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SHOCKED
LONELY

I'M OKAY

Mental Health and Covid-19:
In Our Own Words

Believe in children
Barnardo's

# Contents

## About Barnardo's

As the UK's largest national children's charity, Barnardo's supported around 300,000 children, young people, parents and carers through more than 1,000 services in 2018/19. Our goal is to achieve better outcomes for more children. To achieve this we work with partners, including health, local authorities and schools, to build stronger families, safer childhoods and positive futures.

Supporting good mental health and wellbeing runs through everything we do. Our services support children affected by almost all the vulnerabilities identified as risk factors for poor mental health and wellbeing. We work with commissioners of services across health and social care sectors to ensure a holistic approach to supporting the mental health and wellbeing of the most vulnerable.

In 2018/19, we supported over 40,000 children, young people, parents and carers through our mental health services, including 28,700 children supported through our school-based programmes, aimed at improving social and emotional learning.



**Cover illustration by** *Louise Chandler*

**This report was co-produced by** *Maisie Davies, Louise Chandler, Rebecca Woolford, Jessica Adams, Dominique Farauanu, Tia Carmichael, Owen Bezer, Kiera Carter, Alex Smith, Giovanna Martins* and *Peter Clarke.*

# 1. Introduction

At Barnardo's, we wanted to better understand how Covid-19 and the necessary measures to contain it have impacted on children and young people's mental health and wellbeing – and nobody knows better than children and young people themselves what their lives are really like. That's why we:

**Undertook an in-depth UK-wide survey** of more than **100 children and young people** supported by Barnardo's;

Collaborated with youth colleagues, who gathered insights from nearly **150 children and young people** through their own local networks.

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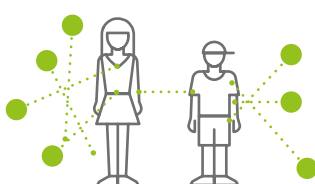
We sought to explore children and young people's experiences of lockdown and identify what they will need to support their mental health and wellbeing coming out of this pandemic. Through these surveys we are amplifying the voices of children and young people, using the power of the UK's largest children's charity to ensure that the concerns of those young people most affected by the hardships of the Covid-19 pandemic and the lockdown influence policy and practice. Together with youth colleagues we have identified three priorities for UK decision makers in improving children and young people's mental health and wellbeing:

Recognise the **disproportionate impact the pandemic and lockdown has had on children and young people's mental health and wellbeing,** especially the most vulnerable and marginalised in society.

**Learn from what children and young people tell us has supported their mental health and wellbeing,** such as maintaining good quality relationships and contact with friends, family, and trusted adults; feeling secure and being well informed; having access to support in their community, including mental health services, engaging in self-care, as well as meaningful education, employment and training.

**Support children and young people with their mental health and wellbeing at the earliest possible stage,** before their needs escalate.

## What is a Barnardo's Youth Colleague?

When children and young people collaborate with us in our work at Barnardo's, we refer to them as our Youth Colleagues because we understand the value of their lived and learnt expertise, and how essential the learning partnership is between the organisation and the children and families who we serve. This partnership enables Barnardo's to achieve the ambitions of our corporate strategy, whilst empowering and developing skills and critical thinking for the young people who take part.

## What does Voice and Influence mean at Barnardo's?

We are on a journey of innovation and empowerment, where the most marginalised youth voices will have influence and impact. We believe that the way in which we share power and collaborate supports organisational excellence whilst simultaneously improving outcomes for children, young people and families.

## What is Co-production?

"Co-production is a relationship where professionals and citizens share power to plan and deliver support together, recognising that both have vital contributions to make in order to improve quality of life for people and communities[1]."

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[1] There is no single formula for co-production but there are some key features that are present in co-production initiatives. See Social Care Institute for Excellence:
https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/defining-coproduction.asp

> ❝ *The responses highlighted to me that the needs and voices of the most vulnerable children and young people had been forgotten in the pandemic, with many of society's most vulnerable children and young people left with no support at all. If we learn anything from coronavirus it must be to make a change, listen to and prioritise these groups of children and young people.* ❞
>
> *– Louise,*
> *Youth Colleague, Buckinghamshire*

**In response** to the Covid-19 pandemic, Barnardo's is leading a coalition of charities, in partnership with the Department for Education (DfE), to deliver a new and innovative programme across England. *'See, Hear, Respond'* will involve finding and ensuring support is available to the most vulnerable children and young people who are hidden from view; who are not receiving or are below the threshold for statutory support, and those who are at risk and/or experiencing adverse impact to their health and wellbeing.

# 1. **Impact of Covid-19** on Children and Young People's Mental Health and Wellbeing

> **"** *Not being able to do things that normally make me happy and help me cope has made my mental health decline massively.* **"**
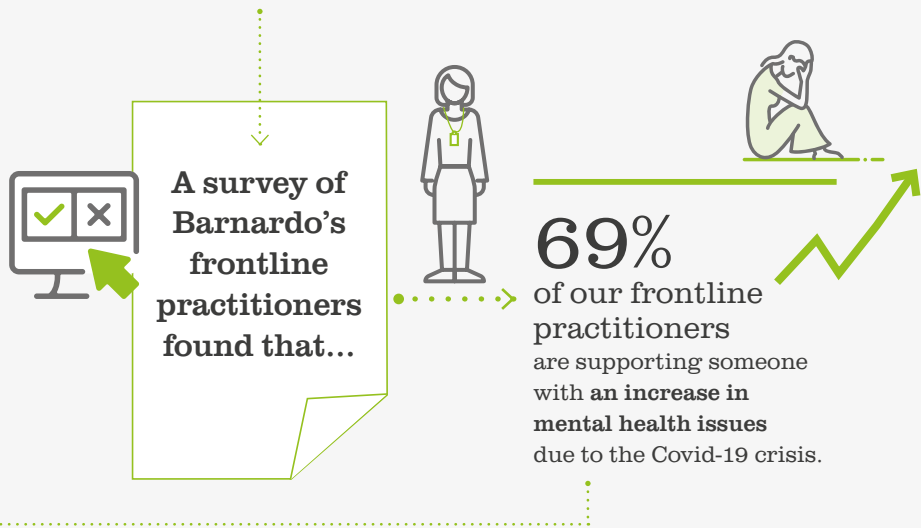>
> – Young Person

Our Big Conversation poll of 4,000 children and young people aged eight to 24 years across theUK found that **at least a third said they had experienced an increase of mental health and wellbeing issues including stress, loneliness and worry.** We know that the impact on mental health and wellbeing will be even more prevalent for the most vulnerable children and young people. This was reflected both in our local surveys conducted by youth colleagues and by our national survey of over 100 young people Barnardo's supports. In both of these, the overwhelming message we heard from children and young people is that Covid-19, and the measures to contain it, are having a negative impact on their mental health and wellbeing.

This is in the context of a system that was often failing to meet children and young people's needs, even before this pandemic – with an estimated two-thirds (approx. 550,000) of children and young people in England with a diagnosable mental health condition not expected to receive treatment by 2020-21[2].
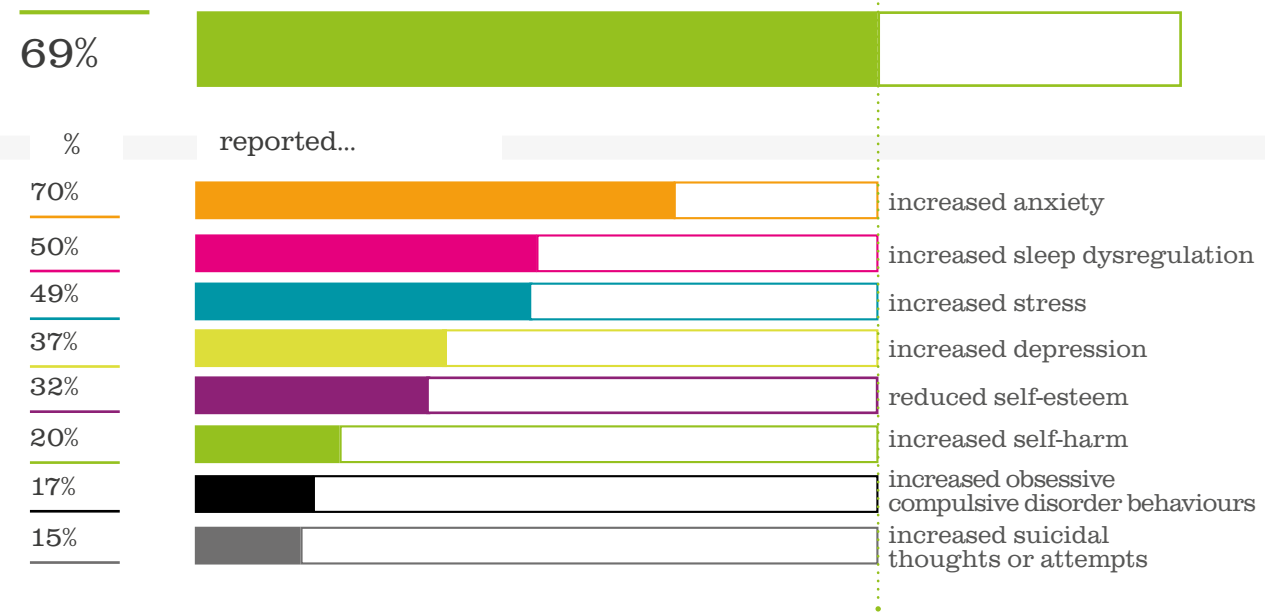
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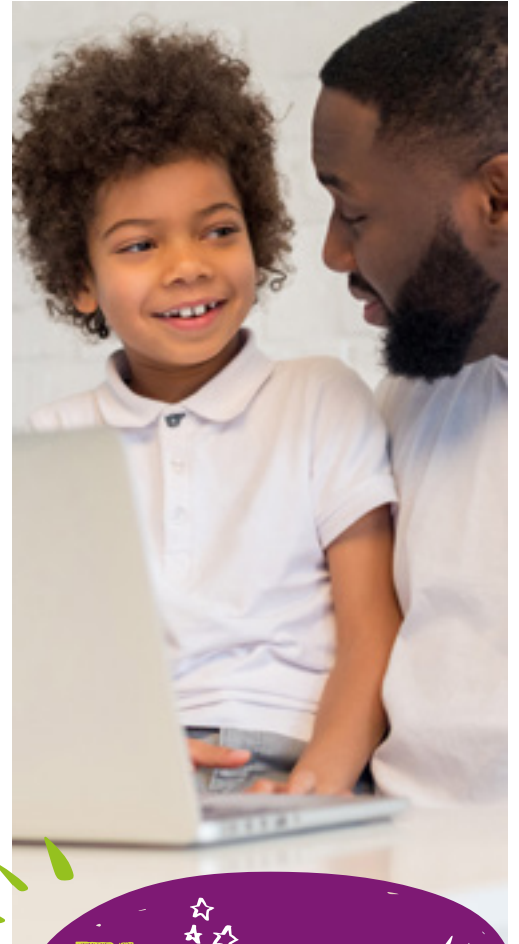
**2** Brennan, S. (2018) YoungMinds response to the consultation on Transforming Children and Young People's Mental Health Provision: A Green Paper [Letter written March 2, 2018 to Rt Hon Jeremy Hunt MP and Rt Hon Damian Hinds MP]. Retrieved from https://youngminds.org.uk/media/2203/youngminds-consultation-response-to-childrens-mental-health-green-paper.pdf

# Youth colleagues' concerns for children and young people's mental health and wellbeing were shared by our practitioners...

A survey of Barnardo's frontline practitioners found that...

**69%** of our frontline practitioners are supporting someone with **an increase in mental health issues** due to the Covid-19 crisis.

Of these:

**69%**

| % | reported... | |
|---|---|---|
| 70% | | increased anxiety |
| 50% | | increased sleep dysregulation |
| 49% | | increased stress |
| 37% | | increased depression |
| 32% | | reduced self-esteem |
| 20% | | increased self-harm |
| 17% | | increased obsessive compulsive disorder behaviours |
| 15% | | increased suicidal thoughts or attempts |

Because of Covid-19, children and young people have been exposed to psychological trauma, adversity and loss, with implications for their long term mental health and wellbeing. Emerging evidence suggests that the impact of this pandemic on children and young people's mental health and wellbeing could be profound, with links being made to increased symptoms of post-traumatic stress disorder (PTSD), depression and anxiety[3]. Research by the Institute of Fiscal Studies has found the general UK population suffered worsening mental health in the first two months of the pandemic, with higher rates of deterioration among young people[4].

Some children and young people will be experiencing feelings of grief and bereavement as a result of losing friends, family or trusted adults to Covid-19. Children and young people will also be affected by loss in the wider sense, for example, loss of freedom, identity or companionship. Failing to address loss and grief can lead to poor physical and mental health[5|6]. Some communities who are especially vulnerable to becoming ill and dying – like those living in areas of high deprivation or from Black, Asian and Minority Ethnic (BAME) backgrounds – will be disproportionately impacted.

### Vicarious Trauma

Covid-19 is likely to have increased the prevalence of vicarious trauma – that is change resulting from empathetic engagement with trauma survivors. Vicarious trauma is not only experienced by people with direct contact with Covid-19 patients, but also through the wider public who have been exposed to an intense level of media[8]. This has significant implications for children and young people, as the adults around them will also have been exposed to trauma and/or vicarious trauma.

## Our practitioners' top concerns about the impact of Covid-19

### Our practitioners were asked...

" What is your main concern about the impacts of the Covid-19 crisis on the children, young people and families that you support? "

**1**
**43%**
said impact on Mental Health and Wellbeing

**2**
**16%**
said isolation and loneliness

**3**
**15%**
said financial concerns

**3** Evidence Based Practice Unit (2020). Emerging evidence. Coronavirus and children and young people's mental health.

**4** Banks, J. and Xu, Xiaowei (2020). The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK. Institute for Fiscal Studies. Available at: https://www.ifs.org.uk/uploads/WP202016-Covid-and-mental-health.pdf

**5** Zhai Y, Du X. Loss and grief amidst COVID-19: A path to adaptation and resilience. Brain Behav Immun. 2020;87:80-81. doi:10.1016/j bbi.2020.04.053

**6** Shear, M. K. (2012) Grief and mourning gone awry: pathway and course of complicated grief. Dialogues in clinical neuroscience, 14(2), 119–128

**7** Office of National Statistics

**8** Aten, J. (2020). Covid-19 and vicarious trauma. Psychology Today. Available at: https://www.psychologytoday.com/gb/blog/hope resilience/202004/covid-19-and-vicarious-trauma

A prominent feature across our surveys was loneliness and social isolation of children and young people during Covid-19. After the overall impact on mental health and wellbeing, isolation and loneliness was the second most pressing concern of Barnardo's practitioners. **Youth colleagues in Bristol found that over a third (34%) of children and young people they interviewed reported significant isolation.** Youth colleagues in Plymouth identified isolation as a key issue, particularly for young people living alone. We heard about young carers and care leavers feeling particularly lonely during this time – missing the support networks that others may have. Sadly, young people are among those most likely to have been affected by loneliness during lockdown[9][10]. Even temporary loneliness has been linked to increased long term mental health needs, particularly depression[11].



> *The ability to keep in touch with others and do the usual bonding and interesting activities young people would ordinarily do is a major precipitating factor for mental and physical health conditions.*
>
> – Youth Colleagues, Bristol

> *Been a reminder that I've not got the same support as others like a Mum and Dad, whereas other people at my university are getting collected by family. I'm here alone.*
>
> – Young Person (Care Leaver)

> *72% of young people who responded said they had decreased social contact with friends and family. Although this was an intended consequence of the quarantine it is important to remember the on-going effects of this on the wellbeing of young people. Humans are innately social and to be restricted by threats to our health is frustrating and saddening due to our inability to do anything to rectify it.*
>
> – Youth Colleagues, Bristol

**9** Office for National Statistics (2020). Coronavirus and Loneliness Dataset. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/coronavirusandlonelinessgreatbritain/3aprilto3may2020#who-is-feeling-lonely

**10** Mental Health Foundation (2020). Loneliness during coronavirus. Available at: https://www.mentalhealth.org.uk/coronavirus/coping-with-loneliness

**11** Loades, M. E. et al. (2020). Rapid Systematic Review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19

# Mental Health and **Inequalities**

As youth colleagues came together to discuss the impact of Covid-19 on the mental health and wellbeing of children and young people, there was no escaping the fact that this pandemic has not been felt equally by all. Some communities – and certain groups of children and young people – are at particular risk of worsening mental health. The pandemic has compounded inequalities that already existed, and has hit hardest the most vulnerable and marginalised in society.

There is increasing evidence of the impact of structural determinants and social inequalities on mental health and wellbeing[12][13]. The Centre for Mental Health has set up a commission to investigate inequalities in mental health – highlighting examples of the increased likelihood of children in poverty having a mental health difficulty, the disproportionate impact of the Mental Health Act on black people and the increased likelihood of mental health issues going unidentified for people with autism, learning disabilities and long term physical health conditions[14].

Together with youth colleagues, we identified communities and groups of children and young people who will be disproportionately impacted, exploring how and why they will experience this pandemic differently and, in turn, what this means for their mental health and wellbeing. It was clear from our surveys and the joint discussions between youth colleagues and Barnardo's staff that children and young people are minded to be concerned for the wellbeing of others at this time.

It is important to acknowledge that many of the factors listed here are interrelated, and that many children and young people will be experiencing complex and overlapping inequalities. We believe that UK Governments must address structural inequalities in order to improve the life outcomes of vulnerable children and young people. This will mean tackling poverty and deprivation, investing in communities, and supporting children and families at the earliest possible stage.

> 66 *The data in this project has been surprising, saddening and inspiring, changing with each question. It has given an insight into many lives that would have gone unheard otherwise and we know they've now been listened to, even if at the least, by us.* 99
>
> – *Youth Colleagues, Bristol*

12 McAllister, A. et al. How do macro-level structural determinants affect inequalities in mental health? – a systematic review of the literature International Journal for Equity in Health. Available at: https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-018-0879-9

13 Yu, S. (2018) Uncovering the hidden impacts of inequality on mental health: a global study. Translational Psychiatry, 2018; 8: 98. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5959880/

14 Centre for Mental Health (2020). Commission for Equality in Mental Health. Available at: https://www.centreformentalhealth.org.uk/campaigns/commission-equality-mental-health

# Children and Young People with
## Existing Mental Health Difficulties

We know that it is a particularly tough time for children and young people with existing mental health difficulties, with Young Minds finding that **83% had experienced worsening mental health** during the pandemic[15]. Youth colleagues highlighted to us the difficulties faced by children and young people with existing mental health conditions – such as those with agoraphobia, Obsessive Compulsive Disorder (OCD), Attention Deficit Hyperactivity Disorder (ADHD) and depression.

Children and young people with existing mental health conditions who are accessing services have experienced disruptions or changes to the support they receive. Our surveys revealed that some children and young people have had less or no support in lockdown. While some children and young people have embraced remote support provided by services, many also told us that this made a service more difficult to access. Young people told us they found speaking on the phone anxiety-inducing and that it was difficult to access remote services when they are in crisis.

Youth colleagues also highlighted the vulnerability and isolation of children and young people in inpatient mental health services, who were unable to have visits from friends and family as a result of the lockdown measures. One of our youth colleagues described the experience of another young person accessing specialist inpatient mental health services. See column to right.



> 66 *One young person's experience of this service [Tier 4 CAMHS] has not been beneficial to her mental health. The young person was turning 18 and wasn't in a place to be discharged home. As a result she was transferred to an adult male PICU [Paediatric Intensive Care Unit]. As lockdown measures had only just been implemented it meant she was unable to get visits from friends and family members and, as it was a male ward, she was unable to interact with other patients. This is just one experience of a young person not able to access the full support they need due to the restrictions in place during this time.* 99
>
> *– Youth Colleague, Buckinghamshire*

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15 <u>Coronavirus: Impact on Young People with Mental Health Needs</u> (Young Minds, March 2020)
   https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/

# BAME Children and Young People

BAME children and young people **will be disproportionately impacted by grief and bereavement.** Recent statistics from Kooth[16] show that children and young people from BAME communities are more likely to have contacted them needing support with their mental health and wellbeing during this pandemic than their white peers.

Research shows that BAME communities are at higher risk of becoming seriously ill or dying of Covid-19, which means they will also be disproportionately impacted by grief and bereavement[17]. Recent evidence from Kooth, one of the biggest providers of NHS online mental health support, suggests that Covid-19 is impacting disproportionately on the mental health and wellbeing of BAME children and young people[18]. They have seen a 26.6% increase in BAME children contacting them with suicidal thoughts, compared to 18.1% for white children.

The disproportionate impact of coronavirus on some BAME communities is reflective of existing inequalities and discrimination. Children and young people from Bangladeshi, Pakistani and Black African families are most likely to be living in poverty, for example, and links between poverty and poor mental health are well evidenced[19]. Experiencing racism is itself linked to increased distress and stress on the immune system and poorer health outcomes[22|23]. With increases in hate crimes seen against the Chinese community[24], we are concerned that Chinese children and young people may face continued stigma or racist bullying as lockdown eases and more children return to school.

We also know that children and young people from BAME backgrounds are less likely to access support, especially from mainstream providers, which must do more to meet the needs of all children and young people. Children and young people told us about difficulties they faced in accessing information, help and support.

> " *The government forget[s] about people who can't speak English or explain themselves properly which is so unfair. Just because they can't speak English [it] doesn't mean they don't have anything to say.* "
>
> – *Young Person*

16 Cambell, D. (2020) Covid-19 affects BAME youth mental health more than white peers – study. The Guardian

17 Public Health England (2020). DIsparities in the risks and outcomes of COVID-19. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

18 Cambell, D. (2020) Covid-19 affects BAME youth mental health more than white peers – study. The Guardian

19 Mental Health Foundation (2020). The COVID-19 Pandemic, Financial Inequality and Mental Health

20 Priest et al (2012) A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. Social Science and Medicine (2012) 1-13

21 Allwood, L and Bell, A (2020). Covid-19: understanding inequalities in mental health during the pandemic. Centre for Mental Health. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2020-06/CentreforMentalHealth_CovidInequalities_0.pdf

22 Lovett, S. (2020) Coronavirus: Hate crimes against Chinese people almost triple in UK during pandemic, police data shows. The Independent. Available at: https://www.independent.co.uk/news/uk/home-news/coronavirus-uk-hate-crimes-chinese-people-china-a9499991.html

# Poverty

Children and young people living in poverty are **more likely to experience poor mental health and wellbeing** outcomes. This pandemic risks pushing many more children, young people and families into poverty, whilst also exacerbating problems for those who were already living in poverty.

Just under half (46%) of our frontline staff are supporting someone in or at risk of being in poverty, and their biggest concerns were lack of access to food, finance and basic essential items. In their research, youth colleagues found that children and young people were anxious about finances for them and/or their families.

> *[Young People] commented on the delay they experienced in receiving their vouchers for free school meals. One young person had to wait three weeks before receiving their vouchers that they could then use towards their food shopping.*
>
> – Youth colleagues, Plymouth



We are concerned that many more families face falling into poverty as a result of this pandemic. Child Poverty Action Group (CPAG) have highlighted how gaps in financial support for families during Covid-19 is leaving many worse off[23].

> *Money and stress – the money situation I've basically explained it's disappearing out of nowhere. I've been trying to get [to] food banks and stuff to help out but I'm not getting anywhere with that.*
>
> – Young Person (Care Leaver)

> *I would like the health and wellbeing of people to be a main focus for the government after the pandemic, for the poverty stricken to not be abandoned and the people in those situations to be helped and not made to feel like scum for having government aid which is barely enough to keep them going.*
>
> – Young Person

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23 Child Poverty Action Group (CPAG) (2020). Mind the Gap. Available at:
https://cpag.org.uk/sites/default/files/files/policypost/CPAG-mind-the-gaps-briefing-23-April.pdf

# Young People Entering
## Education, Employment and Training

Young people are **more likely to lose their jobs or be furloughed** as a result of this pandemic, which will be particularly challenging as they are starting out in their careers and need experience and skills. Yet sustaining employment, education and training is vital for promoting and protecting mental health and wellbeing.

Young people told us about the importance of employment, education and training (EET) in providing routine, social connections, financial security, and a 'sense of purpose' during this pandemic. It is foundational to mental health and wellbeing. Young people told us they were worried about disruptions to their employment and education. And they have reason to be concerned – existing research shows that industries with high job losses employ a disproportionate number of young workers[24]. Young employees (aged 18-24) were the age group most likely to have lost their job or have been furloughed during the pandemic[25]. This is likely to have a particularly acute impact on young people, who are just starting out their careers and will be more in need of the experience and skills development that being in active work brings. Young people were understandably worried about the financial difficulties the pandemic had left them in.

**Youth colleagues in Bristol found 57% of children and young people who responded said they had experienced a decline in progress in their work and education – this was a 'significant' decline for one fifth (21%).** While young people in Buckinghamshire were concerned about financial difficulties for themselves and their families as a result of Covid-19. With downturns in the economy linked to mental health[26], we know addressing employment and financial security for young people will be vital for promoting mental health and wellbeing.

> **"** *I've been applying for so many jobs but the only ones going right now are like delivery drivers and I can't drive, and supermarket work and I can't do that because of my physical health.* **"**
>
> *– Young Person*

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**24** Institute for Fiscal Studies (2020). Sector shut-downs during the coronavirus crisis affect the youngest and lowest paid workers, and women, the most.

**25** Gustaffson, M. (2020). Young Workers in the Coronavirus Crisis. Resolution Foundation. Available at: https://www.resolutionfoundation.org/publications/young-workers-in-the-coronavirus-crisis/

**26** GInstitute for Fiscal Studies (2020). Recessions and health: The long-term health consequences of responses to coronavirus

# Children and Young People with
## Special Educational Needs

Children and young people with Special Educational Needs rely on routine and find change and uncertainty particularly difficult. This pandemic, which has brought with it so much **change and uncertainty, will have a profound impact.**



Children and young people with special educational needs (SEN), including those with autism, are especially sensitive to changes in routine. Routine helps to make sense of what feels like an unpredictable environment. Lockdown has resulted in a dramatic change of routine and structure with little warning. Children and young people with SEN may present differently if they are struggling with their mental health or are feeling distressed. During lockdown, some children and young people with SEN may have been left isolated as services which provide structure and social contact are closed. Education providers have a major role in identifying and supporting children and young people, many of whom will be needing support as lockdown further eases. It is important that all services have access to advice and information about supporting children and young people with SEN, including knowing how to refer these children and young people to specialist services.

It is important that services such as youth groups and peer-to-peer support are available to help children and young people to relate to others and feel supported socially in a structured environment as lockdown measures ease. Adapting these spaces to include all children and young people through, for example, having a quiet area or sensory activities can help to remove barriers for children and young people with SEN. Drop-in one-on-one support is also likely to be beneficial for this group, who may be facing significant difficulties in returning to normal life. It is important that young people with SEN have their voices heard about their experiences during lockdown and influence the service they receive.

> *Ensure that all children are able to access outside spaces – parks – Prioritise children with additional needs (eg. ADHD, ASD) accessing parks and green spaces.*
>
> – Barnardo's practitioner

> *I think it is most difficult for young people with high learning needs or autism as it is difficult to manage anxieties within this group as well as adapt services to a digital platform for this client group in comparison to a young person who was neurotypical with no needs.*
>
> – Barnardo's practitioner

# Young Carers

Young carers are particularly at **risk of becoming cut off and isolated** as a result of this pandemic – with many undertaking more responsibilities for shielding family members.

This pandemic will increase the number of young carers, especially BAME young carers, as parents, siblings and other relatives have been required to shield or have become ill from the virus. We know that young carers are particularly at risk of social isolation, loneliness, depression, stress and anxiety[27]. Young carers told us that delays in receiving letters deeming the person they cared for on the 'vulnerable' list had caused them concern. The uncertainty created anxiety. We heard from one young carer about the impact of the pandemic on their mental health:

> *My mental health has been negatively affected during lockdown because I have been feeling isolated and stressed when caring for my dad full-time. This is because I can't visit family. On the rare occasion I go to the shops with my mum, I am anxious that I could bring the virus into our home and not only heavily impact my dad's health; but also my own. I also have regular hospital appointments for my own health issues and these have all been cancelled for the foreseeable future; again, impacting negatively on my mental health and my ability to care. The worst thing about being in lockdown, is that any face-to-face group meetings with other young carers have been changed to online/ virtual meetings; and as I have problems with my internet at home, I am unable to participate in them. However, Lancashire Young Carers have made sure that I am still involved and supported because members of staff have been calling me before and/or after the virtual meetings to gather any ideas I might have and keep me updated on what the group discussed.*

*– Young Person (Young Carer)*

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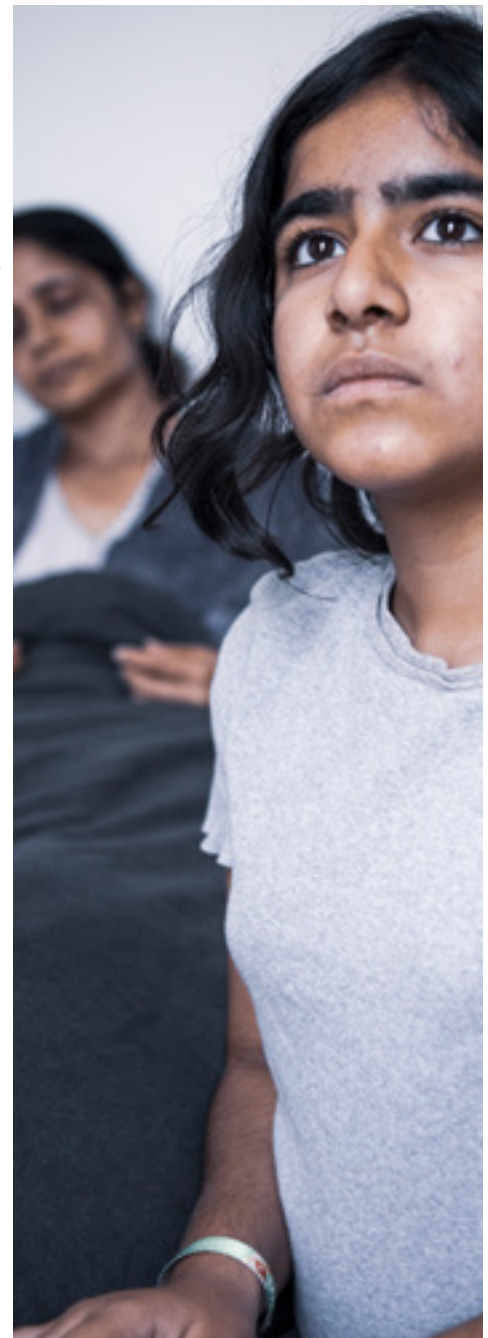
**27** James, E. (2017) Still Hidden, Still Ignored. Barnardo's. Available at:
https://www.barnardos.org.uk/sites/default/files/uploads/still-hidden-still-ignored.pdf

# Young People who are Leaving Care

Care leavers often **lack the support networks** that their peers benefit from – and this pandemic is likely to have exacerbated this further.

We know that care leavers are more likely than their peers to experience mental health difficulties, and that they face barriers accessing support for their mental health and wellbeing[30]. Care leavers are often forced to live independently far sooner than their peers, and often do not have the same support networks that other children and young people have.

The stark reality of this in lockdown means that care leavers are likely to have been particularly vulnerable to isolation and loneliness, while having fewer support networks to rely upon when facing hardship. Care leavers told us how lockdown was harder for them without the support of family, that they were facing issues with their housing or finances, and they were finding it difficult to access their usual support networks. You can find out more from care leavers about their experiences of lockdown in our Care Leavers in Lockdown 360-degree experience project.

> *Since being in lockdown my mental health has been extremely difficult to deal with, especially because I cannot see my therapist and I struggle with communication that is not in person.*
>
> – *Young Person (Care Leaver)*

> *[It is] hard to move on in my life without services taking action. No decisions [are] being made about my housing and future plans. Living with mum and partner is harder – they are always arguing. [There is] no space for each other.*
>
> – *Young Person, (Care Leaver)*

**28** Smith, N. Neglected Minds. Barnardo's (2017). Available at: https://www.barnardos.org.uk/sites/default/files/uploads/neglected-minds.pdf

# Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ+)
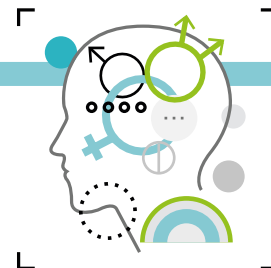
LGBTQ+ children and young people are **more likely to experience poor mental health** across their lifetime, and some children and young people **may have been isolated** from supportive friends and family during this time.

Evidence suggests that if you are LGB you are twice as likely to report symptoms around poor mental health, and have 1.5 times higher prevalence for depression and anxiety disorders than the general population[29]. For trans people this number is even higher, with two-thirds of trans people in the UK experiencing depression in the past year[30]. Mental health issues for LGBTQ+ people are associated with stigma, prejudice and discrimination which creates a hostile and stressful social environment'[31]. The pandemic has only served to compound this – according to the LGBT Foundation, 42% of LGBT people would like to access mental health support during this pandemic, but 34% had medical appointments cancelled by providers and 16% had tried and been unable to access non-Covid-19 related health care. This form of support is also important for groups, like LGBT communities, whose needs can be poorly met by mainstream services – some 64% of survey respondents stated that they would rather be supported for their mental health by an LGBT specific organisation[32].

Children and young people told us that in some ways this pandemic had been helpful, giving them an opportunity for time and space to come to terms with their gender identity and to spend time in a supportive environment. However, it has also meant that some children and young people have had no or less support from supportive friends or family outside of their household. Young people from one of Barnardo's LGBTQ+ support services told us about the impact of Covid-19 on their mental health. See right column.

> *Being at home for a long time has given me a chance to properly come to terms with my gender identity and accept myself. At the same time though it's been very hard to express myself properly and feel comfortable around my parents. Social media has been the best thing to help me out because I,ve kept in touch with my supportive friends and still have a support system. Something that's really helped is buying clothes online that I'm more comfortable wearing. I feel haven't been directly impacted by Covid-19, but I've been able to gain benefits from lockdown. I think the isolation and being away from my friends who accept me for me has made my mental health worse.*
>
> *– Young Person*

**29** Semlen, J, King, M., Varney, J., and Hagger-Johnson, G. (2016). "Sexual Orientation and Symptoms of Common Mental Disorder or Low Wellbeing; Combined Meta-Analysis of 12 UK Population Health Surveys." BMC Psychiatry, 16: 67

**30** Stonewall (2018) LGBT in Britain – Health https://www.stonewall.org.uk/lgbt-britain-health

**31** Meyer, I.H. (2015) "Resilience in the Study of Minority Stress and Health of Sexual and Gender Minorities." Psychology of Sexual Orientation and Gender Diversity, 2(3): 209-213

**32** LGBT Foundation (2020) Hidden figures: the impact of the Covid-19 pandemic on LGBT communities in the UK. Available at: http://www.lgbt.foundation/ coronavirus/hiddenfigures
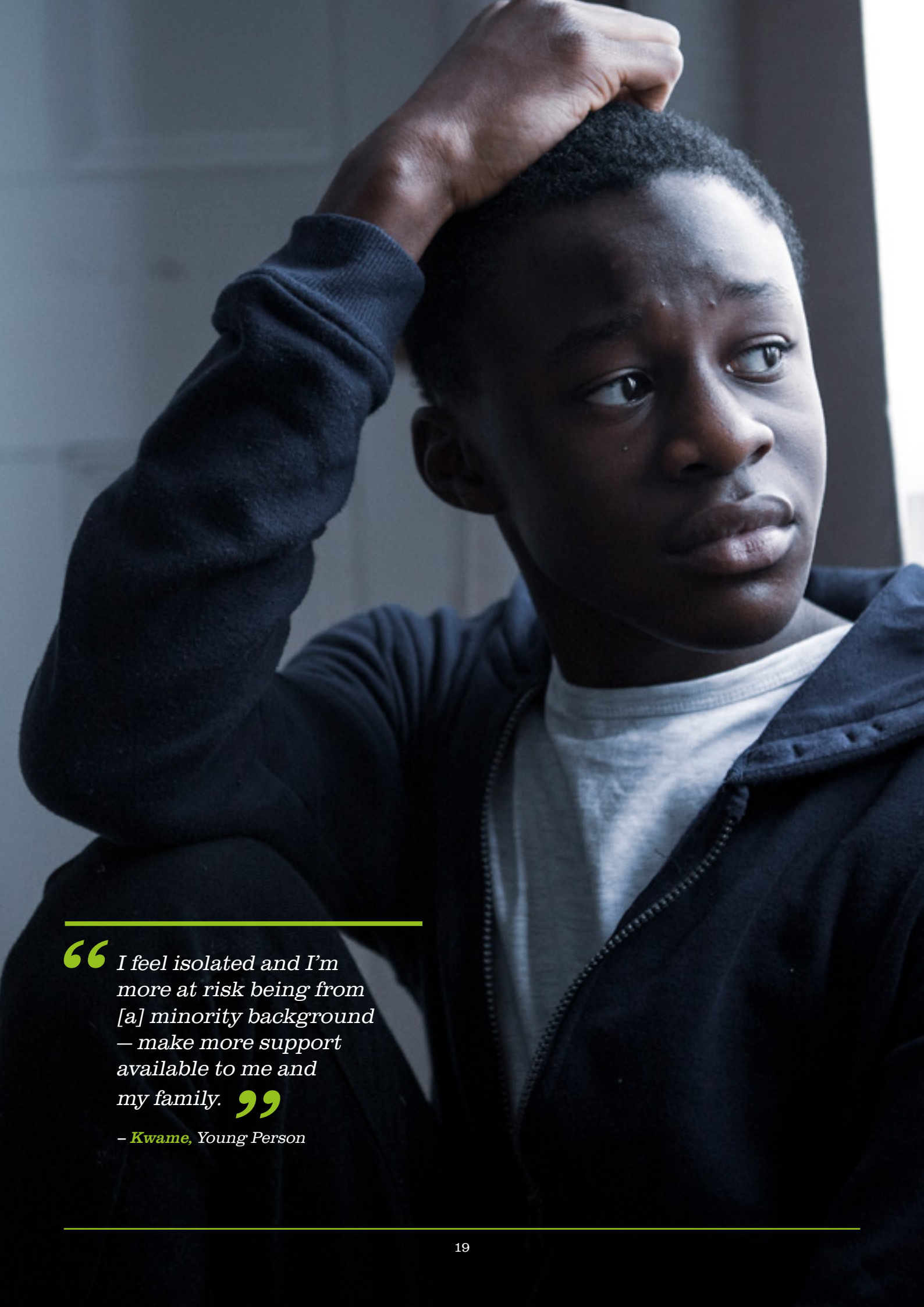
# Children with a **Parent in Custody**

With **social visits to prisons stopped,** children with a parent in custody will be unable to see their parent in person, and may be anxious for their safety. Many prison-based support programmes to promote relationships between the parent in prison and their child/ren have also stopped.

Barnardo's works with children who have a parent in prison, who we know are already vulnerable to poor mental health outcomes. Children and young people with a parent in prison often face issues around separation, are frequently taken into care, and often face stigma or feelings of shame. Children and young people with a parent in prison often perceive prisons to be brutal and violent places where their parent is in danger.

We spoke to Barnardo's services supporting these children and young people through the pandemic – and they highlighted increasing mental health needs. The impact of Covid-19 is that social visits to prisons have stopped and children and young people are less able to be reassured about the safety of their parent. Media stories about the risk of Covid-19 spreading among the prison population will also have created anxiety among children and young people, making them fearful of their parent becoming ill. There has also been a decline in community-based support as a result of Covid-19. The closures of schools to the majority of children means that there is less access to pastoral support. Some prison-based support to promote relationships between the parent in prison and their child/ren has also stopped due to Covid-19.

For professionals working with children of offenders, they can access the National Information Centre on Children of Offenders (NICCO) which is an information service provided by Barnardo's.

> I feel isolated and I'm more at risk being from [a] minority background — make more support available to me and my family.

– **Kwame,** *Young Person*

## 2. Learning from Lockdown – what works for wellbeing

Children and young people told us about how they coped in lockdown. We have heard stories of children and young people struggling with their mental health and wellbeing, but also of others finding new ways of coping and discovering their own resilience. Many children and young people exercised existing or new forms of 'self-care'[33][34] during this period. What children and young people told us suggests that to have a real impact, we need to understand children's experiences within their wider physical and sociocultural environments. This means understanding how we can support children and young people within their families, schools, communities, as well as the digital world. The wide range of social factors that children and young people told us helped them to cope during Covid-19 reflects the importance of creating a whole system around children and young people that supports health and wellbeing. Our *'What Kept Me Well Map'* identifies some of the ways in which children and young people coped during lockdown, and we would urge UK decision makers to support these as part of recovery planning.

> *During lockdown, I have been able to experience feelings I haven't known before (being fluid), it has let my mind think a lot about the way I feel about myself, and letting me put them into action like wearing feminine clothes and having makeup on, therefore making me more comfortable with myself.*
>
> *– Young Person*



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[33] The Anna Freud Centre defines self-care as any approach that does not require the involvement of a mental health specialist. It might be something a young person does to support themselves, or an approach involving friends, families, schools and communities

[34] Garland, L., Dalzell, K. and Wolpert, M. (2019). What works for me: the self-care approaches of children and young people. Anna Freud National Centre for Children and Families. Available at: https://www.annafreud.org/media/9891/helpingushelpothers_booklet-final.pdf

certainty and
a sense of control

fresh air
and the outdoors

community

stable and fullfilling
employment

being
physically well

exercise

being
securely housed

meditation

sense
of belonging

routine and
structure

feeling safe

spending time
with family

staying connected
with friends

peer support and
community groups

## Living in Lockdown
### What Kept Me Well...

support from other
trusted adults

sleep

spending time
with pets

relationships

access to formal
support

space to be
creative

medication

hygiene

hobbies and leisure

being
financially secure

diet

my faith

## Spending time with family

We already know how important family relationships are in supporting children and young people's mental health and wellbeing. Covid-19 saw many children and young people spending more time at home, in their 'household', with family members. Children and young people described how they spent more quality time with their family, which helped them to get through the pandemic. For some children and young people the chance to stay at home had reduced their anxieties and led to improved mental health and wellbeing. This was often the case for children and young people who struggled in a school or social environment, for example, some children with SEN or existing mental health difficulties. Pets were also often highlighted by children and young people as helping them cope, highlighting the therapeutic benefits of spending time with animals.



Unfortunately, for some children and young people, Covid-19 saw them spending less time with family members where they did not share a 'household'. Youth colleagues in Buckinghamshire heard from young people who spoke about the impact on their mental health and wellbeing from only being able to see one parent during lockdown where their parents did not live in the same household. For some children and young people – for example, children in care – face-to-face contact with siblings or other family members is important to them, but they may have been less able to access this during lockdown.

At Barnardo's we have expertise in providing family support – which we know is fundamental for promoting and protecting children and young people's mental health and wellbeing. In fact, issues in the family is the single biggest presenting problem for children attending CAMHS[35]. For some children and young people, spending more time at home with family

> 66 *I don't know if this sounds stupid but it's having my dog and guinea pigs to look after and snuggle up with, they cheer me up.* 99
>
> – Young Person

> 66 *My mum, my siblings and my family – they have helped me get through and I like to help them – we talk to each other and I have started messing about and joking about with my younger brother who is five-years-old. I play with him a lot more and it's fun. I even get on better with my sisters. We do way more stuff together now.* 99
>
> – Young Person

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35 Wolpert, M., & Martin, P. (2015). THRIVE and PbR: Emerging thinking on a new organisational and payment system for CAMHS. New Savoy Partnership Conference, London, 11/02/15

members has not helped them. In Buckinghamshire, youth colleagues heard that the increased amount of time spent inside the household had compounded problems at home and young people reported more arguments and family conflict. For some children and young people who live in unsafe and harmful home environments, the increased amount of time spent at home may have exposed them to higher levels of trauma and adversity. There has been an almost total removal of protective structures, leaving less opportunities to make disclosures. This might include children exposed to domestic abuse or sexual abuse from a member of the household, for example.

## Keeping in contact with friends

Maintaining contact with friends was essential for children and young people to help cope with lockdown. In fact, **youth colleagues in Bristol found that it was the top way children and young people coped with lockdown – 33% citing support from friends as most important, and 15% citing use of technology to keep in contact with friends and family.** With schools being closed to the majority of children during lockdown, many children and young people have not been seeing their friends and peers on a daily basis. The use of online platforms or forums to keep in contact with friends was really important to children and young people. But some said they had not maintained contact with some friends, or they were worried about seeing their friends again after so long in lockdown. Children and young people told us they were worried about their friends and how they were coping. Some said they struggled to continue meaningful contact with friends because *'we don't really have anything to talk about because we haven't been doing anything'.* Children and young people told us that as lockdown eases they want schools, and other services such as youth groups, to support them to connect and reconnect with their friends and peers.

> *Speaking to my friends, giving them something to speak to, cos I know a lot of my friends are really struggling and a lot of them don't have anyone there but me – and having something to focus on.*
>
> – Young Person

> *The most prevalent trend [of research carried out by youth colleagues in Bristol] was that of struggling to cope with the reduction in social contact. 63% of the answers stated this and shows that no amount of phone calls or video chats can replace truly connecting and being with another person. The most powerful quote in this section was simply 'I miss my friends.'*
>
> – Youth Colleagues, Bristol
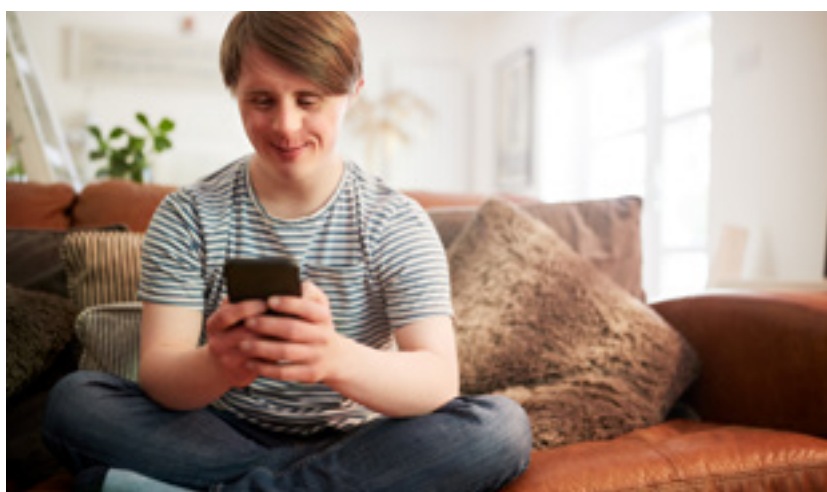
## Routine and Structure

For many children and young people, the way in which their daily routines have dramatically and suddenly changed has impacted negatively on their mental health and wellbeing. We heard that this lack of routine meant some young people were struggling with how to structure their day and find motivation to do simple day-to-day tasks such as getting dressed or having a shower. The lack of routine during lockdown, and the impact it had on children and young people's motivation and energy levels, was a consistent theme across both youth colleagues' research and our national research of children and young people.

### Education, Employment and Training

Engagement with education, employment and training (EET) was an important way in which children and young people have maintained routine and structure in their days during lockdown. **In Bristol, 10% of children and young people surveyed said that continuing their work routines was most important in helping them cope.** Children and young people also spoke about the importance of continuing their education from home or engaging with other extracurricular activities, such as volunteering. Young people told us that these activities helped to give them a sense of purpose and *'a reason to get up in the morning'*.

However, when it came to education, children and young people reported very different experiences of the support they received from schools and education providers. Some children and young people said they had not had much contact from their school, leaving them feeling 'forgotten' by teachers. Meanwhile, others said that they were receiving a lot of emails from teachers, but these did not always feel meaningful and felt instead like a 'tick box' exercise. This did not give children and young people the confidence to open up to teachers, and demonstrates the importance of schools developing meaningful relationships with their pupils. Schools play a key safeguarding role and must be proactive in identifying vulnerable children and families. We highlighted the importance of this – and the need for schools to learn from this pandemic, and develop contingency plans for future closures – in our *Time for a Clean Slate* report.

One theme from youth colleagues' findings was that some children and young people had felt a lot of pressure to keep up academically with less support at home, and this was impacting negatively on their mental health and wellbeing. Anxiety about the impact of school closures on education was common. Only minimal information was provided about exams – for example, hearing about cancellation of an exam the day it was due to take place. Children and young people were really worried about the impact of this pandemic on their future education and work prospects with **over half of**

> 66 *Keep busy, cleaning my room, daily planner of what to do.* 99
>
> – *Young Person*

> 66 *I often dream and think about the impact it [Covid] could have on my future. I used to dream about university being the time where I flourished but if there's still social distancing I don't know how I'll meet up with people and make friends. I think it's made me worry more often. It's affected my motivation, even though I'm getting sent work I have no motivation to complete the work, feeling like I'm in a slump. I'm more self critical about my work because I don't have as much of the face to face content.* 99
>
> – *Young Person*

> 66 *I'm writing a recipe book which is giving me something to focus on and I know a lot of people will benefit from it as well which is something to get up for in the morning.* 99
>
> – *Young Person*

those surveyed by youth colleagues in Bristol reporting a decrease in progress in their chosen area of EET as a result of Covid-19.

Education providers are an important source of more formal support for mental health and wellbeing, and young people said they were unsure where to access support because they would usually find out at school. It is also important to highlight that for some young people it was a relief not having to go to school or college, and that pressure and anxieties associated with these had been reduced as a result of lockdown.

> 66 [We want to see] Exam concessions/changes to exam rules for next year to allow for time missed in education to reduce stress levels and further impact on young people's mental health. Many young people are feeling a mixture of emotions due to the cancellation of exams this summer and feel something needs to be done to recognise the emotional roller coasters they have all been on through next year's exams. 99
>
> – Youth Colleagues, Plymouth

## Sleep, Exercise and Diet

Some of the children and young people we heard from were doing more exercise due to lockdown – **45% of young people who responded reported increased exercise. Exercise brought routine or structure to their day.** In Plymouth, children and young people talked about how engaging in exercise helped them 'escape their homes' and some did exercise with family members and explored new places in their local area. However, we also heard from a lot of children and young people who were doing less exercise. This was especially true where children and young people relied on facilities or exercises that had been closed or restricted – for example, going to the gym or playing team sports like football. It is important to highlight that for some children and young people these sorts of facilities may offer a safe space away from a challenging or unsafe home environment.

Our survey of frontline staff found that sleep dysregulation was one of the biggest impacts they were seeing on mental health and wellbeing related to Covid-19. Youth colleagues in Bristol and London, found that the majority of children and young people they spoke to had experienced a reduction in the quality of their sleep. They highlighted the increased anxieties

> 66 As a result of lockdown I have started to look more into my self image, this is due to [the] sudden change in my diet and exercise. I am eating a very unbalanced diet and carrying out far less exercise than I would do in a normal day. 99
>
> – Young Person

associated with the pandemic as a possible explanation for disruptions to sleep patterns, as well as changes in behaviour and routine. For example, some children and young people reported sleeping less because they were staying up late to catch up with their friends online.

Youth colleagues found some mixed changes to children and young people's diet as a result of Covid-19 – both in terms of the quantity and quality of food consumed. For example, in Bristol, **youth colleagues found that 41% of young people reported an increase in the quality of their diet compared to 39% who reported a decrease.** In London, youth colleagues heard from children and young people who said they were eating more food and food of poorer quality.

## Hobbies and leisure

Covid-19 and the lockdown has seen lots of children and young people unable to engage in their usual hobbies or leisure pursuits. In **Bristol, youth colleagues found that 44% of children and young people had decreased the amount of time they spent on hobbies and activities.** One young person said of lockdown that they were *'not living my life to the fullest potential and enjoying the small things I could do before.'*

But we also heard from many children and young people who were undertaking hobbies or other leisure pursuits during lockdown, which was helping them to cope. These were wide-ranging, but included listening to music, playing games (including online games with friends), watching television, engaging in arts and crafts, and going for walks.

> " *I think lots of people are going to struggle after lockdown and aren't going to be able to access the help they need. Most people aren't under the care of a welfare service and won't be able to access support because of that. The government could release self-help to do with talking about lockdown and how it was for you. Actually most people don't necessarily want therapy, they want activities, positive things they can do and enjoy.* "
>
> **– Dan,** *Youth Colleague, Bristol*

> " *Going out for a walk feels very refreshing and never fails to pick up my mood, even if it's just a short one. I have been picking up stones from the forest to take home and paint. I write little positive messages on them and take them back to the forest for people to read.* "
>
> *– Young Person*

> " *I think that meditation helps a lot, music, I kind of like to put music on and lie down with my eyes closed and it helps keep me centered if my mind is spiralling. The fact that I have a good schedule has really helped my mind and I feel I can stay more positive.* "
>
> *– Young Person*

> " *Drawing pictures for the nightingale hospital, clapping for key workers, playing dominoes because I am good at this, Playing online quiz with staff and my peers, takeout meals, arts and crafts and continued telephone contact with my dad and advocate.* "
>
> *– Young Person*

# Accessing Services

## Child and Adolescent Mental Health Services (CAMHS)

Children and young people told us that accessing CAMHS during the pandemic was variable. There is evidence of a drop in CAMHS referrals by an estimated 30-40%[36]. Disruptions to the usual referral routes – schools and youth group closures and reluctance to attend GPs or A&Es – are likely to have contributed to this. Youth colleagues reviewed the accessibility of their local services and found some were only accepting referrals and offering assessments for severe, urgent and emergency cases. This means that young people who have not met the threshold of what the service deems to be a 'crisis' are unable to access support during this time. Meanwhile, some young people said that they had been referred to specialist mental health services but that these referrals had been put on hold and so they were not receiving the support they needed.

We also know that many services, including those run by Barnardo's, have moved quickly to provide alternative remote provision during the pandemic, and we heard from children and young people who had continued to receive support in this way. Some children and young people have embraced the provision of remote services, and it has increased engagement. For example, some children and young people with severe mental health and wellbeing difficulties have been accessing groups for the first time where they may not have been comfortable to attend in person.

However, some young people find phone calls anxiety-inducing or otherwise could not trust professionals when communicating in this way. Some children and young people may lack quiet and confidential spaces in their household to take calls, and others said it would be very difficult to engage in remote access during a crisis. Our practitioners have also reported that providing support remotely can result in losing vital non-verbal information and reassurance.

Children and young people also reported having less frequent support with their CAMHS worker and some young people were concerned about sharing their information online, for example, via email, because of confidentiality and information security concerns. It was sad to hear that some young people felt the support they had received during lockdown felt like a 'tick box' exercise.

> *Personally my support workers have been really consistent with how they've kept up with me during lockdown. I still get a call every week and it was implemented straight away. I think there should be contingency plans in place to reduce the risk of such a massive loss of therapeutic contact in future. A positive suggestion could be that services develop clear communication plans from now on and that service leads develop emergency communication plans for their workers to follow in any emergencies in the future so that disruption is planned for as much as is humanly possible to lessen inconsistent support.*
>
> **– Finn,** Youth Colleague, Bristol

> *I only see my CAMHS counsellor about every six weeks instead of once or twice a month.*
>
> – Young Person

> *My CAMHS worker calls me around 3pm on a Monday for 20 minutes each week too and we chat about how things have been with me and my family.*
>
> – Young Person

**36** Health and Social Care Select Committee (2020) Oral evidence: Delivering Core NHS and Care Services during the Pandemic and Beyond, HC 320. [Online] Available from: https://committees.parliament.uk/oralevidence/331/ pdf/ [accessed 5 June 2020]

Youth colleagues emphasised that children and young people's needs are not being identified and that their issues may be escalating to a point where they will require a service in future. This comes at a time when we know CAMHS was already under strain with an estimated two-thirds (approximately 550,000) children and young people in England with a diagnosable mental health condition not receiving treatment by 2020/21 [37].

Children and young people we spoke to – and youth colleagues working on this report – highlighted several ways that CAMHS could better support children and young people with their mental health:

- Support children and young people early before their needs escalate
- Provide specific support for children and young people around Covid-19
- Offer flexible, consistent support with choice around methods of communication
- Allow children and young people to self-refer for support
- Support children and young people with how they can build their own resilience and practise self-care
- Connect with the wider network of support services to ensure children's needs are identified and met early
- Ensure contingency plans are in place in case of future emergencies
- Review tiers and thresholds to ensure children and young people who need CAMHS can access it.

## SOLAR – Integrated mental health services in Solihull

Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands work together to provide emotional wellbeing and mental health services for children and young people in Solihull. **It is a fully integrated, innovative service model** commissioned to provide emotional wellbeing and mental health services to children and young people aged 0-19 in Solihull, replacing a more traditional CAMHS model. The goal of Solar is to create a comprehensive system, designed around the needs of children and young people, which keeps children and young people healthy as well as treating those that are ill. The service prioritises resilience, partnership and co-production. Solar was set up as a service not about thresholds or tiers but about timely access to appropriate support in line with children and young people's needs.

*It shocks me that 22 people indicated they were accessing support but only 1 person mentioned this when we asked them how they are coping. Lockdown could leave a very large gap in some people's therapeutic timetable that is compounded by the fact they could accrue negative thoughts and experiences during this time. I think a good solution would be to include sessions in therapy schedules specifically for unpacking the experience of lockdown and how this affects the individual.*

*– **Owen,** Youth Colleague, Bristol*



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**37** Young Minds (2018). Accessed via: https://youngminds.org.uk/media/2203/youngminds-consultation-response-to-childrens-mental-health-green-paper.pdf

Solar responded quickly to ensure that they could continue to provide a remote consultation service to children and young people, though have continued to see some children face-to-face where required. In response to Covid-19, the service has worked innovatively to continue to provide a range of support for children, young people and their families, such as a Facebook page for parenting programmes. They have supported children and young people to find confidential spaces to complete their sessions remotely and explored alternatives where remote communication is not possible, for example, meeting young people in open spaces. The service is also proactively speaking to children, young people and families about Covid-19 to reassure them that anxiety is a normal response, and providing covid-specific materials that families can access remotely.

## Community-based services and support

Many children and young people said that they continued to access support from groups or services in the community. These were a vital source of help and often these services had developed ways in which to support children and young people remotely – either online or by delivering resources to their home. We know community based support – often delivered by the voluntary sector – is particularly important for children and young people who might face barriers accessing mainstream health services, such as those from BAME backgrounds, LGBTQ+ children and young people or children living in or leaving care.

Youth colleagues told us that young people had highlighted the need for more support and investment in their communities, whether it was more access to youth services, better access to parks and facilities, hobbies and extracurricular activities, or training and volunteering opportunities.

We heard from children and young people who were participating in peer support and advocacy groups, which were often quoted as a significant source of support in lockdown. These not only connected them into their peers and support workers, but also gave them opportunities to engage in meaningful activities, giving them a sense of purpose and of making a positive contribution to their local community. These are good examples of therapeutic interventions that support children and young people with their mental health and wellbeing.

We also heard from children and young people who were receiving support through other networks such as links to their church or mosque.



> 66 *This has been helping a lot as I feel less alone in this situation and I feel like there are people looking out for me. Without Barnardo's I would feel very isolated and helpless.* 99
>
> – Young Person

> 66 *It's stopped me being as angry and frustrated, it helped talking to [my] worker as it stopped me bottling it all up.* 99
>
> – Young Person

> 66 *There needs to be more activities for young people to get involved, with more funding to make this happen – not just in therapeutic services but [with] more emphasis on community based projects.* 99
>
> – Youth Colleagues, Bristol

*Our youth forums have helped young people to turn their difficult experiences into positive change and make a difference. It is a place where we feel valued, our voices are really heard and we are seen as an equal part in the decision making process. It has helped us to meet other young people who have similar experiences in a supportive environment.*

*I call for the government and decision makers to prioritise the voices of young people in developing services and making a change through setting up and supporting participation groups.*

*– Youth Colleagues, Buckinghamshire*

# 3. Speaking and Listening to Children and Young People

At Barnardo's we believe in children and believe their voices should be at the heart of decision making about their lives. We were deeply concerned by the amount of children and young people who told us that they felt ignored during this pandemic. Youth colleagues found that children and young people were concerned about the level of information they had received. Many highlighted that a lack of information had contributed to their anxieties and fears around the virus. Many did not feel that the UK Government spoke or listened to them. This left them feeling anxious, frustrated, angry and confused.

From our national survey of 113 children and young people, **more than half said they were unhappy with the information available to them, citing reasons such as sources being confusing, negative (exacerbating their mental health needs) and often untrustworthy.** Over a quarter felt mixed or ambivalent about information available and only 17% were satisfied. We are not the only ones to hear this – Young Minds surveys of both children and parents found that they were lacking information on where to turn to for advice and information on mental health and wellbeing support[38][39].

> 66 *I can speak from personal experience that socialising has been a huge problem for me. Even now I feel as though I may be stopped by the police and fined for breaking a lockdown rule that I wasn't even aware of. I think there could be better communication from the government about rules.* 99
>
> – **Alex,** *Youth Colleague, Bristol*

> 66 *There is a huge disparity between the information needed for young people, and the information provided. There is a large range of ages and maturities that have been either forgotten about, or disregarded, when it came to public information on COVID-19. The most important of this information is in regards to social distancing measures and how young people can socialise and interact with each other.* 99
>
> – *Youth Colleagues, Bristol*

Emerging evidence is suggesting that children's low levels of understanding Covid-19 has led to distress, and that better understanding was associated with better outcomes[40]. Young Minds' survey of parents found that a prominent concern has been their children being upset by, or not understanding social distancing, and worries about contracting Covid-19[41].

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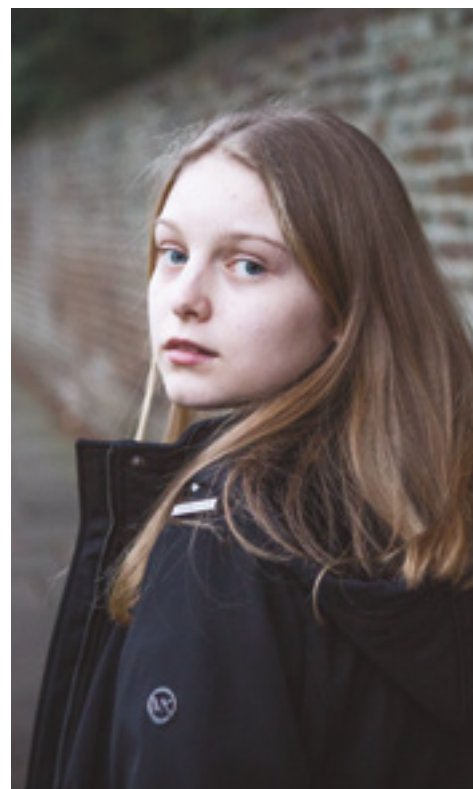
**38** YoungMinds (2020). Impact of COVID-19 on children and young people's mental health: results of survey with parents and carers

**39** YoungMinds (2020). Coronavirus: Impact on young people with mental health needs

**40** Asbury et al. (2020). How is Covid-19 affecting the mental health of children with Special Educational Needs and Disabilities and their families? Available at: https://psyarxiv.com/sevyd/

**41** University of Oxford (2020). Co-Space Study Report 03: Parents/carers report on their own and their children's concerns about children attending school University of Oxford (2020). Available at: http://www.ox.ac.uk/news/2020-06-16-children-show-increase-mental-health-difficulties-over-covid-19-lockdown

# We asked Children and Young People:

## " What do you wish the government or decision makers understood about your experience? "

They told us:

I wish they understood how important mental health is during and after this time.

Simple, recognise that we exist. Include us in policy development and not as an add on at some unknown future date.

The effect this has had and will continue to have on not just my mental and physical health but everyone's.

I wish they knew more about the mental health of the people in lockdown. It's great they are looking at physical health about letting people go for exercise. But I think they don't take into account mental health...

That not everybody copes the same, that some people need people they don't see all the time to talk to so they don't feel they have been forgotten about.
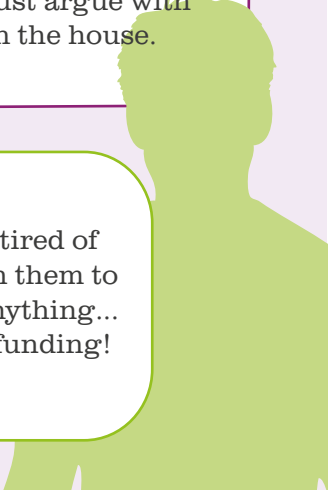
It is annoying as one thing is being said on TV and another thing is being said on radio. It's confusing and annoying.

People's mental health is getting worse. People are having more suicidal thoughts. Teenagers are taking it bad because due to their age they need space otherwise they just argue with other family in the house.

I'd just say he needs to take into consideration all people who have learning disabilities, disabilities, depression, anxiety, suicide thoughts.

I'm sick and tired of having to wish them to understand anything... Stop cutting funding!

" *Moving forward we would like to see an increase in the amount of mental health support for young people across the country.*
*We would also like to see more education for young people on the support available to young people coming out of lock down including the use of apps and social media in providing information, advice and guidance. The final improvement we would like to see moving forward is the level of support for the young people who have been unable to take exams due to COVID-19 and as a result have missed vital learning time.*

– Youth Colleagues, Plymouth "

# 4. **Prioritising** children and young people's mental health going forward

Together with youth colleagues, we identified three priorities for UK decision makers:

- **Recognise** the **disproportionate impact the pandemic and lockdown has had on children and young people's mental health and wellbeing,** especially the most vulnerable and marginalised in society. The response must acknowledge and commit to tackling pre-existing structural health inequalities, which have been exacerbated by the pandemic.

- **Learn from what children and young people tell us works.** Involve young people in co-designing and co-delivering services that respond to the social factors affecting their wellbeing and address the expected rise in demand for support

- **Support children and young people with their mental health and wellbeing at the earliest possible stage,** before their needs escalate. This means ensuring support is available within communities and does not always rely on medical interventions.

While we welcome additional funding commitments to support the most vulnerable children and young people, including the DfE's investment in the *See, Hear, Respond* programme, we believe there also needs to be a comprehensive, long term approach to mental health and wellbeing across the UK.



66 *We all know that life as we knew it isn't going to be the same. I think it would be nice for the world to still be part of a community – people caring for each other and offering each other help like we have done during lockdown, people checking up on each other – to see that again because we had all stopped doing it before.* 99

*– Young Person*

## Our Recommendations

In response to COVID-19, we are calling on the UK government and devolved governments to continue to prioritise and invest in children and young people's mental health and wellbeing from pre-birth and offering continuity of care up to age 25. We call on them to:

1. **Act now to invest in a programme of free summer resilience building, social activities, open to all children and young people, but prioritising the most vulnerable.** The relationship based programme should focus on re-establishing connections and include creative therapies and one-to-one support for the children who most need it. It should take advantage of unused buildings, such as unopened school buildings, sports or arts venues.

2. **Rebalance the educational system so that it prioritises child welfare and wellbeing,** including affording schools a readjustment period, with flexibility in the curriculum to meet the educational and psychological needs of their pupils, as more return to school.

3. **Provide timely, transparent and clear information targeted at and accessible to children,** in order to address the uncertainty and anxiety around Covid-19. This should be accessible to all, including those who may find traditional forms of information inaccessible, such as those with special educational needs, visual impairment or those with English as a second language.

4. **Involve children and young people in 'recovery planning'** and give children and young people a role in national decision making on the policies that affect their lives.

5. **Develop a programme that guarantees all young people aged 16 – 25 an opportunity in education, employment and training,** given what we know about the importance of engaging in EET for mental health and wellbeing. Opportunities must be fully accessible to all young people – including those who may need additional wraparound support to successfully engage.

6. **Support the development and trialling of alternative therapeutic interventions where it could benefit particular groups of children, including those who have suffered trauma.** Decision makers should work with organisations like Barnardo's who are already seeing the benefits of using innovative therapeutic approaches to support children and young people's mental health and wellbeing.

7. **Provide long term, sustainable funding for the redesign of local support for children, young people and families' mental health and wellbeing, prioritising:**

   - **Innovative partnership working** between local authorities, health, education and the charity sector, to develop an integrated, whole systems approach.

   - **Early intervention and prevention** to meet children and young people's needs at the earliest possible stage, and before they escalate.

   - **Improvement of local responses to trauma, adversity and loss** – supporting local professionals and services to become trauma informed.

   - **Ongoing co-production of local solutions with children, young people and families.** This must include communities that face barriers to accessing mainstream provision, such as BAME, LGBTQ+ or children in care and care leavers.

   - **A whole spectrum of social and clinical support (including digital)** is available to children and young people, continuing up to age 25 – including social prescribing and new and alternative therapies.

   - **Provision of specialist mental health services based on need.** We must review the current system of 'tiers' which can exclude children who don't meet specific thresholds, and end the 'cliff edge' of support at age 18.

   - **Development of contingency plans and flexible services** in the case of future local, regional or national emergencies.

   - **Evaluation of the impact of interventions** on children and young people's mental health and wellbeing outcomes, including those relying on traditional and digital forms of support.

## About Us

This section provides more information about each of the groups of youth colleagues who were involved in the preparation and production of this report.

### HYPE, Bristol

The past three months have become an intense battle for people of all ages to sustain their mental and physical health when faced with an extreme change in their daily lives. As ambassadors for the reform and improvement of health services for young people in Bristol and the South West of England the Barnardo's HYPE (Helping Young People Engage) team we were asked if we wanted to get involved in this project, to show how the lockdown period was really affecting Britain's youth.

HYPE is a group of Under 25's with previous experience of using services for young people including; CAMHS, Social Services, AMHS and many other welfare and health services. We have been supported by project worker, Bridget O'Brien, and Children's Service Manager, Anthony Hill. Before and during lockdown we work with NHS and community mental health and youth services to provide feedback and solutions to issues we or other young people believe need to be addressed. Our work includes sitting on interview panels for a variety of roles in different services, redesigning care plans for treatment, training workers in participation and children's rights and creating resources for young people to support their own mental health. During lockdown we have designed a blog and online gallery.

### HYPE, Plymouth

We are the HYPE (Helping Young People Engage) project based in Plymouth. Our team working on the report consists of three young people ranging from 16-25 and two Barnardo's employees. The HYPE project works with young people to make sure they are always listened to and understand young people's experiences of health care. HYPE ensures that young people's voices are heard and share their opinions and experiences with services to make improvements to shape services for the future.

The young people within our team became involved in the HYPE project through a range of different methods. One young person was introduced to the project through another Barnardo's team they were already working with and the other two young people started working with the team after taking part in consultation work on CAMHS.

The key messages our research highlighted was that young people did not know what services were available to them during lockdown therefore this left them feeling very isolated. Another key message through the research was that more education was required for young people on how they can manage their mental health including what activities they can do to improve their mental health to help improve their emotional wellbeing.

### Article 12, Buckinghamshire

Article 12 is a local youth forum that gives young people the opportunity to express what is important to them and have their voices heard on issues that affect them within CAMHS.

We have been a part of pursuing changes in mental health care using our own experience of these services. As part of this, we have spoken about our own experiences at events and renovated the garden at our local CAMHS service in response to feedback from young people.

We are also part of the regional youth forum where we discuss regional changes such as, transitions between services, making events accessible and interviewing staff members.

We were involved in this report at all stages including gathering research and writing sections about the experiences of vulnerable groups. We also came up with top tips for education services in supporting the mental health of children and young people [in our *Time for a Clean Slate Report*].

**TIGER, London**

TIGER Services stands for Trauma Informed Growth and Empowered Recovery; Barnardo's unique evidence-informed and evaluated trauma-informed approach. We work with children, young people and their families where there are concerns around child sexual abuse, assault and exploitation, harmful sexual behaviours or youth violence. The approach is designed to provide children and young people with the narrative to understand and express their experiences and coach them to recovery through empathic listening, emotional regulation, positive psychology and personal goal-setting.

We appreciate the value in involving CYP in decisions that form an integral part of daily practice. Our vision is for Youth Colleagues to participate in ways that will increase social capital, skills and experiences that will assist them throughout their lives; to be empowered, encouraged, invested in and valued for their contributions.

Our Voice and Influence team is made up of Youth Colleagues who have contributed as Peer Researchers, Young Consultants and Co-designers. Youth Colleagues have carried out survey evaluation; conducted one-to-one interviews and forums gathering feedback from Children and Young People (CYP) who have accessed the service; co-designed projects; participated in recruitment and interviewed potential staff members. During the lockdown period Youth Colleagues continue to participate and have contributed to this report through research, co-authoring and co-design. In the development of this report they've shared their knowledge and variety of skill and have included the views of other CYP as well as their own, forming an important account of how lockdown has affected CYP and the need for further support following the lockdown.

## A note on methodology

This report has been co-produced with youth colleagues at Barnardo's. They have undertaken their own field research, co-authored and co-designed this report. Four groups of youth colleagues, located in Bristol, Buckinghamshire, London and Plymouth, took part, collaborating with the Barnardo's Policy team to amplify the voices of children and young people. More information about the groups who took part is available at the end of this report.

All youth colleagues were engaged in a joint working group with Barnardo's staff to progress the report. Each group undertook their own field research to reach out to local children and young people through their existing networks. Between them, they engaged 148 children and young people through surveys, and reported their analysis of key findings back to the group. This report has been co-authored, which means that the main body of the text reflects the integrated partnerships of learnt and lived expertise. In contrast, some parts of the report are clearly attributed to individuals or groups of youth colleagues, in an effort to hear the voices of children and young people more directly.

We also drew upon data and information from an internal national survey of 113 children and young people across all four nations of the UK accessing Barnardo's services. Where we refer to our 'national' survey throughout this report, it refers to this internal survey of service users.

In the report, we also refer to data from the Barnardo's Big Conversation survey, which consists of a YouGov survey of 4,000 children and young people, as well as a survey conducted internally of over 1,400 children and young people.

Where we refer to data from our practitioners survey, this relates to our Quarterly Practitioners Survey, undertaken in April, which reached 963 frontline practitioners across our range of services.

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