

Wrexham Youth Work Strategy 2027–2032

Young People's Consultation

We're developing a new Youth Work Strategy to shape how young people in our area are supported over the next five years. This strategy will set out what youth work currently looks like locally, what young people say they need, and how we and our partners will work together to meet those needs. Your voice is important and your answers will help improve activities, support, and opportunities for young people.

This survey is anonymous

Section A: About you

1. How old are you?

**Only choose one option.*

- | | |
|-----------------------------------|----------------------------------|
| <input type="radio"/> A) Under 11 | <input type="radio"/> B) 11 - 13 |
| <input type="radio"/> C) 14 - 16 | <input type="radio"/> D) 17 - 18 |
| <input type="radio"/> E) 19 - 21 | <input type="radio"/> F) 22 - 25 |
| <input type="radio"/> G) Over 25 | |

*If you answered **A** for Question 1, you **do not** need to answer any further questions.*

*If you answered **G** for Question 1, you **do not** need to answer any further questions.*

Section B

2. What is your gender? (optional)

Gender is how you describe yourself as a person.

**Only choose one option.*

- | | |
|--|--|
| <input type="radio"/> A) Male | <input type="radio"/> B) Female |
| <input type="radio"/> C) Non- Binary | <input type="radio"/> D) Prefer not to say |
| <input type="radio"/> E) Prefer to self-describe | |

If 'Prefer to self-describe', please specify

3. What area do you live in? (First 4 digits of your Postcode or area name)

4. Do you consider yourself to have any of the following? (Optional) (optional)

**Choose as many as you like*

- A) Disability or additional learning need
- B) Care experience / young carer
- C) Prefer not to say
- D) Other: (please explain)

If 'Other: (please explain)', please specify

Section C: Survey- Access & Awareness

5. Are you aware of any youth activities or services in your area? e.g. youth club, sports, detached youth work, mentoring, mental health support, street-based activities, online digital youth work etc... (optional)

**Only choose one option.*

- A) Yes
- B) No
- C) Not sure

6. Do you attend or use any youth activities or services in your area? (optional)

**Only choose one option.*

- A) No.
- B) Yes, please explain- what activities or services do you attend or use?

If 'Yes, please explain- what activities or services do you attend or use? ', please specify

*If you answered A for Question 6, go to **Section E** next.*

Section D: Experience & Quality

7. Where do you hear about youth activities or services? (Select all that apply) (optional)

**Choose as many as you like*

- | | |
|--|---|
| <input type="checkbox"/> A) School/college | <input type="checkbox"/> B) Friends |
| <input type="checkbox"/> C) Social media | <input type="checkbox"/> D) Youth workers |
| <input type="checkbox"/> E) Posters/flyers | <input type="checkbox"/> F) Other |

If 'Other', please specify

8. How frequently do you take part in youth activities? (optional)

**Only choose one option.*

- | | |
|--|--|
| <input type="radio"/> A) Very regularly (weekly or more) | <input type="radio"/> B) Regularly (a few times a month) |
| <input type="radio"/> C) Occasionally (every few months) | <input type="radio"/> D) Rarely (once or twice a year) |
| <input type="radio"/> E) Never | <input type="radio"/> F) Other: please explain |

If 'Other: please explain', please specify

9. How safe do you feel in youth activities? (optional)

Please write a number between 1 (Not Safe) and 5 (Very Safe) only

10. What do you like about current youth activities? (optional)

11. What could be improved? (optional)

12. Have youth activities helped you with any of the following? (Select all that apply) (optional)

**Choose as many as you like*

- | | |
|--|--|
| <input type="checkbox"/> A) Confidence | <input type="checkbox"/> B) Friendships |
| <input type="checkbox"/> C) Skills | <input type="checkbox"/> D) Mental wellbeing |
| <input type="checkbox"/> E) Feeling safe | <input type="checkbox"/> F) None of these |
| <input type="checkbox"/> G) Other : Please explain | |

If 'Other : Please explain', please specify

13. Do youth services feel welcoming to everyone? (optional)

**Only choose one option.*

- A) Yes
- B) No
- C) Not sure

*If you answered **A** for Question 13, go to **Section F** next.*

*If you answered **B** for Question 13, go to **Section F** next.*

*If you answered **C** for Question 13, go to **Section F** next.*

Section E

14. If you don't attend, what stops you? (Select all that apply) (optional)

**Choose as many as you like*

- | | |
|---|---|
| <input type="checkbox"/> A) Transport | <input type="checkbox"/> B) Cost |
| <input type="checkbox"/> C) Not interested | <input type="checkbox"/> D) Don't feel welcome |
| <input type="checkbox"/> E) Don't feel safe | <input type="checkbox"/> F) Don't know what's available |
| <input type="checkbox"/> G) Times don't suit me | <input type="checkbox"/> H) Other: please explain |

If 'Other: please explain', please specify

Section F: Needs & Challenges

15. Where would you prefer youth activities to take place? (optional)

**Choose as many as you like*

- | | |
|--|---|
| <input type="checkbox"/> A) School | <input type="checkbox"/> B) Community centre |
| <input type="checkbox"/> C) Youth club | <input type="checkbox"/> D) Outdoors |
| <input type="checkbox"/> E) Online | <input type="checkbox"/> F) Other: please explain |

If 'Other: please explain', please specify

16. What youth activities would you like more of? (optional)

**Choose as many as you like*

- | | |
|---|---|
| <input type="checkbox"/> A) Sports | <input type="checkbox"/> B) Music / arts |
| <input type="checkbox"/> C) Gaming / digital | <input type="checkbox"/> D) Trips |
| <input type="checkbox"/> E) Mental health support | <input type="checkbox"/> F) Careers / job support |
| <input type="checkbox"/> G) Volunteering | <input type="checkbox"/> H) Other: please explain |

If 'Other: please explain', please specify

17. When should activities take place? (optional)

**Choose as many as you like*

- | | |
|--|---|
| <input type="checkbox"/> A) After school | <input type="checkbox"/> B) Evenings |
| <input type="checkbox"/> C) Weekends | <input type="checkbox"/> D) School holidays |
| <input type="checkbox"/> E) Other | |

If 'Other', please specify

18. What support do young people need most right now? (optional)

19. What skills or opportunities would help your future? (optional)

Section G: Voice & Influence

20. Do you feel young people are listened to in your area? (optional)

**Choose as many as you like*

- A) Yes
- B) Sometimes
- C) No
- D) Please explain

If 'Please explain', please specify

21. Have you ever been asked for your views before? (optional)

**Only choose one option.*

- A) Yes
- B) No

22. Are you able to have a say in decisions that affect you? (optional)

**Only choose one option.*

- A) Yes
- B) No
- C) Not sure

23. Would you like to be involved in shaping youth services? (optional)

**Only choose one option.*

- A) Yes
- B) No
- C) Maybe

24. How can we make it easier for young people to have their say? (optional)

Section H: Looking Ahead

25. What should youth services look like in the future? (Think about spaces, support, activities, and opportunities) (optional)

26. Is there anything else you would like to share with us? (optional)

We would like to thank you for taking the time to complete this survey. We're gathering the views of young people aged 11–25, and your answers will help shape Wrexham's Youth Work Strategy and future Youth Services, Your voice genuinely makes a difference.