

HOUSING POLICY IMPACT – ACTION RESEARCH PROJECT

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FOCUS GROUP AND INTERVIEWS

FINAL REPORT

2014

This research was completed on behalf of BC ACORN (ACORN Institute Canada – BC) on a voluntary basis by members of the Policy Advocacy and Research Committee of the Public Health Association of BC. Authors: Ted Bruce – Facilitator and Past President Public Health Association of BC; Robin Bruce – Research Assistant.

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A. Background to Project

ACORN Institute Canada (AIC) is a charitable organization that uses research and training to address the problems of low-income communities. In 2013 the organization approached the Public Health Association of BC to assist it in a project aimed at increasing the knowledge of the social determinants of health related to substandard housing in an effort to have an impact on housing policy in BC. The Public Health Association of BC is a non-profit society interested in improving the health of all British Columbians. It does this through education, advocacy and research. To support its project, ACORN submitted a grant request to the Vancouver Foundation for a project entitled *Housing Policy Impact – Action Research Project*. The project received funding from the Vancouver Foundation.

The project has three goals:

1. Explore how substandard conditions in low moderate income rental buildings affect the health and well being of communities.
2. Create and sustain dialogue that fosters systemic change in the relationship between renters and policy makers by breaking down the barriers between the two.
3. Use research as a policy impact tool on housing policy in order to improve housing conditions and consequently improve the health and well being in communities.

The project entailed ACORN Canada using community organizers to engage tenants in rental buildings in working groups that would meet monthly to develop skills in advocacy and work towards improvement in housing policy. The groups were formed in three BC communities – Surrey, Burnaby and New Westminister. PHABC's role was to conduct a small participatory action research project to identify health impacts of housing maintenance issues experienced by tenants participating in the working groups. The research project involved two main approaches:

- Focus groups with the tenant working groups in each of the three communities;
- Phone interviews with participants in the working groups.

A third component of the research - on-site building inspections - was to be considered.

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B. Housing as a Determinant of Health

Housing is a key determinant of health. When people think of housing as a determinant they often think of the need for basic shelter and the dire consequences of homelessness. But housing as a health determinant is much more complex. The very quality of one's housing can have huge health impacts. The lack of adequate housing or poor quality housing is directly linked to infectious and chronic disease injuries and child development impacts.

It is beyond the scope of this report to summarize the literature on health and housing. Numerous reports have summarized the key impacts that housing has on health. Several summaries are highlighted below.

The Robert Wood Johnson Foundation has summarized a great deal of literature in its briefing note entitled *Housing and Health Issues*.¹ In it they highlight the following findings – these are excerpts from their briefing document. The specific research references are documented in the Brief.

- Substandard housing conditions such as water leaks poor ventilation, dirty carpets and pest infestations can lead to an increase in mold, mites and other allergens associated with poor health.
- Indoor allergens and damp housing conditions play an important role in the development and exacerbation of respiratory conditions including asthma. Approximately 40% of diagnosed asthma among children is believed to be attributable to residential exposures.
- Exposure to very high or very low indoor temperatures can be detrimental to health. Cold indoor conditions have been associated with poorer health, including an increased risk of cardiovascular disease. Extreme low and high temperatures have been associated with increased mortality especially among vulnerable populations such as the elderly.
- Housing can be a source of exposure to various carcinogenic air pollutants. Residential exposure to environmental tobacco smoke, pollutants from heating and cooking with gas, volatile organic compounds and asbestos have been linked with respiratory illness and some types of cancer.
- Each year, injuries occurring at home result in an estimated 4 million emergency department visits and 70,000 hospital admissions. Contributing factors include structural features in homes including steep staircases and balconies, lack of safety devices such as window guards and smoke detectors and substandard heating.

Another assessment of the impact of housing on health is in the Report of Canada's Chief Health Officer from 2008². In that report he pointed out the following.

¹ Robert Wood Johnson Foundation. (2011). *Housing and Health Issue Brief #7*. Retrieved from http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70451.

² Chief Public Health Officer of Canada. (2008). *Report on The State of Public Health in Canada*. Retrieved from <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2008/fr-rc/index-eng.php>.

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Inadequate housing may produce direct effects in extreme climates. Respiratory disease/poor lung function and allergies related to moulds from cold, damp or poorly ventilated houses may develop. Other health conditions can arise related to exposure to specific toxic substances like lead and asbestos from substandard plumbing and insulation, environmental tobacco smoke and residential radon from contaminated soil.

A summary of housing as a social determinant of health in the report *Social Determinants of Health: The Canadian Facts* also highlights a number of relevant studies.³

- Overcrowding allows for the transmission of respiratory and other illnesses.
- The presence of lead and mold, poor heating and draft, inadequate ventilation, vermin and overcrowding are all determinants of adverse health outcomes.
- Housing provides a platform for self expression and identity.
- High housing costs reduce the resources available to support other social determinants of health.
- Living in poor housing creates stress and unhealthy means of coping such as substance abuse.
- Children who live in low quality housing conditions have a greater likelihood of poor health outcomes in both childhood and as adults. Dampness, for example, causes respiratory illness and makes pre-existing health conditions worse.

The significance of housing maintenance on health has meant that some jurisdictions have very clear requirements for landlords. One of the more robust regulatory approaches is in the United Kingdom. As part of its program to support inspections of housing units, the Department of Health created a *Health Risks and Health Inequalities in Housing: an Assessment Toolkit*⁴. The tool is intended to assist health and housing practitioners to make a “rapid assessment of the health risks of residential environments at the scale of the neighbourhood, housing stock or administrative area.” The tool is evidence based and highlights some of the major health implications of various housing factors. The research shows that many of these factors have greater prevalence among low income families. The research also shows that the health impacts disproportionately affect children and seniors. A summary of the literature supporting the tool highlights the following.

- Home accidents including falls relate to unsafe physical conditions such as poor stairs.
- Anxiety and depression relate to neighbourhood conditions such as traffic, noise, anti-social behaviour in neighbourhood, overcrowding, worries over ability to pay rent, lack of green space.
- Anxiety and depression created by uncertainty and powerlessness and disruptive home improvements.
- Circulatory illnesses due to inadequate insulation or heating problems as well as long term noise exposures.

³ Mikkonen, J., & Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy and Management. Retrieved from <http://www.thecanadianfacts.org/>

⁴ UK Department of Health. (2005). *Health Risks and Health Inequalities in Housing: an Assessment Toolkit*. Retrieved from <http://www.housinglin.org.uk/Topics/browse/Housing/HousingStrategy/?&msg=0&parent=3656&child=1638>.

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- Respiratory illnesses due to damp homes, poor ventilation and condensation that create mold growth and dust mites.

All of these reports provide very convincing evidence that housing and the quality of the housing maintenance have a significant impact on various aspects of the health of residents. This appears to be especially impactful for vulnerable groups such as children and the elderly.

This report examines the perceptions of residents in low income rental housing about the health impacts of their housing environment. To do this a series of focus groups and individual interviews were conducted. The results of these follow. The self reports from participants confirms many of the impacts reported above.

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C. Focus Groups Findings and Conclusions

Overview of Focus Group Process

Three focus groups were held in conjunction with ACORN housing working group meetings at which both ACORN members and prospective members attended. As such, participants in the focus groups were not specifically recruited for focus group participation. The research took advantage of the planned meeting. While the majority of those attending the meeting would be low income renters, this was not entirely the case as some participants were home owners or coop members. The main agenda item for these meetings was the focus group discussion but at the beginning of the meeting some other business was conducted.

Once the initial business of the meeting was completed, the focus group was introduced by either the local chapter chair or one of ACORN staff members as a component of ACORN's project on housing maintenance. Following this brief introduction, the focus group facilitator provided an overview of the purpose of the project, the objectives of the three focus groups being held and the focus group process. A standard outline for the introduction was followed and included the following points:

- An introduction of the facilitator and recorder (a separate recorder was not available for the first focus group)
- A brief overview of the relevance of housing to health
- A description of the ACORN project as an advocacy effort in relation to improving maintenance bylaws or provincial legislation
- An overview of the Public Health Association of BC and its goals in partnering with ACORN in completing the research for this project emphasizing that the Association provides an independent and credible health voice to the project
- A reference to the Vancouver Foundation as a funder and that PHABC was doing the work on a voluntary basis
- A reference to the Board of ACORN as the community advisory group to the research being conducted
- A description and overview of the purpose of informed consent, the role of the ACORN Board and the forms to be used to gain informed consent.

Following the introduction by the facilitator, the informed consent forms were distributed to all those who wished to remain for the focus groups. It was again emphasized that participation was voluntary and all were welcome to stay but it was requested that only those wishing to participate should complete the form and participate in the discussion. It was also noted after the first focus group, that the Board of ACORN in its advisory role had asked for some photos to be taken to be used in the final report but that this would not be done as the members of the first focus group did not want to have photos taken.

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Make-up of the Focus Groups

The focus groups were designed to identify themes related to rental housing maintenance issues in the participants' community. Those participating were invited to comment on their personal rental experiences or comment using their knowledge of rental situations in their community (i.e., the community in which the focus group was being held). Because the focus groups were opportunistic in the sense that participants were those attending a regular meeting of ACORN and were not recruited specifically for the focus group, important characteristics and limitations should be noted.

- Because of their attendance at the meeting, participants would have had a particular concern about issues that were addressed by ACORN including disability rights and housing issues.
- Participants were not necessarily ACORN members but may have attended the meeting to learn more about ACORN and its advocacy activities.
- Participants were not representative of the demographics of the community.
- The vast majority of participants introduced themselves as renters although a small minority identified themselves as an owner or a coop member but based their comments on relevant experiences or that of friends.
- Participants could be described as being in low income circumstances because of the recruitment process employed by ACORN but no screening was done for this characteristic. The recruitment process entailed door to door contact in rental buildings that would be rented by people on low incomes.

Three focus groups were held in three different communities - Burnaby, New Westminster and Surrey - during January and February 2014. The number of participants completing an informed consent form is shown below.

| Community | Number of Participants |
|-----------------|------------------------|
| Burnaby | 11 |
| Surrey | 11 |
| New Westminster | 9 |
| Total | 31 |

Focus Group Questions

A standard set of questions was used for the focus groups. Each question was posed in sequence by the facilitator although as would be expected respondents often addressed many of the questions during a particular comment. The following lists the questions posed to the participants during the course of the focus group.

1. What are the types of maintenance issues that renters face in your community?

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2. What types of maintenance issues are of a significant nature for a renter as opposed to a nuisance?
3. How do serious or significant maintenance issues affect tenants physically, mentally, financially?
4. What type of maintenance issues do you think are primarily the responsibility of the landlord as opposed to the tenant?
5. Do landlords respond to maintenance issues in a helpful and timely way?
6. What do you think is needed to support renters to have better maintenance standards in their buildings?
7. Are there other comments or concerns about the quality of rental suites in your community or the responsiveness of landlords to maintenance issues?

Maintenance Issues

The first 2 questions posed to focus groups members were designed to identify maintenance issues in rental properties. Question 1 responses identified a variety of concerns but the second question that focused on “serious issues” allowed participants to elaborate in some depth. The respondents identified an enormous range of issues from “there is no maintenance” to a common complaint about black mold in their apartments. The following lists the main issues that were identified:

Infestations:

Bed bug, cockroach and rodent infestations were identified numerous times in all focus groups. It was common across focus groups to hear of mice or rat infestations with no or limited help to provide extermination support. Cockroach infestation was also identified. The issue of infestations was discussed quite extensively especially in relation to bed bugs as this seemed to be a very common occurrence. Participants emphasized the seriousness of bed bug infestations because they often resulted in having to discard furniture and belongings; and replacing items was seen to represent a significant hardship for people on low incomes. One comment was:

Bed bugs are especially hard on seniors who get so upset and have to throw things out. I know one senior who sleeps on the floor now.

In general, infestations were not considered a trivial or nuisance issue but a significant health issue. This is explored in more depth later in the report.

Mold:

Mold was a commonly cited problem. Some respondents described quite extensive problems with “black” mold in their apartments and an inability to have this addressed by the landlord. Wet wallboards were identified as an issue leading to mold problems in several cases. In one case this was caused by changes to the building shell that was being repaired with little concern for the impact on the inside of the apartment. In other cases leaking pipes were identified as the cause in some cases from the suite above.

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Structural and Utility Issues:

A number of issues concerning the actual structure of the building were raised. Surprisingly some respondents have been unsuccessfully dealing with their landlords in an attempt to get some obvious and serious structural issues rectified. A list of the main issues identified is shown below.

- Leaking roofs including holes in ceiling through to the building roof
- Bad sidewalks leading to the building (difficult for those in wheelchairs)
- No or little heat produced by heating system
- Balcony railings rotted and not safe or balconies themselves showing signs of rot
- No railings on stairways
- Unlit hallways
- No marked fire exits and no fire extinguishers
- Disintegrating plumbing in bathroom due to age

Plumbing and Electrical:

Numerous concerns were raised about plumbing not working adequately. While in some cases this was in relation to plugged toilets that were not attended to by the landlord, the more serious matter of unattended leaking waterlines was also repeated on several occasions. In this latter regard, it was noted by more than one participant that this contributed to a mold problem in their apartment or in the building where carpets had been damaged by flooding and not replaced.

Electrical issues were generally noted as a serious concern and included issues such as exposed wiring and repeatedly blown fuses due to demand exceeding the capacity of the electrical system in the building. One respondent was unable to get an improperly wired thermostat fixed.

Cleanliness of the Building

Numerous examples of poor cleaning standards were cited with some of these considered by respondents to be quite serious. This was especially true in relation to carpets as a number of participants noted that carpets were often extremely dirty and had not been replaced for many years. A number of respondents noted that wet carpets were not replaced and developed mold.

Other cleanliness issues include urine smells (in elevators and stairwells) and garbage smells (garbage disposed without bagging).

One respondent stated that the gardens and surroundings were kept in better condition than the building.

Nuisance Issues versus Serious Issues

Respondents tended to focus on more serious issues but they were able to articulate the difference between maintenance issues that were more of a nuisance from those that likely were serious because

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of their health or safety implications. The table below lists some of the comparisons respondents made to demonstrate the difference between a nuisance issue and a serious issue.

| Nuisance Issues | Serious Issues |
|---|--|
| Draft from under door – correct with towel by door | Rotted or poorly fitted door allowing drafts No heat in unit Non functional thermostat |
| Unlevel sidewalks for scooters (people with a disability) | Broken and decayed sidewalks |
| | Infestations |
| Occasional loud parties by neighbours | Repeated vandalism, police called regularly for noise and fighting |
| Security within the suite | Building security compromised by for example no locks on apartment door |
| Dripping tap | Deteriorated plumbing lines due to age |
| Cleaning; damage caused by tenant | Damage caused by factors outside control of tenant |
| | Broken playground equipment |
| Minor noise from equipment and building services | Loud and constant noises associated with building equipment (elevators, fans) |
| | No sprinkler system |

Health Impacts

There is considerable literature on the health impacts of poor housing. The focus groups provided an opportunity to gain a better understanding of the impacts as perceived by residents experiencing significant maintenance issues. In some cases, participants cited health impacts that they had read about or learned about rather than their own experiences. The issues reported here attempt to capture the richness of the personal experiences of participants.

Psychological Impact of Infestations

The prompt questions on the seriousness of maintenance issues referred to bedbugs as an example of issues that might be more in the nature of a “nuisance issue” rather than a serious issue. These elicited strong statements from many participants that bed bugs and other infestations had serious health impacts either on them or people they knew. Some participants noted potential health risks such as mice feces in their food, but there was considerable emphasis placed on the psychological impact of a an infestation because of its impact on the quality of life at home. For some there was anxiety and fear caused by the presence of bedbugs and for others a concern with what it might do to their health.

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Several noted that they could not sleep and this caused them to be sick more often with colds and other related ailments. One respondent noted a fear that if they raised a concern they would be evicted because the landlord would say there was a health issue.

Breathing Issues Associated with Mold

Molds were frequently cited as a maintenance issue and the health impacts of these were clarified by participants by relating what they saw as direct physical ailments associated with the presence of mold. As would be expected given the relationships between molds and respiratory illness, several respondents attributed an exacerbation of asthma and other breathing problems to mold in their suites. There were other health problems attributed to molds specifically headaches and nose bleeds. In one instance a respondent attributed a bout of pneumonia to carpets that were never replaced after water damage.

Stress and Depression Related to “Bullying”

Many participants reported that there was often “persistent” denial by landlords about the maintenance issues raised by tenants. The problem of landlord “bullying” was raised several times and confirmed by others in the discussions. Bullying appears in the context of attempting to have maintenance issues resolved. Many respondents stated that landlords blame maintenance issues on the tenant and in some instances the tenant is labelled a “trouble maker” and one participant noted that this occurred once the landlord said he had rectified the issue although nothing had been done. Some participants said they worried that they would be threatened with eviction if they persisted in complaining. One participant stated that “the landlord treated me like a crazed person”. Concern was expressed for children who witness bullying by landlords. Some of the terminology respondents used to describe this issue is noted below.

Anxiety – if you complain you might get kicked out

Nervous - you may not have a place if you complain

Blame – constant stress at being singled out as the problem

Invalidation – constant invalidation; landlord says “oh that just normal”; feel like you are never heard

Depression – a feeling of humiliation

In spite of these feelings many participants said that they had to persevere in their complaints over a long period because as one stated:

“I hate myself but don’t like to see other people in the same situation”.

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Indirect Health Impacts Related to Costs of Maintenance

It was pointed out numerous times that maintenance issues have a direct financial impact on residents that in itself can create stress. Various costs were identified especially in relation to infestations including cleaning of bedding and furniture, replacement of furniture, traps and temporary accommodation during repairs. In addition, several participants noted that some people may experience a loss of work income due to health issues such as asthma attacks that are exacerbated by poor building maintenance. It was noted that for a low income person these costs create stress but also affect funds available for food so that in turn affects ones health as meals may be missed or poorer quality food may be purchased. Many participants were stressed because they perceived that their damage deposits would be forfeited if repairs were made by the landlord and several respondents had been billed for repairs. It was further noted that because many tenants with low incomes worked casual or have no health benefits leave from work created loss of income and even further stress.

Other Apparent Health Issues

In response to the question of health impacts of maintenance issues in their suites, participants also identified a number of health issues that were caused or exacerbated by the lengthy exposure to the problem:

- Broken elevator requiring use of stairs aggravated arthritis
- The maintenance problems and disarray in repairs triggered an obsessive compulsive disorder
- Sprained ankle due to broken sidewalk
- Depression and anxiety caused further withdrawal and inability to discuss issues about the suite

Responsiveness of Landlords

It was anticipated that the focus groups would express concerns over landlord responsiveness as participants to some degree self selected to attend the ACORN meeting because of maintenance issues. The discussion, however, provided some insight into the issues associated with dealing with landlords over these types of issues. Not all comments were of a negative nature and some participants stressed that the building manager may be trying hard to resolve issues but is not supported by the building owner. Some of the comments that provide insight into this issue are noted below:

- Building managers may treat people inequitably attending to some complaints or even parts of the building but not others. In discussing this issue, participants were uncertain of the reason for this stating it may be related to how long the tenant has lived in the apartment and the personal relationship a resident may have with the building manager. One participant noted that in a multi-building complex, there was much better upkeep because the building manager resided in the complex.
- The repairs provided may not be done by someone qualified.
- The tenant may be unnecessarily inconvenienced like having furniture all moved out or “dragging out the repairs” for an excessive period of time.

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It was common during the focus groups to hear stories of very serious issues that took a long time to come to resolution and with a great deal of persistence and sometimes costs to tenants. Even more common were stories of poor basic standards and updating of building and suites. The comments of one participant captured this problem with basic maintenance:

I have been in the suite for 14 years. The suite has never been painted and the carpet is 24 years old. And my rent keeps going up.

Who Should Be Accountable

One area explored in the focus groups was the accountability for addressing maintenance issues. This was seen as important to provide some further clarity around the nature and to some extent the severity of the issues identified. Many of the comments of participants were general in nature emphasizing that the responsibility of the landlord was set out either in the rental agreement or provincial legislation. Many respondents stated that they were not sure but assumed there must be a municipal or provincial requirement for landlords. Concern was often expressed that people did not know what the requirements were for landlords and owners and more information should be provided to tenants. The table below summarizes the specific comments made by participants in regard to this question.

| Renter Accountability | Landlord/Owner Accountability |
|----------------------------------|---|
| Keeping things clean | Building structure, building envelope |
| Damage caused by the tenant | Normal wear and tear replacements |
| | Special replacements that would not be usual for a tenant (e.g., fuses) |
| Ensuring proper garbage disposal | Pest control |
| | Mold issues |

There was some discussion of the accountability for mold and it was noted that if there is mold behind the walls it is not the responsibility of the tenant as it must be caused by cracks in the wall or from an external source.

Policy Solutions

It was felt that participants would have ideas about how landlords or government authorities should approach maintenance issues. Many of the suggestions reflect the participants' views that landlords need to be held more accountable but several broader issues that participants felt contributed to the overall rental property quality were discussed. These include the following:

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Absentee Landlords

Several participants stated that this was a problem in their building in that the owner was overseas and was not aware or interested in addressing the problems in the building. In the discussion, there were comments that absentee landlords were holding properties for their re-development potential and thus had little interest in undertaking repairs.

Development of More Social Housing

All three focus groups raised the challenge tenants have in taking control of their living situation by moving to a new apartment building. Participants repeatedly noted that if a tenant wants to move there is either no place to go that they can afford or the new apartment will likely be “just as bad”. Others noted that in the long run encouraging people to move does not solve the problem as the next tenant just inherits the situation. A concern was raised about the age of buildings and the need to actively begin to replace the aging stock of social housing with newer buildings. One participant suggested there should be more housing coops developed and supported.

Mandatory Suite Inspections

It was noted that there are fire inspections by the fire department but a variety of suggestions were put forward to increase inspections including:

- making them mandatory
- having a set cycle for inspections
- using photo reporting as part of inspections and
- Surprise (unannounced, random) inspections.

Tenant Advocacy and Education.

Participants appreciated the work of ACORN and felt that even greater support by knowledgeable advocates would be useful. Several respondents emphasized their own lack of knowledge about tenant rights and their lack of “know how” on navigating the system in order to have concerns addressed by a third party. It was suggested by one participant that tenants could be signing tenant-landlord agreements that might not be consistent with the law concerning their rights. It was suggested that tenants should get organized, tenants groups should be created and neighbours should be encouraged to help each other as is the case with strata councils in owner occupied buildings.

Residential Tenancy Office

Several participants had multiple contacts with the Residential Tenancy Branch of the Provincial government and stated they did not feel supported and that there did not appear to be an active interest by the office to address their concerns. One respondent said that they tried to get help from the City and the “health department” but was told “there is nothing we can do”. One suggestion was for an improved resolution process and a report on buildings with multiple complaints from tenants perhaps

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through a public website. Another suggestion was to extend this reporting to a rating system so people would have an idea of the quality of a building before renting.

In order to improve the process for adjudicating disputes, one participant suggested creating a “tribunal” model that would have a landlord representative, a tenant representative and an independent representative.

Enforce Building Standards and Increase Penalties

The discussion on the difficulties with the tenant-landlord resolution process also highlighted a general feeling among a number of participants that there were no or insufficient standards and certainly inadequate sanctions for landlords who failed to address serious maintenance issues. Some participants were surprised at what they perceived was an apparent lack of legislated maintenance standards and thought there should be a provincial standard in place. In addition to proposing that penalties should be increased, participants made a variety of other suggestions related to enforcement of orders to undertake repairs including:

- Add fines to the landlord’s property taxes if not paid
- Use fines to pay for the inspectors salaries
- For people on welfare the government should collect the fine
- Time limits for completing repairs and paying fines should be enforced
- Freeze the ability of a landlord to take new tenants until repairs are made
- If a landlord fails to act, someone else should be able have the repairs done and bill the landlord
- Tenants should be able to withhold rent if landlord does not make repairs
- Use the media to expose landlords who are not compliant

Change Attitudes

In addition to feeling blamed as individual tenants by landlords, participants felt that the attitudes of government leaders are not helpful. The participants made comments such as:

“The Mayor thinks it’s all the fault of tenants”

“They (government) think everyone is wealthy”

Ways to change attitudes were not specifically addressed but many participants expressed concern that there was little understanding of the extent of issues faced by tenants on the part of elected officials

Summary and Conclusion

It is apparent that focus group participants perceive a significant power differential between landlords and tenants in the favour of the landlord. This power differential appears to have serious psychological consequences related to stress and anxiety, but also to feelings of inadequacy and even shame in some cases. This arises in part because there is a lack of accountability for landlords and owners that could re-

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balance the power relationship but also due to the fact that those in low income have little option to move.

Throughout the focus group discussions a variety of health issues were identified that could be caused or exacerbated by maintenance issues. What was revealing was that the pathway to these health problems was not always direct. Obviously exposure to molds has a potentially direct impact on a tenant's health but the impact of bullying or financial hardship had flow through implications on the health and well being of tenants.

It was notable that all focus groups identified an "upstream" solution to the problem of widespread serious apartment maintenance issues – increase the stock of social and affordable housing.

Clearly, from the participants' perspective the current regulation of tenant-landlord relations is inadequate. A more effective Residential Tenancy Branch including a government inspection process and a dispute resolution process had considerable support. Finally, the focus groups saw a need to better educate tenants about their rights and to develop a more supportive environment among politicians for tenant issues.

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D. Interview Findings

Introduction to Interview Process

Subsequent to the focus groups, a series of individual telephone interviews were conducted. Volunteers were solicited from focus group participants. A total of 13 people volunteered to be interviewed. The interviews were conducted by telephone in April and May 2014.

The purpose of the interview was two-fold:

- To explore in additional depth the health implications of maintenance issues in particular circumstances
- Provide an opportunity for focus group members to elaborate on issues they might not have sufficiently clarified in the focus group setting.

The interview questions are included in the Appendices to the report.

Profile of Respondents

There were 13 individuals who volunteered to be interviewed. Ten interviews were conducted. Attempts to reach the others who volunteered were not successful. There was considerable diversity in the respondent group although the majority were in rental apartments as shown in the table below.

| | 1 Bedroom | 2 Bedroom | 3 Bedroom |
|------------------------------|-----------|-----------|-----------|
| Rental Apartment | 4 | 1 | |
| Rental Townhouse | | 1 | 1 |
| Coop Townhouse | | | 1 |
| Owned House ⁵ | | 1 | |
| Owned Apartment ⁶ | | 1 | |

Respondents were also asked about the amount of their monthly rent. The table below summarizes the range of rents for those respondents who were renters.

| \$300-\$600 | \$600-\$800 | \$800-\$1000 | \$1000-\$1200 |
|-------------|-------------|--------------|---------------|
| 4 | 1 | 2 | 1 |

Information was also collected on the makeup of the family in each unit. Three of the units were single adult occupancy, five included one child and three of the units each housed 3 adults.

⁵ This respondent was renting and residing with a relative who owned the residence. The respondent wanted to discuss their previous living arrangement in a rental apartment.

⁶ This owner respondent wished to discuss issues related to responsiveness of a strata council. This individual did not identify any significant in-suite maintenance issues or health problems.

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There was considerable variation in the caretaker/property manager or landlord arrangements. In some instances there was an on-site caretaker while in others the building manager was offsite. The time when the person responsible for the maintenance was available varied from always available to a 5pm cut-off. No attempt was made correlate the caretaker arrangements with any of the reported health issues.

Results from Interviews

The purpose of the interviews was to gain a better understanding of the impact of maintenance issues on the health of the respondents. In one question respondents were asked to describe their maintenance issues and in a subsequent question to describe health issues they felt were related to these maintenance issues. A limited number of categories were created by examining responses and creating themes and thus grouping similar issues. The main maintenance issues identified are shown in the following table with the number of times the item was identified shown in column 2.

| | |
|--|---|
| Leaks, flooding, water encroachment in suite, mold | 7 |
| Pest infestations (rats, mice, bedbugs) | 4 |
| Damp, dirty or dusty carpets | 4 |
| Lack of hot water or heating issues | 3 |
| Poor wiring | 1 |
| Outside suite – Poor upkeep | 4 |
| Outside suite – Safety issues | 4 |

It should be noted that most respondents commented that the poor response from landlords to any complaints was a stressor in itself in addition to specific maintenance issues. The comments made in this regard were:

- Very long response time to get problems fixed or not ever fixed
- Problems ignored or blamed on tenant
- Favoritism in response to complaints (some residents receive service because they are friends with the landlord or those responsible for maintenance)
- Threats of eviction or fear of being evicted if complaints are raised.

The specific health complaints identified by respondents are shown below with the number of times the complaint was identified shown in the second column. Again, these have been grouped according to themes that emerged from the responses.

| | |
|---|---|
| Asthma and other respiratory problems (pneumonia, colds, bronchitis, sinus infection) associated with molds or carpets | 5 |
| Depression, anxiety and stress associated with pests or overall living conditions (sometimes exacerbation of pre-existing health issue) | 7 |
| Chronic frustration and anger due to living conditions and lack of | 1 |

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| | |
|--|---|
| response to maintenance issues | |
| Exacerbation of mental health issue (e.g., obsessive compulsive disorder, anxiety condition due to safety and general living conditions) | 4 |

Themes Identified in the Interview Results

A review of the responses was conducted to look for some common themes. The following are a number of conclusions that emerge from the interviews.

1. Respondents often report that they believe there is a causal link between specific maintenance issues and a health impact.
2. The same maintenance issues (e.g., mold, pests, plumbing and carpets) are found in multiple settings.
3. There is a psychological aspect attributable to poor maintenance situations – for example, aggravating existing mental health issues or creating stress and depression.
4. There is often frustration and anger resulting from the response from the management. It is common to report management ignoring or denying maintenance issues; or respondents are told to fix it themselves. Respondents would like to be treated with respect and have property management attend to their issues in a reasonable amount of time.
5. Maintenance issues resulted unnecessarily in some physical symptoms such as headaches, colds and respiratory problems.
6. Maintenance issues create a situation where respondents focus on day-day problems thereby affecting their general quality of life. This has been described as not feeling that their residence is their “home”.
7. For some, there is inequity in the responsiveness of landlords as it is reported that “who” you know makes a difference in getting resolution to a problem.
8. Some of these issues occur even within government subsidized units and where the respondent may have qualified for assistance because of a disability or mental health issue.

Conclusion

The responses to the interviews showed a fairly high level of similarity in the types of problems experienced by respondents. The types of health issues they identify in response to specific maintenance issues are consistent with the literature on health and housing. Respondents were willing to share their experiences but clearly are hoping that someone can intervene to support them resolve their issues as they have been frustrated in gaining resolution through existing mechanisms.

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APPENDIX – Interview Questionnaire

Demographic Information

1. Type of Housing
 - a. Social Housing
 - b. Rental Housing
 - c. Coop
 - d. Other

2. How many people live in the suite, including children?

Nature of Building

3. How much do you pay in rent each month?

4. Is there a property manager on site?

5. Is the property manager available 24 hours per day

The Suite

6. How would you describe your suite
 - a. Bachelor apartment
 - b. One bedroom
 - c. Two bedroom\Three bedroom
 - d. Other (specify)

Maintenance Issues

7. What types of maintenance issues do you experience within your suite and for each who is responsible for them?

8. What type of maintenance issues exist elsewhere in the buildings and on the grounds?

9. How do the maintenance issues you have identified affect the health of people living in your suite?

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| Issue | Responsible to correct issue | In suite and/or Building on Grounds | Health Impact |
|-------|------------------------------|-------------------------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. Have you complained about any of these maintenance issues?

11. What was the result of your complaint and what would you like to have seen done differently in response to your complaints about maintenance issues?