

This survey is for reference only and should not be used without appropriate training. A printable version, including the required consent form, is only available to those who have completed training. For more information, contact the Australian Alliance to End Homelessness (info@aaeh.org.au).

Australian Homelessness Vulnerability Triage Tool (AHVTT)

Individuals

Version 1.4



advance to zero

**local communities
ending homelessness**

The Australian Homelessness Vulnerability Triage Tool (AHVTT) was developed through a process of feedback and consultation that took place both through survey form, in person discussion and virtual discussions.

The AHVTT should be used in the context of Advance to Zero (AtoZ), a national initiative of the Australian Alliance to End Homelessness (AAEH) that supports local collaborative efforts to end homelessness. To learn more, visit: aaeh.org.au/atoz

Front line services, First Nations representatives and people with lived experience provided crucial feedback to ensure that this tool will be a good representation of a person's presenting experience of homelessness and their immediate needs.

The tool, based on people's disclosed information, assists in triaging the most vulnerable and rapidly resolving crises. 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.

The AHVTT was developed by the Australian Alliance to End Homelessness (AAEH) and partners. The AAEH would particularly like to thank OrgCode Consulting and Micah Projects for their support in its development.

Explanation of the AHVTT and consent

My name is _____ and I work for _____.

I have with me here a survey for people experiencing homelessness called the Australian Homelessness Vulnerability Triage Tool, which you may hear referred to as the AHVTT. It asks questions about your experience of homelessness, risk factors that may impact your life, your day to day life, and your health and wellness. This information is important to help us identify key health, wellness and housing options that will suit your needs.

The survey should take about 15 minutes or so. Throughout the survey you can:

- Stop at any time you choose
- Skip or decline to answer any question you do not want to answer
- Take a break and come back to the survey another time
- Change your answers at anytime throughout the survey or after
- Ask for some help with understanding what the question is.

The information collected will be stored within a secure database to which only approved service providers and their staff will have access. I ask you to be as honest as possible as your circumstances are very important to us and we want to make sure that the housing outcomes and support you receive are the most suitable for you.

Consent

- | | | | |
|---|-----------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1 | Are you currently safe? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Do you consent to answer some questions to help us understand your service and housing needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Participant name

Participant signature

Date

DD / MM / YYYY

Surveyor name

Surveyor signature

Date

DD / MM / YYYY

Surveyor organisation

Surveyor team name (if different to org name)

State where survey is being completed

A. Pre-survey questions

Firstly, we will just get some basic details about yourself, the type of stuff you'd put down on regular government paperwork.

Questions	Option set
3 What is your first name?	
4 What is your last name?	
5 Do you have a preferred name or any other names you go by? I.e. nickname, street name or maiden name	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
6 If yes: what are those other names?	
7 What gender do you identify as?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender male <input type="checkbox"/> Transgender female <input type="checkbox"/> Brotherboy <input type="checkbox"/> Sistergirl <input type="checkbox"/> Non-binary <input type="checkbox"/> Gender diverse <input type="checkbox"/> Other: _____ <input type="checkbox"/> Skip
8 What are your pronouns?	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/them <input type="checkbox"/> xie/hir <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Skip
9 What is your date of birth?	DD / MM / YYYY
11 What is your Centrelink Reference Number?	10 Age in years
12 Are you a current or former Australian Defence Force (ADF) member?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
13 On a typical day, where is the easiest place to find you?	
14 Is there a phone number for a person or a service provider where I can safely get a hold of you or leave you a message?	
15 Is there any email address where I can safely send you a message?	
Aboriginal and Torres Strait Islander question	
16 Do you identify as Aboriginal, Torres Strait Islander or both?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Skip

B. History of housing and homelessness

These questions ask about your previous tenancies, starting with where you've last had a permanent place to live.

Questions	Option set
17 When was the last time you had a permanent place to live?	_____ years _____ months <input type="checkbox"/> Skip
18 Including this time, how many times have you experienced homelessness in the last year?	_____ times <input type="checkbox"/> Skip
19 Are you currently sleeping rough?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
20 If yes, how long have you been sleeping rough?	_____ years _____ months <input type="checkbox"/> Skip <input type="checkbox"/> Not applicable
21 Have you ever lived in a foster home or any type of group home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
22 Have you ever owned a house in your name or had a tenancy in your name?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
23 Do you feel you have ever been discriminated against when trying to access housing or any other social program because of your age, gender, race, abilities, appearance or sexual orientation, or any other reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
24 Have you ever left or lost your housing because you experienced violence in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
25 Have you ever lost your housing because family or friends caused you to get evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip

C. Social and daily needs

These next few questions will cover whether you are able to get the needed health and hygiene services and income available to you.

Questions	Option set
26 Do you have access to food and water when you	<input type="checkbox"/> Yes

are hungry or thirsty?

- No
- Skip

27 Do you have access to a toilet when you need it?

- Yes
- No
- Skip

28 Do you have access to laundry or replacement clothes when you need them?

- Yes
- No
- Skip

29 Do you have access to a shower when you need it?

- Yes
- No
- Skip

30 Other than money for housing, do you have enough money every fortnight to take care of your day to day needs?

- Yes
- No
- Skip

31 Is there someone else like a relative or Public Trustee that administers or manages your finances?

- | | |
|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Public Trustee | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Carer | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Relative | |
| <input type="checkbox"/> Other:
_____ | |

32 Do you ever struggle to afford essentials because of gambling?

- Yes
- No
- Skip

33 Are there any people that you can rely upon and care about you?

- Yes
- No
- Skip

D. Risks and safety

With these next questions, I will ask you about your interactions with emergency services like hospitals or police and explore a little bit about what your safety needs are.

Questions	Option set
34 Do you feel safe where you sleep?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
35 Have you taken an ambulance to the hospital 5 or more times in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
36 Have you been to the hospital emergency department 5 or more times in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
37 Have you been admitted to the hospital for any reason in the last year for 5 or more nights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
38 Have you had 5 or more interactions with police in the last year, for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
39 Have you spent 5 or more nights locked up in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
40 Do you have any legal stuff going on right now that may result in you having to pay fines you cannot afford, or which may result in being locked up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
41 Is there anyone or any company or any bank or any part of the government that thinks you owe them money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
42 Have you experienced violence in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
43 Have you thought about or tried hurting someone else or yourself in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
44 Does anybody make you do things you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip

E. Health and wellbeing

Finally, these last set of questions will be about your physical, and mental health and any substance use history that we need to keep in mind when matching you to the right housing outcome.

Questions	Option set
45 When you are sick or not feeling well, do you seek medical help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
46 Have you ever been denied medical help while experiencing homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
47 Do you have any ongoing serious health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
48 If yes, do you mind sharing with me what the serious health issues are?	<input type="checkbox"/> Brain injury <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease <input type="checkbox"/> Immunodeficiency diseases <input type="checkbox"/> Liver disease <input type="checkbox"/> Morbid obesity <input type="checkbox"/> Neurological diseases <input type="checkbox"/> Respiratory diseases <input type="checkbox"/> Other (please state): _____
49 Do you regularly use any substances, such as drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
50 If yes, do you mind sharing what you are using?	<input type="checkbox"/> Bath salts <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cannabis <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack cocaine <input type="checkbox"/> DMT (Dimethyltryptamine) <input type="checkbox"/> Ecstasy (MDMA, molly) <input type="checkbox"/> Fentanyl <input type="checkbox"/> Heroin <input type="checkbox"/> Ketamine <input type="checkbox"/> LSD <input type="checkbox"/> Magic mushrooms <input type="checkbox"/> Methamphetamine (crank, glass, ice, speed) <input type="checkbox"/> Non-palatable alcohol (e.g. rubbing alcohol, cough syrup, mouthwash) <input type="checkbox"/> Oxycodone (oxycotin, percocet) <input type="checkbox"/> Palatable alcohol (e.g. beer, wine, spirits) <input type="checkbox"/> Spice (k2) <input type="checkbox"/> Xylazine (tranq) <input type="checkbox"/> Other (please state): _____
51 Do you have a diagnosed mental health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip

52 If yes, do you mind sharing what the mental health diagnosis is?

- | | | |
|----------------------------------------------|----------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Anxiety disorder | <input type="checkbox"/> Neurodevelopmental disorder | <input type="checkbox"/> Schizoaffective disorder |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Obsessive compulsive disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Delusional disorder | <input type="checkbox"/> Personality disorder | <input type="checkbox"/> Other (please state): _____ |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Post-traumatic stress disorder (PTSD) | |
| <input type="checkbox"/> Clinical depression | | |

53 Have you had, or been told that you have had, a brain injury or head trauma?

- Yes
- No
- Skip

54 Do you have any issues that will likely make it difficult to live independently or where you would need more help with your health, mental health or substance use if you were housed?

- Yes
- No
- Skip

55 Are there any medications you should be taking that you are not taking, not taking all the time, or using in a way different than how the medicine was prescribed?

- Yes
- No
- Skip

56 Are you currently pregnant or think you might be?

- Yes
- No
- Skip

F. Demographics and additional questions

Thank you for going through this survey with me. I'll just take a few more details and then this survey is complete!

Questions

57 What is your country of birth?

- | | | |
|-----------------------------------------|---------------------------------------|------------------------------------------|
| <input type="checkbox"/> Australia | <input type="checkbox"/> Phillipines | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> New Zealand | <input type="checkbox"/> Vietnam | <input type="checkbox"/> Skip |
| <input type="checkbox"/> United Kingdom | <input type="checkbox"/> Italy | |
| <input type="checkbox"/> China | <input type="checkbox"/> South Africa | |
| <input type="checkbox"/> India | <input type="checkbox"/> Malaysia | |

58 What is your citizenship or residency status?

- | | | |
|--------------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Australian Citizen | <input type="checkbox"/> Studying and Training Visa | <input type="checkbox"/> New Zealand Citizen |
| <input type="checkbox"/> Australian Permanent Resident | <input type="checkbox"/> Family and Spousal Visa | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Visitor/Temporary Visa | <input type="checkbox"/> Refugee and Humanitarian Visa | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Working and Skilled Visa | <input type="checkbox"/> Bridging Visa | |

59 How do you make your money? (Select all that apply)

- | | | |
|------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Age Pension | <input type="checkbox"/> JobSeeker Payment (unemployment benefit) | <input type="checkbox"/> Work, Self-Employed |
| <input type="checkbox"/> Any other pension/allowance | <input type="checkbox"/> No income | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Begging | <input type="checkbox"/> Parenting Payment | <input type="checkbox"/> Youth Allowance - Living at home |
| <input type="checkbox"/> Carer Allowance | <input type="checkbox"/> Rent Assistance | <input type="checkbox"/> Youth Allowance - Living away from home |
| <input type="checkbox"/> Carer Payment | <input type="checkbox"/> Sex work | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Disability Support Pension | <input type="checkbox"/> Special Benefit Payment | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Family Tax Benefit | <input type="checkbox"/> Student Allowance | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Maintenance (Child support) | <input type="checkbox"/> Work, Big Issue Vendor | |
| | <input type="checkbox"/> Work, Employee | |

60 Do you have a Public Guardian?

- | | | |
|--------------------------------------------|------------------------------------------|-------------------------------|
| <input type="checkbox"/> Public Guardian | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Next of kin | <input type="checkbox"/> Other:
_____ | |
| <input type="checkbox"/> Power of Attorney | | |

61 Have you ever been in any of the following?

- | | | |
|------------------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Youth detention | <input type="checkbox"/> Remand | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Watch house | <input type="checkbox"/> Prison | |

62 How long ago were you last released?

Less than 1 year

More than 5 years ago

Skip

1 to 5 years ago

63 What do you need to be safe and well?

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