

Achieving Excellence for Young People

Questionnaire for parents, carers and organisations

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 want to talk to you, to make sure you have a voice and can help to shape these plans.

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

Your Views

1. **Are you...?** (please tick all that apply)

- A parent / carer of a young person aged 13-19
- A parent / carer of a young person with learning disabilities aged 13-25
- A volunteer involved in support / activities for young people
- An organisation that provides support / activities for young people
- An employee of Staffordshire County Council
- An employee of an organisation that provides support / activities for young people
- A local Councillor / MP

Other, please tell us:

2. What do you think are the most important issues facing 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:

If you are responding on behalf of **an organisation** please go to **Q10.**
 All **other respondents**, please continue to **Q3.**

3. How would you rate the following for young people in your local area? (please tick all that apply)

| | 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 your 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"/> |

4. Please use this box to tell us why?

If you **are** a parent or carer, please continue to **Q5**.
If you **are not** a parent or carer, please continue to **Q10**.

5. How often have your child(ren) taken part in the following, outside of school time?
(please tick all that apply)

| | 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:

6. **If your child(ren) attend a youth club, which one(s) do they currently attend?**

7. **Thinking about your child(rens) youth club(s), how would you rate the following?**
(please tick all that apply)

| | 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"/> |

8. **Please also tell us anything else about your child(rens) youth club(s), for example what your children like or don't like.**

9. Do any of the following stop your child(ren) from doing activities outside of school?
(please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> There's nothing available in the local area | <input type="checkbox"/> There's nothing available at the time they want |
| <input type="checkbox"/> It costs too much money | <input type="checkbox"/> Not knowing how to find out what's going on |
| <input type="checkbox"/> Not having the time | <input type="checkbox"/> They are not interested in any activities |
| <input type="checkbox"/> They have no-one to go with | <input type="checkbox"/> Being too shy |
| <input type="checkbox"/> There isn't a bus service | <input type="checkbox"/> Nothing stops them from taking part in any activities |
| <input type="checkbox"/> Worrying about your children | |

Other, please tell us:

If you **are** responding on behalf of an organisation, please continue to **Q10**.
If you **are not** responding on behalf of an organisation, please go to **'Our Proposal' and Q14**.

10. Name of your organisation

11. Please provide a brief description of the support / activities that your organisation currently delivers to young people in Staffordshire

12. What age groups do they cover? (please tick all that apply)

- | | | |
|------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 0-5 | <input type="checkbox"/> 10-12 | <input type="checkbox"/> 16-19 |
| <input type="checkbox"/> 6-9 | <input type="checkbox"/> 13-15 | <input type="checkbox"/> 20-25 |

13. Which geographical areas do they cover? (please tick all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Cannock Chase | <input type="checkbox"/> Newcastle-under-Lyme | <input type="checkbox"/> Staffordshire Moorlands |
| <input type="checkbox"/> East Staffordshire | <input type="checkbox"/> South Staffordshire | <input type="checkbox"/> Tamworth |
| <input type="checkbox"/> Lichfield | <input type="checkbox"/> Stafford | |

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 leisure time 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.

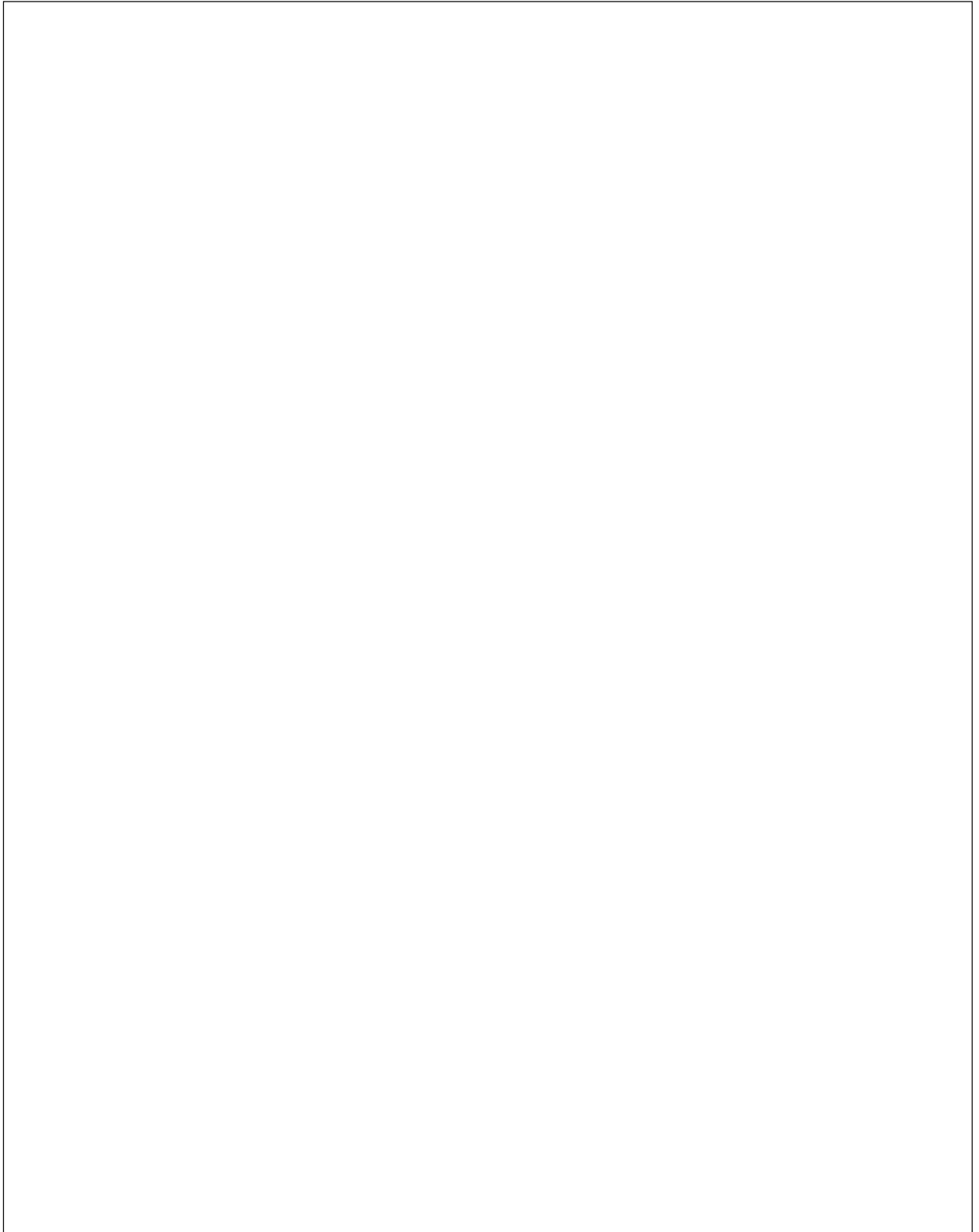
14. Do you agree or disagree with the above proposal?

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Don't know |

15. 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

16. 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.

17. **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 and your child(ren)

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.

18. **Are you...?**

Male

Female

19. **How old are you?**

16-19

35-44

60-74

20-34

45-59

75+

20. **Are you...?**

White (British, Irish, Other)

Black / African / Caribbean / Black British

Mixed / Multiple Ethnic Group

Prefer not to say

Asian / Asian British

Other, please tell us:

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

Yes

No

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

Yes

No

23. **How many children and young people live in your household?** (Please include children and young people from 0-19 years of age or 0-25 years of age if they have a learning disability).

24. **What ages are they?** (please tick all that apply)

- | | | | |
|--------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |

25. **Please tell us about any disabilities your child(ren) have?** (please tick all that apply)

- Child(ren) don't have any disabilities
- Social / communications impairment, e.g. Asperger's or Autism
- Deaf or hearing impairment
- Blind / visual impairment
- Long-standing illness or health condition, e.g. Leukaemia or Epilepsy
- Mental health condition, e.g. Depression, Anxiety or Schizophrenia
- Learning difficulty, e.g. Dyslexia
- Physical impairment or mobility issue

Other, please tell us:

26. **Please can you tell us your postcode**

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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