Left to their own devices

Young people, social media and mental health

By Mihalis Papamichail and Neera Sharma, June 2019
Left to their own devices
Executive summary

Use of social media and digital technology by children and young people has increased over the past decade. At the same time, mental health disorders are on the rise with recent NHS data showing that **1 in 8** children and young people aged between 5-19 in England have at least one mental health disorder.¹

However, there is no conclusive evidence of a causal link between the increase in the use of social media and the decline in children and young people’s mental health.²

All children are vulnerable just because they are children. However, some children face additional life challenges. In its report on vulnerability, the Office of the Children’s Commissioner for England³ set out 32 groups of vulnerable children. These include:

- Children in care
- Children in Pupil Referral Units
- Young carers
- Care leavers
- Children involved in gangs

There is a growing awareness of the impact of Adverse Childhood Experiences (ACEs) / trauma. In many cases vulnerable children will have experienced multiple ACEs such as: family breakdown or bereavement; having a parent in prison; domestic abuse; sexual abuse and parental mental illness.⁴

“Sometimes you don’t need counselling, you just need someone to listen and to talk to. Not just you feeling backed into a corner on your own.”

“Social media provides a distorted version of reality.”⁵

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2 In written evidence to the 2018 APPG Social Media and Young People’s Mental Health and Wellbeing Inquiry, included in the 2018 report ‘#New Filters – to manage the impact of social media and young people’s mental health and wellbeing’ https://www.rsph.org.uk/our-work/policy/wellbeing/new-filters.html accessed on 16.05.2019
4 Liverpool John Moore University, Public Health Institute Adverse Childhood Experiences http://www.cph.org.uk/case-study/adverse-childhood-experiences-aces/ accessed on 03.06.2019
5 All quotes in this report are from children and young people that Barnardo’s supports
From our experience of working with the UK’s most vulnerable children we understand that accessing the internet in a safe, appropriate way is important for children and young people. It can be a positive opportunity to learn, to keep in touch with friends and family and to have fun. However, we are also aware that internet use can also expose them to many dangers, such as cyberbullying, online grooming and sexual abuse. Working with the All-Party Parliamentary Group (APPG) on Knife Crime, we know that gangs use social media to recruit vulnerable children who are often forced to carry knives, traffic drugs and commit other criminal offences.\(^6\)

Recent studies examining the link between social media and children and young people’s mental health do not generally consider the impact on the most vulnerable children.

Therefore the aim of this report is to both understand what children, young people and practitioners have to say about the impact of social media on mental health and wellbeing and to shed light on the social media experiences of vulnerable children.

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**About Barnardo’s**

As the UK’s largest national children’s charity, last year Barnardo’s worked directly with 301,100 children, young people, parents and carers through more than 1,000 services. Our goal is to achieve better outcomes for more children. To achieve this we work with partners to build stronger families, safer childhoods and positive futures.

Mental health and wellbeing is one of Barnardo’s key priority areas. We provide specialist support to 32,200 children, young people, parents and carers through mental health services including through our school-based programmes.

To find out more about the effects of social media on children and young people’s mental health and wellbeing Barnardo’s gathered insight from 80 practitioners across more than 30 services in the UK.\(^7\)

This report primarily looks at children and young people’s experience of social media use and provides a picture of some of the positive and negative impacts.

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\(^6\) APPG Knife Crime (2019) Young People’s Perspectives on Knife Crime report

\(^7\) As part of this research we surveyed our practitioners, conducted case studies and ran focus groups with the children and young people that we work with. Services include: mental health; family support; early support; child abuse and exploitation; child protection; youth work (including youth justice); advocacy rights and participation; care leavers and looked after children; disability and health services.
Insights from Barnardo’s practitioners:

79% of our practitioners said that 11-15 year olds that they work with have found cyberbullying impacted their mental health and wellbeing.

78% of our practitioners reported that children between the ages of 11-15 had accessed unsuitable or harmful content through social media.

84% of our practitioners highlighted that children between the ages of 11-15 were able to use social media to access advice and help for mental health and wellbeing.

Vulnerable children and young people
Our insight suggests that children and young people with additional life challenges (such as young carers and care leavers) are more susceptible to the negative impacts of social media as they are more likely to experience isolation from friends and family, or struggle to develop and maintain these relationships offline due to the possible transient or unsettled nature of their life.

Parents and carers
In many cases parents and carers lack the skills and knowledge to understand how social media works and how to help children to use this safely.

Education
Existing guidance and education for safe social media use does not take into adequate consideration the voices and opinions of children and young people. Children and young people want guidance and education to focus on the stories of children and young people who have first-hand experience of social media.

Family relationships
Practitioners felt that social media played an important role in building and maintaining family relationships, particularly for those aged 11 to 19.

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8 Percentages included in this section relates to the number of practitioners who responded to survey questions.
Policy background – some welcome steps forward:

The Government published its **Green Paper on children’s mental health** – ‘Transforming Children and Young People’s Mental Health’ in December 2017. It sets out proposals for a new approach to helping children with their mental health with a greater focus on support in schools. Measures include training a designated senior lead for mental health in every school and college and teaching children about mental health and wellbeing.

The **Online Harms White Paper**, published in April 2019, lays out the Government’s programme of action to tackle content or activity that harms individual users, particularly children. The White Paper identifies a number of harms experienced by children, including child sexual exploitation and abuse online; serious violence and cyberbullying. Such harms can impact on the mental health and wellbeing of the most vulnerable children and young people. The Online Harms White Paper proposes the establishment of a new statutory duty of care. This will make companies take more responsibility for the safety of their users and tackle the harm caused by content or activity on their services.

In January 2019 the **NHS Long Term Plan** was published. This sets out a new plan for the NHS to improve the quality of patient care and health outcomes. It also details how the £20.5 billion budget settlement for the NHS (which was announced by the Prime Minister in 2018), will be spent over the next 5 years.

“If you are in a bad mood or feeling low you can be more attracted to a depressing post on social media.”

“I can access anonymous online counselling services through social media. It gives me information and points out the problems.”
Recommendations

Research

This report shows that although social media can benefit children and young people in a number of ways, there are potentially multiple negative impacts. Not enough is known about the impact of social media on children and young people’s mental health and wellbeing and this has been noted in recent studies. In particular, vulnerable groups of children are often excluded from research examining the effect of social media on children and young people’s mental health and wellbeing.

Recommendation 1

The Government should commission more research on the impact of social media to help establish a solid evidence base. This research should specifically include the experience of vulnerable children and young people.

Education

From 2020 schools, including Pupil Referral Units (PRUs), will be teaching Relationships, Health and Sex Education (RSE) based on updated Government guidance, which includes education on social media. However, some vulnerable children who need social media guidance the most may also not be attending school regularly. It is crucial that children who are not in school can access this education.

Parents and carers should also be included in any education initiatives so that they are familiar with how to use social media safely as well as the potential positive and negative impacts on mental health and wellbeing.

Children have the right to be heard and their opinions should be taken into consideration when developing any educational programme or guidance (this includes online guidance). Children and young people as well as Barnardo’s practitioners have raised concerns that guidance is often designed and delivered by adults. In many cases, children may not trust adults (because they believe that they are simply trying to stop young people using social media) or because children and young people may have a more advanced knowledge of social media than those who have designed educational programmes.

Recommendation 2

The Government should ensure that all children and young people are able to access education and guidance on social media use. Professionals should be educated on how best to work with children and young people on the subject. Parents and carers should be supported to learn how to help children and young people to use social media safely, drawing on existing guidance.

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9 This has been noted extensively by numerous experts in the field. For example see: Orben A et al. (2019) Social media’s enduring effect on adolescent life satisfaction PNAS https://www.pnas.org/content/pnas/early/2019/04/30/1902058116.full.pdf accessed on 16.05.2019.

As well as – Written evidence received by CLOSER (home of longitudinal studies at University college London’s Institute of Education) to the APPG 2018 APPG Social Media and Young People’s Mental Health and Wellbeing Inquiry, included in the 2018 report ‘#New Filters – to manage the impact of social media and young people’s mental health and wellbeing’ https://www.rsph.org.uk/our-work/policy/wellbeing/new-filters.html accessed on 16.05.2019.


11 For example, Parentzone https://parentzone.org.uk/advice/parent-guides
In addition:

- The Government should support schools to deliver programmes which are age appropriate and take into consideration the individual circumstances and vulnerabilities of children.

- Guidance should be developed with and centred on the stories of children and young people who have first-hand experience of the positive and negative impacts of social media.

- The Government should work with the NHS to ensure that professionals in health and social care and in education settings receive education on social media use and the impact this has on children and young people.

Mental health support

Although we support the direction of travel set out by the Government in its response to the consultation on the ‘Transforming Children and Young People’s Mental Health Provision’ Green Paper, these lack ambition and would leave too many children waiting too long for the help they need.

The Government’s goal is to roll out the new approach to at least a fifth or a quarter of the country by the end of 2022/23. This means that young people in three quarters of England would see no improvement in mental health support at school in five years’ time.

Recommendation 3

Some of the newly proposed funding for the NHS (as detailed in the NHS 10 Year Plan) should be used to implement a more ambitious approach to mental health support in schools. In particular this funding could be used for: faster roll out of the Green Paper proposals; and specialist training on social media for mental health teams with a focus on early intervention and prevention.

Regulating the internet

The Online Harms White Paper is a step in the right direction as the internet is not currently safe enough for children, and the safety or best interests of children are not properly considered in the design or delivery of online services. However, insight from our services as well as from children and young people who we have spoken with highlights the dangers that online harms (such as cyberbullying and other harmful content) can cause, especially to vulnerable children. Implementation must therefore include a focus on the most vulnerable children within the context of promoting positive mental health and wellbeing.

Recommendation 4

The Government’s Online Harms White Paper does not adequately address specific groups of vulnerable children with additional challenges. The additional needs of vulnerable children should be factored into the scope and implementation of the White Paper, for example, when developing guidance on cyberbullying for children, parents, carers and professionals.

“On social media you don’t know what’s real and what’s not real.”

“You can get good mental health information and support... like who to speak to and anonymous counselling.”
“Social media is good because I was able to find family members that I never knew I had. My older brother got in touch with me via social media.”

“I can access anonymous online counselling services through social media. It gives me information and points out the problems.”

“We need to inform children from a young age about the pros and cons of social media use. The earlier the better.”

“Social media should be for over 16 year olds. It’s too dangerous for younger children.”

“Parents need to understand more. There is an intergenerational lack of understanding or not wanting to understand social media and the digital lives of young people. They need to not fear social media. We need to help them to use social media positively.”
The crisis in children and young people’s mental health

The impact of social media on mental health needs to be set within the wider context of the crisis in children’s mental health; the current gaps in the support they need and the Government’s plans to address these. Within this, Barnardo’s has a specific focus on vulnerable children and young people.

It is evident from official statistics that we are sleep walking into a mental health crisis.

One in eighteen 2 to 4 year olds have a mental health disorder.¹³

Almost one in four girls are depressed at age 14 years old.¹⁵

Boys aged between 2 and 10 are more likely than girls to have a mental health disorder.¹⁴

One in eight 5 to 19 year olds have at least one mental health disorder – roughly three children in every classroom.¹²


Ibid

Ibid

UCL Institute of Education Mental ill-health and wellbeing at age 14 Initial findings from the Millennium Cohort Study Age 14 Survey https://cls.ucl.ac.uk/wp-content/uploads/2018/05/MentalHealthWellbeing-initial-findings.pdf accessed on 22.05.2019
Prevention and early intervention is critical as half of all adult mental health problems appear before age 14, with three quarters of lifetime mental conditions present by the age of 24. Here is emerging evidence that Adverse Childhood Experiences (ACEs)/ trauma in early childhood may have a negative impact.

However, there is a massive discrepancy between spending on children and adult mental health. Analysis shows local areas spend an average of 6% of their mental health budget on children, despite children making up around 20% of the population.

- Three in four children with a diagnosable mental health condition do not get access to the support they need. The number of young people attending A&E due to a psychiatric condition has more than doubled since 2010 and child and adolescent mental health services are turning away nearly a quarter of children referred to them for treatment (23%).

During 2016/17, the average percentage of children and young people whose referral to treatment time was 18 or more weeks was 19%, indicating that almost one fifth waited over 4.5 months to be treated. The shortest reported wait for a routine second appointment was five weeks, with the longest wait over six times higher at 32 weeks highlighting geographical inequalities.

Is social media contributing to the crisis in children and young people’s mental health?

A child’s mental health and wellbeing is determined predominately by their peers and parents/guardians’ lifestyle, behaviour, values and wider socio-economic conditions. The early years shape healthy physical and mental development, health and social behaviours. Giving every child the best start in life is crucial to reducing health inequalities and maintaining positive wellbeing throughout the life course. Childhood and adolescence are crucial stages in the lives of young people and poor mental health during this time can have profound effects later in life.

Use of social media and digital technology by young people has been increasing over the past decade. Social media has many positive influences on young people’s lives such as increasing social connections, reducing social isolation and increasing access to information. However, there are also concerns that social media can contribute to negative mental health outcomes, particularly among young people. For example, studies have shown that excessive social media use can lead to increased feelings of anxiety, depression and loneliness.

“You have anxiety because you fear about the next thing that you will post. Will other people like this?”

16 National Alliance on Mental Illness (NAMI) Mental Health Conditions https://www.nami.org/Learn-More/Mental-Health-Conditions accessed on 30.05.2019
17 Liverpool John Moore University, Public Health Institute Adverse Childhood Experiences http://www.cph.org.uk/case-study/adverse-childhood-experiences-aces/ accessed on 03.06.2019
19 Young Minds Mental Health Statistics https://youngminds.org.uk/about-us/media-centre/mental-health-stats/ accessed on 30.05.2019
isolation and loneliness, accessing information and peer support networks, developing knowledge and learning through wider access to information and enabling young people to develop an identity and express themselves freely and creatively.

• We know children aged 5 to 15 are now spending an average of 5 hours per day engaged in social media activity, despite being at school for seven hours (five days per week).\(^{22}\)

• Evidence suggests heavy social media use is associated with poorer mental health.\(^{23}\) Among young people who used social media daily, those with a mental health disorder tended to be on social media for longer. 29.4% of daily users with a disorder were on social media for more than four hours on a typical school day (compared with 12% of daily users without a disorder).\(^{24}\)

As a result, evidence of a substantial rise in mental health problems in young people has increased interest in the links between social media and mental health. A number of potential risks and harms associated with social media use are highlighted, including:

• Excessive Use
• Cyberbullying
• Harmful content
• Exploitation
• Impact on physical and other social activities

\section*{Children and young people from vulnerable groups are at much greater risk.}

• Children in care are just over three times more likely to have a mental disorder than disadvantaged children, and over five times more likely to have a diagnosed mental disorder than non-disadvantaged children.\(^{25}\)

• Young people in prison are 18 times more likely to take their own life than others of the same age.\(^{26}\)

• Young people who identify as LGBT are more likely to have a mental health disorder (34.9%) than those who identified as heterosexual (13.2%).\(^{27}\)

• Research has found that vulnerable children and young people are more likely to miss out on online safety education or find that it does not seem relevant given their concerns – they point out that it is given ‘too late’.\(^{28}\)

26 Ibid see above
The Government’s response to the crisis in children and young people’s mental health

The Government and the National Health Service for England (NHSE) has committed to changes aimed at addressing the crisis in children and young people’s mental health. Simon Stevens, CEO of NHS England has called on social media companies to share the burden with the health service as it battles with mental health issues in young people. In 2018 it was announced that the NHS 10-year plan will include a new NHS crisis service. £2bn per year will be allocated from the £20.5bn to fund crisis mental health teams, available in all parts of the country by 2023-24. This will include crisis help for children and young people. Likewise Matt Hancock MP, Secretary of State for Health and Social Care called on social media companies to protect the mental health of children.

In England the approach is set out in the Government’s Consultation on the Mental Health Green Paper and its subsequent response. This proposes three ‘key pillars’:

1. **Designated Senior Leads for mental health in schools**

2. **Mental Health Support Teams to provide early intervention and ongoing help to children and young people with mild and moderate needs, jointly managed by schools and the NHS**

3. **Reducing waiting times for specialist services to 28 days in “trailblazer” areas.**

Whilst acknowledging that children and young people need to be protected ‘from potentially harmful effects to their mental health’ the Green Paper does not address how its proposals will focus specifically on the impact of social media on mental health – for example by ensuring that this is included in the training for mental health teams or funding for further research.

The UK Chief Medical Officers (UK CMOs) commissioned independent researchers to carry out a systematic review of the impact of social media use on children and young people’s mental health. The review covered

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30 Under the new funding settlement the NHS will receive £20.5bn in real terms per year over the next 5 years.


32 Department of Health and Social Care, Department for Education

important and diverse issues including cyberbullying, online gaming and problematic or ‘addictive’ internet use. Overall the research did not present evidence of a causal relationship between screen-based activities and mental health problems, but did find some associations between screen-based activities and negative effects, such as depression. The CMO subsequently produced advice for parents and carers on how to support their children to have positive experiences online. The research or subsequent advice from the CMO was not specifically focused on vulnerable children and young people.

The Online Harms White Paper proposes the establishment of a new statutory duty of care. This will make companies take more responsibility for the safety of their users and tackle the harm caused by content or activity on their services. Compliance with this duty of care will be overseen and enforced by an independent regulator.

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The White Paper identifies a number of harms experienced by children, including child sexual exploitation and abuse online; serious violence and cyberbullying. Such harms can impact on the mental health and wellbeing of the most vulnerable children and young people.

The Online Harms White Paper is a step in the right direction as the internet is not currently safe enough for children, and the safety or best interests of children are not properly considered in the design or delivery of online services. However, implementation must include a focus on the most vulnerable children (such as young carers and care leavers) within the context of promoting positive mental health and wellbeing.

Education has a key role in teaching children how to keep themselves safe online. From September 2020 all schools and Pupil Referral Units (PRUs) in England will teach compulsory relationship education for all primary school pupils and relationships and sex education (RSE) for secondary school pupils. Also, from September 2020 it will be compulsory for all schools to teach Health Education. This will include teaching about safety online as well as looking after your mental health in primary and secondary schools.

35 On the subject of education, it is important to note that the Cairncross Review (published 12 February) recommends that the Government develop a media literacy strategy, working with online platforms, Ofcom, broadcasters and publishers.
Left to their own devices
What are the positive effects of social media on children and young people’s mental health and wellbeing?

Insight from our practitioners shows that social media can be of benefit to children and young people. In particular, social media use can have a positive impact on the following: expressing thoughts and beliefs; accessing support; reduction in isolation.

**Ability to express their thoughts and beliefs**

One key positive outcome of social media use is the opportunity it provides to help young people to experiment with and establish their own individual identity and to express and discuss their social and political beliefs. Social media use provides children and young people with the opportunity to access individuals and groups who may hold similar political or social viewpoints, or who have similar lived experiences. This is also highlighted in a recent report of the Science and Technology Select Committee which mentions that social media can act as a platform for children and young people to engage in open discussions and be exposed to political discourse.

Some children have reported to Barnardo’s that these online spaces have allowed them to ‘be themselves’, particularly in situations where this may cause conflict at home or within the child’s wider network or community. This benefits children and young people by allowing them to explore and develop their identity within spaces that are perceived to be safe and welcoming (e.g. exploring sexuality or political opinions).

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38 Ibid

“I found a really good way to calm down my panic attacks because of something my online friend said. She was like – I know you get this type of panic attack, here’s something that may help you.”
A number of our practitioners highlighted that children and young people were able to express themselves more freely on social media. When services were asked whether children and young people had experienced positive impacts of social media on their mental health and wellbeing, a large number responded citing ‘self-expression’ as a positive impact. This was particularly the case for those aged 16-19. For example, practitioners told us that young people who identify as Trans were able to use social media positively, to express themselves and their identity to a wider audience.

Access to support

The recent report by the Science and Technology Select Committee underlines that young people are able to access social support online.\textsuperscript{39} Social support, where children and young people can discuss problems or concerns with friends through social media, can have a positive impact on their wellbeing.\textsuperscript{40} Discussions with friends and peers on social media can give young people the much needed opportunity to discuss challenging issues with others, especially in situations where in-person support may not be available.\textsuperscript{41}

Insights from our survey equally highlights the benefits of social media use in accessing support. In addition to peer support, Barnardo’s services noted that social media provided various other opportunities for children and young people to access support in relation to their mental health and wellbeing. These included: professional support; access to apps and other forms of social or interactive media that support children and young people to self-manage their own wellbeing or mental health. Of those practitioners that considered social media to be useful for seeking advice and help for mental health and wellbeing, 84% highlighted that this was beneficial for the 11-15 age range.\textsuperscript{42} For example, practitioners detailed that children were able to use social media to access information about depression (through the use of particular apps) and to reach out to professionals. In other cases, survey results highlighted that children and young people were able to use social media apps to manage symptoms of depression.

\begin{flushleft}
\textsuperscript{39} Ibid
\textsuperscript{40} Royal Society for Public Health (2017) #Statusofmind: social media and young people’s mental health and wellbeing
https://www.rsph.org.uk/our-work/campaigns/status-of-mind.html accessed on 16.05.2019
\textsuperscript{41} Ibid
\textsuperscript{42} 84% of respondents
\end{flushleft}
anxiety. A similar point was also noted in the recent inquiry report of the APPG on Social Media and Young People’s Mental Health and Wellbeing. In particular the inquiry heard evidence from young people who said that they were able use apps which allowed them to access support from mental health professionals.

In addition to insight received from Barnardo’s practitioners, as part of our 2018 paper ‘Transforming Children and Young People’s Mental Health Provision’ we asked children and young people directly about their experience of social media. The children and young people that we engaged with have received much support online with their mental health issues. One young person told us that they were able to access support groups on Facebook, for example. This was particularly helpful when the young person was receiving Cognitive Behavioural Therapy (CBT) and was able to join a CBT support group on Facebook.

“Using social media when recovering from an eating disorder helped me to feel not so alone. I learned from other people’s experiences and connected with people I couldn’t connect with in real life.”

Practitioners mentioned, for example, that some children use the app ‘calm’.


Ibid
Left to their own devices

Reduction in isolation

In many circumstances social media can be beneficial in reducing isolation and loneliness among children and young people.47 Children can, for example, use social media to create new connections and to keep in touch with friends that do not live in the same area.48 Through creating and maintaining real world connections online, children and young people can expand their ‘social capital’ and therefore reduce loneliness.49

A number of Barnardo’s practitioners observed that using social media helped to reduce feelings of isolation or loneliness. Social media was seen to support those children and young people who were physically and socially isolated. Social media was noted as helping children and young people to stay connected with friends and family and allow individuals to connect with another person when they do not have physical company. This not only allows children and young people to establish and strengthen friendships but it can also enable them to maintain relationships with relatives. One of Barnardo’s services told us that one young person they work with was able to keep in regular contact with their father (who lived abroad) through using social media.

One key point highlighted by practitioners was that social media can play a role in helping children and young people who, as a result of illness, may not have the opportunity to physically meet with others. One service, for example, pointed out that children and young people with Cystic Fibrosis are not able to meet with each other. In these cases, online communication through social media can help to reduce feelings of loneliness and social isolation and allow children to reach out and communicate with others to share thoughts and experiences.

The Centre for Mental Health’s 2018 report reflects what Barnardo’s practitioners have told us. The report points to the positive outcomes associated with children and young people establishing and expanding their ‘social capital’.50 In doing so, children and young people are able to form and sustain connections with others which can help to reduce isolation and loneliness.

“Social media is good because I was able to find family members that I never knew I had. My older brother got in touch with me via social media.”

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50 ibid
What are the negative effects of social media on children and young people’s mental health and wellbeing?

Pressure to conform

Social media exposes users to the lives, images and behaviours of other individuals including friends but, equally, strangers such as celebrities. This exposure can often put increased pressure on children and young people to live up to unrealistic standards. There are two distinct elements of social media use which can put pressure on children and young people to act in a certain way. Firstly, there is the pressure to be ‘socially perfect’ – to have lots of followers and friends and to keep up to date with friends and social activities. In addition to this, children and young people face pressure to be ‘visually perfect’ – heavily influenced by the countless ‘perfect’ body images of friends and strangers available on social media.

A recent Understanding Society analysis found unhappiness with appearance to be significantly related to subsequent mental health problems. Through social media use, children and young people are exposed to images of what an individual’s body ‘should’ look like. Often, these images are an unrealistic representation of

“Social media can go from helpful to unhelpful to harmful. There is a fine line between what is beneficial and detrimental for mental health. The crossover can be easy.”

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body image. New research from the Mental Health Foundation shows that 40% of young people report that images they come across on social media make them worry about their body image, highlighting that a possible reason for this is that young people negatively compare themselves to others.52

A number of Barnardo’s services talked about the adverse effect of social media on children and young people’s expectations of their body image. In particular, our practitioners told us that this was a key issue for girls and young women who were seen to be the target of altered images and over sexualised representations without the education or understanding to critically receive this information. It was noted by practitioners that teenage years were a particularly critical time for boys and girls with respect to experiencing added pressure to conform and ‘fit in’. However, teenage girls were considered specifically vulnerable to the effects of social media. It was felt that girls and young women were particularly targeted with images that had been altered, reducing the ability of these individuals to develop a healthy and/or realistic self-image.

The Children’s Commissioner, in its report into social media use among 8-12 year olds, details that social media platforms are ‘image heavy’ and highlight some of the concerns of children who make comparisons between themselves and those on social media, who they often view as superior.53 Insight from practitioners shows that expectations of body image was predominantly an issue for children aged 11 and above. However, unrealistic goals relating to physical appearance was also highlighted as an issue for children in the 5-10 age bracket.

Barnardo’s practitioners also highlighted that social media was often pressuring children to appear to ‘be good’ at using social media. This was reported as being fuelled by the gamification built into social media apps. This pressure was reportedly causing family conflicts as parents were often attempting to curb or stop a child’s social media use, failing to understand the important role that social media can play in a young person’s life. One young person also told us that the fear of whether friends or members of the public would like the content they posted on social media was causing them anxiety.

Children and young people underlined the difficulties they face when using social media. They reported that they often compare themselves to images on social media sites even when these images were a distorted version of reality. Young people made clear that it is not always easy to understand that images are unrealistic or have been altered, expressing that they view such images ‘literally’.

“Models on Instagram are size zero with the latest fashion and make up – kids try to be like them but it’s impossible, it just leads to depression and anxiety.”

52 Mental Health Foundation (2019) Body Image: how we think and feel about our bodies – research report https://www.mentalhealth.org.uk/sites/default/files/DqVNBWVRVpAPQzw.pdf accessed on 17.05.2019

Cyberbullying

One key drawback of the digital age is the proliferation of cyberbullying. We understand that for many children and young people face-to-face bullying and cyberbullying are not different things. Children and young people can experience both online and offline bullying. Cyberbullying, however, does not end when children and young people leave school and return home. Cyberbullying takes place on social media sites, games and messaging apps and follows children and young people wherever they go.\(^\text{54}\) The mobility of cyberbullying and its ability to target children and young people anytime and anywhere, even in the most secure physical spaces, can have a profound effect on their mental health and wellbeing. Cyberbullying can have similar impacts on wellbeing as offline bullying, which includes reduced confidence and self-esteem among young people.\(^\text{55}\) Our services were asked whether any children or young people they had worked with had, through social media use, experienced negative impacts on their mental health and wellbeing from cyberbullying. Of those respondents who found cyberbullying to impact the mental health of children and young people, 79% felt that this was an issue for the 11-15 age range. Some services even told us that cyberbullying had led to children and young people self-harming.

Barnardo’s Northern Ireland provided written evidence to the inquiry into the impact of cyberbullying on children and young people’s mental health and emotional wellbeing.\(^\text{56}\) To inform their response they engaged young people in discussions who reported that cyberbullying can include the following:

- Name calling or being mean online
- Posting embarrassing photos or videos of others without their permission
- Digitally manipulating pictures to create false impressions
- Posting pointed statuses
- ‘Sexting’ requests for pictures or videos
- Cut and pasting pictures or status of others into group chats
- Deleting someone from a group chat\(^\text{57}\)

It is estimated that cyberbullying is widespread in England. Statistics from NHS digital’s November 2018 report indicated that in the past year, 1 in 5 children between the ages of 11 and 19...
had experienced cyberbullying.\textsuperscript{58} In particular, the report finds that children with an existing mental health disorder were approximately twice as likely to experience cyberbullying and that cyberbullying rates are higher for girls than for boys.\textsuperscript{59}

Cyberbullying was noted by a number of Barnardo’s practitioners to be fuelled by social media, with a negative impact on the mental health and wellbeing of those children and young people exposed to this type of behaviour. Cyberbullying was described as occurring in many forms including contact bullying in school that is transferred to social media, trolling by anonymous social media users and more subtle forms of bullying in which disagreements between friends and family are made public. Experiences of these types of bullying have been reported by practitioners as leading to increased feelings of anxiety compounded by the ‘round the clock’ nature of social media and the refusal of children and young people to attend school or other statutory engagements due to the volume and intensity of bullying.

Insight from Barnardo’s services shows that cyberbullying can negatively affect children and young people’s self-esteem and, in some cases, can lead them to consider taking their own lives. One crucial point made by Barnardo’s children and young people was that online bullying is written and can be viewed many times, making it harder to dismiss. Dealing with cyberbullying is also problematic. Case studies conducted with Barnardo’s services underlined the fact that as many perpetrators of cyberbullying use fake accounts, it was not always possible to identify them. Young people emphasised that social media users can remain anonymous, they are essentially ‘faceless’ and as a result bullies feel that they can say what they want online with no repercussions. A similar point was made in an inquiry, set up by Alex Chalk MP\textsuperscript{60}, into the impact of cyberbullying on children and young people’s mental health which stated that, in the online world, bullies may not face any consequences for their actions.\textsuperscript{61}

\begin{quote}
“I had to delete Snapchat as I was getting bullied on it, people at my school were sending me death threats.”
\end{quote}

\begin{quote}
“Social media users can be faceless and they think that they can say what they want.”
\end{quote}


\textsuperscript{59} ibid

\textsuperscript{60} in partnership with The Children’s Society and Young Minds

The following case study highlights the seriousness of cyberbullying and the severe impact it can have on children and young people’s mental health and wellbeing. This case is a good example of how, with the right support, children and young people can learn to use social media safely.

**Case study – Grace**

Grace is 11 and lives with her mum and younger brother Callum. They have just moved to a new area where Grace has started at a new secondary school. Grace’s dad is serving a prison sentence and is on the sex offenders register.

At school, Grace feels lonely and isolated. Few of the children talk to her and at break time she is left by herself. After school, Grace goes on Tik Tok and Instagram to try and keep up with friends at her old school. However, Grace has increasingly been receiving unpleasant comments and messages from a number of children:

“Your dad’s a pervert Grace, you might as well just kill yourself now”, “Do it Grace”

Grace is finding it hard to ignore these messages. She feels a deep sense of shame and has thought about just doing what they tell her. Grace hasn’t told her mum about them, as some messages said horrifying things about her too and Grace doesn’t want her mum to be upset and crying all the time again. Besides, there’s nothing her mum can do. Grace doesn’t know who is sending the messages as their accounts don’t have pictures or any profile information. The messages and comments keep coming, on Snapchat, Tik Tok and now Whatsapp too. Grace is experiencing self-loathing, has a very negative self-image and feels ‘outside’ of everything. Yesterday, Grace made a suicide attempt.

The kind nurse at hospital referred Grace to Barnardo’s support service. They are helping her to process what is going on and working through how she can cope, whilst also being protective of her family. The service realises it is important for Grace to have autonomy and control, and are also helping her understand people’s intentions.

The service also worked with Grace’s mum to help her understand how she can help Grace use social media safely.

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62 All case study names have been changed
Exposure to indecent/inappropriate content

Examples of inappropriate content include: pornographic content; hateful content (such as racism); violent content as well as targeted advertising.\textsuperscript{63} Harmful and inappropriate content, however can take many forms and may be presented as text, imagery, audio or video and can include conversations in chat rooms, content posted on social media apps and content sent via direct messaging from friends and/or strangers.

One of the key concerns expressed by Barnardo’s practitioners is that children can be exposed to indecent and inappropriate content on social media sites.\textsuperscript{64} This content, however, does not necessarily have to be illicit in order to harm children and young people. A number of practitioners noted, for example, that children and young people are often exposed to family arguments and disagreements via social media platforms, causing them distress. A number of our practitioners stated that children between the ages of 11-15 had accessed unsuitable or harmful content.

For younger children the number still remains high with services reporting that children aged 5-15 had accessed unsuitable or harmful content.

Insight obtained from Barnardo’s services highlights the detrimental impact that certain connections with strangers can have on the wellbeing of children and young people. There are examples of children and young people who receive messages from strangers on social media. One of our services that works with vulnerable children that have been sexually abused or are displaying harmful sexual behaviour highlighted that strangers on social media may discuss self-harm, depression and suicide, projecting their own low mood onto vulnerable children and young people. As a result, children and young people may find themselves in a complex situation where they are worrying about the welfare of an individual who they have never met and who may be in a different country, thousands of miles away. Such interaction can be harmful for children and young people’s wellbeing – they may spend a lot of time worrying about these individuals and can struggle to understand their problems. Another practitioner told us that teenage girls they work with disclosed that they have received self-harm images from friends on social media. The practitioners raised extreme concern that children, many of whom come from vulnerable backgrounds, share depressive feelings of self-hatred and self-loathing with other children. This results in children and young people receiving these messages and then becoming worried about friends taking their own lives.


\textsuperscript{64} Ofcom’s 2019 Online Nation report also highlights that children have experienced potentially harmful conduct from others on the internet \url{https://www.ofcom.org.uk/research-and-data/internet-and-on-demand-research/online-nation} accessed on 30.05.2019

“Things like #self-harm needs to be removed. There shouldn’t be a # for self-harm.”
Child sexual abuse

Research conducted by the NSPCC found that more than 15 percent of children and young people between the ages of 11-18 have received requests to send images of a sexual nature online.65 Equally, the Science and Technology Select Committee reports that adults may also groom children by encouraging them to carry out and record acts of a sexual nature themselves.66

Insight from our services also highlights that social media is putting children and young people at considerable risk of child sexual abuse and exploitation committed by either adults or, in some cases, by their peers.

In a previous survey, information obtained from our Child Sexual Abuse services, for example, highlights that 2 in 3 of the children and young people in this service were groomed online before they were sexually abused.67

As made clear in our ‘Digital Dangers’ report, technology enables perpetrators easy access to children and young people. Talking to strangers online who they view as their ‘friends’ is becoming ‘the norm’ amongst some young people.68 The report also details how children with particular vulnerabilities appear to be particularly susceptible to online risks. This is in part due to seeking social interaction online that they are not able to achieve offline and in part due to not fully understanding the consequences of sharing personal information, sending images or arranging to meet strangers online.69

A number of incidents of harmful sexual behaviour were reported by Barnardo’s services (such as the sending and sharing of indecent images). Practitioners also provided examples of adults who were able to contact and groom children and young people.

Our practitioners report cases of children being groomed online using social media. For example, there are cases of young siblings being groomed by adults online70 to commit sexual acts upon each other. Our services have told us that grooming can take place within 10 minutes of an online interaction and that the implications for children and young people’s mental health and wellbeing are significant. Children who are groomed may find themselves experiencing huge shame and confusion.

“I got groomed. I was very vulnerable. I hid my tablet because I didn’t want my carer to find out.”

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66 House of Commons Science and Technology Committee (2019) Impact of social media and screen-use on young people’s health https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/822/822.pdf accessed on 17.05.2019
69 Ibid
70 Based on information from our services we know that perpetrators of grooming are not always based in the UK. In some cases perpetrators have been based abroad, in countries such as the USA.
The following case study highlights how easy it is for children to be groomed online to carry out sexual acts on each other, at the request of adult app users.

**Case study – Maisie**

Maisie (12) is always on her IPad watching YouTube and uploading videos on her channel. Her brother Finlay (7) often joins in, photobombing her videos and acting daft. They are very close and hang out at home together a lot.

Last week, Maisie downloaded a new video streaming app called Periscope and has been live sharing clips of her and Finlay. She got lots of ‘hearts’ for her videos from people all over the world which made her feel proud.

George from Florida, sent lots of comments to Maisie asking her and Finlay to do special grown up videos for him. Maisie didn’t really like doing them but she got more than 1000 hearts just for one video!

Last night when Maisie got home from school, a Police Officer was at home with her mum and dad talking to them about Maisie’s live videos on Periscope. Her mum was crying saying she didn’t know what Maisie and Finlay got up to on the IPad as she let them have some free time before bed.

Now Maisie isn’t allowed her IPad or mobile phone.

She feels ashamed and guilty but is confused about why she is being punished when her mum keeps telling her what happened isn’t her fault.

However her Barnardo’s support worker is helping Maisie understand that the internet and social media can be both good and bad, how she can use it safely and what to do if something doesn’t feel right or worries or upsets her. Maisie is also learning about relationships and what is a healthy relationship online. Her mum and dad have also been learning more about different apps and their recommended age ratings, and how they can monitor Maisie’s use and encourage her to use it positively.
Other negative aspects

Additional negative implications of social media on young people’s mental health and wellbeing which were reported by our practitioners include reduced physical activity as well as neurological, emotional and social difficulties.

Children and young people are extensive users of social media sites. Data indicates that, as a result, children aged 5 to 15 are now spending a large amount of time each day engaging in social media activity. This is despite being at school for seven hours a day, 5 days a week.\(^71\) This has negative implications for the amount of physical activity carried out by children and young people.

A recent online poll conducted for Barnardo’s\(^72\) showed that the number of young teenagers who play outside, read books or get enough sleep has dropped sharply in comparison to teenagers from previous decades. In addition, the poll showed that barely half (54%) of those aged 13-15 read books. By contrast, 79% of adults aged over 18 said they did so when they were young teenagers.

The reduction of physical activity due to interaction with social media was noted as an issue by respondents. Physical activity plays a key role in maintaining positive mental health and wellbeing and there are concerns that adults are not providing sufficient motivation to partake in physical activity. This was attributed in some cases to parents’ own use of social media and sedentary lifestyle, with adults failing to showcase positive behaviours.

A number of practitioners highlighted that they had concerns regarding the use of social media and the impact this may have on a child’s neurological, emotional and social development. Several examples were provided including the impact on aspects such as attention span and a perceived reduction in social skills due to a lack of offline interaction with other children and adults.

“If you try to reach out to people on social media you’re classed as being an attention seeker. If you were then to go and kill yourself, this is when everyone jumps in and says – oh, I wish they would have told someone. But when they tried to they just got judged as an attention seeker so where are you supposed to stand on mental health?”

“When I was in a low state of mind I used to read things on social media that are depressing and this doesn’t help.”


\(^72\) Barnardo’s (2017) Childhoods in a Digital World http://www.barnardos.org.uk/onlineshop/pdf/Childhoods_in%20Digital_leaflet_v3_Online.pdf accessed on 03.06.2018
The impact throughout childhood

When asked to provide an estimate of when children first access social media, practitioners provided a range of ages, the lowest being 2 and the highest 15, with an average age of 8 years old. It was suggested by practitioners that more passive forms of social media use (e.g. the use of YouTube) were being used more by younger children, with those in the older age brackets more likely to use highly interactive forms of social media such as Facebook, Instagram and Snapchat.

- **Under 5 years** Barnardo's practitioners raised concerns in relation to the social and emotional development of very young children when they interact with social media. Worries regarding addiction and the substitution of time spent with family for the use of social media were issues that were also felt to cause problems related to mental health and emotional wellbeing in this age group. Key apprehensions included the failure to develop the skills to think creatively, interact with others socially and manage their own emotions.

- **5-10 years** The primary concern for this age group was exposure to unsuitable, inappropriate, or harmful materials online. It is within this age group that unaccompanied access to social media seems to increase and, as a result, concerns related to abusers having access to young children that they can then attempt to groom is a key issue for this age group. Furthermore, practitioners noted that it is at this age that parents are less likely to recognise the impact their own social media or technology use may have and what messages this might be sending their children.
• **11-15 years** – it is during secondary school that the impact of peer interaction on social media is seen to be of significant importance. Practitioners saw cyberbullying as a key issue experienced by this age group via social media and the emergence of harmful sexual behaviours and abuse from peers is also suggested to threaten the mental health and wellbeing of this group more so than younger age groups. It is also during these developmental stages that children and young people attempt to solidify their identity – the risk posed here is that children and young people share details about themselves or their experiences and thoughts, forgetting the permanence of their digital footprint and the potential impact this may have for them in the future.

• **17-19 years** – it is this age group where young people face pressure to conform in relation to wider lifestyle (not just physical appearance) causing issues on social media where it is easy for individuals to present their ‘perfect’ lives. Social media was noted by practitioners as being used by this group as a tool to measure and achieve ‘self-worth’, indicating an inherent link between social media use and a child or young person’s mental health and wellbeing. It is also within this age group where concerns were raised regarding non-sexual grooming, e.g. political ideological radicalisation or the promotion of self-harm or suicide.

“We need to inform children from a young age about the pros and cons of social media use. The earlier the better.”
More vulnerable groups

While it was recognised that all children were vulnerable to experiencing the negative impacts of social media use, Barnardo’s practitioners did highlight groups of children and young people they felt were more susceptible to these impacts. These groups were considered more susceptible either because of their increased use in comparison to other children or because of their decreased ability to approach and interact with social media in a self-protective manner.

For the most part, vulnerable children have been predominantly excluded from major studies addressing the impact between social media and mental health and wellbeing.73 Our insight, however, emphasises the difficulties faced by vulnerable children and how their experiences of social media may have a different impact on their mental health and wellbeing than that of other children.

Whilst we welcome efforts to understand the relationship between social media and the mental health and wellbeing of children and young people, we are concerned that studies are considering children and young people as a single unit of analysis as opposed to considering the many different vulnerable groups of children, such as young carers and care leavers.

Barnardo’s is therefore calling for research to consider vulnerable children, and the effect that social media has on their mental health and wellbeing, in any future analyses.

Children in care, care leavers and young carers

In our 2017 report ‘Neglected Minds’74 we pointed out that adverse childhood experiences such as abuse, neglect or experiencing domestic violence can all impact on a child’s developing brain with statistics showing that this results in much higher levels of mental health problems among children in care and care leavers. Statistical evidence shows that 45% of looked after children (and 72% in residential care) have a mental health disorder and that looked after children and care leavers were between four and five times more likely to attempt suicide in adulthood.75 The review states that up to 40% of young carers report mental health problems as a result of their experience of caring. Additionally, our report ‘Still Hidden, Still Ignored’ underlines that 27% of young carers aged 11-16 miss school because of their caring responsibilities, rising to 40% for young carers with parental mental ill health/substance misuse.76

73 The majority of studies tend to view children and young people as a single unit of analysis. (In some cases age and gender are considered) see for example: Orben A et al. (2019) Social media’s enduring effect on adolescent life satisfaction PNAS https://www.pnas.org/content/pnas/early/2019/04/30/1902058116.full.pdf accessed on 16.05.2019;
Within a digital context, vulnerable children and young people are arguably at a higher risk than other children. Internet Matters, in their February 2019 report, pointed out that young carers, for example, were far more likely to encounter risk online than non-vulnerable children. As this group of vulnerable children often miss school to care for loved ones, they may miss out on opportunities to receive training and education on online safety. The Internet Matters report also highlights that as neglect is one of the reasons why children are taken into the care system, this can contribute to emotional and behaviour problems. As a result, these children may potentially be exploring online, looking for new relationships.

Many of Barnardo’s practitioners were keen to point out that looked after children, young carers and care leavers were more vulnerable to the negative impacts of social media as they were more likely to experience isolation from friends and family, or struggle to develop and maintain these relationships offline due to the possible transient or unsettled nature of their life. As many young carers or care leavers may already have an existing mental health condition from their experience of caring, or being in care, social media use could exacerbate this.

One of our services talked about how social media can negatively impact the mental health and wellbeing of children who are in care and not living with birth parents. For example, these children may be ‘friends’ with their birth parents on social media. As one of our practitioners highlighted: “a child can be at school and be able to see a post by their mother ranting on social media”. In such circumstances the child may become anxious and worry about their parents, even though they have been removed from the family for their own protection. Barnardo’s practitioners highlight that education is not only necessary for vulnerable children, such as children in care, but also for adults, such as foster carers. Social media is often an integral part of the lives of young people and therefore it is crucial that parents and carers, as well as children, are educated on the benefits and dangers of social media. The recent Social Media and Young People’s Mental Health and Wellbeing APPG report calls for more focus to be placed on education to adequately equip them for safe social media use. This is particularly relevant for vulnerable children and young people and for their parents and carers.

“Children with disabilities may have the requisite age but not the level of understanding, this makes them very vulnerable.”

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78 Ibid

The following case study highlights the importance of education in helping vulnerable children and young people to understand how to safely use social media.

**Case study – Shiloh**

Shiloh is 9 and has lived with her foster family for two years. She was removed from her family due to being sexually abused by her mum’s boyfriend. Shiloh struggled to bond with her new family however has recently began calling them mum and dad and appears much happier and settled in her new life. Shiloh does not have contact with her birth mother, who lost her court appeal for access due to use of alcohol and drugs and the continuing relationship with her boyfriend.

Recently when playing at her friend Ella’s house, Shiloh has been accessing Tik Tok, Snapchat and Instagram and has posted a video of her and Ella dancing. Shortly after, Ella received a friend request from a man she didn’t know, but deleted it without telling her parents.

Shiloh has been increasingly asking her parents for a mobile phone; however they are reluctant to give her one in case her birth family finds out where she is living and tries to contact her.

Through their contact with Barnardo’s support services for adopted families, Shiloh has been learning about social media, including how to keep herself safe, what to do if something happens that upsets or worries her and how to develop healthy relationships on social media. Her parents have also been supported in understanding more about the apps that Shiloh wants to use, and how they can encourage her to use social media safely and effectively.
Other vulnerable groups

Those experiencing poverty
As technology becomes increasingly accessible, it was described within the practitioner feedback as a cheaper alternative to socialising in the physical world. Barnardo’s practitioners commented that children who are unable to access activities offline due to cost were more likely to access social spaces on the internet, increasing their time spent in unmonitored environments as a result.

Children with additional needs
Practitioners emphasised concerns for those children and young people who either have an ongoing wellbeing or mental health issue, or have additional social or educational needs. Not only was social media considered to compound the issues experienced by those children and young people who experience mental ill-health, these groups were felt to have a reduced ability to interact with social media in a self-protective way and to process the materials within it with a critical lens. This was felt by practitioners to increase the potential scale and harm of the negative impacts of social media use.

“There needs to be more awareness. Give kids advice on how to use it safely, bring education into school. Scrap a PE lesson and tell them about social media.”

“Parents need to understand more. There is an intergenerational lack of understanding or not wanting to understand social media and the digital lives of young people. They need to not fear social media. They need to help them to use social media positively.”
The way forward

Drawing on the insight gathered from our practitioners, children and young people, we cannot confidently establish a causal link between social media use and poor mental health and wellbeing. What this review does indicate, however, is that children do report negative as well as positive impacts from social media use and that vulnerable children can be affected by social media use differently from other groups of children.

In order for the Government to ensure that all children and young people can use social media safely in a way that does not negatively affect their mental health and wellbeing, robust and reliable research is required. Barnardo’s is therefore calling on the Government to commission research which places greater emphasis on the experiences of vulnerable children and young people. This can help to ensure that vulnerable children and young people are provided with the appropriate and necessary guidance, tailored to their needs, to allow them to use social media safely.

When it comes to digital technology, children are often one step ahead of parents and carers. In many cases, children are the experts. Nevertheless, although children and young people spend much of their time using digital technology this does not mean to say that all groups of children are able to effectively understand risks and protect themselves. Education is therefore a crucial tool for ensuring that all children are covered, including vulnerable children who may not be able to access guidance at school, as well as parents and carers.

Mental health remains one of the most serious challenges facing today’s society. Making sure that children are able to critically examine what they see and read online and that they receive support to do so from parents, carers and professionals when needed, is one step on a long path to improving their wellbeing and ultimately their chance of a positive future.
Practitioners summarised their overall views of social media and the key elements needed for supporting children and young people:

“Social media relates to everything now it’s such a big aspect of children and young people’s lives and I think as adults we can forget what’s important to younger people and it’s all about the relationships with their friends, and they are developed through social media now. It’s not about telling them what they shouldn’t do, it’s about us incorporating social media into our work and teaching them how to use it safely.”

“We need to communicate to children – what is helpful, getting a balanced online/offline world, show pictures sharing good times, making them feel connected and not feeling so alone, celebrating things in life and bringing hope.”

“The instant gratification factor of social media does not give children and young people a realistic experience of the world, and creates false expectation. They are vulnerable to adverts, targeted images of beauty or otherwise, suggestible to any and all kinds of ideas and are not encouraged online to think critically about what they read, where it comes from and whether it may be true or false.”

“Barnardo’s should focus on promoting positivity on social media and fostering a positive culture and healthy relationships. We need to move away from portraying the negative image of social media. It can be amazing and brilliant but it’s a tool like anything can be used for good and for bad.”
Methodology

Barnardo’s gathered insight from 80 practitioners across more than 30 services in the UK. We surveyed our practitioners to ask them about the effect of social media on the mental health and wellbeing of the children and young people that they work with. We also conducted case studies and ran focus groups and discussions with children and young people. Drawing on this insight from our services, this report primarily looks at children and young people’s experiences of social media use and provides a picture of some of the negative and positive impacts that this can have.  

Acknowledgments

We wish to thank all Barnardo’s practitioners who took the time to share their views and experiences; special thanks also to the young people from Triangles and their support workers.

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80 Percentages from our survey included in this report relate to the number of practitioners who responded to survey questions.