



# RentSafe Roundtable Summary Report

RentSafe Roundtable, Wednesday, November 23rd, 2016  
David Braley Health Sciences Centre, Hamilton, Ontario



## Acknowledgements

The RentSafe Project Team gratefully acknowledges the financial support of the Ontario Trillium Foundation for the RentSafe initiative, and the McMaster Institute for Healthier Environments, in particular Dr. Jim Dunn and Lindsay Godard, for providing the venue and logistical support for the Roundtable.

This report was prepared by Randi Wang, Erica Phipps, Carlos Sanchez Pimienta, Rachel Hayton, Sarah Sharma and other members of the RentSafe Project Team.

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### Canadian Partnership for Children's Health and Environment (CPCHE) - Partner Organizations



### CPCHE Affiliate Organizations



## 1. Introduction

RentSafe is an intersectoral initiative, led by the Canadian Partnership for Children's Health and Environment (CPCHE), 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, community health and other stakeholder organizations as well as tenants and housing providers, the RentSafe initiative seeks to build awareness and capacity in the health, legal and social services sectors so that tenants, when faced with lead, mould, pests, pesticides, radon and other indoor health threats, are better able to get the support they need to achieve healthier living conditions for themselves and their families. This 3-year initiative, launched in December 2014, is funded by the Ontario Trillium Foundation and further supported by in-kind contributions from multiple project partners. The full project description can be found at:

<http://www.healthyenvironmentforkids.ca/collections/rentsafe>

The **Rentsafe Roundtable**, held in Hamilton, Ontario on November 23, 2016, was convened by CPCHE and the RentSafe Project Team as an opportunity to:

- 1) present the findings of RentSafe research on tenants' experiences of unhealthy housing conditions and the capacity across Ontario's public health, legal aid clinic and social services sectors to adequately respond,
- 2) facilitate discussion about specific recommendations for action to improve the situation, and
- 3) foster relationship-building among people with different views and promote collaboration toward shared goals.

The Roundtable agenda can be found in [Annex 1](#). The [RentSafe Roundtable Discussion Paper](#) and the [PowerPoint presentations](#) used by the speakers and panelists during the Roundtable are available on the RentSafe project page at:

[www.healthyenvironmentforkids.ca/collections/rentsafe](http://www.healthyenvironmentforkids.ca/collections/rentsafe).

A public forum featuring keynote speaker Dr. Megan Sandel, a researcher and practicing pediatrician, was hosted by the McMaster Institute for Healthier Environments during the evening of November 22nd as a kick-off to the RentSafe Roundtable. Dr. Megan Sandel is the Associate Director of the GROW clinic at Boston Medical Center, and a Principal Investigator with the Children's Health Watch. She spoke about "home as a vaccine", making the point that healthy homes are a catalyzing agent for societal well-being. Dr. Sandel also provided examples

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of intersectoral collaboration that can ameliorate housing conditions and support vulnerable individuals, such as information sharing between lawyers and physicians.

The full-day RentSafe Roundtable event on November 23rd brought together over 70 participants from public health units, legal aid clinics, social services, municipal inspection, clinical health care, academia and advocacy organizations, as well as housing providers and tenants; the full list of participants is provided in [Annex 2](#).



Participants gathered at the RentSafe Roundtable.

## 2. Roundtable Opening

Elder Yvonne Maracle provided opening comments and a prayer to start the day, including recognition of the traditional Haudenosaunee (Iroquois) territory on which the event was being held. Katrina Miller, facilitator of the event, outlined the objectives of the Roundtable meeting, and introduced the “Learn More, Do More” board, hung at the back of the room, where participants added notes of personal response and inspiration from the presentations throughout the day.

Erica Phipps, Executive Director of CPCHE and coordinator of the RentSafe initiative, provided an overview of RentSafe. RentSafe seeks to build a multi-sectoral understanding of the current situation, gaps and opportunities for improvement

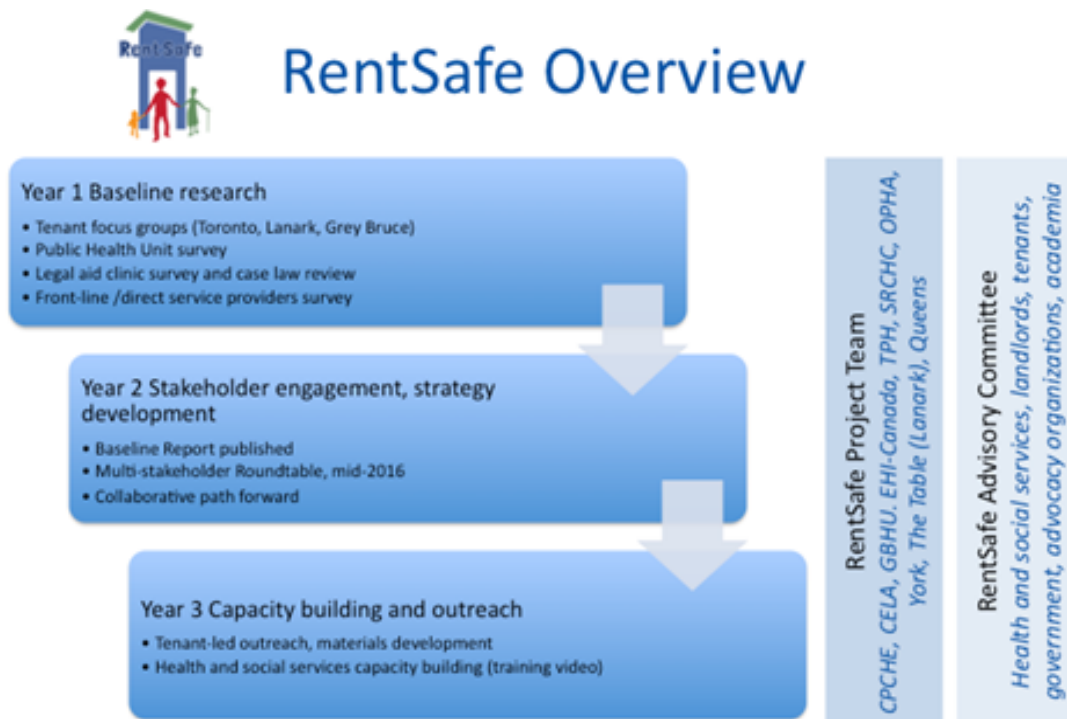


Elder Yvonne Maracle.



related to environmental health conditions in low-income rental housing in urban and rural communities, and to foster collaborative action towards healthier housing conditions for all. Erica spoke about the home as a foundation for a healthy living environment, and noted that ensuring healthy housing for all is a necessary step towards achieving health equity. Unhealthy conditions can include mould, lead, pests, pesticides and radon. Substandard housing and resulting toxic exposures are associated with chronic conditions such as asthma, cancer and negative effects on brain development, as well as the toxic effects of chronic stress.

Erica outlined the three phases of the RentSafe initiative as summarized in the figure above. During Phase 1, which has been mostly completed, RentSafe partners conducted baseline



research including focus groups with tenants in urban and rural communities; sectoral surveys of public health professionals, legal aid clinic staff, and various frontline workers (e.g., social workers, housing support workers); research into legal tools available to tenants and options for law reform; an ongoing series of focus groups with landlords; and a forthcoming survey of small-scale housing providers. RentSafe baseline research has allowed for a better understanding of existing experiences and perspectives on unhealthy housing conditions; the degree of intersectoral collaboration and capacity to address indoor environmental issues that currently exists; and opportunities for improvement.

Phase 2 of RentSafe is aimed at sharing the baseline research and engaging across sectors to identify actions needed. The Roundtable meeting and the forthcoming publication of a report

on RentSafe baseline research are the key milestones for Phase 2. Phase 3 will draw upon the information and intersectoral linkages developed during the preceding phases to undertake specific actions to increase awareness, capacity and cross-linkages among relevant service providers and create more supportive conditions for tenants to obtain information and seek corrective action. A training video on housing conditions as a determinant of health, intended for health, legal and social services professionals, and the support of tenant-led peer advocacy work are key features of RentSafe Phase 3.

Erica Phipps encouraged participants to think about the importance of homes, not just housing, as a unifying theme for their Roundtable discussions. She also remarked on the strong interest and commitment expressed by the ever-increasing number of people and organizations that are engaged in the intersectoral RentSafe initiative.

### **3. Panel: Tenant Experiences of Unhealthy Housing in Urban and Rural Ontario**

Dr. Jeff Masuda, Research Chair and Director of the Centre of Environmental Health Equity (CEHE) at Queen's University, introduced and moderated the morning's first panel. The session focused on the lived experiences of people living in low-income rental housing in rural and urban areas of Ontario. Jill McDowell of Toronto Public Health, one of the co-leads of the RentSafe tenant focus groups, provided highlights of the focus group research and introduced the panel presenters: Misty Schonauer, Brandy Rogers, Tanya Butt, Fahmida Islam Lisa, Sherry Weese and Nadine Desjardins.



Tenants sharing their housing experiences.

Key concerns arising from the focus groups included pests, water leaks and mould, broken appliances, security issues, and intimidation from landlords. Differences were found between the rural and urban experience. For instance, discrimination based on race was more predominantly cited in Toronto, whereas ‘blacklisting’-- where tenants can be effectively excluded from future rentals -- was more predominantly found in rural areas. It was also found that tenants seek help from a wide variety of agencies and sectors, yet there is confusion as to who, or what organizational entity, is available for helping tenants with issues. In terms of tenants’ views on what is needed, four themes emerged from the focus groups: better regulation and enforcement, enhanced coordination, a more easily navigated system of assistance, and better information and education in the form of accessible, translated, and easily-understandable resources.

Following Jill’s overview of the RentSafe tenant focus group sessions, Brandy Rogers, Fahmida Islam Lisa and Nadine Desjardins presented, on behalf of the six tenant panelists, some key themes and issue areas. They identified affordability as a key need in housing accommodation. Unhealthy conditions (e.g., mould), general maintenance issues, lack of insulation, gaps in windows and doors, and security concerns were cited as key problems. Tenants also face racism, discrimination, and the emotional toll that accompanies the stress of unhealthy housing and lack of assistance. One panelist explained that there are different forms of racism across communities, outlining intersecting challenges across class strata, particularly in small towns where people often know each other. Furthermore, tenants are afraid of speaking up for fear of being blacklisted by landlords. The panellists suggested that impartial property inspectors are needed, particularly in small towns where personal connections exist between landlords and inspectors. Moreover, language barriers exist between landlords and tenants, which inhibit adequate communication. Substandard conditions are bad for both landlords and tenants. The worse the conditions are allowed to get, the higher will be the cost to landlords for repairs -- a situation that is worsened by improper or shoddy work during repairs.

The panelists emphasized a focus on “creating homes,” citing a need for a change in attitude across landlords and service providers. They acknowledged that landlords could benefit from additional help and support, for example through creating longer-term goals and being educated on available grants and rebates. They spoke to the need for landlords and tenants to work together, improving conditions so house values and livability improve. They also stated that tenants need legal documents written in simple language, to overcome literacy barriers. Proactive housing laws and regulations are required, and a system of proactive inspections—rather than leaving the burden on tenants to request inspections—was suggested. Above all, the tenant panelists emphasized that everyone is trying to make a home for their family, and that they are not able to make a home in a place they do not feel safe.

Following the panel, attendees asked questions of the panel presenters. In response to a question about whether tenants feel comfortable approaching landlords with discussions of race, the panelists replied that there is often denial that race is a discriminatory factor. The panelists also noted other forms of discrimination such as that faced by single-mother-headed households, where having children poses a threat to attaining a lease, potentially on the grounds of “quiet property” rules established by the landlord.

Tenants confirmed that issues arise regardless of accommodation type (small or large, public or private). Issues of standardized third party inspection were taken up, and it was suggested that impartiality is key for these to function properly. Abuse of alcohol and drugs and violence were also touched upon. People surrounded by substance abuse and violence are often stressed in their environment, which underscores the multidimensional approaches needed to tackle health in housing. Final issues addressed were related to the stress of living with pests, mould, expense, addiction, agencies, and mental health challenges.

#### 4. Panel: How Well does the “System” Respond to Concerns about Unhealthy Housing?

During this panel, participants learned about RentSafe research on the role of public health departments, legal aid clinics and social services in ensuring healthy housing. To begin, Kathleen Cooper from the Canadian Environmental Law Association (CELA) presented a summary of findings from the [RentSafe Survey of Legal Aid Clinics](#), as well as an overview of legal rights and remedies and some preliminary



Participants listening to the panel presentations.

recommendations. The results of the RentSafe legal aid clinic survey identified pests, mould, structural issues, noise, inadequate heating, hoarding, and flooding as indoor environmental health issues that legal aid clinic staff frequently hear about from tenant clients. The survey also indicated that there are many challenges faced by clinic workers in representing tenants, including issues with mental health, finding and paying experts, and staff being too busy to follow-up on referrals. Preliminary recommendations from CELA include formulating a broader definition of “health” in the *Health Protection and Promotion Act*, adding provision of healthy

housing to the *Residential Tenancies Act*, and removing landlord's barriers to repair and maintenance being completed without unfairly passing costs on to tenants.

Next, Helen Doyle, senior manager with York Region Public Health and chair of the Ontario Public Health Association's (OPHA) Environmental Health Working Group, presented findings from the [RentSafe Survey of Public Health Units](#). It was found that over half of public health units conduct on-site investigations for sewage, water quality, mould, and hoarding concerns. However, few public health units conduct on-site investigations for structural issues, thermal comfort, radon and pesticides. There are also discrepancies between recognizing the importance of housing conditions as determinants of health and perceiving the urgency to address such issues. Moving forward, Helen noted the growing interest within the public health sector to form partnerships with other agencies on response.

Bob Hart from the Grey Bruce Health Unit presented rural perspectives on housing challenges. He talked about the wide variation in the scope of property standard by-laws and enforcement resources and/or priorities in a rural region, such as Grey Bruce, that is comprised of multiple municipalities. He highlighted the significant uncertainty about who is responsible for what among municipal property inspectors, public health and other agencies. Bob also provided an overview of a pilot project led by GBHU with the Town of the Blue Mountains that investigates the barriers in resolving adverse housing conditions by having public health and municipal inspectors conduct joint investigations. He also spoke about focus groups with small-scale landlords on challenges in providing healthy housing that are being conducted as part of the region's Above Standard Housing initiative.

Caryn Thompson from the South Riverdale Community Health Centre in Toronto presented findings from the RentSafe Survey of Frontline Workers. The survey indicated that most respondents had worked with clients who have experienced unhealthy rental conditions that adversely affected their physical and/or mental health. Although most frontline workers agreed that they can play a crucial role in supporting tenants, few thought that they had adequate resources to support their clients on these issues. To build capacity, the frontline workers identified a need for comprehensive information on healthy housing, online training courses on tenant rights with real-world scenarios and strategies, and plain-language resources for tenants.

In the Q&A session, participants asked about how to prevent the multitude of housing issues from happening in the first place. Responses included the need to work upstream and across sectors. In addition, there are many research gaps that must be filled. Furthermore, it is worthwhile to scope out the many little-known resources out there that can be brought together to support improvement of housing conditions. Finally, it is crucial to find out how



certain terms in housing rights are understood by landlords and tenants, in contrast to their meaning in the law and legislation.

### 5. Informal “At Issue” Panel on the National Housing Strategy public consultations

During an informal panel held at the end of the lunch break, Geordie Dent, Executive Director of the Federation of Metro Tenants Associations, and Beth Schilling of The Table Community Food Centre gave their perspectives on the federal government’s report, released the day prior, on the results of the cross-Canada public consultation on a National Housing Strategy. They discussed the crucial need to invest more money into building all types of subsidized (rent geared to income), supported, and permanently affordable housing. It was also brought up that many organizations have been pushing for the government to recognize the right to housing in domestic law, and the only opportunity to do so is through this proposed National Housing Strategy that is not expected to come out until 2017. Meeting participants were encouraged to write to MPs and MPPs to advocate for legal recognition of a right to housing.

### 6. Panel 3: Where Do We Go from Here?

During the afternoon break-out sessions, participants were divided into small groups to review the draft RentSafe recommendations on 1) Tenant Rights and Justice, 2) Indigenous Housing Needs and Priorities, 3) Housing Provider Needs and Priorities, 4) A More Coordinated “System” of Health, Legal, and Social Services, and 5) Legal Infrastructure and Reform. Participants were encouraged to brainstorm suggestions to improve the recommendations. The full list of draft recommendations may be found in [Annex 3](#).



Roundtable participants discuss draft recommendations during the afternoon break-out session.



1) Tenant Rights and Justice

Participants in the Tenant Rights and Justice group discussed that even though frontline workers are often the first professionals that tenants ask for help in resolving unhealthy housing conditions, it is tenants themselves who need to be supported to act as their own “champions.” Tenants need service providers to work with them, not for them, to advocate for healthy homes and to address indoor environmental health hazards.

The group took the potential actions outlined in the RentSafe Discussion Paper and reframed them to reflect the need to centre tenants in working to improve their lives. The new action statement reads: “Provide resources, support and training for tenants and service providers on how to recognize healthy housing conditions, understanding relevant regulation, tenant rights and responsibilities, where to make referrals, and how to advocate in resolving unhealthy housing conditions”.

In addition, participants shared successful outreach experiences they had engaged in, such as implementing tenant-led door-to-door healthy housing mentoring, participatory action research campaigns, a “tenant school”, and placing door hangers on tenants’ doors announcing the visit of service providers. The group noted that it is essential that all outreach materials should be written in clear language, and whenever possible have a short description of the content of the material in multiple languages so that non-English speakers can understand the information.

2) Indigenous Housing Needs and Priorities

In this session, participants focused on the need for education about Indigenous peoples and the history of colonialization, and how this history is affecting Indigenous communities today. In discussing draft recommendation #1: “raise the visibility of off-reserve housing needs in large urban centres, smaller communities and rural regions”, it was agreed that Indigenous housing needs and off-reserve circumstances remain largely invisible. The circumstances, needs and engagement of Indigenous people must not be an afterthought. Participants agreed that the most important thing, if not the first priority, is to educate service providers about Indigenous people’s histories to develop understanding, compassion, and cultural competency. It was emphasized that the people doing the educating should be Indigenous people, and it was noted that friendship centres can be a valuable first point of contact for identifying those educators.

The group thought that recommendation #2: “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”, could be merged with recommendation #3 which supports robust implementation of the Truth and Reconciliation Commission’s call for training and education of medical professional on Indigenous history,

cultural competency and anti-racism, among others. It was felt that Indigenous cultural competency training should be implemented for all staff members to build peer support and relationships of trust with service providers. The “Indigenization” of service provider professions was also raised as an important goal.

With respect to recommendation #4: “Provide cultural safety education/training for housing providers and health and social services staff”, the group discussed the sense of hierarchy or superiority that can result from the ways in which housing providers and/or health and social services professionals sometimes interact with Indigenous people. Rather than trying to tell Indigenous community members what they should know or do, it is important to demonstrate respect, to listen, and to take the time for relationship-building.

### 3) Housing Provider Needs and Priorities

The participants in this group started by discussing recommendation #4: “Increase efforts to ensure that both tenants and landlords understand their respective rights and responsibilities”. The group agreed that we need better resources to educate landlords and tenants about rights, responsibilities, and how to ameliorate common housing hazards. It is insufficient to simply give landlords advice, but we must also educate them so that they are addressing issues properly. Educating both parties about their respective rights would allow for open communication and accountability.

The group also briefly discussed recommendation #3: “Provide support for housing providers who have tenants with specific needs”. All participants agreed that there is an urgent need to house people living on low-income, especially those with mental illness and addictions. Without economic support and incentives, however, it is difficult for landlords to rent to and maintain adequate housing conditions for marginalized populations. The group felt that it would be beneficial to the landlords to have social support agencies sign leases and pay monthly rent so that rent is always guaranteed and there is someone whom landlords can contact to report housing issues.

Next, the participants discussed recommendation #2: “Pursue targeted measures to ensure that housing providers, in particular small-scale landlords, have access to funding for major remediation needs”. The group concluded that a potential solution to the issue of providing healthy housing to marginalized populations is to provide economic incentives for landlords renting to marginalized populations. The first steps to achieving the overall action include determining what the specific incentives should be, such as tax incentives or development and utility fee supplements. Measurements of success of the recommendation include increased permanent housing stock, perceived advantage to rent to populations of low-income, and incentive to renovate older buildings.

4) A More Coordinated “System” of Health, Legal and Social Services

This group discussed two recommendations: “At the local/regional level, relevant agencies should establish clear mutual understanding of each other’s roles, capacities and limitations, in order to facilitate intersectoral approaches” and “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”. Participants agreed that there should be more clarity regarding what “relevant” agency means, and it was suggested that the settlement sector (services for newcomers) and primary care services be added to the list of agencies. It was noted that meetings among agencies are happening in some jurisdictions but more work is needed to encourage relevant agencies to join tables in order to keep housing in the conversation. Furthermore, organizations of community partners can collaborate with frontline social service workers to facilitate community engagement. An interagency team was considered a pre-requisite, with a suggestion to look at what already exists locally (e.g. poverty reduction task force, hoarding coalition, municipalities’ strategic plans, goals, etc.) and incorporate healthy housing into the mandate.

Moreover, the group discussed that there needs to be more collaboration and collective ownership between different health, legal, and social services. For example, larger health units should work with community partners to form linkages to various agencies. The Ministry of Health and Long Term Care needs to establish expectations for public health standards in order to point people in the right direction.

The group discussed the need to focus on outcomes when measuring success, e.g. number of agencies involved in resolving tenant concerns, frequency of referrals, satisfied tenants, mutual understanding of relevant agencies role in resolving environmental health issues in rental housing, etc. It was suggested that a “push survey” could be designed to get feedback from tenants on their satisfaction with getting their issue resolved.

Finally, the group made the recommendation to build professional competency among all service providers, especially frontline staff, to assist people in accessing support and resolving housing concerns. This goal could be accomplished through online tools and creating new courses to be used by different organizations. There can also be standardized online courses that all frontline staff could take to build capacity in resolving housing concerns.

5) Legal Infrastructure and Reform

Participants in this session discussed the draft RentSafe recommendations on legal barriers and opportunities for legal reform. They spoke about the deplorable and often overcrowded conditions in which some people live, citing poverty as the biggest barrier to achieving safe and healthy housing. Compared to the health care “system” or the education “system” there isn’t a

housing “system” to reform. Legal rights related to housing are a dispersed patchwork. We need ways for people to access justice without having to litigate or if they do, to advocate law reform so that better outcomes are possible. Therein, strategic law reform targets should be chosen. Legal rights should be a backstop to efforts that achieve progress without resorting to litigation. Where have to rely on legal remedies is an indication that other aspects of “system” have failed.

The group discussed recommendation #7: “Identify law reform measures for the RTA to allow for quick termination of a tenancy should they face serious interference with their health”. Such quick termination is important in areas with high rental rates and where some, especially newcomers may not understand their rights as tenants. People do not realize what they sign up for, and should be able to terminate quickly for health reasons such as mould or bed bugs. However, financial vulnerability is a concern. The ability to terminate quickly is not helpful among individuals with limited ability to start over in a new unit having to pay first and last month's rent, or with nowhere to go when vacancy rates are so low. A key missing element is lack of inspections or orders for repairs, much less enforcement.

In discussing recommendation #3 about reviewing existing legislation and identifying gaps, the group discussed a range of problems with the Landlord and Tenant Board including the experience of an anti-tenant bias in how the law is interpreted. Repair and maintenance orders are very limited: tenants get into trouble when they are self-represented, and multiple barriers exist to getting to the Board. For example, poverty alone is a barrier to access when the tribunal meets 30 km away, and “hoops” to jump through can be complex to those on the “inside” of the system much less for tenants. The perceived threat of eviction can be a huge risk and a record of poor decisions at the Board leads to a conclusion that there is a low pay-off in seeking the Board’s help. The group came up with a suggestion to ask for a RentSafe session at the Board’s annual training program to be held June 8<sup>th</sup> – 9<sup>th</sup>, 2017 via the Board’s Tenant Issues or Practice Advisory Committee.

The group discussed the DineSafe program as a model where the public understands and expects that government has a role to play in protecting consumers. There is useful framing in that the state is seen to have a role in ensuring people are safe. A comparable approach for tenants would help them avoid having to obtain enforcement from a biased tribunal, which would “un-privatise” enforcement. We do not expect diners to sue for bad food, but rather have decided there is a public obligation to ensure food is safe. Participants saw value in periodic inspections of all rental units instead of having a complaint-driven system. Time did not permit a full discussion of landlord licensing. Questions posed included what kind of resources would be needed, how many inspectors would be needed, would there be the use of random audits, and how would it impact municipalities. Finally, the group noted that the time and

resources spent on restaurant inspections (via DineSafe or otherwise) flows directly from the statute since the HPPA has a strong focus on preventing foodborne illness.

### 7. Priorities for Action

The RentSafe Roundtable concluded with a “5 for 25” activity. This exercise allowed a collective ranking of important actions for achieving healthy housing for all. Each participant received a cue card on which they wrote an idea for action. Through five iterative rounds, each participant exchanged their cue cards with others, and ranked the idea they received from 1 to 5 according to the idea’s importance. After the ranking was finished, participants read out loud the recommendation on the cards in decreasing order of importance. The list of recommendations can be found in [Annex 4](#).

The results of the group exercise and the break-out sessions, as well as the diverse views and ideas expressed throughout the day, will serve as input into the further development of the RentSafe report and recommendations to be released in 2017, and to propel continuing efforts to work together across sectors on these issues.



Participants line up to read out their recommended priority actions during the “5 for 25” activity.

## Annex 1: Roundtable Agenda



### RentSafe Roundtable on Healthy Housing in Ontario

**November 23, 2016**

David Braley Health Sciences Centre  
100 Main Street West (corner of Main and Bay Streets)  
**Hamilton, Ontario**

#### AGENDA

#### Roundtable objectives:

The RentSafe Roundtable, a province-wide meeting convened by the RentSafe Project Team led by the Canadian Partnership for Children's Health and Environment (CPCHE), is intended to:

- **Present the findings of RentSafe research** on tenants' experiences of unhealthy housing conditions and the capacity across Ontario's public health, legal aid clinic and social services sectors to adequately respond
- **Facilitate discussion about specific recommendations for action** to improve the situation
- **Foster relationship-building** among people with different views and **promote collaboration toward shared goals**

#### Roundtable agenda:

- 8:30 am**      **Registration** (coffee and tea available)
- 9:00 am**      **Opening ceremony** – *Yvonne Maracle, Cultural Worker, Homeward Bound Team, De dwa da dehs nye>s Aboriginal Health Centre*
- Overview of Roundtable objectives and agenda** – *Katrina Miller, Roundtable facilitator*
- Overview of RentSafe** – *Erica Phipps, CPCHE*
- 9:30 am**      **Panel: Tenant experiences of unhealthy housing in urban and rural Ontario**  
*Moderator: Jeff Masuda, Centre for Environmental Health Equity*
- Highlights of RentSafe tenant focus group research – *Jill McDowell, Toronto Public Health*
  - Rural, urban and Indigenous tenant perspectives – *Misty Schonauer, Brandy Rogers, Tanya Butt, Fahmida Islam Lisa, Sherry Weese, Nadine Desjardins*
  - Questions and answers; discussion
- 10:30 am**      **Break** (coffee, tea, light refreshments)
- 10:50 pm**      **How well does the "system" respond to concerns about unhealthy housing?**
- Tenants and the law in Ontario – *Kathy Cooper, Canadian Environmental Law Association (CELA)*
  - Understanding Public Health's response to indoor environmental health issues in rental housing – *Helen Doyle, York Region Public Health / Ontario Public Health Association (OPHA)*
  - Partnering between public health and municipal by-law inspection: rural perspectives – *Bob Hart, Grey Bruce Health Unit (GBHU)*
  - Exploring housing provider perspectives – *Bob Hart, GBHU*
  - The role of frontline social service providers – *Caryn Thompson, South Riverdale Community Health Centre (SRCHC)*
  - Questions and answers; discussion
- 12:00 pm**      **Table discussions**



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12:30 pm	<b>Lunch</b>
1:45 pm	<b>Informal “At Issue” panel on the National Housing Strategy and the just-released results of public consultations</b>
2:00 pm	<b>Where do we go from here?</b> <ul style="list-style-type: none"><li>▪ Overview of draft RentSafe recommendations for action on healthy housing for all – <i>Erica Phipps</i></li><li>▪ Break-out sessions: Participants form small groups to further develop recommendations on:<ol style="list-style-type: none"><li>1) Tenant rights and justice</li><li>2) Indigenous housing needs and priorities</li><li>3) Housing provider needs and priorities</li><li>4) A more coordinated “system” of health, legal and social services?</li><li>5) Legal barriers and ideas for reform</li></ol></li><li>▪ Reconvene in plenary to share highlights of group discussions</li></ul>
3:25 pm	<b>Priorities for action</b>
3:45 pm	<b>Reflections and next steps</b>
4:00 pm	<b>Close</b>

**\*\* Please avoid wearing fragrance or scented products to the Roundtable.\*\***

*We aim to create a safe and healthy meeting environment, however we cannot guarantee that the venue will be fragrance-free.*



RentSafe is an initiative of the  
**Canadian Partnership for Children’s Health and Environment**  
with the **Environmental Health Institute of Canada**  
serving as the lead CPCHE partner organization  
and with active involvement of many collaborating organizations and sectors  
Funding for RentSafe is provided by the **Ontario Trillium Foundation**



*The RentSafe Project Team gratefully acknowledges the McMaster Institute for Healthier Environments, in particular Dr. Jim Dunn (RentSafe Advisory Committee member) and Lindsay Godard, for providing the venue and logistical support for the Roundtable and for hosting the evening forum. We also wish to thank our funder, the Ontario Trillium Foundation.*

### For more information:

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## Annex 2: List of Participants

First Name	Last Name	Sector	Organization/Affiliation
Alana	Aird	Legal aid	Canadian Environmental Law
Lisa	Alfieri Sladen	Government   Other	The Regional Municipality of York
John	Anderson	Tenant	ACORN
Michael	Blazer	Legal aid	Community Legal Education Ontario (CLEO)
Alaka	Brahma	Housing support services	
Pat	Burke	Municipal inspection   Government	City of Toronto Municipal Licensing and Standards Investigation Service
Amy	Buitenhuis	Municipal inspection   Government	City of Toronto Municipal Licensing and Standards Investigation Service
John	Burnett	Public health	Niagara Region Public Health
Tanya	Butt	Tenant	Owen Sound
Elizabeth	Choi	Government	Ministry of Health and Long-Term Care
Kathleen	Cooper	Environmental health   Legal aid	Canadian Environmental Law Association
Eric	Crighton	Environmental health   Academia	University of Ottawa
Monica	Decock	Legal aid	Landlord's Self Help Centre
Geordie	Dent	Non-governmental organization	Federation of Metro Tenants' Associations

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First Name	Last Name	Sector	Organization/Affiliation
Nadine	Desjardins	Tenant	M'Wikwedong NCRC, Owen Sound
Helen	Doyle	Public health   Environmental health	York Region Public Health
Brenda	Doyle	Municipal inspection	Town of the Blue Mountains
Joanna	Duarte Laudon	Municipal inspection   Government	City of Toronto Municipal Licencing & Standards.
Philip	Dufresne	Tenant	The Dream Team
Jim	Dunn	Academia	McMaster University
Bruce	Gilkinson	Housing provider	Gilkinson Financial
Ritika	Goel	Clinical health	Ontario College of Family Physicians Poverty and Health Committee
Sara	Gray	Social work / social services   Housing support services	Parkdale Activity-Recreation Centre
Renee	Griffin	Housing support services	Centre for Equality Rights in Accommodation
Zainab	Habib	Housing provider   Government	Housing York (York Region)
Carl	Haley	Housing provider   Social work / social services	Aboriginal Health Center Homeward Bound team
Rob	Hall	Public health   Environmental health	City of Hamilton Public Health Services,
Dawnmarie	Harriott	Tenant   Social work / social services	Working for Change
Burgess	Hawkins	Public health	Sudbury & District Health Unit

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First Name	Last Name	Sector	Organization/Affiliation
Rachel	Hayton	Academia	Queen's University
Tracy	Heffernan	Other	Parkdale Community Legal Services
Peter	Jekel	Public health	Niagara Region Public Health
Eleanor	Johnson	Housing support services	
Wendy	Johnson	Social work / social services   Housing support services	Homeward Bound De dwa da dehs nye> Aboriginal Health Centre
Michael	Joseph	Social work / social services   Housing support services	
Lubna	Khalid	Social work / social services   Non-governmental organization	Working for Change
Cheryl	Khoury	Government	Health Canada
Nishi	Kumar	Public health   Non-governmental organization	Wellesley Institute
Matt	Lawson	Public health   Environmental health	Hamilton Public Health Services
Fahmida	Lisa	Tenant	Thorncliffe Neighbourhood Office
Dania	Majid	Legal aid	Advocacy Centre for Tenants Ontario
Yvonne	Maracle	Housing support services	Homeward Bound De dwa da dehs nye> Aboriginal Health Centre
Lynn	Marshall	Clinical health   Environmental health	Environmental Health Institute of Canada
Jeff	Masuda	Academia	Queen's University Centre for

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First Name	Last Name	Sector	Organization/Affiliation
			Environmental Health Equity
Dan	McCabe	Legal aid	Clinic Resource Office, Legal Aid Ontario
Jill	McDowell	Public health	Toronto Public Health
Amanda	McManaman	Public health	Grey Bruce Health Unit
Jonathan	Morier	Environmental health   Government	The Atmospheric Fund
David	Pavletic	Public health   Environmental health	Middlesex-London Health Unit
Erica	Phipps	Environmental health	Canadian Partnership for Children's Health and Environment (CPCHE) / Queen's University - CEHE
Sally	Radisic	Public health   Environmental health	Hamilton Public Health Services
Vanessa	Robicheau	Environmental health   Government	MOHLTC - Environmental Health Unit
Brandy	Rogers	Tenant   Advocate	The Table Community Food Centre
Carlos E.	Sanchez Pimienta	Academia	Centre for Environmental Health Equity, Queen's University
Megan	Sandel	Academia   Clinical Health	Boston Medical Center/Boston University
Beth	Schilling	Advocate	The Table Community Food Centre

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First Name	Last Name	Sector	Organization/Affiliation
Misty	Schonauer	Tenant	Owen Sound
Sarah	Sharma	Academia	Queen's University
Lyne	Soramaki	Public health	Thunder Bay District Health Unit
Caryn	Thompson	Environmental health	South Riverdale Community Health Centre
David	Tucci	Public health	Toronto Public Health
Jill	Umbach	Non-governmental organization	Bruce Grey Poverty Task Force
Franca	Ursitti	Public health	Region of Peel - Public Health
Vittoria	Vecchiarelli	Public health	York Region Public Health
Randi	Wang	Academia	Queen's University
Sherry	Weese	Tenant	Toronto
Olanna	White	Public health	Toronto Public Health
Marina	Whelan	Environmental health   Government	Simcoe-Muskoka District Health Unit
Michael	Wood	Tenant	ACORN Canada
Tabitha	Wood	Tenant	



### Annex 3: Draft RentSafe Recommendations

The following draft recommendations were presented in the [RentSafe Roundtable Discussion Paper](#) and served as the starting point for discussion during the afternoon break-out sessions.

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".
  - 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

### 4. Towards a more coordinated intersectoral “system”

- At the local/regional level, relevant agencies should establish clear mutual understanding of each other’s 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 4: Results of Roundtable Exercise on Priorities for Action

The following are the results of a group exercise conducted at the end of the RentSafe Roundtable. Participants each proposed one priority for action towards healthy housing for all. The ideas were then ranked in terms of importance by others in the group. The actions with “25” were the most highly rated.

Ranking	Priority for Action
25	Safe, affordable housing is a human right and should be a priority for everyone.
25	Appreciation that housing and health are issues that must be dealt with collaboratively and consistently across all sectors
25	A true federal commitment to more safe, affordable healthy housing across Canada
25	Get buy in/support from province and municipalities
25	Those involved need to be educated in plain language (ex an obligations, rights, responsibilities) and understand the processes
25	Adequate legal framework and funding to build or renovate safe housing
25	Right to housing enshrined in law and implemented and adequately funded national housing strategy
24	Revolution! The Right to housing
24	Poverty reduction, healthy housing needs investments too
24	Healthy housing for all will happen when we all want it, expect it and live it
23	Build enough healthy, affordable units to meet the need
23	Governments at all levels need to give money to the issue
23	Massive public investment in affordable housing, like we have with health and education
23	Codify a right to housing

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23	A system that is cross-sectional, collaborative, and harmonized
23	Larger building supply so prices for rental go down
23	As a society, we must commit to increasing the housing stock, and treating everyone with dignity and respect.
23	Communication between landlord and tenants and education!
22	Government taking action to ensure legislation allows tenants/residents to choose safe, healthy and affordable housing.
22	Permanent federal funding
22	Rights based approach to housing
22	We need more funding!
21	Clearly defined roles and responsibilities and resources to account for it
21	Everyone has a livable basic wage to secure better housing
21	Political will and fiscal commitment, i.e. Building homes, smart fiscal planning and long term thinking (societal wits) vs. short time political maneuvering
21	Unity – removing silos at government level (MHO-MOHTC), remove tenant vs. landlord, prov-municipal strategy on homelessness, federal-prov strategy
21	More money for education and enforcement
21	Respect and understanding, education
21	Awareness for all has to be enhanced, i.e. similar to the recent Bell Campaign on mental health
21	Easy to understand pathways to remediate indoor health hazards
21	For everyone (including those in power) to want the same thing
20	Clarification on roles and responsibilities on which agencies are responsible and accountable for resolving unhealthy housing

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20	There needs to be collective ownership of the issue and a commitment and willingness for all parties to work together
20	Mutual respect and integrity across tenants, landlords and service providers
20	Housing provider and landlords need to engage respectfully and cooperatively
20	Understanding of the needs and challenges – root causes of unhealthy housing
20	Senior-level buy-in from government that healthy housing is a priority
19	Law amendments
19	Bridge the gap with unity
19	Multi-tier government investment of money to build healthy units
18	More information within community
17.5	Communicate openly and respect others
17	People power!
17	Support small scale landlords in renting to low-income populations
17	Better coordination of all the players (stakeholders) who can help
17	We need more money for housing
16	Establish the right to healthy housing, with health defined broadly
16	Awareness and legal changes so it's the law
16	Housing needs to be a legal right – but not just housing, safe affordable (RGI), furnished and adequate housing
9	What needs to happen to achieve healthy housing for all is a nationalization of Canadian currency through Canadian banks. Remove international central banks.
5	It is way too complicated to answer in one sentence