

Street Needs Assessment 2018

*****DO NOT WRITE ANY INDIVIDUALS' NAMES/ADDRESSES ON SURVEY*****

Outdoor Survey

Study Area Number: _____

B. [Record Response from Screening Question B]

- h. Emergency shelter
- i. Motel/hotel (shelter program)
- j. Violence Against Women (VAW) shelter
- k. Transitional shelter
- l. 24 hour women's drop-in
- m. Winter respite service
- n. Other sheltered location (specify) _____
- o. Public space (e.g., sidewalks, squares, parks, forests, bus shelters)
- p. Vehicle (car, van, RV, truck)
- q. Abandoned/vacant building
- r. Other unsheltered location (specify) _____
- s. Respondent doesn't know (likely homeless)

Begin Survey

1. What family members are staying with you tonight? [Check all that apply] [Do not record name of any individuals]

- None
- Partner
- Child(ren)/Dependent(s) **[Go to 1b]**
- Other adult family (specify) _____
- Don't know
- Decline to answer

1b. Can you tell me the age and gender of the child(ren)/dependent/s staying with you tonight?

Child/ Dependent #	Age (specify below)	Male	Female	Gender Not Listed (specify below)	Decline to answer
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

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Child/ Dependent #	Age (specify below)	Male	Female	Gender Not Listed (specify below)	Decline to answer
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

2. How old are you? [OR] What year were you born? *[If unsure, ask for best estimate]*
- Age: _____ *[Terminate survey if 15 years or less – Follow protocol]*

OR:

- Year Born: _____
- Don't know *[Go to Q2b]*
- Decline to answer *[Go to Q2b]*

2b. *[If DON'T KNOW or DECLINE TO ANSWER, estimate by these age ranges]:*

- 24 years or younger
- 25 to 49 years
- 50 years or older

[Read Script] For the next questions, "homelessness" means any time when you have been without a secure place to live, including sleeping in shelters, on the streets, or living temporarily with others.

3. How old were you when you first experienced homelessness?

- Age: _____
- Don't know
- Decline to answer

4. Over the past 12 months, how much time in total have you experienced homelessness? *[Best estimate]*

- Length _____ days/weeks/months *[Circle unit]*
- Entire 12 months or more
- Don't know
- Decline to answer

5. Over the past 12 months, how many different times in total have you experienced homelessness? *[Best estimate]* *[This refers to going back and forth between homelessness and being housed]*

- Number of times _____ *[Include this time]*
- Continuously homeless for 12 months or more
- Don't know
- Decline to answer

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6. **What happened that caused you to lose your housing most recently? [Do not read categories. Check all that apply based on person's response. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays.]**
- Unable to pay rent or mortgage
 - Evicted: other reason (not financial) (specify) _____
 - Unsafe housing conditions
 - Job loss
 - Conflict with landlord
 - Conflict with: spouse/partner
 - Conflict with roommates/neighbours
 - Conflict with: parent/guardian
 - Experienced abuse by: parent/guardian
 - Experienced abuse by: spouse/partner
 - Illness or medical condition
 - Addiction or substance use
 - Incarcerated (jail or prison)
 - Hospitalization or treatment program
 - Other (specify) _____
 - Don't know
 - Decline to answer
7. **Have you stayed in an emergency shelter in the past 12 months? [Emergency shelter does not include drop-ins, winter respite services, warming centres, and Out of the Cold programs]**
- Yes
 - No
 - Don't know
 - Decline to answer
8. **Did you stay overnight at any of the following Winter Services this past winter? [Read list and check all that apply]**
- Winter Respite Services
 - Warming Centre
 - Out of the Cold program
 - 24 Hour Women's Drop-in
 - Used none of the above
 - Don't know
 - Decline to answer
9. **How long have you been in Toronto? [If person has been living off and on in Toronto, ask about most recent time]**
- Always been here
 - Length _____ days/weeks/months/years **[Circle unit] [Go to Q9b]**
 - I don't live in Toronto
 - Don't know
 - Decline to answer

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9b. Where did you live before you came here? [Specify the location, if provided]

- Community/City _____ OR
 Province _____ OR
 Country _____ OR
 Decline to answer

10. Did you come to Canada as an immigrant, refugee, or refugee claimant?

- Yes, Immigrant **[Go to 10b]**
 Yes, Refugee **[Go to 10b]**
 Yes, Refugee claimant **[Go to 10b]**
 Temporary resident (i.e. temporary worker, international student) **[Go to 10b]**
 Other (specify) _____ **[Go to 10b]**
 No
 Don't know
 Decline to answer

10b. How long have you been in Canada? [Write number and circle unit]

- Length _____ days/weeks/months/years **[Circle unit]**

OR:

- Date came to Canada: ____/____/____ day/month/year
 Don't know
 Decline to answer

11. Do you identify as Indigenous or do you have Indigenous ancestry? This includes First Nations, with or without status, Aboriginal, Native, Indian, Inuit, and Métis.

- Yes **[Go to Q11b]**
 No
 Don't know
 Decline to answer

11b. Do you identify as: [Read categories]

- First Nations (with or without status)
 Inuit
 Métis
 Having Indigenous/Aboriginal ancestry
 Not listed (specify) _____
 Don't know
 Decline to answer

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12. People may identify as belonging to a particular racial or ethnic group such as South Asian or White. How would you describe your racial or ethnic group? *[Do not list categories unless asked. Check all that apply.]*
- Aboriginal or Indigenous (i.e., First Nations, Native, Indian, Métis, Inuit)
 - Arab
 - Asian – East (e.g., Chinese, Korean, Japanese, etc.)
 - Asian – South-East (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)
 - Asian – South (e.g., East Indian, Pakistani, Sri Lankan, etc.)
 - West Asian (e.g., Iranian, Afghan, etc.)
 - Black – Caribbean (e.g., Jamaican, Trinidadian)
 - Black – African (e.g., Ethiopian, Somali, Nigerian)
 - Filipino
 - Hispanic or Latin American
 - White (e.g., European-Canadian)
 - Other (specify) _____
 - Don't know
 - Decline to answer
13. What language are you most comfortable speaking? *[Check only one response]*
- English
 - French
 - No preference between English and French
 - Other (specify) _____
 - Don't know
 - Decline to answer
14. Have you ever had any service in the Canadian Military or RCMP? Military includes Canadian Navy, Army, or Air Force.
- Yes, Canadian military
 - Yes, RCMP
 - Military outside Canada
 - No
 - Don't know
 - Decline to answer
15. What gender do you identify with? *[Show list. Do not read categories unless asked. Check all that apply]*
- Male/Man
 - Female/Woman
 - Trans female/Trans woman
 - Trans male/Trans man
 - Two-spirit
 - Genderqueer/Gender non-conforming
 - Not listed (specify): _____
 - Don't know
 - Decline to answer

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16. How do you describe your sexual orientation, for example straight, gay, lesbian?
[Show list. Do not read categories unless asked. Check all that apply]

- Straight/Heterosexual
- Gay
- Lesbian
- Bisexual
- Two-spirit
- Questioning
- Queer
- Not listed (specify): _____
- Don't know
- Decline to answer

17. I'm going to read you a list of income sources. Please tell me what your current sources of income are. [Read list and check all that apply. Do not record specific employer or work location]

- Full-time employment
- Part-time/casual or seasonal employment
- Informal employment (e.g., bottle returns, under the table work)
- Panhandling
- Employment Insurance
- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- Seniors Benefits (e.g., Canadian Pension Plan, Old Age Security, Guaranteed Income Supplement, Military Pension)
- Child and family tax benefits
- GST refund
- Money from family and friends
- Other source (specify): _____
- No income
- Don't know
- Decline to answer

18. Have you ever been in foster care and/or a group home?

- Yes **[Go to Q18b]**
- No
- Don't know
- Decline to answer

18b. How long has it been since you left foster care and/or a group home?

- Length _____ months/years **[Circle unit]**
- Don't know
- Decline to answer

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19. Do you identify as having any of the following health conditions: *[Read list below]*

	Yes	No	Don't know	Decline to answer
a. Chronic/Acute Medical Condition (e.g. <i>diabetes, heart condition, arthritis, liver disease</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mental Health Issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Surveyor: Do not ask Q20 – Check 'Yes']

20. Have you slept outside for one or more nights in the past 6 months?

- Yes
- No
- Don't know
- Decline to answer

21. Do you want to get into permanent housing?

- Yes
- No ***[Go to Q21b]***
- Don't know ***[Go to Q21b]***
- Decline to answer

21b. Why not/don't know? *[Do not read categories. Check all that apply based on person's response]*

- Intends to leave Toronto
- Prefers current living situation/being homeless
- Not ready for housing
- Prefers a group environment
- Negative perception of housing options
- Waiting list for housing is too long
- Faces specific barrier to housing (e.g., legal issues, age, ID)
- Health issues (physical and/or mental health)
- Does not want government assistance
- Other (specify) _____
- Don't know
- Decline to answer

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22. I'm going to read a list of services that could help you find housing. Please tell me which ones would help you *personally* find housing. [Read categories. Check all that apply based on person's response.]

- 1. More money from Ontario Works/Ontario Disability Support Program (OW/ODSP)
- 2. Subsidized housing or a housing allowance
- 3. More affordable housing available
- 4. Help finding an affordable place
- 5. Help with housing applications
- 6. Transportation to see apartments
- 7. Help to keep housing once you have it (e.g., housing supports/housing worker)
- 8. Help addressing your health needs
- 9. Help getting detox services
- 10. Help getting alcohol or drug treatment
- 11. Mental health supports
- 12. Harm reduction supports (e.g., methadone, safer crack kit, needle exchange)
- 13. Help finding employment or job training
- 14. Help getting identification (e.g., health card or birth certificate)
- 15. Cultural supports (e.g., healing circles/sweat lodges for Indigenous people)
- 16. Services in a language other than English
- 17. Help with settlement and immigration issues
- 18. Something else (specify) _____
- Don't know
- Decline to answer

22b. Of the things you just listed, what do you think is the ONE most important thing that would help you get housing? [If necessary, read back list of items where the response was 'Yes']

[Write number from list above] _____

- Don't know
- Decline to answer

23. In the past 6 months, have you: [Read list below]

	Yes	No	Don't know	Decline to answer
a. Been to an emergency room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Been hospitalized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Used an ambulance (as a patient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Interacted with police (e.g., tickets, arrests, searches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Been on probation/parole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Been to prison/jail/detention centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Closing Script [Read]

- That is the end of our survey – **thank you** for participating!
- **Your answers will help the City of Toronto** better plan programs and services.
- *[Give **gift card** to individual]*
- **Do you need help getting shelter tonight?**
 - *[If Yes: Team Lead requests outreach assistance for individual. Give individual yellow resource card]*
 - *[If No: Here is some information if you would like help to find housing at a later point. Give individual yellow resource card. Wish individual a good evening.]*