

Youth Support Consultation Survey

Children and Young People's Survey

September 2019

Background

Shropshire Council would like to find out what you think about local youth services. We would like to understand more about:

- The local youth activities and facilities you use and what you think of them.
- What support you think children and young people living in Shropshire need.
- Which educational and recreational activities and facilities you think are most important.
- Your ideas for how youth services can be delivered in the future.

Shropshire Council has a set budget available to spend. It cannot provide everything young people may wish for, so it is important to find out what is most important. Other surveys will be carried out with local organisations and members of the public. Shropshire Council is also making use of data and holding meetings to find out more as part of a wider youth services consultation.

Please take the time to fill in this survey – the view of children and young people are essential as part of a youth services consultation. It should take approximately 12 minutes to complete.

Youth Services Today

1. What do you most enjoy doing in your spare time? (Please tick all that apply)

Reading	<input type="checkbox"/>	Cycling/skateboarding	<input type="checkbox"/>
Spending time outdoors	<input type="checkbox"/>	Arts, drama etc.	<input type="checkbox"/>
Playing games online	<input type="checkbox"/>	Shopping/window shopping	<input type="checkbox"/>
Spending time with friends	<input type="checkbox"/>	Watching TV	<input type="checkbox"/>
Going out (e.g. cinema)	<input type="checkbox"/>	Working/earning money	<input type="checkbox"/>
Playing sports	<input type="checkbox"/>	Other (please describe) _____	

2. Which of the following do you make use of in your local area? (Please tick all that apply)

Leisure centres	<input type="checkbox"/>	After school clubs	<input type="checkbox"/>
Sports facilities	<input type="checkbox"/>	Faith groups	<input type="checkbox"/>
Parks	<input type="checkbox"/>	Adventure play	<input type="checkbox"/>
Libraries	<input type="checkbox"/>	Youth clubs	<input type="checkbox"/>
Community venues	<input type="checkbox"/>	Other (please describe) _____	

3. How often do you go to a youth club, how often do you attend?

Daily	Weekly	Monthly	A few times a year	Less often	Never (skip to Q8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you go to a youth club, where is it held? (Please include the name of the organisation running it, if you know)

5. If you go to a youth club, why? (Please tick all that apply)

Make new friends	<input type="checkbox"/>	For training/skills/qualifications	<input type="checkbox"/>
Learn new skills	<input type="checkbox"/>	For volunteering opportunities	<input type="checkbox"/>
Have fun	<input type="checkbox"/>	For trips out/away from the local area	<input type="checkbox"/>
Gain new experiences	<input type="checkbox"/>	For an adult to talk to	<input type="checkbox"/>
To get help and advice	<input type="checkbox"/>	Other (please describe) _____	

6. What do you like best about your youth club?

7. Is there anything you don't like about your youth club, or things that should be improved?

8. Is there anything that stops you going to youth services or activities in your area?

(Please tick all that apply)

- | | |
|--|--------------------------|
| There aren't any services/activities | <input type="checkbox"/> |
| The services/activities aren't very good | <input type="checkbox"/> |
| I'm not interested in the type of activities available | <input type="checkbox"/> |
| I can't afford them | <input type="checkbox"/> |
| I'm not allowed to go to them | <input type="checkbox"/> |
| I haven't got time to do them | <input type="checkbox"/> |
| I don't have anyone to go with | <input type="checkbox"/> |
| I can't get to them/ I need transport there | <input type="checkbox"/> |
| I don't know what activities are going on | <input type="checkbox"/> |
| I'm nervous or anxious | <input type="checkbox"/> |
| Low mood | <input type="checkbox"/> |
| Disabilities | <input type="checkbox"/> |
| Other (please describe) _____ | <input type="checkbox"/> |

9. Overall, how do you rate the 'offer' for young people in your local area?

- | | |
|----------------------|--------------------------|
| Very good | <input type="checkbox"/> |
| Good | <input type="checkbox"/> |
| Neither good or poor | <input type="checkbox"/> |
| Poor | <input type="checkbox"/> |
| Very poor | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

10. If you said 'poor' or 'very poor', please explain why...

11. Do any of the following issues worry you, or your friends? (Tick all that apply)

		This worries me	This worries other young people in my local area
a	Boredom/ having nothing to do		
b	Bullying/gangs/violence		
c	Online abuse/ risks from strangers		
d	Alcohol misuse		
e	Drugs/county lines		
f	Crime (criminal damage etc.)		
g	Smoking		
h	Lack of opportunities for training/work		
i	Being unhealthy		

j	Stress/anxiety/low mood/depression		
k	Sex and relationship issues		
l	Life skills/ being able to look after myself		
m	Loneliness/ isolation		
n	Other, please describe anything else that worries you.....		

12. What issues do you think young people in your local area most need support with? What barriers are there stopping young people from reaching their potential?

13. Where do you currently get support from if you need help? (Please select all that apply)

- | | | | |
|-------------------------------|--------------------------|---|--------------------------|
| Family members/relatives | <input type="checkbox"/> | Youth worker/outreach worker | <input type="checkbox"/> |
| Friends | <input type="checkbox"/> | Adult at a sports/community/faith group | <input type="checkbox"/> |
| Mentor | <input type="checkbox"/> | Specialist advice (e.g. CAMHS, Youth offending) | <input type="checkbox"/> |
| An adult at school/college | <input type="checkbox"/> | Housing support worker | <input type="checkbox"/> |
| Social worker | <input type="checkbox"/> | Police Community Support Officer (PCSO) | <input type="checkbox"/> |
| Older young people in my area | <input type="checkbox"/> | Other (please describe) _____ | |

Youth Services in the Future

14. What do you think youth services should focus on? (Please tick all that apply)

- | | | | |
|--|--------------------------|---|--------------------------|
| Providing safe spaces | <input type="checkbox"/> | Social action (volunteering) | <input type="checkbox"/> |
| Physical health/Sports/Fitness | <input type="checkbox"/> | Life skills (e.g. financial management) | <input type="checkbox"/> |
| Mental health/Wellbeing/Emotional support | <input type="checkbox"/> | Information and advice | <input type="checkbox"/> |
| Sexual health | <input type="checkbox"/> | Employment/careers/training | <input type="checkbox"/> |
| Leisure (games, social events) | <input type="checkbox"/> | Other (please describe) _____ | |
| Influencing decision makers/ participation | <input type="checkbox"/> | | |

15. Where would you prefer to access youth support? (Please tick all that apply)

- | | |
|--|--------------------------|
| Youth club | <input type="checkbox"/> |
| Community venue | <input type="checkbox"/> |
| A location of my choosing | <input type="checkbox"/> |
| School/college | <input type="checkbox"/> |
| Outdoor space (e.g. park/sports pitch) | <input type="checkbox"/> |
| In my own home | <input type="checkbox"/> |
| On the streets/ where I hang out | <input type="checkbox"/> |
| Other, please describe _____ | |

16. Who do you think youth services should be available to?

- | | |
|---|--------------------------|
| All young people | <input type="checkbox"/> |
| Just vulnerable young people | <input type="checkbox"/> |
| Mostly all young people with some services specifically for vulnerable young people | <input type="checkbox"/> |
| Mostly vulnerable young people with some services for all | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Other, please describe _____ | |

17. If you think vulnerable young people need support, which groups of young people should support be aimed at? (Please tick all that apply)

living in isolated rural areas	<input type="checkbox"/>	traveller community	<input type="checkbox"/>
not in education	<input type="checkbox"/>	with English as a second language	<input type="checkbox"/>
with disabilities or special educational needs	<input type="checkbox"/>	at risk of offending	<input type="checkbox"/>
young people in care/ leaving care	<input type="checkbox"/>	at risk of abuse or violence	<input type="checkbox"/>
young parents	<input type="checkbox"/>	young people who are homeless	<input type="checkbox"/>
young carers	<input type="checkbox"/>		<input type="checkbox"/>
gay/lesbian/bisexual/transgender	<input type="checkbox"/>	Other (please describe) _____	

18. How could youth support make a difference to you and help you in the future?

Shropshire Council is proposing a change in the way youth support is provided in Shropshire. The proposals for change are:

That a new model of youth work is implemented that incorporates, both:

- a) universal, open access groups (open to all, not restricted by appointments or invitations e.g. youth club sessions); and
- b) targeted support (addressing particular issues) through outreach or detached youth work (meeting young people in the community where they gather together and spend time).

The model would include:

- More emphasis placed on working with the most vulnerable young people and addressing issues of concern within communities.
- Youth workers employed to cover an area of Shropshire so they can get to know their communities. It is suggested that a team of 6 workers would be required.
- Development of new local networks where youth workers link to schools/colleges, voluntary sector groups and organisations, town and parish councils etc.
- Development of stronger referral networks between youth workers and specialist providers such as mental health workers, school nurses etc.
- Development of a stronger locality approach where there is more influence and support provided by town councils (and clusters of parish councils).

19. How do you feel about the proposed model?

Agree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Don't know/ no opinion	<input type="checkbox"/>

20. If you like the proposed model, why is that?

21. If you don't like the proposed model, why is that?

22. Do you have any alternative suggestions other than the model set out above?

About You

We ask questions about you to make sure we are giving people with different characteristics equal opportunity to have a say. We want to ensure that people with lots of different characteristics take part in surveys. If we think we have missed people with certain characteristics we can undertake extra work to collect more feedback. We never use this information to try to identify anyone from their responses.

23. How old are you?

24. Are you mainly..?

At school	<input type="checkbox"/>
At college/university	<input type="checkbox"/>
Working	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

25. What is your gender?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

26. What is your ethnic origin?

<input type="checkbox"/>	White (British, Irish, Polish, Gypsy or Irish Traveller, Other White)
<input type="checkbox"/>	Mixed (White and Black Caribbean, White and Black African, White and Asian, Other Mixed)
<input type="checkbox"/>	Asian or Asian British (Indian, Pakistani, Bangladeshi, Chinese, Other Asian)
<input type="checkbox"/>	Black or Black British (Caribbean, African, Other Black)
<input type="checkbox"/>	Other Ethnic Group (Arab, Other)
<input type="checkbox"/>	Prefer not to say

27. Is English your first language?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

28. Do you have any long-standing illness or disability that limits your daily activity?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

29. What is your postcode? (This is so we can check people living across Shropshire have responded to the survey and see if answers vary in different parts of the county).

30. Which town do you visit most often to use services, go shopping etc.?

How we will use your information

This survey is anonymous and we should not be able to identify you from your responses. The information you have provided will be used for statistical purposes and to inform decision making. We will only publish anonymised responses, parts of responses, or a summarized version of responses and will ensure individual survey respondents cannot be identified. Your response will be stored and kept in line with Shropshire Council's Retention Schedule.

Your survey information may be shared with other Shropshire Council services and those commissioned to deliver services on our behalf. We will not share your information with any other external third parties. Your information will be held securely, and if shared it will be shared securely. We comply with data protection laws concerning the protection of personal information, including the General Data Protection Regulation (GDPR). For more information on how information is held by Shropshire Council and your rights to gain access to the information we hold on you please see our corporate privacy policy at

www.shropshire.gov.uk/privacy

Thank you for taking the time to complete this survey.

If you have any questions relating to the survey please email TellUs@shropshire.gov.uk and quote the name of the survey within your email.