

The Effectiveness, Need and Success of Transitional Housing Facilities

Includes:

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Abstract

This study was completed on the effectiveness, need, and success of transitional housing facilities. The study contained a literature review which provided support for the effectiveness and success the transitional housing model had at reducing recidivism for clients with comorbidities. However, the province of Ontario has no provincially funded and operated transitional housing facilities. Therefore, a survey was sent out to workers of different types of supportive housing. This survey measured the need, effectiveness, and success of privately funded transitional housing facilities in Ontario. It was determined that these transitional housing facilities, which contained treatment programs have success when supporting clients with comorbidities. Furthermore, it was discovered that there was a huge need for more transitional housing facilities to support clients. Due to study limitations this study does not provide significant evidence to add to the literature on the reduction of recidivism. In conclusion, effective transitional housing facilities are needed in the province of Ontario. These facilities will reduce the strain of the prison system, shelters, and healthcare system. Therefore, there is a need for provincial funding towards the creation of a transitional housing network in Ontario.

Introduction

People who suffer from comorbidities such as brain injuries, mental health, substance use or many other impairing disorders, face many challenges the general public do not have to endure. However, there is no support for people with comorbidities when it comes to housing options that adequately support their integration back into society. This in turn increases the possibility these people will have run-ins with the justice system, psychiatric hospitals, or face homelessness (Shoham et al. 2020). This is a huge issue as our justice system, shelters, and hospitals are full which affects each and every member of society. Furthermore, many towns and cities in Ontario face a major homelessness issue that has been going on for many years. This can be seen through the Niagara region which has declared a state of emergency on homelessness in late 2022 (Hristova, 2023). However, there are private transitional housing programs that have seen success in reducing the recidivism rates of those with comorbidities and those without (Growth et al., 2018)

Purpose

The purpose of this project is to gather evidence to advance the argument for transitional housing in Ontario. Transitional housing will help lower the recidivism rate for people with

comorbidities through treatment and housing supports. This has an incredibly significant impact as it will decrease the strain on the healthcare, prison and shelter facilities. It will decrease the strain through the use of treatment programs that are offered within a facility to help a person with comorbidities re-enter society. This is because these transitional housing facilities have seen a reduction of recidivism for all people within them (Wong et al., 2019). People with comorbidities face many challenges that lead to homelessness and trouble with the justice system. However, these problems can be prevented through the use of provincially funded transitional housing as seen through many studies such as Grows et al. (2018).

Hypothesis

There are three hypotheses for this project; the first hypothesis is that the transitional housing model in Ontario reduces recidivism for those experiencing comorbidities. Secondly, there are people in Ontario that need the support of transitional housing and are not receiving it. Thirdly, the transitional housing model in Ontario, is successfully supporting and treating clients with comorbidities.

Background

There are many empirical articles that have shown the effectiveness of many different types of transitional housing. Some of these facilities are unique to clients with mental health related conditions. Therefore, these clients have either been released from a psychiatric hospital or are clients with comorbidities from the prison system. A study completed by Chen (2021) investigated the discharge process of transitional housing. They were looking at what an effective discharge entails and what items are required for discharge (Chen, 2021). They determined that a successful discharge entails three essential items. One item being regular and effective involvement with the community (Chen, 2021). The second being their capacity to work and maintain an occupation (Chen, 2021). Lastly, the support and approval of family members (Chen, 2021). The study completed by Chen (2021) revealed successful discharges through the use of transitional housing facilities. This is important as it looks at a target group within clients with comorbidities this project is aimed towards. Therefore, it is relevant to the project as it highlights what is needed for clients with mental health related conditions within a transitional housing facility.

In continuation, a review completed by Grows et al. (2018) looked at nine different reports on the effectiveness of halfway houses, a type of transitional housing on preventing

recidivism for ex-prisoners. Their study found support for a reduced level of recidivism for clients in halfway houses that had involved staff, leadership programs and treatment programs (Growth et al., 2018). In addition, Growth et al. (2018) found a significant reduction in the re-incarcerations for crimes containing a new offence. This is an important finding as it does not only reveal a reduction in recidivism, but it highlights what an effective halfway house model entails. In continuation it indicates that if these complex clients receive this treatment, they will have lower rates of recidivism. In addition, it touches on the need for support through involved staff that transitional housing models contain.

Thirdly, it is important to look at the challenges an ex-prisoner faces when they reintegrate with society. A study completed by Kim and Gayadeen (2021) looked at the challenges ex-prisoners face and the supports they need to prevent recidivism. They ultimately determined that the many challenges ex-prisoners face can be supported through transitional housing. Challenges ex-prisoners face are homelessness, lack of employment opportunities, government documents, and treatment options for burdening conditions such as addiction (Kim & Gayadeen, 2021). They found evidence for an effective reduction in recidivism amongst clients of transitional housing (Kim & Gayadeen, 2021). Especially those complex clients who have completed the treatment options available within the facility (Kim & Gayadeen, 2021). This is highly important as it directly relates to the effectiveness of transitional housing at supporting clients. It further gives evidence for the effectiveness of transitional housing treatment programs for clients with comorbidities highlighting those with addiction. Furthermore, Kim and Gayadeen (2021) study also mentions the lack of funding transitional housing facilities have and the negative effects that causes. An interview with workers indicated that the ratio between worker to clients could reach one to 24 (Kim & Gayadeen, 2021). This is higher than they found to be effective especially for supporting complex clients (Kim & Gayadeen, 2021). They believe a ratio below one to twelve would be effective for complex clients which indicates they need to double the available transitional housing facilities. This is an extremely relevant finding as it indicates the effectiveness and need for more transitional housing facilities.

A study completed by Maier (2021) looked at transitional housing facilities and the mobility it gave clients post incarceration as well as the immobility it gave as well. Maier (2021) completed semi-structured interviews to gain insight on how transitional housing facilities affected clients. They determined that free housing and supports were extremely important for

the success of ex-prisoners, which was known to them (Maier, 2021). However, for some clients the nearest available transitional housing facility would make them travel far away from family and loved ones (Maier, 2021). This provides an immobility feeling for clients as not only are they starting again but they are starting somewhere they have no desire to be. This is important to this project as it shows the effect of a lack of funding towards transitional housing. These negative effects become heightened when the transitional housing facility is located in an impoverished area that is ridden with crime (Maier, 2021). Clients that were interviewed by Maier (2021) felt stuck in these neighbourhoods as there was crime circling a person who just left a life of it. Overall, this is relevant towards the need for more and effective transitional housing facilities. This would entail the need for transitional housing facilities to be located throughout the province and in better neighbourhoods.

A review of transitional housing for those suffering from mental health related conditions was completed by Shen et al. (2020). Their review aimed at seeking the effectiveness of each transitional housing facility model (Shen et al., 2020). This review gathered what an effective transitional housing facility model entailed for supporting those with mental health conditions. This review looked at successful discharges as an indicator of a successful model. A successful discharge within Shen et al. (2020) study was seen by the client not reoffending or returning to the transitional housing facility. The review by Shen et al. (2020) found that the majority of these transitional housing facilities had low to nonexistent rates of recidivism. This supports the claim that complex clients with mental health conditions have more success at preventing recidivism when they are involved with transitional housing. This further provides the evidence for the success and need for transitional housing facilities for those with commodities.

A study completed by Shoham et al. (2020) looked towards ex-prisoners who suffer from substance use disorder and their rate of recidivism. Their study looked at members who had successfully completed a drug treatment program at a transitional housing facility (Shoham et al., 2020). Then compared them to those who had not attended a transitional housing facility or treatment program (Shoham et al., 2020). Their study revealed that those who had completed the treatment program had lower and slower rates of recidivism (Shoham et al., 2020). This is compared to a group that did not attend a transitional housing facility post incarceration (Shoham et al., 2020). They gathered this information by looking at incarceration records of those who had left the prison system (Shoham et al., 2020). The study completed by Shoham et al. (2020) is

very important as it directly shows the importance of treatment programs for those suffering from substance use disorder. Therefore, looking at this study the project receives evidence that transitional housing facilities are effective in supporting clients suffering from substance use disorder.

Lastly a review completed by Wong et al. (2019) reviewed nine studies of transitional housing facilities and their effectiveness. Their goal was to discover if transitional housing facilities were as effective as they stated to be (Wong et al., 2019). Upon reviewing and compiling the data from these nine studies it was determined that their claim was supported (Wong et al., 2019). Their review found that there was evidence to support a reduction of recidivism for those who attended transitional housing programs (Wong et al., 2019). This study further mentions the importance of transitional housing facilities at lowering the strain on the prison systems as they keep offenders from reoffending (Wong et al., 2019). This indicates their effectiveness and the need for transitional housing facilities in Ontario.

The research provides evidence that transitional housing is crucial for those post incarceration. These transitional housing facilities provide housing, treatment, and employment opportunities that are needed for successful reintegration into society. The research indicated that there is a reduced rate of recidivism for members of transitional housing facilities indicating the effectiveness of them. Furthermore, the research focuses on different types of clients within transitional housing facilities such as clients with mental health and or substance use disorder. This reveals supporting evidence towards the effectiveness of transitional housing facilities in supporting clients with comorbidities. In addition to these reasons a reduction in the strain towards prison systems can be seen which is very important as it is a pressing issue in Ontario and North America. Furthermore, the research shows the significance of transitional housing for supporting those with mental health reintegrate into society. With the support of transitional housing facilities, people with mental health, addiction, or other burdening conditions can receive treatment allowing for their successful integration into society. Therefore, it can be seen that transitional housing allows clients with comorbidities to re-enter the fast-moving world. This is not only important for those individuals but for society itself. This is due to the reduction in homelessness, criminal behaviour, and other deviant behaviours that have been seen. In order to put this evidence to work this study aimed to determine if there was a need for transitional

housing with Ontario. It also looked to discover the effect of these transitional housing facilities within Ontario

Methodology

This study contained a literature review to determine a based point on the effectiveness and need for transitional housing facilities. Then responses were gathered from members involved with the operation of different types of transitional housing. The housing facilities that were focused on contained shelters, community residential facilities and privately run transitional housing facilities. A community residential facility is a federally run facility that acts as a bridge between federal penitentiaries and society. This form of transitional housing does not represent the model that this study is advocating for as it does not capture those coming from homelessness or psychiatric facilities. However, they provide a valuable source of information surrounding these facilities as they function in a similar way by trying to support the reintegration into society. This includes treatment programs seen in privately run transitional facilities however it only supports members from the justice system. In continuation, shelters were assessed as they contain clients that would be better suited in transitional housing and work close with housing to provide valuable information. The reason other types of supportive housing were assessed is due to the fact that there is a small amount of transitional housing facilities in Ontario due to the lack of funding. With almost an abolishment of funding for transitional housing many facilities have shut down over the years as they cannot be privately supported. In addition, the creation of these facilities has many obstacles as funding has to be secured from government programs, which makes them rely heavily if not completely on private funding. This has led to privately funded transitional housing facilities to become extremely rare in Ontario making them hard to assess. Lastly, other participants of this survey contain case management personnel and discharge planners which help an individual with comorbidities access the treatment and housing they need. These participants are important as they know what resources are out there and how many people need them. Within these facilities participants could come from any level of employment ranging from leadership roles to housing staff.

These participants received an anonymous survey that contained opened and close ended questions. The survey gathered 63 responses from participants working within supportive housing facilities. The variables that were examined are effectiveness, recidivism, and need. Effectiveness was examined through the support a client receives within the transitional housing

facility. Secondly, recidivism was examined through previous clients returning to the transitional housing facility after discharge. Thirdly, need was examined through the denial of applicants, the number of occupants on waitlist as well as the opinions of workers within transitional housing facilities.

The survey was accessible online through Qualtrics which is a survey program that was provided through Trent University. The survey contained 21 questions in total (see Appendix A), 18 of which were closed ended questions. Of these 18 questions only four allowed for the expansion of their answer. The last three questions were open ended and sought the opinion of the participant. The survey was distributed through the partner organization the Human Services and Justice Coordinating Committee (HSJCC) for the Haliburton Kawartha Pine Ridge region. The researcher also reached out to organizations through emails to gather participants for the study. The emails sent from the partner organization and through the researcher indicate that clients of these facilities were not to be assessed. For ethical reasons clients of transitional housing facilities were excluded from the survey. Within the survey there was a question added in order to determine if the participant was blankly filling out the survey. The question did not indicate that anyone was blankly filling out the survey. This in turn protected the survey from a potential response bias. Furthermore, there was an informed consent section (see Appendix B) at the start of the survey that indicated that the survey link was anonymous and did not keep track of completion. In addition to this the researcher stated that they will go through the data and remove any identifiers if a participant mistakenly included one. This protected against a response bias due to the survey involving their employer organisation. Lastly the survey was open for five weeks and the participants were not required to answer every question on the survey. After the survey closed the researcher used the Qualtrics program to analyse central tendencies of the close ended questions. This allows for the determination of the general stance on measures accessed through questions asked. The open-ended questions were reviewed for common and conflicting themes by the researcher while removing any identifiers.

Ethics

This study received ethical approval to use human research through the ROMEO program at Trent University. Ethical issues like privacy violations were avoided by use of anonymous responses. The survey was completed using Qualtrics which does not keep track of respondents' emails, or any other identifiers. In addition, only the researcher had access to the raw data from

the survey. The researcher saw to the fact that there was no identifiable response before any data was seen by a second party. The survey had no reward for completion which prevented the respondents from being pressured or persuaded to answer the survey. Lastly there was an informed consent section at the beginning of the survey in order to inform the participants of what the project was, the intentions, and what will happen to the responses (see Appendix B). All ethical guidelines and policies were adhered to throughout the completion of the study.

Results

The responses of the survey came from across Ontario with the least number of responses coming from the Western side of Ontario. Furthermore, the majority of responses came from privately run transitional housing facilities. However, other responses came from community residential facilities, shelters, and case management personnel. The facilities that have been assessed provided support such as housing, meals, transportation, training, and treatment. Some facilities even provided legal support for those in the justice system. All in all, the majority of these housing facilities provide some sort of support to help a person get back on their feet. This is extremely important when it comes to clients with comorbidities as these clients require more support. When it came to the percentage of clients that had comorbidities it was discovered that 71% of facilities contained 50% or more, clients with comorbidities. It was also discovered that there were no facilities which did not contain a client with comorbidities. This was an extremely important finding as these clients will need more support than a facility which only provides housing. Common treatment programs offered were addiction therapy, cognitive behavioural therapy, anger management classes, and other mental health treatments. This allows a client with comorbidities to get the safety, security and treatment which allows them to begin their reintegration process. When asked about the success of these treatment programs 88.7 % of participants believed that they have helped their clients. Therefore, this indicates that these supports are needed and are working within transitional housing facilities. Overall, these privately funded transitional housing facilities and federally funded residential facilities are providing successful outcomes for clients. This is because of the many supports they offer to clients in order to receive treatment or access to resources that allow for successful reintegration.

In order to determine the need for transitional housing facilities the waitlist for privately run transitional housing were assessed. Community residential facilities were factored out as they do not have waitlists as they receive clients from the federal justice system. Once factored

out it was determined that 75.5% of residential housing facilities had a waitlist of ten or more clients. Even more concerning, 55.1% of facilities had waitlists that were over 50 people long. With some facilities claiming to have waitlists over a hundred people in length. This indicates a huge need for more transitional housing as these waitlists are very long. In addition, when the open ended questions were analyzed it was indicated that it takes years in order for a client on the waitlist to receive housing. This has huge implications as it indicates that even a waitlist of ten people could suggest a multiple year wait. People with comorbidities and people who have just exited the justice system need these supports more than anyone else because they face many more challenges than those who do not. These challenges involve homelessness, financial problems, addiction and other hindering disorders. When participants were asked about the need for more transitional housing facilities 93.4% indicated that there was a need. In addition to this 95% of participants indicated that there are clients that need their facility who do not have access to it. This reveals that across Ontario there is a need for more transitional housing as there are clients that need facilities who sit on waitlists for many years. When participants were asked about what type of facility was needed significantly more. Respondents indicated that transitional housing with treatment programs were needed the most. They indicated there was a need for more housing options as a whole. However they believe that transitional housing facilities with supports were the most needed as they are the most effective at supporting clients and allowing successful reintegration.

To further analyze the need for more funding towards transitional housing facilities participants were asked if their facility was adequately funded. When community residential facilities were factored out as they receive federal funding. It was determined that 82% of facilities did not receive enough funding according to participant surveys . This has major negative implications as these transitional housing facilities will not open up new treatment programs if there is not enough funding to run their current programs. Therefore, the effectiveness of transitional housing facilities is limited as there is not enough funding to adequately support them. For the participants who indicated there was enough funding to support their program. There was an indication it was hard to access funding and it took many years to gather it. This hinders the creation of transitional housing as it takes many years to gather enough funding to open a facility.

When asked about successful discharges in 2022 answers amongst participants had great variation. Participants either indicated they had less than six successful discharges or they had more than ten successful discharges. Reason for this could be due to the different types of facilities assessed. This can be further seen when the number of previous clients returned was measured. Participants claimed it was less than three or more than 16 clients returning in 2022. However, there were significantly more responses claiming under three clients returned with 56.6% of the participants making this claim. A reason that could be stated is the long waitlist for these facilities preventing their return. This is further seen by 64% of participants claiming that there was a 10 to 25% chance that a client returns to their facility. However only 3.5% of participants' responses claimed that there was a 0% chance of a client's return. This is a very negative finding as a successful discharge entails the lack of reoffending or return to supportive housing or shelters. Therefore, a client who is discharged should not have a high chance of returning. However issues such as lack of funding and lack of housing facilities play a role in the finding of unsuccessful discharges.

Discussion

The literature has indicated the effectiveness of transitional housing facilities at reducing recidivism rates. Recidivism has been coined in this project as returning to hospitals, supportive housing facilities or reoffending towards crime or addictions. The literature indicated that transitional housing facilities have seen success at the reduction of recidivism (Wong et al., 2019). This study however found that there were mixed findings within the successful discharges of a facility. However, this study has limitations towards determining the reduction in recidivism as this data contains the opinion of staff. It was found that the likelihood of a client return is low however this could be attributed to the waitlists of facilities. With confidentiality and survey limitation the survey was unable to assess whether previous clients were on waitlists. Therefore, the first hypothesis was not significantly proven in this study due to limitations with data. In addition, there was no direct evidence from this study that the transitional house model reduces recidivism with those experiencing comorbidities due to data limitations. Secondly, it was determined that the majority of the clients within a transitional housing facility had comorbidities and needed the extra support. There was no housing facility assessed in this survey that did not contain clients with comorbidities. This indicates the prevalence rate of comorbidities amongst

clients within transitional housing facilities. With facilities containing clients with comorbidities it is important that these facilities contain treatment supports.

This project discovered that treatment programs within facilities were successful according to staff members working there. Staff members saw a reduction in symptoms within clients who have comorbidities which contained most of their clientele. The reductions indicated were relief from symptoms and better social functioning. This confirms the third hypothesis that transitional housing facilities successfully support those with comorbidities. These successful outcomes were attributed to treatment programs such as mental health therapies, anger management classes, cognitive behavioural therapy and many more. However, with the lack of funding many of these facilities only provide certain types of treatment programs. With that being said it can be inferred that certain comorbidities within clients go untreated as there are no treatment programs for some morbidities a client suffers from. Therefore, this is a reason for potential recidivism within a facility as it cannot provide all the necessary treatment options. Overall, the lack of funding hinders the amount of treatment options as well as the development of new transitional housing facilities. If there was an abundance of transitional housing facilities, clients could be placed within a facility that is suited to their needs. This is opposed to a grab all facility that provides the same treatment to all clients. With every client containing different comorbidities this is an ineffective way to support their reintegration process. Therefore, funding should be allocated in order to develop a transitional housing network that provides different types of treatment options to better suit a vast number of clients. This would involve a network of transitional housing facilities that provide many types of treatment options. This would allow for clients to access secure housing as well as the necessary treatment to better their success. Furthermore an overarching network for transitional housing needs to be incorporated in order to give clients access to these different types of treatments. This also would set a standard these transitional housing facilities have to abide by such as ratios between clients and staff.

The need for more transitional housing facilities was assessed within this study and it was determined that there was a huge need for more transitional housing facilities. This was determined by the fact that almost all privately funded transitional housing facilities indicated they had a waitlist. Furthermore, this waitlist would take many years to empty if it has over ten clients on it based on participant responses. However, this was not the case as the majority of respondents indicated their waitlist was over fifty people long. There were even claims of

waitlists extending past a hundred clients. With a waitlist of over fifty in a transitional housing model it will never empty unless facilities open up to take part of their load. This is because a transitional housing facility is a supportive housing network that will last for many months if not years for one client to get through. Furthermore, the majority of participants indicated that they believe there is a need for more transitional housing. They also emphasize transitional housing facilities that offer treatment options for those with comorbidities. This confirms the second hypothesis that indicates a need for more transitional housing facilities.

A major finding that came out of this study revolved around the lack of funding for transitional housing models. There is no provincial umbrella organization that funds and operates transitional housing facilities. This has major implications as these privately run facilities have unique models that differ greatly. Furthermore, it becomes extremely hard to find private transitional housing as it is so limited. It was difficult for a university researcher with pathways of communication to locate and access these facilities. A person who is limited when it comes to technology and resources will find it almost impossible to locate these facilities. A case manager can help with this process however that resource only comes into play when problems arise with a client. These problems could be legal troubles or visits to hospitals indicating a worsened case for the person. These avenues of support should be in place before these problems arise as a preventative measure. Therefore, more funding for the creation of an overseeing organization for transitional housing is needed. Furthermore, with low funding facilities are forced to take clients with low acuity. Clients with low acuity refers to clients that have less severe disorders and or less disorder as a whole. This indicates that transitional housing facilities screen their clients and focus on clients that do not have as many comorbidities. This leads to clients that require the most support to fall between the cracks and remain on waitlists for transitional housing facilities. This puts these clients at a greater risk of recidivism and or health problems. Without the allocation of more funding, clients that need support are going to remain homeless or re-enter the justice system. This is very negative as transitional housing facilities act as a preventative measure towards the justice and shelter system. In conclusion, these transitional housing facilities will reduce the strain on the health care, shelter and prison system. This has major societal impacts as these issues affect each and every member of society. Further providing evidence for the allocation of provincial funding towards transitional housing facilities.

Overall, there is a major need for transitional housing as the private transitional housing units are full. These transitional housing facilities have noticed that there are numerous clients falling between the cracks. In addition, these private transitional housing facilities are seeing success at treating clients with the treatment programs their facility offers. With these treatment options clients with comorbidities can have an easier and more successful reintegration into society. However, with the allocation of more funding these facilities can provide a customized treatment program for clients. They will also be able to provide their services to those clients who are falling between the cracks. Overall, the provincial government of Ontario needs to step up and fund a transitional housing program to support those with comorbidities. These facilities have been shown to reduce offending rates, homelessness, and health related issues. All of these strain the province as these provincial services are affected when these clients recidivate. This in turn provides evidence for the need of transitional housing facilities as well as the benefits it has for clients with comorbidities. However, the benefits do not stop there as these facilities will reduce the strain on the healthcare system which will allow for faster healthcare for society as a whole. In addition to that it will reduce the strain on shelters and the justice system.

Limitations

This project contains limitations that affect some of the results of this study. One limitation revolves around the time frame of seven months this study was limited to, which lowers the scope of data this study could assess. Furthermore, the data was collected for a self report questionnaire which opens the results up to a participation bias. Furthermore, the number of clients to staff members was not assessed as the scales were not large enough to determine a ratio. The results received were on the greater end of the scale for both the survey questions preventing the researcher from determining a ratio for clients to staff members. Lastly a major limitation of the study was that it was unable to assess health records, shelter records and criminal records. This would have been the most effective measure of recidivism as it would track a client years after their stay at a transitional housing facility. Due to time restraints and ethical reasons the researcher was not able to access this data. Furthermore, receiving responses from multiple types of transitional housing decreased the validity of the survey question revolving around successful discharges. This is because unsuccessful discharges from shelters are expected as they do not supply any supports. This increased the number of participants that indicated that there were unsuccessful discharges as their responses are coming from facilities

which do not contain supports or treatments. Therefore, this study was unable to determine if the first hypothesis was significantly met. However, it does not provide evidence that there are unsuccessful discharges from transitional housing facilities.

Future research

Future research on transitional housing should look to assess the ratio of clients to staff within transitional housing facilities. This is important when it comes to obtaining a surplus of clients that will not be supported effectively. Furthermore, the perfect ratio for clients to staff would be effective information for the creation of an umbrella organization of transitional housing facilities. This could be measured through the success of transitional facilities and the ratio within it. Furthermore, future research should look into what a successful transitional model should entail. With knowledge on the effectiveness, need and success, a case can be made for allocation of funding from the provincial government. Furthermore a future study should survey transitional housing only to determine its effectiveness and success at reducing recidivism.

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Appendix A
Survey Question

Question 1

- What geographical area is your facility located in?
 - A) Northern Ontario B) Central Ontario
 - C) Eastern Ontario D) Western Ontario
 - E) Southern Ontario

Question 2

- What best describes your facility?
 - A) Transitional housing B) Community residential facility
 - C) Shelter D) Other (please explain)

Question 3

- Click all boxes that apply to programming/supports within your facility?
 - Housing
 - Meals
 - Bus tokens
 - Treatment programs
 - Training
 - Transportation
 - Other (please specify)

Question 4

- How many staff members does your facility have?
 - A) 1-2 B) 3-4
 - C) 5-6 D) 7+

Question 5

- How many clients does your facility have?
 - A) 1-3 B) 4-6

- C) 7-9 D) 10+

Question 6

- How many clients are on a waiting list for your facility?
 - A) 0 b) 1-10
 - c) 11 - 30 d) 31- 50
 - e) 51+

Question 7

- There is enough funding to adequately support people accessing the facility where I work?
 - True False

Question 8

- Please expand on your response to the above question

Question 9

- There is a need for more housing facilities like yours in your community?
 - True False

Question 10

- Please expand on your response to the above question

Question 11

- If you are reading this question input false as your response
 - True false

Question 12

- Choose the answer that best represents your clients
 - a) Clients are all local b) Clients are mostly local; few are from other regions
 - c) Clients are mostly from other regions; few are local d) Clients are all from other regions

Question 13

- What percentage of clients have comorbidities? (i.e substance use, brain injury)
 - A) 0% b) 1-25%
 - c) 25 - 50% d) 50% - 75%
 - d) 100%

Question 14

- Does your facility offer additional support? (Check all that apply)
 - Substance use treatment
 - Anger Management classes
 - Anxiety treatment
 - Depression therapy
 - Cognitive behaviour therapy
 - Other (please specify)

Question 15

- Of these additional supports, have you seen successful outcomes for clients when they engage with these additional services?
 - Yes No

Question 16

- Please expand on your answer above (do not include any personal identifiers)

Question 17

- In your opinion, How many clients have been successfully discharged in the 2022 calendar year?
 - a) 1-3 b) 4-6
 - c) 7-9 d) 10-15
 - e) 16+

Question 18

- How many previous clients returned in the 2022 calendar year?

- a) 1-3 b) 4-6
- c) 7-9 d) 10-15
- e) 16+

Question 19

- What do you think the likelihood of a client's return after they leave?
 - a) 0% b) around 10%
 - b) 25% c) 50%
 - c) 75% or higher

Question 20

- In your opinion, do you believe that there are people that need your facility that do not have access to it?
 - Yes No

Question 21

- Would your community benefit from additional housing support models?
 - Transitional housing
 - Transitional housing with treatment programs
 - Sober living facilities
 - Housing first housing
 - Tiny home communities
 - Additional shelters
 - Other (please list)

Appendix B

Informed consent

Research Project Title: Transitional Housing Research

Project Research Investigator: Mitchell Whalen

Email: mitchellwhalen@trentu.ca

About the Project:

The Transitional Housing Research Project is aimed at seeking evidence for the benefits of Transitional Housing. The research investigator is looking for survey results from staff involved in Shelters, Transitional Housing, and Community Residential Facilities. The responses from the survey will allow the researcher to gain information for the advancement in the argument for the revival of provincial funding. Your information will be used to make a report on the need for Transitional Housing for the Haliburton Kawartha Pine Ridge Regional Human Services and Justice Coordinating Committee.

Rights as a Participant:

At any point during the survey, you can withdraw your consent.

- You have the right to refuse to answer any question in the survey.
- You have the right to anonymity.
- You have the right to stop the survey at any point.

Anonymity:

Your responses will be paired with a random generated number to give your results anonymity. In no area of the survey, should you put any identifying material. If identifying material is found the research investigator will remove the identifying material before the report is made. This survey will be filled out anonymously to prevent any risks to you as a participant.

Risk:

As a participant, you will not be exposed to any risks during the survey process. The survey will be conducted anonymously online. There will be no professional or personal risk accompanying

this research project. This research project has been reviewed and approved by the Trent University Research Ethics Board.

Compensation:

As a participant, you will not be receiving any compensation. There is no monetary benefit attached to this research project.

Contact Information:

Please feel free to contact the research investigator at any time during or after the survey process. You can reach them at their institutional email, mitchellwhalen@trentu.ca