

Not long ago
we lived under
a bridge in
Calgary.

Jim and Nancy received
housing early 2009.



Calgary
Homeless
Foundation

Rehousing Triage and Assessment Survey Toolkit

Prepared by the Calgary Homeless Foundation

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Rehousing Triage and Assessment Survey: A Step in Ending Homelessness

This housing action toolkit received funding from the Homelessness Partnering Secretariat, Human Resources and Skills Development Canada (HRSDC). It was developed by the Calgary Homeless Foundation to help agencies and community groups take action in ending homelessness in their communities.

This toolkit will show you how to use the Rehousing Triage and Assessment Survey (RTAS). The RTAS is a survey that can be used to assess the health and vulnerability of homeless people in your community. It will help you to prioritize and match resources with client needs, by making sure that the supports and housing available in your communities are being accessed by those who need them the most.

Ending homelessness in your community has many benefits, and community initiatives to end homelessness can be very successful when innovative and research based tools are used to help you.

This toolkit is user friendly, adaptable to many settings and contexts and has been developed using research and best practices to ensure its value as an action tool for ending homelessness. The information in this toolkit can be used by community based service providers, government departments, funders, researchers or any organization interested in ending homelessness.

[For more information on this toolkit or the Rehousing Triage and Assessment Survey please contact:](#)

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Introduction

Homelessness is increasing across Canada. An estimated 150,000-300,000 Canadians are homeless and the annual public cost of homelessness is estimated at \$4.5 billion (Laird, 2007).

Affordable housing with supports is five times less expensive than institutional responses to homelessness (prison, detention, and psychiatric hospitals), and about half the cost of emergency shelters (Pomeroy, 2005). Research demonstrates that homeless people often experience poor health along with addictions, mental health and other barriers. If the health and housing needs of our most vulnerable citizens are not addressed it can result in their death.

This realization has led many organizations to shift away from simply managing the problem to taking action to ending it. In order to eliminate a complex problem like homelessness, innovation, collaboration, research and action are needed.

The purpose of the Rehousing Triage and Assessment process is to allow the capture and sharing of an innovative promising practice in the area of homelessness enumeration and assessment for the purposes of action: rehousing. This is one tool that will enable the end goal – to eliminate homelessness.

Because of this ultimate end, the RTAS is adaptable to a variety of localities, communities and contexts. This toolkit will enable you to use the RTAS in your local context and will allow you to take action on ending homelessness by providing clear step-by-step instructions.

Funding for this toolkit was received through Human Resources and Skills Development Canada. Specifically through the Homelessness Partnering Strategy solicitation for applications for Homelessness Knowledge Development



Quick Facts:

People who are homeless are 3-4 times more likely to die prematurely than those who are not.

The average age of death is between 42 and 52.

Deaths occur throughout the year – not just in the winter months.

O'Connell, 2005

Ending Homelessness in Calgary and the Role of the Calgary Homeless Foundation

Since Calgary began counting in 1992, homelessness has risen more than 1,100 per cent to reach 4,060 in 2008 (City of Calgary, 2008). While the rate of homelessness has increased, so too has the severity. Between 1997 and 2002, the percentage of people who reported being homeless for over a year more than doubled. As many as 1,200 Calgarians are estimated to have been homeless for more than a year and more than 400 of them have been homeless for more than five years. As well, it is estimated that about half of the homeless people in Calgary have jobs but cannot afford to house themselves (Calgary Committee to End Homelessness, 2008).

In 2000, the United States National Alliance to End Homelessness issued a challenge to end homelessness in America within ten years. More than 300 communities have taken up this call to action and, encouraged and inspired by their success, the community-based Calgary Committee to End Homelessness was formed in January 2007 to spearhead efforts to address the crisis in Calgary. After a year of intensive research and public consultation, the Committee tabled Calgary's 10 Year Plan to End Homelessness - a plan intended not to find new ways to manage or cope with the problems of homelessness, but to end it.

Homelessness cuts across many systems and research disciplines and, as such, necessitates an interdisciplinary, multi-method approach to solve. To coordinate the collaborative effort required to successfully implement Calgary's 10 Year Plan, a single point of accountability was needed.

The Calgary Homeless Foundation was established in 1998 as a non-profit organization to provide capital funding and development assistance for housing projects. The Foundation has a leadership role around advocacy and communication on homelessness issues, and serves as a vehicle for community consultation on the problem and collaboration on solutions. The Calgary Homeless Foundation was recognized as being ideally placed to take on the oversight and responsibility for implementing the 10 Year Plan to End Homelessness, and was appointed to this role in January 2008.

The vision of Calgary's 10 Year Plan is that by the year 2018 all people facing homelessness in Calgary will have access to safe, decent and affordable housing as well as the resources and supports necessary to sustain that housing. At the core of this initiative are five broad strategies:

1. **Prevention:** stop homelessness before it begins with effective prevention.
2. **Rehousing:** rehouse and provide the necessary support to Calgarians experiencing homelessness.
3. **Housing:** ensure adequate affordable housing, supportive housing and treatment capacity.
4. **Data & Research:** improve our data and systems knowledge.
5. **Non-Profit Sector:** reinforce non-profit organizations serving Calgarians experiencing or at risk of homelessness.

Calgary's 10 Year Plan to End Homelessness can be accessed online at:
<http://www.calgaryhomeless.com/files/pdf/Calgary's%2010%20Year%20Plan.pdf>.

In this toolkit you will find:

- Background information about the RTAS
- A review of the research that led to the development of the RTAS and the toolkit
- A description of the RTAS
- Information on who could benefit from using the RTAS, where to use it, what can be done with the assessments
- Ideas about getting started
- Key steps to using the RTAS
- Tips from lessons learned
- Additional resources like a copy of the RTAS, sample consent forms, case studies and examples of RTAS results

Quick Fact:

Physical health issues are more likely to result in street deaths than alcohol addiction.

Hwang, et al, 1998



Glossary

Case management

Case management refers to a collaborative process that assesses, plans, implements, co-ordinates, monitors, and evaluates the options and services required to meet a person's health, human service and housing needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.

Absolute homeless

A United Nations classification of individuals living in the street with no physical shelter of their own, including those who spend their nights in emergency shelters.

Chronic homeless

For the purposes of Calgary's 10 Year Plan to End Homelessness, a person or family is considered chronically homeless if they have either been continuously homeless for a year or more, or have had at least four episodes of homelessness in the past three years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter.

Relative homeless

United Nations classification of people living in spaces that do not meet the basic health and safety standards including protection from the elements; access to safe water and sanitation; security of tenure and personal safety; affordability; access to employment, education and health care; and the provision of minimum space to avoid overcrowding.

Transient homeless

For the purposes of Calgary's 10 Year Plan to End Homelessness, a person is considered to be transient homeless if he/she is homeless for less than a year and has fewer than four episodes of homelessness in the past three years.

Housing First

Housing First refers to programs that place homeless people directly into permanent housing without the requirement for a transition period. While support services are offered and made readily available, the program does not require participation in these services to remain in the housing. Once in housing, a low demand approach accommodates a person suffering from alcohol and substance use, so that "relapse" will not result in the person losing housing.

Morbidity

Morbidity refers to a condition of poor health, disease or disability due to any cause that increases risk of death.

Rough sleepers

Rough sleepers are individuals who do not access shelters on a regular basis but primarily sleep outside. Rough sleepers are considered to be the most at risk of dying as they often exhibit several physical and mental health concerns.

Tri-morbidity

Tri-morbidity refers to individuals who exhibit co-occurring psychiatric, substance abuse and chronic medical conditions that increase risk of death.

Project Homeless Connect

Project Homeless Connect (PHC) is a one-day event where homeless or near-homeless individuals and families are provided with services and supplies all in one location. Services provided include access to housing, medical treatment, mental health services, income support, employment counseling, identification documents, veterans and aboriginal affairs, and more. Participants can also receive clothing, comfort kit items, haircuts and a nutritious lunch.

What is the Rehousing Triage and Assessment Survey?

Knowing who the homeless are, where they can be found, and what their socio-demographic, health, housing, and systems interaction needs are can significantly increase your community's ability to take action to ending homelessness and reducing deaths.

In the most basic terms, the Rehousing Triage and Assessment Survey is a process that uses a survey of people experiencing homelessness to assess their vulnerability and their needs and preferences for rehousing. Therefore, it is an intervention tool to end homelessness, rather than a research process.

The basic stages are as follows:

- Engage community stakeholders to determine willingness to take on the process, resources, and end goals.
- Determine the best methods to survey the target group, including location and timing of the survey administration.
- Recruit and train volunteers to administer the survey.
- Use the gathered data to create a registry that prioritizes the most vulnerable participants.
- Engage stakeholders to begin rehousing these individuals.
- Consider learnings from the process and their applicability to ongoing ending homelessness initiatives.

The Rehousing Triage and Assessment Survey was developed by adapting Common Ground's Vulnerability Index, a tool that has been used in several US cities to house at-risk homeless people.

Both the RTAS toolkit and the Vulnerability Index (VI) draw on the work of Dr. Jim O'Connell (Boston, MA) and Dr. Stephen Hwang (Toronto, ON) on homelessness and morbidity in Boston. Their study found that the following health conditions increase the mortality risk for homeless people:

More than six months street homeless AND at least one of:

1. End stage renal disease
2. History of cold weather injuries
3. Liver disease or cirrhosis
4. HIV+/AIDS
5. Over 60 years old
6. three or more emergency room visits in prior three months
7. three or more ER or hospitalizations in prior year
8. Tri-morbid (mentally ill+ abusing substances+ chronic medical problem)

Common Ground's experience confirms that:

- assessing the health and mortality risk for 'rough sleepers' would enable outreach workers to gain information about those most in need of rapid housing supports, and
- comprehensive information about who homeless people are and what they need inspires housing action that will reduce mortality.



I haven't lived in a house for so long, I jumped when I first heard the fridge start up.

Rosemary received housing September 2009.

It is important to note that the purpose of the Vulnerability Index and the Rehousing Assessment and Triage Survey is a form of rehousing intervention rather than a pure research endeavor. The information gathered is used to actually rehouse vulnerable homeless individuals.

The VI instrument can be used to assess the health and social needs of people experiencing homelessness to identify and prioritize the most vulnerable individuals on the street for rehousing. Individuals who have been homeless for more than six consecutive months and have at least one of the indicators listed above are classified as vulnerable. Those that have a higher number of these indicators are considered to be more vulnerable and have a higher risk of mortality. Survey participants are ranked based on their vulnerability and this ranking provides a criterion for prioritizing individuals for housing.

For more background research from O’Connell, Hwang and Common Ground, see Appendix A.

Where has the Vulnerability Index been used?

Since its development in 2005, several major US cities, with the help of Common Ground, have used the VI to assess and house vulnerable homeless people. The following examples provide a snapshot of information gathered from three of these cities.

Example 1, New Orleans

Following hurricane Katrina, an unprecedented number of people in New Orleans became homeless. In the summer of 2007, the crisis mounted due to a severe lack of housing, skyrocketing rents, a breakdown of family connections and increases in substance use and mental health concerns for many people. A group called UNITY of Greater New Orleans mobilized the community to rehouse several hundred people living in two camps after the hurricane.

UNITY used the Vulnerability Index to assess 975 people who were living in these camps over a two day period. The team used a combination of rapid-rehousing, temporary rent assistance and case management to house and support rehoused individuals.

Example 2, Portland, OR

A key element in Portland’s 10-year plan to end homelessness is to improve service coordination and local planning to house homeless individuals by using the Vulnerability Index. The Bureau of Housing and Community collaborated with Common Ground to conduct the VI in 2008. They began with a one-day training session for 100 people on how to administer the survey and over the course of three days collected 646 assessments that were used in rehousing efforts.

Example 3, New York

In Brooklyn, Queens and the Bronx, the Vulnerability Index is used on an ongoing basis as part of regular practice. Outreach teams use the VI to survey each new person they encounter on the streets in order to assess their vulnerability and move them rapidly into rehousing interventions. According to Common Ground, these initiatives lead to the rehousing of approximately, 68 people per month from the streets into housing.

The Evolution of the Rehousing, Triage and Assessment Survey in Canada

The Calgary Homeless Foundation invited Common Ground to present the Vulnerability Index and the survey process to Calgary agencies in 2008. Based on feedback from participants, the CHF facilitated the trial of the process on the street in Calgary's East Village area and the Alpha House shelter, and in December again on the streets of the larger downtown core. Appendix B contains more detailed information on the results of the RTAS from Calgary's different uses.

The following learnings were gained from these trial phases.

Adapting questions to the Canadian context. During the preparation for the street surveys, the CHF realized the need for the questions to be adapted for the Canadian context, particularly those around ethnicity and public systems.

Implementing rigorous ethics and legal protocol. There was also a need to ensure that ethical and legal protocol with respect to data collection was followed to Canadian standards. The CHF worked with the University of Calgary Chair of the Conjoint Faculties Research Ethics Board (CFREB) to develop a comprehensive informed consent process.

Understanding client preference and needs. Once the data was gathered and service providers were brought together to discuss how the homeless surveyed could be helped, we realized that we needed more information around client preferences and needs. Therefore, new questions were added about housing and support needs to ensure consumer choice in the rehousing process.

Adapting to different populations. Although the Vulnerability Index was designed and implemented with the rough sleeper population and conducted on the street, the CHF realized the potential of adapting the process to other contexts to capture information about homeless individuals. RTAS has been used on the street, in shelters, at Project Homeless Connect and the Calgary Remand Center. As well, Lethbridge, Alberta has since used the RTAS at their local Project Homeless Connect event.

The adaptations are meant to be specific enough to capture people's health and living experiences but also flexible enough that the tool may be adapted to cities of different sizes and for use in different settings.

The information gathered can be used to create a holistic picture of people's current and past housing, employment and health experiences allowing for the capture of the complex nature of their homelessness. This allows more comprehensive planning of the supports individuals need to acquire stable and sustainable housing.

Better information also assists in understanding service gaps and policy barriers. The comprehensive data is extremely powerful when used to generate a picture of the costs and possible savings of addressing the homelessness of those surveyed.

A bit about the questions. The questions in the RTAS are meant to capture several things:

- **Contact information and basic demographics.** For example, question 3 asks for participant names and question 11 asks for their highest grade of school completion.
- **Housing and homelessness history,** for example, question 25 asks, over the course of their lifetime how many times have they been homeless.
- **Vulnerability,** for example, question 30 asks about physical health and has a section outlined for interviewer's observations about signs and symptoms of substance use and mental health concerns.
- **Systems interactions,** these questions are meant to determine what, why and how often public services are accessed by people. These questions determine, history of victimization, presence of a disability, time in jail and health services that are accessed by the person (to name a few).
- **Income sources and housing preferences,** these questions assess if a person has access to income, where it comes from and what type of housing they would prefer. For example, question 49 asks people what area of the city they would prefer to live in.
- **We included questions regarding post-traumatic stress disorder and domestic violence** to better understand the relationship between these experiences and homelessness, given known links from research. Knowing this also impacts the type of supports and policies required for a response, as well as access to resources.

For a copy of the Rehousing, Triage and Assessment Survey instrument, go to page 28

Please Note: while the RTAS can be adapted to your local context, the questions that determine and measure vulnerability are important to keep consistent. These questions are bolded in the RTAS. They are important as these are the questions that measure the research based pre-determined risk factors and will help you to prioritize your list of people when it comes time for rehousing. Please also note that some of the questions are asked and some are interviewer observations. Observations are noted.



I want more
homeless people
to know the joy
I'm feeling.

Patricia received housing
February 2009.

Benefits for your Community

The first and foremost reason to use the RTAS is to end homelessness in your community. One of the greatest challenges to implementing ending homelessness initiatives is knowing how and where to start. This is particularly difficult if your community does not have a comprehensive picture of who the homeless are and what their needs and preferences may be.

Your community may have service providers who are working hard and making a difference, but may be serving the same client without knowing it, or may be working in isolation from one another. Using the RTAS is a first step towards developing standardized intake and assessment processes that can lead to a coordinated intervention system.

How do we bring various players together to generate a systems approach to ending homelessness? We suggest that implementing the RTAS in your community is one way of mobilizing community groups and agencies to focus on the most vulnerable.

Cities like New York, New Orleans and Portland have reduced their homeless populations significantly. Common Ground reports that New York's homeless rate has decreased by 47% since 2005 and the use of the Vulnerability Index has contributed to this decrease as the process allowed for the efficient leveraging of limited resource to target intervention.

This toolkit is a guidebook to enable accessible information for use of the RTAS in the Canadian context. It includes information about the survey itself, when to use it, how to use it, in what settings, how to mobilize your community to act, how to ensure ethical processes and how to recruit and train volunteers to help you.

Using this toolkit to eliminate homelessness will help you:

- Support Housing First approaches to eliminate homelessness
- Get a complete picture of how and/or why people are living on the street and their current state of physical and/or mental health
- Standardize the processes for supporting high risk homeless people into supportive housing
- Ensure that the limited resources available are accessible and available to those with most immediate needs while increasing access for those next in line
- Enable outreach workers and community based agencies to assess and prioritize housing strategies for homeless people at risk of dying
- Create opportunities to identify and build a case for policy change
- Engage multiple stakeholders in a process that is meant to change current practice
- Increase successful outcomes as it is evidence based and person centered

Quick Fact:

The average cost to the system for every homeless person who is not housed is \$94,202 CDN per year in Calgary.

RSM Richter & Associates, 2008

The RTAS can be used on the street to engage rough sleepers, in institutional settings, at events and in shelters. It can also be incorporated in agency practice on an ongoing basis and across community services as part of a standardized client assessment process. It can become the basis for shared client data across agencies and lead to a more real-time sense of homelessness in a community. Better information will enable better planning and increased understanding of what works and where improvement can occur.

Promising practices across North American point to the need to shift from reliance on point-in-time counts of the homeless populations to ongoing and comprehensive monitoring. In Calgary's case, as in most Canadian municipalities, point-in-time methods are the predominant means of surveying and describing the homeless population. The City of Calgary Biennial Homeless Count has provided valuable longitudinal data on the magnitude and demographics of the population since the early 1990s. These snapshots provide useful but very basic data which has limited application for ending homelessness initiatives, particularly when it comes to program design, public policy, systems planning and comprehensive community mobilization to eliminate homelessness.

Better information about the actual numbers and needs of homeless individuals can be achieved using the RTAS. It can also lead to better understanding of the rehousing interventions needed in homeless serving systems to end homelessness.

Using this toolkit to improve services will help you:

- Capture comprehensive information about homeless peoples' histories, current mental and physical health risk factors
- Enable analysis of the costs of homelessness to emergency, health, and justice systems
- Engage multiple service providers in the coordination of services
- Support the development of a common intake process and a Homelessness Management Information System (HMIS)
- Engage other stakeholders including local post-secondary researchers who can expand the uses of the findings to advance our understanding of homelessness
- Generate evidence to develop and advance policy recommendations
- Share best practices with other organizations who may wish to use the tool
- Compare trends across the country with other communities who use the RTAS. This will lead to better understanding of homelessness from a national perspective

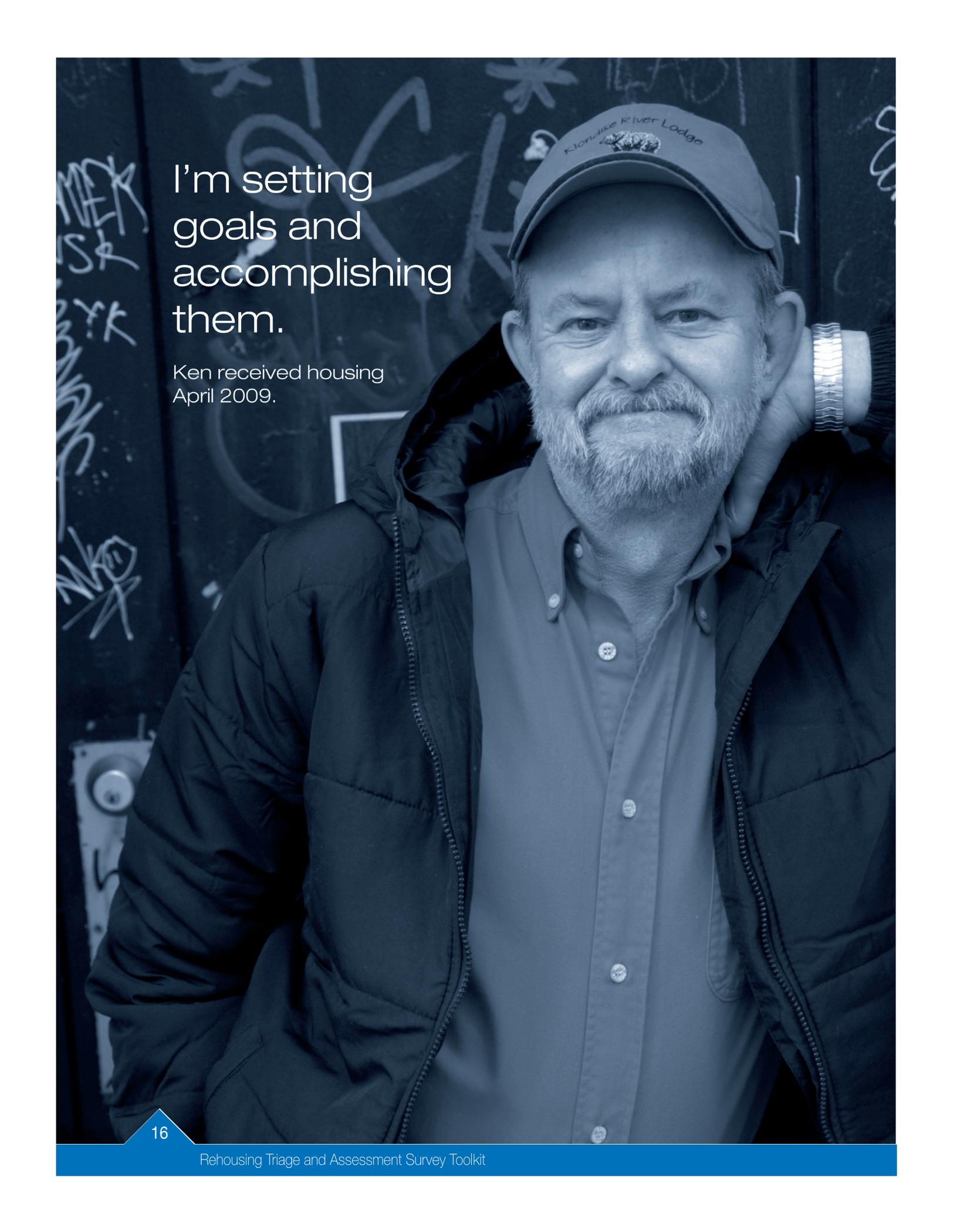
Rather than just gathering data, the RTAS mobilizes a community to take action to re-house surveyed individuals - it is an intervention and a research tool, but first and foremost it is a triage tool used for rehousing the most at risk people in your communities. In addition, the tool can help with advocacy and planning for affordable housing by clearly identifying client needs.



Quick Fact:

Homeless individuals access emergency health services, mental health, substance abuse services and health facilities multiple times previous to their death.

O'Connell, 2005



I'm setting
goals and
accomplishing
them.

Ken received housing
April 2009.

The Rehousing, Triage & Assessment Survey: A Step-by-Step Guide

Now that you know what the RTAS is, why to use it and how it has been used by others, this section will help you get started.

As previously mentioned, the basic stages of the RTAS process are as follows:

1. **Community Engagement and Goal Setting.** Engage community stakeholders to determine willingness to take on the process, resources, and end goals.
2. **Survey Design, Methods, and Ethics.** Determine the best methods to survey the target group, including location and timing of the survey administration.
3. **Volunteer Recruitment and Training.** Recruit and train volunteers to administer the survey.
4. **Survey Implementation.** Administer the survey based on planned methods.
5. **Data Analysis and Registry Creation.** Use the gathered data to create a registry that prioritizes the most vulnerable participants.
6. **Action to Rehouse Vulnerable Homeless Participants.** Engage stakeholders to begin rehousing these individuals.
7. **Reflect, Revise, and Next Steps.** Consider learnings from the process and its applicability to ongoing ending homelessness initiatives.

We will discuss how an initial implementation can be done, and then present some possibilities of expansion in varying contexts on a more ongoing basis.

Step 1 - Community Engagement

Engage community stakeholders to determine willingness to take on the process, resources, and end goals.

The RTAS is designed to catalyze your community to address homelessness in a new way. Cross-sectional mobilization is critical to creating the kind of social change the RTAS was designed to facilitate.

Engagement should be collaborative in nature and meant to inform, educate and engage key stakeholders, including the general public, media, policy makers, the business sector, social services sector and men and women experiencing homelessness.

By engaging community members in this process, you can increase support for your efforts, gain new partners in solutions and build and strengthen partnerships.

Reflect on Your Capacity and Goals. Before you begin, consider your capacity to bring together stakeholders to take action on homelessness and what resources could be brought online to rehouse the individuals identified through the RTAS.

It is important to take stock of your organization's capacity and needs, as well as your role in the community.

You may be:

- an organization that has a leadership role in ending homelessness and are willing and able to take on the mobilization of other stakeholders in this process,
- a smaller agency with limited resources working on homelessness issues; or
- a government department or municipality that is responsible for implementing homelessness initiatives in your community that deals with homeless clients (i.e. hospital, emergency medical services, correctional facility).

If you are a smaller organization without the necessary clout or resources to take on the mobilization on your own, consider approaching several other groups to help in the effort. You may be the catalyst needed; do not underestimate your role!

Determine Community Readiness. Consider your position in the community, but also your organizational readiness to do things differently. Your community readiness and the available resources that can be deployed to addressing homelessness should also be evaluated. Lastly, what do you as an organization and as a community hope to achieve?

For example, your community may be concerned with the visible homeless encountered in areas of your inner city. We know that these individuals who are ‘sleeping rough’ are at a higher risk for mortality and assisting them can make a significant difference in a community perception of safety, cost savings to public system, and increase their health and quality of life.

If your goal was to make a significant decrease in the number of individuals sleeping rough, how would you go about it?

If you are an organization working with homeless individuals, such as a shelter, outreach, drop-in, etc., you are well aware of the various stakeholders that could play a role in this effort.

It is likely that your community has a document or strategic goals around homelessness; it is useful to ensure that these efforts reinforce larger system level goals.

Knowing if your community is ready to take action on ending homelessness is critical to your success. Having community support can ‘make or break’ all of your hard work.

Where your community is ‘at’ in terms of readiness to conduct the RTAS could be assessed by engaging in stakeholder conversations with local agencies, shelters, academics, police and health care providers specific to their awareness of the issue of homelessness and the need for action – or – could be determined much less formally through experiential knowledge.

The Community Readiness Model highlighted on the next page was originally developed to address alcohol and drug abuse prevention efforts, although it has been adapted and used in a number of other contexts.



Now I can stay
clean; I can
rebuild my life;
I can raise my
baby.

Nancy received
housing early 2009.

9 Stages of Community Readiness

1. **No awareness** - your community either tolerates the issue or does not recognize the issue as needing intervention.
2. **Denial** – there is either no acknowledgment of the issue or a belief that there may be an issue but that it is impossible to do anything about it.
3. **Vague awareness**- means there is recognition of the problem, but no motivation for action.
4. **Preplanning** – your community recognizes the problem and agrees that something needs to be done.
5. **Preparation** – there is active planning in place to take action.
6. **Initiation** – your community is mobilized and implementing a program or intervention (such as the RTAS).
7. **Institutionalization** – there are 1 or 2 programs operating, in other words, taking action on the issue is becoming a regular practice.
8. **Confirmation and expansion** – existing programs are being evaluated and improvements made.
9. **Professionalization** – there is community leadership, highly trained staff, and effective evaluation processes.

Note: the steps above have been adapted from the original developed by the Tri-Ethnic Center for Prevention Research at Colorado State University (Edwards et al, 2000).

Increasing readiness depends on the 'stage' your community is at. For example, if your community is in the 'pre-planning' stage, or has acknowledged that homeless is an issue but is uncertain how to move forward, strategies could include information sessions about the RTAS and media coverage.



Tip Number 1:

Tell Everyone!

Advanced knowledge of the administration of the RTAS, who you are, what you are doing, when you are doing it and why, will make your plans and processes smoother. You will gather more volunteers, you will be able to use the information you collect for many purposes, you will be able to reach more people to assess their needs and perhaps most importantly, you will be able to house at-risk people quickly.

Engage Key Partners. It is important to engage key players early on to ensure broad representation and buy-in from the start. Keep in mind that not everyone will endorse the idea, but that you do not need everyone's agreement to take action either.

Consider unusual suspects such as your municipal parks and bylaw departments. What are stakeholder interests, strengths and possible reservations around a community rehousing effort?

Partners are more likely to engage in solutions if they are a part of the process from the out-set. Collaboration is a key factor in the success of any intervention action. Working with a variety of partners to plan, act and share results will increase the likelihood of successful RTAS administration and rapid housing response.

In order to engage community and stimulate action several groups should be included:

- **Homeless and/or formerly homeless persons** - The mobilization phase should include homeless individuals and/or those who have experienced homelessness. This ensures that your processes are culturally appropriate given the target population. It is important not to underestimate the knowledge that street culture participants can provide in the design and implementation of this process. One of the ways that they could be engaged is to invite homeless and formerly homeless persons to be part of your planning committee from the start. They can advise you on all aspects of the process. Engaging a group of your target population could be as simple as organizing a lunch where members of the street community come to discuss the process. The involvement of homeless community members is extremely important; a relationship of co-leadership should be fostered throughout.
- **Shelters** – Local shelters for homeless individuals, families and women fleeing violence are critical partners as these organizations have relationships and interaction with homeless people. They can work as allies in recruiting volunteers, as well as connecting volunteers to participants. Shelters can also provide temporary respite from outside conditions while people wait for housing.
- **Social service agencies** – Social service providers are critical partners for all phases of the RTAS. They can help recruit volunteers, provide necessary training, and work together in the post-survey rehousing phase. Having agency partners engaged during planning and surveying facilitates action.
- **Health services** – Health services are highly accessed by homeless people, thus having them on board will help them in their efforts to provide quality health care. It will also help your efforts to have health professionals on your survey teams as, health professionals can advise you on dealing with emergencies.
- **Academia** – Post-secondary researchers can help with ethical concerns and training of volunteers and can partake in data analysis and information sharing, and may be interested in working on policy change and advancement.
- **Police** – Include the police in your conversations if you are planning to survey rough sleepers. They can bring information about locations to do the survey, safety aspects, and how to handle emergency situations.
- **Government** – Engaging government officials can increase their understanding about homelessness' connection to other systems, such as justice, welfare and health services. This can further paint a clear picture of the high expenditures associated with managing homelessness as opposed to ending it. Having government support from the start can increase your success in advocating for policy changes and support services.

- **Funders** – Funders play an important role in creating and sustaining social programming in our communities. Having funders involved can lead to new and innovative ways of ‘doing business’. For example, if a funder is engaged they can see the cost-effectiveness of Housing First approaches. This can lead to the provision of flexible dollars needed to house the ‘top 10’ individuals on the assessment list. Providing funds with little ‘red tape’ will enable the housing process to move quickly.
- **Media** – If your local media are engaged with you in this process, and see the value of using the RTAS as an action tool to combat homelessness, they can help build community and the profile of the issue in your community.
- **Private sector** – The private sector can be a valuable partner in the RTAS process via volunteerism, donations of supplies and resources towards rehousing efforts.

Once you have identified the key stakeholders in your community, you can share the RTAS process with the stakeholders and engage them in a conversation about possible applications to your community. This can be done through a community forum where you or an invited speaker from a community that has used the RTAS process can present the RTAS; a facilitated discussion about possible uses in your community can follow this presentation.



Tip Number 2:

Find Flexible Funds.

Having partners from social service agencies, the business sector and funders will let you be more flexible. For example, funders can create an opportunity for some ‘no strings’ dollars to help the top 10 most vulnerable individuals into housing. For example, if there was \$200,000 in flexible funding people could quickly access needed identification, damage deposits, utility back payments, fine payments, or any other financial barriers to housing.

Ensure a Flexible Approach. Although you may have a sense about the ultimate goal of the effort, initial conversations may lead to priorities you did not consider initially. For example, you may have brought players together to work on rehousing rough sleepers in a particular park, but as a result of discussions, community stakeholders point to the need to address the backlog of shelter users and focus rehousing on them.

The initial prioritization for the focus of the RTAS will have to also consider the resources you have in place. What if you want to rehouse rough sleepers, but funding or program criteria limits you to shelter users?

Based on the goal, you may realize that you do not have the right players at the table. You may want to focus on homeless people being discharged from correctional facilities, but you did not include the right decision maker in the conversation. Follow-up discussions should be conducted to ensure their engagement and buy-in. Also consider how you may need to adapt your approach if a critical party is not willing to participate in the process.

Tip Number 3:

Be open to ideas.

Your partners are your experts and you need their experience and insight. For example, if you plan on using the RTAS in a facility like a jail or prison, and you would like to provide people with gifts of engagement and gifts of thanks – you need to know what is acceptable for that setting. Being flexible in your plans, it will help you to follow appropriate protocols and will make it easier to work together in the future.

Aim for Achievable Results and Secure Necessary Resources. It is important to have an achievable and measurable goal in mind when you begin the effort. This will help you determine what methods you need to survey and assess, what resources are required, and who key players are. Concrete goals are critical to ensure you are able to demonstrate success. Remember, the RTAS process is not simply to collect data about homeless people in your community; it is a tool to help your community begin working together to end homelessness.

Although your first effort may be to rehouse 20 or 100 homeless individuals from a shelter, jail, hospital, the street, etc., it does not limit you from building on this initial work. A manageable and realistic goal that is achievable will be an extremely valuable experience for your community that you can subsequently build and improve upon in the future.

During the mobilization process, it is important to understand your community's resources and how these may be utilized in the rehousing phase. For example,

- Are there agencies or government departments that have access to rent subsidies that could be set aside for the purpose of rehousing the survey participants?
- Are there affordable housing providers that could set aside units for those identified in the survey?

Ensuring ahead of time that you have assessed your community's ability to take action will facilitate the transition from survey analysis to the rehousing phase.

If you are one of the agencies that are willing to mobilize resources to facilitate the housing survey participants, you may consider preparing your staff ahead of time and encouraging them to support the initiative.

The survey administration is not necessarily a costly process but once you have established the scope and methods of RTAS in your community, you can develop a budget for supplies, incentives, printing/photocopying, etc. As you will rely on volunteers, hospitality costs will have to be accounted for as well. Data entry and analysis also requires manpower; who can contribute to this and are there resources you can access to hire someone?

Tip Number 4:

Plan, Plan Plan.

While you may be excited to begin using the RTAS right away, knowing if your community is ready, having key partners involved and a solid plan from start to finish will guarantee you have the right people, at the right time, in the right setting, for the right reasons – housing action for your communities most vulnerable.

Checklist 1

Community Engagement & Goal Setting

Engage community stakeholders to determine their willingness to take on the process, resources, and achievement of end goals

Be clear about community capacity and goals

Knowing these from the outset will ensure smoother processes.

Consider your organizational and community readiness

Knowing where 'you are at' in terms of commitment to act will help you to plan your RTAS.

Working with key community partners

Including those who are 'not the usual suspects' will help you build community awareness as well as mobilize to take action on many levels. Collaboration for maximum effectiveness will require you to be flexible in your plans and expectations. Be realistic and you will have achievable results. Know your available resources, you need to know what you want to do

Step 2 - Survey Design, Methods, & Ethics

Determine the best methods to survey the target group, including location and timing of the survey administration.

Establishing the Planning Committee. Based on the early engagement process, a planning committee should be established made up of key stakeholders willing to contribute to the effort as early as possible.

Key questions your planning committee will consider include:

- Who are critical community partners that should be engaged (if they are not already there)?
- Which organization will lead the RTAS work?
- How many volunteers will you need?
- Who will help recruit and train them?
- What are your timelines and budget?
- Do you have access to funds for intervention and housing for those most vulnerable?
- Should you engage in an assessment of rough sleepers, those in shelters, correctional facilities or in other settings?
- Would it make sense to incorporate the RTAS as part of regular day to day practice for service providers working with homeless people, or a combination of both?

We highly recommend that a lead organization be determined early on in the process. Ideally, your community has some clear options at the table that are appropriate for this role. In Calgary, the Calgary Homeless Foundation (CHF) is the lead agency responsible for implementing the 10 Year Plan to End Homelessness. As a system planner and funder with the resources to support and resource the effort, the CHF was a natural lead in this effort.

The Planning Committee should discuss and brainstorm around the following key issues:

1. Survey Location, Frequency and Timing.
2. Ethics, Safety and Security Protocols.
3. Volunteer Recruitment & Training.

Once you know who is willing to contribute to the effort and what the priority will be, you can begin planning for the survey. Since you know who your target population will be, you can then tailor the methods of conducting the survey.

Remember that the RTAS is not strictly a research instrument, but rather a tool for assessing homeless individuals for re-housing. Therefore, the timing and location of the survey should be determined by this end goal.

Identify the Appropriate Location. Consider the likeliest place to encounter your target group, but also how realistic conducting a survey will be in that context.

- If your focus is on rough sleepers, typically the most vulnerable and therefore the best place to start using the RTAS, agencies, bylaw and police teams and your homeless partners may know where they can be found (streets, parks, abandoned buildings, etc.).
- If you want to have a broader focus on chronic homelessness for example, what would be the best place to survey the most clients at one time? A possibility is administering the survey at a Project Homeless Connect event in your community where homeless clients come in for resources on certain days of the year (if this is available). These events typically attract people using shelters, a group you would not be able to reach with a rough sleeper survey.
- If your goal is to focus on those being discharged from hospitals or jails, then the institution is the likeliest site for conducting the survey.

Safety of particular locations and institutional security protocols for facilities should be considered. We will discuss safety protocol in the next section in more detail.

Based on Canadian and US experience, we recommend that communities begin by focusing the initial implementation on rough sleepers, then move on to applying the tool and their learnings to new contexts. Again this is because rough sleepers typically have the most risk factors for morbidity and are therefore the most vulnerable group.

During the survey defined components, consider key agencies or groups who come in constant contact with your target population. In the case of rough sleepers or emergency medical services, police teams, outreach workers, and parks and bylaw services are likely to know a lot about the whereabouts of the population.

Determine the appropriate timing. Based on the identified location, determine what the best timing for administering the survey is. For example, if you are implementing the survey in a shelter, what would the implications of the survey be on operations? Would this consideration change when you would conduct the survey?

If you want to focus on rough sleepers, previous RTAS and Vulnerability Index surveys conducted on the street have been administered in the early hours of the morning (2-5AM) to ensure capturing those who were sleeping rough after shelters closed. The surveys were administered during three consecutive nights in the same areas to ensure better engagement as rough sleepers get to know interviewers, more opportunities to canvass areas and chances to identify participants.

Because the focus is on rehousing and intervention, you do not need to follow a strict timing protocol typical of point-in-time counts. For example, The City of Calgary's Homeless Count occurs on a particular night in May every two years; if the purpose of the RTAS was to provide a snapshot of the homeless population, then replicating the methodology consistently would be very important to ensure reliability of findings. However, the Calgary community decided that they wanted to take action on intervening with rough sleepers rather than simply counting them. Therefore, the agencies conducted the RTAS in October and December of 2008 as colder temperatures put people sleeping outside at greater risk of health concerns such as frost-bite. They also canvassed different areas than the homeless count did.

Consider Survey Frequency. There is no prescription regarding how often you should administer the RTAS. This depends on your community's needs and resources. In Calgary, we used the RTAS in two street surveys, one Project Homeless Connect event and one institutional setting between the fall of 2008 and spring of 2009. Based on the experience of different communities, we recommend considering how the RTAS process can be undertaken on an ongoing basis, although you may start with one initial 'blitz'.

If you choose to use the RTAS on an ongoing basis, it can be adapted to become a standard part of client assessment. This is particularly valuable if many organizations agree to use the same instrument. Information can be collected through outreach services or as people access agencies. The information can then be entered into a centralized database that allows for client tracking across the continuum of care.

We have learned from New York and New Orleans that communities that have the best results with using the survey results to rehouse participants tend to implement the survey through an initial blitz focused on rough sleepers, and then focus on helping those at the highest risk before the next assessment is administered.

Refine the Survey Questions for Your Community. Although we have done considerable work refining the RTAS tool for Canadian contexts, we recognize that each community has its own particular needs and perspectives. However we encourage you to keep the questions as consistent as possible with what we have provided to ensure comparison is possible across communities in the future.

It is recommended that the questions specific to risk factors and vulnerability in particular be kept constant as this information is key to rapid intervention. Of course, there are questions which may be adjusted to your particular locality. The questions specific to housing history, income and housing preferences can be more easily adapted to local contexts. For simplicity sake we have highlighted the key risk factor questions in bold in the RTAS itself, see following pages for the RTAS.



Sample of the RTAS

Have you participated in this project already? Yes No [If answer is yes, proceed]

If you have participated already, we want to make sure you are not surveyed twice; we need a bit of information from you to do this. Do you remember what month/year did you participate in the survey? ____/____

First, I'm going to ask you a few questions about yourself:

1. Interviewer (this survey): _____

2. Date: _____

3. First Name: _____ 4. Middle: _____ 5. Last: _____

6. Nickname: _____ 7. What is your date of birth: _____

8. Has Consented to Participate: Yes No 9. Location of this interview: _____

Calgary Remand Centre _____

[\[Stop here for those who participated in previous surveys\].](#)

10. Gender [DO NOT ASK] Male Female Transgender Unknown/Refused

11. What is your first language? English French Other (Specify) _____

11. What is the highest grade in school you completed?

K-9 Some High School High School Graduate GED
 Trade School Some College College Graduate Post-Graduate
 Other _____

12. What is your current citizenship status?

Canadian Citizen Permanent Resident Refugee Refugee Claimant Foreign Worker
 Other (Specify): _____

13. In what country were you born? Canada Other (Specify): _____

14. If born outside Canada, what was the date of your official landing in Canada? _____

15. Do you identify yourself as the following: First Nations Inuit Métis

16. If yes, are you: Member of Indian Band/First Nation
 Treaty Indian/Registered Indian as defined by Indian Act

17. If yes, have you ever been in residential schools? Yes No Refused

18. Are you: Single Single, with children (<18yrs)
 Part of a couple Part of a couple with children (<18yrs)

19. If you are part of a couple, is your partner: homeless with you

20. If you have children under 18 yrs old, how many are living with you? _____

OK, first I'm going to ask you a few questions about your housing history:

21. What is the total length of time you have lived on the streets or shelters?

Number of years: _____ **22. Number of months:** _____

23. Where do you sleep most frequently? {NOTE: Check only one}

- Shelter Outside (street, park) Both Shelter & Outside Own place Someone else's place
 Other (Specify) _____

24. If you use shelters, which are your number 1 and 2 preferences to go to?

1. _____ 2. _____

25. Over your lifetime, can you tell us how many times you have lived in shelters or outside?

- 0 times once between 2 and 5 times between 5 and 10 times more than 10 times

26. On average, for about how long were you in that situation each time?

- less than 1 week 1 to 4 weeks 1 to 3 months 3 to 6 months 6 to 12 months
 1 to 3 years 3 to 5 years more than 5 years

27. If you are currently housed, are you at risk of losing your housing? Yes No

28. How long have you been in Calgary?

- Less than 1 year 1 to 5 years 5 to 10 years More than 10 years Born in Calgary

29. If you moved here recently, where did you move from?

- AB BC SK MB ON
 QC NS NB PEI NL
 NWT YT NU Outside Canada _____

OK, now I'd like to ask you a few questions about your health:

30. Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions? [If yes, note any details/probe for additional info such as when, what, etc]

- | | | | |
|--|------------------------------|-----------------------------|----------------------------------|
| a. Kidney disease/ End Stage Renal Disease or Dialysis: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| b. History of frostbite, hypothermia, foot rot or immersion foot: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| c. Liver disease, Cirrhosis or End-Stage Liver Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| d. Heart disease, Arrhythmia or Irregular heartbeat: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| e. HIV+/AIDS: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| f. Emphysema: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| g. Diabetes: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| h. Asthma: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| i. Cancer: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| j. Hepatitis C | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| k. Tuberculosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| l. [DO NOT ASK] Do you observe signs or symptoms of serious physical health conditions? (cancer, heart, liver, kidney disease). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| m. Have you ever abused drug/alcohol or been told you do? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| n. Have you consumed alcohol everyday for the past month? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| o. Have you ever used injection drugs or shots? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| p. Have you ever been treated for drug or alcohol abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| q. [DO NOT ASK] Do you observe signs of symptoms of alcohol or drug abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| r. Are you currently or have you ever received treatment or mental health issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| s. Have you ever been taken to the hospital against your will for mental health reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |
| t. [DO NOT ASK] Do you detect signs or symptoms of severe, persistent mental illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refused |

u. Have you been the victim of a violent attack since you've become homeless?

Yes No Refused

v. Do you have a physical disability that limits your mobility? [i.e. wheelchair, amputation, unable to climb stairs]

Yes No Refused

w. Have you had a serious brain injury or trauma that required hospitalization or surgery?

Yes No Refused

x. How many times have you been to the emergency room in the past three months? _____

y. How many times have you been hospitalized as an inpatient in the past year? _____

31. Where do you usually go for healthcare or when you're not feeling well?

[Check all that apply; we need name of hospital or clinic]

Sheldon Chumir (urgent care clinic) CUPS (clinic) Peter Lougheed Hospital

Other (Hospital/clinic name): _____

32. If you've been hospitalized, how many days in total have you been hospitalized as an inpatient this year? _____

33. If you've been in jail, how many days were you in jail over the past year? _____

34. Do you have any other health concerns that limit your daily activities? [ie: poor eyesight, work injury, ADHD, ...]

35. Are you experiencing severe dental problems?

Yes No Refused

35. Are you currently experiencing interpersonal violence (spouse, domestic abuse)?

Yes No Refused

37. As a child or anytime in your life, did you experience a traumatic event that still affects your daily life?

Yes No Refused

38. Are you currently on any medications? If yes, describe _____

39. Are there any medications you should be on? If yes, describe _____

All right, now I've just got a few more questions:

40. Have you ever served in the Canadian Armed Forces?

Yes No Refused

41. Have you ever been in provincial corrections (jail, Remand)?

Yes No Refused

42. Have you ever been in federal prison?

Yes No Refused

43. Have you ever been in foster care?

Yes No Refused

44. What are your current sources of income from employment?

- Work, on-the-books Work, off-the-books Binning/Recycling Panhandling
 Dealing Sex Trade Other (Specify): _____

45. If you are employed, is your position:

- Permanent Temporary Other (Specify): _____
Do you get benefits at your job? Yes No About how many hours do you work per week? _____

46. What, if any, government income do you receive?

- Assured Income for the Severely Handicapped (AISH) Alberta Works/Income Support
 Workers' Compensation Benefit Employment Insurance Homelessness Eviction Prevention Fund
 Pensions Tax Credits Other (Specify): _____

47. Do you receive any financial support from friends or family? Yes No

48. What is the reason for your current episode of homelessness?

- Conflict with roommate Poverty Lack of affordable housing Divorce
 Domestic violence Lack of child support Natural Disaster/Fire Tragedy (eg: death of someone close)
 Addictions Mental Illness Illness Job loss Physical Disabilities

Housing Preferences -Now I'm going to ask you some questions about the type of housing you think would be best for you, remember - we cannot guarantee housing as result of this survey. Please indicate your preference for housing:

49. Location: NE SE SW NW Inner city Downtown
 Other (Specify – eg: community name, etc): _____

50. Housing type:

- Private Landlord/Market Rent Subsidized Apartment in social housing (i.e. Calgary Housing Company)
 Group Home Room & Board Supported Living (e.g. Social worker on site)
 Other (Specify): _____

51. Housing form:

- Bedroom in a house Shared accommodations
 Rooming house (Single Room Occupancy with shared living space) Bachelor suite 1 bedroom apt.
 2 bedroom apt. 3 bedroom apt. Basement suite 0 Other (Specify): _____

52. Is it important for your housing to be close to:

- Recreation facilities Shopping Friends/family Transit/Transportation Schools
 Religious facility (church, mosque, etc.) Ethnocultural community Other (Specify): _____

53. Are there any accessibility issues your housing should accommodate? If so, can you describe (i.e. wheelchair accessible, need an elevator, etc)? _____

54. Who would live with you & how many (i.e. no one, my partner, daughter and son)? _____

55. What supports would you need to be successful in staying housed? (ie. Financial assistance, budgeting help, case manager that comes in when needed, or live-in support worker, etc)? _____

Contact - In case we want to get in touch with you for housing opportunities at some point in the future, what is the best way to get in touch with you? (prompt for cellphone, email, relative contact, etc.): _____

Incorporate Homeless Individuals' Perspectives. In Calgary, before we engaged in the street survey process, Calgary Homeless Foundation staff, homeless and formerly homeless advocates visited rough sleeping areas and talked to residents about the survey. They received feedback from members of the population about the questions being asked, the area canvassed, timing and ways of approaching people. These have all been incorporated into the survey process. However, each location and context varies; and therefore engaging the population will ensure the process continues to be adapted to remain relevant.

For example, if you're planning to undertake a survey of rough sleepers in a particular area, if possible, make contact ahead of time through local homeless advocates or outreach services to explain the purpose of the survey and the process that entails. This will ensure that your teams are welcomed and able to gain permission to come into people's living spaces.

In Calgary's case, input from the homeless population pointed to the need to exclude the police from participating in the survey administration process. In light of their recommendations, our street survey teams did not include members of police; however, the Calgary Police Service was consulted in the planning stage and informed of our process, canvassing areas and timing. In this way, officers could be on the lookout for the volunteer teams and be ready to respond if issues arose.

Establish the Ethics Standards & Protocol. Being ethical and respectful when interviewing vulnerable people is critical to ensure no harm and everything possible is done to protect the privacy and dignity for those involved. Ethical conduct is particularly important in using the RTAS, as personal information about people's lives is being collected and photographs are being taken.

Assessments and photos are shared with community based agencies in order to identify and then house people. So it is critical that your purposes and intentions are made very clear before any information is collected.

We must do everything possible to:

- Keep people safe
- Establish trust
- Respect people's privacy

We have followed strict protocol around the informed consent in ethics process for the RTAS. We engaged the Chair of the University of Calgary's Con-joint Ethics Review Board as well as a privacy information lawyer to provide advice on our informed consent form and processes. We encourage you to engage local ethics experts from post-secondary institutions and law firms early on to ensure the best possible standards for your participants.

Informed Consent. Consent, whether verbal or written, must be obtained before collecting information or taking photos.

'Informed consent' requires that you have explained:

- the reasons you are there,
- what information you seek to collect,
- what you will do with this information,
- what people can expect will happen if they answer the questions,
- how you will follow up with them,
- who will have access to what you collect,
- where you will store the information and for how long, and finally,
- signed or verbal permission to continue.

It is important to determine during the planning phase who data will be shared with once gathered. The purpose of the survey is to generate information to rehouse participants, it is not appropriate to share private information if it does not directly serve this purpose.

The names of the agencies that have agreed to participate in the rehousing action effort must be listed on the consent form and survey administrators must be identified before the survey and included on the consent form so that permission to share private information can be obtained from the participants. This is why their commitment early on is important; if you do not have the permission to share information with a particular agency, it will be difficult for you to make referrals later on for rehousing.

Consider, based on your target population and the context in which you will administer the survey, whether you will be seeking oral or written consent from participants. When we conducted the RTAS on the street, we followed the advice of homeless participants and agency workers to employ an oral consent process given the context. However, when we conducted the survey in the Remand Centre, their strict protocol demanded that we seek written consent. We have included forms in the appendices for your use in either circumstance. People who do not wish to sign because of language, literacy or cultural reasons may still participate by giving verbal consent. The process of walking through the consent form is still the same.

People you are interviewing must know through the informed consent form and process:

- That their participation is completely voluntary,
- That they can stop the assessment at any time and their information is destroyed even after signing a consent form and doing the assessment,
- That their private information and photos will be shared with named organizations for the purposes of rehousing,
- Exactly what the aggregate information will be used for, such as further research, planning, media stories, presentations, etc. ,
- In what cases you will have to contact appropriate authorities (revealing information about self-harm or harming others),
- That you are honest and have transparent processes and communication, and you cannot guarantee housing as result of participation, but you will do your best,
- Contact information for people wanting follow-up information or wanting to withdraw from the study after survey administration.

The Role of Incentives. During the CHF's rough sleeper survey process, conversations with our ethics advisors led to the decision to offer incentives for engagement (such as cigarettes, granola bars, chocolate bars, juice boxes, etc.) regardless of whether the participant decided to take part in the survey or not. This is a great way to strike up conversations, even if participation does not result from it. Since survey teams return to their canvass areas for three consecutive nights in cases where the RTAS was administered on the street, their ongoing engagement with those who they encountered resulted in increased comfort with the teams and eventual agreement to participate. In order to determine what to offer as engagement gifts, CHF consulted with homeless people and asked what would be acceptable and/or preferred to offer. Overwhelmingly the response came back for cigarettes. While this offering may seem contradictory given the health risk factors the RTAS is determining, CHF decided to honor this choice but in addition provided a choice of other food items. The decision was made to be respectful of personal choice but also to engage as many people in the process as possible.

From an ethics perspective, it's important to keep in mind that we are working with vulnerable people experiencing extreme economic insecurity. Therefore the way we offered tokens of thanks after participation, must be informed by this understanding. We used \$5 coffee gift cards as a thank-you to those who participated in the survey for their time, but mentioned these only after consent was obtained. In this way, we try to ensure that participants were not agreeing to take part in the survey because of the incentives. It is problematic to explicitly use foods vouchers for recruitment in the process with such a vulnerable population. Given their economic situation and health, doing otherwise can become a form of coercion.

To summarize:

- Ensure their participation is completely voluntary.
- Consent forms must be written in plain, easy to understand language (see Appendix C for examples of consent forms for both the RTAS and the taking of photos).
- Volunteers must read through the form step-by-step with participants.
- Explain the thank you gift after people have agreed to participate. The purpose of the gift is to thank people for their contribution, it is not meant as an incentive. The gift of engagement at the beginning of the discussion is given to the person regardless of whether or not they choose to participate.
- Provide information/resources for those wanting to follow up after the assessment is completed. This would include the phone number of the person coordinating the RTAS as well as a small business card sized resource with the names, addresses and phone numbers of community services.

Quick Fact:

In Calgary, the majority of rough sleepers are men, but women are found to have greater morbidity risk factors and are therefore more vulnerable.

Calgary Homeless Foundation

Confidentiality. Confidentiality entails making every effort so that no one can associate any information with a particular person. Usually when interviewing people about their personal information, an ethical researcher will promise to keep their information confidential. That means, no one but the research team will have access to the information and any information that is written and shared will not contain the names of people who were interviewed. With the RTAS you cannot fully promise this if people want to be contacted for rehousing.

What can you do to ensure confidentiality?

The informed consent process should lay out the confidentiality concerns. In other words, people should know that if they want to be rehoused, knowing their names and having their photos will make it easier for them to be contacted.

But also:

- Make sure that those who wish to remain anonymous are allowed to do so. That is, if they do not wish to have photos taken or choose to give a pseudonym they can do so
- Be clear that the RTAS has no effect on the services they are currently accessing, so, participating will not impact their ability to use shelters, access health care or other supports
- Photos are only taken for those who consent to it – using a separate consent form
- Collected information must be locked up in the lead persons office and people are told how long it will be kept there
- Collected information is only shared with those groups or individuals clearly listed on the consent form

Taking Photographs. One of the key components of the survey is taking a photo of the participant. This may seem unusual; however, for the purposes of finding the individual again, outreach teams and other agencies who will seek him/her will find the photo extremely useful to identify the participant for rehousing. From our experience, about 77% of participants agreed to the photo. In the survey administration section of this toolkit, we will describe in further detail how consent is obtained and photos are matched to surveys. Although it is not absolutely necessary for you to include the picture taking process, we strongly advise you to consider this measure as it will be of considerable use in the subsequent rehousing process.

Protection and Management of the Data. It is important to agree ahead of time on who owns the data gathered from this process and who has access to it. Access can be granted partially to certain components of the data as well. In Calgary's case, the Calgary Homeless Foundation, as the lead organization and facilitator of this process, was the keeper and owner of the data. Other agencies signed data sharing agreements to ensure confidentiality and privacy for the participants. These same agencies were brought in to begin the rehousing process for the individuals once the data was collected. It is important to work through these issues from the beginning to ensure expectations are agreed upon and clear from the start.

The safe storage of the raw data and registry should be pre-determined as well. We recommend that the lead agency be in charge of this. As per ethics standards, this should be locked and protected by passwords in case of online documents, or memory sticks used for downloading photos.

How long the data will be kept there should be clearly stated on the consent form. For example "all data will be stored and locked up in the offices of for a period of seven years. After seven years the data will be destroyed." That way people know how long they have to withdraw from the RTAS process.

Checklist 2

Survey Design, Methods and Ethics

Having a planning committee in place will ensure your RTAS design and method will allow you to achieve your goals. Following ethical conduct will ensure the safety of both volunteers and participants.

Survey Design and Method

Consider the likeliest place to find your group and you will establish the right **location** for your survey. Be cognizant of safety concerns and institutional practices. Liaise with local professionals to help you.

Your location will help you determine the best **time** to do your RTAS. Select a date and time that will put the least amount of strain on partners and create the greatest opportunities for recruiting help. For instance, planning your survey for a weekend may limit the participation of some volunteers.

Choose the **frequency** that you will engage in a RTAS. Community commitment and resources will help dictate this but engaging a first time 'blitz' followed by regular smaller RTAS may be the most effective.

Asking those who are homeless in your city for their perspectives before you do the RTAS will help you to adapt the questions to make sense in your particular context.

Ethics

Getting **informed consent** before asking any questions or taking any photos is a critical first step to ensuring no harm and protecting rights and privacy of people.

Using **incentives** to engage people and thank them is a way of acknowledging the contribution that people are making by sharing very personal information with you – a complete stranger.

You cannot promise complete **confidentiality** to participants. However if people would rather not use their real names or have their photographs taken they can do so.

Taking photographs makes housing action quicker as it helps you find survey participants in the future.

All data that is collected must be **properly stored and managed**. Partners who will have permission to access should sign data sharing agreements that clearly state which part they can access and for what purposes. These partners should be made clear to participants during informed consent.

Step 3 - Volunteer Recruitment and Training

Recruit and train volunteers to administer the survey.

Volunteers are critical to the success of the RTAS as they:

- help reduce costs of implementing the process by donating their time and use of resources, if you do not have money in your budget to cover them (e.g. cell phones, flashlights, vehicles);
- bring important skills to the process (e.g. experience working with homeless individuals, research experience with vulnerable populations);
- create an opportunity for community engagement in addressing the problem of homelessness as well as actions and solutions to address it; and
- can provide valuable feedback to help you improve processes in the future.

Issue a Call for Volunteers. When you are ready to begin recruiting volunteers for the survey administration process, start with who you know first. As a group of agencies deeply immersed in the homeless serving sector, your network reaches far and wide and is an excellent resource from which to recruit volunteers for the administration of the survey.

Consider the skills that will be useful for your chosen survey target group and location. In the case of rough sleepers, having health professionals, students with backgrounds in the homelessness issue and research methods, outreach workers, and other homeless serving agency staff will prove extremely beneficial. These volunteers are likely to have had considerable experience working with the homeless population and are your best bets for survey administrators.

Once you have identified potential sources of volunteers, issue a call for volunteers for the RTAS. Ensure you describe expectations and commitments necessary, the timing of training and survey administration, and what the purpose of the RTAS is in the first place. In Calgary, we used e-mail to this end and followed up by phone when necessary.

See Appendix E for a sample registration form and Appendix F for a sample introductory letter.

Determining the Number of Volunteers Needed. You have to determine ahead of time how many volunteers you are looking to recruit. Of course, this is impacted by the scope and focus of the survey. In the case of street surveys, you will need to map out ahead of time manageable areas that can be realistically canvassed in the time allotted. We recommend teams of three to four individuals for each area. Depending on how many areas you want to canvass, ensure you have adequate numbers of volunteers to cover them.

We recommend that for the purposes of a street survey, you ask volunteers to volunteer consistently on the same team for all nights of the survey. This establishes consistency for the street population and stronger teams as there is more opportunity for steady experience and learning.

Example of Volunteer Calculation:

- This calculation is based on 30 minutes per interview – this is an average as some may go more quickly while others may take a few minutes more.
- 100 surveys to administer divided by 3 nights to do them = 33-34 interviews per night
- Each team can do approximately 5- 6 interviews per night, 34 divided by 5 = 7 teams needed per night
- 7 teams x 3 people per team = 21 people

You should also think about the team composition. Ideally, someone with more experience in working with the population can take the lead in each team. Leading teams with an experienced outreach worker who has previous contact with homeless people can reduce anxieties for other team members who do not have that experience. It can also help ensure that people are approached in a manner that is respectful and safe.

The generation of maps of areas to be canvassed ahead of time will facilitate the training of the volunteers and determine how many volunteers you will need. In Calgary's case, it was very helpful that The City of Calgary shared copies of the maps they had used in previous point-in-time street counts.

If you're conducting your survey in an institution, you will have to determine what the expected number of interviews will be and compare this with your available time slots. When the survey was conducted in the Calgary Remand Center, multi-person teams were not necessary given the strict security measures of the facility. When CHF met with Remand staff, they recommended that interviews be conducted in visitation rooms on a one-on-one basis. Remand staff allotted time slots of approximately three hours in their visitation rooms for a one week period. Remand staff informed potential participants about the process and scheduled those who expressed interest into 30 minute intervals for the interviews.

When the CHF conducted the survey at a Project Homeless Connect event, we estimated that we would interview approximately 100 individuals at an average of 30 minutes per survey, and recruited volunteers accordingly. At the event, safety was not a concern, thus interviews were conducted on a one-on-one basis.

Planning for a Home Base. If you are conducting a street survey, you should ensure volunteers are also assigned to a Home Base. Ideally, this small team of two or three people consists of planning committee members or lead agency staff who are responsible for ensuring smooth operation of the survey process. This team is available to monitor the process during the time of the survey. They are also able to debrief teams as they return to check out after the survey administration and collect completed surveys and supplies.

By having a central gathering place for survey teams to begin and end at, you can ensure the base team can take stock of attendance, collect contact numbers for all teams, distribute supplies and answer questions. Coffee, tea and hot chocolate should be made available at the Home Base along with snacks.

The Home Base becomes important at the end of the night when teams return to download the digital pictures and take inventory of supplies. This team can also begin data entry as teams begin to arrive with the data.

Volunteer Training. Once you have confirmed the adequate number of volunteers needed for your survey, you should invite them to two separate training sessions. The first would be a two hour session on what the RTAS is and some success stories, and the second two hour session would be specific to conducting the RTAS survey in your community. A two-hour session will likely be sufficient. We have included a sample agenda of the topics you should cover during these sessions in Appendix D.

We recommend making attendance at the training session mandatory for volunteers given the importance of understanding the ethics, safety, and survey administration.

More specifically, training should cover

- RTAS background and history of its development from the VI
- Orientation and teams
- Ethical conduct
- Cultural competencies
- Practices for approaching individuals
- Risk management
- Safety concerns
- Information about available resources for referral

At the end of the session, you should ensure that your volunteers are comfortable with the process and what to expect during the survey administration process. They should also:

- Sign confidentiality forms (included in Appendix H); and
- Provide you with emergency contact information.

It is important for volunteers to understand that this is an initiative to house homeless individuals in the community as opposed to a simple data gathering process.

In this session you should cover the basics of the survey and go through key questions from the survey in role-playing exercises, spend time through the informed consent process in detail and explain the importance of ethics.

You should highlight that participation in this survey is absolutely voluntary and stress the importance of explaining to participants that housing cannot be guaranteed in all cases. It's important to ensure expectations of those surveyed are realistic with your capacity. We have found the survey participants generally understand this and as long as you tell them you will continue trying your best however you cannot guarantee they would be rehoused as a result of this process.

During the training process, you should also present the mapped areas volunteer teams will be canvassing, and introduce the team members to each other and the team lead. The teams can be broken up during the training session to familiarize themselves with the maps and engage in role-playing. This process was repeated along with roll call, in a 30 minute session previous to going out and administering the survey each night.

The training session is also the right time to discuss safety measures and protocol. Of course, in case of emergencies while conducting the survey, 911 should be called. However, during your planning consider brainstorming what unforeseen circumstances may arise that you want to bring up with your volunteers. Ensure you create a resource list for your volunteers that include the phone number of the lead person assigned to RTAS as well as community based supports in case follow up is needed. If an individual experiences any stress or trauma while telling their story to the team, volunteers have information about who to turn to for support.

Calling in Experts. You may want to consider bringing in someone from an agency like New York’s Common Ground for the Vulnerability Index or the Calgary Homeless Foundation for the RTAS - to help you in the process, especially when it comes to volunteers. It may help you to hear about the process from someone who has direct experience in it.

Others who could help with training:

- Researchers with experience interviewing marginalized people
- Persons from ethno-cultural communities that are represented in the local homeless population
- Professionals with experience in conflict or crisis resolution
- Experienced outreach workers

Culturally Appropriate Measures. It is also recommended that cultural sensitivity training and support be provided as appropriate for your community demographics. For example, if Aboriginal people or immigrant groups are represented in your homeless population, ensure you have representation amongst your volunteers. Ensure training covers the issue of engagement of ethnically diverse populations.

Key Supplies. Based on the scope of the survey, you should determine the number of supplies and type of supplies needed.

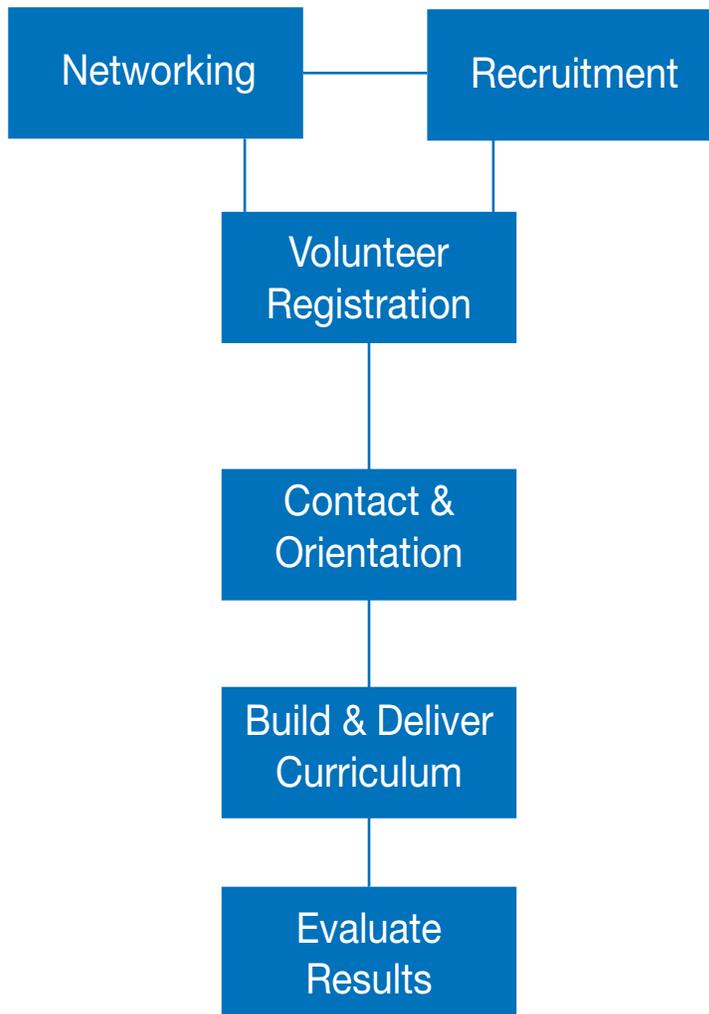
In the case of rough sleeper interviews, each team should have a package consisting of:

- Adequate supply of surveys and consent forms (ensure you have enough consent forms to leave a copy with participants)
- Map of the areas to canvas
- Digital camera
- A tally sheet (this is used to tally the total number of people approached, number who refused to participate, and number of those who agreed to participate)
- A sample script for approaching participants
- Clipboard
- Flashlight
- Pens (ensure you provide felt pens if the survey is conducted during extreme cold weather when ballpoint pens tend to freeze)
- Identification tags
- Glow sticks
- Adequate supply of engagement incentives and thank you gifts
- At least one cell phone to keep in contact with the home base and use in case of emergency
- Warm clothing (if conducting a street survey during colder months)
- Resource cards to hand out and a list of emergency phone numbers

We also recommend that each team has a car available to warm up in case of extremely cold weather.

Plan for Feedback. Ensure you provide opportunities for feedback from your volunteers. You can plan for an appreciation/ feedback session after the survey administration where you can also present them with findings. Seek their feedback with an open mind about what worked well and what can be done to improve the process. This will help you to tweak and improve what you do for future work with the RTAS. **Appendix G provides a sample evaluation form as well.**

Volunteer appreciation is an opportunity to thank and reward the contributions of your volunteer teams. Appreciation could include acknowledgement for outstanding effort, leadership and/or high participation rates.



Note: The registration form, introductory letter and evaluation forms in Appendices F, G & H were adapted for use of the RTAS from those developed by the City of Calgary for their biennial counts of homeless persons.

Checklist 3

Volunteer Recruitment & Training

Volunteers are critical to the success of the RTAS, they help maximize available resources

Issue a [call out to volunteers](#). Start with those groups you already know and recruit to the skills you need for the RTAS.

Determine ahead of time the [number of volunteers](#) you will need by calculating how many people you need to survey and how much time you have to survey them.

Plan for a [home base](#) – this is a centralized location where teams can assemble, pick up any needed supplies and debrief following the survey. It can also be used to download digital photos and begin data entry.

Mandatory [training for volunteers](#) should be provided by experienced professionals. Curriculum should include ethical conduct, cultural competencies, promising practices for approaching people, managing risk and safety and information on available community resources for referral.

Bring in [experts](#) – this is highly recommended for training purposes. Groups with previous experience using the RTAS and local experts can help a lot. If your budget does not allow this – a phone call to the people listed at the front of the toolkit is advised.

Make [cultural sensitivity](#) training a priority. It is important that your methods be appropriate for your community's demographics.

Needed [supplies](#) will depend on the type of RTAS you do. For a street survey each team will need a 'package' of supplies to deal with cold weather, gifts for participants and safety measures.

Getting [volunteer feedback](#) on your processes and their experiences will help to tweak and adapt the plan for future use.

Step 4 - Survey Implementation

Administer the survey based on planned methods.

On the Night/day of the Survey. Ask teams to meet at least one hour before the survey administration is set to begin at a designated location, or home base, which can be an agency office. Provide food and refreshments, and take the opportunity to take a roll call, restate the purpose of the survey and review your safety protocol. Teams should gather supplies at this time (see supply list) and finalize any answers to questions they may have. Ask team leads to provide you with contact number for cell phones for each team. Ask teams to return (to home base) by a set time to check out.

Ensure there is a home-based team available that is mobile in case teams run out of supplies, in case of emergencies, and to keep track of team progress throughout the night. At the end of the data administration process, teams will gather back at home base. Your coordinating home base team will go through a debriefing with each incoming team. This includes downloading photographs and ensuring the survey codes match the photos (see section on coding), and collect all filled out forms and supplies.

The home base should host a brief conversation around experiences the team had, any issues that may have arisen, and any learnings, and a final roll call.

In the case of administering an institution survey with set timeslots, you should similarly gather your volunteers for a pre-meeting where you distribute supplies as well as gather the group to debrief after the session. A similar process can be undertaken for PHC volunteers as well.

Survey Administration. Teams will canvass their assigned areas in the case of street surveys, or set up areas to conduct interviews in facilities (shelters or Project Homeless Connect events) that ensure privacy for participants. If you are administering the survey in a facility, you should ensure staff is aware of the process and inform participants while clarifying that service is not dependent on their participation in the survey.

Remind teams to fill out the tally sheets of total refusals and consented participation.

Your teams should ensure they cover these key components:

1. Identify themselves and engage possible participants and inform them of the study process (engagement incentives can be used to break the ice)
2. Go through the informed consent process, and ensure a copy of the consent form(s) are left with each participant
3. Administer the survey question by question with each person, leaving questions blank that participants refuse to answer
4. Assign a code to each participant based on a predetermined formula (for example, the first three letters of the last name and last two digits of the year of their birth)
5. Take photos of those who agree to be photographed. Have the participants survey on a table beside them with their assigned code written clearly on the back blank page for the photo to ensure the picture can be matched to the correct survey later
6. Provide the thank you gift for their participation

Coding. Decide on how you will code each participant, the method you choose should not reveal their identity. Proper and consistent coding allows you to match the photo with the right survey and is good for service coordination, allowing you all to speak about the same person easily and privately. We used first three letters of a persons last name and the last two digits of year of their birth (ie. Johnson, in 1957 code is JOH57).

Resources. If implementing at Project Homeless Connect, you have access to multitude of resources at hand therefore it could be useful to train your volunteers about the PHC process and services available in case they are able to refer participants at the time of the survey.

Safety & Visibility on the Street. In the case of institutions such as the Remand Centre, your safety and security protocol will have to be developed in collaboration with the institution. You should be aware of the volunteers' concerns around canvassing areas that may be unsafe during the night. We recommend that teams work as groups when approaching participants.

Each team will need to have access to a cell phone along with awareness of the police and social services available in the areas they will be in.

Volunteers should judge the situation and if deemed unsafe, they should not proceed. In the case of emergencies, they should call 911.

Having a health professional familiar with the homeless population present in the training session can be very beneficial in helping volunteers recognize extreme distress, and what they should do about it if they encounter it.

Tools that increases the visibility of your team on the street include providing them with glow sticks that they hang somewhere on their person. As well, reflective tape can be put on clipboards and backpacks. This helps the street population identify the survey team and even approach them during the dark hours to meet. Similarly the police service can easily identify them and know quickly what they are up to. Consider how your volunteers can be identified quickly in a facility or at an event as well.

Tips for Approaching Participants. You should also discuss with volunteers how to approach homeless people to engage them in the survey. Generally, the approach is to be natural, friendly and respectful. The volunteer can offer the participant a chocolate bar or other engagement incentive at this point as well and begin the conversation about the purpose.

In the case of street surveys, we recommend that one of the team members approach the homeless person and then invite the others to participate after explaining the purpose of the survey. In this way, the person is not overwhelmed by the entire team at once. We have also learned that approaching larger groups may be problematic if they are engaging in illegal behaviors as this may pose a safety concern for the team of volunteers.

Step-by-step for Volunteers

1. **Keep track of the number of individuals** you encounter and how many are new and/or female. Also keep track on the tally sheet the numbers of those who refuse the survey when approached and those who agree to partake.
2. **Engage participants.** Explain the purpose of the survey, and ensure you highlight the voluntary nature of their participation, that participants have the choice to only answer questions they are comfortable with and have control over the sharing of information with the listed agencies. Ensure that they understand that housing is not a guaranteed outcome of participation. Explain the purpose of the photo and use tools of engagement as you see appropriate. Ensure you obtain oral or written consent to administer the survey before you begin.
3. **Administer the survey.** Go through the questions, be natural and be sure to record responses accurately and legibly. You cannot force participants to answer questions they are uncomfortable with. At this time, record the client code on the front page of the survey.
4. **Photograph taking.** Restate the purpose of taking the photograph and then take a photo of the survey code, then a photo of the person. This will ensure that you are able to match photos with surveys later on.
5. **Thank the participant** and offer them a gift of thanks for taking part in the process. Ensure that you leave a copy of the consent form with them so that they know what they have participated in and agreed to. The consent form should also have contact information for the lead organization and/or lead person who they can contact should they have questions or want to retract their survey from the initiative.

When conducting the survey in institutions, survey participants will likely know ahead of time what the purpose of this survey is. However this may not have been explained adequately, therefore make sure your volunteers are able to clearly explain the purpose of the survey and the reasons for the tokens.

In the case of shelters, staff will be able to give input into how to best organize survey administration. It has to be amenable to their operations and intake processes and any other busy service periods. We recommend that you make every effort to ensure voluntary participation and clarify that participation does not impact service. A survey administration room in the facility or shelter can be set aside where those interested can provide information to volunteers. The staff at the shelters can inform possible participants that the survey is happening and point them in the direction of the volunteer survey administrators if interested. Survey participants should not feel they must participate in the survey as part of gaining access to shelter. Therefore shelter staff should be informed and make this clear to clients that participation is absolutely voluntary. This is also applicable when conducting the survey in an institution.

Make incentives and other gifts of thanks available to the shelter staff if they are the ones conducting the survey. For example in Calgary - the Calgary Homeless Foundation brought pizza to the site every night and the staff there gave it to people during intake to engage them in completing a survey

Debriefing. Once the set time is up for the data collection, ensure your teams return to the home base to debrief, sign out and hand in supplies, cameras and filled out surveys and tally sheets. Volunteers should be given an opportunity to evaluate their experiences in this process.

During this time, the home base team will download the digital pictures and ensure these are appropriately labeled with the participant code. By going through this process with the survey team, they can ensure this matching is done accurately. The surveys and tally sheets can be handed in before the debriefing period, allowing the home base team to begin data entry.

Repeat. Depending on the frequency of survey administration periods, you will undergo this process several times.

Checklist 4

Survey Implementation

Set a [pre-survey meeting time](#) at the chosen home base facility.

Go through [step-by-step instructions](#) with all volunteers.

Dispatch and [administer the RTAS](#).

Return to the home base for information download and [de-briefing](#).

[Repeat](#) the RTAS process as needed.

Step 5 - Survey Analysis and Housing Registry Creation

Use the gathered data to create a registry that prioritizes the most vulnerable participants.

Survey Analysis. Consider developing an easy-to-use spreadsheet in a program such as Excel to capture data gathered in the survey.

At this time, you can also create a report based on the data provided that outlines the characteristics of the population, and their needs. If you have information about the costs of emergency room visits, hospitalizations and jail time, you can use the data to generate the cost estimates for your survey participants to public systems.

This information is a valuable tool for subsequent mobilization efforts and for engaging the media in the issue of homelessness. It will be also valuable to paint a more comprehensive picture of homelessness in your community to service providers, funders, government and the broader community.

However this is also the time to move toward the ultimate purpose, triage, which is to rehouse the most vulnerable surveyed individuals first. The list of the most vulnerable can be used to bring together the agencies that have agreed to contribute to the effort to concentrate their resources on the exact needs of these individuals. Although you may not have the resources to help everyone, it's important to consider assisting the most vulnerable right away. You will have a larger list of all those surveyed which essentially become your 'Rehousing Registry'. Based on your communities' capacity to respond to the needs of these individuals, you can move through the list and match resources to individual needs.

Once the surveys have been administered, you can begin entering data into a database, an Excel spreadsheet, or a centralized management system. This should be in place ahead of time and developed based on your community capacity and technical resources. Although some communities have sophisticated data systems that can be used for data entry for the RTAS process, other communities may not have this resource available.

You can consider engaging researchers from local post-secondary institutions to assist you in this process. Programs for data analysis such as SPSS or Stata can serve extremely well in this process.

In this manner, you can enable further analysis of the findings by researchers to advance knowledge in the area by accredited research bodies and use the information and analysis in policy advocacy and program design to better respond to the needs of homeless people. Ensure all research partners sign a research confidentiality agreement ahead of time and ensure their organizations are listed on the consent form for participants information. **See Appendix H for samples.**

Rehousing Registry. The aim of your initiative is to rehouse the survey participants, which is why you ask them whether they want to begin the rehousing process in the first place. The database that you input the surveys into as well as the pictures of the participants becomes your “Rehousing Registry”. The aim of this process is to ensure you have the right information to bring resources to bear on real individuals who have expressed a desire to end their homelessness. The database will have information on their demographics, housing history, needs, health, substance abuse, interaction with public systems and housing support preferences. You will also have contact information and the photograph to assist you in locating the individual again.

Generating a ‘Most Vulnerable List.’ The purpose of assessing the vulnerability of the participants is to create a sense of urgency for the community to respond and engage in the rehousing process. To this end, your analysis should generate a list of the top most vulnerable to engage in immediate action.

The list of the most vulnerable individuals can be generated by assessing the survey results to determine who can be considered tri-morbid (mentally ill, with co-occurring substance abuse and chronic medical problem) and has been homeless on the street for more than six months. For example, Common Ground in New York, uses a data base specifically set up to weigh the questions and put those most vulnerable based on tri-morbidity to the top of the list

You can also rate the list based on the number of the following reported conditions:

More than six months street homeless AND at least one of:

1. End stage renal disease
2. History of cold weather injuries
3. Liver disease or cirrhosis
4. HIV+/AIDS
5. Over 60 years old
6. Three or more emergency room visits in prior three months
7. Three or more ER or hospitalizations in prior year

Results of the assessment can be analyzed using Excel software to determine the frequency and severity of risk factors. Participants can be ranked based on how many of the above factors they report having.

Although the aim of the RTAS process is to assist all those on the Rehousing Registry list, you can use the Top Vulnerable List to begin the rehousing process with those in greatest need first.

Checklist 5

Data Analysis & Registry Creation.

During this phase of the process you have finished administering the RTAS and are ready to being prioritizing your community's most vulnerable

Once the surveys are done begin the [data entry process](#). This can be done using Excel or whatever database you have access to.

[Analysis](#) of the data can highlight potential systems, policy and programmatic concerns and improvements.

[Prioritizing](#) people based on the pre-identified risk factors will help you generate your top most vulnerable list. These are the people you re-contact first for interventions

Return to the home base for information download and [de-briefing](#).

[Repeat](#) the RTAS process as needed.

Step 6 - Take Action to Rehouse Vulnerable Homeless Participants

Engage stakeholders to begin rehousing these individuals.

Case Conferences. A very useful part of the RTAS process is to call back your participating agencies and prepare case profiles for your top vulnerable clients. This can include basic information around their housing history, health, mental illness, and addictions. It can also include information about their housing and support preferences and their contact information. At this time, call a case conference to bring together the key agencies that agreed to contribute to the rehousing effort to discuss what can be done for a particular individual. Ensure you share information as per the informed consent form agreed to by each client!



Quick Fact:

Interventions to reduce deaths should coordinate mental and physical health services with addictions support and housing action.

O'Connell, 2005

Rehousing Intervention. Although the purpose of this toolkit is one of intervention, it was not designed to provide detailed information around how Housing First or case management for rehousing should be undertaken from a clinical perspective. Your community based agencies are likely already immersed in this work, and when working through the case files, professionals from participating agencies will have the expertise to advise on the appropriate intervention for the individual. This is why putting resources aside in the planning phase, such as rent subsidies, affordable housing units, case management support capacity, flexible funds, etc. is so important; this is the time you can bring the service providers back to match their resources to the Housing Registry clients' needs.

From our experience, this process of determining what action should be taken to rehouse is the most valuable part of the process, since it engages service providers to work collaboratively to help one client at a time. The client may require intensive case management support and supported housing, or they may want to live on their own and be assisted on a more infrequent basis. In either case, the initial case conference is just the beginning in the process of rehousing each individual.

For more information about best practices in rehousing intervention, resources are available on the websites of National Alliance to End Homelessness, the Canadian Homelessness Research Network's Homeless Hub, and Homelessness Resource Center. See the additional resources section for website addresses.

Once you have determined a plan for action, you should call your outreach service providers back together or the agencies that can perform this function to find the individual again. This is where information about the contact information, the location you surveyed them, their photographs and other information can come in very useful. Your outreach team or another appropriate service provider should be deployed to find that person and offer them housing and support services based on the case conference. If the client agrees, outreach services will place them in contact with the appropriate agency and service will commence.

Note that in cases where you determine that a service provider that was not on the original list for informed consent can intervene, you can still utilize them. You or your outreach teams can connect the client to the resource once they consent to this.

You should make sure to keep track of the interventions and individuals assisted on your housing registry database. This helps you keep track of successes and allows you to move through the list and rehouse individuals. It will also show how quickly you're able to intervene.

Keep the process rolling - hold case conferences regularly to move through the list, ideally until you close it.

NOTE: Common Ground uses an alternative to the case conference, they pull together the needed service providers into an outreach team and go out to make re-contact immediately. This process works well if you have all needed service providers committed from the outset.

Checklist 6

Rehousing Action

Time to use the information you collected and get people into safe and secure housing

The case conference is the time to call back the service providers listed on the consent form to take action. Each group will bring their own expertise and each case conference will have the particular service providers needed to house that person.

Community service experts already working in housing and homelessness will know the interventions needed to house people. This is the time you will need all available resources! Repeat the RTAS process as needed.

Ongoing monitoring is critical – keep the case conferences going until you have housed everyone on your top priority list.

Step 7 - Reflect, Revise, and Next Steps

Consider learnings from the process and their applicability to ongoing ending homelessness initiatives.

During the rehousing action process your community will experience a microcosm of larger issues in the homeless serving system. You're likely to encounter service gaps and barriers in access from public and nonprofit programs. This experience is however extremely valuable if you're looking to identify how best to streamline your rehousing system. You will challenge assumptions that the most vulnerable cannot be helped or that they don't want help. Your capacity to provide sound evidence around system and policy barriers can mobilize the community into action to address systemic issues.

You'll also realize what works and what doesn't work very quickly when you try to help a particular individual. We encourage you to consider how this process can adjust the way you do your work in your community. Perhaps consider trying it again in the same location or target group, or expanding it into a context such as shelters, institutions, or events.

You can also consider that the survey is the beginning of common intake processes and data sharing and management systems in your community. If many agencies agree on using the same questions and client codes as part of their intake process and continue to engage in case file conferences to ensure service coordination tailored for individual needs, your community interventions will be much more successful. As well, partnering with local researchers can enhance the use of the RTAS finding, be sure to have any research and intervention partners listed on the consent form and have all partners who access the data sign the appropriate confidentiality agreement – **see Appendix H**.

Concluding Thoughts

This toolkit was designed to help you in your efforts to combat a growing issue in Canada - homelessness. It was designed to provide you with a solid and tested flexible action tool and step-by-step instructions for its use.

There is plenty of research to show that managing homelessness is no longer a viable option. It is time to act to end it. Homeless people in our communities experience many barriers to getting off the streets, including poor health, a lack of affordable housing and complex systems of support. Using the Rehousing Triage & Assessment Survey can be one tool in your efforts to reduce these barriers. In Calgary for example, 315 people have been surveyed using the RTAS in rough sleeper surveys, in a correctional facility and a Project Homeless Connect event, and at the time of this printing 55 people have received rehousing interventions.

This tool-kit was meant to share information about how to get started, who your key partners can be, how, where and when to use the survey and what to do with the results.

If you have further questions about the RTAS or this toolkit, you should not hesitate to contact:

[Marina Giacomini](#) – Calgary Homeless Foundation, 403-718-8530, or e-mail at: marina@calgaryhomeless.com

[Alina Tanasescu](#) – Calgary Homeless Foundation, 403-718-8527, or e-mail at: alina@calgaryhomeless.com



The first day
we moved
in was like
heaven. It was
amazing to
have a home.

Mary received housing
August 2009.

Additional Resources

Calgary Homeless Foundation

http://www.calgaryhomeless.com/main/page.php?page_id=1

Canadian Homelessness Research Network

<http://homelessresearch.net/>

Common Ground

<http://www.commonground.org/>

Common Ground Institute for Portland's Bureau of Housing and Community Development

<http://www.portlandonline.com/BHCD/index.cfm?a=217512&c=48996>

Homelessness Resource Center

<http://homelessness.samhsa.gov/Default.aspx>

National Alliance to End Homelessness

<http://www.emdhomelessness.org>

UNITY of Greater New Orleans

<http://www.unitygno.org/>

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Appendices

Appendix A - Background Research on the VI

The information in Appendix A is meant to track the development of research over time that led to several things: the determination of risk factors for death in homeless adults, the development of appropriate interventions to reduce risk of death and more specifically, the development of the VI as a tool to address both.

Determining Risk Factors for Death in Homeless Adults

In 1998 Hwang et al., synthesized the results from a study of 558 homeless adults who died on the streets between the years of 1988 – 1993 in Boston. By studying health records of deceased homeless people, the authors determined that the risk factors associated with death on the streets included physical health issues such as a myriad of auto-immune disorders and viruses, renal disease, a history of cold related ailments, liver disease and arrhythmia. While alcohol addiction was a risk factor it was less of a risk for mortality than the above listed physical health concerns.

This publication was the first one to recommend that intervention strategies be targeted at those individuals with the highest risk of mortality.

In 1999, Barrow et al, engaged in a similar study in New York City. In their study the authors analyzed the numbers and predictive factors of men and women who used shelters and died. They compared data from people who were interviewed by the shelter in 1987 with national mortality data from 1987-1994.

They were able to conclude:

- Death rates in New York City are higher than in other cities but particularly so for young homeless women and older homeless men
- Mental illness did not increase the likelihood of death – this was argued to be the result of concerted efforts to provide programs for those with mental illness
- Substance abuse through injectable drugs was a risk factor but other substance abuse factors were not
- Future studies should examine incarceration as a risk factor as well as study subgroups more specifically
- Interventions should not be limited to programs of support but should address broader societal factors such as poverty and discrimination

In 2005 O’Connell did a review of the literature specific to homelessness, health and death back to the 1960’s and 1970’s. He situated this work in very brief discussions of public sanitation and intervention strategies in the 1800’s that laid the ground work for more contemporary studies that link mortality to homelessness.

By summarizing and analyzing American, Canadian and international studies he was able to conclude several things:

- Mapping high death rates in certain geographic areas in large cities show areas of vulnerability or “death zones” (p. 13)
- Homeless people are 3-4 times more likely to die prematurely than non-homeless people of the same age
- The average age of death for homeless people is 42-52 years.
- Street deaths occur throughout the year not just in the winter months
- The tri-morbidity of substance abuse AND mental illness AND one or more physical health issues increases the likelihood of pre-mature death
- Homeless individuals access emergency health services, mental health, substance abuse services and health facilities multiple times previous to their death
- Certain sub-groups of people are more at risk for death than others, they include the chronically homeless, street youth and those with mental illness
- Interventions should coordinate services with housing strategies

How the Research led to the Vulnerability Index

Common Ground in New York used the research that argued that homeless people are at higher risk of premature death than non-homeless people, that risk factors can be predicted and then measured and that the most effective action for reducing death was a combination of rehousing and support. The result was development of the Vulnerability Index, a survey that includes questions about a person's health, and time on the streets. The results of the surveys are analyzed to determine which people have the most risk factors and therefore need the most immediate interventions for housing. By taking people's names and their photos outreach workers were able – for the first time - to re-contact those most at risk and work with them to find adequate housing and health support.

The following Fact Sheet on the VI was written by Beck Kanis from Common Ground

Vulnerability Index: Prioritizing the Street Homeless Population by Mortality Risk

The Vulnerability Index is a tool for identifying and prioritizing the street homeless population for housing according to the fragility of their health. It is a practical application of research into the causes of death of homeless individuals living on the street conducted by Boston's Healthcare for the Homeless organization, led by Dr. Jim O'Connell. The Boston research identified the specific health conditions that cause homeless individuals to be most at risk for dying on the street. For individuals who have been homeless for at least six months, one or more of the following markers place them at heightened risk of mortality:

1. More than three hospitalizations or emergency room visits in a year
2. More than three emergency room visits in the previous three months
3. Aged 60 or older
4. Cirrhosis of the liver
5. End-stage renal disease
6. History of frostbite, immersion foot, or hypothermia
7. HIV+/AIDS
8. Tri-morbidity: co-occurring psychiatric, substance abuse, and chronic medical condition

In Boston, 40% of those with these conditions died prematurely, underscoring the need for housing and appropriate support for this group. The Vulnerability Index is administered in a form of a survey, which captures a homeless individual's health and social status. It identifies the most vulnerable through a ranking system which take into account risk factors and the duration of homelessness. This ranking allows those with the most severe health risks to be identified and prioritized for housing and other support.

Dr. Jim O'Connell said it best:

“The painfully obvious lesson for me has been the futility of solving this complex social problem solely with new approaches to medical or mental health care...dream of writing a prescription for an apartment, a studio, an SRO, or any safe housing program, good for one month, with 12 refills.”

From the early successes of its Street to Home program, Common Ground has consistently observed that putting names and faces – and now medical conditions – to formerly anonymous street homeless individuals inspires action. The commitment of housing resources and the expedited housing placement of the medically-fragile, have been the direct, concrete results of the use of the Vulnerability Index.

The Vulnerability Index, with the support of Common Ground, has been used in New York City, Los Angeles County’s infamous Skid Row, Santa Monica, and New Orleans as a powerful force for change. This simple and replicable tool, rooted in solid scientific research, helps mobilize communities to act decisively, organize around individuals’ housing needs, and solve a seemingly intractable problem.

Appendix B - Calgary Homeless Foundation – summary of results from the RTAS

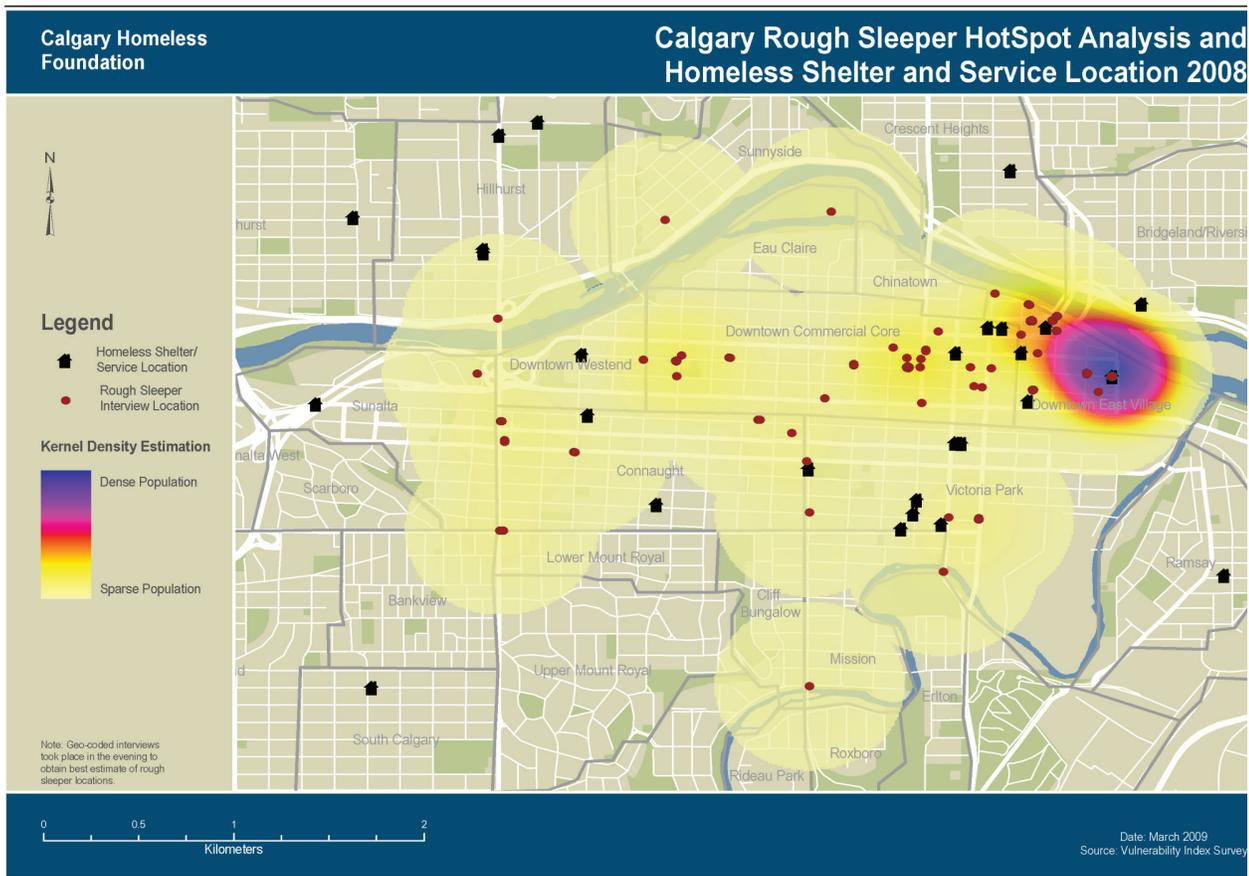
The RTAS has been used on 4 separate occasions and in 3 different contexts in Calgary. The following information is a summary of the results of the RTAS from 2 rough sleeper surveys from October and December 2008, 1 Project Homeless Connect event and 1 correctional facility survey. To date 326 surveys have been administered with 77% of respondents agreeing to have their photos taken. The results below summarize 315 surveys as 11 of the total 326 were found to be duplicates.

The following is intended to show an example of how the collected information can be written up, what it can be used for and concludes with a profile of a person assessed as high risk and a priority for housing.

Figure1: Where people report sleeping most frequently

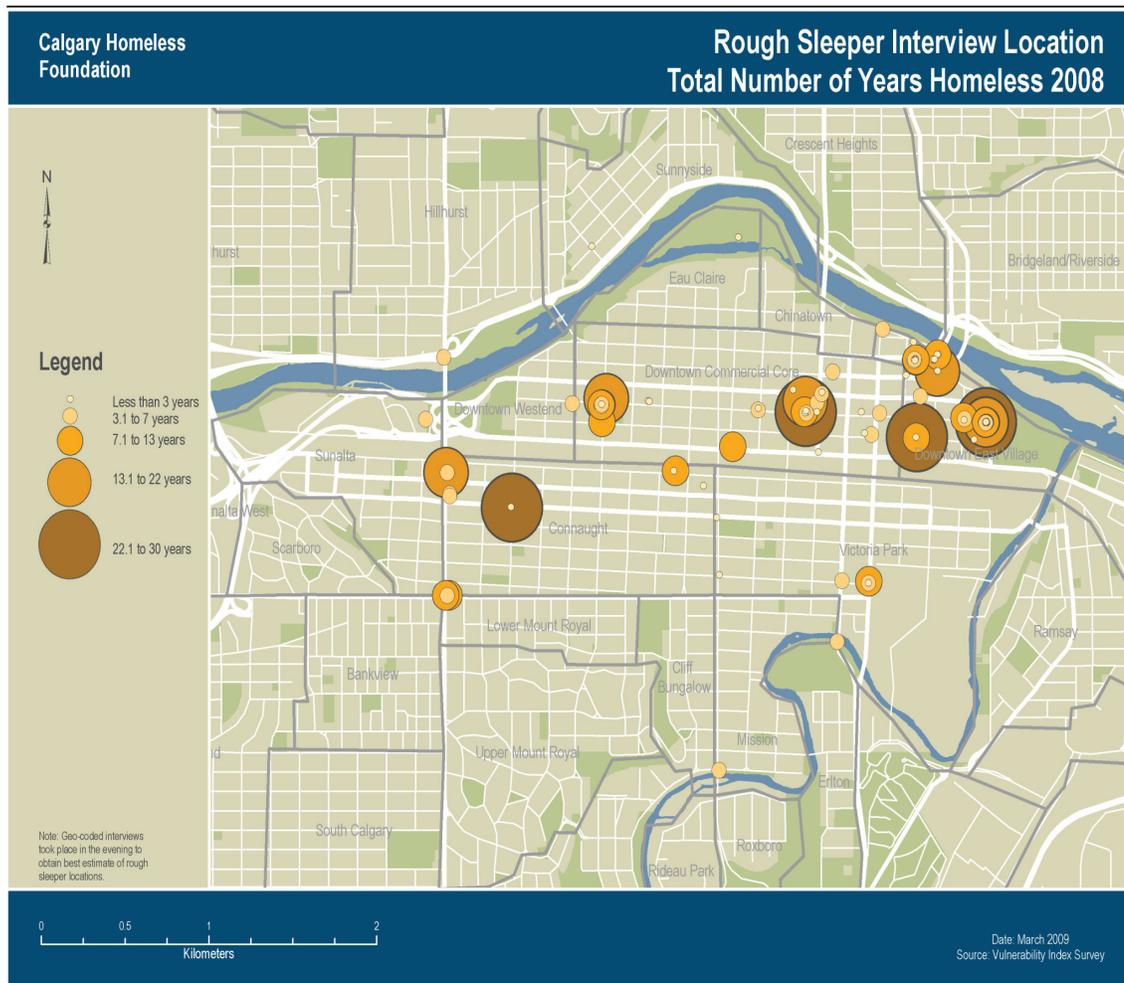
	Outside	Shelter	Shelter & Outside	Other	Sleeping at Someone Else's Place	Own Place	TOTAL
October	20	25	4	1	1	3	54
November	18	30	25	2	3	1	79
PHC4	5	97	15	4	6	9	136
Remand	5	7	12	7	9	2	42
Other	2	1				1	4
TOTAL	50	160	56	14	19	16	315
% of housed participants who reported being at risk of						46%	
This information shows that of the 315 people surveyed 50 of them sleep outside most of the time.							

Figure 2: Map of the locations of the rough sleeper interviews



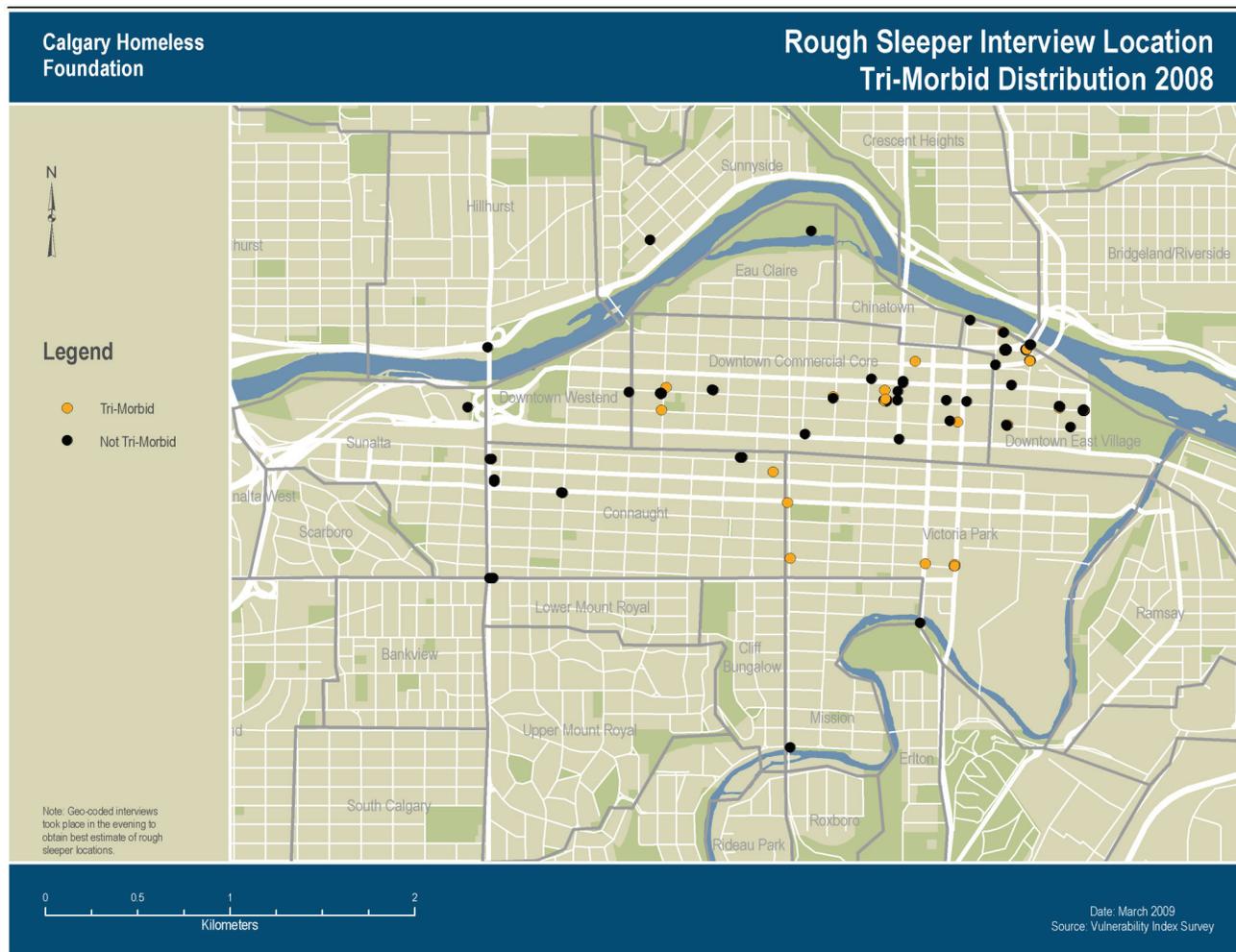
This map shows a high concentration of rough sleepers located in Calgary’s East Village, it also shows the locations of shelters and/or service locations. This mapping allows service providers to compare provision of services with identified areas of need.

Figure 3: Total number of years homeless and location of rough sleeper interviews



In this figure we can see that several of the interviewed people report being homeless for between 22 and 30 years.

Figure 4: Map of those interviewed who are considered tri-morbid – most at risk



This map shows, with the yellow dots, those rough sleepers considered to be tri-morbid or, having co-occurring psychiatric, substance abuse and chronic medical conditions all of which increase risk of death.

Facts & Stats from Calgary

- The average age of Calgary's rough sleeper populations is 40
- 78% of rough sleepers are male and 22% are female
- Over 30% of Calgary's rough sleeper population moved here from another province within the last 10 years
- A disproportionate number of rough sleepers are aboriginal – 38%
- One quarter of all of those surveyed report limited mobility and 27% report a brain injury
- Reported health conditions other than those identified in the research as risk factors include: chronic pain, vision, hearing and dental problems.
- Amongst the total sample surveyed, there have been 274 visits to the emergency room in the last 3 months
- 50% of the total report working for an income
- 25% report being on government disability benefits
- 80% of those considered tri-morbid report having been victimized while on the street and almost 50% report a traumatic event that affects their daily lives

85% of all those surveyed report substance abuse and mental health issues were reported by 34% of people. Further, interviewers reported that another 25% of people had observable mental health issues – making the potential percentage of those with a mental health issue at 59%

For those who were assessed as most at risk and in need of immediate support:

- Their average age was 42
- Their average years of homelessness were 7.4
- 37% were female
- 88% report having spent time in jail and 41% report time in foster care as children

Questions on the RTAS also ask about housing preference:

- Of those who answered the question 58% would like to be in sector of the city other than downtown
- 69% would like to be in market housing and 85% would like either a bachelor suite or a 1 bedroom apartment and 60% would prefer to live alone
- 44% noted being close to public transit as important
- 11 people need an apartment that is accessible

Figure 5: Self-reported reasons for current homeless state

	Outside N=10	Shelter N=104	Shelter & Outside N=27	Other N=37	TOTAL N=178
Addictions	40%	25%	41%	30%	29%
Lack of Affordable	20%	21%	15%	19%	20%
Poverty	30%	23%	7%	19%	20%
Physical Disability	0%	16%	11%	11%	13%
Conflict with a Roommate	0%	15%	15%	8%	13%
Divorce	0%	8%	11%	0%	6%
Mental Illness	10%	7%	4%	3%	6%
Job Loss	0%	19%	11%	5%	14%
Tragedy	0%	3%	7%	3%	3%
Domestic Violence	0%	6%	0%	0%	3%

This figure shows that of those who answered the question on why they are homeless, 14% report job loss, 20% report a lack of affordable housing and 20% report poverty issues and 13% report a physical disability.

Figure 6: Needed supports to maintain housing

	Outside N=10	Shelter N=104	Shelter & Outside N=27	Other N=37	TOTAL N=178
Case Manager	30%	43%	22%	41%	39%
Financial Support	20%	29%	41%	30%	30%
Employment	10%	14%	11%	11%	13%
Addictions Support	10%	10%	26%	11%	12%
Budgeting	0%	9%	11%	8%	8%
Other	10%	2%	0%	14%	4%

Pulling it all together what can all of this tell us and help us to do?

What can the previous analysis of averages, trends and summaries tell us? This information can be used to write reports, fact sheets and articles for local media. It provides just what is needed to give hard facts to a social issue in your community, creating clarity for your community at large as well as baseline and standardized data for comparisons with other municipalities.

This information can also be utilized by local researchers and academics for the purposes of advancing our knowledge of these issues as well as potential implications to policy and systems reform. An analysis of the systems that people are accessing and how often, can determine the costs associated with inaction – thus fueling your argument for using the RTAS as a part of your plan to take action in ending homelessness!

For ACTION: A Rehousing Example

The previous information shows the general picture of homelessness in Calgary, an individual profile of a person assessed is used for rehousing purposes.

The following is a sample profile of a vulnerable person from one of Calgary's RTAS surveys.

Person Profile:

- Survey Code:
- Picture Attached: Yes
- Name (include aka if indicated):
- Gender: Male
- Single or part of Couple: Single, with children <18
- D.O.B. & Age: March 27/62 (47)
- Contact Information: Marina G.
- Location of Interview: Calgary Homeless Foundation
- Length of Homelessness: 6 years
- Current Source/s of Income (if available): Panhandling
- Addiction Issues (describe if info available): Has abused drugs/alcohol, has used injection drugs and has received treatment (surveyor observes signs of drug/alcohol abuse)
- Mental Health Issues (describe if info available): N/A
- Health Conditions (describe if info available): History of frostbite, Heart disease, Asthma (surveyor observes signs of serious physical health conditions), bad eyes
- Hospital Visits: N/A
- Remand and Penitentiary: Remand- 13 days in past year
- Other Important Info (if available):
- Potential Referrals for Rehousing:

This person has several years of homelessness, several health conditions, observed mental health concerns and a history of substance use.

This man was living under a bridge when we met him. We did an RTAS with him and some of his friends while they were living there. One of his friends was housed quickly and he started to couch surf in this place and lived there for several months after which time we saw him again and found out he still did not have a permanent home. We referred him, with the RTAS information to a rehousing program. He was taken to the hospital for an examination where they found he had dangerously high cholesterol levels. He has been re-housed through the referral program and is now receiving medical attention for this health problems. The key element that made the difference in his engagement and housing success has been in-home, mobile case management designed with him to determine and provide adequate supports. .

Using the RTAS gave a name, a face and a voice to a man woman who has been homeless and likely invisible for several years. It is a powerful tool as it provides the information needed to assess risk for this person and respond rapidly. It is powerful for another reason, it highlights some of hiser strengths, and assets and housing preferences. From her assessment we can see that this woman has completed high school and enjoys connections to her church. We also know what she believes will help her in sustaining housing. These are strong starting points for building supports around himer that will increase the sustainability of secure stable housing and potentially improve hiser health which ultimately reduces her risk of death.

Appendix C - Sample Copy of consent forms

CALGARY HOMELESS FOUNDATION

Rehousing Triage & Assessment Survey - Participant Information Sheet

Informed Consent Key Points

- Calgary Homeless Foundation is doing a survey to gather information about the housing and health situation of people who are homeless living outside/ on street and in shelters.
- Based on data, we will create a list of individuals who want to begin the rehousing process to help housing and outreach agencies find and house these individuals.
- Participation is completely voluntary and confidential. You can stop at any time, you can choose not to answer a question, and you can even change your mind and ask us to destroy your form in front of you.
- We can't guarantee that you will receive housing based on participating in this survey.
- Only the following organizations will have access to your personal information (including name, health, housing, employment information, etc.) only for the purposes of finding housing and/or supports if you so wish:
 - Calgary Homeless Foundation
 - CUPS Outreach
 - CUPS Rapid Exit Singles Program
 - DOAP Outreach
 - The Alex - Pathways to Housing
 - The Alex Health Centre - Health Bus, Seniors Centre, & Case Management Services
 - Peer Support Services for Abused Women
 - Calgary Homeless Foundation - Intensive Case Management Contracted Agency (Streets to Homes System)
 - Trinity Foundation
 - Other we should contact on your behalf _____ (please initial here)

General information you share with us will also be shared with other social agencies that do outreach, provide housing and supports like counseling, but only for the purpose of finding housing and/or supports if you so wish.

Please know that we will have to share what you tell us in the following circumstances: if you disclose information about plans to harm yourself or others, information concerning any unknown emotional, physical or sexual abuse of children, or information about any other criminal activities not already known to authorities. In these cases, the researcher is required to report this information to the appropriate authorities.

We will also use data to raise awareness about your situation, but without any identifiable information, in media, presentations, publications, reports, etc. Data will be stored and locked for seven years.

If you want more information or have concerns about this project, feel free to contact Marina Giacomini, VP Rehousing, at 403-718-8530 or #308 925-7th Ave. SE, Calgary, AB, T2P 1A5.

Consent *Surveyor will give this page to the person being interviewed.

- | | | |
|---|------------------------------|-----------------------------|
| 1. I understand what we went through. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I agree to participate in this survey. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I am interested in being contacted to begin the rehousing process. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I give Calgary Homeless Foundation permission to contact agencies on my behalf that they believe to be able to help me with rehousing and supports with my name. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. I give the Calgary Remand Centre permission to share my jail history with the Calgary Homeless Foundation (number of times, length of incarceration) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Sample consent form for photograph

CALGARY HOMELESS FOUNDATION Rehousing Triage & Assessment - Photo Release

Participant Code: _____

(First 3 letters of last name or first name if last name not provided, and last 2 digits of year of birth).

Informed Consent Key Points

- In order to assist you in the rehousing process and find you again, we are asking you to allow us to take a photograph that we can use to help you.
- Participation is completely voluntary and confidential. If you can even change your mind and ask us to delete your photo in front of you or you can contact us at a later time and we can destroy it. Otherwise photos will be stored and locked with RTAS information for seven years.
- Only the following organizations will have access to your photograph - and only for the purposes of finding you for rehousing if you so wish:
 - Calgary Homeless Foundation
 - CUPS Outreach
 - CUPS Rapid Exit Singles Program
 - DOAP Outreach
 - The Alex - Pathways to Housing
 - The Alex Health Centre - Health Bus, Seniors Centre, & Case Management Services
 - Peer Support Services for Abused Women
 - Calgary Homeless Foundation - Intensive Case Management Contracted Agency (Streets to Homes System)
 - Trinity Foundation
 - Other we should contact on your behalf _____ (please initial here)

Consent

- | | | |
|--|------------------------------|-----------------------------|
| 1. I understand what we went through. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I allot the Calgary Homeless Foundation to take my photo. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I agree to give Calgary Homeless Foundation permission to share my photo to help me with rehousing and supports with the listed agencies. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature

Participant: _____

Date: _____

Survey Administrator: _____

Date: _____

To Surveyor:

1. Take picture of individual
2. Re-write participant code on the back of this page in large, legible printing with a dark marker or in dark pen
3. Take a picture of the code (to follow pic of individual)
4. Ensure code picture turned out (may have to cover flash if page is 'brightened' out)

Appendix D – Outreach Training Questions and Script

Volunteer Outreach Interview Training

A. Training steps for volunteers doing a rough sleeper RTAS

- 1) **Introduction**
 - a. Thank you & Volunteer intros
 - b. Why we are doing this, background on the Vulnerability Index and the RTAS
 - c. Q & A

- 2) **Structure**
 - a. Assignment to three-person teams
 - b. Assignment to survey areas
 - c. Q&A

- 3) **The RTAS Survey**
 - i. HAND OUT: questionnaires
 - ii. Housing
 - iii. Health - (probe for medical info)
 - iv. Miscellaneous
 - v. Photographs
 - vi. Sensitive areas
 - vii. Photograph

- 4) **Ethical Obligations – ensure volunteers are totally up to speed on ethics & informed consent – this is NON-Negotiable**

- 3) **Critical areas**
 - a. Timeliness
 - b. Respect
 - c. Attention to Detail
 - d. Emergencies
 - e. Interviewer Safety
 - f. Cold Weather safety
 - g. Team Supplies

- 4) **Timeliness**
 - a. At the home base at 1:45 am. Back at home base for de-brief at 4:15 am – no later!
 - b. Interviewing in groups of two or three minimum
 - c. Rides & numbers
 - d. Q&A

- 5) **Respect**
 - a. How to wake people
 - b. How to engage people and keep them engaged
 - c. Q&A

- 6) **Attention to Detail**
- a. Where we're going, and not going
 - i. Yes: streets, mapped alleys (well lit only) open parking, open parks
 - ii. No: inside businesses, parking structures, shelters or shelter property – unless previously arranged
 - iii. What we're saying
 - iv. HAND OUT: intro scripts
 - v. Q&A I
 - vi. Role plays
 - vii. Q&A II
 - viii. Q&A I
 - ix. Role plays
 - x. Q&A II
 - b. Stats and data
 - c. HAND OUT: Refusal Tracking Sheet, Repeat Sighting Sheet, RTAS form
 - i. General Street survey
 - ii. Completed questionnaires
 - iii. Refusal/Unable to awake ratio
 - iv. % photographed
 - v. People seen on multiple days
 - vi. Q&A
 - d. Engagement gifts & Safety Supplies for interviewees
 - i. juice, goodies, cigarettes (volunteers may bring sandwiches if desire not required)
 - ii. warm clothing/blankets if required
 - iii. transportation to help if required
 - e. Gifts of thanks
 - i. Explain process - HAND OUT: gift cards
 - ii. Q&A
 - f. How we're recording
 - i. Handing in surveys and pictures each day
 - ii. Calgary Homeless Foundation staff will complete all data entry
- 7) **Emergencies**
- a. Call 9-1-1
 - b. Call lead person second – insert phone number here
 - c. Police Service involvement
- 8) **Interviewer Safety**
- a. Avoid a situation that seems unsafe
 - b. If you observe a violent situation or feel unsafe, get away immediately to a safe distance
 - c. Call 9-1-1
 - d. Then call lead person
- 9) **Full Role Plays**
- a. Wake-up
 - b. Intro
 - c. Refusal
 - d. Retry
 - e. Acceptance
 - f. Completion
 - g. Photograph
 - h. Payment

Appendix E – Sample Volunteer Registration Form

PLEASE NOTE:

Appendices E, F & G were developed by The City of Calgary Community & Neighborhood Services Social Research Unit for its Biennial Count of Homeless Persons in Calgary. They have been adapted for the RTAS and are provided as samples that can be adapted to meet your needs.

Please complete this form electronically and return by e-mail to:

[ENTER NAME AND CONTACT INFORMATION] by [ENTER REGISTRATION DUE DATE]

Upon registration you will be required to review and sign this form and, if necessary, complete an Emergency Information Card and a Volunteer Driver Authorization Form. [OR EQUIVALENT, IF REQUIRED BY LEAD ORGANIZATION]

PROGRAM / LOCATION / EVENT YOU ARE REGISTERING FOR:	TODAY'S DATE (YYYY-MM-DD)
---	---------------------------

LAST NAME _____ FIRST NAME _____ INITIALS _____

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ PROV. _____ POSTAL CODE _____

E-MAIL ADDRESS _____

ARE YOU A CANADIAN CITIZEN OR LANDED IMMIGRANT? Yes No

AGE SENIOR ADULT YOUTH

DO YOU HAVE A MEDICAL CONDITION/DISABILITY THAT WE SHOULD BE AWARE OF? Yes No

If yes, please ensure you complete an "Emergency Information Card" upon registration at the event.
[IF REQUIRED BY LEAD ORGANIZATION]

IN THE EVENT OF AN EMERGENCY, CONTACT:

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

ARE YOU REQUIRED/ABLE TO DRIVE YOUR VEHICLE AS PART OF YOUR VOLUNTEER ASSIGNMENT? Yes No

If yes, please ensure you complete a "Volunteer Automobile Driver Authorization Form" upon registration at the event.
[IF REQUIRED BY LEAD ORGANIZATION]

HAVE YOU WORKED PREVIOUSLY AS A REGISTERED VOLUNTEER FOR ANY [ENTER NAME OF LEAD ORGANIZATION] PROGRAM / EVENT? Yes No

If yes, please indicate location/program/event and the year(s) in which you volunteered.

PROGRAM/EVENT	LOCATION/YEARS
1. _____	_____
2. _____	_____

ADDITIONAL INFORMATION REQUESTED

VOLUNTEER RECOGNITION INFORMATION

PROGRAM / LOCATION / EVENT YOU ARE REGISTERING FOR: _____

EMPLOYER / AFFILIATION	POSITION	SUPERVISOR'S NAME
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EMPLOYMENT / AFFILIATION	ADDRESS	CITY	PROV	POSTAL CODE
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SAFETY INFORMATION

DO YOU HAVE A CELLPHONE YOU CAN USE ON THE NIGHT OF THE EVENT? Yes No

CELLPHONE NUMBER: (IF APPLICABLE) _____

DO YOU HAVE A FLASHLIGHT YOU CAN USE ON THE NIGHT OF THE EVENT? Yes No

DO YOU HAVE A VEHICLE YOU CAN USE TO ACCESS REMOTE LOCATIONS ON THE NIGHT OF THE EVENT? Yes No

If yes, please indicate the number of people you are able to transport: _____

If yes, please provide your license plate number: _____

PREFERRED ACTIVITY

DO YOU HAVE A PREFERRED ACTIVITY FOR THE NIGHT OF THE EVENT?

STREET SURVEY VOLUNTEER STAGING AREA VOLUNTEER NO PREFERENCE OTHER (PLEASE SPECIFY)

VOLUNTEER SELECTION PROCESS

The application deadline is [ENTER REGISTRATION DUE DATE]. Volunteer forms received after that date will not be processed. Based on the information provided, "Staging Area Volunteers" will be selected and "Street Teams" will be constructed.

By [ENTER DATE], applicants who are selected to participate will be advised by e-mail of:

- The date and time of the RTAS
- The time and place to report for volunteer registration and orientation, and
- Where to park if you are arriving by automobile.

Staging Area Volunteers will be contacted again by e-mail and provided with:

- The name and address of the facility being used for the staging area, and
- The activity they will be assigned on the night of the event.

Street Team Volunteers will be contacted again by e-mail as teams and provided with:

- The names of their team members
- Contact information for each team member, and
- A zone map of the area they will be responsible for canvassing on the night of the event.

Applicants who cannot be accommodated as volunteers will be advised by e-mail.

ADDITIONAL INFORMATION

For additional information please contact: [ENTER NAME AND CONTACT INFORMATION]

Appendix F – Sample of Introductory Letter

DATE: [ENTER DATE]
FROM: [ENTER NAME AND CONTACT INFORMATION]
TO: All Volunteers
SUBJECT: [ENTER NAME OF EVENT]

Congratulations!!! You are among the XX number of applicants who have been selected to participate as an RTAS Volunteer. Thank you for volunteering. We could not conduct this survey without your help and we need every one of you in order to make it a success.

If you are unable to participate please contact [ENTER NAME] at [ENTER CONTACT INFORMATION] as soon as possible to enable us to reassign your duties.

A Volunteer Assignment List is enclosed as a separate file. It shows the map used for the identified survey area, briefly describes the area one covers, lists the team members assigned to each area, and indicates the number of volunteers per team.

All volunteer surveyors are required to attend the Volunteer Training Session at the [ENTER NAME AND ADDRESS OF LOCATION] immediately prior to the survey on [ENTER DATE]. An agenda is attached, along with special instructions on what to wear, bring, and leave at home. Please arrive between [ENTER TIME PERIOD] to sign your registration forms and pick up your supplies.

Street Team Volunteers will be contacted shortly as teams and provided with a map for the area your team will be working in. Please review these in advance of the survey. Home base volunteers will also be contacted soon and provided with additional information about the facility they will be supporting, when they need to arrive, and the task they have been assigned.

Once again, thank you for volunteering for this very important event. I look forward to seeing you on [ENTER DATE].

Attachments: Agenda
Special Instructions for Volunteer Street Interviewers

Enclosure: Volunteer Assignment List

SAMPLE AGENDA FOR VOLUNTEER TRAINING SESSION

AGENDA

Staging Area: [ENTER LOCATION DETAILS]

12:00-1:00 am Volunteer Registration

- Arrive at the home base no later than 12:30 am – earlier is better!
- Sign all necessary Volunteer Registration Forms
- Collect gifts of engagement and thanks “Giveaways” provided for each volunteer
- Collect your Team’s Binder and Supplies if you are the first team member to sign in
- Find your Team Mates
- Review the Contents of your Team’s Clipboard

1:00 am Volunteer Orientation

- How to Conduct the Survey & Complete the Survey Form
- Be Street Smart: Safe Handling of Hazardous Materials
- How to Approach and Speak with People on the Street
- Review of “Check-In” and Emergency Procedures
- Meet your Team’s “Check-In” Coordinator

1:30 am Teams Head Out to their Assigned Locations

2:00 am The Survey Begins!!!

- Canvas your Assigned Location
- Report Back to home base once an hour
- Return to home base if your Team Finishes before [ENTER TIME]
- Complete the Sign-Out Tasks (see below)

5:00 am The Survey Ends!!!

- Return to home base
- Verify your Enumeration Form with your Team’s “Check-In” Coordinator
- Post your Team’s Tally, surveys completed and photos on whiteboards
- Complete your Evaluation Form and Submit It to your “Check-In” Coordinator
- Go home and sleep in peace, knowing you have made an important difference in the lives of homeless people in your community

May 13-14 Share Your Stories

- If you would like to share your experience as a volunteer participant, we are collecting stories that we hope to publish soon. While the experience is still fresh in your mind, please submit your stories about what you learned, what moved you, and so on to:

[ENTER NAME] at [ENTER CONTACT INFORMATION]

SPECIAL INSTRUCTIONS FOR STREET TEAM VOLUNTEERS

For your safety and comfort, please come prepared for changeable weather!!!

What should I wear for the Street surveys?

- Wear comfortable clothing that is suitable for the outdoors.
- You may wish to wear or bring clothing items you can layer.
- Wear a coat or jacket that is suitable for the forecast evening temperature.
- Bring rain gear, as needed.
- Bring a hat and gloves.
- Wear sturdy, comfortable shoes or boots that have a closed toe and good grips. This is especially important for volunteers canvassing in a “danger zone” that may contain hazardous materials. These zones are identified in the enclosed Volunteer Assignment List.

What personal supplies should I bring?

- A roomy knapsack – for extra clothing, rain gear, personal supplies, snacks, and the gifts of engagement and thanks that will be provided at registration.
- Your own water bottle – filled.
- A flashlight with fresh batteries – if you indicated you have a flashlight you can use.
- Your fully charged cell phone – if you indicated you have a cell phone you can use. We will confirm your cell phone number at registration.
- Personal supplies such as Kleenex tissues, lip balm, and any other items you may need.

What should I leave at home?

- Jewelry, valuables, and excess cash.

Should I bring any snacks?

Each volunteer will be provided with gifts of engagement and gifts of thanks. Coffee, tea and hot chocolate will be made available for you in the Staging Area.

Where does my team canvas?

Each team will be expected to survey on the streets, alleys, parks and pathway areas shown on the Zone Mmap. Canvas only the “inside” boundary of your designated area – another team will survey the other side of the street where your areas meet. This will be explained in detail at the Volunteer Training Session.

For your own safety, do not approach people in vehicles and do not enter any structures during the survey.

The map, instructions, an RTAS form, and contact information for select facilities will be inside your team’s clipboard, which will be handed out during registration. It will also be provided to each of you by e-mail to review in advance of the survey.

Thank you again for your volunteer participation in this event.

Your support is essential to the success of this project.

Appendix G – Sample Volunteer Evaluation Form

STREET TEAM VOLUNTEERS – EVALUATION FORM

Who knows better if a volunteer program is working than the volunteers? Your feedback and suggestions will help us improve the next survey and enhance your next volunteer experience with us.

1. Did you receive adequate training to prepare you for your duties? Yes No

If you answered no, please explain what would have better prepared you.

2. What did you enjoy the most about your volunteer experience?

3. What did you enjoy the least about your volunteer experience?

4. **Did your volunteer experience meet your expectations?** **Yes** **No**

If you answered no, please explain your expectations and tell us what could have been done to meet them.

5. **Please indicate your level of satisfaction with your volunteer experience?**

- Very Dissatisfied
- Dissatisfied
- Neither Dissatisfied nor Satisfied
- Satisfied
- Very Satisfied

Share Your Stories

If you would like to share your experience as a volunteer, we are collecting stories that we hope to publish soon. Please tell us more about what you learned, what moved you, and so on.

Submit your stories to [ENTER NAME] at [ENTER CONTACT INFORMATION]

Thank you! We appreciate your participation and value your input.

Appendix H - Researcher and Service Provider Confidentiality Agreements

Project Title: RTAS

Project Sponsor: Calgary Homeless Foundation

Lead Project Contact Information

Enter contact information for project lead

Enter contact information for project lead

Purpose of the Study

The purpose of this survey is to gather information about the housing and health situation of people who are living in Calgary without adequate housing or shelter. We want to understand their housing and health needs and assess their vulnerability based on this information. Based on the data, a directory of vulnerable individuals will be created who want to begin the rehousing process and to help agencies, including outreach workers to be able to find these individuals and match them to housing and supports.

Confidentiality Obligations

I, _____ ,
as researcher, will be permitted to participate in the survey design, administration, data input and/or analysis settings as required to perform research work related to the RTAS study.

I agree to keep all information that I learn about the participants confidential. I understand that I may not use or disclose any information related to any participant for any purpose except in relation to this research project. I understand that it is my duty and responsibility to preserve and protect this privacy and confidentiality. I understand that this duty will extend after I am no longer working on this research project.

By placing my signature below, I hereby indicate that I understand and agree to maintain the privacy of the participant(s) in this research project.

Signatures

Researcher: _____ Date: _____

Witness: _____ Date: _____

Personal Information Protection Agreement

This agreement entered into on this _____ day of 2009.

BETWEEN

Calgary Homeless Foundation, with offices located at O'Neill Tower, 308 - 925, 7th Avenue SW, Calgary, AB ("CHF") and with offices located at Calgary, Alberta ("Agency")

WHEREAS the parties have entered into this Agreement to permit the exchange of personal information under terms that will protect the information, for the purpose (the "**Purpose**") of permitting Agency to assess the need and ability to provide assistance to certain individuals (each a "**Participant**").

THEREFORE, in consideration of the mutual covenants and agreements herein provided, the parties agree as follows:

Definitions

1. The following terms shall have the meaning ascribed to them:

"**Personal Information**" shall mean any information relating to a Participant, including without limitation, intelligence, language, literacy, financial history, physical health, disability, pregnancy history, mental health, family circumstance, sexual orientation, housing history, addiction, drug use, criminal record, ethnicity, physical abuse history, sexual abuse history, mental abuse history, employment history and age, and

"**Representative**" shall mean shall mean any Director, officer, or employee of Agency.

Obligations of Confidence

2. Agency shall keep the Personal Information in strict confidence and, (a) shall not disclose either directly or indirectly, any Personal Information to any third party, and (b) shall not use any Personal Information in any manner except for the Purpose.

Protection of the Personal Information

3. Agency agrees to take all reasonable and appropriate measures to protect the Personal Information from unauthorised access, use or disclose.

4. If Agency is requested or becomes legally compelled (by oral questions, interrogatories, requests for confidential information, documents, subpoena, civil investigative demand or otherwise), to disclose any Personal Information, Agency shall provide CHF with prompt written notice of same so that CHF may, at CHF's option, either seek a protective order, other appropriate remedy or to obtain other reliable assurances that the Personal Information will be accorded confidential treatment. Agency will provide all reasonable assistance with same.