

# The European End Street Homelessness Campaign



## LEICESTER SURVEY 6<sup>TH</sup> – 10<sup>TH</sup> NOVEMBER 2017

### Opening Script.

Every assessor completing the Survey should use the same introductory script, In that script you should highlight the following information:

- the name of the assessor and their affiliation (organisation they represent, volunteer as part of Ending European Homelessness Campaign etc.)
- The purpose of the survey being completed
- That it usually take between 7-20 minutes to complete
- That simple answers are being sort.
- That any question can be skipped or refused
- That we can stop at anytime
- Where the information is going to be stored
- That if the participant does not understand a question or the assessor does not
- Understand the question that clarification can be provided
- The importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal as we will anomalies all data

## Administration

|  |                                       |                            |
|--|---------------------------------------|----------------------------|
| <b>Interviewer's Name</b>                    | <b>Agency</b>                         | Team<br>Staff<br>Volunteer |
| <b>Survey Date</b><br>DD/MM/YYYY ___/___/___ | <b>Survey Time</b><br>___ : ___ AM/PM | <b>Survey Location</b>     |

## Street Homelessness Identifier

|  |     |    |
|--|-----|----|
| a. Identified under the official definition of Homelessness for DCLG count | Yes | No |
| b. Have you lived on the streets in the last 6 months                      | Yes | No |
| Other (please specify)   |     |    |

## Basic Information

|  |                 |   |                               |
|--|-----------------|---|-------------------------------|
| <b>First Name</b>  | <b>Nickname</b> | <b>Last Name</b>                                  |                               |
| <b>In what language do you feel best able to express yourself?</b> |                 |   |                               |
| <b>Date of Birth</b>   | <b>Age</b>      | <b>Do you have a National Insurance No (NINO)</b> | <b>Consent to participate</b> |
| DD/MM/YYYY ___/___/___   |                 | Yes      No                                       | Yes                  No       |
| <b>IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.</b>    |                 |   | <b>SCORE:</b>                 |
|  |                 |   |                               |

## A. History of Housing and Homelessness

|   |  |                      |  |
|---|--|----------------------|--|
| <p>1. Where do you sleep most frequently? (check one)</p> <p><b>To add</b><br/>If respond sleeping outdoors state usual location:</p>       | <p>a) Outdoors<br/>b) Winter/Night Shelter<br/>c) Homeless hostels<br/>d) Supported Housing<br/>e) Temporary accommodation<br/>f) Hospital<br/>g) Prison<br/>h) Mobile homes<br/>i) Garage<br/>j) Tent or other temporary structure<br/>k) Housing that is not your home/<br/>sofa surfing<br/>l) Family/friends<br/>m) Public Transport<br/>n) Squat/derelict factory<br/>o) Other (specify):<br/>p) Declined to answer</p> |                      |  |
| <p><b>IF THE PERSON ANSWERS ANYTHING OTHER THAN "HOSTEL", THEN SCORE 1.</b></p>   |  | <p><b>SCORE:</b></p> |  |
| <p>2. How long has it been since you lived in permanent stable housing? (answer in whole months)</p>  |  | <p>Refused</p>       |  |
| <p>3. a. How many times have you been homeless?<br/>b. How many times have you slept rough?</p>   |  | <p>Refused</p>       |  |
| <p><b>IF THE PERSON HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS, THEN SCORE 1.</b></p> |  | <p><b>SCORE:</b></p> |  |

## B. Risks

|   |   |  |                |  |
|---|---|--|----------------|--|
| <p>4.</p>                                     | <p>In the past six months, how many times have you...</p> |  |                |  |
| <p>a) Attended A&amp;E?</p>                   |   |  | <p>Refused</p> |  |
| <p>b) Taken an ambulance to the hospital?</p> |   |  | <p>Refused</p> |  |
| <p>c) Been in hospital as an inpatient?</p>   |   |  | <p>Refused</p> |  |

|  |   |   |         |               |
|--|---|---|---------|---------------|
| d) Received a service because of a crisis in your life or violent incident? e.g. Mental Health, Domestic violence, felt suicidal   |   |   | Refused |               |
| e) Talked to police because you witnessed a crime, were the victim of a crime or the alleged perpetrator of a crime  |   |   | Refused |               |
| f) Stayed one or more nights in a police custody or prison?  |   |   | Refused |               |
| g) Been told by the police told you that you must move along?  |   |   | Refused |               |
| <b>IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.</b>   |   |   |         | <b>SCORE:</b> |
|  |   |   |         |               |
| 5. Have you been attacked or beaten up since you've become homeless/rough sleeping?  | Y | N | Refused |               |
| 6. Have you threatened to or tried to harm yourself or anyone else in the last year?   | Y | N | Refused |               |
| <b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.</b>  |   |   |         | <b>SCORE:</b> |
|  |   |   |         |               |
| 7. Do you have a previous criminal history that is making it difficult for you to find housing?  | Y | N | Refused |               |
| <b>IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.</b>  |   |   |         | <b>SCORE:</b> |
|  |   |   |         |               |
| 8. Does anybody force or pressure you to do things that you do not want to do?   | Y | N | Refused |               |
| 9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything similar? | Y | N | Refused |               |
| <b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.</b>  |   |   |         | <b>SCORE:</b> |
|  |   |   |         |               |

## C. Socialisation & Daily Functioning

|  |   |   |         |               |
|--|---|---|---------|---------------|
| 10. Do you owe money to anyone? E.g. a past landlord, business, bookie, dealer, or government group like the DWP?  | Y | N | Refused |               |
| 11. Are you getting benefits or do you receive money from cash in hand work or regular employment?   | Y | N | Refused |               |
| <b>IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.</b>  |   |   |         | <b>SCORE:</b> |
|  |   |   |         |               |
| 12. Are you involved in any planned activities, that make you feel happy and fulfilled?  | Y | N | Refused |               |
| <b>IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.</b>  |   |   |         | <b>SCORE:</b> |
|  |   |   |         |               |
| 13. Are you currently able to take care of basic needs like bathing, changing clothes, using a toilet getting food and clean water and other things like that?                     | Y | N | Refused |               |
| <b>IF "NO," THEN SCORE 1 FOR SELF-CARE.</b>  |   |   |         | <b>SCORE:</b> |
|  |   |   |         |               |
| 14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to be evicted? | Y | N | Refused |               |
| <b>IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.</b>  |   |   |         | <b>SCORE:</b> |
|  |   |   |         |               |

## D. Wellness

|   |   |   |         |  |
|---|---|---|---------|--|
| 15. Have you ever had to leave a flat, hostel, or other place you were staying because of your physical health?   | Y | N | Refused |  |
| 16. Do you have any chronic health issues with your major organs i.e. liver, kidneys, stomach, lungs or heart?  | Y | N | Refused |  |
| 17. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? | Y | N | Refused |  |

|   |   |   |                |               |
|---|---|---|----------------|---------------|
| 18. When you are physically sick or not feeling well, do you avoid asking for help?   | Y | N | Refused        |               |
| 19. <i>FOR FEMALE RESPONDENTS ONLY</i> : Are you currently pregnant?  | Y | N | N/A or Refused |               |
| <b>IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.</b>  |   |   |                | <b>SCORE:</b> |
|   |   |   |                |               |
| 20. Have you been evicted from of a hostel or any accommodation where you were staying in the past because of drinking or drug use?     | Y | N | Refused        |               |
| 21. Will it be difficult for you to stay housed or afford your housing because of drinking or drug use?                                 | Y | N | Refused        |               |
| <b>IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.</b>  |   |   |                | <b>SCORE:</b> |
|   |   |   |                |               |
| 22. Have you ever had trouble maintaining your housing, or been evicted from accommodation or other place you were staying, because of: |   |   |                |               |
| a. A mental health issue or concern?  | Y | N | Refused        |               |
| b. A past head injury?  | Y | N | Refused        |               |
| c. A learning disability, developmental disability, or other impairment?  | Y | N | Refused        |               |
| 23. Do you have any mental health or brain injury that would make it hard for you to live independently because you'd need help?        | Y | N | Refused        |               |
| <b>IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.</b>  |   |   |                | <b>SCORE:</b> |
|   |   |   |                |               |
| <b>IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.</b>        |   |   |                | <b>SCORE:</b> |
|   |   |   |                |               |
| 24. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?                    | Y | N | Refused        |               |

|  |   |   |         |               |
|--|---|---|---------|---------------|
| 25. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?                         | Y | N | Refused |               |
| <b>IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.</b>  |   |   |         | <b>SCORE:</b> |
|  |   |   |         |               |
| 26. Has your current period of homelessness been caused by a traumatic experience eg. domestic violence or some other kind of physical or emotional abuse? | Y | N | Refused |               |
| <b>IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.</b>   |   |   |         | <b>SCORE:</b> |
|  |   |   |         |               |

## Demographic Information and additional questions

|  |   |
|--|---|
| 27. What gender do you identify with?                      | <input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Transgender<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Other – specify .....<br><input type="checkbox"/> Decline to answer |
| 28. How would you define your sexuality?                   | <input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Gay/lesbian<br><input type="checkbox"/> Bi-sexual<br><input type="checkbox"/> Don't know<br><input type="checkbox"/> Decline to answer  |
| 29. What is your country of origin?                        |   |
| 30. Are you a citizen of an EU country?                    | Yes (Specify)<br>No<br>Don't know   |
| 31. Are you a recent immigrant or refugee to this country? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Decline to answer  |
| 32. If yes, how long have you been in this country?        |   |

|   |  |
|---|--|
| 33.If you are an asylum seeker or refugee, were you dispersed to another part of the UK before coming to Leicester? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know<br><input type="checkbox"/> Decline to answer |
| 34. Have you ever been in Local Authority Care?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Decline to answer |
| 35. Have you ever begged?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Decline to answer |
| 36. What are your hopes for the future?   |  |

## Follow-Up Questions

|   |  |
|---|--|
| On a regular day, where is it easiest to find you and what time of day is it easiest to do so?              | Place:<br>Time:<br>or Morning / Noon / Night |
| Is there a phone number and/or email where someone can safely get in touch with you or leave you a message? | Phone:<br>Email:                             |
| Would you like us to contact you to offer services in the near future                                       | Yes      No      Refused                     |
| Would you like to access any services tonight?  | Accepted      Refused                        |



## Scoring Summary

| DOMAIN                               | SUBTOTAL   | RESULTS |
|--------------------------------------|------------|---------|
| PRE-SURVEY                           | /1         |         |
| A. HISTORY OF HOUSING & HOMELESSNESS | /2         |         |
| B. RISKS                             | /4         |         |
| C. SOCIALIZATION & DAILY FUNCTIONS   | /4         |         |
| D. WELLNESS                          | /6         |         |
| <b>GRAND TOTAL:</b>                  | <b>/17</b> |         |