Youth Needs Assessment MEST OXFORDSHIRE DISTRICT COUNCIL

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

, /				
Age: Gender Iden	tity:			
Male ☐ Female	e 🗆 O	ther \square	Prefer not	to say 🗆
Do you atten Yes □ No □			•	to 🗆
Do you atten	d a You	uth Clu	b? □ Yes	s □ No
What activities school hours?	_	ou part	icipate in	outside of
What Activities would you like to do but cannot access?				
Why can't yo	u acces	s these	activities	?
Too expensive Too far away [Don't have any Don't get along Other plea	one to	thers al		lved □
How active d	o you f	eel you	are?	
□ I Not active Active	□ 2	□ 3	□ 4	□ 5 Very
Where do yo	u like t	o hang	out with	friends?
How safe do area?	you fee	el going	to your l	ocal hang out
□ I Very Unsafe	□ 2	□ 3	□ 4	□ 5 Very Safe

What would make you feel safer?			
Have you ever felt the need to carry a weapon to protect yourself? Yes No			
In the last year have you smoked any of the following? Cigarette \Box Vape \Box Cannabis \Box			
Have you drunk alcohol whilst hanging out with friends in the last year? \square Yes $ \square $ No			
Do you think you will continue to live in your area when you are an adult? \square Yes $ \square$ 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? Yes No			
Do you feel that adults with do anything with the information you share about an issue you are worried or passionate about? Yes 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	apply) TikTok □ Facebook □ Instagram □		
Covid-19?			
	Twitter □ Snapchat □ None □		
	What do you like best about Social Media?		
How has Covid-19 affected you? (Please Tick all that apply)			
It has affected my mental health \Box	What do you least like about Social Media?		
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 \square			
Getting behind in school work \square	Do you feel safe online? ☐ Yes ☐ No		
Not being as active as before \square			
Other □ please tell us:	Most of the time \square		
Over the last year how would you rate your mental health at its best?	What would you do if someone was saying bad things about you or someone else on social media?		
Very low \square Low \square Doing OK \square Good \square	media:		
Coping very well \square			
And at its worst?			
Very low \square Low \square Doing OK \square Good \square	Is there anything you would like to us to know about what young people need?		
Coping very well \square			
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 \square Hard \square Easy \square Really easy \square			
Is school a safe place for you? ☐ Yes ☐ No			
Is home a safe place for you? \square Yes $ \square $ No	Thank you for taking our survey – your comments will help us (adults) understand young people better.		
Who is first person you would share your worries with?			
Parent/carer ☐ Sibling ☐ Best Friend ☐ Teacher ☐ Youth Worker ☐ School Nurse ☐			

Other \Box please state:

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