

### Youth Needs Assessment

This is an anonymous survey, which means that the information you choose to share with us cannot be used to identify you.

#### Age:

### Gender Identity:

 $\mathsf{Male}\ \Box\ \mathsf{Female}\ \Box\ \mathsf{Other}\ \Box\ \mathsf{Prefer}\ \mathsf{not}\ \mathsf{to}\ \mathsf{say}\ \Box$ 

Do you attend an LGBTQ+ group?

 $Yes \Box \quad No \Box \qquad No, but I would like to \Box$ 

**Do you attend a Youth Club?**  $\Box$  Yes |  $\Box$  No

What activities do you participate in outside of school hours?

What Activities would you like to do but cannot access?

#### Why can't you access these activities?

Too expensive  $\Box$ 

Too far away 🛛

Don't have anyone to go with  $\Box$ 

Don't get along with others already involved  $\Box$ 

Other  $\Box$  please tell us more:

### How active do you feel you are?

	□ 2	□ 3	□ 4	□ 5
Not active				Very
Active				

### Where do you like to hang out with friends?

How safe do you feel going to your local hang out area?

□ 5 Very Safe

	□ 2	□ 3	□ 4	
Very Unsafe				

What would make you feel safer?

Have you ever felt the need to carry a weapon to protect yourself?  $\Box$  Yes |  $\Box$  No

In the last year have you smoked any of the following? Cigarette 
Vape 
Cannabis

Have you drunk alcohol whilst hanging out with friends in the last year?  $\Box$  Yes |  $\Box$  No

Do you think you will continue to live in your area when you are an adult?  $\Box$  Yes |  $\Box$  No

If no, why not;

What are the challenges facing young people today?

Is climate change/climate action important to you? □ Yes | □ No

Do you feel that your voice is heard, and that adults listen to your views and thoughts about important issues?  $\Box$  Yes |  $\Box$  No

Do you feel that adults with do anything with the information you share about an issue you are worried or passionate about?  $\Box$  Yes |  $\Box$  No

What is the easiest way for you to share your thoughts and feelings about issues affecting you?

### What has been the biggest change for you since Covid-19?

# How has Covid-19 affected you? (Please Tick all that apply)

It has affected my mental health  $\Box$ 

It has affected the mental health of a family

member  $\Box$ 

No safe adult to talk to outside of family  $\square$ 

Unable to see friends  $\Box$ 

Getting behind in school work  $\Box$ 

Not being as active as before  $\Box$ 

Other  $\Box$  please tell us:

Over the last year how would you rate your mental health at its best?

 $\mathsf{Very}\;\mathsf{low}\;\square\;\mathsf{Low}\;\square\;\mathsf{Doing}\;\mathsf{OK}\;\square\;\;\mathsf{Good}\;\square$ 

Coping very well  $\Box$ 

And at its worst?

 $\mathsf{Very}\;\mathsf{low}\;\square\;\mathsf{Low}\;\square\;\mathsf{Doing}\;\mathsf{OK}\;\square\;\;\mathsf{Good}\;\square$ 

Coping very well  $\Box$ 

Have you ever received help for your mental health? 

Yes | 
No

### Who helped you?

Parent/carer 
Teacher/staff at school
Friends
GP
School nurse
CAMHS
Oxfordshire
Mind
Other - Please state:

How easy was it for you to access this support?

Really hard  $\Box$  Hard  $\Box$  Easy  $\Box$  Really easy  $\Box$ 

Is school a safe place for you?  $\Box$  Yes |  $\Box$  No

Is home a safe place for you?  $\Box$  Yes |  $\Box$  No

### Who is first person you would share your worries with?

Parent/carer 
Sibling Best Friend 
Teacher 
Youth Worker 
School Nurse 
Other 
please state:

## What social media do you use? (Please tick all that apply)

TikTok 🔲 Facebook 🗆 Instagram 🗆

Twitter  $\Box$  Snapchat  $\Box$  None  $\Box$ 

What do you like best about Social Media?

What do you least like about Social Media?

Do you feel safe online? 

Yes | 
No

Most of the time  $\Box$ 

What would you do if someone was saying bad things about you or someone else on social media?

Is there anything you would like to us to know about what young people need?

Thank you for taking our survey – your comments will help us (adults) understand young people better.