



## D2.1 Needs Assessment

### Questionnaires

# ANNEX Nr. 1

EN version

SOLACE-CEE

Solutions for Overcoming Homelessness through  
Integrated Care in the CEE region

project Nr. ESF-2023-HOMELESS 101172625

# Needs assessment design and data collection tools FINAL VERSION

Version: 5.0, March 17<sup>th</sup>, 2025

## Rationale and timeline of the needs assessment activities

The evaluation activity of the project has twofold functions:

The needs assessment activities' rationale is to

1. understand the support needs of the clients in order to design the interventions at the partner level
2. provide for initial evidence about the situation of the key areas that need to be developed and enhanced through the activities of the project.

Therefore, the activities will be implemented by the partners in two stages, based on the use of two tools:

- (1) data collection with (potential) clients based on a standardised questionnaire, to be translated by the partners (e.g. via machine translation and then corrected by the partners). Partners will be requested to enter the data in an online form and data will be analysed by MRI.
- (2) qualitative interviews (including individual interviews or focus groups) conducted with institutional stakeholders like health service providers and organisations within the networks of the partners (please translate the interview guide – e.g. via machine translation), and with clients. The interviews/focus groups' should be summarised according to key topics, and summaries need to be shared in English with MRI (e.g. with the help of machine translation)

Please note that the standardized questionnaire will be created in two versions:

- single clients (to be used if your clients do not live in family constellation)
- clients living in a household with more members / clients living in a family constellation (to be used in case you work with families, also in case there is a one-person household).

You will need to select the version you will use based on the fact whether you work with the single clients, or your clients are the whole family/household.

The timeline of the data collection is as follows:

End of March: finalisation of the organisation level questionnaires and interview guides, translation of the data collection tools by the partners by

March 14<sup>th</sup>. We need these translations so that we can create the data processing platform.

March and April (depending on the size of the target group): data collection and processing (online platform will be created by MRI, partners will need to record the data and prepare summaries of the qualitative interviews in English). Deadline for data processing: May 5th

May and June: data analysis, submission of the project Deliverable on the needs assessment

## Methodological notes to the clients' questionnaire

The purpose of the questionnaire survey is

- to collect needs related data to better plan local service design
- and to provide inputs for the monitoring and impact evaluation of the "SOLACE-CEE" programme.

Please note that there are two options you can choose:

A - The data will be processed anonymously for research, and you will receive aggregate data on the topic raised

B - The data will not be processed anonymously for research, and you will use the personal level information for service design and planning.

In both cases an informed consent form will need to be shared with and signed by the client, and it must be assured that the answers and information shared by the clients will not be used in any other way and will not be passed on in an identifiable way to third parties. If clients disagree to participating, their data must not be collected. The informed consent notes must adhere to the national regulations of the partners. If you need assistance, a sample form will be shared by DEDO and MRI in the course of March so that it can be adjusted to the partners' existing routines. Please note that in case the clients do not consent to the data collection, no data can be collected and reported on them.

Given the experience of the piloting phase, enumerators / interviewers should fill the questionnaires with the clients, either on paper or directly online. The online data processing platform will need to be made available in the organisations' languages to make data processing easier. If you find it necessary, case workers and colleagues of the organisations who will act as data processors will be trained to use the platform and assist clients if needed after the finalisation of the questionnaires in March (individual 2 hours trainings will be organised for the organisations upon their availability).

Before you start filling the questionnaire with the client, please take a few moments to

- fill the admin block on the form page of the questionnaire (organisation, data and time of the interview)

- create a code which will serve as the basis for pseudonymising based on the initials and the birth date of the client
- indicate the case worker's name/id on the first page

We will need these data to prevent double counting and to know whom to contact in case of any questions about the filled and recorded questionnaire.



## 1.1 Questionnaires

### 1.1.1 Single client questionnaire



D1. In what year were you born? (No response – 9999) \_ \_ \_ \_

D2. What is your gender? (select one)

- 1 – male                      3 – non binary/diverse                      5 – other                      99 – unknown  
2 – female                      4 – personal definition / not listed                      99 – I decline to answer

D3. What is your nationality/citizenship? (select one)

- 1 – I am citizen/national of [your country]  
2 – I am not a citizen/national of [your country], but: \_\_\_\_\_ (add name of the country)  
98 – I do not know                      99 – I decline to answer

D4. In which locality were your born? \_\_\_\_\_ (name of the locality)

- 98 – I do not know                      99 – I decline to answer

D5. Where do you have your permanent registered address now, or what was last one if you do not have any now?

- 1 – in [name of your city]                      2 – elsewhere, namely: \_\_\_\_\_  
98 – I do not know                      99 – I decline to answer

D6. What is your current family situation? (select one)

- 1 – single/widow, without children                      3 – married/in partnership without children                      98 – I do not know  
2 – single/widow, with children                      4 – married/in partnership with children                      99 – I decline to answer

D7. Do you have any family members, friends, acquaintances who can support you? (mark one)

- 1 – yes, financially                      3 – yes, both financially and emotionally                      98 – I do not know  
2 – yes, emotionally                      4 – no                      99 – I decline to answer

D8. What is your highest education?

- 0 – No education – never gone to school                      6 – Post secondary non-tertiary education (profession)  
1 – Unfinished/incomplete primary education                      7 – Tertiary education (BA or MA or equivalent)  
2 – Primary education                      8 – Doctoral or equivalent level  
3 – Lower secondary education                      9 – children: in kindergarten / at school  
4 – lower secondary and professional training                      10 – other: \_\_\_\_\_  
5 – Upper secondary education                      98 – I do not know                      99 – I decline to answer

D9. How many minor children do you have who do not live with you?

- \_\_\_\_\_ (number of minor children) 98 – I do not know                      99 – I decline to answer

L1. Where did you spend the last night? (mark one)

- 1 – in public space / park / street                      6 – with family and friends as I have nowhere else to go

- 2 – in emergency accommodation (short term)
- 3 – in a shelter (temporary, longer term)
- 4 – in an institution (hospital / prison)
- 5 – in a shack / improvised housing / tent / car
- 7 – in my / a rented flat, in a detached / semi-detached house
- 8 – other
- 98 – I do not know
- 99 – I decline to answer

L2. What is your title to your current accommodation? INTERVIEWER: ASK AS OPEN QUESTION AND IF NEEDED HELP WITH CLARIFICATIONS AND THEN CODE THE ANSWER (mark one)

- 1 - It is my own flat
- 2 - I rent a whole flat from a municipality
- 3 - I rent a whole flat from a private person
- 4 - I live in my partner's flat
- 5 - I am staying with a friend/relative, and they are there as well
- 6 - A friend/relative gave me the flat as a favour
- 7 - My employer provides the accommodation
- 8 - My house is on land which does not belong to me
- 9 - I rent a room in an apartment
- 10 - I rent a bed in an apartment
- 11 - I am staying in an empty flat (I squat)
- 12 - I am staying in a night/temporary shelter
- 13- I live in a flat because I am a customer of a temporary program
- 14 - other: \_\_\_\_\_
- 98 - I do not know
- 99 - I decline to answer

L3. Do you have a legal title to the place where you live? (valid rental contract, registered ownership, client status)

- 1 – yes
- 2 – no
- 3 – Yes, and I have an eviction notice
- 4 – No, and I have an eviction notice
- 98 – I do not know
- 99 – I decline to answer

L4. How long have you been living in this housing situation (including homelessness and homeless services)? (e.g. approximate number of years / months/ days, whichever category is more relevant)

- \_\_ years \_\_ months \_\_ days
- 1 – I have lived here for my entire life
- 98 – I do not know
- 99 – I decline to answer

L5. Do you have access to the following amenities in your home / place you are currently staying?

	1 – yes, with a legal contract	2 – yes, with no legal contract	3 – no	4 – not relevant / I live in a (temporary) shelter	98 – I do not know	99 – no answer
1 – electricity						
2 – running water						
3 – heating: electric, gas, district						
4 – heating: wood, coal, mixed						
5 – heating with garbage						
6 – toilet inside your house (not shared with others)						

7 – shower / bath with hot water (not shared with others)						
8 – kitchen / kitchen(ette) (not shared with others)						
9 – internet (e.g. via mobile phone)						

L6. How much do you pay for your housing/ accommodation on average in a month?

- 1 – utility costs (including building management costs if applicable) \_\_\_\_\_ (amount in [currency])  
 2 – rent (if applicable) \_\_\_\_\_ (amount in [currency])  
 3 – any other costs (e.g. housing related loan monthly payment) \_\_\_\_\_ (amount in [currency])  
 4 – I pay a lump sum to my landlord / neighbour for utilities, other \_\_\_\_\_ (amount in [currency])  
 98 – I do not know                      99 – I decline to answer

L7. Have you ever lived in any of the following places (think of all PREVIOUS housing situations)? (mark any)

	1 – yes	2 – no	98 – I do not know	99 – no answer
1 – In public space, park				
2 – A hut, tent, dilapidated building unfit for housing, etc.:				
3 – Night shelter / emergency shelter:				
4 – Temporary accommodation (e.g. private hostel, workers' hostel, temporary shelter)				
5 – Social housing				
6 – In your own dwelling / house / flat				
7 – Other paid accommodation (e.g. private rental):				
8 – Prison				
9 – Alternative care by relatives				
10 – Foster care				
11 – Alternative care institution (state child care institutions)				
12 – Psychiatric ward / health institution				
13 – Other places:				

L8. Have you ever lived in another locality/town/city?

- 1 – no                                      2 – yes: ..... (name of the last locality/town/city)  
 98 – I do not know                      99 – I decline to answer

L9. If yes, why did you move from that locality (town, city, village) to [name of your city]? INTERVIEWER: ASK AS OPEN QUESTION AND IF NEEDED HELP WITH CLARIFICATIONS AND THEN CODE THE ANSWER (mark any)

- 1 – for family reasons                      6 – for better housing opportunities  
 2 – for studying                              7 – because life is cheaper here  
 3 – for a job                                      8 – to have better living conditions  
 4 – for better social services/benefits                      9 – my housing became uninhabitable  
 11 - I had to escape my former living place (e.g. abuse, debts, conflicts)  
 12 – Other: .....

5 – for accessing health care services  
10 – I lost my housing there

99 – I decline to answer

L10. If you ever lost your housing, where did it happen? (write the name of the locality (city, town, village))

\_\_\_\_\_ 1 – I have lived here for my entire life

98 – I do not know 99 – I decline to answer

E1. What do you do for living? (mark any) INTERVIEWER: ASK AS OPEN QUESTION, FOCUS ON WHERE THE RESPONDENT WOULD HAVE ANY INCOME FROM, AND IF NEEDED HELP WITH CLARIFICATIONS AND THEN CODE THE ANSWER

- |   |   |                                  |
|---|---|----------------------------------|
| 1 – I do not work anything and I do not have any income | 7 – on maternity leave                              | 13 – on regular welfare benefit  |
| 2 – I have a registered full time job                   | 8 – on sick leave                                   | 14 – I receive care allowance    |
| 3 – I have a registered part time job                   | 9 – on old-age pension                              | 15 – self employed /own business |
| 4 – regular informal jobs                               | 10 – on disability pension                          | 16 – other: _____                |
| 5 – informal jobs on an irregular basis                 | 11 –works like collecting "garbage", metal, begging | 98 – I do not know               |
| 6 – public works  | 12 – I am a student /at school                      | 99 – I decline to answer         |

E2. What is your employment status?

- |   |   |                                   |                          |
|---|---|-----------------------------------|--------------------------|
| 1 - unregistered unemployed not looking for a job   | 2 – unregistered unemployed and looking for a job |                                   |                          |
| 3 - registered unemployed and not looking for a job | 4 – registered unemployed and looking for a job   |                                   |                          |
| 5 – employed  | 6 – unable to work due to health conditions       | 7 – unable to work due to old age |                          |
| 8 – other:_____                                     | 9 – student/at school                             | 98 – I do not know                | 99 – I decline to answer |

E3. What was your total income for the last month? (include all benefits and transfers)

- |                  |                    |                          |               |                |
|------------------|--------------------|--------------------------|---------------|----------------|
| 1 - under 50 €   | 2 - 51-100 €       | 3 - 101-200 €            | 4 - 201-500 € | 5 - over 500 € |
| 10 - other:_____ | 98 – I do not know | 99 – I decline to answer |               |                |

E4. How much income do you normally receive from any type of work (including informal jobs)?

- |                  |                    |                          |               |                |
|------------------|--------------------|--------------------------|---------------|----------------|
| 1 - under 50 €   | 2 - 51-100 €       | 3 - 101-200 €            | 4 - 201-500 € | 5 - over 500 € |
| 10 - other:_____ | 98 – I do not know | 99 – I decline to answer |               |                |

H1. What serious and/or persistent medical conditions do you have? (e.g. respiratory diseases, cardiovascular disease, depression, diabetes, hypertension, anxiety, cancer, addictions) Please name them:

- \_\_\_\_\_
- |                 |                    |                          |
|-----------------|--------------------|--------------------------|
| 2 – I have none | 98 – I do not know | 99 – I decline to answer |
|-----------------|--------------------|--------------------------|

H2. Are there any mental or physical health conditions, chronic illness or disabilities that prevent(s) you from working regularly?

- |  |                                      |                    |                          |
|--|--------------------------------------|--------------------|--------------------------|
| 1 – yes, a mental health condition       | 2 - yes, a physical health condition |                    |                          |
| 3 - both a mental and physical condition | 4 – no                               | 98 – I do not know | 99 – I decline to answer |

H3. Have any of these medical conditions got diagnosed by a doctor? (e.g. cardiovascular disease, diabetes, hypertension, respiratory diseases, cancer, depression, anxiety)

- |         |        |                    |                          |
|---------|--------|--------------------|--------------------------|
| 1 – yes | 2 – no | 98 – I do not know | 99 – I decline to answer |
|---------|--------|--------------------|--------------------------|

H4. Do you have social insurance? (related to later eligibility of receiving unemployment benefits, sick leave, disability pension, old-age pension, maternity/parental leave)

1 – yes      2 – no      98 – I do not know      99 – I decline to answer

H5. Do you have health insurance? (related to state covered / guaranteed access to health services)

1 – yes      2 – no      98 – I do not know      99 – I decline to answer

I1. Do you have a (valid) ID (e.g. personal identification card, address card)?

1 – yes      2 – no      98 – I do not know      99 – I decline to answer

H6. Do you have any debts on your health insurance?

1 – yes      2 – no      98 – I do not know      99 – I decline to answer

H7. Have you ever been declined from health service because you could not pay and were not insured?

1 – yes      2 – no      98 – I do not know      99 – I decline to answer

H8. Have you ever been in a situation where you did not have health insurance? (mark one)

1 - yes, for less than a month      2 - yes, for 1 month - less than 6 months      3 - yes, for 6 months - 1 year

4 - yes, for more than 1 year but less than five years      5 - yes, more than five years      6 - no

7 - other: \_\_\_\_\_      98 – I do not know      99 – I decline to answer

H9. How do you assess your health condition? (please consider both your physical and mental health)

1 – poor      2 – rather poor      3 – average      4 – good      5 – very good

98 – I do not know      99 – I decline to answer

H10. Do you have to take any medication regularly for chronic diseases? (for example: a few times a day etc.) (mark one)

1 - yes, I take all of them regularly      2 - yes, but I don't take all of them regularly

3 - yes, but I don't take them at all      4 – no      5 -      -      other: \_\_\_\_\_

98 – I do not know      99 – I decline to answer

H11. Do you ... INTERVIEWER: GIVE EXAMPLES IF NEEDED. IF YOU THINK THAT THE QUESTION CAUSES INCONVENIENCE, PLEASE REPHRASE.

	1 – always	2 – most of the time	3 – sometimes	4 – never	98 – I do not know 99 – I decline to answer
take seriously your health conditions?					
use healthcare services?					
go to health screening regularly					
eat well and regularly (e.g. the main meals of the day)?					
shower regularly (e.g. as often as you want)?					

H12. What do you do if you really feel ill? (mark any)

- 1 – call the ambulance                      2 – go to or get an appointment at a doctor 3 – take non-prescription drugs  
 4 – nothing, I'll wait until I feel better 5 – self medicate or take complementary and alternative medical solutions (herbal tea, etc.) 6 – other: \_\_\_\_\_ 98 – I do not know 99 – I decline to answer

H12a. INTERVIEWER: If the person did not respond "2 – go to or get an appointment at a doctor": ASK: Why?

\_\_\_\_\_ 98 – I do not know 99 – I decline to answer

H13. Do you have any addictions?

- 1 – yes                      2 – no                      98 – I do not know                      99 – I decline to answer

H14. Do you regularly do any of the following (mark any):

- 1 – take other/more medicine than needed 2 – smoke (e-)cigarettes                      3 – drink alcohol  
 4 – use/take drugs / herbal /bioglass/toluene                      5 – go gambling  
 6 – be stuck to the phone, e.g. games and social media  
 7 - other: \_\_\_\_\_ 8 – none of the above is relevant  
 98 – I do not know                      99 – I decline to answer

H15. How many times have you been in hospital in the last 2 years? ASK AS OPEN QUESTION (mark one)

- 1 – every month or more                      4 - never                      98 – I do not know  
 2 - 2-3 times a year                      5 – other                      99 – I decline to answer  
 3 - once a year

H16. How often have you been taken to the emergency (either by the EA car or by yourself) in 2024?

- 1 - every month or more                      4 - never                      98 – I do not know  
 2 - 2-3 times a year                      5 – other                      99 – I decline to answer  
 3 - once a year

H17. Have you received psychological support, therapy or psychiatric treatment in 2024?

- 1 – no, and did not need it                      2 – no, but I felt I would have needed it  
 3 – no, although I was advised to go 4 - yes                      98 – I do not know                      99 – I decline to answer

H18. What health care services did you access in the course of the last year? (mark any)

	1 – yes	2 – no	98 – I do not know	99 – I decline to answer
GP for free				
GP paid for				
specialised outpatient care for free				
specialised outpatient care paid for				
inpatient care for free				
inpatient care paid for				
emergency care free				
emergency care paid for				
other health care				

H19. Have you ever had to go to a different locality to visit health services from where you lived? If yes, where?

- 1 – GP (general practitioner): from where to where \_\_\_\_\_
- 2 – outpatient care: from where to where \_\_\_\_\_
- 3 – inpatient care (hospital): from where to where \_\_\_\_\_
- 4 – I could not go anywhere/ could not use any health service
- 5 – I did not have to
- 98 – I do not know
- 99 – I decline to answer

H20. On a scale of 1 to 5, generally how did you feel about the services you received? How were you treated by your healthcare providers? (mark one)

- 1 – very poor 2 – poor 3 – average 4 – good 5 – very good 6 – I did not receive any services
- 98 – I do not know 99 – I decline to answer

H21: Have you ever been refused any health services because you... (mark any)

- 1 - looked poor 2 – looked Roma 3- because you did not have a regular address
- 4 – you had your address in a homeless institution 5 – your behaviour was considered inappropriate
- 6 - because of where you live 7 – other: \_\_\_\_\_ 98 – I do not know 99 – I decline to answer

H22: Have you ever felt disrespected by any health services you had to use?

- 1 – yes, once 2 – yes, several times 3 – yes 4 – no, never 98 – I do not know 99 – I decline to answer

HL1. On a 1-4 scale from very difficult to very easy, how easy would you say it is to... .. ADD EXAMPLE, AND ILLUSTRATE THE SITUATION IF NEEDED, e.g. when you hurt yourself, could you easily understand the emergency staff what to do, when you were in hospital, could you understand the doctors easily, etc..

	1 very difficult	2	3	4 very easy	98 – I do not know 99 – I decline to answer
find out where to get professional help when you are ill?					
understand information about what to do in a medical emergency?					
judge the advantages and disadvantages of different treatment options?					
use information the doctor gives you to make decisions about your illness?					
find information on how to handle mental health / emotional problems?					
understand information about recommended health screenings or examinations?					
judge if information on unhealthy habits, such as smoking, low physical activity or drinking too much alcohol, are reliable?					
decide how you can protect yourself from illness using information from the mass media?					

find information on healthy life styles such as physical exercise, healthy food or nutrition?					
find information on how can you take care of your mental wellbeing (e.g. relaxation, recreation)?					
to understand advice concerning your health from family or friends?					
judge which everyday behaviour is related to your health?					
influence your living conditions and habits that affect your health and wellbeing? (e.g. look after personal hygiene)					

T1. In your childhood did you have at least one adult loving person present in your life?

1 – yes          2 – no          98 – I do not know          99 – I decline to answer

T2. Have you ever faced difficult or harmful experiences, such as neglect, mistreatment, or any form of abuse (including verbal, physical, or sexual abuse, lack of care, or inadequate living conditions)? (mark one)

...

1 – yes, in my childhood          2 – yes, in my adulthood          3 – yes, several times through my life  
4 – no

5 – other: \_\_\_\_\_ 98 – I do not know          99 – I decline to answer

T3. Have you ever faced an event that seemed unbearable to you (e.g. death of loved ones, loss of your home, problem that you cannot get rid of)? (mark one)

1 – yes, in my childhood          2 – yes, in my adulthood          3 – yes, several times through my life  
4 – no

5 – other: \_\_\_\_\_ 98 – I do not know          99 – I decline to answer

T4. Have you ever lived with anyone who was a problem drinker or alcoholic or who used street drugs? (mark one)

1 – yes, in my childhood          2 – yes, in my adulthood          3 – yes, several times through my life  
4 – no

5 – other: \_\_\_\_\_ 98 – I do not know          99 – I decline to answer

T5. Have you ever been in a situation when you lost a loved one because of his/her mental problem? (mark one)

1 – yes, in my childhood          2 – yes, in my adulthood          3 – yes, several times through my life  
4 – no

5 – other: \_\_\_\_\_ 98 – I do not know          99 – I decline to answer

TM1. Do you use the Internet to get health information?

1 - yes, all the time    2 - yes, sometimes  
3 - I ask my friends/relatives/support worker to search for the Internet for me  
4 - I never searched for health information

5 – other: \_\_\_\_\_ 98 – I do not know          99 – I decline to answer

TM2. What devices do you use to access health information on the internet? (e.g. own smart phone/tablet, own personal computer, pc in the shelter/day shelter, someone else's device, I do not use myself but ask a friend, relative to search/ help me)

\_\_\_\_\_ 98 – I do not know          99 – I decline to answer

TM3. On a scale of 1 to 5 to what extent do you agree with the following statements? (mark one) GIVE EXAMPLES OR ILLUSTRATIONS IF NEEDED. e.g. I can google the right answers if I have a health question, I can imagine to ask for help via a health webpage

1 – strongly disagree 2 – disagree 3 – undecided 4 – agree 5 – strongly agree  
 98 – I do not know 99 – I decline to answer

	1 strongly disagree	2	3	4	5 strongly agree	98 – I do not know 99 – I decline to answer
I know how to use the Internet to answer my questions about health.						
I can tell high quality health resources from low quality health resources on the Internet						
I feel confident in using information from the Internet to make health decisions.						
I feel comfortable to ask questions about my health via the Internet through an application or a forum.						
I feel comfortable to describe my health problems via the Internet through an application or a forum.						
I feel comfortable to take a photo about my dental problem and send it to a doctor to get a diagnosis.						
I feel comfortable to take a photo about my dermatological/skin problem and send it to a doctor to get a diagnosis.						
I feel comfortable to talk about my mental problem to a doctor live via the internet.						

H23. What is the most urgent health problem you are struggling with currently? (diagnoses and symptoms)

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H24. What is your most important obstacle in feeling healthy?

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S1. In what ways do you expect social workers / case workers to support you to solve your health problems?

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A6. ENUMERATOR, PLEASE ADD ANY OBSERVATIONS AND COMMENTS

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*Thank you for your cooperation.*



## 1.1.2 Household client questionnaire



FD1. Please think of all people who live together with you in one household and fill the table based on the questions on the next pages:

	A	D1	D2	D3	D4	D5	D8	E1	E2	H1	H2	H3	H4	H5	I1
Code of person	Position of the person relative to you	Birth year	Gender	Citizenship	Birth locality	Residence	Education	Employment	Employment status	Health problem	Health barriers to work	Diagnosed conditions	Social insurance	Health Insurance	ID
1	you, the respondent														
2															
3															
4															
5															
6															
7															
8															
9															
10															

CODES FOR THE TABLE (A-I1)

A: position of the household member 1 – spouse 2 – partner 3 – own child 4 – stepchild  
 5 – foster child 6 – grandchild 7 – parent/parent in law 8 – grandparent/grandparent in law  
 9 – sibling/sibling in law 10 – other adult relative 11 – child of the relative 12 – not a relative adult  
 13 – other \_\_\_\_\_ (add what)

D1. What is the birth year of this person?(No response – 9999)

D2. What is the gender of this person? (select one)

- |            |                                      |                          |              |
|------------|--------------------------------------|--------------------------|--------------|
| 1 – male   | 3 – non binary/diverse               | 5 – other                | 99 – unknown |
| 2 – female | 4 – personal definition / not listed | 99 – I decline to answer |              |

D3. What is the nationality/citizenship of this person? (select one)

- 1 – citizen/national of [your country] 2 –not a citizen/national of [your country], (add name of the country)  
 98 – I do not know 99 – I decline to answer

D4. In which locality was this person born?

- Add name of locality 98 – I do not know 99 – I decline to answer

D5. Where does this person have his/her permanent registered address now, or what was the last one if the person does not have any now?

- 1 – in [name of your city] 2 – elsewhere, namely (add) 98 – I do not know 99 – I decline to answer

D8. What is this person's highest education?

- |   |  |
|---|--|
| 0 – No education – never gone to school       | 6 – Post secondary non-tertiary education (profession) |
| 1 – Unfinished/incomplete primary education   | 7 – Tertiary education (BA or MA or equivalent)        |
| 2 – Primary education                         | 8 – Doctoral or equivalent level                       |
| 3 – Lower secondary education                 | 9 – children: in kindergarten / at school              |
| 4 – Lower secondary and professional training | 10 – other: _____                                      |
| 5 – Upper secondary education                 | 98 – I do not know 99 – I decline to answer            |

E1. What does this person do for living? INTERVIEWER: ASK AS OPEN QUESTION, FOCUS ON WHERE THE RESPONDENT WOULD HAVE ANY INCOME FROM, AND IF NEEDED HELP WITH CLARIFICATIONS AND THEN CODE THE ANSWER

- |   |  |                                  |
|---|--|----------------------------------|
| 1 – nothing, no income                      | 7 – on maternity leave                               | 13 – on regular welfare benefit  |
| 2 – has a registered full time job          | 8 – on sick leave                                    | 14 – receives care allowance     |
| 3 – has a registered part time job          | 9 – on old-age pension                               | 15 – self employed /own business |
| 4 – has regular informal jobs               | 10 – on disability pension                           | 16 – other: _____                |
| 5 – has informal jobs on an irregular basis | 11 – works like collecting "garbage", metal, begging | 98 – I do not know               |
| 6 – public works                            | 12 – is a student /at school                         | 99 – I decline to answer         |

E2. What is this person's employment status?

- 1 - unregistered unemployed not looking for a job    2 - unregistered unemployed and looking for a job  
 3 - registered unemployed and not looking for a job    4 - registered unemployed and looking for a job  
 5 - employed    6 - unable to work due to health conditions    7 - unable to work due to old age  
 8 - other: \_\_\_\_\_ 9 - student/at school    98 - I do not know    99 - I decline to answer

H1. What serious and/or persistent medical conditions does this person have? (e.g. respiratory diseases, cardiovascular disease, depression, diabetes, hypertension, anxiety, cancer, addictions) Please name them: Add in column. OR 2 - none    98 - I do not know    99 - I decline to answer

H2. Are there any mental or physical health conditions, chronic illness or disabilities that prevent(s) this person from working regularly? (not to be asked regarding children)  
 1 - yes, a mental health condition    2 - yes, a physical health condition  
 3 - both a mental and physical condition    4 - no    98 - I do not know    99 - I decline to answer

H3. Have any of these medical conditions got diagnosed by a doctor? (e.g. cardiovascular disease, diabetes, hypertension, respiratory diseases, cancer, depression, anxiety)  
 1 - yes    2 - no    98 - I do not know    99 - I decline to answer

H4. Does this person have social insurance? (related to later eligibility of receiving unemployment benefits, sick leave, disability pension, old-age pension, maternity/parental leave)  
 1 - yes    2 - no    98 - I do not know    99 - I decline to answer

H5. Does this person have health insurance? (related to state covered / guaranteed access to health services)  
 1 - yes    2 - no    98 - I do not know    99 - I decline to answer

I1. Does this person have a (valid) ID (e.g. personal identification card, address card in case of adults) / birth certificate (in case of children)?  
 1 - yes    2 - no

PLEASE RESPOND THESE QUESTIONS ON YOUR BEHALF:

D9. How many minor children do you have who do not live with you?  
 \_\_\_\_\_ (number of minor children) 98 - I do not know    99 - I decline to answer

L1. Where did your household spend the last night? (mark one)  
 1 - in public space / park / street    6 - with family and friends as I/we have nowhere else to go  
 2 - in emergency accommodation (short term)    7 - in our/my / a rented flat, in a detached / semi-detached house  
 3 - in a shelter (temporary, longer term)    8 - other  
 4 - in an institution (hospital / prison)    98 - I do not know  
 5 - in a shack / improvised housing / tent / car    99 - I decline to answer



L6. How much do you pay for your housing/ accommodation on average in a month?

- 1 – utility costs (including building management costs if applicable) \_\_\_\_\_ (amount in [currency])
- 2 – rent (if applicable) \_\_\_\_\_ (amount in [currency])
- 3 – any other costs (e.g. housing related loan monthly payment) \_\_\_\_\_ (amount in [currency])
- 4 – I pay a lump sum to my landlord / neighbour for utilities, other \_\_\_\_\_ (amount in [currency])
- 98 – I do not know                      99 – I decline to answer

L7. Have you or any of your household members ever lived in any of the following places (think of all PREVIOUS housing situations)? (mark any)

	1 – yes, who? make reference to code(s) of the person(s)	2 – no	98 – I do not know	99 – no answer
1 – In public space, park				
2 – A hut, tent, dilapidated building unfit for housing, etc.:				
3 – Night shelter / emergency shelter:				
4 – Temporary accommodation (e.g. private hostel, workers' hostel, temporary shelter)				
5 – Social housing				
6 – In your own dwelling / house / flat				
7 – Other paid accommodation (e.g. private rental):				
8 – Prison				
9 – Alternative care by relatives				
10 – Foster care				
11 – Alternative care institution (state child care institutions)				
12 – Psychiatric ward / health institution				
13 – Other places:				

L8. Has your household ever lived in another locality/town/city?

- 1 – no                                      2 – yes: ..... (name of the last locality/town/city)
- 98 – I do not know                      99 – I decline to answer

L9. If yes, why did you move from that locality (town, city, village) to [name of your city]? INTERVIEWER: ASK AS OPEN QUESTION AND IF NEEDED HELP WITH CLARIFICATIONS AND THEN CODE THE ANSWER (mark any)

- 1 – for family reasons                      6 – for better housing opportunities                      11 – we had to escape my former living place (e.g. abuse, debts, conflicts)
- 2 – for studying                              7 – because life is cheaper here                      12 – Other: .....
- 3 – for a job                                      8 – to have better living conditions                      98 – I do not know
- 4 – for better social services/benefits                      9 – our housing became uninhabitable                      99 – I decline to answer
- 5 – for accessing health care services                      10 – we lost our housing there

L10. If you ever lost your housing, where did it happen? (write the name of the locality (city, town, village))

- \_\_\_\_\_ 1 – I / we have lived here for my entire life  
 98 – I do not know                      99 – I decline to answer

E3. What was your total household income for the last month? (include also all benefits and transfers)

- 1 - under 50 €              2 - 51-100 €              3 - 101-200 €              4 - 201-500 €              5 - 501 - 750 €  
 6 - 751 - 1000 €              7 - 1001 - 1250 €              8 - 1251 - 1500 €              9 - over 1500 €  
 10 - other:\_\_\_\_\_ 98 – I do not know              99 – I decline to answer

E4. How much income does your household normally receive from any type of work (including informal jobs)?

- 1 - under 50 €              2 - 51-100 €              3 - 101-200 €              4 - 201-500 €              5 - 501 - 750 €  
 6 - 751 - 1000 €              7 - 1001 - 1250 €              8 - 1251 - 1500 €              9 - over 1500 €  
 10 - other:\_\_\_\_\_ 98 – I do not know              99 – I decline to answer

H6. Do you or any of your household members have any debts on your / their health insurance?

- 1 – yes              2 – no              98 – I do not know              99 – I decline to answer

H7. Have you or any of your household members ever been declined from health service because you / they could not pay and were not insured?

- 1 – yes              2 – no              98 – I do not know              99 – I decline to answer

H8. Have you or any of your household members ever been in a situation where you / they did not have health insurance? (mark one)

- 1 - yes, for less than a month              2 - yes, for 1 month - less than 6 months              3 - yes, for 6 months - 1 year  
 4 - yes, for more than 1 year but less than five years              5 - yes, more than five years 6 - no  
 7 - other:\_\_\_\_\_ 98 – I do not know              99 – I decline to answer

H9. How do you assess your own health condition? (please consider both your physical and mental health)

- 1 – poor              2 – rather poor              3 – average              4 – good              5 – very good

H10. Do you or your household members have to take any medication regularly for chronic diseases? (mark one)

- 1 - yes, and I/we take all of them regularly 2 - yes, but I/we don't take all of them regularly  
 3 - yes, but I/we don't take them at all              4 – no              5 - other:\_\_\_\_\_

H11. Do you ... INTERVIEWER: GIVE EXAMPLES IF NEEDED. IF YOU THINK THAT THE QUESTION CAUSES INCONVENIENCE, PLEASE REPHRASE.

	1 always	2 – most of the time	3 sometimes	4 – never	98 – I do not know 99 – I decline to answer
take seriously your health conditions?					
use healthcare services?					
go to health screening regularly?					

eat well and regularly (e.g. the main meals of the day)?					
shower regularly (e.g. as soft as you want)?					

H12. What do you do if you really feel ill? (mark any)

1 – call the ambulance                      2 – go to or get an appointment at a doctor 3 – take non-prescription drugs  
 4 – nothing, I'll wait until I feel better 5 – self medicate or take complementary and alternative medical solutions (herbal tea, etc.) 6 – other: \_\_\_\_\_ 98 – I do not know 99 – I decline to answer

H12a. INTERVIEWER: If the person did not respond "2 – go to or get an appointment at a doctor": ASK: Why?

\_\_\_\_\_ 98 – I do not know 99 – I decline to answer

H13. Do you or any of your household members have any addictions?

1 – yes                      2 – no                      98 – I do not know                      99 – I decline to answer

H14. Do you or any of your household members regularly do any of the following (mark any):

1 – take other/more medicine than needed 2 – smoke (e-)cigarettes 3 – drink alcohol

4 – use/take drugs / herbal /bioglass/toluene 5 – go gambling

6 – be stuck to the phone, e.g. games and social media

7 - other: \_\_\_\_\_ 8 – none of the above is relevant

98 – I do not know 99 – I decline to answer

H15. How many times have you been in hospital in the last 2 years? ASK AS OPEN QUESTION (mark one)

1 - every month or more                      4 - never                      98 – I do not know

2 - 2-3 times a year                      5 – other                      99 – I decline to answer

3 - once a year

H16. How often have your and/or your family members been taken to the emergency (either by the EA car or by yourself/themselves) in 2024? INTERVIEWER: MARK THE CODE OF THE FAMILY MEMBER AND INDICATE FOR EACH HOUSEHOLD MEMBER!

Code of the family member (see household table)	1 - every month or more	4 - never	98 – I do not know
	2 - 2-3 times a year	5 - other	99 – I decline to answer
	3 - once a year		

H17. Have you yourself or any of your household members received/attended psychological support, therapy or psychiatric treatment in 2024?

- 1 – no, and did not need it                      2 – no, but I/they felt I/they would have needed it  
 3 – no, although was advised to go    4 – yes                      98 – I do not know                      99 – I decline to answer

H18. What health care services did you or your household member access in the course of the last year? (mark any) ADD LOCAL EXAMPLES IF NEEDED

	1 – yes, please include code of the person	2 – no	98 – I do not know	99 – I decline to answer
GP for free				
GP paid for				
specialised outpatient care for free				
specialised outpatient care paid for				
inpatient care for free				
inpatient care paid for				
emergency care free				
emergency care paid for				
other health care				

H19. Have you ever had to go to a different locality to visit health services from where you lived? If yes, where?

- 1 – GP (general practitioner): from where to where \_\_\_\_\_  
 2 – outpatient care: from where to where \_\_\_\_\_  
 3 – inpatient care (hospital): from where to where \_\_\_\_\_  
 4 – I could not go anywhere/ could not use any health service  
 5 – I did not have to                      98 – I do not know                      99 – I decline to answer

H20. On a scale of 1 to 5, generally how did you feel about the services you received? How were you treated by your healthcare providers? (mark one)

- 1 – very poor                      2 – poor    3 – average                      4 – good                      5 – very good  
 6 – I did not receive any services                      98 – I do not know                      99 – I decline to answer

H21: Have you ever been refused any health services because you... (mark any)

- 1 - looked poor                      2- looked Roma                      3- because you did not have a regular address  
 4 – you had your address in a homeless institution                      5 – your behaviour was considered inappropriate  
 6 - because of where you live                      7 – other:\_\_\_\_\_                      8                      never happened  
 98 – I do not know                      99 – I decline to answer

H22: Have you ever felt disrespected by any health services you had to use?

- 1 – yes, once    2 – yes, several times    3 – yes, often    4 – no, never  
 98 – I do not know                      99 – I decline to answer

HL1. On a 1-4 scale from very difficult to very easy, how easy would you say it is to... ADD EXAMPLE, AND ILLUSTRATE THE SITUATION IF NEEDED, e.g. when you hurt yourself, could you easily understand the emergency staff what to do, when you were in hospital, could you understand the doctors easily, etc..

	1 very difficult	2	3	4 very easy	98 – I do not know 99 – I decline to answer
find out where to get professional help when you are ill?					
understand information about what to do in a medical emergency?					
judge the advantages and disadvantages of different treatment options?					
use information the doctor gives you to make decisions about your illness?					
find information on how to handle mental health / emotional problems?					
understand information about recommended health screenings or examinations?					
judge if information on unhealthy habits, such as smoking, low physical activity or drinking too much alcohol, are reliable?					
decide how you can protect yourself from illness using information from the mass media?					
find information on healthy life styles such as physical exercise, healthy food or nutrition?					
find information on how can you take care of your mental wellbeing (e.g. relaxation, recreation)?					
to understand advice concerning your health from family or friends?					
judge which everyday behaviour is related to your health?					
influence your living conditions and habits that affect your health and wellbeing? (e.g. look after personal hygiene)					

T1. In your childhood did you have at least one adult loving person present in your life?

1 – yes      2 – no      98 – I do not know      99 – I decline to answer

T2. Have you or any of your households ever faced difficult or harmful experiences, such as neglect, mistreatment, or any form of abuse (including verbal, physical, or sexual abuse, lack of care, or inadequate living conditions)? (mark one)

1 – yes, in my childhood      2 – yes, in my adulthood      3 – yes, several times through my life  
4 – no      5 – other: \_\_\_\_\_      98 – I do not know      99 – I decline to answer

T3. Have you ever faced an event that seemed unbearable to you (e.g. death of loved ones, loss of your home, problem that you cannot get rid of)? (mark one)

1 – yes, in my childhood                      2 – yes, in my adulthood                      3 – yes, several times through my life  
4 – no                      5 – other: \_\_\_\_\_                      98 – I do not know                      99 – I decline to answer

T4. Have you ever lived with anyone who was a problem drinker or alcoholic or who used street drugs?

1 – yes, in my childhood                      2 – yes, in my adulthood                      3 – yes, several times through my life  
4 – no                      5 – other: \_\_\_\_\_                      98 – I do not know                      99 – I decline to answer

T5. Have you ever been in a situation when you lost a loved one because of his/her mental problem?

1 – yes, in my childhood                      2 – yes, in my adulthood                      3 – yes, several times through my life  
4 – no                      5 – other: \_\_\_\_\_                      98 – I do not know                      99 – I decline to answer

TM1. Do you use the Internet to get health information?

1 - yes, all the time    2 - yes, sometimes  
3 - I ask my friends/relatives/support worker to search for the Internet for me  
4 - I never searched for health information  
5 - other: \_\_\_\_\_    98 - I do not know    99 - I decline to answer

TM2. What devices do you use to access health information on the internet? (e.g. own smart phone/tablet, own personal computer, pc in the shelter/day shelter, someone else’s device, I do not use myself but ask a friend, relative to search/ help me)

\_\_\_\_\_ 98 – I do not know                      99 – I decline to answer

TM3. On a scale of 1 to 5 to what extent do you agree with the following statements? (mark one) GIVE EXAMPLES OR ILLUSTRATIONS IF NEEDED. e.g. I can google the right answers if I have a health question, I can imagine to ask for help via a health webpage

1 – strongly disagree                      2 – disagree                      3 – undecided                      4 – agree                      5 – strongly agree  
98 – I do not know                      99 – I decline to answer

	1 strongly disagree	2	3	4	5 strongly agree	98 – I do not know 99 – I decline to answer
I know how to use the Internet to answer my questions about health.						
I can tell high quality health resources from low quality health resources on the Internet						
I feel confident in using information from the Internet to make health decisions.						
I feel comfortable to ask questions about my health via the Internet through an application or a forum.						
I feel comfortable to describe my health problems via the Internet through an application or a forum.						
I feel comfortable to take a photo about my dental problem and send it to a doctor to get a diagnosis.						

I feel comfortable to take a photo about my dermatological/skin problem and send it to a doctor to get a diagnosis.						
I feel comfortable to talk about my mental problem to a doctor live via the internet.						

H23. What is the most urgent health problem you or your household members are struggling with currently? (diagnoses and symptoms)

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H24. What is your most important obstacle in feeling healthy?

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S1. In what ways do you expect social workers / case workers to support you and your household to solve your health problems?

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A6. ENUMERATOR, PLEASE ADD ANY OBSERVATIONS AND COMMENTS

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*Thank you for your cooperation.*

## Interview questions for social workers and health professionals

The goal of the qualitative data collection is to develop better understand the following key issues:

1. What obstacles beyond your organization's competence hinder integrated health and social services, person-centered planning, client autonomy, and Housing First values based service design? (e.g., client competence, low health literacy, funding gaps, restricted service access, territorial service organization)
  
2. What obstacles within your organization limit integrated health and social service delivery?  
Service Design Realities: What are the challenges and practices in your city/country regarding:
  - a. Funding: Can funding be pooled for long-term, flexible use between social and health services?
  - b. Administration: Are regulations, referrals, and resource management streamlined?
  - c. Organization: Are services co-located with low-barrier access and cross-sector collaboration?
  - d. Service Delivery: Are there joint trainings, shared systems, integrated case management, and flexible care models?
  - e. Clinical: Are there joint planning, standardized assessments, shared records, and long-term follow-ups?
  - f. Staffing: Are workers trained for mental health crises, therapeutic care, and supervision?

When selecting interviewees, include key stakeholders who can expand service access. Use the needs assessment phase to engage those crucial for implementation and networking. Interviews can be one-on-one or focus groups. Obtain informed consent and inform participants of a potential follow-up in two years.

Introduce the project's goals in the invitation and share your organization's ambitions. The initial data collection should focus on identifying service gaps affecting your organization, clients, and PEH in general.

Summarize findings under these key points:

- A. Client characteristics and needs within your organization.
- B. Services and support offered by stakeholders, including collaboration patterns.
- C. Service gaps and perceived reasons, including barriers and client attitudes toward services.
- D. Needs and realities of shifting service delivery in:
  - Funding (e.g., pooled funding for long-term care flexibility).
  - Administration (e.g., regulations, referrals, territorial access criteria).
  - Organization (e.g., shared spaces, inter-agency collaboration).
  - Service Delivery (e.g., joint training, integrated case management, flexible models).
  - Clinical Settings (e.g., joint planning, standardized assessments, ongoing monitoring).
  - Staffing (e.g., mental health crisis training, therapeutic qualifications, supervision access).

*Data reporting to MRI:*

*Given that the local qualitative data collection will be held in your local languages, there is no need to prepare recordings and transcripts of recordings. Please summarise the findings to the listed topics in 1-3 paragraphs each.*

Guiding questions (please feel free to adjust the list of questions to best correspond to the interviewees' position and level of information)

Interview questions for social workers:

- A. Basic characteristics of the clients whose needs should be addressed (within your organisation)
- *What is the composition of the clients at the organisation (gender and age structure, family structure and relationships, supporting networks, education levels and labour market situation and possibilities to get any income)*
  - *Typically, where do the clients served by your organization come from, from which city/commune (name of city/commune, name of municipality), what are the reasons for coming to your organisation?*
  - *Typically, what are the housing conditions and housing pathways of the clients served?*
- B. Services and assistance offered by the stakeholders for PEH, including linkages / cooperation patterns / networks of the stakeholders
- *What are the available services and accommodation options (if you provide accommodation) within your organisations, what are the admission criteria?*
  - *Are there any special forms of care available to clients in your institution (e.g. GP, types of specialist support, telemedicine)?*
  - *What links do you have with other institutions (e.g. who draw on your services or you draw on their services)?*
  - *What links do you have with health care services specifically (and with what type of services)?*
  - *What case work is done to support the clients' health (including administration, counselling etc.)?*
  - *How do you ensure that clients get the health services they need (you organise, refer, pay for it, they do it with your support etc.)?*
- C. Gaps in services and assistance and the perceived reasons for it (including barriers of service use and the perceptions about the clients' attitudes of making use of select services)
- *In your experience, what are the health-related priorities of your clients (get medication, improve health, eat well, personal hygiene, visiting health facilities regularly, find a safe home, etc.).*
  - *How do you get to know about these needs, and especially the (physical, mental) health related needs?*

- *In your experience, what percentage of clients need and take regular medication?*
- *What are those needs where you feel there is not a sufficient solution for the clients/service available?*
- *What do you see as the main reasons for the lack of these solutions?*
- *In what ways can you address specific needs in relation with previous traumatic events (e.g. trauma informed care design)?*
- *What do you think is the health awareness of your customers?*
- *In your personal experience, how does the health care of your clients evolve during their stays or contact with you? (any lessons may be also relevant from the times of the pandemic)?*
- *In your experience, how do health care providers treat their clients?*
- *What is your opinion of the willingness of clients living in your institution to visit a doctor?*

D. Needs for and realities of shifting service delivery design in the following areas

- *What changes would help you to deliver your services and care for the health needs of your clients more effectively?*
- *What are undergoing changes within your organisation that support such development? (think of funding, administration, organisation and service delivery, treatment settings, staff training, shift to Housing First Values based approach)*
- *What are undergoing changes beyond your organisation that support such development? (think of funding, administration, organisation and service delivery, treatment settings, staff training)*
- *Which are the key stakeholders that need to be on board for such changes? What are the key drivers for them to work towards change?*

## Interview questions for health professionals:

- A. Basic characteristics of the clients whose needs should be addressed (within your organisation)
- *What is the composition of the clients with histories of homelessness you meet (gender and age structure, family structure and relationships, supporting networks, education levels and labour market situation and possibilities to get any income). Typically, what are the housing conditions and housing pathways of the clients served?*
  - *Typically, where do the clients served by your organization come from, from which city/commune (name of city/commune, name of municipality), what are the reasons for coming to your organisation?*
  - *Typically, what are the housing conditions and housing pathways of the clients served?*
  - *Typically, where do the clients get served with social work?*
  - *For what treatments are they coming to your organisation?*
- B. Services and assistance offered by the stakeholders for PEH, including linkages / cooperation patterns / networks of the stakeholders
- *What are the available services (e.g. GP, types of specialist support, telemedicine, therapy, psychiatric services, psychological support, etc.) within your organisations, what are the admission criteria?*
  - *Are there any special forms of care available to PEH clients specifically in your institution?*
  - *What links do you have with other institutions (e.g. who draw on your services or you draw on their services)?*
  - *What links do you have with social services (including the case managers of PEH clients) and further health care services specifically (and with what type of services)?*
  - *How do you ensure that PEH clients get the health services they need (you organise, refer, pay for it, they do it with your support etc.)?*
- C. Gaps in services and assistance and the perceived reasons for it (including barriers of service use and the perceptions about the clients' attitudes of making use of select services)
- *In your experience, what are the health-related priorities of these clients (get medication, improve health, eat well, personal hygiene, visiting health facilities regularly, find a safe home, etc.).*
  - *How do you get to know about these needs, and especially the (physical, mental) health related needs?*
  - *What do you think is the health awareness of your customers?*
  - *In your experience, what percentage of clients need and take regular medication?*
  - *What are those needs where you feel there is not a sufficient solution for the clients/service available?*

- *What do you see as the main reasons for the lack of these solutions?*
- *What are the key challenges in the relationships between PEH clients, health staff (including nurses and doctors)?*
- *In your opinion, are there any barriers and if yes, what barriers are there for PEH to visit health services / consult a doctor?*
- *In what ways can you address specific needs in relation with previous traumatic events (e.g. trauma informed care design)?*
- *In your personal experience, how does the health care of your clients evolve during their stays or contact with you? (any lessons may be also relevant from the times of the pandemic)?*
- *In your experience, how do (other) health care providers treat their clients?*
- *What is your opinion of the willingness of PEH clients to visit a doctor?*

**D. Needs for and realities of shifting service delivery design in the following areas**

- *What changes would help you to deliver your services and care for the health needs of your PEH clients more effectively?*
- *What are undergoing changes within your organisation that support such development? (think of funding, administration, organisation and service delivery, treatment settings, staff training, shift to Housing First Values based delivery)*
- *What are undergoing changes beyond your organisation that support such development? (think of funding, administration, organisation and service delivery, treatment settings, staff training)*
- *Which are the key stakeholders that need to be on board for such changes? What are the key drivers for them to work towards change?*

## Client focus groups

The goal of the qualitative data collection among your clients (note that is a task to be completed beyond the questionnaire based data collection), is to develop a better understanding the following key issues:

1. What is the clients' perception of how their health and social support needs are being addressed in general (within and beyond the organisation)?
2. What are the reasons they perceive are behind unmet needs:
  - a. within the organisation (lack of in-kind or other support, challenges with / for the social staff and health support staff, if available)
  - b. beyond the organisation (health / partner organisations' capacities, issues with and coverage of municipal support)
  - c. in general (e.g. local connection rules, discrimination, lack of funding, etc.)
3. What is the clients' expectation for a change (developments that would serve their needs better)?

Please use these three main topics as guiding questions and report back on the results in 1-3 extended paragraphs for each point. Please make sure that you select clients for the focus group who feel comfortable and safe to share opinions among themselves and with you / interviewers.

### *Data reporting to MRI:*

*Given that the local qualitative data collection will be held in your local languages, there is no need to prepare recordings and transcripts of recordings. Please summarise the findings to the listed topics in 1-3 paragraphs each.*