* refer issues to **MMAH Investigation and Enforcement Units**.

The least frequent referrals are to Specialty Legal Clinics, Social Services, and Elected Officials:

- 41.5% of respondents *rarely* refer issues to a **Specialty Legal Clinic**.
- 40.6% of respondents *rarely* refer issues to **Social Services**.
- 35.7% of respondents *rarely* refer issues to **Elected Officials**.

Ten respondents listed other agencies/individuals to whom they refer issues related to indoor environmental health risks:

- *Housing Help Centre (n=2)*
- *Landlord Tenant Board (n=2)*
- *Electrical Safety Authority*
- *Housing Support Worker with local housing department*
- *General legal clinic for tenant's area*
- *Ministry of Environment (septic contamination, drinking water issues in mobile home parks)*
- *Charitable and non-profit agencies*
- *Settlement Agencies for language specific services*
- *Private bar*
- *University Student Legal Clinic*
- *Self-help with guidance*

An optional comment box was provided at the end of this section of the survey. Five respondents left comments:

- *Many rural areas do not have property standards by-laws and we need to refer people to the Enforcement Unit.*
- *Most of the secondary (basement) units...are not licensed, and previously it was not possible to obtain a license. Therefore, our clinic has had to be careful when working with clients who have issues related to environmental health risks because most often, rather than addressing the health or maintenance issue, public health and the bylaw enforcement will simply order that the landlord remove the secondary unit (which means removing stove, stove hood, and locking mechanism on the entrance door, or now trying to have their secondary unit comply with standards and pay a licensing fee). We therefore explain the risk associated with going to public health/bylaw enforcement to clients, explaining that while their tenancy continues despite what the bylaw or public health officials might tell the landlord, but the tenancy will likely deteriorate further once the landlord is pressured by the city to comply by either removing the unit or having it licensed. Some landlords, facing the threat of a hefty fine, will sometimes self-help and remove the stove and lock to the unit, or illegally evict the tenant.*
- *Landlord referral is in the form of a stiff letter from legal clinic on behalf of tenant client to the landlord, advising the law requires the landlord to cease improper actions or move quickly to fix situations.*
- *I am not sure what you mean by "refer" to the landlord; we usually assist tenants to write a letter to the landlord to inform them formally of the issue and request that the issue be addressed / fixed and I assume this would qualify as "referral" to the landlord.*
- *The investigation unit is not very effective in our clinic's experience.*

Table 6: How often, if at all, do you refer issues related to indoor environmental health risks and rental housing to the following agencies or individuals?

	Frequently	Occasionally	Rarely	Never	Unsure	Total Responses
Landlord	68 (51.9%)	29 (22.1%)	16 (12.2%)	11 (8.4%)	7 (5.3%)	131
Local Public Health Department (e.g., Public Health Inspector; Public Health Nurse)	70 (51.5%)	46 (33.8%)	13 (9.6%)	4 (2.9%)	3 (2.2%)	136
Local By-law Enforcement Officer (e.g., property standards)	90 (65.7%)	30 (21.9%)	9 (6.6%)	5 (3.6%)	3 (2.2%)	137
Other Enforcement Agency (e.g., Police, Fire)	20 (15.5%)	48 (37.2%)	44 (34.1%)	11 (8.5%)	6 (4.7%)	129
Specialty Legal Clinic	7 (5.4%)	35 (26.9%)	54 (41.5%)	30 (23.1%)	4 (3.1%)	130
Social Services (e.g., Children's Aid; Settlement; Mental Health, etc.)	9 (7.0%)	26 (20.3%)	52 (40.6%)	36 (28.1%)	5 (3.9%)	128
Elected Officials	12 (9.3%)	35 (27.1%)	46 (35.7%)	30 (23.3%)	6 (4.7%)	129
MMAH Investigation and Enforcement Unit	34 (25.4%)	42 (31.3%)	29 (21.6%)	17 (12.7%)	12 (9.0%)	134

What has been the experience of legal aid clinic staff in working with other agencies to address indoor environmental health risks for tenants?

(Table 7)

Respondents were asked to indicate the extent to which they agreed or disagreed with a series of statements about their clinics' experience in working with other agencies to address indoor environmental health risks for tenants. The results for each statement should be interpreted as individual respondents' perception, recognizing that often respondents from the same clinics had different perceptions of their clinics' experience.

Referrals in General

- 70.6% of respondents *disagree* or *strongly disagree* that their clinic has sufficient time and resources to follow-up with other agencies about indoor environmental health issues to ensure they are addressed.
- 49.3% of respondents *disagree* or *strongly disagree* that their clinic is confident that tenant concerns are adequately addressed when [they] make referrals.
- 72.0% of respondents *agree* or *strongly agree* that their clinics' confidence in whether tenants' issues will be adequately addressed depends on to whom the referral was made.
- 38.6% of respondents *agree* or *strongly agree* that their clinic works jointly with other agencies to investigate indoor environmental health issues (33.3% *disagree* or *strongly disagree*, 23.7% *neither agree nor disagree*).
- 33.4% of respondents *agree* or *strongly agree* that their clinic follows up with other agencies to whom they have made referrals to ensure issues are addressed (32.6% *disagree* or *strongly disagree*, 28.9% *neither agree nor disagree*).

Referrals to Public Health

- 35.8% of respondents *neither agree nor disagree* that when their clinic obtains Public Health Department orders, they are always enforced. 29.9% *disagree* or *strongly disagree*, and 27.5% said this statement was *not applicable*.
- 45.5% of respondents *neither agree nor disagree* that their local Public Health Department does not take action if a landlord tells them that action is already being taken. 31.3% *agree* or *strongly agree* and 16.4% said this statement was *not applicable*.

Referrals to Landlord Tenant Board

- 58.9% of respondents *disagree* or *strongly disagree* that when their clinic obtains an order from the Landlord and Tenant Board to address problems (beyond a simple rent abatement), the order is always enforced.

Referrals to Property Standards Department

- 37.6% of respondents *disagree* or *strongly disagree* that when their clinic makes referrals to their local property standards department, necessary action is taken to resolve the problem. 33.8% *neither agree nor disagree* and 24.1% *agree* or *strongly agree*.

Table 7: Please rate the extent to which you agree or disagree with the following statements about your legal clinic's experience working with other agencies to address indoor environmental health issues for tenants.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable	Total Responses
We work jointly with other agencies (e.g., public health department, by-law enforcement, social workers) to investigate indoor environmental health issues.	8 (5.9%)	37 (27.4%)	32 (23.7%)	43 (31.9%)	9 (6.7%)	6 (4.4%)	135
We follow up with other agencies to whom we have made referrals to ensure issues are addressed.	9 (6.7%)	35 (25.9%)	39 (28.9%)	36 (26.7%)	9 (6.7%)	7 (5.2%)	135
We have sufficient time and resources to follow-up with other agencies about indoor environmental health issues to ensure they are addressed.	33 (24.3%)	63 (46.3%)	19 (14.0%)	15 (11.0%)	2 (1.5%)	4 (2.9%)	136
We are confident that tenants concerns are adequately addressed when we make referrals.	16 (11.8%)	51 (37.5%)	43 (31.6%)	17 (12.5%)	6 (4.4%)	3 (2.2%)	136
Our confidence in whether tenants' issues will be adequately addressed depends on to whom the referral was made – (i.e., some agencies/individuals are more responsive than others).	1 (0.7%)	5 (3.7%)	27 (19.9%)	77 (56.6%)	21 (15.4%)	5 (3.7%)	136
When we obtain Public Health Department orders, they are always enforced.	6 (4.5%)	34 (25.4%)	48 (35.8%)	7 (5.2%)	2 (1.5%)	37 (27.6%)	134
Our local Public Health Department does not take action if a landlord tells them that action is already being taken.	0 (0.0%)	9 (6.7%)	61 (45.5%)	35 (26.1%)	7 (5.2%)	22 (16.4%)	134
When we obtain an order from the Landlord and Tenant Board to address problems (beyond a simple rent abatement), the order is always enforced.	20 (14.9%)	59 (44.0%)	30 (22.4%)	14 (10.4%)	1 (0.7%)	10 (7.5%)	134
When we make referrals to the local property standards department, necessary action is taken to resolve the problem.	10 (7.5%)	40 (30.1%)	45 (33.8%)	29 (21.8%)	3 (2.3%)	6 (4.5%)	133

An optional comment box was provided at the end of this section of the survey. Twenty respondents left comments which have been grouped into four categories below: *Property Standards*, *Public Health*, *Landlord Tenant Board*, and *Other*. Some respondents made multiple points which is why the total number of comments below equals more than 20.

Property Standards

- *We have 2 jurisdictions for property standards. [One] is horrible; [the other] is very good.*
- *Local property standards can be helpful if they take an interest in the case. The response is inconsistent.*
- *[Property Standards] will often and quickly investigate, but even when an order is issued, rarely enforce it due, I think, to not wanting to add to the legal costs involved; fire prevention department however, have zero tolerance and will quickly fine the landlord.*
- *Issues often arise in basement apartments. By-law enforcement will tell landlords to shut down the apartments, not to fix the problems.*
- *This is a big challenge - local bylaw enforcement is very inconsistent here and we are dealing with about 14 different municipalities, all with different standards / responses.*
- *We deal with about 17 municipalities; property standards enforcement varies widely.*
- *Property standards enforcement depends on many factors.*
- *Sometimes proper action is not taken by property standards.*
- *In our experience, property standards does not always attend when they say they will. We usually tell our clients to contact property standards, and return to see us with a list of deficiencies. Often clients don't return, the reasons for which I can only speculate (i.e., problem resolved, no violation found, client no longer interested in pursuing the matter further). We don't have the resources to follow up ourselves. We've also encountered situations where property standards puts the onus on the tenant to take steps to resolve the problem without confirming the source (i.e., with mould).*

Public Health

- *Our Public Health Department will rarely make order. They will do an inspection and provide their notes. They are very unhelpful for tenants.*
- *The problem with Public Health is less what happens when orders are made; the problem is getting inspectors out to investigate. There are not enough investigators.*
- *Public Health is the slowest of the agencies, always trying to pass their responsibility to other agencies.*
- *We have not referred to Public Health. Perhaps we should.*
- *Frequently public health does nothing.*
- *Public Health doesn't investigate based on tenant complaints except for mould. If they inspect, I think it may be at the request of Municipal Licensing and Standards (MLS), so some of the questions above may be moot. I find it hard to answer question 4, because MLS does take action most of the time, other times just ignores the tenant's concern.*

Landlord Tenant Board

- *LTB orders not always enforced.*
- *LTB Orders - often Tenant settles and moves within 3 months.*

Other Comments

- *This was hard to complete because it does not really reflect our work. We work "with" other community agencies, but not "with" government agencies. We provide advice to clients and referrals to government agencies but rely upon the client to let us know the outcome. We will follow up if it appears that they have been ignored, but do not have the resources to follow up as a matter of course. Some agencies are better than others. While we usually are able to force some action, I indicated "disagree" to our confidence that action is taken because I do not think the agencies respond in our absence.*
- *Unfortunately, our office does not have the capacity to represent on tenant rights applications at this time as we are only able to represent on evictions due to high caseloads. We provide referrals and forms and review applications once completed. If a tenant does not have the capacity to complete their forms we will draft them for the tenant. We are hoping to find ways of further assisting tenants with their tenant applications. The key is more funding so that there are more legal workers to represent at the Landlord and Tenant Board hearings.*
- *We serve a large catchment area with many municipalities and our practice is not uniform across our catchment area. I anticipate that other staff who fill out this survey will have different experiences.*
- *It's hit or miss. We cover a number of municipalities, and it depends from individual to individual how effective and what action is taken at the places we make referrals.*
- *I really don't know the outcome of the referrals I make. However, most people I deal with are assigned to a Case worker and so I would not be referring them, unless there is an urgent issue such as no heat.*
- *Our experience in taking the actions mentioned in this section is limited.*

What challenges are faced by legal aid clinic staff in representing tenants who are experiencing indoor environmental health risks?

Questions in this section (Tables 8-11) were asked only of those respondents who indicated that client representation is a part of their job at the legal aid clinic (71.2%).

The most common challenge that respondents have faced in representing tenants experiencing indoor environmental health risks (Table 8) was **confounding factors** (e.g., mental health; landlord-tenant relationships; hoarding) (80.0%). The next most common challenges were **finding experts needed for client representation** (69.4%), **clients' ability to pay for expert advice** (69.4%), **getting the Public Health Department involved in addressing issues** (67.1%) and **lack of follow-up by the Landlord Tenant Board to ensure orders to the landlords are enforced** (67.1%).

Table 8: Which of the following challenges have you faced in representing tenants experiencing indoor environmental health risks?

Response	Percentage	Count
Finding experts needed for client representation	69.4%	59
Clients' ability to pay for expert evidence	69.4%	59
Getting the Public Health Department involved in addressing issues (e.g., conducting inspections, ordering tests, etc.)	67.1%	57
Getting the Public Health Department to order a test to use as evidence before the LTB.	60.0%	51
Getting tenants' doctors to provide testimony at the LTB	54.1%	46
The LTB does not accept "generic" expert reports and requires case-specific evidence	42.4%	36
The LTB requires positive evidence (e.g., from a doctor) that tenants are suffering health problems	62.4%	53
The LTB requires positive evidence that tenants are not responsible for the health problem(s) raised in an application	41.2%	35
Lack of follow up by the LTB to ensure orders to the landlords are enforced	67.1%	57
Confounding factors (e.g., mental health; landlord-tenant relationships; hoarding)	80.0%	68
Conflicts between the rights of smokers and non-smokers	36.5%	31
Other, please specify...	14.1%	12
Total Responses		85

Eleven respondents listed other challenges they face in representing tenants who are experiencing indoor environmental health risks which have been grouped into categories below:

Landlord Tenant Board

- *Poor quality of awards at LTB; most of our clients are on social assistance and any significant rent abatement reward will not necessarily help them financially because it can impact on their shelter entitlement and this is the remedy that the LTB favours.*
- *LTB has too high a standard for evidence of environmental problems. E.g., by-law inspector's report of mould plus photos of mould is not sufficient proof of mould, microscopic analysis of the mould requested by the Member.*
- *The LTB is useless around repair issues; the most common remedy is a [rent] abatement. Mediation typically results in termination along with some cash to the tenant. Rarely do repairs happen as a result of the LTB.*
- *Bias by some members of the Landlord and Tenant Board in favour of Landlords on questions of credibility. Clients with mental health issues and lower levels of educations have difficulty testifying.*

Lack of Resources

- *Lack of resources. We generally are not able to represent at the LTB. Also, we have not been characterizing issues with pests or noise as "health" problems. It is clear that we should be doing so.*
- *Our biggest problem is lack of resources because we are so busy dealing with the eviction cases we do not have enough time for repair issues.*
- *Lack of resources to represent more than a very few tenants with repair/maintenance issues.*

Property Standards

- *Inadequate property standards enforcement.*

Other

- *Difficulty in getting issues affecting a number of tenants addressed as a group.*
- *Witnesses to attend hearing. Photographic evidence is often poor quality.*
- *Bias against medical marijuana users because it is "pot" and supposed to be illegal.*

An optional comment box was provided at the end of this section of the survey. Seven respondents provided comments.

- *Our office does not represent at tenant hearings only evictions due to heavy caseload.*
- *Representation is usually based on client testimony guided by the representative to ensure clarity and details of events, boosted by photographic evidenced and proof of communication between tenant and landlord indicating landlord refusal to act.*
- *Our clinic has only done limited representation, mainly in the form of tenant duty counsel in the past so we have not had much experience with getting experts involved as witnesses for cases.*
- *Our Public Health Unit will not get involved in issues of mould.*
- *LTB dismisses doctor letters regarding client specific health issues because no expert evidence to confirm mould is dangerous for health for example.*
- *The LTB requires positive evidence that tenants are not responsible for the health problem(s) raised in an application - yes! This result was particularly disturbing.*
- *Need for independent legal advice on potential personal injury claim.*

Responses to questions about repeated contact for assistance, rent rebates and lease termination, and complaints leading to eviction notices are presented in Tables 9-11. Caution should be exercised in interpreting these results as there were often discrepancies in the responses from multiple staff responding from the same clinic. The results for each statement should be interpreted as individual respondents' perception, recognizing that often respondents from the same clinics had different perceptions of their clinics' experience.

Seventy-six percent (75.8%) of respondents *agreed* or *strongly agreed* that their clinic is contacted for assistance repeatedly about repair and maintenance issues at the same properties. (Table 9)

Table 9: We are contacted for assistance repeatedly about repair and maintenance issues at the same properties.

Response	Percentage	Count
Strongly disagree	5.6%	7
Disagree	4.8%	6
Neither agree nor disagree	9.7%	12
Agree	39.5%	49
Strongly agree	36.3%	45
Don't know	4.0%	5
Total Responses		124

Sixty-four percent (63.9%) of respondents *disagree* or *strongly disagree* that when their clinic resolves problems for clients via rent rebates or lease termination, the repair/maintenance issues in the rental unit are also resolved. (Table 10)

Table 10: When we resolve problems for our clients via rent rebates or lease termination, the repair/maintenance issues in the rental unit are also resolved.

Response	Percentage	Count
Strongly disagree	20.9%	18
Disagree	43.0%	37
Neither agree nor disagree	18.6%	16
Agree	8.1%	7
Strongly agree	0.0%	0
Don't Know	9.3%	8
Total Responses		86

Sixty-seven percent (66.6%) of respondents *agree* or *strongly agree* that it is common for a complaint from a tenant regarding repair/maintenance issues to lead to an eviction notice for the tenant. (Table 11)

Table 11: It is common for a complaint from a tenant regarding repair/maintenance issues to lead to an eviction notice for the tenant.

Response	Percentage	Count
Strongly disagree	1.1%	1
Disagree	4.6%	4
Neither agree nor disagree	21.8%	19
Agree	49.4%	43
Strongly agree	17.2%	15
Don't Know	5.7%	5
Total Responses		87

An optional comment box was provided and two respondents left comments:

- *There ought to be certain presumptions with respect to damages and the types of orders that can be made in all repair issues. It would also be nice if mediators did not see an eviction as a good way of resolving repair problems.*
- *We do not provide representation before the LTB in such matters, but rather only summary advice.*

Are legal aid clinics engaged in work related to safe/healthy housing and equity?

Caution should be exercised in interpreting the results for Tables 12-15 as there were often discrepancies in the responses from multiple staff responding from the same clinic. For example, some respondents from a clinic may have indicated that their clinic *is* engaged in local/provincial policy reform to address safe and healthy housing, while other respondents from the same clinic may have indicated the clinic *is not* engaged in such work.

Forty-eight percent (48.2%) of respondents indicated that their clinic uses census, or similar data, to map the location of low-income populations in the clinic catchment area. 27.0% indicated their clinic does not, and 24.8% were unsure. (Table 12)

Table 12: Does your clinic use census or similar data to map the location of low income populations in your clinic catchment area?

Response	Percentage	Count
Yes	48.2%	66
No	27.0%	37
Unsure	24.8%	34
Total Responses		137

Fifty-eight percent (57.7%) of respondents indicated that their clinic does not have in-house policies for addressing indoor environmental health risks faced by their client community. 35.0% were unsure, and only 7.3% indicated that their clinic does have such policies. (Table 13)

Table 13: Does your clinic have in-house policies for addressing indoor environmental health risks faced by your client community?

Response	Percentage	Count
Yes	7.3%	10
No	57.7%	79
Unsure	35.0%	48
Total Responses		137

Thirty-nine percent (38.7%) of respondents indicated that their clinic is engaged in local/provincial policy reform to address safe and healthy housing. 32.8% were unsure and 28.5% indicated that their clinic is not engaged in such work. (Table 14)

Table 14: Is your clinic engaged in local/provincial policy reform to address safe and healthy housing?

Response	Percentage	Count
Yes	38.7%	53
No	28.5%	39
Unsure	32.8%	45
Total Responses		137

Sixty-four percent (63.5%) of respondents indicated that their clinic is engaged in local/provincial policy reform to address affordable housing. 23.4% were unsure, and 13.1% said their clinic is not engaged in such work. (Table 15)

Table 15: Is your clinic engaged in local/provincial policy reform to address affordable housing?

Response	Percentage	Count
Yes	63.5%	87
No	13.1%	18
Unsure	23.4%	32
Total Responses		137

An optional comment box was provided and one respondent left a comment:

- *...there is a lack of resources for clinics to act. We do not participate in public policy work at the provincial or municipal level because we do not have the staff to do so. We are limited in our ability to help clients because of a shortage of staff.*

What are the opinions of legal aid clinic staff related to By-laws and Acts for addressing indoor environmental health issues for tenants?

Eighty-seven percent (86.9%) of respondents *agree* or *strongly agree* that effective implementation of local bylaws (e.g., property standards by-law) is essential to resolve tenants' indoor environmental health issues. (Table 16)

Table 16: Effective implementation of local bylaws (e.g., property standards by-law) is essential to resolve tenants' indoor environmental health issues.

Response	Percentage	Count
Strongly disagree	3.6%	5
Disagree	2.9%	4
Neither agree nor disagree	6.5%	9
Agree	35.5%	49
Strongly agree	51.4%	71
Total Responses		138

Eighty-one percent (80.5%) of respondents *agree* or *strongly agree* that effective local implementation of the Health Promotion and Protection Act is essential to resolving indoor environmental health complaints. (Table 17)

Table 17: Effective local implementation of the Health Promotion and Protection Act is essential to resolving indoor environmental health complaints.

Response	Percentage	Count
Strongly disagree	2.9%	4
Disagree	0.7%	1
Neither agree nor disagree	15.9%	22
Agree	42.8%	59
Strongly agree	37.7%	52
Total Responses		138

An optional comment box was provided and one respondent left a comment:

- *Should read 'effective implementation and enforcement'.*

Ninety-one percent (91.2%) of respondents *agree* or *strongly agree* that the Residential Tenancies Act should create a positive duty on landlords to ensure housing cannot undermine tenants' health. (Table 18)

Table 18: The Residential Tenancies Act should create a positive duty on landlords to ensure housing cannot undermine tenants' health.

Response	Percentage	Count
Strongly disagree	3.7%	5
Disagree	0.7%	1
Neither agree nor disagree	4.4%	6
Agree	37.5%	51
Strongly agree	53.7%	73
Total Responses		136

An optional comment box was provided and two respondents left comments:

- *The Residential Tenancies Act also ought to have some presumptions around issues of repair and maintenance and there should be language regarding the standard and burden of proof for maintenance issues that would remove the sometimes insurmountable barriers that tenants face in getting repairs done.*
- *The RTA should include a quick termination option for tenants should they face serious interference with a tenant's indoor healthy environment (e.g., black mould proved by public health to be health risk).*

Appendix A - *RentSafe* Ontario Legal Aid Clinic Survey

This is a survey for Ontario Legal Aid Clinics as part of *RentSafe*, a collaborative initiative led by the Canadian Partnership for Children's Health and Environment (CPCHE) and funded by the Ontario Trillium Foundation, which seeks to address indoor environmental health risks affecting low income tenants in Ontario. The goal of *RentSafe* is to build awareness and capacity across sectors to respond to such concerns.

The Canadian Environmental Law Association (CELA) is a specialty clinic within LAO and is administering this survey. CELA is a founding member of CPCHE and is also preparing a complementary review of relevant case law (administrative and judicial) for this project. The purpose of the survey is to assess the nature and frequency of tenants' inquiries and requests for assistance on housing conditions that may affect health (e.g., mould, lead, pests, pesticides, renovation fumes, etc.), and Legal Clinics' approaches and capacities to respond.

We strongly encourage multiple responses from each clinic to help us understand the diversity of issues faced and response strategies. Intake staff, CLWs, paralegals, and counsel are all encouraged to respond to this survey. The survey should take about 15 minutes to complete. Responses will be reported only in aggregate form and will not be attributed to individuals or specific clinics. Information in the final report may be grouped based on work category or geographical location.

Please respond by Friday, October 30, 2015 at 5:00pm, when the survey will close. Input collected through the survey will inform the *RentSafe* baseline report which will be provided to all clinics. The baseline report will also inform a multi-stakeholder consultation during Year Two of the *RentSafe* project. If you have questions or concerns about this survey, please contact Kathleen Cooper at kcooper@cela.ca. If you have questions about *RentSafe*, please contact Erica Phipps, CPCHE Executive Director, at erica@healthyenvironmentforkids.ca

Thank you.

1. Please select the name of your Legal Aid Clinic.

2. Does your clinic deal with housing-related health risks (e.g., mould, lead, pests, pesticides, etc.) faced by low-income tenants?

- ☐ Yes
- ☐ No

Comments:
(Optional)

3. Please indicate how often, if at all, the following indoor environmental health issues arise in your work related to rental housing.

Sometimes these issues may be the primary reason that a client seeks legal assistance, and other times they may come up as underlying issues (e.g., non-payment of rent because of a mould problem). Please count both circumstances in your response. "Rental housing" includes both market housing and subsidized housing.

	Frequently	Occasionally	Rarely	Never	Unsure
Mould	☐	☐	☐	☐	☐
Asbestos	☐	☐	☐	☐	☐
Lead (e.g., in old paint, in water service pipes, etc.)	☐	☐	☐	☐	☐
Drinking water quality	☐	☐	☐	☐	☐
Lack of drinking water	☐	☐	☐	☐	☐
Sewage	☐	☐	☐	☐	☐
Flooding	☐	☐	☐	☐	☐
Thermal comfort (too hot)	☐	☐	☐	☐	☐
Thermal comfort (too cold)	☐	☐	☐	☐	☐
Structural issues (e.g., leaky roof, windows)	☐	☐	☐	☐	☐
Garbage (e.g., left in indoor common areas)	☐	☐	☐	☐	☐
Hoarding	☐	☐	☐	☐	☐

	Frequently	Occasionally	Rarely	Never	Unsure
Pests (e.g., cockroaches, bed bugs, rodents, pigeons, raccoons)	☐	☐	☐	☐	☐
Marijuana grow ops / other drug labs	☐	☐	☐	☐	☐
Pet-related issues (e.g., excessive number of pets, smell, allergens)	☐	☐	☐	☐	☐
Noise	☐	☐	☐	☐	☐
Use of pesticides	☐	☐	☐	☐	☐
Indoor air quality (e.g., fumes, odours, excluding tobacco smoke)	☐	☐	☐	☐	☐
Tobacco smoke	☐	☐	☐	☐	☐
Other smoking (e.g., marijuana or e-cigarettes)	☐	☐	☐	☐	☐
Radon (i.e., radioactive soil gas that gets into indoor air)	☐	☐	☐	☐	☐
Outdoor sources impacting indoors (e.g. outdoor burning, industry, transportation corridors, road or construction dust)	☐	☐	☐	☐	☐
Wifi / Electromagnetic fields	☐	☐	☐	☐	☐

Please use the space below to list any other indoor environmental health issues in rental housing (not listed above) that arise.

(If none, please leave blank)

Comments:

(Optional)

Now we want to know about your experience with using Public Legal Education (PLE) resources to respond to inquiries about indoor environmental health issues faced by tenants.

4. How often, if at all, do you...

	Frequently	Occasionally	Rarely	Never	Unsure
Use Community Legal Education Ontario (CLEO) and/or Advocacy Centre for Tenants Ontario (ACTO) PLE resources on indoor environmental health issues	☐	☐	☐	☐	☐
Develop your own PLE resources on indoor environmental health issues	☐	☐	☐	☐	☐
Use PLE resources from other sources (such as public health departments, the Landlord Tenant Board, etc.)	☐	☐	☐	☐	☐
Find it difficult to find suitable PLE resources on indoor environmental health issues	☐	☐	☐	☐	☐
Find PLE resources to be insufficiently detailed	☐	☐	☐	☐	☐
Find PLE resources to be insufficiently authoritative	☐	☐	☐	☐	☐
Find PLE resources to be inappropriate for the intended audience (e.g., language; literacy level; cultural appropriateness)	☐	☐	☐	☐	☐

5. From the list below please select up to 3 topics that you feel are in need of new or updated PLE resources:

- ☐ Mould
- ☐ Asbestos
- ☐ Lead (e.g., in old paint, in water service pipes)
- ☐ Drinking water quality
- ☐ Lack of drinking water
- ☐ Sewage
- ☐ Flooding
- ☐ Thermal comfort (too hot)
- ☐ Thermal comfort (too cold)
- ☐ Structural issues (e.g., leaky roof, windows)
- ☐ Garbage (e.g., left in indoor common areas)
- ☐ Hoarding
- ☐ Pests (e.g., cockroaches, bed bugs, rodents, pigeons, raccoons)
- ☐ Marijuana grow ops / other drug labs
- ☐ Pet-related issues (e.g., excessive number of pets, smell, allergens)
- ☐ Noise
- ☐ Use of pesticides

- ☐ Indoor air quality (e.g., fumes, odours, excluding tobacco smoke)
- ☐ Tobacco smoke
- ☐ Other smoking (e.g., marijuana or e-cigarettes)
- ☐ Radon (i.e., radioactive soil gas that gets into indoor air)
- ☐ Outdoor sources impacting indoors (e.g. outdoor burning, industry, transportation corridors, road or construction dust)
- ☐ Wifi / Electromagnetic fields
- ☐ None of the above
- ☐ Other, please specify... _____

Comments:

(Optional)

Now we want you to think about barriers that tenants experience in seeking to resolve housing-related indoor environmental health issues.

6. In your experience, what are the top 3 barriers faced by tenants in seeking to resolve housing-related indoor environmental health issues?

	Choice 1	Choice 2	Choice 3
Fear of eviction	☐	☐	☐
Fear of landlord	☐	☐	☐
Fear of authority (e.g., lawyers, CAS, etc.)	☐	☐	☐
Fear of need to move or pay higher rent for needed repairs	☐	☐	☐
Not knowing who to call	☐	☐	☐
Frustration from being bounced around among agencies	☐	☐	☐
Language or other cultural barriers	☐	☐	☐
Mental health issues	☐	☐	☐
Substance abuse issues	☐	☐	☐
Not recognizing that the issue is unsafe or a health concern	☐	☐	☐
Lack of confidence to contact agencies	☐	☐	☐
Other (specify in box below)	☐	☐	☐

If you selected "other" as one of your top 3 choices, please describe the barrier in the box below.

Comments:
(Optional)

--

Now we want you to think about referring issues to other agencies or individuals.

7. How often, if at all, do you refer issues related to indoor environmental health risks and rental housing to the following agencies or individuals?

	Frequently	Occasionally	Rarely	Never	Unsure
Landlord	☐	☐	☐	☐	☐
Local Public Health Department (e.g., Public Health Inspector; Public Health Nurse)	☐	☐	☐	☐	☐
Local By-law Enforcement Officer (e.g., property standards)	☐	☐	☐	☐	☐
Other Enforcement Agency (e.g., Police, Fire)	☐	☐	☐	☐	☐
Specialty Legal Clinic	☐	☐	☐	☐	☐
Social Services (e.g., Children's Aid; Settlement; Mental Health, etc)	☐	☐	☐	☐	☐
Elected Officials	☐	☐	☐	☐	☐
MMAH Investigation and Enforcement Unit	☐	☐	☐	☐	☐

Please use the space below to list any other agencies/individuals (not listed above) to whom you refer issues related to indoor environmental health risks.

(If none, please leave blank)

--

Comments:
(Optional)

--

8. Please rate the extent to which you agree or disagree with the following statements about your legal clinic's experience working with other agencies to address indoor environmental health issues for tenants.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
We work jointly with other agencies (e.g., public health department, by-law enforcement, social workers) to investigate indoor environmental health issues.	☐	☐	☐	☐	☐	☐
We follow up with other agencies to whom we have made referrals to ensure issues are addressed.	☐	☐	☐	☐	☐	☐
We have sufficient time and resources to follow-up with other agencies about indoor environmental health issues to ensure they are addressed.	☐	☐	☐	☐	☐	☐
We are confident that tenants concerns are adequately addressed when we make referrals.	☐	☐	☐	☐	☐	☐
Our confidence in whether tenants' issues will be adequately addressed depends on to whom the referral was made – (i.e., some agencies/individuals are more responsive than others).	☐	☐	☐	☐	☐	☐

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
When we obtain Public Health Department orders, they are always enforced.	☐	☐	☐	☐	☐	☐
Our local Public Health Department does not take action if a landlord tells them that action is already being taken.	☐	☐	☐	☐	☐	☐
When we obtain an order from the Landlord and Tenant Board to address problems (beyond a simple rent abatement), the order is always enforced.	☐	☐	☐	☐	☐	☐
When we make referrals to the local property standards department, necessary action is taken to resolve the problem.	☐	☐	☐	☐	☐	☐

Comments:
(Optional)

Is client representation a part of your job at the legal clinic?

- ☐ Yes
- ☐ No (If “no”, skip to Question 10)

Now we want you to think about the challenges you face in representing clients experiencing indoor environmental health issues related to their rental housing.

9. Which of the following challenges have you faced in representing tenants experiencing indoor environmental health issues?

(Select all that apply)

- ☐ Finding experts needed for client representation
- ☐ Clients’ ability to pay for expert evidence
- ☐ Getting the Public Health Department involved in addressing issues (e.g., conducting inspections, ordering tests, etc.)

- ☐ Getting the Public Health Department to order a test to use as evidence before the LTB.
- ☐ Getting tenants' doctors to provide testimony at the LTB
- ☐ The LTB does not accept "generic" expert reports and requires case-specific evidence
- ☐ The LTB requires positive evidence (e.g., from a doctor) that tenants are suffering health problems
- ☐ The LTB requires positive evidence that tenants are not responsible for the health problem(s) raised in an application
- ☐ Lack of follow up by the LTB to ensure orders to the landlords are enforced
- ☐ Confounding factors (e.g., mental health; landlord-tenant relationships; hoarding)
- ☐ Conflicts between the rights of smokers and non-smokers
- ☐ Other, please specify... _____

Comments:

(Optional)

Please rate the extent to which you agree or disagree with the following statements:

10. We are contacted for assistance repeatedly about repair and maintenance issues at the same properties.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree
- ☐ Don't know

11. When we resolve problems for our clients via rent rebates or lease termination, the repair/maintenance issues in the rental unit are also resolved.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree
- ☐ Don't Know

12. It is common for a complaint from a tenant regarding repair/maintenance issues to lead to an eviction notice for that tenant.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree
- ☐ Don't Know

Now we want you to think about safe and healthy housing from the standpoint of law reform and equity.

13. Does your clinic use census or similar data to map the location of low income populations in your clinic catchment area?

- ☐ Yes
- ☐ No
- ☐ Unsure

14. Does your clinic have in-house policies for addressing indoor environmental health risks faced by your client community?

- ☐ Yes
- ☐ No
- ☐ Unsure

15. Is your clinic engaged in local/provincial policy reform to address safe and healthy housing?

- ☐ Yes
- ☐ No
- ☐ Unsure

16. Is your clinic engaged in local/provincial policy reform to address affordable housing?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please rate the extent to which you agree or disagree with the following statements:

17. Effective implementation of local bylaws (e.g., property standards by-law) is essential to resolve tenants' indoor environmental health issues.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

18. Effective local implementation of the Health Protection and Promotion Act is essential to resolving indoor environmental health complaints.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

19. The Residential Tenancies Act should create a positive duty on landlords to ensure that housing cannot undermine tenants' health.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Comments:

(Optional)

20. What is your job title?

(Select all that apply)

- ☐ Executive Director
- ☐ Counsel
- ☐ Community Legal Worker
- ☐ Paralegal
- ☐ Articling Student
- ☐ Duty Counsel
- ☐ Other, please specify... _____

21. Please provide your contact information.

Contact information may be used to reach respondents for additional details/clarification where necessary.

Name:

Email:

Phone:

Appendix B – Does your clinic deal with housing-related health risks faced by low-income tenants? (Comments)

After being asked whether or not their clinic deals with housing-related house risks, an optional comment box was provided for respondents. Thirty-one (n=31) respondents provided comments which are listed below.

#	Response
1.	<i>We generally advise rather than represent on these issues.</i>
2.	<i>Summary advice.</i>
3.	<i>Summary advice and referrals, we have huge concerns about the \$25,000 monetary jurisdiction of the LTB when advising clients.</i>
4.	<i>Pests = 85% bedbugs, no lead, no pesticides, often black mould, 10% pests = mice, heat leaks in winter re not enough insulation, damaged windows/doors.</i>
5.	<i>We assist tenants with T2/T6 applications that the Landlord and Tenant Board by providing advice and coaching. We generally do not provide representation owing to a shortage of resources. We will provide representation in cases in which the maintenance problems are very severe and the tenant has such significant barriers that they cannot navigate the system without our representation. We will also help clients to advocate for low VOC paint or other health based accommodations on human rights grounds. We refer to the HRLSC for representation at the OHRT if necessary.</i>
6.	<i>Not by individuals but law reform or precedent setting litigation.</i>
7.	<i>Our biggest health related risk with tenants is pests (with bedbugs at #1) and mould.</i>
8.	<i>We are a satellite branch office of [a Legal Clinic]...</i>
9.	<i>We generally are only able to give clients advice about repair issues. We refer them to the Health Unit and give them forms and advice about LTB applications.</i>
10.	<i>Mostly mould and pests.</i>
11.	<i>Mould and pests (especially cockroaches and bed bugs) are the most common complaints.</i>
12.	<i>Usually part of a tenant's complaint about the rental unit condition.</i>
13.	<i>We provide advice and help with demand letters but we do not have the capacity to represent people at an LTB hearing.</i>
14.	<i>We deal with these issues as lack of repair or maintenance issues in the context of T6 applications, however, we primarily only assist clients to prepare the T6 applications because we do not have the resources to represent lack of repair cases.</i>
15.	<i>Depends if it becomes part of a tenant's repairs application for example.</i>
16.	<i>Primarily at the policy level.</i>
17.	<i>We do not deal with traditional housing issues, but we do work with tenants who have Multiple Chemical and Environmental sensitivities and issues that arise in their housing.</i>
18.	<i>We deal with those issues as part of the landlord's duty to repair and maintain the premises.</i>

19.	<i>This is a frequent problem and we don't get any good decision from LTB so are addressing it by going through by-law officers obtaining inspections and trying to get towns to effect the repairs and charge it to the LL property taxes.</i>
20.	<i>We deal with these risks in the context of tenants' T6 applications.</i>
21.	<i>In most cases, summary advice only for tenant applications.</i>
22.	<i>We have a protocol with the...Legal Clinic whereby we do tenants' maintenance applications.</i>
23.	<i>In general those types of issues are referred to the legal clinic at the University law school.</i>
24.	<i>2 paralegals and 1 social worker work under the Eviction Prevention Program and assist clients with the above concerns.</i>
25.	<i>Through the St. Mikes health justice program.</i>
26.	<i>We give summary advice and will review T2 and T6 applications for self-representation</i>
27.	<i>As the initial contact person/intake worker for most clients - on the phone/in person - I get many complaints from clients about these types of problems and the difficulty they have getting their Landlords to do anything about these problems - even AFTER calling...Public Health, MMHA Investigations/Enforcement Unit, etc.</i>
28.	<i>We do not have the resources to provide much in the way of representation in these matters. We are working on this in the hopes to be able to do more.</i>
29.	<i>Mould, pests.</i>
30.	<i>Although we more often do referrals to the nearby University...Legal Clinic for these tenant issues.</i>
31.	<i>Only in the context of Tenant applications.</i>