



Langley Seniors Community Action Table  
c/o Langley Senior Resource Society  
20605 51B Avenue  
Langley, BC V3A 9H1

Date: July 6, 2018

Mr. Spencer Chandra Herbert  
Chair, Rental Housing Task Force  
Government of British Columbia  
Legislative Buildings  
Victoria BC

BY EMAIL

Dear Mr. Chandra Herbert:

**Re: Submission to the Rental Housing Task Force**

Attached please find our submission to the task force.

Thank you for your leadership in undertaking this initiative. We look forward to seeing the results of this consultation and to finding a better balance among tenants, landlords and those who are in desperate need of housing.

Yours truly,

Kathy Reddington, Co-Chair  
Leslie Gaudette, Housing Committee  
Langley Seniors Community Action Table





## **Brief to the Rental Housing Task Force regarding mixing social housing with supportive housing – limitations of the Residential Tenancy Act.**

This brief stems from a community-based Poverty Reduction Strategy consultation which focused on issues faced by seniors living in a rent-g geared-to-income housing complex in Langley in March 2018 – see *attached*. Since March we have continued to examine the issues these seniors face with the aim to understand their concerns in the context of changes in various housing policies. Of particular interest for this brief, is our findings related to the limitations of the Residential Tenancy Act (RTA) given the following changes in policy related to housing persons with mental illness and substance use:

- disabilities now include mental health and substance use disorders, and
- assessment of ability to live independently now includes living independently with *supports*.

Despite little if any increase in the number of social housing units available in the province, Housing First policies aim to house persons who may have significant mental health and/or substance use issues and who are in need of ***supportive housing to live independently*** under the terms of the RTA. In this Langley complex, Housing First clients are housed within a vulnerable seniors' population and, in many cases, ***are not provided with the supports they need to live independently***.

While we applaud the goals of Housing First as a much-needed program to house the homeless, this brief considers this issue from the perspective of the vulnerable seniors with whom these clients may be placed.

### ***First, how does the Residential Tenancy Act apply to Supportive Housing?***

The Residential Tenancy Act covers the responsibilities of landlords and tenants, including tenants housed in both social and supportive housing – all of whom are expected to be capable of living independently. Both the landlord and tenant have responsibilities to provide quiet enjoyment of property and not disturb other occupants. Under this Act, the landlord must follow a lengthy process to evict any disruptive tenants. Here are the responsibilities as documented on a BC Government website: (see <https://www2.gov.bc.ca/gov/content/housing-tenancy/residential-tenancies/during-a-tenancy/quiet-enjoyment>):

#### ***Landlord's Responsibilities***

*A landlord must provide **quiet enjoyment to all tenants**. Upon getting a disturbance complaint from a tenant, the landlord must take steps to fix the problem. For example, a landlord may need to speak to a tenant about noise if it bothers neighbouring tenants. In this type of a situation, the landlord should:*

- Talk to the disruptive tenant(s) about the problem
- Let the tenant who complained know what's being done to address the issue
- Follow up with the disruptive tenant in writing (e.g. a "breach letter") to explain:
  - The details of the problem
  - The reasonable amount of time allotted to resolve the problem
  - What may happen if the tenant doesn't fix the problem (e.g. [serve notice to end the tenancy](#))

### **Tenant's Responsibilities**

Tenants must make sure they, their guests and their pets don't unreasonably disturb other occupants. If there are disturbances like unreasonable noise, excessive second-hand smoke or harassment from a neighbouring tenant of the same landlord, the tenant should speak to the landlord about the issue. If tenants are unreasonably disturbed and the landlord doesn't take action, tenants may apply to the Residential Tenancy Branch for [dispute resolution](#).

Notably the Residential Tenancy Policy Guideline clearly distinguishes between **Emergency Shelters** and **Transitional Housing**, which are not covered under the Residential Tenancy Act, and **Supportive Housing** which is. Supportive housing is defined as "long-term or permanent living accommodation for individuals who need support services to live independently." Further, "landlords and tenants cannot avoid or contract out of the Act or regulations" so that "policies put in place by supportive housing providers must be consistent with the Act and regulations". This means that the rules of the RTA apply to both the landlord and tenants concerning evictions or other consequences of poor behaviour. While there is a need to respect the human rights of all tenants, there are concomitant responsibilities for all tenants to not interfere with the right of other tenants to quiet enjoyment of property.

### **How does Housing First relate to Supportive Housing? And how and why does it impact seniors?**

Housing First attempts to provide mental health care through either Intensive Case Management (ICM) (usually in a dedicated site) or Assertive Community Treatment (ACT). While Housing First has had many successes in housing the homeless, *this approach necessarily includes housing persons with significant mental health and substance abuse issues; such persons may be placed in low barrier housing where the goal is housing stability and not treatment.* Due to limited supply of rent-geared-to-income housing, Housing First clients compete with other social housing residents for suitable housing.

**Transition Housing** and **supportive housing** are provided to those with high needs for supports for both mental health and/or substance use disorders. Notably, **transition housing** operates outside of the Residential Tenancy Act, and thereby the operator has considerable control over policies to manage any disruptive behaviours by residents.

Our concern is that definitions appear increasingly blurred between **social housing** which provides independent living for families, seniors and those with disabilities, and **supportive housing** which is intended for those who need effective supports to live independently. The issues arise where these supports are insufficient or may need to be provided in a more structured environment than is permitted under the RTA and whereby supportive housing tenants may exhibit threatening behaviours that are difficult for the landlord to manage except by a lengthy eviction process.

We are aware, for a number of housing complexes across the province, that the pressures to house the homeless are resulting in populations with disabilities pertaining to mental health and substance use disorders being placed in units previously designed and reserved primarily for seniors and persons with disabilities of a more physical nature (and this latter group were normally able to live independently without disturbing their neighbours). The end result is that social and supportive housing tenants are now mixed together to the detriment of the health and well-being of seniors.

Further, this mixed approach is not supported by the evidence. The research studies, which show commendable benefits to Housing First clients, *did not evaluate the impact on vulnerable seniors* (i.e., low-income, poor health, limited mobility) when they are housed side by side with those who are disabled with behavioural and substance use disorders and who may exhibit threatening behaviours.

**Our conclusion: The Mixed Housing Model of providing supportive housing side by side with vulnerable seniors is not working at this high density site:**

- Vulnerable seniors are in poor health with high stress levels.
- Seniors feel unsafe, which exacerbates the negative impacts of poverty.
- There is no evidence to support this housing policy from the viewpoint of a vulnerable senior.
- Buildings built 30 to 40 years ago are not appropriately designed for the tenant mix.
- There has been no public scrutiny of this supportive housing environment at this complex.

**Recommendation:**

**Create specific provisions in the Residential Tenancy Act to provide greater oversight for supportive housing programs and clients. These provisions should aim to ensure that persons with mental health, substance use or other behavioural disorders are housed in structured environments in a manner whereby such tenants will not adversely impact the health and well-being of other low-income tenants who are capable of living without disturbing their neighbours.**

**Submitted by: Langley Seniors Community Action Table, July 6, 2018.**

**Attachment**



**BC Poverty Reduction Strategy  
Small Group Consultation  
Langley Seniors in Low-Income Housing**

**REPORT TO POVERTY STRATEGY:**

**Date of Consultation:** Thursday March 15, 2018

**Place:** St. Joseph's Church Hall, Fraser Highway, Langley BC

**Time:** 9:30 to 1:30pm

**Goal:**

*To gain a fuller understanding of the unique needs and barriers faced by seniors living in a low income housing complex in Langley, through the targeted small group discussion stream of the BC Poverty Reduction Strategy Consultations.*

**Participants:**

Most participants were tenants in a large, high density low income housing complex aimed at seniors and disabilities. This complex of seven buildings is thought to be the largest of its kind in the province of British Columbia, housing about 400 seniors and another 100 with disabilities. In recent years, increasing numbers of residents are accepted under Housing First and other initiatives and include those having a broad range of mental disabilities and substance use issues, as well as acquired brain injuries. While all tenants are reported to be housed under the Residential Tenancy Act and are accepted as being capable of living independently, many are placed through programs which appear to be offering supportive housing services. Incomes in this complex are low; the range of income is typically \$1500 or less per month.

The number participating was 34 tenants plus 3 from the community at large for a total of 37, including two tenants who were also employed by the management of the complex. Ages ranged from 49 to 86; the median age was 69 years. Attendance was double our original estimates: we had aimed for a small group of up to 15 or 20 people and twice that many came.

The organizing committee and volunteers for the day totalled 9; with representatives of the following organizations contributing: Langley Seniors Community Action Table, Langley Division of Family Practice, Langley Senior Resources Centre, Chartwell Retirement, Triple A Senior Housing, Anglican Church Women and others.

**Plan for the Day:** Table facilitators led small group discussions using a series of questions aimed at understanding the person's lived experience in low income housing, with volunteer recorders taking notes. A staff person from the Langley Seniors Resources Centre (LSRC) was present to answer questions about programs and to provide extra support to persons needing individual attention. LSRC catered the food, including a selection of muffins and beverages upon arrival and a lunch at midday. A written questionnaire was circulated which resulted in 29 responses. The day closed with a plenary session to summarize key themes and identify solutions. Recorder Notes were also reviewed to supplement the plenary discussion.

## **THEMES: ISSUES FACING YOU LIVING IN POVERTY RIGHT NOW**

### **1. Low Income:**

- Lack of money to buy food or better food (69%)
- Lack of money to buy prescriptions and other health needs (41%)
- Lack of money to buy clothes (28%)
- High cost of incontinence supplies (\$100 per month) leads to social isolation
- Difficulties in accessing discounted Translink compass passes
- Transportation to specialist appointments in Abbotsford or Surrey is expensive (\$50) and so appointments may be missed.
- Out of money each month by the 2<sup>nd</sup> week => food banks, thrift stores
- Lack of money for dental care, eyeglasses and hearing aids
- No money for extras – eating out, entertainment, vacation, buying a coffee for a friend
- Cannot afford a telephone or cable TV

#### ***Rent and SAFER:***

- Rent levels: confusion with transfer from BC Housing to SAFER
- Under new contract, landlords base rent on market rates, and SAFER only helps some
- Can be 3 to 5 months at higher rent level before SAFER application is processed
- Complicated procedure to renew SAFER each year; tenants lack information on SAFER
- If rent not paid within 10 days, then threat of eviction under Residential Tenancy Act.
- Not being given 3 months notice of increases; being overcharged on direct debit
- Damage deposits not returned within 15 days, if at all

### **2. Unsafe Living Conditions (41% of respondents report feeling unsafe):**

***Grounds Security: Note: The buildings are close together with limited access for emergency vehicles but completely open to streets and sidewalks in an area one block square.***

- Need video surveillance at all buildings and parking areas in the complex
- Tenants need direct phone contact with security 24/7; phone numbers do not always connect to someone on site; how to contact for tenants not having their own phone?
- More security guards needed, one man to patrol 7 buildings is insufficient
- Snow removal not done – many have slipped and fallen
- Outdoor garbage with no doors => dumpster diving, fire concerns, attracts rats
- Cars (in both underground and above ground parking) are broken into regularly
- Discarded needles found all around buildings and in parking area

#### ***Safety in Buildings***

- Safety – scared to go out, to use stairway, elevators, laundry
- Need to protect yourself – some residents are arming themselves with knives, hatchet, big stick, bat and/or heavy flashlight.
- Increase in robberies in the buildings including mail boxes
- Poor 911 access to buildings
- How to contact authorities in emergency if you don't have a phone?

- Fires: concern for hedges close to buildings, and open garbage dumpsters
- Need plan for help for mobility disabled people in case of fire.
- Need sprinklers
- Smoking occurs in common areas, contrary to no smoking policies.

#### ***Fear of other tenants***

- Some tenants in the 19+ to 55 disabled group let undesirable people into the building (drug dealers, homeless and prostitutes) => sleeping in hallways and lobbies.
- Homeless will pay tenants to stay overnight, to have a shower, and also to store drugs
- Some long term guests stay in contravention of guest policy
- Staff person was assaulted by a tenant (who is now in a secure MHSU residential care facility); during the assault a tenant was prevented use of the elevator as a safety measure.
- Verbal aggression, swearing, stalking, intimidation by other tenants (many from 19+ disabled group)

### **3. Stress:**

- No ability to sleep at night with all the noise (ins and outs, banging, activity in hallways, loud voices, altercations, 911 calls, calls on my phone to let hookers and drug dealers in)
- Presence of SWAT teams and persons in HAZMAT suits
- Frequent presence of first responders, police, ambulance, fire trucks, coroners van
- Stress worsens chronic health issues (e.g., high blood pressure), leading to increasing medication and hospital visits to deal with stress
- Worry about how to cope with increasing rents and changing rent structures
- Worry of not knowing if the apartment will be demolished to build new.
- Vulnerable senior tenants are fearful and angry due to power imbalance with landlord.
- Smoking more to deal with stress – sometimes can't afford food
- Dealing with bed bugs and cockroach protocols is difficult for seniors in poor health and is expensive for extra laundry; stress results from threats of eviction if protocols not followed; a protocol requires about 5 hours of physical effort to move furniture, clean and then vacate the premises while the toxic treatments takes effect.
- Sniffer dogs leading to notice of entry as often as every two weeks.
- Seniors are being taken advantage of financially with family coming around when money is coming in and managing to take most of it. Where can we go for help?

### **4. Social Isolation:**

- It's unsafe for my grandchildren to visit
- Lack of ability to have a pet, something to love
- My family lives a long way away and I can't afford to visit them
- No money for transportation to go anywhere
- As new tenant populations moved in – lost the friendly and familiar faces
- Difficult behaviours from some tenants interfere with normal social interactions
- Lounges are locked 24/7 in at least one building and have restricted hours in others.
- Inability to afford new eye glass prescriptions and hearing aids limits social contact
- Lack of information on sources of subsidies, e.g., seniors' rates for recreation programs at City/Township and subsidized rates at Seniors Centres.

- Problems with bedbugs and cockroaches limit visiting other tenants in their suites; stickers on doors to indicate a unit has been treated leads to residents not wanting to visit.
- Cable costs are high – could they be shared across units to reduce costs?

## 5. Positive Coping Skills

- Good base to build community - in many cases tenants look out for one another
- Seniors volunteer work to provide a sense of well-being and social
- Gardening gives meaning to life and reduces stress

## RECOMMENDATIONS/SOLUTIONS

### 1. The Mixed Housing Model of providing supportive housing side by side with vulnerable seniors is not working at this high density site:

- Vulnerable seniors are in poor health with high stress levels.
- Seniors feel unsafe, which exacerbates the negative impacts of poverty
- No evidence to support this housing policy from the viewpoint of a vulnerable senior.
- Buildings built 30 to 40 years ago are not appropriately designed for the tenant mix
- No public scrutiny of this supportive housing environment at this complex

#### *Recommended Solution:*

#### **House tenants requiring a supportive program in a separate building**

⇒ This would address many safety concerns of seniors, reduce stress and improve health

### 2. Review policies of rent geared to income as related to non-profit housing providers

- Transfer of tenants from BC Housing to Non-profit needs to be clearer
- Role of SAFER and other subsidies in bringing rents down to 33% of income
- Need standards and expectations for non-profit housing providers
- Economic insecurity about this issue increases stress leading to poorer health

### 3. Raise the amount of the BC Senior Supplement to reflect actual living costs

- At \$49.30 per month, this supplement has not been raised for many years
- Increasing the Supplement to raise seniors' incomes to the low income cut off would improve nutrition, and increase options for health care expenses and transportation.

### 4. Increase opportunities for Social Connectedness to support improved health

- Open the lounges and schedule regular social activities
- Improve access to phones, Internet and cable TV
- Work with community groups to provide better information and improve access to programs such as SAFER, Translink passes, social/fitness program subsidies.
- Work with community groups to plan and organize low or no cost activities to give the tenants something to look forward to.
- Work with community groups to bring services to the housing complex., e.g., the Fraser Health Interprofessional Healthcare Team