

2021 Massachusetts YOUth Count 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. This 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 several years, the results of similar surveys have helped to push the Legislature to invest a total of \$20 million in housing and services for young people who are experiencing housing instability.

There are 38 questions. It should take 10-15 minutes to complete. **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 five weeks (or since April 12th)? Yes No
2. What are your initials—the first letter of each of your names? ___/___/___(first/middle/last)
3. What is your age? _____
4. What is your date of birth? ___/___/___(month/day/year)
5. What is your primary language? _____
6. 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.

7. Are you currently experiencing homelessness or housing instability? (This can include couch surfing, sleeping outside, being in and out of a parent or guardian's house, staying in a shelter, sleeping in your car, etc.)
 Yes No, but I have experienced homelessness in the past No and I never have experienced homelessness
 Unsure Comments _____
8. Where did you sleep last night? (**CIRCLE THE ONE OPTION THAT BEST MATCHES YOUR SITUATION**)

<input type="checkbox"/> Shelter (emergency/temporary)	<input type="checkbox"/> Car or other vehicle
<input type="checkbox"/> Transitional housing	<input type="checkbox"/> Abandoned building, vacant unit, or squat
<input type="checkbox"/> Hotel or motel	<input type="checkbox"/> On a train/bus or in train/bus station
<input type="checkbox"/> Apartment or home where I pay the rent or mortgage and I am up to date on rent	<input type="checkbox"/> 24-hour restaurant, laundromat, or other business/retail establishment
<input type="checkbox"/> Apartment or home where I pay the rent or mortgage but I am behind on rent	<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 without paying rent	<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 without paying rent	<input type="checkbox"/> Juvenile detention center or jail
<input type="checkbox"/> Home of boyfriend/girlfriend/partner without paying rent	<input type="checkbox"/> Other:
9. How long have you stayed/lived in the place you slept last night?
 Fewer than 6 months 6-12 months More than 12 months
10. Do you have a safe place where you can stay on a regular basis for at least the next 14 days?
 Yes No Unsure

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.

11. Are you currently living with a parent, guardian, or foster parent? Yes No
12. How old were you the **first** time you left home to be out on your own? _____ (NA if you never left to be on your own)
13. How old were you when you left home for good? _____ (NA if you have never left home to be on your own)
14. If you are not living with your parent/guardian/foster parent now, what are the reasons? (CIRCLE ALL THAT APPLY)
- | | |
|---|---|
| <input type="checkbox"/> I was fighting with my parent/guardian/foster parent | <input type="checkbox"/> I was/am pregnant or got someone else pregnant |
| <input type="checkbox"/> My parent/guardian/foster parent abused drugs or alcohol) | <input type="checkbox"/> My sexual orientation and/or gender identity |
| <input type="checkbox"/> My parent/guardian died | <input type="checkbox"/> My use of alcohol or drugs |
| <input type="checkbox"/> My house was too small for everyone to live there | <input type="checkbox"/> I was told to leave |
| <input type="checkbox"/> I was abused or neglected (physically, emotionally, or sexually) | <input type="checkbox"/> I wanted to leave |
| <input type="checkbox"/> I did not feel safe due to violence or unsafe activities in my house | <input type="checkbox"/> I had to move out because of COVID-19 |
| <input type="checkbox"/> My family lost our housing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> I left foster care | _____ |

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

15. Where were you born? In this city /town Another place in MA Outside MA but in the U.S.
 Outside U.S Don't know
16. Which city/town are you in right now, taking this survey? _____
17. Have you been staying overnight in the city/town where you are taking this survey?
 Yes No, I'm staying in _____
18. Do you have a high school diploma, HiSET degree, or GED? Yes No
19. Are you currently attending school or another education program? Yes No (If yes, please describe) _____
20. Have you ever served in the U.S. Army, Navy, Marine Corps, Air Force, or Coast Guard? Yes No
21. Have you ever been in foster care? Yes No Unsure
22. Have you ever stayed overnight or longer in juvenile detention (a secure facility or residential program for young people as a result of police involvement)? Yes No Unsure
23. Have you ever stayed overnight or longer in an adult jail or prison? Yes No
24. Are you pregnant and/or parenting? Yes, pregnant only Yes, parenting only Yes, both pregnant and parenting
 No Unsure
25. If you are a parent, 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 on at least some days of the week? Yes No NA

26. Were you working for pay before COVID-19? Yes No

27. If yes, how has the COVID-19 pandemic affected your employment? (circle one)

- I lost my job My hours increased I am still employed the same amount as before
 I am still employed, but my hours have been reduced I am still employed, but not getting any hours

28. What are the ways that you currently make money? (CIRCLE ALL THAT APPLY)

- Full-time job Exchanging sex/sexual content including Only Fans or other phone or video platforms
 Part-time job and/or temporary job Panhandling/spanging
 Money from “under the table” work Child support
 Cash assistance from DTA/Welfare or DCF Money from family members or friends
 Social Security/Disability payments None
 Unemployment benefits Other:
 Hustling/selling drugs

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

30. Thinking just about the past year, since the start of the COVID-19 pandemic in March 2020, have you experienced the following **as a result of COVID-19**? This could be because you got ill, or your employment situation was affected, or any other issue related to COVID-19.

Not enough money to pay rent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Not enough money to pay for gas for your car	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Not enough money to pay for utilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Not enough money to pay for food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did not have a regular place to sleep or stay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Could not access physical or mental health care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Could not access public places such as parks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Could not access wi-fi	<input type="checkbox"/> Yes	<input type="checkbox"/> No

31. In the last year, have you gotten help from any of the following services/programs and indicate if you got all, some or none of the help you needed.

	All the help	Some of the help	None of the help	Didn't try to get this type of help
Shelter or short-term housing/transitional housing	All the help	Some of the help	None of the help	Didn't try to get this type of help
Long-term housing (through programs such as Massachusetts Rental Voucher Program, Section 8, or public housing)	All the help	Some of the help	None of the help	I didn't try to get this type of help
Educational support (such as enrolling in school or GED/HiSET)	All the help	Some of the help	None of the help	I didn't try to get this type of help
Job training, life skills training, or career placement	All the help	Some of the help	None of the help	I didn't try to get this type of help
Health care services	All the help	Some of the help	None of the help	I didn't try to get this type of help
Family support (such as conflict mediation or parenting support)	All the help	Some of the help	None of the help	I didn't try to get this type of help
Child care	All the help	Some of the help	None of the help	I didn't try to get this type of help
Nutritional assistance (such as Food Stamps/SNAP, Pandemic EBT)	All the help	Some of the help	None of the help	I didn't try to get this type of help

Food from a soup kitchen or food pantry	All the help	Some of the help	None of the help	I didn't try to get this type of help
Cash assistance (such as DTA/welfare benefits, or Social Security Disability benefits)	All the help	Some of the help	None of the help	I didn't try to get this type of help
Domestic violence counseling	All the help	Some of the help	None of the help	I didn't try to get this type of help
Sexual assault counseling	All the help	Some of the help	None of the help	I didn't try to get this type of help
Substance use/alcohol treatment program	All the help	Some of the help	None of the help	I didn't try to get this type of help
Other	All the help	Some of the help	None of the help	I didn't try to get this type of help

32. If you did not receive all of the help you needed, why was that? (CIRCLE ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Didn't qualify for help |
| <input type="checkbox"/> Sent somewhere else | <input type="checkbox"/> Didn't feel comfortable/safe |
| <input type="checkbox"/> Language barrier | <input type="checkbox"/> Didn't follow through or return for services |
| <input type="checkbox"/> Put on a waiting list | <input type="checkbox"/> Didn't ask for help |
| <input type="checkbox"/> Paperwork | <input type="checkbox"/> Didn't have money |
| <input type="checkbox"/> Didn't have identification or required personal documents | <input type="checkbox"/> Didn't have a phone to follow up |
| <input type="checkbox"/> Didn't hear back | <input type="checkbox"/> Didn't have health insurance |
| <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> COVID-19 restrictions |
| | <input type="checkbox"/> Program closures due to COVID-19 |
| | <input type="checkbox"/> Other _____ |

33. What is your race/ethnicity? Select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Middle eastern/North African |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic/Latinx | <input type="checkbox"/> Write your own response _____ |

34. What is your gender?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Girl/Woman | <input type="checkbox"/> Two-spirit |
| <input type="checkbox"/> Boy/Man | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Write your own response _____ |

35. Are you transgender?

- | | |
|---|--|
| <input type="checkbox"/> No, I am not transgender. | <input type="checkbox"/> Yes, I identify as non-binary, genderqueer, or another term |
| <input type="checkbox"/> No, I identify as non-binary, genderqueer, or another term | <input type="checkbox"/> Not sure whether I am transgender |
| <input type="checkbox"/> Yes, I am a transgender girl/woman | <input type="checkbox"/> Not sure what this question means |
| <input type="checkbox"/> Yes, I am a transgender boy/man | <input type="checkbox"/> Prefer not to answer |
| | <input type="checkbox"/> Write your own response _____ |

36. What is your sexual orientation? (sexual orientation means who you are romantically and physically attracted to)

- | | |
|--|--|
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Two-spirit |
| <input type="checkbox"/> Queer | <input type="checkbox"/> Prefer not to answer |
| | <input type="checkbox"/> Write your own response _____ |

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

38. Which would best describe how you were recruited to take this survey?

- At a shelter
- At a social service agency
- Through a Youth Ambassador
- Through a street outreach worker/street count
- At an event
- At a school/educational program
- Social media/website
- An email from a friend or acquaintance

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 _____