

**“I am concerned about  
young people’s mental  
health and that they have  
less hope for their future”**

*Practitioners’ emerging concerns for  
young people between June 2019  
to November 2021*

June 2022

In collaboration with

**KING’S**  
*College*  
**LONDON**

**Believe in  
children**  
 **Barnardo’s**

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# Executive summary

## Overview

### About the research

This report is the result of a collaborative project between Barnardo's Charity and the Development and Environment Research Group at King's College London (KCL). Our aims for this report were to:

- Outline the key issues that young people have faced between June 2019 and November 2021, according to Barnardo's support practitioners.
- Examine how practitioner views align with our current understanding of adolescent development in research.
- Outline a call to action based on practitioner views and current research with respect to the next steps for researchers and policymakers.

A large body of research has shown that experiencing adversity during early childhood is associated with poorer physical and mental health in later life<sup>1,2</sup>. This research has informed policy and practice aimed at preventing long-term negative impacts. Youth, defined as the period of life between 10-24 years<sup>3</sup>, is characterised as another sensitive period of development after early childhood; one in which young people's development can be especially vulnerable to adverse experiences<sup>4,5</sup>. However, the predominant research focus on the early years (birth to three years) has meant comparatively little attention is paid to the adolescent experience.

To determine when and how to best intervene and support young people, we need to understand the types of adversities young people face. Supporting healthy development requires a lifespan approach to ensure that no young person is left behind. As support practitioners work directly with young people and their families, reporting on their views of emerging and pertinent issues in young people's lives can help us provide the appropriate support.

We have analysed practitioners' responses to questions about emerging issues and the main concerns for young people from Barnardo's Quarterly Practitioner Survey over 10 waves from July 2019 to November 2021.

### Research questions

Our research questions were:

- What are practitioners' views on the key issues that young people face?
- How have the key issues that young people face changed between June 2019 and November 2021?

## Methods

We analysed responses to the following questions:

Q1) “Are there any new issues you are seeing emerging, or new things you are hearing from children, young people, or families over the past few months?”

Q2) “What is your biggest concern now for children, young people, and families?”.

Practitioners provided text responses to these questions. We adopted a reflexive thematic analysis approach<sup>6</sup> to analysing this qualitative data. This allowed us to generate themes from the data itself, rather than searching for predefined themes. Our team of analysts first coded the responses to identify all issues reported and then grouped these responses into broader conceptual themes and subthemes. We then analysed all waves to identify which issues were more prominent at which time points and what new issues emerged over time.

## Key findings

The practitioner perspectives were conceptualised under three main themes: structural, social, and individual issues.

**Structural issues** raised by practitioners primarily concerned the impact of government cuts to services impacting services’ ability to support young people. Increasing financial instability and inequality were also mentioned. Access to statutory support services was reported as limited and reserved for the most critical cases. The impact of the COVID-19 pandemic was also discussed regarding both its impact on service delivery and concerns that, as we emerge from the COVID-19 pandemic, referrals are at an all-time high.

Safety and cohesion in the home, as well as online exploitation, were conceptualised as the main **social issues**. Practitioners reported an increase in family conflict and violence throughout the pandemic. There were also concerns that increased social media and internet use exposed vulnerable young people to grooming, sexual exploitation, and the risk of being recruited into crime.

**Individual issues** encompassed mental health, uncertainty, and educational issues. Practitioners throughout all waves referred to a ‘mental health crisis’ among young people, worsened by the anxiety, social isolation, and uncertainty imposed by the COVID-19 pandemic. Educational issues primarily concerned the impact of educational disruption imposed by the pandemic, contributing to uncertainty among young people about their prospects. Practitioners also considered the unique issues faced by those with additional needs, such as developmental disorders, particularly in transitions to and from face-to-face teaching.

## Lessons and implications

**Thresholds for support across all sectors should be lowered and preventative support should be prioritized to ensure fewer young people reach crisis point.** Practitioners consistently reported concern that thresholds for support were too high so that young people only received support when they reached crisis point. They also felt that the increase in mental health issues reported was at least partly dependent on the cuts to preventative services.

**Poverty and inequality should be tackled, and structural changes are needed to support young people and their families.** Practitioners expressed that young people's financial, social, and mental health issues are exacerbated by financial instability and inequality.

**Young people should not be discharged from child services without the appropriate transition support in place.** Practitioners reported concern that disruption and instability at age 18 are contributing to an increased risk of criminal involvement, homelessness, and poorer prospects. Practitioners feel that young people face a 'cliff-edge' at 18 years of age.

**We need to support young people in harnessing the positives of online communication while reducing exposure to risk.** Social media and the internet are central components of young people's lives. This has become even more apparent since the COVID-19 pandemic, during which reliance on technology for social contact increased. However, practitioners are concerned that the risk of online exploitation of vulnerable young people has also increased.

### **Key considerations for future research**

**Consider how practitioner views of prominent issues align with those of young people themselves.** Understanding practitioner views is informative, especially concerning issues that young people are less likely to report (e.g., criminal activity or substance abuse). However, it is vital to understand the perspectives of young people as well to get a comprehensive picture of the issues they are facing.

**Understand the impact of social isolation and loneliness on mental health.** The impact of social isolation during COVID-19 lockdowns was referenced frequently by practitioners, mostly in the context of their concerns about mental health, social development, and progression in education. Empirical research is needed to determine how social isolation and loneliness impact vulnerable young people.

**Developing effective preventions and interventions for adversity in adolescence.** Practitioners expressed concern that young people were not supported until they reached crisis point. They also felt that the reduced stigma around awareness of mental health issues is not met with the necessary support when young people come forward. Research is needed to determine how to best support young people.



## Introduction to the report

### Overview

**This report analyses data from Barnardo's Quarterly Practitioner Survey (QPS) to assess what social, educational, and mental health support practitioners view as the most important issues facing young people today, and how issues have changed between June 2019 and November 2021.**

We will introduce the structure of the report, explain our methods and analysis approach, outline the main findings from practitioner perspectives in the context of developmental research, and finally present a call to action to identify the next steps for policymakers and stakeholders.

### About the research

The research presented here is a result of a collaboration between Barnardo's and the Development and Environment Research Group at King's College London (KCL).

Barnardo's Quarterly Practitioner Survey is open to all staff who work directly with children, young people, and/or their families. It is administered online via Survey Monkey and respondents remain anonymous.

The purpose of the survey is to systematically capture insight from Barnardo's practitioners, with the aim to track long-term issues over quarterly surveys, as well as emerging and topical issues in each wave of the survey. In each wave of the survey, a section is dedicated to capturing 'Emerging Vulnerabilities' and additional questions are asked each wave depending on Barnardo's corporate needs and priorities.

The research presented here was funded by the Economic and Social Research Council Secondary Data Analysis Initiative as part of the Windows of Vulnerability project (ES/T015861/1: Windows of vulnerability: Sensitive periods for social adversity in adolescence).

The three main objectives of the Windows of Vulnerability project are to:

1. Identify different types of social adversity impacting adolescents
2. Characterize windows of vulnerability to social adversity in adolescence
3. Investigate developmental cascades after social adversity in adolescence

**The research presented in this report addresses the first objective of the larger ESRC-funded work – to identify different types of social adversity impacting adolescence.** To this end, Barnardo's shared their QPS data with KCL (see Methodology for further details). The QPS data was then analysed by the KCL team to systematize practitioners' views of what types of social adversity matter most to young people.

Insights from this research will be used to:

- Guide and set priorities for the Windows of Vulnerability quantitative analyses of large-scale cohort data to understand how different types of social adversity affect mental health and cognition in young people, in line with the Windows of Vulnerability objectives 1-3.

- Inform practitioners to help guide their practice and support young people who experience social adversity.
- Inform key stakeholders in local and national government.

### **Rationale and objectives**

Research has shown that adverse experiences during early childhood can affect children’s development and have a lasting impact on their mental health and wellbeing<sup>7,8</sup>. Evidence has shown that early childhood (birth to three years) forms a window of vulnerability, or sensitive period, for adversity<sup>9</sup>. Research into childhood adversity has contributed to effective policy and interventions designed to protect young children from adversity and improve their wellbeing<sup>10,11</sup>. **Inadvertently, the focus on early childhood has also left another formative period of life largely neglected: adolescence.**

**During adolescence, young people pivot towards their peers and become less dependent on parents and carers<sup>12</sup>.** These social changes coincide with brain structure and cognitive development<sup>13</sup>. Adolescents can be particularly vulnerable to adverse social experiences such as being bullied or excluded<sup>4,5</sup>, leading to **emerging theories of a second sensitive period of development after childhood<sup>4</sup>.**

**To systematically test these theories, we first need to understand what adversities matter to young people.** We can then use these insights into adversities to design studies to test these theories of development in large-scale, longitudinal datasets. **This will provide opportunities to inform adversity prevention, detection, and intervention efforts.**

**To understand what types of adversities impact young peoples’ lives, we analysed QPS data on social, educational, and mental health support practitioners’ views of what types of adversity matter most to young people.**

Our two main research questions were:

1. What are practitioners’ views on the key issues that young people face?
2. How have the key issues that young people face changed between June 2019 and November 2021?

### **Limitations and considerations**

The following challenges and limitations to this research should be considered when reading the report:

**Respondents’ identity was not tracked over time.** The data does not allow tracking participants over time, so we are unable to clearly separate individual differences from trends over time.

**Concerns may not be representative of the sector at large.**

The most common sectors that practitioners worked in were care leaver support and support of looked-after young people, as well as early years and family support. These groups may be more likely to comment on issues facing looked-after children and care leavers, than practitioners working in other sectors. Changes over time may therefore

be a more reliable indicator of what the most important issues are than the absolute frequency of mentions. Similarly, there is limited information about respondent demographics (e.g., age, gender, ethnicity), which could put concerns into context.

**Respondents' concerns may not match the priorities of young people.**

The concerns of adults for young people do not always match the concerns of young people themselves. Practitioners' views on concerns are particularly useful on issues that young people themselves are unlikely to comment on (including criminal exploitation). Barnardo's have recently published a report on young people's perspectives<sup>14</sup>. It will be important for future research to systematically assess whether young people share practitioners' concerns and if not, why not. We note that for instance, racial marginalization has found little mention in the QPS, which is surprising given the contemporary backdrop of the Black Lives Matter Movement. Similarly, LGBTQIA+ issues and sexual harassment and violence have found little mention. Young people themselves may reveal different views on these issues when asked directly.

**Contextual factors may have influenced responses.** Concerns changed over time, at least in part, to reflect contextual factors such as the COVID-19 pandemic and changes in government policies. What mattered to practitioners in 2019 may not matter to them as much now. However, decision-makers may be well advised to take all issues into consideration, given the likely long-term impact on young people's wellbeing.





## Methodology

### Overview of the respondents and the data analysed

**For this report, data from Barnardo's Quarterly Practitioner Survey were analysed. Data were collected in 10 waves between June 2019 and November 2021.** The survey was sent out to practitioners working with Barnardo's and the total number of responses was 529.

Data was collected via Survey Monkey. In the instructions for the survey, Barnardo's highlights that it canvasses opinions on the '*issues facing children and young people*'. Barnardo's states that it will use the data to '*look out for national trends and highlight emerging vulnerabilities to local decision makers.*' The number of open questions varied per wave; the April 2020 wave contained the most questions at 32, and the average number of questions across the 10 waves analysed was 19. The Emerging Vulnerabilities questions, which were analysed here, were always at the beginning of the survey. Participants were able to opt-out of responding to individual questions.

We analysed responses to the following three questions:

1. Are there any new issues you are seeing emerging or new things you are hearing from children, young people, or families, over the last few months?
2. What is your one biggest concern now for children, young people, and families?
3. Which groups of children, young people and families do you think are most affected by the concern you raised above?

Responses to the third question were used to select data about young people's experiences. Responses that mentioned 'young people', 'YP', 'youth', 'teen(s)', 'teenager(s)', 'adolescent(s)' or 'adolescence', 'care leaver(s)' and 'NEET' were selected. This resulted in 60-138 responses per wave being selected for further analysis (see Table 1 for details).

Practitioners worked in a variety of sectors, with care leaver and early-years support being the most represented sectors (Table 2).



**Table 1.** Timing of waves and number of respondents analysed per wave.

Wave	Time of data collection	Number of respondents
1	June/July 2019	111
2	September/October 2019	63
3	January 2020	88
4	April 2020	138
5	June/July 2020	110
6	October 2020	71
7	January 2021	64
8	April 2021	75
9	July 2021	68
10	October/November 2021	60

**Table 2.** Respondents' sectors.

Respondents' sector	Average frequency across waves
Care leavers/Accommodation support	16.4%
Early support (e.g., children's centres, parenting programmes)	12.6%
Family support services (e.g., CAPI, young carers)	11.8%
Looked after children	11.4%
Mental health	8.8%
Child abuse and exploitation (e.g., missing, trafficking)	8.6%
Other (e.g., education, youth work, outreach) *	29%

Note\* Low-frequency categories were collapsed to prevent statistical disclosure.

## Overview of the analysis methods

We analysed the survey data using reflexive thematic analysis.

Reflexive thematic analysis is a qualitative data analysis approach used to identify patterns and shared meaning in the data<sup>15</sup> (Figure 1).

*Figure 1. Stages of a thematic analysis. Adapted from Braun & Clarke (2006).*



In the first instance, we familiarised ourselves with the data and generated codes. For this step, we used NVivo 12 version 20.6.2<sup>16</sup>. The aim of this step is to meaningfully categorise the data by giving labels, or codes, to individual responses (e.g., poverty, mental health, school pressures).

In the next step, we organised individual codes into themes and subthemes that represented the recurrent and overarching issues raised by practitioners. In some cases, a dozen codes were clustered into a theme, whereas some individual codes formed individual themes or subthemes. Codes were often hierarchical, such that themes (e.g., mental health) and subthemes (e.g., increasing wait times for mental health support) were identified. Based on these themes, analysts produced a narrative-style interpretation of each wave, supported with quotes directly from the data. This was then analysed by a senior member of the team to conceptualise how the key issues changed over time from July 2019 to November 2021.

We adopted a reflexive thematic analysis approach<sup>6</sup>. This approach emphasises the importance of the analyst's active role in conceptualising the data. It encourages flexibility, regular reflection, and transparency. It acknowledges that themes do not passively exist in the data ready to be retrieved but are actively constructed by the analysts.

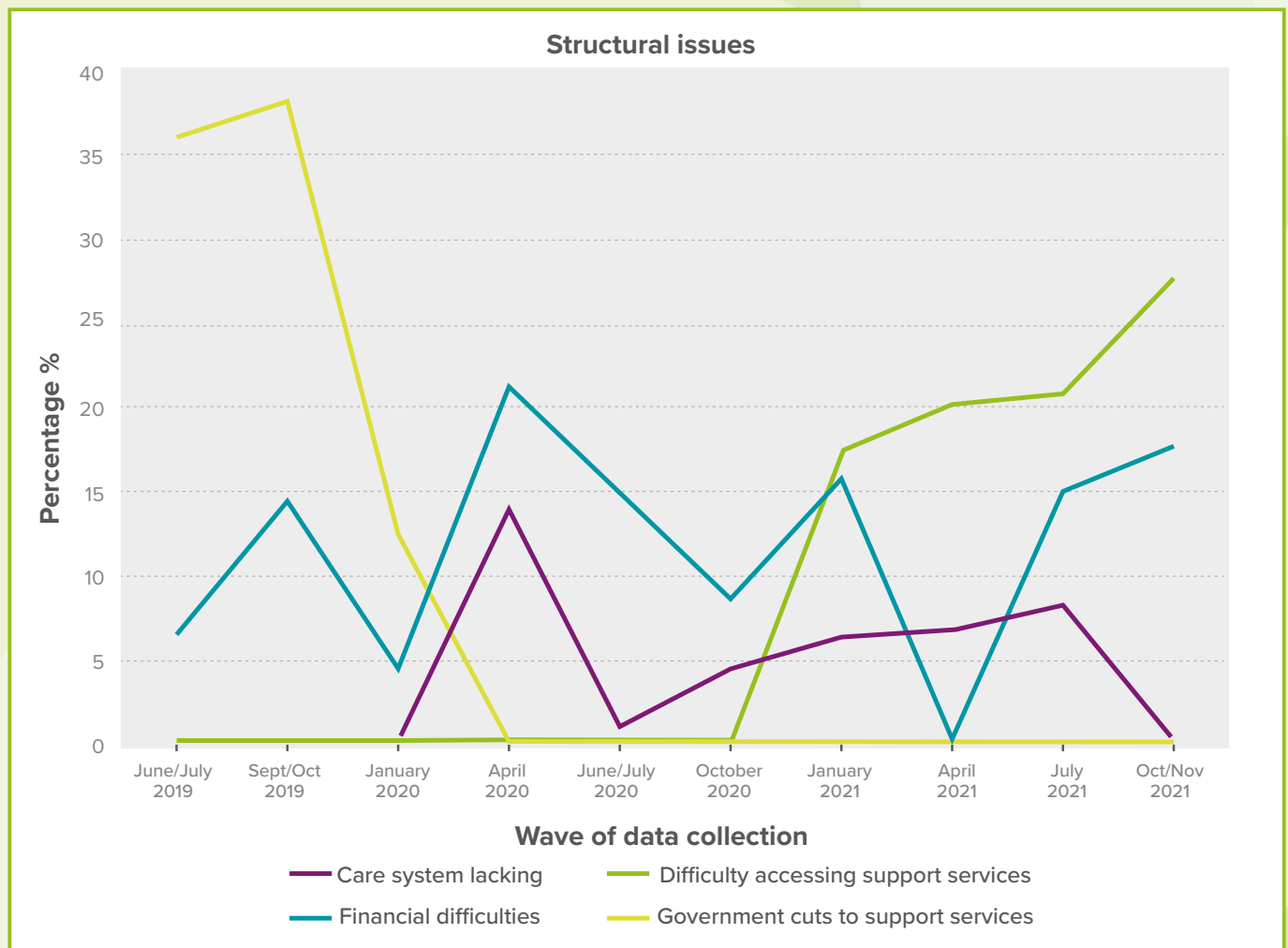


## Findings

**Figure 2.** Themes and subthemes identified in the analysis.

<b>Structural issues</b>	Financial difficulties	• Unemployment
		• Financial instability and poverty
	Lack of governmental funding	• Recent financial cuts by the government
		• Long waiting times for social services
		• Insufficient and limited funding available for services
		• Community services lacking
		• Lack of support for additional needs
		• Universal credit and welfare reform
• Care system lacking		
<b>Social issues</b>	Social media and the internet	• (Cyber-)Bullying
		• Online exploitation
	Familial issues	• Conflict and violence in families increasing
		• Financial struggles
		• Parental mental health issues
	Criminality and Drugs	• Selling and/or consuming drugs
		• Criminal exploitations
		• Gangs/county lines
	<b>Individual issues</b>	Mental Health
• Decrease of preventative and treatment services		
• Hopelessness and missing perspective		
• Educational issues		

## 1. Structural issues: Government cuts and financial difficulties



**Figure 3.** Changes in the frequency of reference to structural issues over time.

### 1.1. Government cuts

Practitioners described limited access to statutory support services and that access is reserved for the most critical cases. Throughout 2019, over a third of practitioner responses discussed such cuts/ underfunding of services, with frequent reference to early support services. Practitioners stressed that the limited funding available is directed towards only the young people that are at immediate risk of harm. In their view, this lack of early intervention has led more young people to present with critical issues which may have been prevented if they had received appropriate support sooner.

*“Reduction in funding, de-commissioned services, and increased administration tasks have led to significant reduction in face-to-face direct work and ongoing crisis management work, rather than proactive/preventive work being delivered”*

*(Wave 1: June-July 2019)*

Cuts to council-run youth services are reported as contributing to increased referrals to specialist support services. Practitioners felt that the widespread closure of youth clubs and community centres had reduced the options available for young people to reach out for

information and advice. These services have seen funding reduced by more than two-thirds in real terms since 2010<sup>17</sup>.

*“Over the last year or so I have had parents crying out for after school clubs and respite care. They all are saying that there is nowhere for their young people to go and all the clubs they used to go to have closed due to funding.”*

*(Wave 2: September/October 2019)*

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**Where services have not been directly cut, practitioners reported that funding has not increased in line with demand. This is most pronounced in the mental health care system.** Practitioners reported that many services are ill-equipped to tackle rising referrals and young people face increasingly long wait times to receive the support they need. Practitioners felt that while societal awareness and acceptance of mental health issues has increased, the services designed to support young people with such issues are not meeting demand. **In each wave of survey data, there was mention that only the most extreme cases are meeting eligibility criteria for support from Child and Adolescent Mental Health Services (CAMHS), leaving those with subthreshold mental health concerns unsupported until reaching ‘crisis point’.**

*“Increasingly seeing and hearing about young people with mental health problems which don’t meet the criteria for having input from CAMHS, but that do require some sort of intervention and there aren’t adequate services available to help the young people at the right time.”*

*(Wave 2: September/October 2019)*

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## **1.2. Financial difficulties**

Welfare reform, coupled with the rising cost of living, has meant more families and young people are experiencing financial difficulties, according to practitioners. Practitioners felt that the introduction of Universal Credit had affected the income of those who rely on means-tested benefits, expressing concern for the rising numbers of young people whom they fear will grow up in poverty because of these reforms. In late 2021, practitioners raised concerns about the impact the removal of the £20 Universal Credit uplift will have on young people who are already struggling.

*“On-going issues with young people accessing appropriate money to live, in particular Universal Credit is increasing need for food bank referrals and emergency payments”*

*(Wave 4: April 2020)*

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Practitioners reported that the **COVID-19 pandemic has been a factor in exposing the extent of financial difficulties that existed prior to the pandemic.** Financial strains on families are reported to worsen during times of increased material need, such as over the Christmas periods or during the school holidays. Practitioners felt that the increased financial burden of stay-at-home measures over much of 2020/21 had a disproportionate effect on the poorest families and young people.

*“Poverty and inadequate housing have been [laid] bare by COVID-19”*

*(Wave 6: October 2020)*

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Over the pandemic, young people's financial situations worsened, according to practitioners. Practitioners were concerned that young people are facing scarce employment opportunities and are feeling hopeless about their prospects of achieving financial stability. Practitioners also reported that more emergency payments were required in Spring/Summer 2020.

*"We have been providing more emergency payments to cover things like rent, electricity and food due to COVID-19 restrictions."*

*(Wave 5: June/July 2020)*

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### **1.3. Impact of the COVID-19 pandemic**

Restrictions introduced to limit the spread of COVID-19 are reported to have financially overstretched the statutory sector. Many services were reported to either have closed in Spring 2020 or had their access restricted to limit viral transmission. Throughout 2021, after the easing of restrictions, practitioners felt that there was a backlog of referrals and increased wait times, particularly for mental health services.

*"Access to mental health and well-being support is vastly reduced, partner agency waiting lists have been closed due to capacity and there aren't enough sources of support for children and young people."*

*(Wave 9: July 2021)*

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**The abrupt cessation of face-to-face support isolated many young people from receiving the help they needed, practitioners said.**

Practitioners reported that for months, young people without stable access to digital technology found themselves unable to receive the support for which they were eligible. Others were unable to express their issues in a digital format, as they felt uncomfortable or unsafe doing so at home. For those who could access services, practitioners reported a deterioration in the quality of support, whereby young people struggled to fully engage with online sessions. Practitioners also worry that safeguarding issues might have been missed when home visits were suspended alongside schools being closed for much of 2020.

*"Lack of face-to-face contact has resulted in a deterioration in quality of remote contact and willingness from the young people to engage."*

*(Wave 7: January 2021)*

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**Practitioners reported that COVID-19 pandemic restrictions also contributed to delays or cancellations of support, which disproportionately affected care-experienced young people.**

According to practitioner reports, hosts were unable to take placements and family visits were suspended during the pandemic restrictions. Practitioners outlined that this left young people in 'limbo' and drew out living arrangements that were supposed to be temporary.

*"The impact of COVID-19 - Care leavers are finding it more challenging to contact the social work teams, to have their issues addressed; social workers are saying that they are only dealing with "emergency cases"; placement and housing moves on hold; short breaks for children with disabilities/IV visits for children in care have stopped/happening remotely"*

*(Wave 4: April 2020)*

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**Practitioners were concerned about the abrupt transition between services pre- and post-18.** This theme spanned and united several other themes identified in our analysis, including mental health provisions, support for care leavers, and prevention of criminal exploitation. Practitioners felt that vulnerable young people frequently face a cliff-edge at 18, at which point they have “nowhere to go” due to either being discharged by child mental health services or experiencing delayed transitions into the adult system.

*“Lack of support upon turning 18.”*

*(Wave 8: April 2021)*

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*“Many of my care leavers are finding themselves having to leave foster care/supporting lodgings as soon as they turn 18 after often being promised they can stay by the carers.”*

*(Wave 3: January 2020)*

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#### **1.4. Housing**

**Housing provisions are deemed insufficient by practitioners.**

Practitioners report that there is not enough support to help young people find suitable and secure accommodation. In their view, the lack of housing support is principally affecting care leavers, who are more commonly becoming homeless after turning 18.

The lack of housing support for care leavers is mentioned throughout all waves, but practitioner concerns about the availability of housing for wider groups of young people became more prevalent in the latter of 2021. Towards the end of 2021, practitioners suggested rising prices and the continuing insufficient provision of social housing have left more young people without stable accommodation. Practitioners felt that long-term solutions must be considered to address this issue.

*“Housing shortage in social sector. Inability for 16-25yr olds to get tenancies due to age.”*

*(Wave 10: October/November 2021)*

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*“Housing shortage which is causing numerous ‘sticking plaster’ responses that only increase future risks for our care leavers becoming chronic homeless”*

*(Wave 10: October/November 2021)*

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## 2. Social issues: online exploitation and family conflict



Figure 4. Changes in the frequency of reference to social issues over time.

### 2.1. Exposure to the dangers of the internet

As internet use increases, practitioners were concerned that the risk of exposure to criminality and exploitation also increases. Over 20% of responses between June 2019 and January 2020 expressed this concern. Specifically, they were worried that young people's increased use of social media has worsened the risk of exploitation by providing a new platform for criminal recruitment. This was mainly in reference to gang culture and county lines operations. There was also concern that young people are increasingly falling victim to grooming and sexual exploitation on the internet.

*“Technology has changed the landscape for children and their families. Online bullying, trolling and sexual exploitation have significantly impacted [young people].”*

*(Wave 1: June/July 2019)*

Practitioners were worried about social media use and young people's reliance on technology. Practitioners reported a rise in social media use and increasing reliance on technology both before and during the COVID-19 pandemic. This was said to bring with it dangers to young people, through exploitation, bullying, or detriment to self-esteem and wellbeing.

*“The internet now forms a large part of our daily lives and the media’s portrayal of what is important and what successful like looks like, is not achievable for most of the population.”*

*(Wave 1: June/July 2019)*

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On the other hand, practitioners were also concerned that those without access to digital technology also suffered during the **COVID-19 pandemic**. School, support services, and social contact all moved rapidly online from March 2020. Practitioners reported that this meant many without access to technology at home struggled with engagement with online support, school classes and educational resources.

*“With COVID-19, [there is a] lack of equipment to enable our young people to access learning from home.”*

*(Wave 4: April 2020)*

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## **2.2. Safety and cohesion in the home**

Family tensions and conflicts were reported to have intensified in the **COVID-19 pandemic**. Around 15% of practitioner responses between April 2020 to November 2021 referred to concerns of family conflict. Practitioners voiced concern that many young people were trapped in homes with serious conflict due to lockdowns and school closures. Practitioners expressed that some young people were living in close quarters with parents or carers on the verge of separation but having to live together, as well as increasing domestic violence. In the extremes, it was reported that young people became homeless to escape the dangerous situation in their homes. Practitioners felt not enough was done to protect young people from domestic abuse.

*“Overcrowding at home during lockdown, missing people they can’t see, missing school, parents who were about to separate now still living together due to lockdown.”*

*(Wave 4: April 2020)*

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*“A number of young people... have been made homeless due to parental domestic abuse”*

*(Wave 8: April 2021)*

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**Parents and carers were struggling with their own mental health and the strain of the pandemic, practitioners said.** The increased care demand, financial burden, and managing home education was reported to be taking their toll on families. Parental and carer mental health issues were thought to be impacting young people in the home.

*“The impact lockdown has had on children, young people and parent’s mental health and their access to support during this difficult time.”*

*(Wave 5: June/July 2020)*

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### 3. Individual issues: mental health and uncertainty

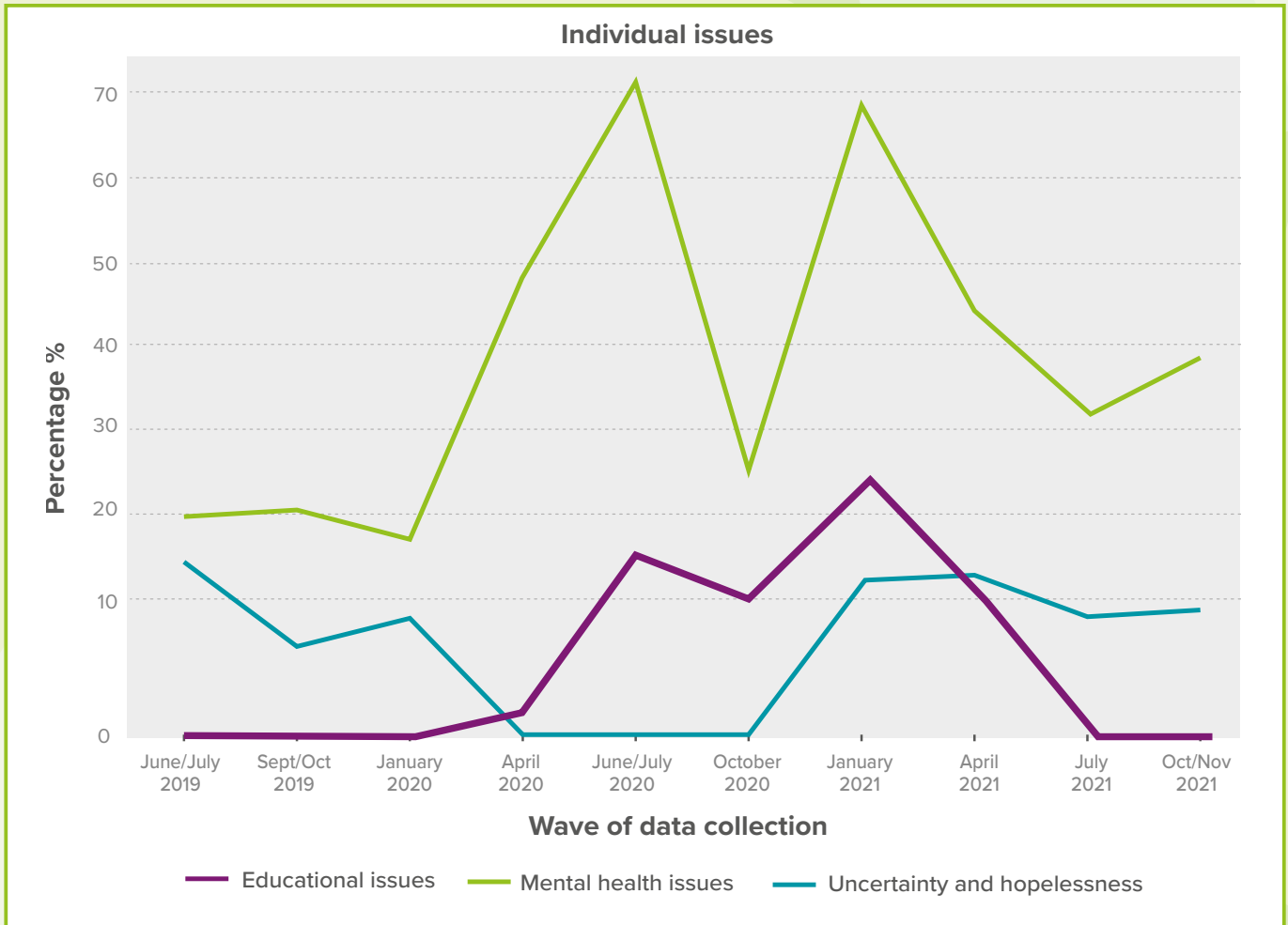


Figure 5. Changes in the frequency of references to individual issues over time.

#### 3.1. Increasing mental health issues

The most prominent message from practitioners throughout all waves is that young people are facing a mental health crisis. Around 20% of practitioners refer to mental health concerns between June/July 2019 and January 2020, and this increases and remains high at around 40-70% from April 2020 through November 2021. Practitioners reported in multiple waves that serious issues are becoming more prevalent, including rising cases of eating disorders, obsessive-compulsive disorder, and suicidality. They felt that these needs were not met with sufficient specialist support.

*“More young people struggling with their mental health, impacting on a whole host of other areas - schooling, sense of self-worth, body image, self-harm, eating disorders”*

*(Wave 1: June/July 2019)*

*“Self-harm rates and eating disorders rates seem to be going up rapidly. CAMHS routinely say this is trauma and not mental health ... and turn down support which puts a lot of pressure on us.”*

*(Wave 10: October/November 2021)*

**Practitioners were concerned that the prevalence of anxiety increased throughout the pandemic.** From the beginning of the COVID-19 pandemic, low mood, and a general decline in well-being are reported but an escalation of anxiety in young people was the focus of practitioners' concern.

*“The fact that so many children are feeling anxious, vulnerable and isolated due to COVID-19 and the restrictions is worrying.”*

*(Wave 8: April 2021)*

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**The instability and disruption caused by the pandemic was reported to have disproportionately impacted young people with additional needs.** Pre-pandemic, practitioners reported that there was not enough specialist support for young people with complex needs, such as autism and attention-deficit/hyperactivity disorder (ADHD). Following the introduction of restrictions in March 2020, practitioners were concerned that young people with learning difficulties, ADHD, and autism were struggling to adjust to the routine changes and online learning. Difficulties were reported again in Autumn 2020 when young people were required to transition back to school.

*“The young and those with learning difficulties struggling to make sense of what’s going on and some YP [young people] with autism missing routines and struggling to cope/find useful things to do, finding it more difficult to project positively in the future.”*

*(Wave 5: June/July 2020)*

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*“Transitions back into school for children with SEN [special educational needs], undiagnosed SEN and wellbeing difficulties are very tricky due to COVID-19, putting additional strain on families and schools.”*

*(Wave 8: April 2021)*

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### **3.2. Uncertainty and hopelessness**

**Practitioners report that many young people are worried about missed education, job prospects, and financial difficulties.** Although there were concerns in the first waves of data in 2019, practitioners report that uncertainty and instability were exacerbated by the pandemic. They said that many young people are worried about the effects of their disrupted education, lack of employment opportunities, and reductions in financial support. Practitioners felt young people are not supported and they emphasise that young people have a voice and should be listened to.

*“[There is] a great fear and concern about their future prospects, jobs, education, training.”*

*(Wave 5: June/July 2020)*

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*“Mental health and needing to be more aware of the impact of loss of jobs for the family, loss of freedom with guidelines and school environment dramatically changed. Our children need a voice through all of this too.”*

*(Wave 9: July 2021)*

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**Practitioners were concerned that young people are burdened with a heightened sense of responsibility.** It was reported that young people

are not only worried about their own prospects, but they agonized over how their families, and society more broadly, would cope. Young people were reported to be concerned about the environmental crisis, the political climate, and the impact of Brexit, which practitioners attributed to young people's increased feelings of stress and hopelessness. Practitioners' views throughout the pandemic were that young people were fearful of contracting COVID-19 and family members dying from COVID-19, which reportedly further isolated them from friends and school.

*“Young people are talking about the likely impact of Brexit and environmental issues, about how their parents are going to cope in the future”*

*(Wave 3: January 2020)*

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*“A fear of going out in case of catching/spreading COVID-19 is impacting on schoolwork and social connections”*

*(Wave 7: January 2021)*

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**Young people feel hopeless, according to practitioners.** This impression from practitioners is far greater within the 2021 waves as we emerged from most pandemic restrictions. Practitioners felt that young people were lacking motivation and their hope for the future was dwindling. Young people are reported to have little confidence in themselves and their prospects, given the scant job opportunities, limited housing, and lack of financial support. The themes uncertainty and hopelessness were consistently identified in 10-15% of responses throughout all waves of data.

*“That children, young people, and families will literally die either through lack of resources or suicide. What hope would an 18-year-old have if they have no home, their family can't afford to keep them, they can't afford to feed themselves? What sort of future do they imagine they will have?”*

*(Wave 1: June/July 2019)*

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### **3.3. Education**

**Practitioners are concerned there is too much pressure on young people at school.** Before the pandemic, practitioners felt that the prominent issues in education were pressure for young people to succeed in school and a lack of awareness and support from schools for increasing mental health issues.

*“Education has become very challenging for some young people (focus on assessments increasing)”*

*(Wave 1: July 2019)*

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**From Spring 2020, practitioner responses were populated by concerns about how much education has been disrupted by the pandemic.** By Autumn 2020, concern arose about the variable quality of education young people received at home, and how educational inequalities have widened. Variable access to technology during remote learning and a general disengagement from education were mentioned frequently by practitioners. Following the disruption of the pandemic, practitioners were worried that young people have been put under too much pressure to 'catch up'.

*“Lack of access to meaningful education, disengagement from education”*

*(Wave 5: June/July 2020)*

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*“[Young people are] Feeling anxious and overwhelmed by school exams and impact to future education”*

*(Wave 8: April 2021)*

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**Transitions back to school were reported to be more difficult for some groups of young people.** Practitioners noted that many young people seemed to struggle with returning to school and adapting to new rules and regulations in Autumn 2020. Practitioners were worried that this was particularly difficult for refugees and non-native English speakers, who have already suffered educational disruption from fleeing their home countries and limited English language practice.

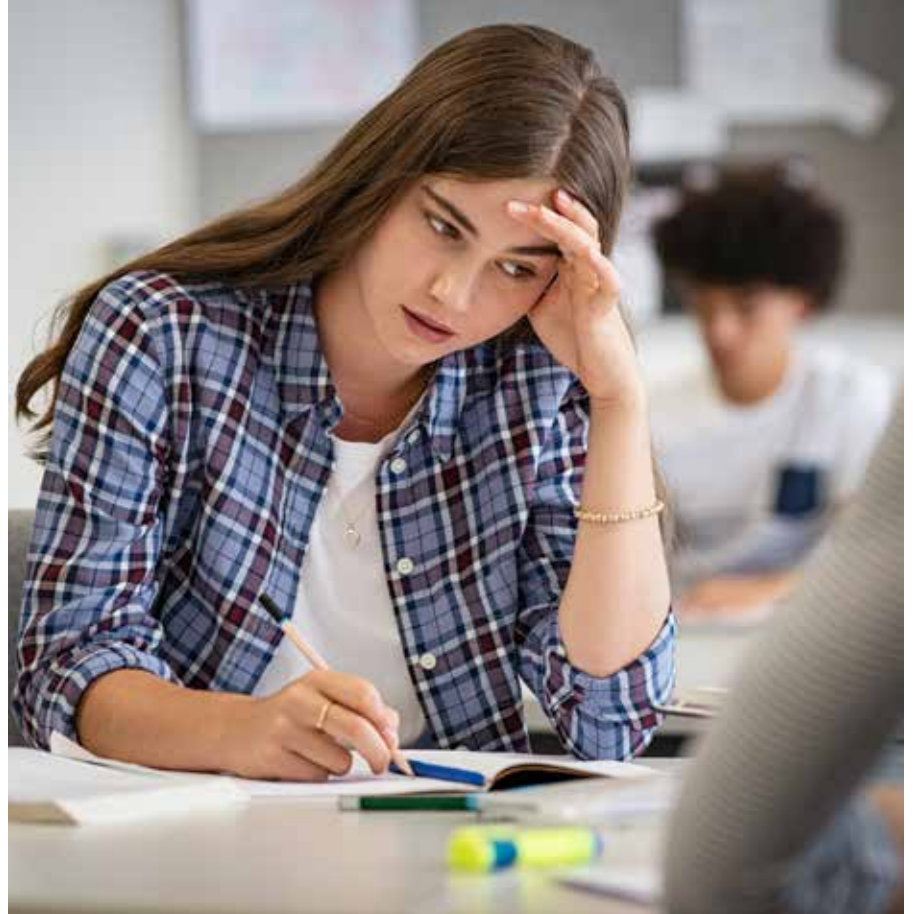
*“Parent’s concerns over their child’s missed education during COVID especially as their children were already behind as they had missed so much education during the Syrian War and flight from the countries. Children fear they will not be able to speak to their peers again as they have not been practising their English”*

*(Wave 5: June/July 2020)*

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*“A lot of young people are struggling with going back to school and the new rules and regulations in place.”*

*(Wave 6: October 2020)*



# Summary of Findings, Context, and Call to Action

## Overview of findings

**The aim of this research was to capture practitioners' perspectives on the key issues that impact young people most and to find out how these issues have changed over time between June 2019-November 2021.** This report aims to inform our understanding of the key issues young people have faced in recent years, to examine how psychological research into adversities aligns with practitioner perspectives, and to identify priorities for research and practice.

We adopted a reflexive thematic analysis approach, where we generated themes from the practitioner responses to the QPS survey.

**The issues outlined in detail above can be summarised as five key issues that practitioners were concerned about (Textbox 1).**

**Textbox 1.** Five key issues facing young people that practitioners were concerned about:

1. Increasing mental health issues and insufficient support
2. Poverty, financial instability, and inequality
3. Exploitation and victimization
4. Safety and cohesion in the home
5. Transition between services pre- and post-18

The remainder of this section takes each key issue in turn, summarises the practitioners' perspectives on that theme, and considers this in the context of the research. This resulted in the proposed call to action highlighted in the following section titled "Call to action".

## Putting findings into context

### 1. Increasing mental health issues and insufficient support

#### 1.1. Practitioner perspectives

- The rise in young people's mental health issues is highlighted throughout the surveys. However, practitioners increasingly emphasised mental health concerns since the start of the COVID-19 pandemic.
- New serious mental health issues are reportedly on the rise and young people with additional needs were reported to have struggled in lockdown.
- Practitioners were concerned about an increase in young people coming forward with serious mental health issues, while at the same time, support was perceived as insufficient and more difficult to access since the pandemic.

The surveys offer perspectives on potential reasons for the rise in mental health issues:

- Lack of prevention work.
- Social isolation during the pandemic.
- Fears of infecting others.
- Uncertainty about the impact of the COVID-19 pandemic on prospects.

## 1.2. Putting the findings into context

**Practitioners' concerns about young people's mental health are shared by the scientific community<sup>18</sup> and by young people themselves<sup>19</sup>.** They tally with calls, of, e.g., the World Health Organisation (WHO) to step up support for mental health, in the face of rising prevalence since the pandemic, particularly of anxiety issues<sup>20</sup>. The report specifically highlighted that young people are amongst the worst affected group.

**In line with practitioners' views, research shows that youth is a key period of vulnerability for mental health across the lifespan.** Mental health issues often emerge in youth, a prominent finding in research even before the pandemic<sup>21,22</sup>. Mental health issues are also common in youth. At least one in five young people aged 9-17 years currently has a mental health disorder<sup>23</sup>. There is some evidence that young people, compared to other age groups, are particularly vulnerable to social stress, rejection, and isolation and that such experiences can impact mental health outcomes<sup>4,5</sup>. This may, in part, explain the increased prevalence of mental health issues in youth since the start of the COVID-19 pandemic. It is estimated that anxiety and depression have doubled in young people throughout the pandemic<sup>24</sup>.

**Practitioners reported that the disruption of young people's daily routines particularly affected young people with additional needs (such as autism and ADHD); however, studies show that not attending school was a welcome change for some autistic young people.** Research has found that young people with diagnoses of ADHD have experienced worse ADHD symptoms and increased mental health issues throughout the COVID-19 pandemic<sup>25</sup>. There is also evidence of greater remote learning difficulties in children with ADHD compared to typically developing peers<sup>26</sup>. The initial disruption to routine was also difficult to handle for some autistic young people and their families<sup>27</sup>. However, reports show that the opportunity to create their own routines and remove some of the demanding parts of the school day positively impacted autistic young people's well-being. Having greater control over their day and working together with practitioners and parents meant that autistic young people felt their needs were being met<sup>28</sup>.

**Practitioners' responses also highlight their priorities for future research in mental health.** Their responses highlight a need to better understand the rise in eating disorders, their causes, prevention, and treatment, with a focus on listening to young people's voices. Practitioners' responses also underline the need to develop evidence-based preventions and interventions tailored to the needs of young people. Interventions for loneliness, for instance, have mainly been developed for and rolled out to the elderly with little tailored support available for young people.

**Scientific evidence supports the view that mental health issues in youth intersect with other issues facing some groups in society (females, males, minoritized youths, etc.).** Scientific reports show that females and older adolescents have been particularly affected by the rise in mental health issues, perhaps because they were at greater risk of internalizing disorders, even before the pandemic<sup>6,19</sup>. Screening and support tailored for these groups are therefore important. At the same time, suicide is a particular risk for males, making it the second most



common cause of death in this group<sup>23</sup>. Social expectations placed on men mean that they may be less likely to disclose or seek help for suicidal thoughts or behaviours, compared to women<sup>29</sup>. Supporting young men in seeking help and support is, therefore, a key priority. Emerging evidence suggests that marginalisation (e.g., of LGBTQIA+ and young people from communities experiencing racial inequality because of their race/ethnicity) confers a heightened risk of mental health disorders<sup>30</sup>. Again, these groups may need additional support.

## 2. Poverty, financial instability, and inequality

### 2.1. Practitioners' perspectives

- Cuts to support services and a lack of government funding are reported as prominent issues prior to the pandemic. Practitioners report that this has not improved since.
- Practitioners raised concerns about rising poverty levels, financial instability, and widening inequality.
- Practitioners reported that the disruption to education has impacted young people's learning, social development, and future employment prospects.
- The care system was reported to be insufficiently supporting young people, particularly care leavers.

### 2.2. Putting the findings into context

**Evidence shows that financial instability and inequality negatively impact adolescent development and mental health.** Young people are especially vulnerable to poverty and socioeconomic disadvantages during adolescence<sup>31</sup>. During the COVID-19 pandemic, the inequality in income between the rich and poor has further increased<sup>32</sup>, which will likely exacerbate the burden on young people's mental health in the future.

**In the current literature, poverty is not classified as an adverse child experience (ACE), which is surprising given what we know about how poverty predicts lifespan outcomes.** ACEs include traumatic experiences such as physical abuse that occur before eighteen<sup>33</sup>. These approaches consider poverty as a root cause but often not as an adverse experience. This is a concern because current policies are often built on the ACEs approach<sup>34</sup>. Neglecting to consider poverty within the ACEs does not address the structural impact of poverty and shifts responsibility onto parents and families.

**Due to the COVID-19 pandemic, the educational gap has further widened<sup>35</sup>.** Young people growing up in poverty were already less likely to succeed in education<sup>36,37</sup>, even before the pandemic. Since educational achievement is related to later life opportunities, including employment, income, and (mental) health outcomes, there is a substantial risk of individuals falling into a cycle of poverty.

## 3. Victimisation and exploitation online

### 3.1. Practitioner perspectives

- The concern of online exploitation and victimisation was more prominent prior to the pandemic.
- There was less focus on peer victimisation and the focus of concern was more on how young people might be exposed to sexual exploitation and online abuse.

### 3.2. Putting findings into context

Practitioners' focus on online exploitation is not aligned with much of the public and scientific debate, which is mainly focused on peer victimization online<sup>38</sup>. While online bullying has come under increasing public scrutiny, the scientific evidence on the harmful effects of social media is mixed<sup>39</sup>. Firstly, much of the literature has focused on linking technology use to mental health and the findings vary from one individual to another<sup>40</sup>. Research initially produced some findings associating social media usage with adverse outcomes like poorer mental health, however, later robust analytic approaches highlight that the effects are usually too small to be considered practically important<sup>41</sup>. This dovetails with young people's views, who generally view social media positively and have, particularly during the pandemic, reported it to be a source of connection to communities and peers<sup>42</sup>. There is therefore a mismatch between the concerns of parents and the public on the one hand, and young people and practitioners on the other hand. Moreover, there is a lack of research examining how exploitation via social media might impact mental health. **As the practitioner survey highlights, online harms do exist for young people but are likely to be mainly perpetrated by adults, rather than peers.**

## 4. Safety and cohesion in the home

### 4.1. Practitioner perspectives

- Practitioners were concerned that vulnerable adolescents were trapped in homes with increasing conflict during COVID-19 restrictions.
- Instability in parent and carer mental health was thought to have adversely impacted young people.

### 4.2. Putting findings into context

Family conflicts, such as anger and criticism, are associated with behavioural<sup>43</sup> and relationship problems<sup>52</sup>, and mental health issues<sup>45</sup> in adolescents. On the other hand, family cohesion refers to the extent to which family members are committed, helpful, and supportive towards each other<sup>46,47</sup>. A cohesive family environment during adolescence can protect against mental health issues and improve future outcomes<sup>47-49</sup>. Practitioner calls for community services to support families are therefore supported by the evidence demonstrating the importance of family relationships in adolescent development.

**Fraught relationships between parents with mental health issues and their children can contribute to later deterioration in the young person's mental health<sup>50</sup>.** Appropriate support for parents and carers is therefore needed.

## 5. The transition between services pre- and post-18

### 5.1. Practitioner perspectives

- Practitioners were concerned about the abrupt transition, or lack of transition, between services pre-18 and post-18.
- Practitioners highlighted that support services are needed to make provisions for young people aged 18 and over, especially those in the care system.

## 5.2. Putting findings into context

Although young people are legally adults at 18 years of age, they still face many of the same vulnerabilities and opportunities as young people under the age of 18. From a scientific perspective, we now, in line with WHO guidance, view anyone between 10-24 years as a young person<sup>51</sup>. There is emerging evidence that this time of life is a sensitive period of development, during which the environment has a heightened impact on lifespan outcomes<sup>4,5</sup>. Some of these sensitivities may even be higher later, as compared to earlier in development, as we saw in the pandemic, where older adolescents were particularly vulnerable to mental illness<sup>20</sup>. **Sensitive periods can create opportunities and vulnerabilities for development. It is therefore recommended that support is maintained from 18 to 24 years and tapered down, rather than a sudden cessation.**

**Systematic research investigating how the abrupt transition between services at 18 years impacts young people is needed.** Practitioner views also highlighted that support is needed for not only mental health provision but also prevention of criminal exploitation to protect vulnerable young people.

### Call to action

Analysis of practitioners' perspectives in the context of adolescent development research has raised some urgent issues that must be addressed by stakeholders and policymakers if we are to improve the livelihoods of the next generation (Textbox 2). In addition, it raises questions and action points for future research (Textboxes 3 and 4).



**Textbox 2.** Summary of call to action

1. Providing appropriate mental health support to prevent young people reaching crisis point
2. Addressing poverty and inequality as adverse experiences
3. Preventing exploitation and victimization
4. Fostering safety and cohesion in the home
5. Supporting transitions between services pre- and post-18

**Providing better mental health support**

- Resources should be directed to both preventative and treatment services to ensure that more young people receive timely mental health support.
- Increasing awareness of mental health issues should be met with the necessary funding for mental health support.
- Thresholds for support should be lowered to ensure fewer young people reach crisis point, with a renewed emphasis on early intervention.
- Introduction of the existing Family Hub programme in every community to promote wellbeing, provide support to children, young people, and their families, and reduce disparities in outcomes through targeted support to those who need it most.
- Increasing the reach of Mental Health Support Teams to 100% of schools would promote well-being and reduce disparities in mental health and wellbeing outcomes.

**Addressing poverty and inequality as an adverse experience**

- Poverty needs to be addressed as an adverse experience in itself, as well as a possible cause of other adverse experiences during youth.
- Poverty and financial inequality have been prominent concerns all along but have increased significantly during the pandemic. Universal credit, welfare reforms, and the pandemic have reportedly increased the risk for families to fall into poverty, and a reallocation of governmental financial support is required.

**Preventing exploitation and victimization**

- We need to understand better how different groups of young people, e.g., marginalized groups and those with learning difficulties, are exposed to dangers online.
- Protective measures for young people vulnerable to online exploitation are needed.
- Social media and the internet are a central component of young people's lives; we need to support young people in harnessing the positives of online communication and reducing exposure to risk.
- Greater regulation of the internet is required to keep children and young people safe. This could include measures such as age verification, and technology companies taking a 'safety by design' approach.
- Children and young people who are abused or exploited online should receive the same level of support as those children who are harmed offline.



### **Fostering safety and cohesion in the home**

- Reinstatement of community support services is needed to ensure parents, carers, and families can provide a cohesive and stable environment for young people.
- Specialised support is needed for families with young people experiencing severe mental health issues and young people with additional needs.
- The further rollout of Family Hubs can also provide early help and support for families.
- Looked after children experience a particularly high level of instability, often with frequent placement and school moves and changes in social worker. The care system needs to do more to provide stability, e.g., reduce the number of moves or changes a looked-after child makes throughout their time in care.

### **Supporting transitions between services pre- and post-18**

- Young people should not be discharged from child services without the appropriate transition support in place.
- More services for children and young people should extend to age 25, allowing more time for young people to transition to adult services at a time that's right for them.

**Textbox 3.** Recommendations for future research with practitioners and young people:

1. Explore causes and solutions via in-depth interviews with practitioners.
2. Collect systematic quantitative survey data on practitioner agreement with issues identified in this report.
3. Triangulate practitioner concerns with the concerns of young people themselves.
4. Collect data on the impact of marginalization on young people.
5. Supporting transitions between services pre- and post-18

**Textbox 4.** Recommendations for future research into adversity in adolescence

1. Understanding the impact of social isolation and loneliness on mental health.
2. Investigating the impact of poverty as an underlying factor contributing to adversities, as well as the impact it can have as an adverse experience in itself
3. Systematizing the adult-peer interactions and harms online, as well as peer-to-peer interaction and harms.
4. Investigating the role of families, parental and carer relationships in adolescence, as well as peer relationships.
5. Exploring the impact of transitions across the lifespan.
6. Developing effective preventions and interventions for adversity in adolescence.



## References

1. Gee, D. G. Early Adversity and Development: Parsing Heterogeneity and Identifying Pathways of Risk and Resilience. *Am. J. Psychiatry* **178**, 998–1013 (2021).
2. Nelson, C. A., Bhutta, Z. A., Harris, N. B., Danese, A. & Samara, M. Adversity in childhood is linked to mental and physical health throughout life. *BMJ* **371**, m3048 (2020).
3. Kinghorn, A., Shanaube, K., Toska, E., Cluver, L. & Bekker, L.-G. Defining adolescence: priorities from a global health perspective. *Lancet Child Adolesc. Health* **2**, e10 (2018).
4. Fuhrmann, D., Knoll, L. J. & Blakemore, S. J. Adolescence as a sensitive period of brain development. *Trends Cogn. Sci.* (2015) doi:10.1016/j.tics.2015.07.008.
5. Andersen, S. L. & Teicher, M. H. Stress, sensitive periods and maturational events in adolescent depression. *Trends Neurosci.* **31**, 183–191 (2008).
6. Braun, V. & Clarke, V. Reflecting on reflexive thematic analysis. *Qual. Res. Sport Exerc. Health* **11**, 589–597 (2019).
7. Hughes, K. et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health* **2**, e356–e366 (2017).
8. Felitti, V. J. et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *Am. J. Prev. Med.* **14**, 245–258 (1998).
9. Thomas, M. S. C. & Johnson, M. H. New advances in understanding sensitive periods in brain development. *Curr. Dir. Psychol. Sci.* **17**, 1–5 (2008).
10. Purewal Boparai, S. K. et al. Ameliorating the biological impacts of childhood adversity: A review of intervention programs. *Child Abuse Negl.* **81**, 82–105 (2018).
11. Innocenti, U. O. of R.-. Adolescent wellbeing. *UNICEF-IRC* <https://www.unicef-irc.org/research/adolescent-wellbeing/>.
12. Albert, D., Chein, J. & Steinberg, L. The teenage brain: Peer influences on adolescent decision making. *Curr. Dir. Psychol. Sci.* **22**, 114–120 (2013).
13. Andrews, J. L., Ahmed, S. P. & Blakemore, S.-J. Navigating the Social Environment in Adolescence: The Role of Social Brain Development. *Adolesc. Brain Dev. Psychopathol.* **89**, 109–118 (2021).
14. Amy Woodworth. *Your Voice Matters*. <https://www.barnardos.org.uk/get-involved/campaign-with-us> (2022).
15. Braun, V. & Clarke, V. Using thematic analysis in psychology. *Qual. Res. Psychol.* **3**, 77–101 (2006).
16. QSR International Play Ltd. NVivo. (2020).
17. YMCA. *Out of Service*. <https://www.ymca.org.uk/wp-content/uploads/2020/01/YMCA-Out-of-Service-report.pdf> (2020).
18. Loades, M. E. et al. Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. *J. Am. Acad. Child Adolesc. Psychiatry* **59**, 1218–1239.e3 (2020).
19. Scott, S. R. et al. “I Hate This”: A Qualitative Analysis of Adolescents’ Self-Reported Challenges During the COVID-19 Pandemic. *J. Adolesc. Health Off. Publ. Soc. Adolesc. Med.* **68**, 262–269 (2021).
20. COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>.
21. Kessler, R. C. et al. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch. Gen. Psychiatry* **62**, 593–602 (2005).
22. Kessler, R. C. et al. Age of onset of mental disorders: A review of recent literature. *Curr. Opin. Psychiatry* **20**, 359–364 (2007).
23. Mental Health Disorders in Adolescents. <https://www.acog.org/en/clinical/clinical-guidance/committee-opinion/articles/2017/07/mental-health-disorders-in-adolescents>.
24. Racine, N. et al. Global Prevalence of Depressive and Anxiety Symptoms in Children and Adolescents During COVID-19: A Meta-analysis. *JAMA Pediatr.* **175**, 1142–1150 (2021).
25. Behrmann, J. T., Blaabjerg, J., Jordansen, J. & Jensen de López, K. M. Systematic Review: Investigating the Impact of COVID-19 on Mental Health Outcomes of Individuals With ADHD. *J. Atten. Disord.* **26**, 959–975 (2022).



26. Remote Learning During COVID-19: Examining School Practices, Service Continuation, and Difficulties for Adolescents With and Without Attention-Deficit/Hyperactivity Disorder - ScienceDirect. <https://www.sciencedirect.com/science/article/pii/S1054139X20305231>.
27. Alonso-Esteban, Y., López-Ramón, M. F., Moreno-Campos, V., Navarro-Pardo, E. & Alcántud-Marín, F. A Systematic Review on the Impact of the Social Confinement on People with Autism Spectrum Disorder and Their Caregivers during the COVID-19 Pandemic. *Brain Sci.* **11**, 1389 (2021).
28. Pavlopoulou, G., Wood, R. & Papadopoulos, C. *Impact of Covid-19 on the experiences of parents and family carers of autistic children and young people in the UK. UCL Institute of Education: London, UK.* <https://www.ucl.ac.uk/ioe/> (2020).
29. Gender and suicide. *Samaritans* <https://www.samaritans.org/about-samaritans/research-policy/gender-and-suicide/>.
30. Hope, D. A. Mitigating the Mental Health Impact of Marginalization and Discrimination. *Cogn. Behav. Pract.* (2022) doi:10.1016/j.cbpra.2022.03.001.
31. Dashiff, C., DiMicco, W., Myers, B. & Sheppard, K. Poverty and Adolescent Mental Health. *J. Child Adolesc. Psychiatr. Nurs.* **22**, 23–32 (2009).
32. Xu, X., Warwick, R., McNally, S., Cribb, J. & Blundell, R. *Inequalities in education, skills, and incomes in the UK: The implications of the COVID-19 pandemic.* <https://ifs.org.uk/publications/15380> (2021) doi:10.1920/BN.IFS.2021.BN0321.
33. Walsh, D., McCartney, G., Smith, M. & Armour, G. Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review. *J. Epidemiol. Community Health* **73**, 1087–1093 (2019).
34. Edwards, R., Gillies, V. & White, S. Introduction: Adverse Childhood Experiences (ACES) – Implications and Challenges. *Soc. Policy Soc.* **18**, 411–414 (2019).
35. Covid-19 and Disadvantage gaps in England 2020. *Education Policy Institute* <https://epi.org.uk/publications-and-research/disadvantage-gaps-in-england/>.
36. Boardman, J. D. & Saint Onge, J. M. Neighborhoods and Adolescent Development. *Child. Youth Environ.* **15**, 138–164 (2005).
37. Nieuwenhuis, J., Kleinepier, T. & van Ham, M. The Role of Exposure to Neighborhood and School Poverty in Understanding Educational Attainment. *J. Youth Adolesc.* **50**, 872–892 (2021).
38. Hamm, M. P. et al. Prevalence and Effect of Cyberbullying on Children and Young People: A Scoping Review of Social Media Studies. *JAMA Pediatr.* **169**, 770–777 (2015).
39. Keles, B., McCrae, N. & Grealish, A. A systematic review: the influence of social media on depression, anxiety and psychological distress in adolescents. *Int. J. Adolesc. Youth* **25**, 79–93 (2020).
40. Beyens, I., Pouwels, J. L., van Driel, I. I., Keijsers, L. & Valkenburg, P. M. The effect of social media on well-being differs from adolescent to adolescent. *Sci. Rep.* **10**, 10763 (2020).
41. Orben, A. & Przybylski, A. K. The association between adolescent well-being and digital technology use. *Nat. Hum. Behav.* (2019) doi:10.1038/s41562-018-0506-1.
42. Anderson, M. & Jiang, J. 1. Teens and their experiences on social media. *Pew Research Center: Internet, Science & Tech* <https://www.pewresearch.org/internet/2018/11/28/teens-and-their-experiences-on-social-media/> (2018).
43. Fosco, G. M., Caruthers, A. S. & Dishion, T. J. A Six-Year Predictive Test of Adolescent Family Relationship Quality and Effortful Control Pathways to Emerging Adult Social and Emotional Health. *J. Fam. Psychol. JFP J. Div. Fam. Psychol. Am. Psychol. Assoc. Div.* **43** **26**, 565–575 (2012).
44. Andrews, J. A., Foster, S. L., Capaldi, D. & Hops, H. Adolescent and family predictors of physical aggression, communication, and satisfaction in young adult couples: a prospective analysis. *J. Consult. Clin. Psychol.* **68**, 195–208 (2000).
45. Cummings, E. M., Koss, K. J. & Davies, P. T. Prospective Relations between Family Conflict and Adolescent Maladjustment: Security in the Family System as a Mediating Process. *J. Abnorm. Child Psychol.* **43**, 503–515 (2015).
46. Moos, R. H. & Moos, B. S. A Typology of Family Social Environments. *Fam. Process* **15**, 357–371 (1976).
47. Fosco, G. M. & Lydon-Staley, D. M. Implications of Family Cohesion and Conflict for Adolescent Mood and Well-Being: Examining Within- and Between-Family Processes on a Daily Timescale. *Fam. Process* **59**, 1672–1689 (2020).

48. Goodrum, N. M. *et al.* Longitudinal Relations among Adolescent Risk Behavior, Family Cohesion, Violence Exposure, and Mental Health in a National Sample. *J. Abnorm. Child Psychol.* **48**, 1455–1469 (2020).
49. Augustine, D. A., Koss, K. J., Smith, E. P. & Kogan, S. M. The influence of family cohesion on self-regulation and anxiety problems among African American emerging adults. *PLOS ONE* **17**, e0261687 (2022).
50. Van Loon, L. M. A., Van de Ven, M. O. M., Van Doesum, K. T. M., Witteman, C. L. M. & Hosman, C. M. H. The Relation Between Parental Mental Illness and Adolescent Mental Health: The Role of Family Factors. *J. Child Fam. Stud.* **23**, 1201–1214 (2014).
51. Adolescent and young adult health. <https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solution>



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