

# Achieving Excellence for Young People

## Questionnaire for young people

Staffordshire County Council wants all young people in Staffordshire to fulfil their potential. We want young people to prosper, be healthy and happy and live safely and be supported by their communities. We are committed to talking and listening to young people so that we focus on the things that matter most to you.

This survey should take no more than 10 minutes to complete and all responses are completely confidential. The closing date for returning completed surveys is 26th February 2014.

### Your Views

**1. What do you think are the most important issues facing you and other young people? (Please tick up to three boxes)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> School work         | <input type="checkbox"/> Things to do          | <input type="checkbox"/> Relationships                      |
| <input type="checkbox"/> Exams               | <input type="checkbox"/> People to talk to     | <input type="checkbox"/> Alcohol                            |
| <input type="checkbox"/> Future career / job | <input type="checkbox"/> Places to go          | <input type="checkbox"/> Drugs                              |
| <input type="checkbox"/> Money               | <input type="checkbox"/> Bullying              | <input type="checkbox"/> How other people view young people |
| <input type="checkbox"/> Health              | <input type="checkbox"/> How young people look |   |
| <input type="checkbox"/> Friendships         | <input type="checkbox"/> Peer pressure         |   |
| <input type="checkbox"/> Family              |  |   |

Other, please tell us:

2. How would you rate the following for young people in your local area?

	Excellent	Good	OK	Poor	Very poor	Don't know
Range of things to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordability of things to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about what is going on in the local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting around e.g. public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please use this box to tell us why?

4. How often have you taken part in the following, outside of school time?

	Weekly	At least once a month	At least once a year	Less often	Never
Uniformed groups (e.g. guides, scouts, cadets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports clubs / training (e.g. football, martial arts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities at a youth club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance lessons / groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama lessons / groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts / crafts sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music lessons / groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other e.g. Duke of Edinburgh, National Citizenship Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please tell us:

If you **attend a youth club**, please continue to **Q5**.  
 If you **do not attend a youth club** please go to **Q8**.

5. If you attend a youth club, which one(s) do you currently attend?

6. Thinking about your youth club(s), how would you rate the following?

	Excellent	Good	OK	Poor	Very poor	Don't know/ Don't use
Variety of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordability of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff / volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. And if you attend a youth club, please use the box below to tell us anything else about your youth club(s), for example what you like or don't like.

8. Do any of the following stop you from doing activities outside of school? (Please tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> There's nothing available in my area | <input type="checkbox"/> There's nothing available at the time I want to do it |
| <input type="checkbox"/> It costs too much money              | <input type="checkbox"/> I don't know how to find out what's going on          |
| <input type="checkbox"/> I don't have the time                | <input type="checkbox"/> I'm not interested in any activities                  |
| <input type="checkbox"/> I have no one to go with             | <input type="checkbox"/> I'm too shy   |
| <input type="checkbox"/> There isn't a bus service            | <input type="checkbox"/> Nothing stops me                                      |
| <input type="checkbox"/> My parents / carers worry about me   |  |

Other, please tell us:

## Our Proposal

We want to support young people to shape the lives they want, get the most out of school and find a good job. We also need to make sure, in a time of reduced funding, that we are getting real value for money for every pound we spend on young people in Staffordshire, targeting those individuals who really need our help.

The need to make the best use of our resources, and the changing needs of young people, means we have to change.

There is already a large amount of out-of-school activities for young people across Staffordshire. This is being delivered by a range of different organisations, including voluntary and private sector organisations, for example sports clubs, guides / scouts, drama groups and outdoor pursuits. We believe that these organisations are better placed to deliver support and activities to young people.

As such, Staffordshire County Council is proposing to move away from providing out-of-school activities for all young people, instead focusing our investment on vulnerable young people who really need our help. We will continue to support and fund the voluntary sector in Staffordshire to provide an extensive range of activities and opportunities for young people.

**9. Do you agree or disagree with the above proposal?**

Strongly agree

Disagree

Agree

Strongly disagree

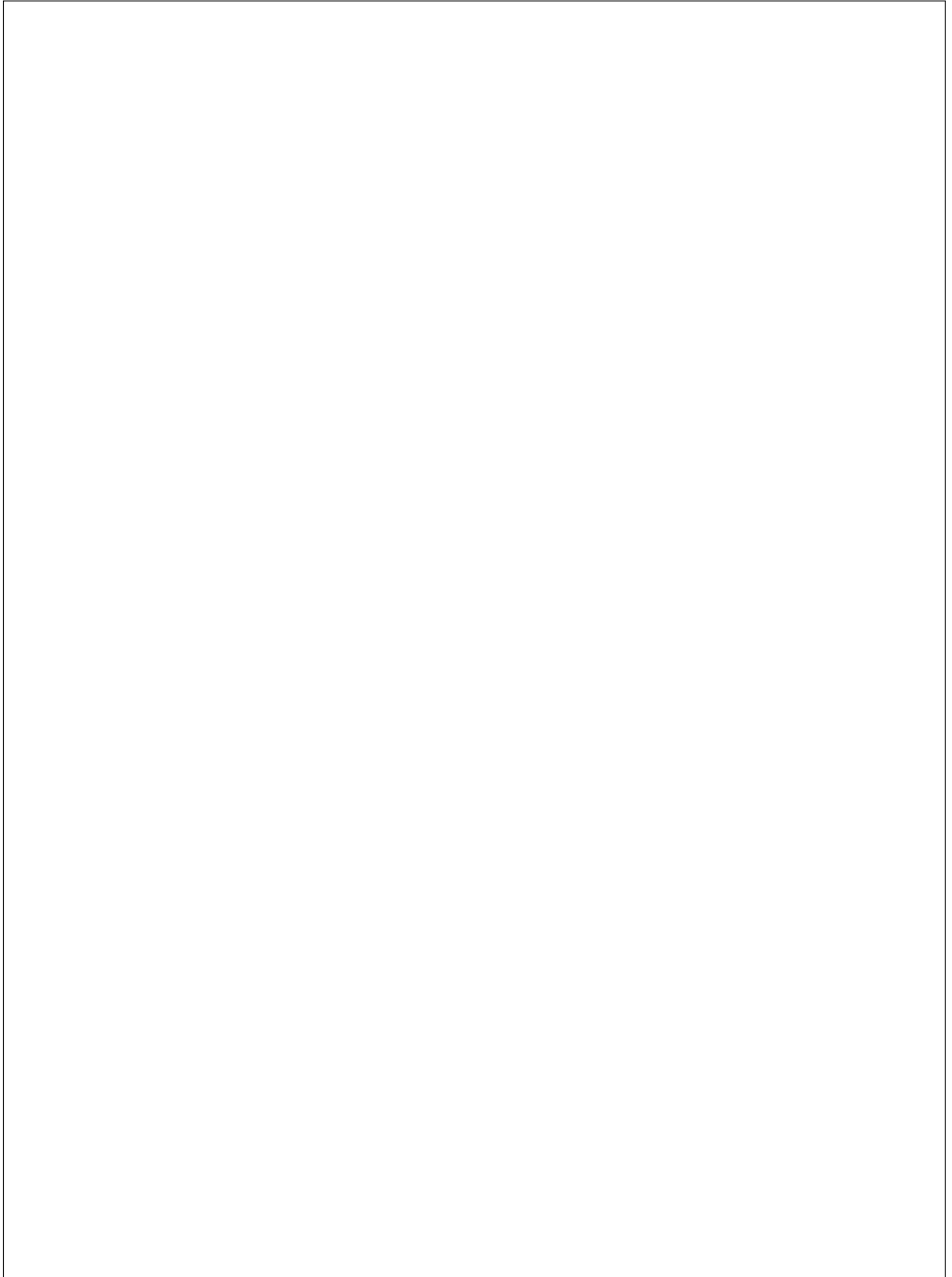
Neither agree nor disagree

Don't know

**10. Please tell us why you think this?**

We really want to hear your views as to how we can achieve our vision for young people.

**11. Please use the box below to tell us your suggestions.**

A large, empty rectangular box with a thin black border, intended for the respondent to write their suggestions.

**12. If you would like to be involved in future opportunities to shape support and activities for young people in your local area, please tick the box and provide your contact details below.**

Please note that this question is optional and your personal details will only be used for research purposes and will be treated in confidence.

Name

Email

Address

## About You

The following questions will help us to understand your answers even more. You do not have to fill this section in if you don't want to, but if you do your details will not be passed on to anyone else.

**13. Are you...?**

Male  Female

**14. How old are you?**

<input type="checkbox"/> 10 or under	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22
<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24
<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25

**15. I would describe myself as...**

<input type="checkbox"/> White (British, Irish, Other)	<input type="checkbox"/> Black / African / Caribbean / Black British
<input type="checkbox"/> Mixed / Multiple Ethnic Group	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Asian / Asian British	

Other, please tell us:

**16. Which of the following best describes you...?**

<input type="checkbox"/> I live with both of my parents	<input type="checkbox"/> I live with foster carer(s)
<input type="checkbox"/> I live with one of my parents	<input type="checkbox"/> I live in a children's home
<input type="checkbox"/> I live with another member of my family	<input type="checkbox"/> Prefer not to say

Other, please tell us:

**17. Do you consider yourself to have a disability?**

Yes  No

**18. If you consider yourself to have a disability, which of the below do you consider yourself to have...?**

- |  |   |
|--|---|
| <input type="checkbox"/> Don't have a disability   | <input type="checkbox"/> Mental health condition, e.g. Depression, Anxiety or Schizophrenia |
| <input type="checkbox"/> Social / communications impairment, e.g. Asperger's or Autism         | <input type="checkbox"/> Learning difficulty, e.g. Dyslexia                                 |
| <input type="checkbox"/> Deaf or hearing impairment  | <input type="checkbox"/> Physical impairment or mobility issue                              |
| <input type="checkbox"/> Blind / visual impairment   | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Long-standing illness or health condition, e.g. Leukaemia or Epilepsy |   |

Other, please tell us:

**19. Do you look after someone in your family who has an illness or a disability?**

- Yes       No

**20. What is your home postcode? (If you are not sure of the whole postcode, please either put the first four digits or put the district / area where you live)**

**You have now finished! Thank you very much for taking the time to complete the survey.**

**Please return your completed survey to: AEYP Consultation, Communications Team, Wedgwood Building, Tipping Street, Stafford, ST16 2DH**

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