

# Complex Needs Banning Questionnaire

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Revised: June 21, 2022

## Community Partners:

Bissell Centre  
Boyle Street Community Services  
Homeward Trust  
Hope Mission  
Jasper Place Wellness Centre

Mustard Seed  
NiGiNan Housing Ventures  
REACH Edmonton  
WEAC e4c

Research Assistant name: \_\_\_\_\_

Date of data collection: \_\_\_\_\_

Agency Host: \_\_\_\_\_

(PLEASE READ TO ALL PARTICIPANTS)

**Thank you for participating in this important community project. Your feedback is important to help understand the effects of banning and barring, and to learn how to best serve our community.**

**The survey will take about 20 minutes and will be followed by a group discussion. We are also serving refreshments and at the end of the discussion you will receive a \$25 gift card to thank you for your time with us. The group discussion will take about 45 minutes.**

**Your participation in this study is completely voluntary. If there are any questions you do not wish to answer, just let me know and we can go on to the next question, or you can stop the interview at any time.**

## Is it okay for us to begin?

ABOUT YOU: We will begin by asking some questions about where you are from.

1. Were you born in Canada?  No (*skip to >>Question 3*)  Yes

2. Do you identify as an Indigenous person?  No (*skip to >>Question 3b*)  Yes

**2a. To what Nation do you belong? (Read only if participant lists more than one nation - If you belong to more than one nation, please indicate the Nation you are most strongly attached to.**

- |   |  |
|---|--|
| <input type="radio"/> Alexander First Nation  | <input type="radio"/> Bigstone Cree First Nation |
| <input type="radio"/> Dene Tha First Nation   | <input type="radio"/> Ermineskin First Nation    |
| <input type="radio"/> Louis Bull First Nation | <input type="radio"/> Mikisew Cree First Nation  |
| <input type="radio"/> Saddle Lake Cree Nation | <input type="radio"/> Samson First Nation        |
| <input type="radio"/> Other: _____            |  |

**2b. What is your status?**

- First Nations - Treaty
- Metis
- Indigenous –not specified
- Non-Status Treaty
- Inuit
- Other: \_\_\_\_\_

**2c. Who do you know who attended Residential School or was part of the Foster Care System?  
(I WILL READ A LIST AND PLEASE SELECT ALL THAT APPLY)**

- Myself
- Brother(s) or sister(s)
- Partner or spouse
- Extended relatives
- No one
- Parent(s)
- Grandparent(s)
- Friend(s)
- My children

*(All who answered Q2 yes - skip to >Question 4)*

**3. In what country were you born? \_\_\_\_\_**

**3a. How old were you when you came to Canada? Age in years \_\_\_\_\_**

**3b. Which race category BEST describes you? (READ LIST)**

- Black
- East or Southeast Asian
- Middle Eastern
- Don't know
- South Asian
- Latino
- White
- Other: \_\_\_\_\_

**4. Where did you stay last night? (CHECK ONE RESPONSE IN 'LAST NIGHT' COLUMN)**

Now I would like you to think about where you stayed at any time during the past twelve months. I will read a list and please tell me if you have slept in any of these places. (CHECK ALL THAT APPLY IN PAST 12 MONTHS COLUMN)

	Last Night	Past 12 Months
Slept outside (park, roadside, doorway)(see skip below)	<input type="radio"/>	<input type="radio"/>
Couch surfed	<input type="radio"/>	<input type="radio"/>
Shelter space (Emergency shelters)	<input type="radio"/>	<input type="radio"/>
Short term accommodations (Transitional housing)	<input type="radio"/>	<input type="radio"/>
Permanent supportive housing (Group home/harm reduction)	<input type="radio"/>	<input type="radio"/>
Rented or owned accommodation	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>

*(All who have NOT stayed outside skip to >>Question 9)*

***(All who have NOT stayed outside skip to >>Question 9)***

**5. In the past 12 months what is the total amount of time have you stayed outside?**

- Less than 3 months
- 3 to 6 months
- 6 to 9 months
- 9 to 12 months
- For the whole year

**6. While some people stay outside because they feel they have no other choice, others stay outside because they want to. Do you prefer to stay outside?**

- No
- Yes

**7. If you choose NOT to stay at a shelter what are the reasons? (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- Pets not allowed
- Partners not allowed
- Children not allowed
- Lack of privacy
- Rules of behaviour
- Required religious participation
- Over-crowded
- Dislike staff
- Don't feel safe
- Not allowed (banned)
- Other: \_\_\_\_\_

**8. What affects your decision about where to stay outside? (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- Geographic location
- Access to drop-ins
- Access to drinking water
- Access to toilets
- Access to community
- Access to food
- Friends/Family near
- Personal safety
- Safety of possessions
- Access to outreach services
- Natural environment
- A peaceful environment
- Being independent
- Privacy
- Pets
- I have no choice
- Other: \_\_\_\_\_

**BANNING: Now we would like to ask you about your experience with being banned.**

**9. Do you know about the banning policies at places you go to?**

- No (*skip to >>Question 10*)  Yes

**9a. How did you learn about banning policies? (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- A poster or pamphlet  Staff told me  
 A friend told me  Verbal warning  
 Other: \_\_\_\_\_

**10. Which of the following types of places have you been barred or banned from? (READ THE LIST AND SELECT ALL THAT APPLY)**

- Drop-ins  Fast Food Restaurants  
 Housing Facilities  Libraries  
 Malls  Public Transportation (ETS)  
 Shelters  Stores  
 Other: \_\_\_\_\_

**11. How were you told that you were banned?**

- Staff verbally told me  Written document from staff  
 Peace Bond  A legal order  
 Other: \_\_\_\_\_

**12. I am going to read a list of reasons for which people may be banned. Thinking about all the times you have been banned what were the reasons. (READ LIST AND SELECT ALL THAT APPLY)**

**Thinking about the first time you were banned, what was the reason and how long were you banned for? Now thinking about your last ban, what was the reason and how long were you banned for?**

Reason	All Bans	1st Reason	1st time	Last Reason	Last time
Arson					
Drugs/Alcohol related					
Fighting/Physical Aggression (on resident)					
Fighting/Physical Aggression (on staff)					
Loitering					
Panhandling					
Refusal to follow staff directions/agency policies					
Serious criminal activity					

Sexual misconduct					
Sleeping					
Smoking					
Theft					
Trespassing					
Vandalism					
Weapons related					
Yelling/Swearing, threats/racist comments					
Other					
Other					

**13. If you were ever offered an alternative to being banned or barred, which alternative or alternatives you were you offered.**

- Not offered an alternative (*skip to >>Question 14*)
- Help out with a chore
- Return what was taken/ broken pay for another
- Make an apology (verbal or written)
- Take an anger management course
- Participate in a restorative sharing circle
- Other \_\_\_\_\_

**13a Did you complete the conditions of the alternative you were offered?**       No     Yes

**14. I am going to read a list with many of the ways that banning affected people's lives. Please tell me which of the ways banning has affected you. (READ LIST AND SELECT ALL THAT APPLY)**

**(If not ticketed by police - skip to >>Question 18)**

- Accessing personal care (shower, laundry, etc.)
- Accessing food
- Accessing healthcare
- Attending appointments
- Finding a place to sleep
- My income source
- Finding or keeping a job
- Relationship with friends
- Relationship with family
- Changed behaviours
- I had to leave my community
- Being ticketed by Police (**go to 17a**)
- Other: \_\_\_\_\_

**14a. Did unpaid fines result in jail time?**       No       Yes

**15. I am going to read a list of people that you may have had contact with in the past 12 months. Please tell me which people you have contact with and using a scale of 1 to 5 where 1 means a very negative and 5 is very positive rate this contact. (READ LIST AND SELECT ALL THAT APPLY, AND RANK THE INTERACTION)**

	Had Contact	Very negative	Somewhat negative	Neutral	Somewhat positive	Very positive
Staff at drop-ins						
Staff at shelters						
Outreach staff						
Family						
Friends						
Homeowners living close by						
People using the river valley (e.g. runners, walkers)						
Staff at the public library						
Police						
Peace officers						
Park wardens						
Staff at businesses (e.g. convenience stores)						
Bus drivers						
Social workers						
Health care workers						
Other _____						

**DEMOGRAPHICS: When planning supports for people who have been banned it is important to understand who is affected by banning so agencies know how best to help. For that reason we would like to ask you some questions about yourself.**

**16. How old are you (OR) in what year were you born?** Age \_\_\_\_\_ or Year of Birth \_\_\_\_\_

**17. What is your current marital status?**

- Single, never married
  Separated, divorced or widowed  
 Married/cohabitant, not living with partner (not separated)  
 Married/cohabitant, living with partner

**18. What gender do you identify with?**

- Male
  Female
  Non-binary
  Other \_\_\_\_\_

**19. How do you describe your sexual orientation?**

- Straight/Heterosexual
  2SLGBTQ1A
  Other \_\_\_\_\_

**20. What is the highest level of schooling you have COMPLETED)?**

- No schooling
  Elementary (Grade 6)

- Junior high school (Grade 9)
- High school (Grade 12)
- Some college or university credit (certificate)
- College diploma
- Bachelor's degree
- Advanced degree

**21. On a scale of 1 to 4 where 1 is very unhealthy and 4 is very healthy, how would you rate your overall health (mental, physical, spiritual, emotional)?**

- Very unhealthy
- Somewhat unhealthy
- Somewhat healthy
- Very healthy

**22. I am going to read a list of possible health challenges. Please let me know if you have any of the health challenges, and if you received treatment for them? (READ LIST AND SELECT ALL THAT APPLY, THEN RECORD IF TREATMENT RECEIVED)**

	Challenge	Treatment Received
Medical Condition or Illness	<input type="radio"/>	<input type="radio"/>
Physical Disability	<input type="radio"/>	<input type="radio"/>
Addiction/Substance Use	<input type="radio"/>	<input type="radio"/>
Mental Health Issue	<input type="radio"/>	<input type="radio"/>
Trauma	<input type="radio"/>	<input type="radio"/>
Learning or Cognitive Disability	<input type="radio"/>	<input type="radio"/>
Other _____	<input type="radio"/>	<input type="radio"/>

***(All who do NOT have a physical disability - (skip to >>Question 26)***

**22a. Do you have any mobility issues that limit your daily activities? (eg. unable to climb stairs or walk long distances).**

- No *(skip to >>Question 23)*
- Yes

**22b. How are these activities limited?**

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**23. I am going to read a list of different types of income. Please let me which types of income you have received in the past 12 months?**

**(DO NOT READ LIST BUT ASK IF THERE ARE ANY OTHER SOURCES OF INCOME AND SELECT ALL THAT APPLY)**

- Alberta Income Support (Alberta Works)
- Job full time
- Job part time
- Job casual (e.g. Contract work)
- Bottle collecting
- Panhandling
- Money from family/friends
- Employment insurance (EI)

- Disability benefit (AISH)
- Guaranteed income supplement (GIS)
- Child and family tax benefits
- No income
- Don't know
- Old age security (OAS)
- CPP or other pension
- GST/HST refund
- Other \_\_\_\_\_

**This brings us to the end of our questions. Thank you very much for your time and wisdom.**

Research Assistant Notes

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