

2019 Massachusetts Youth Count Housing and Homelessness Survey

This survey is being administered by the Massachusetts Commission on Unaccompanied Homeless Youth, in partnership with youth and young adults, the ten regional youth organizations funded by the Executive Office of Health and Human Services (EOHHS), and many community groups. The survey has been designed so that the state, regional, and local providers can better understand the housing and service needs of youth and young adults under the age of 25 in Massachusetts. Over the past four years, the results of similar surveys have helped to push the Legislature to invest a total of \$7 million in housing and services for young people who are experiencing housing instability.

There are 31 questions. **Your answers will remain confidential. Please respond to all of the questions you feel comfortable answering.** We greatly appreciate your participation!

1. Have you already taken this survey in the past four weeks (or since April 12th)? Yes No
2. What are your initials (the first letter of each of your names)? ____ / ____ / ____ (first/middle/last)
- 3a. What is your age? ____ years old
- 3b. What is your date of birth? ____/____/____ (month/day/year)
- 4a. What is your primary language? _____
- 4b. If your primary language is one other than English, are you taking this survey in your primary language?
 - Yes, someone is reading the questions to me in my primary language
 - Yes, this paper or electronic version has been translated into my primary language
 - No, I am taking this survey in a language that is not my primary language

We are asking the following set of questions to better understand your housing situation.

5. Where did you sleep last night? [**CHECK ONE OPTION THAT BEST MATCHES YOUR ANSWER**]
- | | |
|---|---|
| <input type="checkbox"/> Shelter (emergency/temporary) | <input type="checkbox"/> Abandoned building, vacant unit, or squat |
| <input type="checkbox"/> Transitional housing | <input type="checkbox"/> On a train/bus or in train/bus station |
| <input type="checkbox"/> Hotel or motel | <input type="checkbox"/> 24-hour restaurant, Laundromat, or other business/retail establishment |
| <input type="checkbox"/> Own apartment or house | <input type="checkbox"/> Anywhere outside (street, park, viaduct) |
| <input type="checkbox"/> Parent or guardian's home | <input type="checkbox"/> Hospital or emergency room |
| <input type="checkbox"/> Other relative's home | <input type="checkbox"/> Mental health residential treatment facility |
| <input type="checkbox"/> Foster family's home | <input type="checkbox"/> Substance use residential treatment facility/detox center |
| <input type="checkbox"/> Home of friend or friend's family | <input type="checkbox"/> Juvenile detention center or jail |
| <input type="checkbox"/> Home of boyfriend/girlfriend/partner | <input type="checkbox"/> Other (Please specify: _____) |
| <input type="checkbox"/> Car or other vehicle | _____) |

5. How long have you stayed/lived in the place you stayed last night?
 - Fewer than 6 months 6-12 months More than 12 months
6. Do you have a safe place where you can stay on a regular basis for at least the next 14 days?
 - Yes No Unsure
7. Are you currently experiencing homelessness?
 - Yes No, but I have experienced homelessness in the past No, and I never have experienced homelessness
 - Unsure Comment: _____

We are asking the following set of questions to learn if you are “accompanied”, that is living with your parent or guardian, and your history of being out on your own.

9a. Are you currently living with a parent, guardian, or foster parent? Yes No

9b. If no, how old were you the first time you left home to be out on your own? ___ years old

9c. If no, how old were you when you left for good? ___ years old

10. If you are **not** living with your parent/guardian/foster parent now, what are the reasons? [CHECK ALL THAT APPLY]

- | | |
|---|---|
| <input type="checkbox"/> I was fighting with my parent/guardian/foster parent | <input type="checkbox"/> I left foster care |
| <input type="checkbox"/> My parent/guardian/foster parent abused drugs or alcohol | <input type="checkbox"/> I was released from jail or detention facility |
| <input type="checkbox"/> My parent/guardian/foster parent died | <input type="checkbox"/> I was/am pregnant or got someone else pregnant |
| <input type="checkbox"/> My house was too small for everyone to live there | <input type="checkbox"/> My sexual orientation and/or gender identity |
| <input type="checkbox"/> I was abused or neglected (physically, emotionally, or sexually) | <input type="checkbox"/> My use of drugs or alcohol |
| <input type="checkbox"/> I did not feel safe due to violence or unsafe activities in my house | <input type="checkbox"/> I was told to leave |
| <input type="checkbox"/> My family lost our housing | <input type="checkbox"/> I wanted to leave |
| | <input type="checkbox"/> Other: _____ |

We are asking the following set of questions to better understand your demographics (place of birth, age, education, income, etc.), as well as your experiences in trying to access needed resources.

11. Where were you born?

- In this city/town Another place in Massachusetts Outside of Massachusetts, but in the U.S.
 Outside the U.S. Don't know

12. Which city/town are you in right now, taking this survey? _____

13. Have you been staying overnight in the city/town where you are taking this survey?

- Yes No, I am staying in _____ (city/town)

14. Do you have a high school diploma, HiSET degree, or GED? Yes No

15. Are you currently attending school or another education program? Yes No

16. Are you currently employed at a job for which you receive a pay stub or paycheck? Yes No

17. Have you ever served in the U.S. Army, Navy, Marine Corps, Air Force, or Coast Guard? Yes No

18. Have you ever been in foster care? Yes No Unsure

19. Have you ever stayed overnight or longer in juvenile detention -- a secure facility or residential program for young people -- as a result of criminal behavior or police involvement? Yes No

Comment/additional details: _____

20. Have you ever stayed overnight or longer in an adult jail or prison? Yes No

(Please continue-- two pages to go!)

21a. Are you pregnant and/or parenting?

- Yes, pregnant only Yes, parenting only Yes, both pregnant parenting only No Unsure

21b. If you are parenting, do you have custody of your child(ren)? In other words, are you responsible for caring for your child(ren) on a day-to-day basis? Yes No Not applicable

22. What are your sources of income? **[CHECK ALL THAT APPLY]**

- | | |
|--|---|
| <input type="checkbox"/> Full-time job | <input type="checkbox"/> Sex work/turning tricks |
| <input type="checkbox"/> Part-time job and/or temporary job | <input type="checkbox"/> Panhandling/spanging |
| <input type="checkbox"/> Money from "under the table" work | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Cash assistance from DTA/Welfare or DCF | <input type="checkbox"/> Money from family members or friends |
| <input type="checkbox"/> Social Security/disability payments | <input type="checkbox"/> None |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hustling/selling drugs | |

23. Have you ever exchanged sex (including sexual intercourse, oral sex, or any sexual interaction) for food, a place to stay, money, or other necessities? Yes No

24. In the last year, have you tried to get help from any of the following services/programs?

[CHECK ALL THAT APPLY]

- | | |
|---|--|
| <input type="checkbox"/> Shelter or short-term/transitional housing | <input type="checkbox"/> Nutritional assistance (such as Food Stamps/SNAP or free meals) |
| <input type="checkbox"/> Long-term housing (such as Section 8 or public housing) | <input type="checkbox"/> Cash assistance (such as DTA/Welfare benefits or Social Security Disability benefits) |
| <input type="checkbox"/> Educational support (such as enrolling in school or GED/HISET program) | <input type="checkbox"/> Domestic violence counseling |
| <input type="checkbox"/> Job training, life skills training, or career placement | <input type="checkbox"/> Sexual assault counseling |
| <input type="checkbox"/> Health care services | <input type="checkbox"/> Counseling or other mental health services |
| <input type="checkbox"/> Family support (such as conflict mediation or parenting support) | <input type="checkbox"/> Substance use/alcohol treatment program |
| <input type="checkbox"/> Child care | <input type="checkbox"/> No, I haven't tried to access help |
| | <input type="checkbox"/> Other: _____ |

25. Did you get the help you needed?

- Yes, all of the help I needed Some of the help I needed No, none of the help I needed

Comment: _____

26. If you did not receive all of the help you needed, why was that? **[CHECK ALL THAT APPLY]**

- | | |
|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Didn't know where to go |
| <input type="checkbox"/> Sent somewhere else | <input type="checkbox"/> Didn't qualify for help |
| <input type="checkbox"/> Language barrier | <input type="checkbox"/> Didn't feel comfortable/safe |
| <input type="checkbox"/> Put on waiting list | <input type="checkbox"/> Didn't follow through or return for services |
| <input type="checkbox"/> Paperwork | <input type="checkbox"/> Didn't ask for help |
| <input type="checkbox"/> I.D./documents | <input type="checkbox"/> Didn't have money |
| <input type="checkbox"/> Didn't hear back | <input type="checkbox"/> Other: _____ |

27. What is your race/ethnicity? **[CHECK ALL THAT APPLY]**

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino/Latina/Latinx | <input type="checkbox"/> Middle Eastern/North African |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other (Specify: _____) |

28. How would you describe your gender identity? [CHECK ALL THAT APPLY]

- Female
- Male
- Transgender – Male to Female
- Transgender – Female to Male
- Genderqueer/Gender-Nonconforming
- Agender
- Two-Spirit
- Other (Specify: _____)

29. Which of the following best fits how you think about your sexualorientation? [CHECK ALL THAT APPLY]

- Lesbian/Gay
- Bisexual
- Straight
- Queer
- Questioning
- Pansexual
- Asexual
- Other (Specify: _____)

30. Do you have any other comments or insights you would like to share with the Massachusetts Commission on Unaccompanied Homeless Youth?

31. Which would best describe how you were recruited to take this survey? [CHECK ALL THAT APPLY]

- At a shelter
- At a social service agency
- Through a Youth Ambassador
- Through a street outreach worker/street count
- At a magnet event
- At a school/educational program
- Other (Specify: _____)
- Unsure

Thank you!

As noted above, all of your answers will remain confidential. Your participation is deeply appreciated and a key contribution in helping Massachusetts better understand housing instability among youth and young adults.

For more information about this survey and the work to expand housing and resources for youth and young adults experiencing housing instability, please contact the Massachusetts Commission on Unaccompanied Homeless Youth: massachusettsyouthcount@gmail.com.

For official use only-- Survey date: _____ Survey site: _____
Administering organization/Youth Count Ambassador: _____