



## Kirklees Young People's Survey 2023

We are giving every Year 9 student across Kirklees the chance to tell us about your experiences in order to find out what some of the big issues are for young people of your age. We really want to understand how you're feeling, what you're doing, what you think of the support you get and the place you live. Your comments will help schools, Kirklees Council and other organisations we work with to decide what to do to make sure you have the best chance for a happy, healthy life.

The survey should take less than 30 minutes to complete, and you'll be given a chance to talk about some of the issues raised in the survey as a group at the end. We won't ask for personal information like date of birth, name or address. Although we will be sharing combined results from the survey with organisations that provide services to young people in Kirklees, this will only be at a grouped level.

We hope you'll be able to answer all the questions, but you can choose not to answer anything you don't want to; just move on to the next question if this is the case. If you don't understand something, please ask your teacher/the supervising adult. As you work through the survey, additional questions may pop up depending on the answer you select. Most questions ask for a single answer - if you feel like you could select two answers to these questions, choose the one that best reflects how you feel or think at that moment.

Please answer all questions honestly. Remember, your name is not on the questionnaire, and no-one will find out what you put.

If you don't want to complete the survey, you don't have to – just tick the 'No' box below and raise your hand to let your teacher/the supervising adult know.

### **Question 1: Do you agree to take part in the Kirklees Young People's Survey 2023?**

*Yes – Please continue with the survey.*

*No – Please read the information below.*

# Choosing not to take part in the survey.

Thank you. If you are worried about anything that may have been covered by the survey, please talk to an adult you trust. They may be able to help or suggest where you can go to get help. You could also ring ChildLine on 0800 1111 or visit their website ([www.childline.org.uk](http://www.childline.org.uk)). Kirklees Public Health have also produced a list of useful resources, which you can find here:

[http://observatory.kirklees.gov.uk/jsna/KYPS\\_resources](http://observatory.kirklees.gov.uk/jsna/KYPS_resources).

**Please raise your hand to let your teacher/the supervising adult know you choose not to take part and close your browser to exit the survey.**

*By continuing, you agree to take part in the survey.*

## Who you are

These questions help us to understand if there are any issues which affect some people more than others. The law recognises that some people may be put at a disadvantage in society due to their natural characteristics. By seeing how different groups of people answer the survey questions, we can work to reduce these inequalities. We ask for your postcode so we can match to the part of Kirklees in which you live. We can then group all the results from a particular area together and can look for differences between areas.

**Q1. Which school do you go to? Write it in the box below.**

**Q2. How would you describe your gender?**

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ I would describe myself in some other way (please state)
- ☐ I'd rather not say.

**Q3. Do you consider yourself to be trans?**

- ☐ No
- ☐ Yes
- ☐ I'm not sure.
- ☐ I'd rather not say.

**Q4. What is your ethnic group?** Select the option that is most true for you. If you have parents of multiple heritage, choose the option you identify with the most (this may be a single ethnicity or one of the mixed/multiple ethnic group categories).

- ☐ White: White British
- ☐ White: Irish
- ☐ White: Gypsy or Irish Traveller
- ☐ White: Eastern European
- ☐ White: other White background
  
- ☐ Asian/Asian British: Bangladeshi
- ☐ Asian/Asian British: Indian
- ☐ Asian/Asian British: Pakistani
- ☐ Asian/Asian British: Chinese
- ☐ Asian/Asian British: other Asian background
  
- ☐ Black/African/Caribbean/Black British: African
- ☐ Black/African/Caribbean/Black British: Caribbean
- ☐ Black/African/Caribbean/Black British: other Black background
  
- ☐ Mixed/Multiple ethnic groups: White and Black Caribbean
- ☐ Mixed/Multiple ethnic groups: White and Black African
- ☐ Mixed/Multiple ethnic groups: White and Asian
- ☐ Mixed/Multiple ethnic groups: any other mixed/multiple ethnic background
  
- ☐ Other: Arab
- ☐ Other: any other ethnic background (please state)

**Q5. How would you describe your sexuality?**

- ☐ Heterosexual/straight
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Queer
- ☐ Asexual
- ☐ Pansexual
- ☐ I'd describe it another way (please state)
- ☐ I'm not sure.
- ☐ I'd rather not say.

**Q6. What is your home postcode?** Please choose the home where you spend most time. We will only use this postcode to match to the part of Kirklees in which you live, so we can group results from a particular area together and can look for differences between areas. Your house will not be identified and this will not be used to send you anything through the post.

**Q6a. Which area do you live in?**

# How you feel

These questions are about your general health and how you feel. Remember, your answers are anonymous so no one will find out what you put.

## **Q7. How would you rate your physical health now?**

- ☐ Very good
- ☐ Good
- ☐ Fair/OK
- ☐ Bad
- ☐ Very bad

## **Q8. How would you rate your mental health now?**

- ☐ Very good
- ☐ Good
- ☐ Fair/OK
- ☐ Bad
- ☐ Very bad

**Q9.** For each statement below, please tick one box only on the scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely'.

**Q9a. Overall, how satisfied are you with your life nowadays?**

**Q9b. To what extent do you feel the things you do in life are worthwhile?**

(Worthwhile here might mean worth spending time or effort on).

**Q9c. How happy did you feel yesterday?**

**Q9d. How anxious did you feel yesterday?**

**Q10.** Below are some statements about feelings, thoughts, and general wellbeing.

Please tick the box that best describes your experience of each over the last two weeks from 'None of the time', 'Some of the time', 'Often' and 'All of the time'.

**Q10a. I've been feeling optimistic about the future** ('Optimistic means hoping or believing that good things will happen).

**Q10b. I've been feeling useful.**

**Q10c. I've been feeling relaxed.**

**Q10d. I've been dealing with problems.**

**Q10e. I've been thinking clearly.**

**Q10f. I've been feeling close to other people.** (Close here might mean having someone you can talk to about things, knowing that someone is there for you if you need them, etc).

**Q10g. I've been able to make up my own mind about things.**

## **Q11. How often do you feel lonely?**

- ☐ Often/always
- ☐ Some of the time
- ☐ Occasionally
- ☐ Hardly ever
- ☐ Never

**Q12. How often do you worry about the following things?** Pick the most suitable response option from 'Never', 'Hardly ever', 'Sometimes (about once a week)' and 'Often (at least once a week)'.

- ☐ My physical health problems
- ☐ My mental health problems
- ☐ My weight
- ☐ My appearance
- ☐ Puberty
- ☐ My gender/gender identity
- ☐ My sexuality
- ☐ Being subject to racist behaviour
- ☐ Being subject to sexist behaviour (e.g., name or catcalling)
- ☐ Being bullied
- ☐ Being the victim of a crime
- ☐ My safety at school
- ☐ My safety outside of school
- ☐ My learning / education
- ☐ Friendships/relationships with people at school
- ☐ Friendships/relationships with people outside of school
- ☐ Money problems
- ☐ Somebody else's wellbeing
- ☐ Things that happen online (e.g., on social media or via messaging)
- ☐ My future
- ☐ Something else: Please state:

**Q13. How do you usually deal with your worries?**

- ☐ I don't have any worries.
- ☐ Talk to someone I know about it.
- ☐ Chat about it on social media.
- ☐ Think about it on my own.
- ☐ Seek support online.
- ☐ Rest or sleep more.
- ☐ Eat more.
- ☐ Eat less.
- ☐ Do something to take my mind off it (e.g., watch TV, listen to music, play video games).
- ☐ Do some physical activity.
- ☐ Smoke a cigarette.
- ☐ Drink alcohol.
- ☐ Use drugs.
- ☐ Cut or hurt myself.
- ☐ Something else, please state:
- ☐ Do nothing.
- ☐ I'd rather not say.

**Q14. Do you know where to go for help if you are struggling with your physical health?**

- ☐ Yes
- ☐ No
- ☐ Not sure

**Q15. Do you know where to go for help if you are struggling with your mental health?**

- ☐ Yes
- ☐ No
- ☐ Not sure

**Q16. Overall, how satisfied or dissatisfied are you with your local area (within a 15–20-minute walk from your home) as a place to live?** As a guide, ‘Very satisfied’ could mean you’re really happy with things in your local area and wouldn’t want to change anything; ‘Very dissatisfied’ could mean you’re really unhappy with your local area and would want lots of things to change.

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

## What you do

These questions are about things you do (or don't do) that can affect your physical and emotional health. Remember, your answers are anonymous. You will be given some resources at the end of the survey with more information about the impact these behaviours may have on your health, which can support you if you want to change your behaviour.

**Q17. What is your main method of travel to school?** If more than one method could apply, please choose the one option that you feel is the most representative of your journey to school.

- ☐ Walk
- ☐ Cycle
- ☐ Push/kick scooter
- ☐ Electric scooter
- ☐ Car or van
- ☐ Bus
- ☐ Train
- ☐ Other

**Q18. In the past week, on how many days have you done a total of 1 hour (60 minutes) or more of physical activity, which was enough to make you breathe harder (or make you sweaty or make your heart beat faster)?** This may include sport, school PE or other exercise, and walking quickly or cycling (for fun or to get to and from places).

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

**Q19. How much do you agree or disagree with the following statements?** Pick the most suitable response option from 'Strongly agree', 'Agree', 'Disagree', 'Strongly disagree' and 'Can't say'.

**Q19a. I enjoy taking part in exercise and sports.**

**Q19b. I feel confident when I exercise and play sports.**

**Q19c. I find exercise and sports easy.**

**Q19d. I understand why exercise and sports are good for me.**

**Q19e. I know how to get involved and improve my skills in lots of different types of exercise and sports.**

**Q20. In the past week, on how many days have you attended a leisure activity outside of school that you've enjoyed?** E.g., a Scouts or Guides group, a youth club, a sports club, music lesson, religious group, other community group.

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

**Q20a. What activity did you do?** Select all that apply.

- ☐ Uniformed organisation e.g., Scouts, Guides, Army Cadets
- ☐ Youth club/youth group based in your local community.
- ☐ Faith-based youth group
- ☐ Sports team e.g., football, rugby, netball.
- ☐ Sports club or lesson e.g., trampoline, tennis, swimming
- ☐ Gym
- ☐ Boxing club
- ☐ Martial Arts club
- ☐ Parkrun/Junior Parkrun
- ☐ Music group e.g., Brass band, Musica Kirklees group
- ☐ Music lesson
- ☐ After School club
- ☐ Performing Art groups e.g., dance, drama
- ☐ Creative Arts club e.g., art classes, reading clubs.
- ☐ Something else

**Q21. Do you spend time at home caring for someone with a disability or illness (physical or mental)?** This could include things like doing household chores, helping with washing/dressing or talking to them about their problems.

- ☐ **Yes** – please complete Q21a and Q21b.
- ☐ **No** - please move on to Q22.

**Q21a. Who do you look after?** Please select all that apply.

- ☐ My parent
- ☐ My brother or sister
- ☐ Another relative
- ☐ Somebody else

**Q21b. How long do you spend caring for them?** Please select an option for each from the following choices: 'Less than an hour a day', '1-2 hours a day', 'More than 2 hours a day', 'Some time, but not every day'.

- ☐ Looking after your parent
- ☐ Looking after your brother or sister
- ☐ Looking after your relative
- ☐ Looking after this person



**Q22. Have you ever gambled online?**

- ☐ Yes
- ☐ No
- ☐ I'd rather not say.

**Q23. On an average day, how likely is it that you will eat 5 or more portions of fruit and vegetables?** Examples of portion sizes include: 1 medium apple; 2 broccoli florets; a handful of dried fruit; 3 heaped tablespoons of peas; a handful of grapes; one medium glass of fresh fruit juice per day.

- ☐ Extremely likely
- ☐ Quite likely
- ☐ Quite unlikely
- ☐ Extremely unlikely
- ☐ I'm not sure.

**Q24. How often do you eat fast food or take away meals?**

- ☐ Never
- ☐ Less than once a weeks
- ☐ 1 to 4 times a week
- ☐ 5 or more times a week

**Q25. Have you ever tried a tobacco cigarette?**

- ☐ **Yes** – Please complete Q25a. (If you also answer 'Yes' to Q26, please complete Q25/26b).
- ☐ **No** – Please move on to Q26.
- ☐ **I'd rather not say** – Please move on to Q26.

**Q25a. Which statement best describes your use of tobacco cigarettes?**

- ☐ I have tried smoking once or twice.
- ☐ I used to smoke, but I don't now.
- ☐ I smoke but less than one cigarette a week.
- ☐ I smoke at least once a week, but not every day.
- ☐ I smoke every day.

**Q26. Have you ever tried an e-cigarette/vaping?**

- ☐ **Yes** - Please complete Q21a. (If you also answered 'Yes' to Q20, please complete Q20/21b).
- ☐ **No** – Please move on to Q22.
- ☐ **I'd rather not say** – Please move on to Q22.

**Q26a. Which statement best describes your use of e-cigarettes/vapes?**

- ☐ I have tried them once or twice.
- ☐ I used to use them, but I don't now.
- ☐ I use them less than once a week.
- ☐ I use them at least once a week, but not every day.
- ☐ I use them every day.

**Q25/26b Which statement describes you best? Only answer this question if you have answered 'Yes' to Q25 AND Q26.**

- ☐ I started smoking tobacco first and moved on to e-cigarettes.
- ☐ I started using e-cigarettes first and moved on to smoking tobacco.

**Q27. Have you ever had an alcoholic drink (more than a sip)?**

- ☐ **Yes** – please complete Q27a.
- ☐ **No** – please move on to Q28.
- ☐ **I'd rather not say** – please move on to Q28.

**Q27a. How often do you usually have an alcoholic drink?**

- ☐ I never drink alcohol now.
- ☐ Occasionally (less than once a month).
- ☐ About once a month.
- ☐ About once a week.
- ☐ More than once a week.

**Q28. Have you ever used drugs?** (e.g., cannabis, glue-sniffing, nitrous oxide, steroids). This does NOT include any medication prescribed by your doctor.

- ☐ No
- ☐ Yes
- ☐ I'd rather not say.

**Q28a. Thinking about drugs, please tell us what you have tried.** Select all that apply. This does NOT include any medication prescribed by your doctor.

- ☐ Cannabis (Hash, Puff, Weed, Spliff, Ganja)
- ☐ Solvents (Glue, Petrol)
- ☐ Nitrous oxide (Laughing gas)
- ☐ Ecstasy (E's, MDMA)
- ☐ LSD (Acid)
- ☐ Amphetamines (Speed, Whizz)
- ☐ Heroin (Brown, Test)
- ☐ Cocaine
- ☐ Crack
- ☐ Benzodiazepines (Benzos, Diazepam, Temazepam)
- ☐ Dihydrate (Die-hards)
- ☐ Ketamine (Ket)
- ☐ Steroids
- ☐ Magic Mushrooms
- ☐ Another drug (please state).

**Q29. Have you had drugs education at school?**

- ☐ Yes, it was interesting.
- ☐ Yes, it was alright.
- ☐ Yes, but it was boring.
- ☐ No
- ☐ Not sure

**Q30. Are you happy to answer a question about sexual contact?**

- ☐ Yes
- ☐ No – please move on to Q31.

**Q30a. Have you ever had sexual contact with somebody else (this includes kissing or touching in a sexual way)?**

- **Yes** – please complete Q30b.
- **No** – please move on to Q31.
- **I'd rather not say** – please move on to Q31.

**Q30b. What kind of sexual contact have you had? Please select all that apply.**

- **Sexual intercourse** (sometimes called penetrative sex) – please complete Q30c and Q30d.
- **Other sexual contact** (non-penetrative, e.g., kissing, touching) – please move on to Q31.

**Q30c. Do you and your partner use condoms?**

- Yes, every time.
- Yes, sometimes.
- No
- I'd rather not say.

**Q30d. Do you or your partner use other forms of contraception? Please select all that apply.**

- No
- The Pill
- Implant
- Injection
- Withdrawal
- Coil/Intra-uterine device (IUD)
- Emergency morning after pill
- Another method of protection (please state).
- I'd rather not say.

**Q31. Where do you prefer to get help or information about sexual health (e.g., safe sex, contraception, STIs)? Select all that apply.**

- Sexual health service
- School
- Online
- Friends
- Parents
- Somewhere else (please state)

## Your personal safety

These questions are about the things that may be affecting how safe you feel. Remember, your answers are anonymous so no one will find out what you put. You will be given a set of resources at the end of the survey with more information about some of the issues raised in this section. Please talk to an adult you trust or have a look at these resources if you're having any problems.

### Q32. How safe do you feel when outside in your local area during the day?

- ☐ Very safe
- ☐ Fairly safe
- ☐ Neither safe nor unsafe
- ☐ Fairly unsafe
- ☐ Very unsafe
- ☐ I'm not sure.

### Q33. How safe do you feel when outside in your local area after dark?

- ☐ Very safe
- ☐ Fairly safe
- ☐ Neither safe nor unsafe
- ☐ Fairly unsafe
- ☐ Very unsafe
- ☐ I'm not sure.

### Q34. Do any of these things make the area where you live feel unsafe? Please tick all that apply.

- ☐ The area where I live feels safe.
- ☐ Road traffic
- ☐ The way the area looks.
- ☐ Lack of streetlights after dark
- ☐ Gangs
- ☐ Bullies
- ☐ People who hang about
- ☐ Fighting
- ☐ Crime in general
- ☐ Drug dealing
- ☐ People carrying knives or sharp objects.
- ☐ Guns
- ☐ Racial tension (*people from different racial/ethnic backgrounds not getting on with each other*)
- ☐ Extremist views (*such as extreme political or religious opinions that may encourage doing harm to people with different views*)
- ☐ Cat-calling (*being whistled at or having sexual or lewd comments shouted at me in passing, e.g. by people on the street or from passing cars*)
- ☐ Something else

**Q35. In the last six months have you been physically hurt or intimidated by someone (for example getting hit, pushed around, or threatened, or having belongings stolen)?**

- ☐ **Yes** – please complete Q35a, Q35b and Q35c.
- ☐ **No** – please move onto Q36.
- ☐ **I'd rather not say** – please move onto Q36.

**Q35a. How often has this happened?**

- ☐ 1-3 times in the last 6 months
- ☐ More than 4 times in the last 6 months
- ☐ More than once a week

**Q35b. Where has this happened? Please select all that apply.**

- ☐ In school
- ☐ Outside of school

**Q35c. Do you feel that this has ever been related to...? Please select all that apply.**

- ☐ your age
- ☐ your gender/gender identity
- ☐ your appearance
- ☐ your sexuality
- ☐ your race or ethnicity
- ☐ your religion or beliefs
- ☐ where you live

**Q36. In the last six months have your feelings been hurt on purpose by someone (such as being called names, being deliberately left out of group activities, or having nasty stories spread about you)?**

- ☐ **Yes** – please complete Q36a, Q36b and Q36c.
- ☐ **No** – please move onto Q37.
- ☐ **I'd rather not say** – please move onto Q37.

**Q37a. How often has this happened?**

- ☐ 1-3 times in the last 6 months
- ☐ More than 4 times in the last 6 months
- ☐ More than once a week

**Q37b. Where has this happened? Please select all that apply.**

- ☐ Online
- ☐ In school
- ☐ Outside of school

**Q37c. Do you feel that this has ever been related to...? Please select all that apply.**

- ☐ your age
- ☐ your gender/gender identity
- ☐ your appearance
- ☐ your sexuality

- your race or ethnicity
- your religion
- where you live

**Q38. How well does your school deal with bullying?**

- Bullying is not a problem at my school.
- Usually well
- Sometimes well and sometimes badly
- Usually badly
- I'm not sure.
- I'd rather not say.
- Not applicable (not currently at school)

**Q39. How well does your school deal with sexual harassment?**

- Sexual harassment is not a problem at my school.
- Usually well
- Sometimes well and sometimes badly
- Usually badly
- I'm not sure.
- I'd rather not say.
- Not applicable (not currently at school)

## What you want and need

These questions help us to understand if there are any things that young people don't have that would improve their lives. The law recognises that some people may be put at a disadvantage in society due to their natural characteristics. By seeing how different groups of people answer the survey questions, we can work to reduce these inequalities.

### **Q40. Does your family ever worry about having enough money to pay for essential shoes/clothing, food or heating your home?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ I'm not sure.
- ☐ I'd rather not say.

### **Q41. How do you access the internet from your home?** Please tick all that apply.

- ☐ I have broadband internet installed at home (e.g., Sky, Virgin, BT, etc)
- ☐ I use a prepaid router or "dongle".
- ☐ I use my mobile phone data.
- ☐ I use my parents'/carers'/family members' mobile phone data.
- ☐ I have a router or data agreement provided via school.
- ☐ I have the equipment needed (laptop, computer, tablet, or mobile phone) but no internet access at home.
- ☐ I have internet access at home but not the equipment needed (laptop, computer, tablet, or mobile phone)
- ☐ I'm not sure.

### **Q42. Do you have a special educational need or a learning difficulty?**

- ☐ **Yes** – please complete Q42a and Q42b.
- ☐ **No** – please move on to Q43.
- ☐ **I'm not sure** – please move on to Q43.

### **Q42a. Do you feel like you get enough support at school with this?**

- ☐ Yes
- ☐ No
- ☐ Don't know.
- ☐ Rather not say.

### **Q42b. To what extent does your special educational need or learning difficulty affect your daily life?**

- ☐ A lot.
- ☐ A little.
- ☐ Not at all
- ☐ I'm not sure.

**Q43. Do you have a long-term health problem or disability that limits your day-to-day activities?** By long term we mean anything that has lasted, or is expected to last, at least 3 months.

- Yes, limited a little – please complete Q43a.
- Yes, limited a lot – please complete Q43a.
- No – please move on to Q44.
- I'm not sure – please move on to Q44.

**Q43a. Do you feel like you get enough support from health services with this?**

- Yes
- No
- I'm not sure.
- I'd rather not say.

**Q44. When you grow up, which things, if any, do you think will be most important for you to have a good life?** Choose up to 5 things from the list below.

- Having a good education.
- Good friends.
- A good job or career.
- Enough money to buy the things I need.
- Getting on well with my current family.
- Starting my own family.
- A nice home to live in.
- Good mental health.
- Good physical health.
- Being part of a good local community.
- Living in a nice area with things to do.
- Everyone being treated fairly.
- A healthy environment and planet.

**Thank you very much for completing the survey.**

If you are worried about anything covered by the survey, please talk to an adult you trust. They may be able to help or suggest where you can go to get help. You could also ring ChildLine on 0800 1111 or visit their website ([www.childline.org.uk](http://www.childline.org.uk)).

Kirklees Public Health have also produced a list of useful resources, which you can find here:  
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