



IRIS

Instrument for housing
instability risk
identification and
assessment

Manual

Directorate of University Education and Research
of the CIUSSS du Centre-Sud-de-l'île-de-Montréal.

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INTRODUCTION

According to Québec's national policy to fight homelessness, *Ensemble pour éviter la rue et en sortir - Politique nationale de lutte à l'itinérance* (hereafter referred to as the "National Policy") (Ministère de la Santé et des Services sociaux, 2014a), homelessness is defined as "a process of social disaffiliation and a situation of social exclusion characterized by a person's difficulty in having a stable, safe, adequate and healthy home due to a lack of housing or his or her inability to maintain one and, at the same time, in maintaining functional, safe and stable relationships in the community. Homelessness is explained by a combination of social and individual factors that constitute the life experience of men and women."¹ Housing instability, also known as residential instability, is a key concept in homelessness. Housing stability is in a way the opposite of homelessness. A number of authors describe a range of situations that can be understood along a continuum, with housing stability at one end and homelessness at the other.

This concept is therefore not limited to being unsheltered; it also relates to the process of increased vulnerability to living on the streets (Sylvestre et al., 2009). Housing instability also relates to a person's housing situation and/or social network becoming precarious, without the person necessarily ending up on the street. In sum, the concept of housing instability used in this guide refers to a broad conceptualization of homelessness and the underlying process that leads to it (Frederick et al., 2014).

Because acting as quickly as possible is critical for people who are homeless for the first time and those at risk of becoming homeless for the first time (Goering et al., 2002; Cousineau et al., 2005), Québec's ministry for health and social services (MSSS) and its inter-ministerial partners created an inter-ministerial action plan, *Plan d'action interministériel en itinérance 2015-2020 - Mobilisés et engagés pour prévenir et réduire l'itinérance* (hereafter referred to as the "Action Plan") (Ministère de la Santé et des Services sociaux, 2014b). Part of the Action Plan consists of giving care, support and service providers (hereafter referred to as "providers") the tools they need to identify people who are homeless or at risk of homelessness, so they can better direct those people to appropriate services. This purpose of this guide is to provide an overview of IRIS, a tool designed to help providers detect indicators of housing instability. This tool is part of a broader effort to improve the collective capacity of the health and social services network to see and recognize homelessness and address it more effectively. Training has also been developed to help providers learn to use the tool.

The mandate for developing these tools was given to the Centre-Sud-de-l'Île-de-Montréal Integrated University Health and Social Services Centre (CIUSSS), which is a designated university-affiliated centre with the *Centre de recherche de Montréal sur les inégalités sociales, les discriminations et les pratiques alternatives de citoyenneté* (CREMIS). CREMIS was tasked with carrying out this mandate, with funding from the *Fonds de recherche du Québec - Société et culture* (FRQSC).

THERE ARE TWO OTHER COMPLEMENTARY TOOLS:

The second tool, *Outil d'aide à l'exploration de l'instabilité résidentielle*, enables a deeper exploration of the signs identified with the IRIS assessment tool and makes it easier to identify services to refer a person to or to use based on the person's needs and priorities and the provider's professional opinion.

The third tool, *Grille d'auto-évaluation pour l'observation dans les milieux*, is a self-assessment chart for outreach workers (for example, providers that do their work in the field). This tool helps them identify homeless people in public places.

To help providers take into account the individual needs of people who are homeless or at risk of homelessness in various contexts, CREMIS has developed two other tools:

- A guide to best practices for homelessness, for providers
- Online training on practices for preventing and exiting homelessness, inspired by the best practices guide

Finally, the use of this tool is part of the implementation of the MSSS's strategy for ensuring access to health and social services to people who are homeless or at risk of homelessness, *Stratégie d'accès aux services de santé et aux services sociaux pour les personnes en situation d'itinérance ou à risque de le devenir* (hereafter referred to as the "Access Strategy").

¹ Complimentary translation of definition provided by Government of Quebec. For the definition of the various types of homelessness (situational, cyclical or chronic), see <https://www.quebec.ca/en/family-and-support-for-individuals/homelessness/about> or pages 30-31 of the official French-language National Policy.

WHO THIS TOOL IS FOR

The IRIS assessment tool is for providers who are not specialized in homelessness and who are likely to encounter people who are homeless or at risk of homelessness.

The Access Strategy, implemented by the MSSS and the relevant establishments in each region, targets the providers and services for which the tool and related training will be the most relevant.

The tool is not intended for agencies, institutions or teams that specialize in homelessness. Moreover, the assessment should only be used in contexts where appropriate resources, programs and services can actually be offered.

RECOGNIZING AND HELPING PEOPLE WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS

In the existing literature, a distinction is made between people who are at “imminent risk” of homelessness and those who are “precariously housed.” However, it’s a thin line between the two. A single triggering event such as a crisis, loss of a job, a breakup, a health problem or economic hardship is enough to put a person at risk of homelessness (Gaetz et al., 2012).

Living on the streets represents many dangers. Because housing instability takes different shapes and forms—including some that are somewhat or completely hidden—and because housing instability leads to mental, physical, material and relational harm and loss when it does occur, being able to recognize it is fundamental. It is possible to make a difference in the trajectory of the person’s life by taking a few minutes to explore a person’s housing situation, look for warning signs and quickly intervene to help people who are facing imminent or recent housing instability or are not yet known to have experienced housing instability in the past within the network of community organizations and institutions that are in contact with local communities (homeless or otherwise).

One of the reasons why it is difficult to get an exact count of the homeless population is that the homeless tend to be mobile and move between a variety of locations, including apartments. Beyond the most visible and identifiable forms—such as sleeping in public or semi-public places, emergency accommodations or transition homes—it’s important to keep in mind the more hidden (but very real) forms of homelessness, such as living temporarily in a location (such as with family, a friend or an acquaintance) and moving from one accommodation to another, due to a lack of other solutions.

The assessment is a basic procedure that can be completed during a brief interaction (about 5 minutes). The purpose is to identify whether there are risk factors. Since housing instability can affect people with diverse profiles, the assessment should be used with all people, regardless of their reasons for seeking services or their needs. Every interaction is an opportunity to build trust with people. Being proactive can prevent people from slipping into homelessness.

The terms assessment, detection and screening are sometimes used—incorrectly—as synonyms. Detection is not systematically applied and is meant to evaluate the level of risk or severity of a problem identified. Screening is a procedure that is similar to detection. This term is more commonly used in terms of physical health (Ministère de la Santé et des Services sociaux, 2011).

The IRIS assessment tool is not a substitute for the provider’s clinical judgment and cannot be used to make a diagnosis. In order to ensure accurate assessment and avoid stigmatizing people, certain guidelines should be followed when using the tool.

Before wrapping up this section, as a reminder, the IRIS tool is designed to support the practice of providers at the clinical level. It was not developed to create portraits of the population or for other administrative purposes².

² The MSSS’s National Policy informed the design of the assessment tool. The factors and indicators were selected through a survey of the literature, existing screening and assessment tools and consultation with providers and researchers. Many people contributed to the development of the questions: community and health and social services network service providers, practitioners, researchers and resource development specialists.

OVERVIEW OF THE TOOL

The IRIS assessment tool encourages the provider to think about the housing stability of a person presenting for services. It uses scientifically approved indicators to support the provider's judgment, giving an estimate not only of signs of housing instability or risk experiencing housing instability, but also of the abilities of the person to resolve their situation and the existence of a safety net. These few minutes spent with the person can provide an understanding of their current housing situation. By asking a few specific questions, the provider gets a quick idea of the person's risk of housing instability.

HOW TO USE THE TOOL

Use of the tool relies on principles based on lessons drawn from the literature about the experience of people who are homeless or at risk of homelessness, and more specifically when they come into contact with providers. Their comments have been used to identify key elements that foster successful interactions between providers and the people using the services:

CREATING A WELCOMING ATMOSPHERE:

Adopting an open attitude can influence the conversation the provider will have with the person and greatly foster the possibility of building trust with the person. For example, providers are encouraged to take the time to answer the person's questions about the use of the tool. Maintaining eye contact with the person also helps create a welcoming atmosphere. Keeping an open attitude throughout the use of the tool is also important; the person will be asked to disclose details of a more personal nature, which may lead them to feel uncomfortable or worried about sharing their experience.

STAYING WITHIN THE PERSON'S COMFORT ZONE:

Sometimes it turns out that providers unintentionally move too fast for the person's comfort. For example, if a person has several needs/challenges, the provider may be inclined to find out more about them. This reflex, which stems from good intentions, can sometimes scare the person. The questions in the tool can lead to personal answers that people may not be ready to expand upon right away. Focusing on what the person says during the interaction, keeping in mind that this is a first step, without forcing things or rushing the person, is the attitude to adopt.

RECOGNIZING THE PERSON'S ASSETS:

The tool is designed to explore the challenges the person is facing as well as the person's assets or strengths. Using the tool requires moving beyond a narrow vision of the person that focuses only on their shortcomings and problems. Each individual, regardless of their background and housing situation, has strengths and personal assets that the provider should leverage and call into action.

The assessment tool is composed of 10 closed-ended Yes/No questions, formulated based on factors that have been found to be strongly associated with the existence or risk of housing instability. Those factors are as follows:

1. Housing history for the past year
2. The person's own self-assessment of their risk of housing instability in the next year
3. Financial stability/housing affordability
4. Social network
5. Housing situation
6. Housing stability

The questionnaire begins with two preliminary questions touching on the person's housing history for the past year and a self-assessment of the risk of experiencing housing instability over the course of the coming year. If the person answers "no" to these two questions, the questionnaire is finished. The provider calculates the final score, which is zero in this case, and assigns the corresponding colour code (see next section for steps for using the questionnaire). If the provider has any doubts about the answers provided (in other words, the answers are no, but the provider has the feeling there might actually be an issue related to housing instability), the provider can decide to continue with the other questions. The provider should use their clinical judgment to make this decision.

If the answer is yes to the preliminary questions, the provider is encouraged to continue the questionnaire. If the provider identifies shortcomings or problems, sub-questions will allow the provider to delve deeper into the

answers provided by the person. These sub-questions also explore the person's organizational and problem-solving abilities: does the person have the possibility, ability, resources and knowledge needed to overcome the identified shortcoming? The goal is to identify borderline situations rather than extreme situations where, for example, it's clear that the person is homeless.

The calculation of the final score leads to a colour code (green, yellow, orange or red) to help estimate the risk or existence of housing instability along with the actions that should be taken. At all times, the provider's clinical judgment is required to analyze the answers and the resulting colour code.

STEPS FOR USING THE QUESTIONNAIRE

1. INTRODUCE THE TOOL AND COMPLETE THE FIRST PART OF THE QUESTIONNAIRE

The tool can be completed on screen, or it can be printed out and completed by hand. Before asking the questions, the provider asks for the person's consent to ask them a few questions to learn more about their housing situation. It is important to mention that everyone is asked the same general questions, that they can refuse to answer and that their answers will remain confidential, within the limits of the professional practice standards that the provider must follow.

Collecting basic information about the person is strongly encouraged in order to be able to maintain a relationship with the person, if needed. With respect to which contact method to use, whether phone, email or another method, it should be whichever method is best for the person and their circumstances. If the person does not have a phone or an email address, they can provide the phone number of a neighbour, acquaintance, friend, person in their social circle, or community organization who will be able to easily reach them, should they ever need to be contacted. In this case, the provider completes the "Other contact person" box and specifies the relationship between the contact and the person (for example, friend, social worker, sister, etc.), the first and last name of the contact and the phone number. The provider needs to be sure to obtain the person's consent to contacting a third party.

2. ASK THE QUESTIONS AND SELECT THE SCORES FOR THE PERSON'S ANSWERS

The provider asks the questions as written in the tool. If the person does not understand, the provider can reformulate the question to help them understand.

After each question, the provider ticks the person's answer in the "Score" column. The point value associated with each answer is indicated in the "Value" column. Only one answer may be selected for each question.

Uncertain answers (such as "I'm not sure," "I don't know," or "It depends") should be considered to indicate a potential risk. After the tool is used, any notes written in the person's file should mention the person's uncertainty, specifically with regard to their ability to give a clear-cut answer or their refusal to answer.

As previously mentioned, if the person answers "no" to the two preliminary questions, completing the rest of the questionnaire is not necessary. The provider can skip to steps 3 and 4.

3. CALCULATE THE FINAL SCORE

Once the questions have been asked, the final score can be added up and written on the final score line (last line of the chart). The final score will be between 0 and 11. If the form is completed on a computer, the final score is automatically calculated.

4. ASSIGN THE COLOUR CODE

The colour code can then be identified in light of the final score. An explanation of the colour code is provided on page 11.

DESCRIPTION OF THE QUESTIONS

Q1. HOUSING HISTORY FOR THE PAST YEAR

In the past year, due to a lack of suitable alternatives, have you had to sleep outside or on the street, or sleep in an emergency accommodation (like a shelter or short-term crisis bed), or sleep at an acquaintance's place?

It's not uncommon for a person's trajectory to include periods of housing instability before they end up on the streets. This question is limited to the past year, which is the benchmark timeframe generally used in point-in-time counts and surveys of the homeless and at-risk of homelessness populations. The risks are multiplied for individuals who have already experienced homelessness or housing instability—for example, in the form of youth rehabilitation centres or out-of-home placements (Goering et al., 2002; Goyette et al., 2007; Latimer et al., 2016), moving between rooming houses, emergency accommodations and hospital emergency rooms, and frequent moving.

Q2. THE PERSON'S OWN SELF-ASSESSMENT OF THEIR RISK OF HOUSING INSTABILITY IN THE NEXT YEAR

In the next year, do you think there is a possibility that you'll need to sleep on the street, in an emergency accommodation (like a shelter or short-term crisis bed), or at an acquaintance's place due to a lack of suitable alternatives?

The purpose of this question is to explore how the person feels about the year ahead and to find out if they think they are at risk of experiencing housing instability. Is there a possibility that they'll need to sleep on the street due to a lack of alternatives? Do they think they might have to go to emergency accommodations (like a shelter or short-term crisis bed) to sleep? Or to an acquaintance's place?

If the person shows the slightest uncertainty or if the provider perceives any hesitation, the provider continues the questionnaire with the four other questions that follow.

Q3. FINANCIAL STABILITY/HOUSING AFFORDABILITY

In your current situation, do you have access to the financial resources to cover the rent and other bills every month (like electricity, heating, household cleaning products, and so on)?

This question measures the degree of accessibility of secure housing and the financial capacity to pay rent on a regular basis, given the person's current financial resources. Financial resources include reported income sources (salary, social assistance, etc.) and unreported (under the table) sources. "Other bills" refers to electricity, heating, etc.

This question is not meant to explore the person's employment or their income. So, if a person answers "I earn a little over X dollars a week," you can refocus the question on their income and whether it's enough to pay the rent and other bills (like electricity, heating, household cleaning products, etc.). In the same vein, if the person says "I've been doing a lot of odd jobs here and there for years," refocusing the answer on income and their ability to cover their rent and other bills is advised.

Though there are many varied pathways to entering, exiting and slipping into housing instability, people who follow those pathways all have a few things in common: unstable living conditions, support networks that are not always very strong, and inadequate income. It doesn't take much to slip into a period of homelessness, causing other problems along the way that create a spiral of exclusion. Poverty has an impact on the ability to meet basic needs like housing, food security, health, education and childcare-related costs (Gaetz and O'Grady, 2006; Echenberg and Jensen, 2009; Ministère de la Santé et des Services sociaux, 2014a).

If not, can you see any possible solutions?

This sub-question is intended to shed light on certain barriers to accessing income and/or housing, as well as the person's problem-solving abilities, organizational skills and initiative. Does the person have solutions? For example, have they made arrangements with the landlord or the electricity company to keep their home despite a late payment? If the person is staying elsewhere, sleeping in shelters or public places, what solutions have they already tried? Does the person have a support network that can help them not have to cover the cost of rent in their current situation? Does the person have access to income? Does the person receive last-resort financial assistance, commonly known as "social assistance"?

Q4. SOCIAL NETWORK

Is there anyone in your social circle whom you trust and feel safe with who can help you if needed?

Do they have family, friends or other people in their lives? Can any of those people help them if needed? As noted in the definition of homelessness used in these tools, homelessness does not only refer to the absence of housing, but also to "a process of social disaffiliation" and a "difficulty of maintaining functioning, stable and safe relationships in the community." The social network is a determinant in the pathway of a person in difficult and/or unstable situations. The stakeholders consulted and the literature both agree that a person's first safety net is the social network (family, friends or other people in their life). A person's social network can be weakened, non-existent or problematic, for example after being discharged from institutions like youth rehabilitation centres, hospitals or correctional facilities.

If not, do you know where to go to get help?

As a second level, community and public resources play a significant role in moments of crisis. However, people in crisis situations do not automatically have the reflex or desire to go use those resources. This may be due to barriers to accessing services or negative past experiences. For example, it may be particularly difficult for a person who identifies as lesbian, gay, bisexual, transsexual, transgender or queer (LGBTQ) to find a place to sleep where they are safe from prejudice, homophobia or transphobia. Indigenous people often face racism and prejudice in resources used by mostly non-Indigenous people. Does the person know about resources (like community groups or public services) that offer help, whether for housing, food, social isolation, etc.? Does the person have access to those services? Is there someone assigned to their case? How self-sufficient is the person? Do they have enough resources, experience and skills to get themselves out of a situation?

Q5. HOUSING SITUATION

Do you have a safe place to sleep tonight?

This question explores the person's housing conditions and the reality of their situation with the goal of identifying the degree of safety or danger relative to the place where the person sleeps.

"Safe" refers to:

- Whether the place of residence is sanitary
- The risks associated with other people who live with or are close to the person

Living in a place and having a home means far more than having a physical place to sleep (Dorvil and Boucher Guèvremont, 2013). An apartment can be a place of oppression, violence and abuse, which radically transforms the relationship between housing, security, protection and a space for one's self (Morin et al., 2003). The literature underscores, for example, that among women, three factors associated with entering a period of homelessness are too often ignored: family and domestic violence; traditional roles and poverty, which can themselves trigger and feed into mental health issues; and, addiction problems and institutionalization. As a consequence, they may have difficulty accessing, maintaining and living in housing (Gélineau et al., 2006).

A safe place can mean different things to different people. The important thing is to listen to what the person is expressing and trust their knowledge of their own safety. If doubts about the person's safety persist despite what the person states, comments can be added to the note in their file.

Since the purpose of the tool is to detect the presence or risk of housing instability in the short term, it's important to focus as much as possible on the current point in time.

If not, do you think you'll be able to find a safe place to sleep tonight?

Does the person have the option of staying with friends or other people in their lives? Do they know about shelters and other housing resources? Do they have the physical and cognitive abilities to go there and access them? Is transportation to the resources a problem? Do they want to go there? Do they have the ability to make an informed decision?

What are their solutions? If the person answers no, question 6 does not apply—skip this question and add up the final score directly.

Q6. HOUSING STABILITY

Can you stay in that place for as long as you want?

The degree of stability is being measured here. Even with a safe place to sleep, the person could mention having conflicts with the people living near them (like neighbours, landlord or others living under the same roof); these conflicts could potentially lead the person to have to leave their home soon. Or, the person may have received an eviction notice, which could put them at risk of housing instability. Or, the person may be nearing the end of their planned stay in a housing resource, with no plans made for afterwards.

If not, do you think you'll be able to find another place?

Does the person have a backup plan in case they lose their current place or have to leave it? Are they at imminent risk of losing their housing? Some people in crisis may also still be able to take steps to get out of it, either alone or with a little bit of help. Those who do not have any backup solutions, or whose solutions are not realistic enough to enable them to resolve their situation, represent the greatest risk.

EXPLANATION OF THE COLOUR CODE

The colour code shown at the end of the tool will help the provider draw conclusions once the questions have been asked and point them toward the next steps.

Although the existence of warning signs does not necessarily mean that the person is at risk, further analysis should still be done. The *Outil d'aide à l'exploration de l'instabilité résidentielle* can be used for this purpose.

Green

The person has a score of 0, 1 or 2. In other words, the person has a safe and stable housing situation, has a support network and resources, and is able to cover the rent and related costs. No further exploration of housing instability is necessary.

Yellow

The person has a score of 3 or 4. Some elements seem to indicate that their housing stability may be fragile. Maintaining a relationship with the person for the medium-term (6 months) is prudent, so you can see how their situation changes.

Orange

The person has a score of 5 or 6. Further exploration of the person's situation is necessary, with the goal of having a clearer understanding of the risk and using the necessary interventions. The *Outil d'aide à l'exploration de l'instabilité résidentielle* can be used for this purpose.

Red

The person has a score of 7 or more. The situation requires rapid intervention, along with further exploration.

ONCE THE QUESTIONNAIRE IS COMPLETED

In the event of an orange or red code, the provider needs to inform the person that it would be best to spend a little more time with them to continue the discussion and get a better understanding of their situation and their needs. Based on the context, the provider will determine the best way to collect this data. If the provider's mandate allows them to spend this additional time with this person, the provider can use a second tool, *Outil d'aide à l'exploration de l'instabilité résidentielle*, to further explore the degree and nature of warning signs identified through the IRIS tool. This additional tool is presented as an interview guide and can be used as a supplement to other tools used by providers.

If the provider needs to refer the person to another service, they should make the referral according to the rules and procedures that apply at their establishment. In addition, the MSSS Access Strategy specifies that assistance measures must be implemented within each service/program for people who are homeless or at risk of homelessness.

As previously mentioned, it would be useful to take the time to ask the person what the best way is to reach them to check in with them (the "contact method" section in the top section of the tool). The *Outil d'aide à l'exploration de l'instabilité résidentielle* can also be used at this meeting.

Within the limits of their mandate and the rules they are required to follow, the provider must be sure to document the scores obtained and the interventions performed so that this information is available in the person's file.

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APPENDIX

IRIS

**Instrument for housing
instability risk identification
and assessment**

CREMIS

Centre de recherche de Montréal
sur les inégalités sociales,
les discriminations et
les pratiques alternatives
de citoyenneté

Last name:		Date of birth:
First name:		
Address:		
City:		Postal code:
CONTACT METHOD		
Phone:		Email:
Other contact person (indicate relationship):		Contact's phone:

FOR EACH QUESTION, ONLY TICK ONE STATEMENT

1 In the past year, due to a lack of suitable alternatives, have you had to:	Value	Score Tick only one box
Sleep outside or on the street?	3	
Sleep in an emergency accommodation (like a shelter or short-term crisis bed)?	2	
Sleep at an acquaintance's place?	1	
The person has not slept at an acquaintance's place, in an emergency accommodation, or outside or on the street.	0	

2 In the next year, do you think there is a possibility that you'll need to sleep on the street, in an emergency accommodation (like a shelter or short-term crisis bed), or at an acquaintance's place due to a lack of suitable alternatives?

YES	1	
NO	0	

SUBTOTAL - Score for questions 1 and 2:

IF THE SUBTOTAL IS ZERO, IT IS NOT NECESSARY TO CONTINUE TO THE NEXT QUESTIONS

3 In your current situation, do you have access to the financial resources to cover the rent and other bills every month (like electricity, heating, household cleaning products, and so on)? If not, can you see any possible solutions?

YES , currently the person has the financial resources to cover the rent and other bills every month.	0	
NO , the person does not have the financial resources to cover the rent and other bills every month, BUT they have possible solutions.	1	
NO , the person does not have the financial resources to cover the rent and other bills every month, AND they do not have possible solutions.	2	

4 Is there anyone in your social circle whom you trust and feel safe with who can help you if needed? If not, do you know where to go to get help?	Value	Score Tick only one box
YES , the person knows people who can help them if needed.	0	
NO , they don't have anybody who can help them if needed, BUT they know where to go to get help.	1	
NO , they don't have anybody who can help them if needed, AND they don't know where to go to get help.	2	

5 Do you have a safe place to sleep tonight?
If not, do you think you'll be able to find a safe place to sleep tonight?

YES , the person has a safe place to sleep tonight.	0	
NO , the person does not have a safe place to sleep tonight, BUT they will be able to find one.	1	
NO , the person does not have a safe place to sleep tonight AND they won't be able to find one. <i>If the person's answer matches this one, skip question 6 and add up the final score directly.</i>	3	

6 Can you stay in that place for as long as you want?
If not, do you think you'll be able to find another place?

YES , the person can stay in that place for as long as they want.	0	
NO , the person cannot stay in that place for as long as they want, BUT they will have another place to sleep if they leave the current one.	1	
NO , the person cannot stay in that place for as long as they want AND they won't have another place to sleep if they leave the current one.	2	

TOTAL - Score for questions 1 to 6:	
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SCORE	COLOUR CODE	
0 or 2	GREEN	This means that the person has a safe and stable housing situation, has a support network and resources, and is able to cover the rent and related costs. No further exploration of housing instability is necessary.
3 or 4	YELLOW	Some elements seem to indicate that their housing stability may be vulnerable. Maintaining a relationship with the person for the medium-term (6 months) is prudent, so you can see how their situation changes.
5 or 6	ORANGE	Further exploration of the person's situation is necessary , with the goal of having a clearer understanding of the risk and using the necessary interventions. The Outil d'aide à l'exploration de l'instabilité résidentielle can be used for this purpose.
7 or more	RED	The situation requires rapid intervention, along with further exploration.

Questionnaire completed by:

Last name:	First name:
Service:	Date:

**Centre intégré
universitaire de santé
et de services sociaux
du Centre-Sud-
de-l'Île-de-Montréal**

Québec 