

NIHR HS&DR funded study

Service provision for older people who are homeless and have memory problems

Hostel residents: case study interview

VERSION 1 - 12.02.2014

To be completed on paper by the interviewer with hostel residents at three and six months

Maureen Crane, Louise Joly, Kritika Samsi and Jill Manthorpe, Social Care Workforce Research Unit, King's College London, Strand, London WC2R 2LS.

Part	ricipant ID number Participant initials			
Da	te of interview: Interviewer's name			
Wh	here interviewed (name of hostel)			
	I'd like to ask you a few questions about how you have been getting on since we last saw you, and any help you have had from the hostel staff or from other services. I'd just like to remind you that you can refuse to answer any question or stop the interview at any time. Is there anything you'd like to ask me?			
1	We last saw you three months ago. How have you been getting on since then?			
l	JSE OF TIME			
	I'd like to ask you a few questions about how you spend your time			
	During the day, what proportion of time do you spend in the hostel? SHOW CARD F 0-25% 26-50% 51-75% 76-100% Unsure			
3	What do you do while in the hostel? (Probe: stay in room; use TV lounge; socialise with other residents; hostel activities)			
	During the <u>last three months</u> , have you been to any day centres, drop-in centres at churches, luncheon clubs or similar? Yes No IF YES:			
	Name of centre or project How often? What do you do there?			
	· · · · · · · · · · · · · · · · · · ·			

5	During the <u>last three months</u> , have you had contact with any family or relatives?					
	Yes No IF YES, CONTINUE IF NO, GO TO Q. 7					
	Who with? (relationship to participant)	How often seen person	Other contact and frequency			
	1.					
6	What help and support, if any, have y	ou had from your family a	and relatives?			
7	7 During the last three months, have you had contact with people you regard as friends or mates?					
	Yes No IF NO, GO TO Q. 8					
	IF YES, b. What do you do together?					
	c. What help and support, if any, h	ave you had from your fri	ends or mates?			
8	During the <u>last three months</u> , have yo	u worked or done any cou	rses, training or voluntary work?			
	Yes No No					
	IF YES, b. What have you done and how often?					
	c. In what ways, if any, have you be	nefited from this?				
9	How else do you spend your time?					

CONTACT WITH HOSTEL STAFF

I'd now like to ask you a few questions about whether you meet with hostel staff to discuss your problems and any support that you need

10	Do you have a 'keyworker' among the hostel staff who meets with you from time to time?
	Yes \square No \square IF NO, GO TO Q. 11
	IF YES, b. How often have you met your keyworker during the <u>last three months</u> ?
	c. Have you experienced any difficulties in meeting your keyworker? PROBE: out of hostel all day, staff too busy/change a lot; reluctant to see worker Yes No
	IF YES, d. What difficulties have there been?
	IF NO KEYWORKER, CONTINUE OTHERWISE GO TO Q. 12
11	Do you talk to any hostel staff about your problems and needs? Yes No DK D
	IF YES, b. How often?
	ALL PARTICIPANTS
12	During the <u>last three months</u> , have you had a support plan that has been drawn up between you and your keyworker or a member of the hostel staff? Yes No DK
	IF YES, b. What has been in the plan?
ΕV	ERYDAY TASKS AND HELP GIVEN
	I'd now like to ask you a few questions about how you are managing everyday tasks such as getting meals and doing laundry, and any help you've had.
13	During the <u>last three months</u> , have you been eating well? Yes \(\square\) No \(\square\)
	IF NO, b. Why is this?
14	During the <u>last three months</u> , where have you mainly been getting food and what have you been eating? <i>PROBE</i> : self-caters; meals in hostel or drop-in centre; takeaway food; sandwiches

15	During the <u>last three months</u> , have you had any difficulties obtaining food [OR
	preparing meals if self-caters]? Yes \square No \square DK \square
	IF YES, b. What difficulties have you had?
16	How do you manage shopping for things for yourself?
17	During the <u>last three months</u> , has the hostel staff helped you with shopping or done it on
	your behalf, such as buying clothes or toiletries? Yes \(\square\) No \(\square\)
	IF YES, b. What have they done?
	c. How often?
I'd	now like to ask about how you are managing with bathing and laundry
18	Are you having any difficulties using the bath or shower?
	Yes \square No \square DK \square
	IF YES, b. What difficulties are you having?
19	During the <u>last three months</u> , has anyone helped you to bathe or shower?
	Yes No DK D
	IF YES, b. Who has helped you?
	c. How often?
	d. What help have they given you?
20	How do you manage with regard to washing your clothes?

21	During the last three months, has anyone helped you with washing your clothes? Yes No DK D		
	IF YES, b. Who has helped you?		
	c. How often?		
	d. What help did they give you?		
22	How do you manage with changing your bedsheets and cleaning your room?		
23	During the <u>last three months</u> , has anyone helped you change your bed and clean your room? Yes No		
	IF YES, b. Who has helped you?		
	c. How often?		
	d. What help have they given you?		
	BUDGETING AND FINANCES		
24	Do you have any difficulty with day-to-day budgeting and managing your money? Yes No No		
	IF YES, b. Why are the difficulties?		
25	During the <u>last three months</u> , have you received help from anyone with budgeting and managing your money? Yes No DK D		
	c. What help did they give you?		
26	During the <u>last three months</u> , has anyone reminded you or helped you to sort out payment of your rent and service-charge? Yes No DK D		
	c. What help have they given you?		

27 During the <u>last three months</u> , has anyone helped you sort out social security benefit	
claims or financial problems such as debts?	
Yes No DK D	
IF YES, b. Who has helped you?	
c. What help have they given you?	
HEALTH PROBLEMS	
I'd now like to ask you about your health and any treatment that you are receiving	
At your previous interview, you mentioned that you had the following physical health problems/ <i>OR</i> did not have physical health problems:	
a. Over the <u>last three months</u> , have there been any changes in your physical health?	
Yes No DK	
IF YES, b. What changes have there been?	

IF PHYSICAL HEALTH PROBLEMS CONTINUE ... OTHERWISE GO TO Q. 30

FYES, b. What tre	eatment or help have you had?	ASK ABOUT EACH
Help from?	What treatment or help?	How often/no. times seen last 3 months
GP		Do not ask here
Hospital outpatient with doctor		
Practice/district/ community nurse (not CPN)		
Physiotherapist		
Other (state who)		
R did not have depressi	ew, you mentioned that you had the ion or other mental health problems: onths, have there been any changes in	-

IF MENTAL HEALTH PROBLEMS CONTINUE ... OTHERWISE GO TO Q. 32

Over the last three months, have you received any treatment or help for your mental health problems? <i>PROBE: GP, CPN, psychiatrist, psychologist, counsellor</i>					
Yes No Unsure U					
	IF YES, b. What treatment or help have you had? ASK ABOUT EACH				
	Help from?	What treatment or help?	How often/no. times seen in last 3 months		
	GP		Do not ask here		
	Psychiatrist				
	CPN				
	Other (state who)				
	ALL PARTICIPANTS				
32	At your previous interview, you mentioned that you had the following difficulties or concerns about your memory/ <i>OR</i> did not have any difficulties or concerns about your memory:				
	a. Over the <u>last three months</u> , have you had any [other] difficulties or concerns about				
	your memory? Yes	□ No □			
IF Y	IF YES, b. What difficulties or concerns?				
IF N	MEMORY PROBLEMS	CONTINUE IF NOT, GO	TO Q. 35		
33	How have your memory	difficulties or concerns affected	your everyday life?		

34	During the last three months, have you received any help for your memory difficulties?					
	PROMPT: hostel staff; GP; mental health worker; other					
	Yes \square No \square DK \square IF NO, GO TO Q. 35					
IF YES, b. Who has helped you and what help have they given you?						
	Type of worker/service What help have they given you?					
	ALCOHOL AND DRUGS					
	I'd now like to ask you a few questions about your use of alcohol and drugs					
	over the last three months					
35	At your previous interview, you mentioned that you were drinking (<i>state type of drink and frequency</i>)/ <i>OR</i> did not drink alcohol:					
	a. Over the <u>last three months</u> , have there been any changes in your drinking habits?					
	PROBE: frequency of drinking; types of alcohol Yes No Unsure					
	IF YES, b. What changes have there been?					
	ALCOHOL PROBLEMS/DRINKS 4+ DAYS A WEEK continue IF NO, GO TO Q. 37					

	ave you had? ASK	ABOUT EACH
Help from?	What help?	How often/no. times s in last 3 months
Hostel staff		Not applicable
Alcohol worker		
GP		Do not ask here
Other (state who)		
ALL PARTICIPANT	rs	
Over the <u>last three month</u>	<u>s</u> , have you taken any illegal di	lrugs? Yes 🗌 No 🗌
IF YES, d. What drugs h	ave you taken and how often?	SHOW CARD C
		Frequency

36 Over the last three months, have you received any help to control or reduce your

IF DRUG PROBLEMS/TAKEN DRUGS IN LAST 3 MONTHS continue ... IF NO. GO TO Q. 39

IF YES, b. What help h	ave you ha	ad? ASK	ABOUT	EACH
Help from?		What help?		How often/no. times see in last 3 months
Hostel staff				Not applicable
Drugs worker				
GP				Do not ask here
Other (state who)				
MEDICATION				
At your previous interviewere not taking any med	-	entioned that you w	ere taking	the following medication
a. During the last three stopped any tablets?	months has		changed?	Have you started or
PROBE: by GP or mental health services; methadone or similar from drugs s multi-vitamins; over-the-counter medicines, e.g. pain-killers			lar from drugs service;	
Tablets (name if know	vn)	Dosage and frequency	Whethe	er started/stopped/other changes

	Yes No	DK 🗆	
	IF YES, b. What help do the	y give you?	
41	Do the hostel staff arrange or converge No IF YES, b. What do they do	ollect repeat prescriptions on you DK ?	ur behalf?
OTH	IER SERVICES USED		
	now like to ask a few questi e months	ions about other services that	t you've used over the las
42	_	ow many times have you seen/use	
	Service	Number of times in last 3 months	Reasons for use
	General Practitioner (GP)		
	Walk-in health centre		
	Hospital A&E department		
	Hospital visit for tests e.g. blood tests, Xray		
	Ambulance service		
	Dentist		
	Chiropody		
	Optician		
	Pharmacist		

40 Do the hostel staff look after your tablets or remind you to take them?

3	During the <u>last three</u>	<u>months</u> , h	ave you been adm	itted into	hospital, deto	x or spent time av	way f			
	the hostel? Y	es 🔲	No L							
	IF YES, RECOR	D EACH	ADMISSION O	R STAY						
	Where stayed ¹	Reason fo	or admission/stay		kimate date d/discharged	Length of stay (number of nights)				
	1. If in hospital, rec	ord whether	medical, surgical,	psychiatric	, or general wa	ard.				
I	During the <u>last three</u>	months, h	ave you seen a so	cial work	er? Yes	No □ DK				
ı	IF YES, b. How	many time	s have you seen th	ne social v	worker in the	last three months	?			
	c. What help has th	e social wo	orker given vou?							
			<i>B</i> ,							
I	During the <u>last three months</u> , have you used or received help from any workers or									
:	services that we've not covered? SHOW CARD G									
	Yes	No 🗌	IF YES, b.	What ser	vices?					
	Service (specify)		Number of tim	es	Treatment or	r help received				
Ó	During the last three	e months 1	nava vou baan <i>nat</i>	Corred to a	ny carvicae th	net we've not cov	_ orod'			
	During the last three months, have you been <i>referred</i> to any services that we've not covered <i>PROBE:</i> for health problems; home care services; benefits advice; other									
	Yes	No 🗌	IF YES		,					
	Where referred an	d when	Reason for refe	erral	Oı	utcome				
							1			

Yes No No	IF YES, ASK:	
Who accompanied you?	Where to?	Number of times?
Besides what you have already men	tioned, have you received	any other help from hos
Yes No DK		
Yes No DK		
Yes No DK DK IF YES, b. What help?		
IF YES, b. What help?		
IF YES , b. What help?	ou need but are not getting	g?
IF YES, b. What help? Are there any services or help that y GO THROUGH CARD H	vou need but are not getting	g? GO TO Q. 50

HOPES AND PLANS

I'd lastly like to ask you about your hopes and plans	
Are there any plans for you to move on from this hostel? Yes No DK D	
IF YES b. What plans?	
What [other] plans or hopes do you have for the next few months?	
Are there any other comments you'd like to make?	
F 3 MONTH INTERVIEW, SAY:	
Thank you for answering the questions. You have been very patient and helpful. We would like to see you again in 3 months' time to find out how you are getting on.	
Check contact details and give incentive payment.	
IF 6 MONTH INTERVIEW, SAY:	
I'd lastly like to ask you a few questions about your views of the services and support you have received	
What things, if any, do you like about living in the hostel [name hostel]	
What things, if any, do you dislike about living in the hostel [name hostel]	
55 What type of housing would you like to live in long-term and why?	
Overall, how satisfied are you with the services and support you've received from the hostel st	aff?
SHOW CARD I Very Fairly Not very Not at all DK	
ALL RESPONSES b. Why is this?	

57	How satisfied are you with the services and support you've received from other workers [if applicable name types of workers]				
SHC	OW CARD I Very Fairly Not very Not at all NK				
ALL	RESPONSES b. Why is this?				
58 59	In what ways, if any, could services be changed or improved to meet your needs? Besides what you have already told me, are there any other comments you'd like to make about your experiences over the last few months				

Thank you for answering the questions and sharing your experiences with me. You have been very patient and helpful. We are extremely grateful that you agreed to take part in the study. When the study finishes we will send you a booklet describing the main findings and recommendations.

Check contact details and give incentive payment.