

BiB AGE
OF
WONDER

MODULE ONE

SOCIOECONOMICS



ARTS & CULTURE



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SOCIOECONOMICS



ARTS & CULTURE



item no.	Items	Response format		
1	Participant study ID	Text		
2	Year group	8	9	10

Section 1: Demographics

In this section we ask about things like your ethnicity, language and religion. This helps us understand young people's answers from different backgrounds.

Remember, if you do not want to answer a question, you can skip it.

Item no	Items	Response format
3	What is the first letter of your surname?	Drop down: A-Z
4	What day of the month is your birthday	Drop down: 1-26
5	What is your country of birth?	Drop down: 200 countries
6	IF NON UK COUNTRY SELECTED FOR Q5 how many years have you lived In the UK?	Drop down: 1-15

Ethnicity

Ethnicity is the racial and/or cultural background you associate with (e.g. White-English, Asian-Pakistani) Choose one option then choose one box below to best describe your ethnic group or background.

Item no	Items	Response format
7	What is your ethnicity?	White; mixed or multiple ethnic groups; Asian or Asian British; black, black British, Caribbean or African; Arab; other ethnic groups
8	IF SELECTED WHITE TO Q7 Tick one box to best describe your ethnic group or background	English, Welsh, Scottish, northern Irish or British; Irish; Gypsy or Irish traveller; Roma; Polish; Slovakian; Romanian; Czech; Any other White Background (please specify)
9	IF SELECTED MIXED OR MULTIPLE ETHNIC GROUPS TO Q7 Tick one box to best describe	White and black Caribbean; White and black African; White and Asian; Any other mixed or multiple ethnic background (please specify)

	your ethnic group or background	
10	IF SELECTED ASIAN OR ASIAN BRITISH TO Q7 Tick one box to best describe your ethnic group or background	Indian; Pakistani; Bangladeshi; Chinese; Any other Asian background (please specify)
11	IF SELECTED BLACK, BLACK BRITISH, CARIBBEAN, OR AFRICAN Q7 Tick one box to best describe your ethnic group or background	Caribbean; African background (please specify); Any other Black, British or Caribbean background (please specify)
12	IF SELECTED ARAB TO Q7 Tick one box to best describe your ethnic group or background	Arab; any other ethnic group

Languages

Item no	Items	Response format
13	Which of these languages is usually spoken at home?	English; Urdu; Punjabi; Gujarati; Bengali; Hindko; Polish; Pashto; Other, please specify
14	IF SELECTED OTHER TO Q13 Other (please specify)	Text

Religion

15	Do you consider yourself to have a religion?	Yes	No
16	IF ANSWERED YES TO Q15 What is your religion?	Christianity (including church of England, catholic, protestant and all other Christian denominations); Buddhism; Hinduism; Judaism; Islam; Sikhism; Any other religion (please specify)*	
17	IF ANSWERED OTHER TO Q16 please specify	Text	

Sex and Gender identity

The next questions are about sex and gender identity. In order for our research to be compared with other studies we have used standard measures similar to the National Census. This information is used to monitor equality between groups of people of different genders and sexes. Equality monitoring helps make sure that everyone is treated fairly and helps identify what services are needed. You can choose not to answer any of the questions.

If you feel that there is not an answer that applies to you, there will be a space for you to enter your own response.

Item no	Items	Response format				
18	What is your sex?(The biological sex on your birth certificate) A question about gender identity will follow in the survey	Female	Male	Do not wish to answer	Wish to enter own response	
19	IF OWN RESPONSE SELECTED TO Q18 space to self-describe	Text				
20	What is your gender?	Female	Male	Non-binary	Wish to enter own response	Do not wish to answer
21	IF OWN RESPONSE SELECTED TO Q20 space to self-describe	Text				

Disability

In this section of the survey, you will be asked questions about any disabilities you may have. Remember, If you do not want to answer a question, you can skip it.

Item no	items	Response format		
22	Do you have any physical or mental health conditions or illnesses?	Yes	No	
23	IF SELECTED YES TO Q22 Has this lasted, or is it expected to last, for 12 months or more?	Yes	No	
24	IF SELECTED YES TO Q22 Do any of your illnesses or conditions reduce your ability to carry out day to day activities	Yes a lot	Yes a little	Not at all

Section 2: Socioeconomics

Material Possessions

In this part of the survey you will be asked questions

about the things you have. Remember, if you do not want to answer a question, you can skip it.

Item no	Items	Response format			
25	Which of these things do you have? 3 meals every day A warm winter coat Clothes that you think your friends like Your own mobile phone A computer, laptop or tablet with internet at home At least one family holiday away from home in a typical year A family car, van or truck A bedroom for yourself A dishwasher at home	Yes		No	
26					
27					
28					
29					
30					
31					
32	Compared to your friends, would you say your family is richer, about the same, poorer or don't know?	Richer	About the same	poorer	Don't know
35	How often do you worry about how much money your family has?	Never		Some of the time	All of the time
36	When you are home on a typical day in winter, are you (and everyone in your household) warm enough?	Yes-always	Yes-sometimes	No- rarely	No-never
37	My parents/ guardians have talked about the need to cut back on certain things to save money	Yes		No	

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38	IF ANSWERED YES TO Q37 Which of the following have your parents/guardians discussed cutting back on?	Using too much energy (eg gas or electric); Luxuries (eg takeaways, eating out, new cars, new clothes ect); Holidays and leisure activities (eg hobbies, outside of school, trips ect); Food shopping; Car journeys to save fuel Other (please specify)
39	IF ANSWERED OTHER TO Q.38 Other, please specify	Text

Household structure

In this part of the survey you will be asked questions about who you live with.

Remember all your responses are completely confidential, if you don't want to answer a question, you can skip it

Item no.	Items	Response Format		
40	How many homes do you live in?	1	2	More than 2
41	Who lives in your first home? Tick all that apply.	Mother; Father; Guardian; Stepmother; Stepfather; Mother's partner; Father's partner; Siblings; Auntie; Uncle; Grandmother; Grandfather; Cousins; Other		
42	IF ANSWERED OTHER TO Q.41, Please specify:	Text		
43	DEPENDING ON OPTIONS SELECTED IN Q.41, How many of your (mothers/fathers/guardians... etc.) live in your first home?	Number		
44	IF SELECTED 2 OR MORE IN Q.40, Who lives in your second home? Tick all that apply.	Mother; Father; Guardian; Stepmother; Stepfather; Mother's partner; Father's partner; Siblings; Auntie; Uncle; Grandmother; Grandfather; Cousins; Other		
45	IF SELECTED 'OTHER', Please specify:	Text		

Family

46	Select your birth order. I am...	1 st born, 2 nd born, 3 rd born, 4 th born, 5 th born, 6 th born, 7 th born, 8 th born, 9 th born, 10 th born.			
47	How many of your (mothers/fathers/guardians... etc.) live in your second home?	Number			
48	How often do your family get along together?	Never	Some of the time	Always	
49	How often do you get along with your brothers, sisters, and other young people you live with?	Never	Some of the time	Always	I don't live with any siblings

Economic status

In this part of the survey you will be asked questions about who in your home works. Remember, if you do not want to answer a question, you can skip it.

50	Do any of the adults looking after you in your first home have a job?	Yes	No	Don't know	
50 51 52	IF ANSWERED YES TO Q50, <u>For up to three of the adults living in your first home who have jobs...</u> What is their relation do you? What is their place of work? (e.g. hospital, bank, restaurant) What job do they do? (e.g. teacher, bus driver)	Dropdown options Text box textbox			
53	IF ANSWERED NO TO Q50, Why do the adults in your first home not have a job? Please tick all that apply.	They are sick, retired or a student	They are looking for a job	They take care of others or are full-time at home	Don't know
54	IF SELECTED '2' OR 'More than 2' IN Q.40, Do any of the adults in your second home have a job?	Yes	No	Don't know	

	IF ANSWERED 'YES' TO Q.55, <u>For up to three of the adults living in your second home who have jobs...</u>	
55	What is their relation do you?	Dropdown options
56	What is their place of work? (e.g. hospital, bank, restaurant)	Text
57	What job do they do? (e.g. teacher, bus driver)	Text

Own Financial Resources

In this part of the survey you will be asked questions about your own money.

Remember, all of your responses are completely confidential. If you do not want to answer a question, you can skip it.

Item no	Items	Response Format:	
58.	Do you get money to spend money to spend on yourself from any of the following sources?		
59.	Regular pocket money or allowance	Yes	No
60.	Money from doing chores or babysitting for family or relatives	Yes	No
61.	Money from working in the family business	Yes	No
62.	Money from a paid job	Yes	No
63.	Given money by parents when I need it	Yes	No
64.	I never get any money to spend on myself	Yes	No
65.	Other	Yes	No
66.	IF ANSWERED YES TO Q146 Space to self-describe	Text box	

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Food Availability

In this part of the survey you will be asked questions about the availability of food to you. Your answers will help local organisations support people's access to food in your community and across Bradford.

Remember, all of your responses are completely confidential. If you do not want to answer a question, you can skip it.

Item no	Item	Response Format	
67.	We can't get the food we want because there is not enough money	Yes	No
68.	I worry about not having enough to eat	Yes	No
69.	I worry about how hard it is for my parents to get enough food for us	Yes	No
70.	I feel hungry because there is not enough food to eat	Yes	No
71.	I try not to eat a lot so that our food will last	Yes	No

Social Comparison

In this part of the survey you will be asked questions about how you feel about comparisons people make between each other.

Remember, all of your responses are completely confidential. If you do not want to answer a question, you can skip it.

Item no	Item	Response Format				
	<u>How often do you think the following?</u>					
72.	If I don't strive to achieve I will be seen as inferior to other people	Never	Rarely	Mostly	Sometimes	Always
73	People compare me to others to see if I match up	Never	Rarely	Mostly	Sometimes	Always
75.	Others will accept me even if I fail	Never	Rarely	Mostly	Sometimes	Always

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Neighbourhood

This part of the survey will ask you questions about your neighbourhood. Remember, if you do not want to answer a question, you can skip it.

Item no	Item	Response Format				
76.	How do you rate the following in the area that you live?					
77.	Your safety when going out after dark	Very poor	Poor	Ok	Good	Very good
78.	Your safety when going out during the day	Very poor	Poor	Ok	Good	Very good
79.	Your safety at school	Very poor	Poor	Ok	Good	Very good
80.	Your safety when going to or from school	Very poor	Poor	Ok	Good	Very good
81.	In the last 12 months have you been the victim of violence or aggression in the area where you live?	No	Not sure	Yes		

82.	To what extent do you agree or disagree with the following statement: I can influence decisions affecting my local area	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't have an opinion	Don't know
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Arts and Culture

Activities in this section will be asking all about your involvement in arts and culture activities.

Your answers will help local organisations identify which arts and culture activities are the most relevant to young people, and how organisations can support young people to engage in these activities.

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Item no	Item	Response Format	
Did you do any of the following activities in the last month?			
83.	Go to a party, dance, house party or nightclub	Yes	No
84.	Go to watch live sport (for example at a stadium)	Yes	No
85.	Sing, play an instrument, or make music (either on your own or as part of a choir/band/orchestra)	Yes	No
86.	Go to a live music concert or gig	Yes	No
87.	Go to some other type of live performance, such as a play, pantomime, opera, dance or circus	Yes	No
88.	Read for enjoyment	Yes	No
89.	Go to youth clubs	Yes	No
90.	Go to explorer scouts/senior guides	Yes	No
91.	Go to a library	Yes	No
92.	Go to museums or galleries, visit a historic place or stately home	Yes	No
93.	Do voluntary, charity or community work	Yes	No
94.	Go to a political meeting, march, rally or demonstration	Yes	No
95.	Attend a religious service or event	Yes	No
96.	Participate in a poetry/spoken word session	Yes	No
97.	Do creative writing (outside work or school)	Yes	No
98.	Take part in theatre, dance, circus, or other performance activities	Yes	No
99.	Make your own drawing, painting, sculpture or other artwork (things that are made by hand)	Yes	No
100.	Make your own graphic designs, photographs, or films/videos (things that are made using digital technology, including content for social media such as Instagram or TikTok)	Yes	No
101.	Are there any cultural activities that you do that you would like to tell us about?	Text box	
102.	What motivates you to participate in artistic or cultural activities? You can choose more than one option.	I enjoy the activity; It's an opportunity to socialise with my friends; To improve my skills/develop some talent; To feel better emotionally; To express emotions and opinions through art; Other (please specify)	
103.	IF ANSWERED OTHER TO Q203 Space to self-describe	Text	

104.	If there are activities from the list above that you would like to do, but don't do at the moment, what are the reasons for not doing them? You can choose more than one option.	I do not have enough time; It is too expensive; I have health problems that prevent me from participating; There are no facilities to do artistic activities in my local area; I can't find information about the activities on offer; The closest facility/arts academy is too far away; I'm not interested in the arts; Other (please specify)		
105.	IF ANSWERED OTHER TO Q205. Space to self-describe	Text		
Please complete the following questions with a maximum of three artistic activities that you have done in the last 30 days				
106.	Activity 1	Attend party, dance, house party or night club; Watch live sport; Sing, play instrument, or make music; Watch live music or gig; Watch play, pantomime, opera, dance or circus; Read for enjoyment; Attend youth club; Attend explorer scouts/senior guides; Visit library; Visit museums, galleries, or place of historical significance; Voluntary, charity, or community work; Political meeting, march or rally; Attend religious service; Participate in poetry/spoken word session; Creative writing (outside school); Perform theatre, dance, circus; Make drawing, painting, sculpture; Make graphic designs, photographs, films/videos		
107.	Who are you doing this activity with?	Alone	With friends	Others (please specify)
108.	IF ANSWERED OTHER TO Q208. Space to self-describe	Text		
109.	Where do you do this activity?	School/College or higher education; Work; Arts academy or club; Local community centre; Church; At home/virtual; Other (please specify)		
110.	IF ANSWERED OTHER TO Q210. Space to self-	Text		

	describe			
111.	Activity 2	Attend party, dance, house party or night club; Watch live sport; Sing, play instrument, or make music; Watch live music or gig; Watch play, pantomime, opera, dance or circus; Read for enjoyment; Attend youth club; Attend explorer scouts/senior guides; Visit library; Visit museums, galleries, or place of historical significance; Voluntary, charity, or community work; Political meeting, march or rally; Attend religious service; Participate in poetry/spoken word session; Creative writing (outside school); Perform theatre, dance, circus; Make drawing, painting, sculpture; Make graphic designs, photographs, films/videos		
112.	Who are you doing this activity with?	Alone	With friends	Others (please specify)
113.	IF ANSWERED OTHER TO Q213 Space to self-describe	Text		
114.	Where do you do this activity?	School/College or higher education; Work; Arts academy or club; Local community centre; Church; At home/virtual; Other (please specify)		
115.	IF ANSWERED OTHER TO Q215. Space to self-describe	Text		
116.	Activity 3	Attend party, dance, house party or night club; Watch live sport; Sing, play instrument, or make music; Watch live music or gig; Watch play, pantomime, opera, dance or circus; Read for enjoyment; Attend youth club; Attend explorer scouts/senior guides; Visit library; Visit museums, galleries, or place of historical significance; Voluntary, charity, or community work; Political meeting, march or rally; Attend religious service; Participate in poetry/spoken word session; Creative writing (outside school); Perform theatre, dance, circus; Make drawing, painting, sculpture; Make graphic designs, photographs, films/videos		
117.	Who are you doing this activity with?	Alone	With friends	Others (please specify)

118.	IF ANSWERED OTHER TO Q219. Space to self-describe	Text				
119.	Where do you do this activity?	School/College or higher education; Work; Arts academy or club; Local community centre; Church; At home/virtual; Other (please specify)				
120.	IF ANSWERED OTHER TO Q220. Space to self-describe	Text				
121.	How much do you agree with the following statement? I have great talent in artistic activities.	Strongly agree	Agree	Neither agree nor disagree	Agree	Strongly agree