Effective, Just and Humane: 
A Case for Client-Centered Collaboration 
A Case Study of John Howard Society of Toronto’s Housing Program 
The Centre of Research, Policy & Program Development

**BACKGROUND**

**Homelessness, Incarceration, and Health**
Access to stable and secure housing is a cornerstone of healthy communities. Failure to provide this necessary foundation for individuals who are vulnerable to homelessness results in a population that faces enormous health disparities, not to mention massive costs to health care and social service systems.

**Negative effects of homelessness:**
Higher risk of: Respiratory infections, HIV, Skin diseases, Heart attacks, Strokes, Diabetes, Hepatitis, Epilepsy, and Cancer (Borini et al. 2004; Street Health, 2007).

Social Determinants of Health (SDoH) are the social factors that can contribute to health, and can include poverty, unemployment, social exclusion, inadequate housing, and lower literacy and education levels. These factors interact with one another, and with broader societal factors such as the economy, social safety net, and healthcare system, in a complex and cumulative manner, to influence overall health (CSDH, 2008).

Homelessness increases the risk of incarceration, and incarceration increases the risk of homelessness (Matin & Cuhane, 2006).

Given the links between homelessness, incarceration, and the SDoH, there is a strong need for programs that provide integrated housing and services to those at risk of incarceration or previously incarcerated.

**JHST HOUSING PROGRAM**
- Assists male clients, 16 years of age and older, in finding and keeping independent, affordable, and stable housing
- Operates as a central “hub” model that connects an individual client to the often disconnected services and supports in the community (e.g. income supports, mental health and substance abuse treatment, etc.)
- Seeks to address the underlying and interconnected issues related to housing and health disparities faced by clients
- JHST is unique in that it turns no individual away from services on account of their type of criminal record or risk classification; thus, the clients in JHST’s Housing Program represent some of the most vulnerable and high-needs groups in the city
- JHST recently entered into a collaboration with the Fred Victor transitional housing facility, to provide ten clients with onsite housing and services

**METHOD**
- Face-to-face interviews and surveys with 23 Clients and 5 Staff
- Online surveys completed by 5 partner agencies
- Asked to discuss and rate experiences with, and opinions about, the program
- Asked about SDoH issues 12 months prior to program, and following program

**PORTRAIT OF THE PARTICIPANTS**
- Males between 22 – 53+, all single or divorced, mostly unemployed
- All living in transient accommodations
- Median monthly income ranging between $400 and $600 per month
- Median rental affordability rate of $450 per month
- The majority of participants had some high school education

**RESULTS**
1. Program success can be seen through improvements in SDoH, and is based on social support and relationship building
   - Simply participating in the JHST Housing Program was enough to show improvements in SDoH, regardless of whether housing had been found or not
   - The program was found to be most effective at assisting clients with issues related to alcohol and drug use, mental health issues, financial issues, unsafe living conditions, physical health, and legal issues
   - Program success was based on the experience staff provided for clients
     - Positive correlation between experience (e.g., that staff were respectful, knowledgeable, accessible, and trustworthy, etc.), and participants feeling that the program helped with alcohol use, drug use, and financial problems
     - Positive correlation between overall program rating, and improvement in unsafe or poor living conditions

2. Collaborative models are highly beneficial, though not without challenges
   - Benefits:
     - Program’s ability to facilitate connections and referrals to other agencies for clients
     - JHST’s Housing Program collaborates with a number of different agencies in the following areas: Housing, addictions, mental health, employment, financial/social assistance, Aboriginal resources, and corrections, etc.
     - Allows JHST a seat at stakeholder tables
   - Challenges:
     - Building and maintaining clients’ Trust
     - Coordination: no single organization or individual is in charge or takes ownership over client’s case
     - Ensuring services for justice-involved individuals

3. There is a pressing need for safe, clean, and affordable housing
   - Low-cost units can present issues with safety, addictions, health, and cleanliness

4. Program accessibility and continuity is essential for high-needs and high-risk populations
   - Client access is essential
   - Program should go to clients, not the other way around
   - Program must maintain contact with clients, once it has begun

**POLICY RECOMMENDATIONS**
- Invest in discharge planning and transitional housing for reintegrating individuals leaving Ontario’s prisons, and institute policies that prevent the loss of housing for people entering custodial facilities for short term periods and prior to sentencing
- Ensure that high-needs clients are not automatically barred from accessing employment, housing and services they need due to past criminal justice involvement
- Increased funding for strengths-based and client-centered case management models
- Increased multi-sectoral collaboration across service delivery sectors in Ontario, in order to provide more coordinated, integrated and accessible client care
- Increased investment in: affordable, transitional, rent-gardeed-to-income and long-term housing; community-based mental health and addictions treatment programs and facilities; and social assistance

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