# **AN EVALUATION framework for Housing First in Europe**

The Research work cluster at the Housing First Europe Hub has developed an Evaluation Framework template for Housing First programs in Europe.

In parallel, the Hub has developed a Housing First for Youth (HF4Y) network in Europe. As part of this development, Deborah Quilgars and her team at the University of York were commissioned to design a monitoring framework that can be utilized by new HF4Y projects as part of a wider evaluation process.

Under the logic of aligning the different actions and proposals from the Hub to the Housing First community, it was decided that both evaluation frameworks should share as much of the logic and indicators as possible. Therefore, this proposal for an evaluation framework for Housing First programs is proposed as an adaptation of the HF4Y evaluation framework.

The Housing First evaluation framework proposes 2 different configurations:

* [**Extended version**](#_OUTCOMES_EVALUATION_INTERVIEW.)**.** A version comprising different standardized and validated instruments per each area of the evaluation. This version would need a greater allocation of resources for its administration and ideally would be conducted by external researchers.
* [**Reduced version**](#_REDUCED_EVALUATION_INTERVIEW)**.** A selected list of core indicators in any Housing First program. The main idea is that this version can be easily administered by Housing First services and that it does not require a high resource allocation.

**Sample**. It is proposed that the evaluation is administered to all the clients of the Housing First service. The same interview can be potentially administered to a control group. In this case, it is advised that the Experimental group and the Control group are constituted through a random assignment system.

**Evaluation tools.** The evaluation tool for results on people and costs is a semi-structured interview which Housing First services could administer to clients through different formats (e.g. paper, tablet, computer, etc.). The results can be coded and analyzed using simple software tools, such as Excel, although it is recommended that results are coded and analyzed using specific statistical software, such as SPSS.

Additionally, it is proposed that the Housing First service delivery process is assessed through the collection of ***Details of intervention*** or a mixed-methods Housing First ***fidelity assessment model***, for which specific instructions and tools are to be found in this document.

**Evaluation time frame**. It is proposed that the evaluation is conducted every 6 months for 36 months, starting right before the client enters into the program (M0). Interviews should be then conducted at M6, M12, M18, M24, M30 and M36. Alternatively, it could be conducted every 12 months, and/or during all the time the clients is in the program.

# **How was this evaluation framework DESIGNED?**

The main criteria we considered for the design of this evaluation framework were:

* That it provided relevant information for the evaluation of the Housing First services on three levels:
	+ Generating evidence for advocacy at systemic level
	+ Informing program operations at the organizational level
	+ Providing information on results on service clients at the individual level
* That it would be useful for the numerous services and adaptations of the Housing First model being used across Europe
* That it was easy to use, that is, easy to apply, easy to analyze and efficient in terms of resources needed for its application
* That it was designed on existing knowledge and existing evaluations of Housing First, facilitating comparability of results
* That it was built, whenever possible, on standardized instruments which have been translated to different European languages and adapted to different countries

Considering these challenging criteria, several actions were carried out, including:

* Analyzing the evaluation methods, instruments and variables used in the main Housing First services
* Reviewing the evaluation reports and data visualization of the main Housing First services
* Discussing with Housing First experts and Research Work Cluster members of the Housing First Europe Hub
* Identifying and analyzing different evaluation instruments for the relevant evaluation

The resulting evaluation method is based on a semi-structured interview composed of seven areas plus an additional module for families. Most of the areas integrate the full version or a selection of items of validated instruments, which are referenced in the document. When that was not possible – mainly because of the lack of validated measures or because of they were too long – items adapted from validated measures or specifically designed for this framework have been used. Nevertheless, we hope that this evaluation framework is used by many Housing First services across Europe, fostering its sound validity in the future.

We therefore invite any researcher, organization or Housing First service to freely use this evaluation framework. We invite you all to contact Saija Turunen (saija.turunen@ysaatio.fi), Researcher at the Housing First Europe Hub, for further guidance on its use.

This document includes:

* Section 1. Assessing Service Implementation, with two proposals:
	1. Basic details of intervention data collection
	2. Housing First Fidelity Assessment model

(Housing First Fidelity assessment scale and Scoring tool as annex)

* Section 2. Complete Outcomes Evaluation interview, including:
	1. Complete Interview
	2. Guidance on how to use the results
* Section 3. Short Outcomes Evaluation interview
	1. Short Interview
	2. Guidance on how to use the results

# **ASSESSING SERVICE IMPLEMENTATION**

A very simple principle for the evaluation of social programmes is that you should know which is the configuration of the services and of the intervention provided. Otherwise, it is hard to assess whether the outcomes observed in the evaluation are due to the intervention itself or not. To this regard, the use of the Housing First fidelity assessment can be used as a tool to assess the service provided and its coherence with the core principles of original model and also to inform the service implementation.

Conducting a Housing First fidelity assessment will provide insights on relevant areas of the Housing First service. A fidelity assessment will allow to identify difficulties and drivers to the implementation of the programme. In fact, Housing First fidelity assessment is being systematically used by some programmes as the monitoring system for the management and implementation.

We propose here two different ways to assess fidelity, a lighter version collecting the details of the intervention as proposed in the Housing First for Youth (HF4Y) evaluation framework, and a more complete fidelity assessment which takes the Housing First Guide Europe[[1]](#footnote-1) as the reference model for Housing First in Europe.

# **DETAILS OF INTERVENTIOn**

Basic details of the type of project/ intervention are also required to assess the impact of the project (for example, a project offering permanent tenancies might have more success than one only able to offer tenancies for 6 months). Please record details according to your own project, with bold details seen as essential items.

* Referral and assessment dates (and end date where relevant)/ **total time supported by project**
* Type of housing allocated – flat/house, number of bedrooms (bedsit; 1 bed; 2 bed)
* **Tenure (social housing/ private rented sector/ other); type of tenancy agreement**, location
* **Type of support delivered to person (staff-client ratio for support worker role**; other services (e.g. life-skills training; counselling; peer mentor support etc.)

In addition, the context of the delivery of the project will also have an impact on success. Projects are encouraged to identify the social context within which the projects are being delivered. A commentary on the following areas would be useful:

* Nature of housing availability and affordability locally
* Welfare context, including delivery of social security, health services, education services – national and also any local issues (for example, delays in benefits)
* Economic context – local job markets; wage levels; levels of social inequality
* Levels of deprivation locally – poverty levels; neighbourhood deprivation
* Other key factors – for example, local or national policies on domestic violence; immigration etc.

# **Housing First FIDELITY ASSESMENT model**

This is a mixed methods proposal to assess service fidelity to the Housing First model built adapted from the fidelity assessment model for the original Pathways to Housing service[[2]](#footnote-2). Several Housing First services in Europe and North America used the original fidelity assessment model in the context of a transnational research project. The results of this project were published in a special issue of the European Journal of Homelessness[[3]](#footnote-3).

This adapted fidelity assessment model involves a quantitative fidelity scale and a set of qualitative interviews in 4 steps. The scale measures 9 domains, one for each of the [8 Housing First principles](https://housingfirsteurope.eu/guide/core-principles-housing-first/) as defined in the [Housing First Europe Guide](https://housingfirsteurope.eu/guide/) plus an additional one about actions taken by the services to promote and control the application of the Housing First principles.

The assessment process involves the following five steps:

1. **Administration of Housing First Fidelity Scale to staff members and consensus meeting**
2. **Analysis and quantitative scoring of Housing First Fidelity Scale**
3. **Qualitative interviews to key stakeholders**
4. **Analysing and coding qualitative interviews**
5. **Reporting results**

# **OUTCOMES EVALUATION INTERVIEW. complete version**

*Hello, my name is \_\_\_\_\_\_\_\_\_ and I work for \_\_\_\_\_. Thank you for taking the time to speak with me today. I am here because you are participating in the evaluation study of the \_\_\_\_\_\_\_\_\_\_\_\_\_ service.*

*As part of this study, we are trying to learn which kind of services and support help people who are in a homelessness situation more. We are interested in learning more about how you think and feel about different aspects of your life and the support you receive. We want you to answer as truthfully as possible, because your thoughts and experiences are very important. There are no good or bad answers, first and foremost we are interested in knowing what you think. Your answers and the information you provide will be confidential and private. Only the people who are working on this study will see your answers. Your answers will never be used against you and will never put at risk your participation in the service.*

*If you do not feel like answering a question, that’s OK, we can just skip it and go onto the next one. If you decide you don’t want to do any more, please tell me and we can stop at any time or we can continue after resting for a while. You will not get in trouble if you want to stop the interview or choose not to answer questions.*

*This interview will take about X minutes (adjust depending on the measures finally selected).*

*THANK YOU VERY MUCH FOR PARTICIPATING.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Housing FirstService name** | **Municipality** | **Interviewer Id** | **Client Id** | **Client Group** (experimental/control) |
|  |  |  |  |  |  |

*Please, code information of the interview*

# **SOCIODEMOGRAPHIC & ADMINISTRATIVE STATUS**

*This first set of questions collect basic information about you, your origins, your administrative situation and adverse situations you may have experienced during your lifetime.*

***A.1. General satisfaction with life***

1. How do you feel about your life in general?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

***A.2. Personal information***

1. What’s your age?

|  |
| --- |
| Years\_\_\_\_\_\_\_\_\_ |

1. How would you define your gender?

|  |  |
| --- | --- |
| Female | 1 |
| Male | 2 |
| Transgender female | 3 |
| Transgender male | 4 |
| Gender variant/non-conforming | 5 |
| Other | 6 |
| Doesn’t Know /Doesn´t Answer (DK/DA) | 99 |

1. How would you define your ethnicity?

|  |  |
| --- | --- |
| Arab | 1 |
| Asiatic | 2 |
| Black | 3 |
| Mixed | 4 |
| White  | 5 |
| Other | 6 |
| DK/DA | 99 |

1. How would you describe your sexual orientation?

|  |  |
| --- | --- |
| Heterosexual | 1 |
| Homosexual | 2 |
| Bisexual | 3 |
| Queer | 4 |
| Other | 5 |
| DK/DA | 99 |

1. What is your nationality?

|  |  |  |
| --- | --- | --- |
| (Country of the Housing First service) | 1 | *(go to Q.8)* |
| Other country of the European Union | 2 |  |
| Non-EU  | 3 |  |
| DK/DA | 99 |  |

1. If you're a foreigner, do you have a residence permit?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| In process | 3 |
| DK/DA | 99 |

1. Do you have a passport or ID card (from your country)?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| In process | 3 |
| DK/DA | 99 |

1. Is there an address where you are registered as a resident?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| In process | 3 |
| DK/DA | 99 |

1. Do you have a health card in force?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| In process | 3 |
| DK/DA | 99 |

1. Do you have any disability, limiting long-term illness or condition?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| DK/DA | 99 |

1. Do you have a recognized disability certificate?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| In process | 3 |
| DK/DA | 99 |

1. What’s your marital status you?

|  |  |
| --- | --- |
| Single | 1 |
| Married / Common-law partnered | 2 |
| Partnered (unmarried couple) | 3 |
| Separated | 4 |
| Divorced | 5 |
| Widow | 6 |
| DK/DA | 99 |

1. Do you have any children?

|  |  |  |
| --- | --- | --- |
| Yes | 1 |  |
| No | 2 | *(go to question 18)* |
| DK/DA | 99 |  |

1. How many?

|  |
| --- |
| Nº\_\_\_\_\_\_\_\_\_ |

1. Are you in charge of them?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| DK/DA | 99 |

1. Are they living with you?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| DK/DA | 99 |

1. What’s the highest level of education you achieved?

|  |  |
| --- | --- |
| No studies | 1 |
| Primary education | 2 |
| Secondary education | 3 |
| Post-secondary education | 4 |
| DK/DA | 99 |

1. Have you ever experienced any of these situations?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | DK/DA |
| * 1. been under guardianship (legally protected or incapacitated)
 | 1 | 2 | 99 |
| * 1. had problems with drugs/alcohol
 | 1 | 2 | 99 |
| * 1. had mental health issues
 | 1 | 2 | 99 |
| * 1. suffered from domestic violence
 | 1 | 2 | 99 |
| * 1. suffered from gender violence
 | 1 | 2 | 99 |
| * 1. been sexually harassed or abused
 | 1 | 2 | 99 |
| * 1. been arrested
 | 1 | 2 | 99 |

1. Have you ever lived or stayed in any of these institutions?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | DK/DA |
| 1. a psychiatric hospital?
 | 1 | 2 | 99 |
| 1. a juvenile facility?
 | 1 | 2 | 99 |
| 1. a prison?
 | 1 | 2 | 99 |

# **HOUSING & homelessness traJectory**

Next*, I will ask you about the situation or situations of homelessness you have experienced during your lifetime and about your current housing situation and your satisfaction with it.*

***B.1. Homelessness trajectory***

1. Where did you live before you first got to a homeless situation?

|  |  |
| --- | --- |
| In your own/family’s house  | 1 |
| At a friend's house | 2 |
| At a relative's house | 3 |
| In a room or shared apartment | 4 |
| In a pension or similar | 5 |
| In prison | 6 |
| In a foster care, mental health residence or similar institution | 7 |
| Other (please, indicate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  | 8 |
| DK/DA | 99 |

1. How old were you when you found yourself for the first time in a homeless situation?

|  |
| --- |
| Years\_\_\_\_\_\_\_\_\_ |

1. Since then, how many times have you been in a homeless situation?

|  |
| --- |
| Number of times\_\_\_\_\_\_\_\_\_ |

1. Considering all the periods you have been in a homeless situation, what’s the total amount of months your life spent in a homeless situation? *(if answer is provided in years, please, code number of months)*

|  |
| --- |
| Number of months\_\_\_\_\_\_\_\_\_ |

***B.2. Housing situation***

Out of the following accommodation situations, could you tell me:

1. What’s your current accommodation situation? *(refer to ETHOS for more information on these categories)*
2. How many nights have you been currently in that situation? *(if months or years calculate in nights (multiply x30 or x365)*
3. During the last 3 months, can you estimate how many nights did you spend in each of these accommodation situations?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current situation | N. of nights current episode  | N. of nights last 3 months |
| Sleeping rough (public spaces, cars, banks, ATMs) | 1 |  |  |
| In an emergency shelter forced to spend the day on street | 2 |  |  |
| In a shelter, hostel or temporary accommodation for homeless people | 3 |  |  |
| In a shelter or other type of accommodation only for women | 4 |  |  |
| In a center or temporary accommodation for migrants or asylum seekers | 5 |  |  |
| In an institution (e.g. prison, foster care, medical or mental health center | 6 |  |  |
| In long stay supported accommodation (no lease) | 7 |  |  |
| Without a lease in someone’s house (family, friends, sub-tenancy) or in an occupied house | 8 |  |  |
| In a house under threat of eviction (could be your own/family house or someone else’s house) | 9 |  |  |
| In a place where you are under threat of violence | 10 |  |  |
| In temporary structures or shanty (e.g. mobile home, shacks, cabin) | 11 |  |  |
| In unfit housing (e.g. abandoned building or occupied apartment without supplies) | 12 |  |  |
| In an overcrowded house | 13 |  |  |
| In a Housing First apartment | 14 |  |  |
| Other (please, indicate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  | 15 |  |  |
| DK/DA | 99 |  |  |

***B.3. Housing satisfaction***

1. How satisfied are you with the following aspects of your home or the place you live?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Fairly satisfied | Very satisfied |
| The amount of choice you have over the place you live. | 1 | 2 | 3 | 4 | 5 |
| How close you live to family and friends. | 1 | 2 | 3 | 4 | 5 |
| How close you live to agencies where services are available (e.g., health, mental health, etc.) | 1 | 2 | 3 | 4 | 5 |
| The choice you have about when to see your case manager. | 1 | 2 | 3 | 4 | 5 |
| The choice you have over whether or not you take medication. | 1 | 2 | 3 | 4 | 5 |
| How close you live to shopping, public transportation, post office, etc. | 1 | 2 | 3 | 4 | 5 |
| How much control you have over who can come into your place. | 1 | 2 | 3 | 4 | 5 |
| How long you will be able to live in your place. | 1 | 2 | 3 | 4 | 5 |
| The safety of your neighborhood. | 1 | 2 | 3 | 4 | 5 |
| The amount of privacy you have. | 1 | 2 | 3 | 4 | 5 |
| How affordable your place is. | 1 | 2 | 3 | 4 | 5 |
| The amount of time it takes to get repairs done in your place. | 1 | 2 | 3 | 4 | 5 |
| The condition (or state of repair) of your place. | 1 | 2 | 3 | 4 | 5 |
| The safety and security of your building. | 1 | 2 | 3 | 4 | 5 |
| How close you live to recreational activities, movies, social clubs, place of worship, etc. | 1 | 2 | 3 | 4 | 5 |
| How much independence you have in your daily life. | 1 | 2 | 3 | 4 | 5 |
| The opportunities you have to socialize in the place where you live. | 1 | 2 | 3 | 4 | 5 |
| How easy it is to contact your case manager whenever you need to. | 1 | 2 | 3 | 4 | 5 |
| How much choice you have about whether or not to see your case manager | 1 | 2 | 3 | 4 | 5 |

1. LIVING SITUATION. How do you feel about…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1. The living arrangements where you live?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The privacy you have there?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The prospect of staying on where you currently live for a long period of time?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

# **HEALTH AND WELLBEING**

Next, I'll ask you some questions about your health.

***C.1. General health status***

1. HEALTH. How do you feel about…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1. Your health in general?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The medical care available to you if you need it?
 |  |  |  |  |  |  |  |
| 1. How often you see a doctor?
 |  |  |  |  |  |  |  |
| 1. The chance you have to talk with a therapist?
 |  |  |  |  |  |  |  |
| 1. Your physical condition?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Your emotional well-being?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

***C.2. Physical health***

The following two questions are about activities you might do during a typical day. Does your health now limit you in these activities? if so, how much?

1. Moderate activities, such as moving a table or pushing a vacuum cleaner

|  |  |
| --- | --- |
| Yes, Limited a lot | 1 |
| Yes, Limited a little | 2 |
| No, Not Limited at all | 3 |

1. Climbing several flights of stairs

|  |  |
| --- | --- |
| Yes, Limited a lot | 1 |
| Yes, Limited a little | 2 |
| No, Not Limited at all | 3 |

During the past month have you had any of the following problems with your work or other regular activities as a result of your physical health?

1. Accomplished less than you would like

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |

1. Were limited in the kind of work or other activities

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |

***C.3. Mental health***

1. Please indicate the extent to which you agree with each of the following statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| I tend to bounce back quickly after hard times | 1 | 2 | 3 | 4 | 5 |
| I have a hard time making it through stressful events | 1 | 2 | 3 | 4 | 5 |
| It does not take me long to recover from a stressful event | 1 | 2 | 3 | 4 | 5 |
| It is hard for me to snap back when something bad happens | 1 | 2 | 3 | 4 | 5 |
| I usually come through difficult times with little trouble | 1 | 2 | 3 | 4 | 5 |
| I tend to take a long time to get over set-backs in my life | 1 | 2 | 3 | 4 | 5 |

1. Next, I’ll ask you about your recovery. Please indicate your degree of agreement with the following statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| I have a desire to succeed.  | 1 | 2 | 3 | 4 | 5 |
| I have my own plan for how to stay or become well.  | 1 | 2 | 3 | 4 | 5 |
| I have goals in life that I want to reach.  | 1 | 2 | 3 | 4 | 5 |
| I believe I can meet my current personal goals.  | 1 | 2 | 3 | 4 | 5 |
| I have a purpose in life | 1 | 2 | 3 | 4 | 5 |
| Even when I don't care about myself, other people do | 1 | 2 | 3 | 4 | 5 |
| Fear doesn’t stop me from living the way I want to. | 1 | 2 | 3 | 4 | 5 |
| I can handle what happens in my life. | 1 | 2 | 3 | 4 | 5 |
| I like myself. | 1 | 2 | 3 | 4 | 5 |
| If people really knew me, they would like me. | 1 | 2 | 3 | 4 | 5 |
| I have an idea of who I want to become. | 1 | 2 | 3 | 4 | 5 |
| Something good will eventually happen. | 1 | 2 | 3 | 4 | 5 |
| I am hopeful about my future. | 1 | 2 | 3 | 4 | 5 |
| I continue to have new interests. | 1 | 2 | 3 | 4 | 5 |
| Coping with homelessness is no longer the main focus of my life | 1 | 2 | 3 | 4 | 5 |
| My symptoms interfere less & less with my life.  | 1 | 2 | 3 | 4 | 5 |
| My symptoms seem to be a problem for shorter periods of time each time they occur.  | 1 | 2 | 3 | 4 | 5 |
| I know when to ask for help.  | 1 | 2 | 3 | 4 | 5 |
| I am willing to ask for help. | 1 | 2 | 3 | 4 | 5 |
| I ask for help, when I need it.  | 1 | 2 | 3 | 4 | 5 |
| I can handle stress. | 1 | 2 | 3 | 4 | 5 |
| I have people I can count on. | 1 | 2 | 3 | 4 | 5 |
| Even when I don't believe in myself, other people do. | 1 | 2 | 3 | 4 | 5 |
| It is important to have a variety of friends. | 1 | 2 | 3 | 4 | 5 |

***C.4. Health promotion and meaningful activities***

1. During a usual week, what do you do most of the time?

|  |  |
| --- | --- |
| Work at a job for pay | 1 |
| Go to a structured day program  | 2 |
| Go to school | 3 |
| Do volunteer work | 4 |
| Keep house | 5 |
| Nothing much (e.g., drink coffee, smoke cigarettes, watch TV) | 6 |
| Something else (please indicate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 7 |
| DK/DA | 99 |

1. Do you do any of the following

|  |  |  |  |
| --- | --- | --- | --- |
|  | A lot | Some of the time | Not at all |
| Eat healthily | 1 | 2 | 3 |
| Sports/exercise | 1 | 2 | 3 |
| Smoke | 1 | 2 | 3 |
| Drink alcohol | 1 | 2 | 3 |
| Relaxation activities (e.g. music, yoga, socialising) | 1 | 2 | 3 |
| Use recreational drugs | 1 | 2 | 3 |
| Gamble with money | 1 | 2 | 3 |

1. DAILY ACTIVITIES AND FUNCTIONING. How do you feel about…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1. The way you spend your spare time?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The chance you have to enjoy pleasant or beautiful things?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The amount of fun you have?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The amount of relaxation in your life?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

# **SUBSTANCE USE**

 I'll ask you now some questions about use of alcohol or other substances.

***D.1. Use of substances***

1. Are drugs or alcohol causing problems in your life?

|  |  |  |
| --- | --- | --- |
| Yes | 1 |  |
| No | 2 | *Go to Q. 42* |
| Sometimes | 3 |  |

1. If yes, are you taking steps to decrease the amount of alcohol or drugs that you take?

|  |  |
| --- | --- |
| Yes | 1 |
| Would like to but don't know where to start | 2 |
| No | 3 |
| Sometimes | 4 |

***D.2. AUDIT. The next section corresponds to the use of alcohol. Please answer as honestly as possible, as the answers are absolutely anonymous and will only be used for statistical purposes.***

The next questions are about your use of alcohol in the past 6 months (e.g., beer, wine, vodka).

1. How often do you have a drink containing alcohol?

|  |  |  |
| --- | --- | --- |
| Never | 1 | *Go to Q. 52* |
| Monthly or less | 2 |  |
| 2 to 4 times a month | 3 |  |
| 2 to 3 times a week | 4 |  |
| 4 or more times a week | 5 |  |

1. How many drinks containing alcohol do you have on a typical day when you are drinking?

|  |  |
| --- | --- |
| 1 or 2 | 1 |
| 3 or 4 | 2 |
| 5 or 6 | 3 |
| 7, 8, or 9 | 4 |
| 10 or more | 5 |

1. How often do you have six or more drinks on one occasion?

|  |  |
| --- | --- |
| Never | 1 |
| Less than monthly | 2 |
| Monthly | 3 |
| Weekly | 4 |
| Daily or almost daily | 5 |

1. How often have you found that you were not able to stop drinking once you started?

|  |  |
| --- | --- |
| Never | 1 |
| Less than monthly | 2 |
| Monthly | 3 |
| Weekly | 4 |
| Daily or almost daily | 5 |

1. How often have you failed to do what was expected from you because of drink?

|  |  |
| --- | --- |
| Never | 1 |
| Less than monthly | 2 |
| Monthly | 3 |
| Weekly | 4 |
| Daily or almost daily | 5 |

1. How often have you needed a first drink in the morning to get yourself going after a heavy drinking session?

|  |  |
| --- | --- |
| Never | 1 |
| Less than monthly | 2 |
| Monthly | 3 |
| Weekly | 4 |
| Daily or almost daily | 5 |

1. How often have you had a feeling of guilt or remorse after drinking?

|  |  |
| --- | --- |
| Never | 1 |
| Less than monthly | 2 |
| Monthly | 3 |
| Weekly | 4 |
| Daily or almost daily | 5 |

1. How often have you been unable to remember what happened the night before because you had been drinking?

|  |  |
| --- | --- |
| Never | 1 |
| Less than monthly | 2 |
| Monthly | 3 |
| Weekly | 4 |
| Daily or almost daily | 5 |

1. Have you or someone else been injured as a result of your drinking?

|  |  |
| --- | --- |
| No | 1 |
| Yes, but not in the last 6 months | 2 |
| Yes, during the last 6 months | 3 |

1. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

|  |  |
| --- | --- |
| No | 1 |
| Yes, but not in the last 6 months | 2 |
| Yes, during the last 6 months | 3 |

***D.3. AUDIT. The next section corresponds to the use of drugs other than alcohol. Please answer as honestly as possible, as the answers are absolutely anonymous and will only be used for statistical purposes.***

1. How often do you use drugs other than alcohol?

|  |  |  |
| --- | --- | --- |
| Never | 1 | *Go to Q. 63* |
| Monthly or less | 2 |  |
| 2 to 4 times a month | 3 |  |
| 2 to 3 times a week | 4 |  |
| 4 or more times a week | 5 |  |

1. Do you use more than one type of drug on the same occasion?

|  |  |
| --- | --- |
| Never | 1 |
| Monthly or less | 2 |
| 2 to 4 times a month | 3 |
| 2 to 3 times a week | 4 |
| 4 or more times a week | 5 |

1. How many times do you take drugs on a typical day when you use drugs?

|  |  |
| --- | --- |
| 0 | 1 |
| 1-2 | 2 |
| 3-4 | 3 |
| 5-6 | 4 |
| 7 or more | 5 |

1. How often are you influenced heavily by drugs?

|  |  |
| --- | --- |
| Never | 1 |
| Less than monthly | 2 |
| Monthly | 3 |
| Weekly | 4 |
| Daily or almost daily | 5 |

1. Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?

|  |  |
| --- | --- |
| Never | 1 |
| Less than monthly | 2 |
| Monthly | 3 |
| Weekly | 4 |
| Daily or almost daily | 5 |

1. Has it happened, over the past year, that have you not been able to stop taking drugs once you started?

|  |  |
| --- | --- |
| Never | 1 |
| Less than monthly | 2 |
| Monthly | 3 |
| Weekly | 4 |
| Daily or almost daily | 5 |

1. How often over the past year have you taken drugs and then neglected to do something that you should have done?

|  |  |
| --- | --- |
| Never | 1 |
| Less than monthly | 2 |
| Monthly | 3 |
| Weekly | 4 |
| Daily or almost daily | 5 |

1. How often over the past year have you needed to take a drug the morning after heavy drug use the day before?

|  |  |
| --- | --- |
| Never | 1 |
| Less than monthly | 2 |
| Monthly | 3 |
| Weekly | 4 |
| Daily or almost daily | 5 |

1. How often over the past year have you had guilt feelings or a bad conscience because you used drugs?

|  |  |
| --- | --- |
| Never | 1 |
| Less than monthly | 2 |
| Monthly | 3 |
| Weekly | 4 |
| Daily or almost daily | 5 |

1. Have you or anyone else been hurt (mentally or physically) because you used drugs?

|  |  |
| --- | --- |
| No | 1 |
| Yes, but not in the last 6 months | 2 |
| Yes, during the last 6 months | 3 |

1. Has a relative or friend, doctor or a nurse, or anyone else, been worried about your drug use or said that you should stop using drugs?

|  |  |
| --- | --- |
| No | 1 |
| Yes, but not in the last 6 months | 2 |
| Yes, during the last 6 months | 3 |

# **USE OF GENERAL AND SPECIALIZED SERVICES CONTACT**

1. During the last 3 months, how many…

|  |  |
| --- | --- |
| Physical health | *Number*  |
| 1. …times have you had to go to the emergency room for a (physical) health problem?
 |  |
| 1. … nights total did you spend in the hospital for a health problem?
 |  |
| 1. …times did you see a doctor or nurse in an office or outpatient clinic for a health problem?
 |  |
| 1. … times did you have an outpatient surgical procedure for a health problem?
 |  |
| 1. …days did you take prescribed medication for a health problem?
 |  |
| 1. …times used an ambulance or a similar medical transportation for a health problem?
 |  |

1. During the last 3 months, how many…

|  |  |
| --- | --- |
| Mental health | *Number* |
| 1. … times have you had to go to an emergency room for mental, emotional, behavioral or psychological problems?
 |  |
| 1. … nights total did you spend in the hospital for mental, emotional, behavioral or psychological problems?
 |  |
| 1. …times did you see a mental health doctor in an office or outpatient clinic for mental, emotional, behavioral or psychological problems?
 |  |
| 1. …days did you take prescribed medication for mental, emotional, behavioral or psychological problems?
 |  |

1. During the last 3 months, how many…

|  |  |
| --- | --- |
| Addictions | *Number* |
| 1. …nights were you in a halfway house, residential, inpatient, or hospital program for alcohol or drug use problems?
 |  |
| 1. …times did you go to a regular (1-8 hours per week) outpatient program for your alcohol or other drug use problems?
 |  |
| 1. …days did you take medication like methadone or Antabuse to help with withdrawal or cravings?
 |  |
| 1. …days did you go to any other kind of treatment program or work with some other kind of case manager for your alcohol or other drug use problems? (Please describe...............................................)
 |  |
| 1. …days have you been in a detoxification program to help you through withdrawal?
 |  |
| 1. …days have you attended one or more self-help group meetings (such as AA, NA, CA, or Social Recovery) for your alcohol or other drug use?
 |  |
| 1. …times have you been given a breathalyzer or urine test to check for your alcohol or other drug use? (Do not count any today)
 |  |
| 1. …times did you go to an emergency room for your alcohol or other drug use problems?
 |  |

1. During the last 3 months, have you had any contact with the Police or the criminal justice system?

|  |  |  |
| --- | --- | --- |
| Yes | 1 |  |
| No | 2 | *(go to Q.70)* |
| DK/DA | 99 |  |

1. On how many occasions?

|  |
| --- |
| Nº\_\_\_\_\_\_\_\_\_ |

1. Was this…

|  |  |  |
| --- | --- | --- |
| …as a victim of a crime? | 1 | *(go to Q.70)* |
| …because you were cautioned or reported for a crime?  | 2 |  |
| Both are correct | 3 |  |
| DK/DA | 99 |  |

1. Did any of those contacts result in…

|  |  |
| --- | --- |
| ...an administrative penalty or a fine? | 1 |
| …an arrest or charge? | 2 |
| … probation? | 3 |
| …a prison or liberty deprivation judgement? | 4 |
| …other consequences? | 5 |
| …no consequences? | 6 |
| DK/DA | 99 |

# **SOCIAL SUPPORT**

*Next, I'll ask you about your relationship with other people, friends and family*

***F.1. Referral support***

1. We are interested in how you feel about the following statements. Indicate how you feel about each statement.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very strongly disagree | Strongly disagree | Mildly disagree | Neutral | Mildly agree | Strongly agree | Very strongly agree |
| There is a special person who is around when I’m in need. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| There is a special person with whom I can share joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| My family really tries to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I get the emotional help & support I need from my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I have a special person who is a real source of comfort to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| My friends really try to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I can count on my friends when things go wrong. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I can talk about my problems with my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I have friends with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| There is a special person in my life who cares about my feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| My family is willing to help me make decisions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I can talk about my problems with my friends. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. SOCIAL RELATIONS. How do you feel about…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1. The things you do with other people?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The amount of time you spend with other people?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The people you see socially?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

***F.2. Relations with friends***

1. How often do you see friends?

|  |  |
| --- | --- |
| Weekly or more | 1 |
| At least monthly | 2 |
| Less monthly | 3 |
| I don't see them | 4 |
| I don't have any friends. | 5 |

1. How do you feel about the frequency of contact with your friends?

|  |  |
| --- | --- |
| I have too much contact | 1 |
| I have enough contact | 2 |
| I would like a bit more contact | 3 |
| I would like a lot more contact | 4 |
| Doesn't apply | 5 |

***F.3. Relations with family***

1. How often do you have contact with your family?

|  |  |  |
| --- | --- | --- |
| Weekly or more | 1 |  |
| At least monthly | 2 |  |
| Less monthly | 3 |  |
| I have no contact | 4 |  |
| I have no family | 5 | *(Go to Q. 77)* |

1. How do you feel about the frequency of contact with your family?

|  |  |
| --- | --- |
| I have too much contact | 1 |
| I have enough contact | 2 |
| I would like a bit more contact | 3 |
| I would like a lot more contact | 4 |
| Doesn't apply | 5 |

1. FAMILY. How do you feel about…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1. The way you and your family act toward each other?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The way things are in general between you and your family?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

# **COMMUNITY INTEGRATION & discrimination experiences**

***G.1. Community integration and engagement***

1. The next four statements are about how you feel about where you live. Indicate how you feel about each statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| I know most people who live near me |  |  |  |  |  |
| I relate to people who live near me |  |  |  |  |  |
| I feel "at home" where I live |  |  |  |  |  |
| I feel part of the place where I live |  |  |  |  |  |

1. In the past month have you:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | DK/DA |
| Attended a movie or concert? |  |  |  |
| Participated in outside sports or recreation? |  |  |  |
| Gone to meet people at a restaurant or coffee shop? |  |  |  |
| Participated in a community event? |  |  |  |
| Gone to a place of worship or participated in a spiritual ceremony? |  |  |  |
| Participated in a volunteer activity? |  |  |  |
| Gone to a library? |  |  |  |

1. Are you registered to vote?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| DK/DA | 99 |

1. Have you voted in the last election?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| DK/DA | 99 |

***G.2. Security and discrimination experiences***

1. In the last 3 months, have you experienced any of the following situations?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Once | More than once | Does not apply |
| A health provider has refused you care |  |  |  |  |
| You have been fired or dismissed from a job or been turned down for a job that you interviewed for |  |  |  |  |
| You have been evicted or denied housing |  |  |  |  |
| You have been unreasonably stopped and questioned, searched or arrested by the police or security |  |  |  |  |
| You have been unreasonably expelled or suspended from school |  |  |  |  |
| You have been unable to open a bank account, cash a cheque or get a loan |  |  |  |  |
| You had to move to another neighborhood, town, city, state, province or country |  |  |  |  |
| You lost a close relationship |  |  |  |  |
| You have been threatened with physical or sexual attack |  |  |  |  |
| You have been physically attacked (e.g. spit on, had objects thrown at you, hit, punched, pushed or grabbed, beaten) |  |  |  |  |
| You have been made to engage in sexual activity or been touched in a sexual way that you didn’t want |  |  |  |  |
| You have had someone take, damage or vandalize your property |  |  |  |  |

1. SAFETY ISSUES. How do you feel about…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1. How safe you are on the streets in your neighborhood
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. How safe you are where you live?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The protection you have against being robbed or attacked?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

# **ECONOMIC AUTONOMY**

1. Are you currently employed?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| I am retired or have a recognized disability which prevents me from working | 3 |
| DK/DA | 99 |

1. If yes, for how many months have you been employed?

Nº months\_\_\_\_\_\_\_\_\_

1. If no, have you done anything to seek work in the last month?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| DK/DA | 99 |

1. What is your main source of income?

|  |  |
| --- | --- |
| Paid employment (with a contract) | 1 |
| Informal employment (without a contract) | 2 |
| Social benefits or subsidies | 3 |
| Begging in the street | 4 |
| Other sources (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 |

1. During the last month did you generally have enough money to cover

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | DK/DA |
| Food? | 1 | 2 | 99 |
| Clothing? | 1 | 2 | 99 |
| Housing? | 1 | 2 | 99 |
| Medical Care? | 1 | 2 | 99 |
| Traveling around the city for things like shopping, medical appointments, or visiting friends and relatives? | 1 | 2 | 99 |
| Social activities like movies or eating in restaurants? | 1 | 2 | 99 |

1. FINANCES. In general, how do you feel about…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1. The amount of money you get?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. How comfortable and well-off you are financially?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The amount of money you have available to spend for fun?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

 ***General satisfaction with life***

1. SATISFACTION WITH LIFE. How do you feel about your life in general?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

***WE'VE ALREADY ENDED. THANK YOU FOR YOUR HELP AND COLLABORATION.***

# **HOW TO USE THE LONG INterview RESULTS**

The data collected with this instrument can be analyzed in many different ways. Each Housing First service or researcher can decide which outcomes to measure and how to analyze them. Outcomes and performance objectives should be clearly aligned with the objectives of the service. Below, we suggest a list of possible outcomes and analysis for each of the domains for the complete interview. You will find also references to the instruments or evaluations where the items of the interview come from.

1. **SOCIODEMOGRAPHIC & ADMINISTRATIVE STATUS**

This set of items includes questions used in different homeless or Housing First surveys.

**General satisfaction with life (item 1)[[4]](#footnote-4)**

* Quality of life (refer to Domain J Quality of life)

**Sociodemographic (items 2, 3, 4, 5, 6, 11, 18)**

* Average age of clients
* % of female, male, transgender, gender variant (overrepresentation of groups)
* % of ethnicity (overrepresentation of groups)
* % of sexual orientation (overrepresentation of groups)
* % of nationality (overrepresentation of groups)
* % of people with a disability or limiting conditions
* % of education level

**Administrative status and Access to rights (items 7, 8, 9, 10, 12, 16)**

* % of people in a regular administrative situation (residence permit/ID card)
* % of people registered as a resident
* % of people with a health card
* % of people with a disability with a disability certificate
* % of people with children in charge

**Intersectionality & Adverse experiences (items 19, 20)**

* % of people having experienced adverse situations
* % of people having been institutionalized
* Analysis of subgroup intersectionality (age, gender, ethnicity, sexual orientation, nationality, etc.)
1. **HOUSING & HOMELESSNESS TRAJECTORY**

This set of items includes questions used in different homeless or Housing First surveys and questions adapted from validated instruments. Answers to questions 25 to 27 are built using ETHOS categories[[5]](#footnote-5). Question 28 corresponds to SAMSHA Housing Satisfaction Scale[[6]](#footnote-6). Question 29 corresponds to Lehman QOL interview[[7]](#footnote-7).

**Homelessness trajectory (items 21 to 24)**

* % of housing situations previous to homelessness
* Mean age of people when becoming homeless
* Chronicity (Mean years in a homeless situation; % of people having been homeless more than 3 years)
* Recidivism (Number of times in a homeless situation)

**Housing situation (item 25)**

* % of people in different housing situations

**Housing retention**

* % of people housed in aHousing Firstapartment at months 12, 24, 36…

**Housing stability (items 26, 27)**

* Nights spent in current housing situation
* % of people having spent 30 days in a Housing First apartment during the last month

**Housing satisfaction (item 28)**

* % of people having scored 4 or more their satisfaction with their home or place they live
1. **HEALTH AND WELLBEING**

This set of items includes questions used in different homeless or Housing First surveys and questions adapted from validated instruments. Questions 31 to 34 are adapted from SF12[[8]](#footnote-8), item 35 is based on the Brief resilience scale[[9]](#footnote-9), item 36 is adapted from the Recovery Assessment Scale (RAS)[[10]](#footnote-10), items 30 and 37 is adapted from Lehman QOL interview[[11]](#footnote-11), item 38 is used in the HF4Y evaluation.

**Satisfaction with general health status** (refer to Domain J. Quality of life)

**Physical health (items 31 to 34)**

* Improved health at months 12, 24, 36…

**Mental health (items 35 and 36)**

* Improved resilience
* Improved recovery

**Health promotion and leisure (items 37 and 38)**

* % of people doing meaningful activities
* % of people doing healthy leisure activities

**Satisfaction with daily activities and functioning** (refer to Domain J. Quality of life)

1. **SUBSTANCE USE**

This set of items includes questions used in the HF4Y evaluation and two validated instruments: AUDIT[[12]](#footnote-12) and DUDIT[[13]](#footnote-13).

**Use of substances (items 40 and 41)**

* Reduced % of people with drugs or alcohol related problems
* Increased % of people with drugs or alcohol related problems taking steps to decrease use

**Alcohol use - AUDIT (items 42 to 51)**

* Improved alcohol use pattern

**Drugs use – DUDIT (items 52 to 62)**

* Improved drugs use pattern
1. **USE OF GENERAL AND SPECIALIZED SERVICES CONTACT**

This set of items includes questions used in the Home EU clients survey and questions adapted from the Global Appraisal of Individual Needs (GAIN)[[14]](#footnote-14).

This domain may be used to analyze service utilization costs, by calculating (when possible) the average price of each of the services in the country or city. If needed to calculate the costs, questions can be adapted to match the services more specifically with the services locally available.

**Use of physical health services (item 63)**

* Reduced number of times/nights using emergency and hospitalization services
* Increased % of people doing a normalized use of health services (visiting a doctor or a nurse)
* Reduced costs of service utilization at months 24, 36…

**Use of mental health services (item 64)**

* Reduced number of times/nights using emergency and hospitalization services
* Increased % of people starting outpatient services
* Reduced costs of service utilization at months 24, 36…

**Use of addiction services (item 65)**

* Reduced number of times using emergency rooms
* Increased % of people starting inpatient programs at months 12 or 24
* Increased % of people starting outpatient programs at months 24, 36…
* Increased average days taking methadone or Antabuse
* Reduced costs of service utilization at months 24, 36…

**Use of Police and criminal justice services (items 66 to 69)**

* Reduced % of people and number of times people were cautioned or reported for a crime
* Increased % of people having contact with justice services as victims of a crime
* Reduced % of people being fined, arrested, on probation, in prison or liberty depravation

1. **SOCIAL SUPPORT**

This set of items includes the Multidimensional Scale of Perceived Social Support[[15]](#footnote-15) (item 70) and questions used in the HF4Y evaluation (items 72 to 75). Items 71 and 76 are adapted from Lehman QOL interview[[16]](#footnote-16).

**Referral support (item 70)**

* Enhanced supports

**Relations with friends (items 72, 73)**

* Reduced % of people not having friends
* Increased satisfaction of contact frequency

**Family relations (items 7)**

* Reduced % of people not having contact with family
* Increased satisfaction of contact frequency

**Satisfaction with social & family relations** (refer to Domain J. Quality of life)

1. **COMMUNITY INTEGRATION & DISCRIMINATION EXPERIENCES**

This domain includes items 77 and 78 adapted from the Community Integration Scale and questions 79 and 80 used in the HF4Y evaluation, item 81 adapted from the Intersectional Discrimination Index[[17]](#footnote-17) and item 82 from Lehman QOL interview[[18]](#footnote-18).

**Community integration (items 77, 78)**

* Increased overall psychological integration
* Increased % of people who relate to people
* Increased participation in activities in the community

**Civic participation (items 79 and 80)**

* Increased % of people registered to vote
* Increased % of people who voted in last election

**Security and Discrimination (item 81)**

* Increased % of people never experiencing violent or discrimination situations
* Reduction of frequency of violent and discrimination situations

**Satisfaction with safety issues** (refer to Domain J. Quality of life)

1. **ECONOMIC AUTONOMY**

This set of items includes questions adapted from the HF4Y evaluation, the Home EU project[[19]](#footnote-19) survey to clients and the Lehman QOL interview[[20]](#footnote-20).

**Employment situation (items 83 to 85)**

* Reduced % of unemployed people
* Employment stability (mean nº of working months)
* Increased % of unemployed people looking for a job

**Access to Income (item 86)**

* Increased % of people receiving income from paid employment or social benefits

**Economic autonomy (item 87)**

* Increased % of people having money to cover expenses

**Satisfaction with finances** (refer to Domain J. Quality of life)

1. **QUALITY OF LIFE**

This domain measures satisfaction with different areas of quality of life with a selection of items from Lehman QOL interview[[21]](#footnote-21).

**General Quality of life Lehman (items 1, 89)**

* Increased satisfaction with life at months 12, 24, 36…
* It is suggested to analyze coherence between answers to Q.1 and Q.89

**Satisfaction with Living arrangements, Health Status, Daily Activities and Functioning, Social Relations, Family Relations, Safety and Finances (29, 30, 39,71, 76, 82, 88).**

* Increased satisfaction for each of the areas or subitems
* A spider web visualization as featured below is suggested to present results



# **REDUCED EVALUATION INTERVIEW**

*Hello, my name is \_\_\_\_\_\_\_\_\_ and I work for \_\_\_\_\_. Thank you for taking the time to speak with me today. I am here because you are participating in the evaluation study of the \_\_\_\_\_\_\_\_\_\_\_\_\_ service.*

*As part of this study, we are trying to learn which kind of services and support help people who are in a homelessness situation more. We are interested in learning more about how you think and feel about different aspects of your life and the support you receive. We want you to answer as truthfully as possible, because your thoughts and experiences are very important. There are no good or bad answers, first and foremost we are interested in knowing what you think. Your answers and the information you provide will be confidential and private. Only the people who are working on this study will see your answers. Your answers will never be used against you and will never put at risk your participation in the service.*

*If you do not feel like answering a question, that’s OK, we can just skip it and go onto the next one. If you decide you don’t want to do any more, please tell me and we can stop at any time or we can continue after resting for a while. You will not get in trouble if you want to stop the interview or choose not to answer questions.*

*This interview will take about 15 minutes.*

*THANK YOU VERY MUCH FOR PARTICIPATING.*

*Please, code information of the interview*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **HF Service name** | **Municipality** | **Interviewer Id** | **Client Id** | **Client Group** (experimental/control) |
|  |  |  |  |  |  |

***SOCIODEMOGRAPHIC & ADMINISTRATIVE STATUS***

*This first set of questions collect basic information about you, your origins, your administrative situation and adverse situations you may have experienced during your lifetime.*

1. How do you feel about your life in general?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. What’s your age?

|  |
| --- |
| Years\_\_\_\_\_\_\_\_\_ |

1. How would you define your gender?

|  |  |
| --- | --- |
| Female | 1 |
| Male | 2 |
| Transgender female | 3 |
| Transgender male | 4 |
| Gender variant/non-conforming | 5 |
| Other | 6 |
| Doesn’t Know /Doesn´t Answer (DK/DA) | 99 |

1. What is your nationality?

|  |  |  |
| --- | --- | --- |
| (Country of theHousing Firstservice) | 1 | *(go to Q.8)* |
| Other country of the European Union | 2 |  |
| Non-EU  | 3 |  |
| DK/DA | 99 |  |

1. Do you have a passport or ID card (from your country)?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| In process | 3 |
| DK/DA | 99 |

1. Is there an address where you are registered as a resident?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| In process | 3 |
| DK/DA | 99 |

1. Do you have a health card in force?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| In process | 3 |
| DK/DA | 99 |

***HOUSING & HOMELESSNESS TRAJECTORY***

Next*, I will ask you about your current housing situation and your satisfaction with it.*

Out of the following accommodation situations, could you tell me:

1. What’s your current accommodation situation? *(refer to ETHOS for more information on these categories)*
2. How many nights have you been in that situation during the last 30 days?

|  |  |  |
| --- | --- | --- |
|  | Current situation | N. of nights in last 30 days  |
| Sleeping rough (public spaces, cars, banks, ATMs) | 1 |  |
| In an emergency shelter forced to spend the day on street | 2 |  |
| In a shelter, hostel or temporary accommodation for homeless people | 3 |  |
| In a shelter or other type of accommodation only for women | 4 |  |
| In a center or temporary accommodation for migrants or asylum seekers | 5 |  |
| In an institution (e.g. prison, foster care, medical or mental health center | 6 |  |
| In long stay supported accommodation (no lease) | 7 |  |
| Without a lease in someone’s house (family, friends, sub-tenancy) or in an occupied house | 8 |  |
| In a house under threat of eviction (could be your own/family house or someone else’s house) | 9 |  |
| In a place where you are under threat of violence | 10 |  |
| In temporary structures or shanty (e.g. mobile home, shacks, cabin) | 11 |  |
| In unfit housing (e.g. abandoned building or occupied apartment without supplies) | 12 |  |
| In an overcrowded house | 13 |  |
| In a Housing First apartment | 14 |  |
| Other (please, indicate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  | 15 |  |
| DK/DA | 99 |  |

1. LIVING SITUATION. How do you feel about…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1. The living arrangements where you live?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The privacy you have there?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The prospect of staying on where you currently live for a long period of time?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

***HEALTH AND WELLBEING***

Next, I'll ask you some questions about your health.

1. HEALTH. How do you feel about…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1. Your health in general?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Your physical condition?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Your emotional well-being?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. Next, I’ll ask you about your mental wellbeing. Please indicate your degree of agreement with the following statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| I have goals in life that I want to reach.  | 1 | 2 | 3 | 4 | 5 |
| I believe I can meet my current personal goals.  | 1 | 2 | 3 | 4 | 5 |
| I have a purpose in life | 1 | 2 | 3 | 4 | 5 |
| I can handle what happens in my life. | 1 | 2 | 3 | 4 | 5 |
| I am hopeful about my future. | 1 | 2 | 3 | 4 | 5 |
| I continue to have new interests. | 1 | 2 | 3 | 4 | 5 |
| I ask for help, when I need it.  | 1 | 2 | 3 | 4 | 5 |
| I can handle stress. | 1 | 2 | 3 | 4 | 5 |
| I have people I can count on. | 1 | 2 | 3 | 4 | 5 |

***SUBSTANCE USE***

 I'll ask you now some questions about use of alcohol or other substances.

1. Are drugs or alcohol causing problems in your life?

|  |  |  |
| --- | --- | --- |
| Yes | 1 |  |
| No | 2 | *Go to Q. 21* |
| Sometimes | 3 |  |

1. If yes, are you taking steps to decrease the amount of alcohol or drugs that you take?

|  |  |
| --- | --- |
| Yes | 1 |
| Would like to but don't know where to start | 2 |
| No | 3 |
| Sometimes | 4 |

***USE OF GENERAL AND SPECIALIZED SERVICES CONTACT***

1. During the last 3 months, how many…

|  |  |
| --- | --- |
| Physical health | *Number*  |
| 1. …times have you had to go to the emergency room for a (physical) health problem?
 |  |
| 1. … nights total did you spend in the hospital for a health problem?
 |  |
| 1. …times did you see a doctor or nurse in an office or outpatient clinic for a health problem?
 |  |

1. During the last 3 months, have you had any contact with the Police or the criminal justice system?

|  |  |  |
| --- | --- | --- |
| Yes | 1 |  |
| No | 2 | *(go to Q.35)* |
| DK/DA | 99 |  |

1. On how many occasions?

|  |
| --- |
| Nº\_\_\_\_\_\_\_\_\_ |

1. Was this…

|  |  |
| --- | --- |
| …as a victim of a crime? | 1 |
| …because you were cautioned or reported for a crime?  | 2 |
| Both are correct | 3 |
| DK/DA | 99 |

***SOCIAL SUPPORT***

1. We are interested in how you feel about the following statements. Indicate how you feel about each statement.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very strongly disagree | Strongly disagree | Mildly disagree | Neutral | Mildly agree | Strongly agree | Very strongly agree |
| My friends really try to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I can count on my friends when things go wrong. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I can talk about my problems with my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I have friends with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I can talk about my problems with my friends. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. SOCIAL RELATIONS. How do you feel about…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1. The things you do with other people?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The amount of time you spend with other people?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The people you see socially?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

***COMMUNITY INTEGRATION & DISCRIMINATION EXPERIENCES***

1. The next four statements are about how you feel about where you live. Indicate how you feel about each statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| I know most people who live near me |  |  |  |  |  |
| I relate to people who live near me |  |  |  |  |  |
| I feel "at home" where I live |  |  |  |  |  |
| I feel part of the place where I live |  |  |  |  |  |

1. In the last 3 months, have you experienced any of the following situations?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Once | More than once | Does not apply |
| You have been threatened with physical or sexual attack |  |  |  |  |
| You have been physically attacked (e.g. spit on, had objects thrown at you, hit, punched, pushed or grabbed, beaten) |  |  |  |  |
| You have been made to engage in sexual activity or been touched in a sexual way that you didn’t want |  |  |  |  |
| You have had someone take, damage or vandalize your property |  |  |  |  |

***ECONOMIC AUTONOMY***

1. Are you currently employed?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |
| I am retired or have a recognized disability which prevents me from working | 3 |
| DK/DA | 99 |

1. What is your main source of income?

|  |  |
| --- | --- |
| Paid employment (with a contract) | 1 |
| Informal employment (without a contract) | 2 |
| Social benefits or subsidies | 3 |
| Begging in the street | 4 |
| Other sources (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 |

1. During the last month did you generally have enough money to cover

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | DK/DA |
| Food? | 1 | 2 | 99 |
| Clothing? | 1 | 2 | 99 |
| Housing? | 1 | 2 | 99 |
| Medical Care? | 1 | 2 | 99 |
| Traveling around the city for things like shopping, medical appointments, or visiting friends and relatives? | 1 | 2 | 99 |
| Social activities like movies or eating in restaurants? | 1 | 2 | 99 |

1. FINANCES. In general, how do you feel about…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1. The amount of money you get?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. How comfortable and well-off you are financially?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. The amount of money you have available to spend for fun?
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

 ***General satisfaction with life***

1. SATISFACTION WITH LIFE. How do you feel about your life in general?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Terrible | Unhappy | Mostly dissatisfied | Mixed | Mostly satisfied | Pleased | Delighted |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

***WE'VE ALREADY ENDED. THANK YOU FOR YOUR HELP AND COLLABORATION.***

# **HOW TO USE THE reduced INterview RESULTS**

The data collected with this instrument can be analyzed in many different ways. Each Housing First service or researcher can decide which outcomes to measure and how to analyze them. Outcomes and performance objectives should be clearly aligned with the objectives of the service. Below, we suggest a list of possible outcomes and analysis for each of the domains for the complete interview. You will find also references to the instruments or evaluations where the items of the interview come from.

1. **SOCIODEMOGRAPHIC & ADMINISTRATIVE STATUS**

This set of items includes questions used in different homeless or Housing First surveys.

**General satisfaction with life (item 1)**

* Quality of life (refer to Domain J Quality of life)

**Sociodemographic (items 2, 3, 4)**

* Average age of clients
* % of female, male, transgender, gender variant (overrepresentation of groups)
* % of nationality (overrepresentation of groups)

**Administrative status and Access to rights (items 5, 6, 7)**

* % of people in a regular administrative situation (residence permit/ID card)
* % of people registered as a resident
* % of people with a health card
1. **HOUSING & HOMELESSNESS TRAJECTORY**

This set of items includes questions used in different homeless or Housing First surveys and questions adapted from validated instruments.

**Housing situation (item 8)**

* % of people in different housing situations

**Housing retention**

* % of people housed in a Housing First apartment at months 12, 24, 36…

**Housing stability (item 9)**

* Nights spent in current housing situation
* % of people having spent 30 days in a Housing First apartment during the last month

**Housing satisfaction (item 10)**

* % of people having scored 4 or more their satisfaction with their home or place they live
1. **HEALTH AND WELLBEING**

This set of items includes questions adapted from validated instruments.

**Satisfaction with general health status (item 11)** (refer to Domain J. Quality of life)

**Mental health (item 12)**

* Improved resilience
* Improved recovery
1. **SUBSTANCE USE**

This set of items includes questions used in the HF4Y evaluation.

**Use of substances (items 13 and 14)**

* Reduced % of people with drugs or alcohol related problems
* Increased % of people with drugs or alcohol related problems taking steps to decrease use
1. **USE OF GENERAL AND SPECIALIZED SERVICES CONTACT**

This set of items includes questions used in the Home EU clients survey and questions adapted from the Global Appraisal of Individual Needs (GAIN).

This domain may be used to analyze service utilization costs, by calculating (when possible) the average price of each of the services in the country or city. If needed to calculate the costs, questions can be adapted to match the services more specifically with the services locally available.

**Use of physical health services (item 15)**

* Reduced number of times/nights using emergency and hospitalization services
* Increased % of people doing a normalized use of health services (visiting a doctor or a nurse)
* Reduced costs of service utilization at months 24, 36…

**Use of Police and criminal justice services (items 16 and 18)**

* Reduced % of people and number of times people were cautioned or reported for a crime
* Increased % of people having contact with justice services as victims of a crime
* Reduced % of people being fined, arrested, on probation, in prison or liberty depravation
1. **SOCIAL SUPPORT**

This set of items includes the Multidimensional Scale of Perceived Social Support and questions used in the HF4Y evaluation and adapted from Lehman QOL interview.

**Referral support (item 19)**

* Enhanced supports

**Satisfaction with social & family relations (item 20)** (refer to Domain J. Quality of life)

1. **COMMUNITY INTEGRATION & DISCRIMINATION EXPERIENCES**

This domain includes items adapted from the Community Integration Scale and the Intersectional Discrimination Index.

**Community integration (item 21)**

* Increased overall psychological integration
* Increased % of people who relate to people
* Increased participation in activities in the community

**Security and Discrimination (item 22)**

* Increased % of people never experiencing violent or discrimination situations
* Reduction of frequency of violent and discrimination situations
1. **ECONOMIC AUTONOMY**

This set of items includes questions adapted from the HF4Y evaluation, the Home EU project survey to clients and the Lehman QOL interview.

**Employment situation (item 23)**

* Reduced % of unemployed people

**Access to Income (item 24)**

* Increased % of people receiving income from paid employment or social benefits

**Economic autonomy (item 25)**

* Increased % of people having money to cover expenses

**Satisfaction with finances** (refer to Domain J. Quality of life)

1. **QUALITY OF LIFE**

This domain measures satisfaction with different areas of quality of life with a selection of items from Lehman QOL interview.

**General Quality of life Lehman (items 1, 27)**

* Increased satisfaction with life at months 12, 24, 36…
* It is suggested to analyze coherence between answers to Q.1 and Q.89

**Satisfaction with Living arrangements, Health Status, Social Relations and Finances (10, 11, 20, 26).**

* Increased satisfaction for each of the areas or subitems, which can be presented on a spider web visualization format.
1. <https://housingfirstguide.eu/website/> [↑](#footnote-ref-1)
2. Stefancic, A., Tsemberis, S., Messeri, P., Drake, R. and Goering, P. (2013) The Pathways Housing First Fidelity Scale for Individuals with Psychiatric Disabilities, *American Journal of Psychiatric Rehabilitation 16(4)* pp.240-261 [↑](#footnote-ref-2)
3. Aubry, T., Bernad, R. and Greenwood, R. (Ed.) (2018) A Multi-Country Study of Program Fidelity to Housing First, *European Journal of Homelessness, 12(3*).   [↑](#footnote-ref-3)
4. Lehman QOL interview. <https://www.hsri.org/publication/toolkit_evaluating_quality_of_life_for_persons_with_severe_mental_illn> [↑](#footnote-ref-4)
5. <https://www.feantsa.org/en/toolkit/2005/04/01/ethos-typology-on-homelessness-and-housing-exclusion> [↑](#footnote-ref-5)
6. SAMHSA Housing Satisfaction Scale. Tsemberis, S., Rogers, S., Rodis, E., Dushuttle, P., & Skryha, V. (2003). Housing Satisfaction for Persons with Psychiatric Disabilities. *Journal of Community Psychology, 31(6), 581-590*. [↑](#footnote-ref-6)
7. See note 1 [↑](#footnote-ref-7)
8. <https://www.hoagorthopedicinstitute.com/documents/SF12form.pdf> [↑](#footnote-ref-8)
9. Smith, B., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine, 15*(3), 194-200 <https://ogg.osu.edu/media/documents/MB%20Stream/Brief%20Resilience%20Scale.pdf> [↑](#footnote-ref-9)
10. Recovery Assessment Scale (RAS) Corrigan, P., Salzer, M., Ralph, R., et al. (2004). Examining the factor structure of the Recovery Assessment Scale. *Schizophrenia Bulletin,* *30*, 1035-1041.; Salzer, M., & Brusilovskiy, B. (2014).

Advancing recovery science: reliability and validity properties of the Recovery Assessment Scale. *Psychiatric Services, 65*(4), 442-453. [↑](#footnote-ref-10)
11. See note 1 [↑](#footnote-ref-11)
12. Babor, T., Higgins-Biddle, J., Saunders, J., & Monteiro, M. (2001). AUDIT. The Alcohol Use Disorders Identification Test Guidelines for Use in Primary Care (2nd ed.). Geneva: World Health Organization. Department of Mental Health and Substance Dependence. <https://apps.who.int/iris/bitstream/handle/10665/67205/WHO_MSD_MSB_01.6a.pdf;jsessionid=44B2A9954D6644D57D81CB643BC77756?sequence=1> [↑](#footnote-ref-12)
13. Berman, A., Bergman, H., Palmstierna, T., & Schlyter, F. (2005). Evaluation of the Drug Use Disorders Identification Test (DUDIT) in Criminal Justice and Detoxification Settings and in a Swedish Population Sample. *European Addiction Research, 11*, 22-31. <http://www.emcdda.europa.eu/best-practice/eib/dudit> [↑](#footnote-ref-13)
14. <https://portal.ct.gov/-/media/DCF/GAIN/pdf/GAIN-Q3-Standard_3-2-0.pdf?la=en> [↑](#footnote-ref-14)
15. Zimet, G., Dahlem, N., Zimet, S., & Farley, G. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment, 52*(1), 30-41. [↑](#footnote-ref-15)
16. See note 1 [↑](#footnote-ref-16)
17. Ayden I. Scheim, Greta R. Bauer (2019) [The Intersectional Discrimination Index: Development and validation of measures of self-reported enacted and anticipated discrimination for intercategorical analysis](https://www.sciencedirect.com/science/article/pii/S0277953618306890) *Social Science & Medicine, Vol. 226, April 2019*, Pages 225-235 [↑](#footnote-ref-17)
18. See note 1 [↑](#footnote-ref-18)
19. http://www.home-eu.org/ [↑](#footnote-ref-19)
20. See note 1 [↑](#footnote-ref-20)
21. See note 1 [↑](#footnote-ref-21)