The following is available for Reference Only.
Surveys can be localized to each community.
For more information, contact the Australian Alliance to End Homelessness

local communities
ending homelessness

# VI-SPDAT

## Prescreen for Young People

Vulnerability Index
Service Prioritization Decision Assistance Tool

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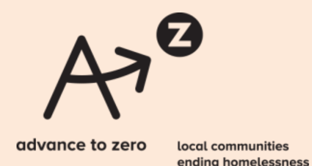
The tool, based on people's disclosed information, assists in prioritising the most vulnerable and to rapidly resolve crisis. This tool is further used to provide appropriate housing, healthcare and community services to individuals and families according to their current circumstances.

Organisations also use the collective, de-identified data to advocate for the change and resources needed to end homelessness in our communities, based on the needs of the people who experience homelessness and housing stress in the community



## Administration

| Agency name | | Interviewer name | Survey location |
|---|---|---|---|
| Survey date<br>D D / MM / Y Y | Survey time<br>__ __ : __ __ am/pm | Team name | Survey postcode |

## A. Demographics

| First name | | Nickname | Last name |
|---|---|---|---|
| In what language do you feel best able to express yourself? | | | |
| Date of birth<br>D D / MM / Y Y | Age | Centrelink Reference Number | Consent to participate<br>❑ YES ❑ NO |

**Do you identify as**

❑ Aboriginal ❑ Torres Strait Islander ❑ Both ❑ Neither ❑ Declined

| **If the person is 17 years of age or less, then score 1.** | Score |
|---|---|

## B. History of housing and homelessness

1. Where do you sleep most frequently? *(Mark only **one**)*

| | | | |
|---|---|---|---|
| ❑ Beach/Riverbed<br>❑ Boarding House/Other Hostel<br>❑ Bushland<br>❑ Car<br>❑ Caravan Park *(specify)* ..........<br>❑ Carpark<br>❑ Community housing that I rent<br>❑ Construction Site | ❑ Diversion Centre<br>❑ DV Refuge<br>❑ Emergency/Crisis Accommodation<br>❑ Foster Carer<br>❑ Hospital<br>❑ Hotel/Motel<br>❑ House that I Own/Mortgage<br>❑ Indigenous Hostel<br>❑ Jail/Juvenile Detention | ❑ Mental Health Facility<br>❑ Park/Parklands<br>❑ Private housing that I rent<br>❑ Public housing that I rent<br>❑ Squat/Cave<br>❑ Streets<br>❑ Supported Accommodation | ❑ Tent<br>❑ Toilets<br>❑ Train/Bus Station<br>❑ Watch House/Police Cells<br>❑ With Friends/Family Temporarily (Couch Surfing)<br>❑ Youth Accommodation Service<br>❑ Youth Residential Care<br>❑ Other *(specify)* ..........<br>❑ Declined |

| **For Community Housing that I Rent, House that I Own/Mortgage, Private Housing that I Rent or Public Housing that I rent, Foster Carer, Youth Residential Care or Supported Accommodation Score 0. For all other responses, score 1.** | Score |
|---|---|

2a. Are you sleeping rough right now? ❑Yes ❑No ❑Declined

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2b. Where have you slept in the past week? *(Mark all that apply)*

- ❑ Beach/Riverbed
- ❑ Boarding House/Other Hostel
- ❑ Bushland
- ❑ Car
- ❑ Caravan Park *(specify)* ..................................
- ❑ Carpark
- ❑ Community housing that I rent
- ❑ Construction Site
- ❑ Diversion Centre
- ❑ DV Refuge
- ❑ Emergency/Crisis Accommodation
- ❑ Foster Carer
- ❑ Hospital
- ❑ Hotel/Motel
- ❑ House that I Own/Mortgage
- ❑ Indigenous Hostel
- ❑ Jail/Juvenile Detention
- ❑ Mental Health Facility
- ❑ Park/Parklands
- ❑ Private housing that I rent
- ❑ Public housing that I rent
- ❑ Squat/Cave
- ❑ Streets
- ❑ Supported Accommodation
- ❑ Tent
- ❑ Toilets
- ❑ Train/Bus Station
- ❑ Watch House/Police Cells
- ❑ With Friends/Family Temporarily (Couch Surfing)
- ❑ Youth Accommodation Service
- ❑ Youth Residential Care
- ❑ Other *(specify)* ..................................
- ❑ Declined

| Question | | | |
|---|---|---|---|
| 3. What is the total length of time you have ever lived on the streets or in emergency accommodation? | years | months | ❑ Declined |
| 4. How long has it been since you lived in permanent, stable housing (with a secure lease/tenancy)? ❑ Never lived in my own place | years | months | ❑ Declined |
| 5a. In the last year, how many times have you been homeless? | | times | ❑ Declined |
| 5b. Of these times you have been homeless in the past year, how many of these times (1 or more days) have you been sleeping rough? | | times | ❑ Declined |

**For 6 or more consecutive months of homelessness and/or 3+ episodes of homelessness, score 1.** Score

6 a) What age were you when you first slept on the streets or in emergency accommodation?

Age or approximate age: ..............................❑ Never slept on the streets or in emergency accommodation — ❑ Declined

b) If you were with your family at the time, what age were you when you first slept on the streets or in emergency accommodation without a parent/guardian?

Age or approximate age: ..............................❑ Not applicable — ❑ Declined

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## C. Risks

| Questions | Response | | Declined |
|---|---|---|---|
| 7. In the past six months, how many times have you... | | | |
| a) Received health care at *Accident and Emergency* at the hospital? | times | | ❑ |
| b) Taken an ambulance to the hospital? | times | | ❑ |
| c) Been hospitalised as an inpatient in a medical, surgical or maternity unit? | times | | ❑ |
| d) Been hospitalised as an inpatient in a specialised mental healthcare facility? | times | | ❑ |
| e) Used a crisis service, including any phone hotlines? | times | | ❑ |
| f) Talked to the police because you witnessed a crime, were the victim of a crime or the alleged perpetrator of a crime or because the police told you that you must move along? | times | | ❑ |
| g) Stayed one or more nights in a watch house, juvenile detention or jail, whether that was a short-term stay, a longer stay for a more serious offence, or anything in between? | times | | ❑ |
| If the total number of interactions equals 4 or more, score 1 for **Emergency Service Use.** | | | Score |
| For Questions 8 and 9, do not ask if partner is present | | | |
| 8. Are you currently being harmed or at risk of being harmed by another person such as a spouse, parent, relative or friends? | ❑ | ❑ | ❑ |
| 9. Have you experienced violence or threats or violence, such as punching, kicking, attempted strangulation, use of weapons or controlling behavior, in the last six months, that has had an impact on feeling safe? | ❑ | ❑ | ❑ |
| If "Yes" to Q. 8 score 1, and add a score of 2 if "Yes" to Q. 9 for **Current Safety and Imminent Risk of Violence.** | | | Score |
| 10. Have you been physically harmed or verbally abused during a period of homelessness? | ❑ | ❑ | ❑ |
| 11. Have you thought about, threatened to, or tried to harm yourself or anyone else in the last year? | ❑ | ❑ | ❑ |
| 12. Have you ever thought that you could be a danger to other people's safety? | ❑ | ❑ | ❑ |
| 13. When it comes to homelessness services or housing, do you feel you have ever been discriminated against because of things like your age, race, appearance, disabilities, gender identity or sexual orientation? | ❑ | ❑ | ❑ |
| If "Yes" to Q. 10 or Q. 11, assess for immediate risks before continuing.<br>If "Yes" to any of the above, score 1 for **Risk of Harm**. | | | Score |

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| Questions | Yes | No | Declined |
|---|---|---|---|
| 14. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult for you to rent a place to live? | ❑ | ❑ | ❑ |
| 15. Were you ever incarcerated when younger than age 18? | ❑ | ❑ | ❑ |
| If "Yes" to any of the above, score 1 for **Legal Issues**. | | | Score |
| 16. Does anybody force or stand over you to do things that you do not want to do? | ❑ | ❑ | ❑ |
| 17. Is there anyone who has threatened you or whom you are afraid of? | ❑ | ❑ | ❑ |
| If "Yes" to any of the above, score 1 for **Risk of Exploitation**. | | | Score |

## D. Socialisation and Daily Functioning

| Questions | Yes | No | Declined |
|---|---|---|---|
| 18. Is there anyone who thinks you owe them money, such as a past landlord, business or bookie? | ❑ | ❑ | ❑ |
| 19. Do you have any money coming in on a regular basis, through a job, government benefit, cash in hand work, or anything like that? | ❑ | ❑ | ❑ |
| 20. Do you ever gamble with money that you cannot afford to lose or have debts associated with gambling? | ❑ | ❑ | ❑ |
| If "Yes" to Q18 or Q20 or "No" to Q19, score 1 for **Money Management.** | | | Score |
| 21. Are you usually bored or on most days lacking planned things that you enjoy? | ❑ | ❑ | ❑ |
| If "Yes", score 1 for **Meaningful Daily Activity.** | | | Score |
| 22. Are you currently able to take care of basic needs like bathing, changing clothes, using a toilet, getting food and clean water and other things like that? | ❑ | ❑ | ❑ |
| If "No", score 1 for **Self-Care.** | | | Score |

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| Questions | Yes | No | Declined |
| --- | --- | --- | --- |
| 23. Is your current homelessness or lack of stable housing caused by any of the following: | | | |
| a) A relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? | ❑ | ❑ | ❑ |
| b) Because you ran away from your family home, residential care or a foster home? | ❑ | ❑ | ❑ |
| c) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? | ❑ | ❑ | ❑ |
| d) Because of conflicts around gender identity or sexual orientation? | ❑ | ❑ | ❑ |
| e) Because of violence between family members? | ❑ | ❑ | ❑ |
| f) Because of an unhealthy or abusive relationship either at home or elsewhere? | ❑ | ❑ | ❑ |
| If "Yes" to a, b, c or d score 1.<br>If "Yes" to e or f, add additional score of 1 for **Social Relationships.** | | | Score |

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## E. Wellness

| Questions | Yes | No | Declined |
|---|---|---|---|
| 24. Do you have now, have you ever had, or has a health care provider ever told you that you have any of the following medical conditions: | | | |
| a) Cellulitis | ❑ | ❑ | ❑ |
| b) Kidney disease/end-stage renal disease or dialysis | ❑ | ❑ | ❑ |
| c) Liver disease, cirrhosis, or end-stage liver disease | ❑ | ❑ | ❑ |
| d) Heart disease, arrhythmia, or irregular heartbeat | ❑ | ❑ | ❑ |
| e) Emphysema/ Chronic Obstructive Pulmonary Disease (COPD) | ❑ | ❑ | ❑ |
| f) Diabetes | ❑ | ❑ | ❑ |
| g) Cancer | ❑ | ❑ | ❑ |
| h) Hepatitis C | ❑ | ❑ | ❑ |
| i) Chronic digestive condition | ❑ | ❑ | ❑ |
| j) Epilepsy | ❑ | ❑ | ❑ |
| Score 1 for EACH question answered "Yes" | | | Score |
| 25. Do you have now, have you ever had, or has a health care provider ever told you that you have any of the following medical conditions: | | | |
| a) History of frostbite, hypothermia, or immersion foot | ❑ | ❑ | ❑ |
| b) HIV+/AIDS | ❑ | ❑ | ❑ |
| c) History of heat stroke/heat exhaustion | ❑ | ❑ | ❑ |
| d) Asthma | ❑ | ❑ | ❑ |
| e) Tuberculosis | ❑ | ❑ | ❑ |
| f) Dental problems | ❑ | ❑ | ❑ |
| g) Foot/skin infections | ❑ | ❑ | ❑ |
| h) Scabies | ❑ | ❑ | ❑ |
| i) Dehydration | ❑ | ❑ | ❑ |
| j) Convulsions | ❑ | ❑ | ❑ |
| k) Other *(specify)*: ........................................ | | | |

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| Questions | Yes | No | Declined |
|---|---|---|---|
| 26. Do you avoid or are you unable to go for care when you are not feeling well? | ❑ | ❑ | ❑ |
| | | If "Yes" Score 1 | Score |

27. If "No" to Q.26, where do you usually go for health care or when you're not feeling well?

| | | |
|---|---|---|
| **Hospital**<br>❑<br>❑<br>❑<br>❑<br><br>**GP**<br>❑<br>❑<br>❑<br>❑<br>❑ | **Community Health Centres**<br>❑<br>❑<br>❑<br><br>**Specialist Homeless Health Services**<br>❑<br>❑<br><br>**Other Specialist Health Services**<br>❑<br>❑<br>❑ | ❑ Other (*Specify*)<br><br>Who ..........<br><br>Where ..........<br><br>❑ Declined |

| Questions | Yes | No | Declined |
|---|---|---|---|
| 28. Have you ever had to leave housing, crisis accommodation, or other place you were staying because of your physical health? | ❑ | ❑ | ❑ |
| 29. Do you have any physical disability that would limit the type of housing you could access, or make it hard to live independently, because you would need help? | ❑ | ❑ | ❑ |
| 30. Are you currently pregnant, ever been pregnant or ever gotten someone pregnant? | ❑ | ❑ | ❑ |
| | | If "Yes" to any of the above, score 1 | Score |
| | | Add scores from Q. 24, 26, 28 to 30 for total score for **Physical Health** | Score |
| 31. a) Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do – including any issues with using medicines in a way you weren't supposed to or using over-the-counter medications to get high? | ❑ | ❑ | ❑ |
| 32. Have you consumed alcohol and/or drugs almost every day or every day for the past month? | ❑ | ❑ | ❑ |
| 33. a) Have you injected drugs in the last 6 months? | ❑ | ❑ | ❑ |
| b) If so, are you aware of safe injecting practices? | ❑ | ❑ | ❑ |
| 34. Have you blacked out because of your alcohol or drug use in the past month? | ❑ | ❑ | ❑ |
| 35. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs? | ❑ | ❑ | ❑ |
| 36. Has your drinking or drug use led you to being kicked out of any housing, accommodation or program you were staying at in the past? | ❑ | ❑ | ❑ |

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| | Yes | No | Declined |
|---|---|---|---|
| 37. Will drinking or drug use make it difficult for you to stay housed or afford your housing? | ❑ | ❑ | ❑ |
| 38. If you've ever used marijuana, did you ever try it at age 12 or younger? | ❑ | ❑ | ❑ |
| If "Yes" to any of questions 31 to 33(a) or 34 to 38, score 1 for **Substance Use**. | | | Score |

| Questions | Yes | No | Declined |
|---|---|---|---|
| 39. Have you ever been diagnosed with any of the following: | | | |
| a) Anxiety (other than PTSD) | ❑ | ❑ | ❑ |
| b) Depression | ❑ | ❑ | ❑ |
| c) Post-Traumatic Stress Disorder (PTSD) | ❑ | ❑ | ❑ |
| d) Bipolar Disorder | ❑ | ❑ | ❑ |
| e) Schizophrenia | ❑ | ❑ | ❑ |
| f) Psychosis | ❑ | ❑ | ❑ |
| g) Borderline Personality Disorder | ❑ | ❑ | ❑ |
| h) Obsessive Compulsive Disorder (OCD) | ❑ | ❑ | ❑ |
| i) Eating disorder | ❑ | ❑ | ❑ |
| j) Other mental health condition (please specify) ................................................ | ❑ | ❑ | ❑ |
| 40. a) Have you ever been taken to a hospital against your will for a mental health reason? | ❑ | ❑ | ❑ |
| 41. Have you ever gone to the *Accident and Emergency* at the hospital because you weren't feeling 100% well emotionally or because of your nerves? | ❑ | ❑ | ❑ |
| 42. a) Have you voluntarily spoken with a psychiatrist, psychologist or other mental health professional in the last 6 months because of your mental health? | ❑ | ❑ | ❑ |
| 43. Have you ever had a serious brain injury (ABI) or head trauma? | ❑ | ❑ | ❑ |
| 44. Have you ever been told you have a learning disability or developmental/intellectual disability? | ❑ | ❑ | ❑ |
| 45. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? | ❑ | ❑ | ❑ |
| If "Yes" to any of the above, score 1 for **Mental Health**. | | | Score |
| If respondent scored at least 1 for <u>each</u> of the 3 **Wellness** indicators above score 1 for **Tri-Morbidity**. Note: The 3 Wellness Indicators are Physical Health, Substance Use and Mental Health. | | | Score |

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| **Questions** | **Yes** | **No** | **Declined** |
|---|---|---|---|
| 46. Are there any medications a doctor said you should be taking that you are not taking as advised because: | | | |
| a) You sell them instead of taking them | ❑ | ❑ | ❑ |
| b) You misuse them | ❑ | ❑ | ❑ |
| c) You have had them taken or stolen from you | ❑ | ❑ | ❑ |
| d) You forget to take them | ❑ | ❑ | ❑ |
| e) You are unable to store them | ❑ | ❑ | ❑ |
| f) You are unable to afford them | ❑ | ❑ | ❑ |
| g) You do not agree that you need them | ❑ | ❑ | ❑ |
| h) You do not like the side effects | ❑ | ❑ | ❑ |
| i) For any other reason | ❑ | ❑ | ❑ |
| If "Yes" to any of the above, score 1 for **Medications**. | | | Score |

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## Additional Questions

**Your Gender is best described as**

- ❑ Female
- ❑ Male
- ❑ Sistergirl
- ❑ Brotherboy
- ❑ Transgender
- ❑ Gender diverse
- ❑ Non-binary
- ❑ Questioning/Unsure
- ❑ Prefer not to say
- ❑ Prefer to self-describe (specify)

....................................................................................

- ❑ Declined

**Intersex variation:**

- ❑ Yes
- ❑ No
- ❑ Declined
- ❑ Unsure
- ❑ Prefer not to say

**Your Sexual Identity is best described as**

- ❑ Asexual
- ❑ Bisexual
- ❑ Gay
- ❑ Heterosexual
- ❑ Lesbian
- ❑ Pansexual
- ❑ Queer
- ❑ Questioning/Unsure
- ❑ Prefer to self-describe (specify)

....................................................................................

- ❑ Prefer not to say
- ❑ Declined

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**What country were you born in?**

- ❑ Australia
- ❑ New Zealand
- ❑ United Kingdom
- ❑ China
- ❑ India
- ❑ Philippines
- ❑ Vietnam
- ❑ Italy
- ❑ South Africa
- ❑ Malaysia
- ❑ Other *(specify)* ..............................
- ❑ Declined

**What is your ancestry / ethnic cultural background?** *(Mark all that apply)*

- ❑ Australian
- ❑ Indigenous Australian
- ❑ English
- ❑ Irish
- ❑ Scottish
- ❑ Italian
- ❑ German
- ❑ Chinese
- ❑ Greek
- ❑ Vietnamese
- ❑ Hmong
- ❑ Kurdish
- ❑ Maori
- ❑ Lebanese
- ❑ Other *(specify)* ..............................
- ❑ Declined

**What is your citizenship or residency status?**

- ❑ Australian citizen
- ❑ Australian permanent resident
- ❑ Visitor Visa
- ❑ Working and Skilled Visa
- ❑ Studying and Training Visa
- ❑ Family and Spousal Visa
- ❑ Refugee and Humanitarian Visa
- ❑ Bridging Visa
- ❑ New Zealand citizen
- ❑ Other *(specify)*

..............................

- ❑ Decline to state

**How do you make money?** *(Mark all that apply)*

- ❑ Aged Pension
- ❑ Any other pension/allowance
- ❑ Begging
- ❑ Carer Allowance
- ❑ Carer Payment
- ❑ Disability Support Pension
- ❑ Family Tax Benefit
- ❑ Maintenance (Child Support)
- ❑ New Start/Unemployment Benefit
- ❑ No Income
- ❑ Parenting Payment
- ❑ Rent Assistance
- ❑ Sex Work
- ❑ Special Benefit Payment
- ❑ Student Allowance
- ❑ Work, Big Issue Vendor
- ❑ Work, Employee
- ❑ Work, Self-Employed
- ❑ Worker's Compensation
- ❑ Youth Allowance – Living at Home
- ❑ Youth Allowance – Living Away from Home
- ❑ Other *(specify)*

..............................

- ❑ None of the Above
- ❑ Declined

**Are your finances administered by:**

- ❑ Public Trustee
- ❑ Carer
- ❑ Relative
- ❑ Other *(specify)* ..............................
- ❑ N/A (self managed)
- ❑ Declined

**Do you have a Guardian?**

- ❑ Yes
- ❑ No
- ❑ Declined

| Questions | Yes | No | Declined |
|---|---|---|---|
| 47. Are you a current serving member of the Australian Defence Force? | ❑ | ❑ | ❑ |
| 48. Have you ever served in the Australian Defence Force? | ❑ | ❑ | ❑ |
| 49. Have you ever been in foster care, out of home care or institutional care as a child? | ❑ | ❑ | ❑ |
| 50. Have you ever been in youth detention? | ❑ | ❑ | ❑ |
| 51. Please specify if you have any pets: | | | |

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## Follow-up Questions

| | |
|---|---|
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | **Place:**______________________________________________<br>**Time:** ___:___am/pm or ❑ Morning ❑ Afternoon ❑ Evening |
| Is there a phone number and/or email where someone can safely get in touch with you or leave you a message? | **Phone:** ______________________________________________<br>**Email:** ______________________________________________ |
| What do you need to be safe and well? | ______________________________________________<br>______________________________________________ |

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## Scoring summary

| Domain | Subtotal |
|---|---|
| A. Demographics | /1 |
| B. Risk of Housing and Homelessness | /2 |
| C. Risks | /7 |
| D. Socialisation and Daily Functions | /5 |
| E. Wellness | /16 |
| **Grand Total** | /31 |

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