



Health and Housing in West-Central Ottawa: **The Facts on Rooming Houses**



Every One Matters. Chaque personne compte.

NOVEMBER 2016

Somerset West Community Health Centre (SWCHC) and Centretown Community Health Centre (CCHC) wish to thank Myra Emery, Kate Fleming, Ashley Prince, Ida Zanon, and Brianna Strumm (instructor) of the Carleton University School of Social Work for the research they conducted on rooming houses in West-Central Ottawa in 2016 (at the request of SWCHC). This report is based on their findings.

CONTENTS

3	Executive Summary	10	Research Findings
4	Introduction	10	Interview Findings
5	<i>Rooming Houses in Ottawa</i>	10	<i>Maintenance and Physical Structure</i>
6	Literature Review	10	<i>Management</i>
6	Findings	11	<i>Traumatic Life Experiences</i>
6	<i>Why rooming houses are needed</i>	11	<i>Tenant Relations</i>
6	<i>Issues with rooming houses</i>	12	<i>Alcohol and Drug Use</i>
7	<i>Health profile of rooming house tenants</i>	12	Quantitative Data
8	Best Practices	12	Further Research
8	<i>Physical and location characteristics</i>	13	Discussion
8	<i>Landlord and tenant relations</i>	15	Recommendations
9	<i>Rooming house regulation and sector support</i>	15	City of Ottawa
9	Gaps in Knowledge	15	Landlords
		15	Government of Ontario
		16	Conclusion
		16	References

EXECUTIVE SUMMARY

A rooming house is a building with multiple rooms that are rented out individually, with tenants sharing a bathroom and/or kitchen. Rooming houses are usually owned by private landlords, with standards and regulations determined by municipal governments. Despite requiring an operating license, rooming houses often fail to meet minimum standards for safety, affordability and maintenance, and can represent a potentially harmful environment for tenants who are already vulnerable, marginalized and isolated. This report identifies the main issues that tenants expressed about living in rooming houses in Ottawa, and suggests best practices and recommendations to improve living conditions in rooming houses.

Proper housing is a key determinant of health. The four major issues reported by rooming house tenants were:

1. The physical condition of rooming houses;
2. The lack of private space/sharing with other tenants;
3. Safety, security and sobriety; and
4. Affordability.

Poor conditions in rooming houses do not improve the health and well-being of tenants, and can exacerbate pre-existing issues. Rooming house tenants often report poor financial, health and social support status as the reasons why they have to live in rooming houses. Many tenants have limited access to services to address these health issues. The combination of both mental and physical diagnoses makes leaving a rooming house challenging.

In terms of best practices, research suggests that rooming houses that are in better repair and of higher quality often have healthier tenants. Placing rooming houses in neighbourhoods that have a family

atmosphere and where families have been part of the area for generations provides safety and security for tenants, and tenants value living in an area where they have nearby access to amenities. Fewer tenants sharing accommodations creates better satisfaction. In addition, outreach staff (housing support, mental and social support and outreach nurses) are important resources for rooming house tenants as they can actively promote health and well-being, help stabilize the lives of vulnerable individuals and build a strong community of tenants. Cooperation between owners and the neighbourhood to incorporate rooming houses into the community through property maintenance and communication has yielded positive results in terms of community members' perception of rooming houses. Finally, municipal regulation plays an important role in keeping tenants safe and informed of their rights, as well as ensuring that properties are kept to standard.

Considering our research findings and best practices, we have three main recommendations to improve the health and well-being of rooming house tenants:

- City of Ottawa: Ensure that all rooming houses in Ottawa comply with standards as set out in the Residential Tenancies Act.
 - Landlords: Treat tenants with respect and professionalism and abide by the Residential Tenancy Act, which applies to rooming houses, in order to meet property standards and ensure regular maintenance.
 - Government of Ontario: Provide rent-supplement programs to close the gap between Ontario Works rates and the cost of rental housing as well as grants for the purpose of physical improvement, ensuring access to reasonably spacious and clean rooms, safe and functional shared spaces, and regular maintenance.
-

INTRODUCTION

A team of Carleton University Masters of Social Work students conducted a community-based research project in partnership with Somerset West Community Health Centre (SWCHC) from September 2015 to April 2016. This report is based on their research study, which included a literature review on rooming houses and qualitative interviews with local rooming house tenants.

The large concentration of rooming houses around SWCHC and Centretown Community Health Centre (CCHC) represents over half of all rooming houses in Ottawa.

WHAT IS A ROOMING HOUSE?

A rooming house is a building with multiple rooms that are rented out individually, with tenants sharing a bathroom and/or kitchen. Rooming

houses are usually owned by private landlords, with standards and regulations determined by municipal governments.

NUMBER OF LICENSED ROOMING HOUSE UNITS IN OTTAWA

Total number of rooming house units in Ottawa: **1328**

Number of rooming house units in the SWCHC catchment area: **441**

Number of rooming house units in the CCHC catchment area: **259**



■ SWCHC service area ■ CCHC service area ① SWCHC, Eccles Branch ② SWCHC, Rosemount Branch ③ Centretown Community Health Centre

Many units are in very poor condition. Common issues reported by tenants include broken windows, exposed pipes and electrical, broken floorboards, mould, unsanitary common areas – including bathrooms and kitchens – broken locks, no heating for long periods in the winter, bed bugs and cockroaches.

There are also serious concerns regarding the treatment of tenants by some landlords. Tenants report that they have experienced illegal evictions, harassment, interference with mail and refusal to complete repairs from the landlord. Many are afraid to speak out because they have nowhere else to go and do not wish to become homeless. Tenants living in rooming houses face many challenges such as poverty, physical and mental health concerns, addiction and involvement with the criminal-justice system.

ROOMING HOUSES IN OTTAWA

In Ottawa, a rooming house is defined as a principal residential dwelling that contains at least four units that are available for individual rental. A license is required by the City of Ottawa to run a rooming house and costs \$236-570 depending on the number of units. Licenses are granted based on:

- Compliance with property standards
- Compliance with Ottawa Public Health standards
- Compliance with building and fire codes
- Required insurance

The current research shows that many rooming house tenants are bound by a housing situation that does not consider their well-being, economic situation or safety. Not only are they precariously housed, they are also dealing with challenges with their mental and physical health, addictions and accessibility to services.

Participants often referred to limited financial resources, health and social supports as the reasons for why they have to live in rooming houses.



LITERATURE REVIEW

FINDINGS

WHY ROOMING HOUSES ARE NEEDED

Rooming houses are affordable. Because many people cannot afford most options in the housing market due to the high cost, rooming houses meet the desperate need for low-income housing options in Canada. If rooming houses did not exist, many tenants would face homelessness¹.

ISSUES WITH ROOMING HOUSES

However, despite this need, rooming houses often fail to meet minimum standards for safety, affordability and maintenance, and can represent a potentially harmful environment for tenants who are already vulnerable, marginalized and isolated². Four major issues were identified:

- **Poor physical conditions:** Common experiences include cockroach and bedbug infestations, broken windows, unsanitary common areas (such as bathrooms and kitchens), broken locks, broken floor boards, electrical and plumbing issues and broken heating during cold weather. Some landlords are unwilling to complete repairs and their responses range from absent to hostile when approached by tenants regarding repairs³.
- **Sharing common spaces & lack of privacy:** Sharing common spaces with other tenants and lack of private space are due to the physical composition of the houses; rooms are often very small and situated right beside other tenant rooms. There are no private bathrooms or kitchens, so tenants must negotiate sharing common spaces with people they may or may not know or have positive relationships with. Theft

of food from kitchens and unsanitary conditions were frequently reported⁴.

- **Safety, security and sobriety:** Living in rooming houses involves relationships with other tenants and unequal power between landlords and tenants. Tenants often report trying to keep to themselves to avoid conflict and stay sober. There are often people in rooming houses who are unknown to tenants, and use of alcohol and drugs in the units and shared spaces is common. Common tenant experiences with landlords include harassment, invasion of privacy and lack of respect. Tenants report fear of eviction as a major reason for not speaking out⁵.
- **Affordability:** One of the main reasons cited by tenants for living in rooming houses is its affordability. Most rooming house tenants are on social assistance, receiving \$681/month on Ontario Works⁶. The Alliance to End Homelessness' 2015 Progress Report notes the average market rent for a bachelor apartment at \$801. The ability to afford a one-bedroom or bachelor apartment is thus far out of reach. Although there is no official report of average rooming house rent, we have heard anecdotal reports of rooming house rent ranging from \$400-600/month. As a result, even though rooming houses are fraught with many issues, they nevertheless provide housing to people who have so few options that they may otherwise be homeless. This is reflective of the lack of decent and affordable housing options available to low-income and marginalized populations across Canada⁷.

¹ Mifflin & Wilton, 2005 ² Mifflin & Wilton, 2005 ³ Distasio et al., 2002 ⁴ Mifflin & Wilson, 2005 ⁵ Mifflin & Wilton, 2005; Public Interest, 2015

⁶ As of October 2016, there has been a \$25 increase in Ontario Works. ⁷ Distasio et al., 2002; Public Interest

“

What is concerning is that many people have little or poor access to services that can address these health issues.”

HEALTH PROFILE OF ROOMING HOUSE TENANTS

People who live in rooming houses have significantly lower levels of physical and mental well-being than the general population.

Mortality: Individuals living in rooming houses, shelters or other forms of vulnerable housing have an average lifespan that is 7 to 10 years shorter than the general Canadian population⁸. Men who live in vulnerable housing have a mortality rate that is 2.01 times higher than the general population, while women have a mortality rate that is 1.79 times higher than the general population⁹. These data support the claim that housing is a key social determinant of health.

Physical health: An overwhelming number of physical ailments and conditions have been reported by rooming house tenants. Physical conditions that have been most commonly reported in studies include arthritis and joint problems, hepatitis B and C, asthma, heart problems, walking or mobility issues, epilepsy, stomach and intestinal ulcers, high blood pressure, chronic bronchitis and chronic emphysema¹⁰. Poor housing conditions, such as improper ventilation and sanitation areas may be one of several causes of these physical issues¹¹.

Mental health: Over 50% of those living in rooming houses reported being diagnosed with a mental health condition. These include substance abuse and dependence, depression, generalized anxiety disorder, bipolar disorder, schizophrenia and post-traumatic stress disorder¹².



What is concerning is that many people have little or poor access to services that can address these health issues. The combination of both mental and physical diagnosis makes leaving a rooming house challenging.

Some research suggests rooming houses that are in better repair and of higher quality often have healthier tenants. Residents who report the worst health are often concentrated in rooming houses in the poorest physical conditions¹³.

“

Landlords should treat tenants with respect, professionalism and abide by the Residential Tenancies Act.”

BEST PRACTICES

PHYSICAL AND LOCATION CHARACTERISTICS

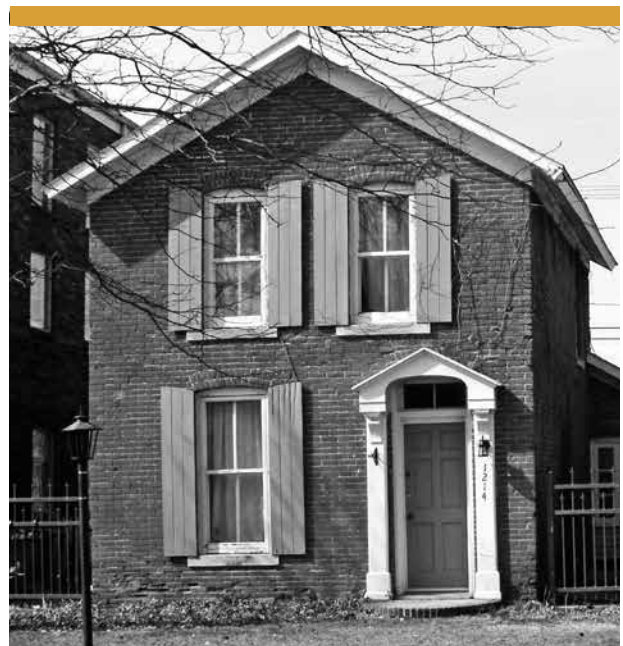
Many things need to be considered to make a rooming house welcoming, safe, accessible and inclusive. First, rooming houses should avoid having an ‘institutional’ feel and should blend in well with other dwellings in the neighbourhood. Rooming houses should also be located near amenities since tenants value living in an area where they had nearby access to different amenities such as food banks, grocery stores and libraries. The ratios of shared spaces to tenants should be kept low to reduce interpersonal issues and tensions relating to private space and problems around sanitation and maintenance. For example, there should be four or fewer tenants sharing one kitchen and bathroom, since fewer tenants sharing accommodations creates better satisfaction and health outcomes. The following amenities should be included in rooming houses: laundry; furniture; internet access; phone line; refrigerator for each tenant; secure bicycle parking; and a common room. With regards to safety, it is imperative to have doors and locks that work, as well as having adequate lighting, peepholes, doorbells and general property maintenance¹⁴.

LANDLORD AND TENANT RELATIONS

Most importantly, landlords should treat tenants with respect, professionalism and abide by the Residential Tenancies Act. To protect the landlord’s and tenant’s rights, landlords should be flexible about the last month’s rent, and use a lease. To help tenants

manage a tight budget, tenants who are on social assistance should have the option to pay their rent by direct deposit (though this practice should not be mandatory for tenants¹⁵).

Should there be any issues, a landlord or property manager should be on site to receive tenant concerns and monitor the property. To support landlords in providing clean, safe and affordable spaces to tenants, government programs should be explored to provide grants to those landlords to make physical improvements to the units, reduce the ratio of tenants to shared spaces, and ensure regular maintenance¹⁶.



¹⁴ ORD, 2008; Distasio et al, 2002; Calhoun Research and Development, 2011

¹⁵ ORD, 2008; Public Interest, 2015; Distasio et al., 2002

¹⁶ ORD, 2008

ROOMING HOUSE REGULATION AND SECTOR SUPPORT

First, better enforcement of licensing requirements in rooming houses would help to ensure adequate management and address safety issues. Many tenants favour “a single unified licensing bylaw and standards that [are] mandatory”, as this would allow for better enforcement of standards; however, improvements to rooming houses need to come from incentives and supports, not just penalties¹⁷. Developing a system for tracking complaints from rooming houses should be explored to determine how complaints are being addressed, monitored and resolved. This would enhance accountability for rooming house licensing and management.

There should be clearly stated rules for rooming house operation. Accordingly, there should also be communication between the municipality and neighbours to ensure that rules are being followed, as well as increased education and information concerning tenants’ rights and the options available to them to have their concerns formally addressed. This should include how to access advocates who can intervene and assist in situations where tenants are vulnerable.

Second, with effective property maintenance and communication, rooming houses can be an integrated part of their neighbourhood. Landlords should be encouraged to participate in educational sessions on best practices in rooming house management (for example, managing crisis situations)¹⁸.

In order to combat the negative association with the term ‘rooming houses’, other descriptors such as ‘shared accommodation’ should be adopted. (ORD, 2008)

Outreach staff are a resource for rooming house

tenants and should be involved in the operation of rooming houses as they can “actively promote the health and well-being of rooming house tenants, help stabilize the lives of vulnerable individuals and build a strong community of tenants”¹⁹.



There should be communication between the municipality and neighbours to ensure that rules are being followed, as well as increased education and information concerning tenants’ rights.”

Third, the Government of Ontario should provide rent-supplement programs to close the gap between Ontario Works rates and the cost of rental housing as well as grants for the purpose of physical improvement, ensuring access to reasonably spacious and clean rooms, safe and functional shared spaces, and regular maintenance²⁰.

A Toronto study found that the average monthly cost of housing a person while they are homeless is \$1,932 for a shelter bed, \$4,333 for provincial jail, or \$10,900 for a hospital bed (Shapcott, 2007). In

Winnipeg, the average cost to house a person at a shelter is \$820/month, compared to the much lower cost of \$435 for social housing or [Employment and Income Assistance] shelter allowance plus rent supplements (Province of Manitoba, 2013). (Lottis et al, 2014)

GAPS IN KNOWLEDGE

We found several limitations in the available literature on rooming houses. First, there were only a small number of studies available that involved direct qualitative interviews with rooming house tenants, all of which had small sample sizes. There is a lack of studies that examine rooming house tenancy in relation to ethnic or cultural populations such as immigrants and First Nations, Inuit and Metis. Finally, there is a lack of research on the relationship between housing conditions and health in the context of rooming houses.

RESEARCH FINDINGS

RESEARCH FINDINGS

Ten participants were interviewed for this research study, all of whom resided in a rooming house in the SWCHC catchment area at the time of the interview. Participants were recruited by SWCHC staff who do outreach in rooming houses or support rooming house tenants. All participants spoke English. While we recognize the value of conducting small, community-based studies in the context of vulnerable populations, we also recognize that the findings from this relatively small sample size cannot be generalized, although they are consistent with existing literature.

MAINTENANCE AND PHYSICAL STRUCTURE

Eight of the ten interviewees spoke about rodent and pest infestations and expressed concerns about bedbugs, cockroaches, red ants, mice and rats. In total, six of the ten participants discussed the poor maintenance within the building itself. Interviewees expressed concerns about the following:

- unsanitary common areas (such as bathrooms and kitchens);
- broken windows and locks;
- mould;
- no hot water; and
- no garbage removal.

“

I can't do this anymore. There is an 11 to 1 bathroom ratio.”



In speaking about the bathroom conditions, one participant noted “no one would want to take a bath there”. Lack of privacy was also an overarching theme of respondents.

MANAGEMENT

Four of the ten respondents discussed not having the necessary repairs made in a timely fashion or at all, landlords not taking tenant complaints seriously, and aggression towards tenants (e.g., bullying, intimidation and harassment). Two out of the ten interviewees mentioned one specific landlord using false advertising tactics whereby posters advertise furnished rooms with free cable and internet. When tenants moved into these units, however, they did not receive the free cable that was promised to them. One participant also talked about being shown a nice furnished room for rent and, when it was time to move in, was given a completely different room in another building, which was of poor quality. Tenants felt that issues could be dealt with more professionally.

TRAUMATIC LIFE EXPERIENCES

“My entire childhood was a nightmare,” one participant stated. “My father and uncles were alcoholics, and my mother was not all there. At twelve, I was an alcoholic. At fourteen, I was a heroin addict. If I didn’t do all those drugs, I might not have got a brain tumour. I might have a normal life.” Another stated, “I lost a seven-year relationship and two children.” Participants discussed the frightening nature of losing their home and facing homelessness. One participant stated, “I was evicted.” Another stated, “I was on the street.”

Insight into traumatic life experiences was gathered when participants were asked what life events led them to live in a rooming house. Eight out of ten participants reported traumatic life experiences such as:

- homelessness and eviction;
- criminal matters;
- physical and mental illness;
- relationship breakdown, family issues and personal crises; and
- addiction.

TENANT RELATIONS

The difficulties that surround living with other rooming house tenants were a central theme in this research. This information was gathered primarily when participants were asked about the challenges of living in a rooming house.

“

As a superintendent who also lives in the rooming house stated “[as a superintendent] I don’t have the experience to deal with these things [referencing drugs, bed bugs and maintenance issues].”

All participants reported tenant drug and alcohol use and related criminal activity as a major concern. Participants reported people using drugs and alcohol in the house, noise associated with intoxication, drug dealing, and unknown visitors leaving them feeling uneasy and unsafe.

Four participants reported keeping to themselves as a result of their neighbours’ drug and alcohol use. One tenant stated, “You need to be careful who you associate with.” Another stated, “I just close my door. People know that means I want to be left alone.” Tenant noise disruption due to mental health issues was also reported by four participants. One participant stated, “My neighbour takes medication and freaks out.”

“... the major factor underlying addiction is adverse childhood experiences that have not healed with time and that are overwhelmingly concealed from awareness by shame, secrecy, and social taboo. The compulsive user appears to be one who, not having other resolutions available, unconsciously seeks relief by using materials with known psychoactive benefit, accepting the known long-term risk of injecting illicit, impure chemicals. (...) Unrecognized adverse childhood experiences are a major, if not the major, determinant of who turns to psychoactive materials and becomes ‘addicted’.”

(Vincent J. Felitti, MD. The Origins of Addiction: Evidence from the Adverse Childhood Experiences Study, 2004)

Finally, eight out of ten participants reported that a lack of tenant cleanliness was a major challenge. Tenants share common spaces such as bathrooms, kitchens and hallways, and stated that these spaces were often unsanitary due to other tenants not cleaning up after themselves. This consistent state of poor cleanliness was regularly reported as a major challenge and stressor.

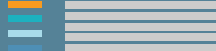
ALCOHOL AND DRUG USE

Insight into alcohol and drug use was gathered primarily when participants were asked how tenants cope with the challenges of living in a rooming house. Half of the participants disclosed using substances such as marijuana and alcohol.

“A hurt is at the centre of all addictive behaviours... It is impossible to understand addiction without asking what relief the addict finds, or hopes to find, in the drug or the addictive behaviour.”

(Gabor Maté, In the Realm of Hungry Ghosts, 2009) Insight into alcohol and drug use was gathered primarily when participants were asked how tenants cope with the challenges of living in a rooming house. Half of the participants disclosed using substances such as marijuana and alcohol.

RESEARCH FINDINGS



Nine out of ten participants are living with both mental and physical health concerns, with most people having multiple physical and mental health issues. The most commonly disclosed physical health conditions included:

- arthritis;
- breathing problems;
- high blood pressure and high cholesterol;
- sleeping problems;
- hearing and vision impairments; and
- heart conditions.

The most commonly reported mental health conditions were:

- anxiety disorder;
- eating disorders;
- mood disorders; and
- substance-abuse problems.

It is important to note that eight out of the ten participants reported substance-abuse problems.

FURTHER RESEARCH

The interviews yielded important information concerning the situation of tenants who live in rooming houses in West-Central Ottawa. That said, as with the literature review, there are gaps in knowledge that could be addressed through further research, including:

- Rooming house tenancy in relation to demographic characteristics such as ethnic or cultural populations such as immigrants and First Nations, Inuit and Metis, gender, ability, and class; and
- the relationship between housing conditions and the health of rooming house tenants.

DISCUSSIONS

The interview findings support previous literature regarding the key challenges facing rooming house tenants and how they are manifested in various ways throughout the themes explored in the research. Issues around maintenance and physical structure, specifically the failure of many rooming houses to meet basic safety standards, such as having proper locks and intact windows and doors, support literature findings in regards to pest infestation (bed bugs, cockroaches, mice, etc.), unsanitary common spaces and unreasonably high person-to-bathroom and person-to-kitchen ratios.

The failure to adequately address maintenance issues in a timely manner is a common problem faced by many rooming house tenants and is consistent with literature findings²¹. This suggests that many landlords are not fulfilling their legal obligations as property owners. Inadequate training and insufficient resources for property managers to deal with issues around maintenance and pest eradication may also be a factor.

Management practices that are abusive and economically exploitative towards tenants were also noted in the literature²². Because many tenants have low income or are on social assistance, they may be more vulnerable to mistreatment from management and are less likely to advocate for maintenance improvements due to fear of eviction²³. Past abuse from childhood caretakers as well as relocation may have served to reduce familial and social support for tenants, creating a greater dependence on alternative supports and inadequate housing.

While not specifically addressed in our research findings, other studies have emphasized the importance that regulation from the municipality plays in keeping tenants safe and informed of their rights, as well as ensuring that properties are kept to standard. It is apparent by the current state of many rooming houses in Ottawa that not enough is being done in this regard. Challenges stemming from small

ALLIANCE TO END HOMELESSNESS REPORT (2015)

39%

of all renter households in Ottawa are spending in excess of 30 per cent of their gross income on rent and utilities.

19%

of all renter households are spending in excess of 50 per cent – leaving inadequate resources to meet other basic needs.

As of December 2015,

10,099

households had their names registered on the waiting list for subsidized housing. These numbers suggest average wait times of nearly five years.

Only 34

new affordable housing units opened in 2015 (the least since 2005).

room size and the communal nature of rooming houses can create tension among tenants, especially when there are issues of poor cleanliness, drug use, criminal activity and mental health²⁴.

Participant choice, or lack of choice, to live in a rooming house because it is more affordable than other rental accommodation is a consistent theme throughout the literature²⁵. The high number of

²¹ Mifflin & Wilton, 2005; Public Interest, 2015; Distasio et al., 2002 ²² Public Interest, 2005 ²³ Public Interest, 2015

²⁴ Mifflin & Wilton, 2005 ²⁵ Public Interest, 2015; Distasio et al., 2002; Mifflin & Wilton, 2005

respondents who indicated that rooming houses provided them with a place to live or kept them from being homeless speaks to the importance rooming houses play in the housing continuum²⁶. However, this also underscores the critical need for affordable, well-maintained and regulated housing, as shortages create desperation and leave some of the most vulnerable members in society susceptible to many forms of exploitation from opportunistic landlords²⁷. It is also worth noting that, while rooming houses are the only affordable option for many, most still pay two-thirds or more of their income towards rent, forcing many to choose between eating and being housed²⁸.

Our findings support existing research regarding rooming house conditions in Canada and their relationship to the health of tenants specifically. Themes that emerged from our research support the finding in the literature review that proper housing is a key determinant of health²⁹.

As stated previously, all but one of the tenants interviewed had self-reported at least one physical and one mental condition. The average number of physical conditions reported by the tenants was 6.5, while the average number of mental conditions was 4.2. As presented in the literature, physical conditions such as arthritis, breathing problems, high blood pressure, high cholesterol and heart conditions were often reported³⁰. Some additional physical conditions in our findings included eating disorders and sleeping problems. These data speak to the unpredictable environment in which tenants live and may be attributed to high levels of anxiety or stress related to their housing situation. Some tenants reported they do not eat because the kitchen is always filthy or because the only place they had to eat was in their bed. These physical conditions easily connect with many of

the mental-health conditions that were commonly reported such as substance abuse, mood disorders, anxiety and eating disorders.

These data highlight a significant problem when considering the lack of care and maintenance of the houses by landlords. Issues of improper ventilation and sanitation and lack of upkeep to ensure buildings are safe are common among rooming houses across Canada³¹. Even though our quantitative data did not report any significant correlation between good physical/mental health and housing, the frequent comments made by participants about their landlord not taking care of mould in their bedrooms, infestations of bedbugs that leave the tenants bitten and scarred and the lack of promptness (if at all) when replacing locks or windows does suggest that housing conditions have a significant toll on the well-being of the tenants. What we can say with some degree of certainty is that the poor conditions do not improve the health and well-being of tenants and actually exacerbate pre-existing issues.

The most useful data that we collected were the

recommendations made by participants about what should be done to improve the conditions of rooming houses. Proper maintenance and cleaning of the houses and respectful and regular communication between the landlords and tenants were some of the most common and key recommendations that came out of our research. These were also suggestions that came out of the literature review.³² Additional recommendations called for ensuring that the outreach staff visits regularly, lowering rental costs especially in light of the maintenance and tenant-relations issues, proper pest and infestation control, and increasing the security of the buildings.

“
**Proper maintenance
 and cleaning of the
 houses and respectful
 and regular
 communication
 between the
 landlords and tenants
 were some of the
 most common and
 key recommendations
 that came out of our
 research.**

²⁶ Distasio et al., 2002; Mifflin & Wilton, 2005 ²⁷ Mifflin & Wilton, 2005 ²⁸ Mifflin & Wilton, 2005 ²⁹ Hwang et al., 2011

³⁰ Hwang et al., 2003; REACH3, 2010; Gadermann et al., 2014 ³¹ Hwang et al., 2003 ³² ORD, 2008; Distasio et al., 2002; Calhoun Research and Development, 2011

RECOMMENDATIONS

CITY OF OTTAWA



Ensure that all rooming houses in Ottawa comply with standards as set out in the Residential Tenancies Act.

Sub-recommendations:

- Change the rooming house bylaw to ensure that there are a maximum of four rooming tenants sharing the same kitchen and bathroom.
- Increase resources for community agencies to provide continued outreach health and social services to tenants who require additional support due to mental health challenges.
- Develop a system to track complaints and how they are being addressed, monitored and resolved.
- Identify and publicize clear standards for operating safe rooming houses to ensure proper regulation.

LANDLORDS

Treat tenants with respect and professionalism and abide by the Residential Tenancy Act, which applies to rooming houses, in order to meet property standards and ensure regular maintenance.

Sub recommendations:

- Provide amenities such as laundry, furniture, internet access, phone line, a fridge for each

tenant, secure bicycle parking and a common room and post important information for tenants about community resources.

- Provide flexibility about the last month's rent, and use a lease in order to protect tenant and landlord rights.
- Give tenants who are on social assistance the option to pay rent by direct deposit.
- Ensure that doors and locks work properly, ensure adequate lighting, peepholes, doorbells and general property maintenance.
- Have a landlord or property manager easily accessible to monitor the property and address maintenance issues.

GOVERNMENT OF ONTARIO



Work to support tenants and landlords by:

- (a) providing rent-supplement programs to close the gap between Ontario Works rates and the cost of rental housing; and
- (b) providing grants for the purpose of physical improvement, ensuring access to reasonably spacious and clean rooms, safe and functional shared spaces, and regular maintenance.

CONCLUSION

This study provides insight into the experience of West-Central Ottawa rooming house tenants and highlights the negative impact that poor housing conditions can place on physical and mental well-being. While rooming houses provide a physical form of shelter, many do not offer the qualities of a nurturing 'home' environment. Instead, many rooming houses are potentially harmful environments for tenants with current practices and conditions that have contributed to high levels of stress and overall life dissatisfaction among tenants. Action is required

now to address these circumstances given the vulnerable nature of many rooming house tenants and the high rates of poor management practices. Recommendations from our participants and from the literature strongly support the need for greater regulation and enforcement to ensure that tenant needs are being met and that basic housing standards are upheld. Additional resources to increase the support from outreach staff would aid tenants with addressing their mental and physical health needs and keep this population connected to important resources.

REFERENCES

- Caloun Research and Development. (2011). Good practices in rooming houses: a research project carried out for the homelessness partnership strategy homelessness knowledge development human resources and skills development Canada. Retrieved from: http://homelesshub.ca/sites/default/files/Good%20Practices%20in%20Rooming%20Houses_Calhoun%20R%26D_mar2011.pdf
- City of Ottawa (2015). Rooming House License. Retrieved from <http://ottawa.ca/en/permits-business-licences-and-applications/rooming-house-license>.
- Distasio, J., Dudley, M., Maunder, M. (2002). Out of the Long Dark Hallway: Voices from Winnipeg's Rooming Houses. Social Services and Humanities Research Council of Canada.
- Felitti ,Vincent J., MD. The Origins of Addiction: Evidence from the Adverse Childhood Experiences Study, Department of Preventive Medicine, Kaiser Permanente Medical Care Program 2004.
- Gadermann, A.M., Hubley, A.M., Russell, L.B., & Palepu, A. (2014). Subjective Health-Related Quality of Life in Homeless and Vulnerably Housed Individuals and Its Relationship with Self-Reported Physical and Mental Health Status. *Social Indicators Research*, 116, 341-352.
- Hwang, S., Gogosis, E., Chambers, C., Dunn, J.R., Hoch, J.S., & Aubry, T. (2011). Health Status, Quality of Life, Residential Stability, Substance Use, and Health Care Utilization among Adults Applying to a Supportive Housing Program. *Journal of Urban Health*, 88(6), 1076-1090.
- Hwang, S., Aubry, T., Palepu, A., Farrell, S., Nisenbaum, R., Hubley, A.M., Klodawsky, F., Gogosis, E., Hay, E., Pidlubny, S., Dowbor, T., & Chambers, C. (2011). The health and housing in transition study: a longitudinal study of the health of homeless and vulnerably housed adults in three Canadian cities. *International Journal of Public Health*, 56, 609-623.
- Hwang, S., Wilkins, R., Tjepkema, M., O'Campo, P.J., & Dunn, J.R. (2009). Mortality among residents of shelters, rooming houses, and hotels in Canada: 11 year follow-up study. *British Medical Journal*, 339(7729), 1068-1070.
- Hwang, S., Martin, R., Tolomiczenko, G., & Hulchanski, D. (2003). The relationship between housing conditions and health status of rooming house residents in Toronto. *Canadian Journal of Public Health*, 94, 436-440.
- Kaufman, A., Distasio, J. (2014). Winnipeg's Vanishing Rooming Houses: Change in the West Broadway and Spence Neighborhoods. Institute of Urban Studies.
- Lottis, J., McCracken, M., & Burton, M. (2014). Rooming Houses to Rooming Homes. Canadian Centre for Policy Alternatives: Manitoba.
- Manderscheid, R. W., Ryff, C.D., Freeman, E.J., McKnight-Eily, L.R., Dhingra, S., & Strine, T.W. (2010). Evolving Definitions of Mental Illness and Wellness. *Preventing Chronic Disease*, 7(1), 1-6.
- Maté, Gabor, *In the Realm of Hungry Ghosts*, Knopf Canada, 2009.
- Mifflin, E., & Wilton, R. (2005). No place like home: Rooming houses in contemporary urban context. *Environment and Planning*, 37, 403-421.
- Public Interest (2015). City of Toronto Rooming House Review: Public Consultation.
- Oriole Research and Design Incorporation. (2008). Shared accommodation in Toronto: successful practices and opportunities for change in the rooming house sector. Retrieved from: <http://homelesshub.ca/sites/default/files/Full%20Version.pdf>
- REACH3 (2010). Housing Vulnerability and Health: Canada's Hidden Emergency. Research Alliance for Canadian Homelessness, Housing and Health: Toronto.
- Somerset West Community Health Centre. (2015). Rooming houses: challenges and concerns. Ottawa, ON. Somerset West Community Health Centre.
- Somerset-West Community Health Centre. (2015). Programs. Retrieved from www.swchc.on.ca/programs.