



# INSIDE OUT

YOUNG PEOPLE'S HEALTH AND WELLBEING:  
A RESPONSE TO COVID-19

August 2020

**NYA**  
National Youth Agency

  
**brook**

# ACKNOWLEDGEMENTS

This paper builds on the insights from the ‘Out of Sight?’ research report, on the known and emerging needs of young people through COVID-19, published by the National Youth Agency (NYA) in April 2020. We explore the impact of the pandemic on young people’s health and the role of young people’s services in support of vulnerable young people, in particular. The report draws on desk research carried out in July 2020 and valuable insights from Brook health practitioners and NYA team of specialist youth workers.

We wish to acknowledge the work and detailed analysis of other reports, produced in 2019–2020, notably those of the Office of the Children’s Commissioner for England, Young Minds, Youth Access and Public Health England. We are grateful for the insights and time contributed to this report by OnSide Youth Zones, Groundwork UK and Football Beyond Borders. Finally, we are grateful for the continued support from the Department for Digital, Media, Culture and Sport (DCMS) and Local Government Association.

# CONTENTS

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1.0	Summary	6
2.0	Recommendations	10
3.0	Introduction	12
4.0	Vulnerable young people	15
4.0	Healthy lives	18
6.0	Relationships and sexual health	24
7.0	Digitally connected	26
8.0	Services for young people	28
9.0	Conclusion	31
10.0	Appendices	
	What the papers say	32
	Youth work practice	33

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# FOREWORDS

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Young people have been cut off from many of the sources of support that they have needed most in response to COVID-19. Youth sector activities and services are only now emerging gradually from lockdown, still heavily restricted in what they are permitted to carry out over the summer. With the government's focus on a full return to school and college from September and initiatives for young people to 'catch up', education is prioritised and should be first to open, last to close. However, this cannot be achieved without recognition of the related services that are an essential part of a young person's health and social development. There is a real danger that we lose sight of the immediate needs and long term impact on young people's health, which in turn is a key determinant of their education, employment and life chances. The pandemic has expanded inequalities that already existed. Public health guidance is needed to reflect the specific needs of young people.

There is clear evidence of a rise in mental health issues among young people exacerbated by COVID-19. This report highlights concerns also from the lack of access to health services and wrap around support for young people's physical fitness, nutrition and personal relationships, and the impact from poverty and discrimination as we head into a global recession. Through youth work, support can be offered to young people as part of a joined-up approach with schools and colleges and health specialists. While each professional and practice has its own distinctive approach, it is vital they come together seamlessly to make sure young people have the help they need to recover, make sound choices and get ahead in life.

**Leigh Middleton, Chief Executive**  
**National Youth Agency**

For over 55 years Brook has been supporting, educating and empowering young people to make informed decisions about their sexual health and wellbeing. We understand the challenges faced by young people are constantly evolving, and this is certainly the case in 2020. This report sheds light on the serious challenges faced by young people as a result of the COVID-19 crisis. There had already been a sharp increase in the number of children and young people experiencing emotional disorders in recent years. Much of the evidence in this report suggests that this has been further exacerbated by the pandemic.

While Brook's clinical services adapted to the constraints of lockdown and remained open and available to young people throughout, the majority of sexual health services across the country closed, limiting young people's access to sexual health advice and support. The closure of schools, colleges and youth services has further isolated young people at a period in their lives that is crucial for their emotional and physical development. For this generation to flourish and fulfil their potential it is vital that their needs are not forgotten in our collective response to COVID-19.

We hope this report will not just raise awareness of these problems but also offer solutions. The recommendations here present methods of how to best support young people's health and wellbeing as we all adapt to the 'new normal'. They were devised by drawing on insights from Brook health practitioners and NYA youth workers. It is collaborative approaches such as this will be essential if we are to properly equip young people for life after lockdown.

**Helen Marshall**  
**Chief Executive, Brook**

Children and young people need to be at the heart of coronavirus planning as they prepare to return to school in September and over coming months if a second wave occurs or there is a need for local lockdowns. Their perspectives must be better reflected in scientific and public health advice and communication about COVID-19 must make clear that risk of infection should not prevent young people and families seeking the help they need, from urgent health care to refuge from abuse and exploitation, especially in the case of teenagers who fear getting into trouble where they struggle to meet lockdown or social distancing rules.

Many young people will need a lot of emotional support as they return to the classroom and the new normal of their lives so I want to see mental health teams working with schools to ensure they are able to help as many young people as possible. It will also be important for young people to be able to socialise with friends, take part in group activities and sports and begin to rebuild their own support networks of trusted adults including youth workers. Helping young people adapt to living safely with the virus will be essential to their long term prospects and health and wellbeing.

**Anne Longfield**  
**Children's Commissioner for England**

One of the most clarifying things during the turbulence caused by COVID19 has been the need to prioritise, invest in, and talk seriously about our mental health. For the young people who were suffering long before COVID19, or the young activists shouting about the need to take mental health as seriously as physical health in policy, education and work, this shared struggle - which has cut across all groups in society - could be the awakening they needed us to have. There are few things more powerful for social change than collective empathy.

Now that the world is listening, it is up to policymakers, politicians, educators and leaders to ensure that young people's mental health remains a priority. Poor mental health doesn't exist in a vacuum: it is a product of systemic issues, including among many things, the underfunding of mental health services, dismantling of youth services, an increasingly performance-based education system and an individualistic, capitalist consumerist culture. To get better outcomes for young people and their mental health, it relies on each of us playing our part in creating a world where young people can thrive.

**Ceylon Hickman,**  
**Head of Impact, Football Beyond Borders**



## SUMMARY

### Young lives

1. Looking beyond the infection rates and tragic deaths from COVID-19 it is important to understand the disproportionate impact the pandemic has had on children and young people's health and wellbeing. This report reviews the most recent analysis of young people's mental health and considers further their physical health and wellbeing - learning lessons from lockdown for future spikes of COVID-19 and local lockdowns too.
2. Adolescence is a critical time in life for emotional and physical development, affecting behaviour, mental health and life chances. The impact of the pandemic on some children and young people will be far-reaching, and it will be essential that the right services are there to support them.<sup>1</sup> The crisis has compounded inequalities that already existed and has hit vulnerable and marginalised groups the hardest.<sup>2</sup>

### Life under lockdown

3. The loss of or restricted access to services has affected some young people badly. Life under lockdown for young people known to Brook, the health charity, saw a decline in their mental health almost three times the national average; over three-quarters reported feeling more lonely; over half said their family relationships had become more difficult. While 3 out of 4 young people observed lockdown, within more vulnerable groups a quarter of the young people surveyed admitted to breaking lockdown to see friends.<sup>3</sup> This can be explained in part by earlier research by University of Sheffield found young people who were more anxious were more likely to comply with physical distancing measures, whereas those with higher levels of depression were more likely to break the rules (13-18 year olds showed the highest rates of anxiety, while older group of 19-24 year olds showed lower levels of overall wellbeing)<sup>4</sup>.

1 Local Government Association: LGA responds to report on impact of COVID-19 on children and families

2 Barnardo's: Survey, Young people call on government to prioritise mental health in the UK's coronavirus recovery, July 2020

3 Brook: 'Life under lockdown' - survey of 538 young people carried out 12 - 22, June 2020

4 University of Sheffield, Levita et al: survey of 2,000 13-24 year olds in the UK on the impact of the pandemic on young people, May 2020 - half of young men aged 19-24 had breached lockdown rules to meet friends, compared with a quarter of women of the same age; other younger teenagers enjoyed being at home with their parents.

4. Further evidence suggests young people and families are not accessing medical advice<sup>5</sup>. Public health messages to reduce non-essential use of NHS services impacted on young people with reduced uptake or avoidance of medical advice or support in particular for those who feared getting in to trouble if they had broken lockdown measures.
5. Moreover, there has been a reported drop in A&E attendance, with figures due to be published by NHS (September 2020) to determine the year on year difference for young people's A&E attendance for self-harm or mental health issues and young victims of violence, for example. The closure of some smaller clinical services and walk-in clinics, combined with the closure of youth centres, schools and colleges for the vast majority, left young people reliant on online services for health advice and support. Yet reduced face-to-face contact among young people and their friends during the pandemic could have damaging long-term consequences<sup>6</sup>.
6. There are concerns too for poor diet and low levels of physical activity, as the primary causal factors to excess weight: obesity is also associated with poor psychological and emotional health. The number of children with an unhealthy and potentially dangerous weight is a national public health concern<sup>7</sup> exacerbated by the lack of group activity in youth, community and sports activities, and unhealthy diets associated with an increased consumption of cakes, biscuits, confectionery and savoury snacks<sup>8</sup>. Young people, including those with eating disorders, expressed anxiety about food, amidst food shortages and restrictions on exercise as a result of the pandemic.<sup>9</sup>
7. There is no 'quick fix' for the increased health risks and trauma arising from lockdown and the impact of COVID-19, such as poor mental health, exposure to domestic violence and exploitation, or addiction in the home. Meanwhile young people who attend specialist LGBT+ groups, young carers, mental health support, violent crime reduction activity, and many more are now also at significant risk. This requires the support of skilled and qualified youth workers and an age appropriate response from health professionals trained to support adolescents.

### Summer response

8. Young people have been cut off from many of the sources of support that they might have had previously - schools, youth centres, health visitors, networks of family and friends, home visits from social workers - at the same time as their families are under new stress and strain from COVID-19.<sup>10</sup> There is limited youth provision permitted through the summer, as youth services emerge gradually from lockdown, and schools and colleges are not fully re-opening until September at the earliest. Health risks have been exacerbated by the closure of summer schemes, restrictions on leisure and outdoor activities, including local parks.

5 Royal College of Paediatrics and Children's Health data collection from April 2020

6 The Lancet: 'The effects of social deprivation on adolescent development and mental health', 2020

7 Public Health England: Guidance - 'Childhood Obesity: applying all our health', May 2020

8 Public Health England: 'Excess Weight and COVID-19' July 2020; insights on adults 16+, included here as a proxy for households and consumption by young people, the vast majority missing school meals

9 Young Minds Coronavirus: Impact on young people with mental health needs, 2020

10 Children's Commissioner for England: All in this together, April 2020

9. Analysis of 120 surveys of young people's experiences through COVID-19<sup>11</sup> shows remarkable resilience but a range of worries that differ in scale, nature and scope with age. However, those with known vulnerabilities or self-reported mental health needs are not accessing the many services or support they used before, and there is a lack of confidence in knowing where and how to access good quality support for their health and wellbeing, during the pandemic.
10. With emergency measures still in place, more young people will engage in 'risky behaviour' or relationships without a safe space for trusted or confidential advice on subjects such as sexual health or unintended pregnancies. Groups of young people are often discouraged from socialising in parks and public spaces, seen to be a nuisance or with the potential to escalate to disruptive and anti social behaviour. Therefore the challenges for young people are likely to increase over the summer, as will the need for effective engagement in public health education through youth work.
11. In anticipation of a possible second wave of COVID-19 or local lockdowns, and to provide early help to de-escalate longer term health risks, there is an urgent need for local agencies – councils, schools, health services, youth workers and police - to focus resources on teenagers at risk of becoming 'invisible' to health and support services<sup>12</sup>. A key part of any such response is to recognise youth workers as critical workers and youth services as essential services<sup>13</sup>, including specialist health provision and group activities where those can be carried out safely.

## Recovery

12. By September most young people will have spent six months away from school and college. Over one million young people have been lost to youth services.<sup>14</sup> There are dire warnings that nationally one in five youth clubs will not re-open, more in some regions<sup>15</sup>. This is compounded by the threat of nearly half of the leisure centres run by local authorities, and one in five swimming pools, will close permanently by the end of the year<sup>16</sup>. Such loss of youth provision and the structure of the school day are felt most acutely by young people at key transitions in their life, in forming new relationships and in making healthy life choices. This places considerable strain on health services, already over-stretched.
13. However, there has been little targeting of services or messages to young people specific to health concerns from COVID-19. Most young people say they are 'coping fine' or 'well' at present, yet more young people are feeling more lonely and isolated, and some are more anxious. A deep dive analysis of recent surveys reveals youth workers are worried that young people's mental health needs will be more prevalent in the future, more acute and that the most vulnerable are not accessing the services they need.<sup>17</sup>

14. The impact of COVID-19 on the economy will also affect longer term health. There is extensive research evidence that early unemployment leads to long term poor health outcomes and the relationship with educational levels too. There is a renewed focus on employment and training opportunities for young people leaving school or further and higher education this summer. However, for many young people financial instability will rise during the COVID-19 crisis and low-income families already unable to budget for unexpected expenses will be hit the hardest.<sup>18</sup>
15. Therefore, for long term sustained support of young people's health and wellbeing there is a need for significant investment to recruit, train, upskill and support youth workers and health specialists for emotional support (people to lean on), social capital (personal connections), practical support (including financial) and skills (how to get on in life).<sup>19</sup>

**Youth work** focuses on personal and social development, designed to support young people through adolescence, typically from 8 to 25 years of age. This is reflected in the different age-ranges of the various surveys and reports included in our analysis. For the purposes of this report our recommendations focus predominantly on young people of secondary school age, between 11 and 19 years. This aligns to children's services and specialist health support, but with critical stages of transition as young adults up to 25 years in particular for vulnerable or marginalised young people.

**Services for young people** are most easily recognised in non-formal settings of youth centres and detached, outreach youth work where local authorities have statutory responsibilities to make sure, as far as possible, that there is sufficient provision of educational and recreational leisure-time activities for young people. Equally there is specialist or targeted services for young people in formal institutions and multi-agency working, many supporting young people's health and wellbeing, from schools and colleges to counselling, sexual health and Child and Adolescent Mental Health Services (CAMHS), for example. A youth work approach enables young people to take up the opportunities available to them especially for the most vulnerable young people.



<sup>11</sup> Centre for Youth Impact, analysis of 120 surveys including 56 data sets, June 2020  
<sup>12</sup> Children's Commissioner for England: 'Teenagers falling through the gaps', July 2020  
<sup>13</sup> NYA: A youth work response to COVID-19, July 2020  
<sup>14</sup> Centre for Youth Impact: Youth Sector Standard, survey of 177 youth organisations April to mid-June 2020  
<sup>15</sup> NYA: 'Out of Sight?', April 2020 [UK Youth; Young Manchester]; London Youth, July 2020  
<sup>16</sup> UK Active and Community Leisure UK: 1,300 of the 2,727 leisure centres funded by local authorities and 20% of the UK's swimming pools; July 2020  
<sup>17</sup> Centre for Youth Impact, analysis of 120 surveys including 56 data sets, June 2020

<sup>18</sup> The Children's Society, The impact of COVID-19 on children and young people, March 2020:  
 1.7 million aged 10-17 are living in a household with problem debt  
 2.1 million aged 10-17 are living in a household where there has been difficulty paying the bills  
<sup>19</sup> The Health Foundation: A healthy foundation for the future, Oct. 2019

# RECOMMENDATIONS

National lockdown revealed the extent of young people's needs through COVID-19 and the closure of most youth services and restricted access to specialist health services for young people. Since July a return to partial or local lockdowns is likely to be part of the new normal, changing weekly. In many cases the incidents of young people – and families – meeting and not following social distancing guidance is cited as one reason for the emergency measures. Just at the time services for young people are needed most, many will be temporarily closed again; including youth centres, which are viewed as community centres and leisure activity in formal guidance, that can provide early help, drop-in support and guidance vital for young people's health and wellbeing. This leaves many young people simply getting together themselves, exposed in sometimes unsafe environments and putting also their families and others at greater risk from coronavirus.

## 1. Locked out

Closure of youth services in effect locks out young people from group activities that can be carried out safely and structured in support of young people, with trained youth workers up-skilled in their response to COVID-19 including safeguarding, trauma, bereavement and mental health.

- **Youth services must be classified as essential services** working alongside health and education professionals. Ambiguity on critical worker status for youth workers in national guidance and local interpretation needs to be addressed urgently.

## 2. Fed up

The closure of youth centres removes crucial support from food poverty, hunger and poor diets. For some, the loss of group activities exacerbates their anxieties, isolation and mental health problems. It takes away a safe space for advice and guidance without stigma from a trusted adult, and drop-in support from specialist health workers, where digital support is neither always accessible nor suitable to replace face-to-face support.

- **We need to mobilise youth workers** and access to services for young people, where this can be done safely within social distancing guidance, providing a bridging role to specialist health support.

## 3. Unseen, not heard

Where young people have been separated from services they had previously attended, as well as the social networks they had through school, we must seek out and listen to their concerns. Group activities in informal settings provide opportunities to discuss, share and reinforce public health messages with young people; guided by informed, trusted youth workers and peer groups which they can also take home to their families and wider community. This includes detached youth work to take place in parks and open spaces, and as an essential part of supporting young people for their return to school or college and wrap-around support from September.

- **Clear and ongoing public health messaging for young people** is crucial, going forward, and guidance designed with young people to reflect their specific needs; while at lower risk from COVID-19 they are put at much greater risk of other physical or mental health issues.

## A youth sector response to COVID-19: young people's health\*

### Young people's health

- a) Take an age-sensitive response to the needs and concerns of children and young people
- b) Signpost young people to regular, trust-worthy and clear sources of news and information
- c) Reach out to young people self-reporting or known to have mental health needs
- d) Celebrate where young people are coping to manage stress and boredom
- e) Support young people to help out and be involved in their local community efforts
- f) Promote group activities and opportunities for children and young people to spend time outside
- g) Capture better data on young people who are falling through the gaps, not known to formal services, and make this available at a local level
- h) Develop the youth work curriculum for practitioners to complement the new statutory requirements for the teaching of relationships and health education
- i) Promote the Make Every Contact Count approach to ensure that where young people are in contact with professionals all their health and safeguarding needs are assessed, supported by referrals and signposting to appropriate services
- j) Invest in early intervention and therapeutic services and open-access youth services to support young people's positive health and wellbeing, happy and confident in their future

\*Brook and National Youth Agency: drawing on the analysis of youth sector surveys<sup>20</sup> and insight from Brook health practitioners and NYA team of specialist youth workers.

<sup>20</sup> Centre for Youth Impact: Youth Sector Standard, 2020

# INTRODUCTION

Youth is the adolescent developmental phase between childhood and adulthood that brings significant physical and emotional changes. Widespread changes in the social environment, such as enforced social distancing, closure of schools and youth services, and increased social deprivation, can have a significant impact on brain and behavioural development during adolescence<sup>21</sup>. It follows that reduced face-to-face contact among teenagers and their friends during the pandemic could have damaging long-term consequences<sup>22</sup>. The brain undergoes huge physical changes during adolescence which impact on behaviour, self-image, social interactions and decision making.

This period in a person's life is also significant time in terms of the important life decisions they are faced with, their increasingly complex social interactions, and how they deal with the online world. Specific skills are required to support young people during this important time – in making significant life choices, safely exploring risky impulses, forming new relationships and tackling new challenges.

## Family

The pandemic has left parents without the same levels of help from extended family, friends or professionals they would otherwise access for support. The closure of schools and youth services has put further strains on family life. This may place additional pressure on young people to provide this support themselves or make it harder for parents to protect their children from negative impacts.<sup>23</sup> Concerns about health and finances, and the increased pressure of childcare may all contribute to increasing family conflict, with the potential to cause a spike in divorce rates and breakdowns in relationships.

There is increased anxiety around household harmony as self-isolation and social distancing are often not possible for families who live in single- or shared-bedroom accommodation with overcrowding and inadequate outside space.<sup>24</sup> There is also concern for homeless young people who are no longer able to 'sofa surf' at others' homes. Some parents are frustrated at their lack of influence and control as many young people are not abiding by the emergency measures;<sup>25</sup> and some are overcompensating by trying to assert control, which is resulting in the breakdown of relationships.

Overall through COVID-19 families and young people had fewer interactions with the services designed to help them. At the same time, friends, relatives, neighbours and the community are also prevented from offering as much social support to families and checking on children's welfare.<sup>26</sup>

21 Orben, Tomova and Blakemore: The effects of social deprivation on adolescent social development and mental health, 2019

22 The Lancet: 'The effects of social deprivation on adolescent development and mental health', 2020

23 Unicef: Children in Lockdown – rapid assessment of the impact of coronavirus on children in the UK, 2020

24 Shelter: Self-Isolation? Try it as a Homeless Family Living in One Room (Blog), 2020.

25 Young Minds Parent Helpline: Calls from parents, March–April 2020.

26 NSPCC: Social isolation risk and child abuse during and after coronavirus pandemic, 2020



## Friends

There is evidence that problems with peer groups, bullying and loneliness are risk factors for poor health and wellbeing; conversely, high quality peer relationships appear to protect against mental health problems and strengthen adolescent resilience. Many young people will have communicated with friends over social media, while others will have had little contact with their peers. Over a lengthy period of social distancing, friendships may have become strained or deteriorated.<sup>27</sup> More than half of young people (aged 16 to 24) who felt their wellbeing had been affected by lockdown said they experienced loneliness (50.8%) compared, for example, to just 28% of those in the 70-plus age group reported feeling lonely<sup>28</sup>.

While the number of breaches of lockdown was relatively small, a third of the fines were being issued to young people aged 18–24. In addition, we do not know how many young people under the age of 18 (not subject to fines) are posing public health risks.<sup>29</sup> Much of the public health messaging has focused on rates of infection and the danger to older people in particular, with significant media coverage on acute cases of COVID-19 and care homes, for example. Indeed the major debate and coverage on young people returning to school or college has been on the loss of education and not the health risks to young people, and the impact on families rather than young people's health directly.

Yet socialisation is a key stage of development in adolescence, characterised by an increased need for social interaction with peer groups, taking risks and increased expectations of independence. The loss of school, youth clubs, restrictions in parks and summer activities, including festivals and sports, has come at a critical time for many and in particular those in transition between schools and for school-leavers.

27 Mental Health Foundation, 2020

28 Office of National Statistics (ONS), 3 April to 3 May 2020

29 NYA: Hidden In Plain Sight, May 2020

## Relationships

Positive peer relationships have been found to be a protective factor in outcomes for children and young people who are maltreated or are at risk at home. During the pandemic, however, even online and telephone contact may be restricted if the young person is living in a toxic household<sup>30</sup> or through a lack of connectivity, devices and available data at home. With schools, colleges and youth centres closed many young people are now in potentially unsafe environments without a trusted adult, youth worker for support. Limited access to specialist health services for young people also increased health risks dramatically, including STIs and concealed or unintended pregnancies. While there is no consistent data on the number of young people experiencing or at risk of criminal exploitation, there is increased concerns for exposure to risky relationships from abuse, coercion or exploitation.<sup>31</sup>

## Ethnicity

Black and minority ethnic (BAME) young people have faced significant challenges as a consequence of lockdown restrictions and its economic and health impact. There is a need for better data, involving communities in research, and addressing discrimination. Overall the disproportionate impact on BAME communities is social and economic which can translate to health outcomes for young people in those communities.<sup>32</sup> This includes, for example, the impact of COVID-19 on young people's mental health. Kooth, one of the biggest providers of NHS online mental health support, has seen a 26.6% increase in BAME children contacting them with suicidal thoughts, compared to 18.1% for white children<sup>33</sup>. It is important to be aware also of the rise in incidences of racism around COVID-19. Pupils from Asian backgrounds may well have experienced racism and bullying about the perceived origin of the virus in China. Any response is also framed by the challenges of institutionalised and everyday racism faced by many<sup>34</sup>.



## VULNERABLE YOUNG PEOPLE

Over one million young people<sup>35</sup> come from a 'vulnerable family background', of which nearly 450,000<sup>36</sup> are unknown to formal or statutory services but are likely to be known by youth workers. An estimated two million young people are estimated to have emerging needs triggered or caused by COVID-19, and many more with hidden or unforeseen consequences from the pandemic.<sup>37</sup> Health and wellbeing themes cited frequently include<sup>38</sup>:

- Unsafe home environments including the so-called 'toxic trio' of addiction, mental health and domestic abuse; or a crowded home, including lack of a space for privacy or exercise
- Concern about family's finances or about losing their own job
- Not being able to buy food, or about no longer getting meals at school, including anxieties of young people with eating disorders
- Special Educational Needs and Disabilities, including young people with Attention Deficit Hyperactivity Disorder (ADHD) or Obsessive-compulsive disorders (OCD), for example
- Experiencing racism as a result of the pandemic

Further, a third of young people have more trouble sleeping during COVID-19, which could have a knock on effect on school work, behavioural issues and family life.<sup>39</sup>

There are increased needs identified through COVID-19 for vulnerable young people, below.

<sup>35</sup> Children's Commissioner for England: 1.24 million children (8–17) in a 'vulnerable family background', 2019

<sup>36</sup> Ibid

<sup>37</sup> NYA: 'Out of Sight?' – vulnerable young people: COVID-19 response, April 2020

<sup>38</sup> Young Minds Coronavirus: Impact on young people with mental health needs, 2020

<sup>39</sup> Barnardo's: YouGov survey of 4,000 8–24 year olds; June 2020

<sup>30</sup> NYA: Out of Sight?, April 2020 – over a million young people are in a household affected by addiction, mental health and domestic abuse; see also, Children's Commissioner for England, 'Estimating the prevalence of the toxic trio', vulnerability report, 2018

<sup>31</sup> NYA Hidden In Plain Sight, May 2020

<sup>32</sup> Royal College of Paediatrics and Child Health (RCPCH): How COVID-19 is affecting children and young people from BAME communities, June 2020

<sup>33</sup> Barnardo's: Survey, Young people call on government to prioritise mental health in the UK's coronavirus recovery, July 2020

<sup>34</sup> UK Youth: #YoungAndBlack, 2020



## Young carers

There are an estimated 102,000 young carers in England, but only 35,000 are known to Local Authorities<sup>40</sup>. Many of these children will now have significantly increased responsibilities, as parents who are unwell or have underlying conditions will not be able to leave the house. The children are also likely to have increased anxiety and worries for loved ones. A disconnect from services, face to face contact and socialisation, has had a devastating effect on those young lives. School-age young carers missed the routine and respite that school provided, as a place where they felt they could focus on themselves. This has been compounded by the lack of support from friends and wider family was difficult for the young carers and their families. Many of the young carers felt that to “moan” about the pressures would be “selfish” and insensitive towards the person they were caring for.<sup>41</sup>

## Looked after children

78,000 children in care may also be facing some additional difficulties – for many, face to face contact with their families will not be able to go ahead. Many of these children will have experienced trauma, yet during this time access to therapeutic support will be much more difficult. Children who grow up in care are up to four times more likely to suffer poor health well into adulthood, 30 years later, than those who grew up with their parent<sup>42</sup>.

## Special educational needs and disabilities (SEND)

There are over 800,000 young people with special educational needs and disabilities (SEND)<sup>43</sup>. Government guidance on supporting vulnerable children states that local authorities and providers should undertake a risk assessment to establish the individual needs of each child or young person with an Education, Health and Care (EHC) plan. One-to-one youth work support can complement the potential benefits in school settings for young people, including those without statements; however, more professional SEND training is needed, overall, for community-based youth work and group activities. Appropriate adjustments need to be made in all settings where young people are supported.<sup>44</sup> Young people with learning difficulties are particularly vulnerable to risky relationships exposed to exploitation, gangs and disruptive behaviour, including non-compliance with lockdown or social distancing. Local authorities and health partners must work together to prioritise support for children with specialist needs, such as those with autism or a learning disability to avoid problems escalating into crisis with specialist residential placements or hospital admissions which could have been avoided<sup>45</sup>.

## Poverty

Social-economic determinants of young people’s health include household income and measures of poverty and debt, and in turn employment measures of unemployment, insecure or underemployment and worklessness. As we head through COVID-19 into a global recession, an estimated 2.8 million children are living in severe poverty because their family income is below 50% of the median household, and 3.7 million children are living in absolute poverty, meaning that their families cannot afford basic needs like food and clothing.<sup>46</sup> Up to 5 million young people (10-17) are living in a household with a problem debt and difficulty paying the bills. Where data suggests that children in workless families are three times more likely to experience damaging parental conflict, social contact can be an important source of support in this situation.

There is also a crisis of food poverty. Pre-pandemic children experiencing food insecurity was estimated at over 2 million<sup>47</sup>. A government commissioned report has identified around 3 million children at risk of hunger during this year’s summer holidays<sup>48</sup>. A nationwide holiday hunger scheme and expansion of free school meals to 1.5 million more children (aged 7 to 16) have been announced for the new school year.

## Addiction

A recent survey revealed 4% of children and young adults surveyed have a close relative between the ages of 12-25 who have shown an increase in an addictive behaviour since lockdown<sup>49</sup>. On a national scale this would mean over 2 million children and young people of these ages are showing an increase in addictive behaviour during lockdown. Of those who have a close relative aged between 12-25 showing an increase in addictive behaviour, 35% polled said they believe their relative will need support (e.g. treatment, therapy and advice services) as a result of this behaviour. 30% of those people who have seen an increase in addictive behaviour in a child or young adult relative said that the individual’s close family are likely to need support services as a result. For the UK this would mean 612,892 families needing support and access to services.

<sup>40</sup> Children’s Commissioner for England: All in this together, April 2020

<sup>41</sup> University of East Anglia, June 2020

<sup>42</sup> European Journal of Public Health: UCL and King’s College London, July 2020

<sup>43</sup> NYA: Out of Sight?, April 2020: DfE statistics 2018/19, age-range data adjusted to 826,829 (aged 8-19 years)

<sup>44</sup> NYA: Time Out, June 2020

<sup>45</sup> Children’s Commissioner for England: Putting children first in future lockdowns, August 2020

<sup>46</sup> Department for Work and Pensions: Households below average income (HBAI) [Data], 2019.

<sup>47</sup> Children’s Commissioner for England: 1,959,431 (aged 0-14); estimate based on 2018 mid-year population age adjustments, 1,498,014 (aged 8-19)

<sup>48</sup> National Food Strategy: Dimbleby Review, July 2020

<sup>49</sup> Action on Addiction: YouGov national survey of 2,000 adults in the UK, 15-17 May; published June 2020

# HEALTHY LIVES

## Mental health

Half of all mental health conditions first occur by age 14, and three quarters by age 24.<sup>50</sup> Where young people have existing mental health needs, they report feeling more concerned than usual about their own wellbeing during COVID-19. Mental health concerns are also more prominent amongst those young people facing other risks or disadvantages, including amongst care-leavers and those with disabilities. For young people generally their concerns and anxiety are rooted in how COVID-19 will affect them, their family, friends and wider community, and what opportunities will be available to them in the future – there is less (although not insignificant) concern with how their own mental health will be affected. Meanwhile many are enjoying spending more time being with their family, exercising and reading; social media and hobbies (especially gaming for boys and young men) have provided ways to cope and relax.<sup>51</sup>

Of young people who were accessing mental health support in the three months leading up to lockdown, nearly one-third were no longer able to access that support but still needed it; while 40% were struggling with their mental health but had not look for support, for example not wanting to burden services, not having privacy at home or feeling shame.<sup>52</sup>

In extreme cases, obsessive compulsive behaviours are manifest in response to the pandemic<sup>53</sup> and some may express these feelings by engaging in self-destructive behaviours, such as self-harm.<sup>54</sup> Self-harm has become further normalised as a way to cope with emotional distress. Further, research shows that bereavement, abuse, neglect, self-harm, and mental ill-health are common risk factors for suicide among young people.

Meanwhile over 1.5million children (13.5%) in England live in families where one parent or carer has a severe mental health problem<sup>55</sup>. Many parents with mental health issues will be able to parent perfectly well, but the increased anxiety COVID-19 causes, alongside increased difficulties in accessing support services, sharpens the challenge.

## Physical health

Physical activity can help children and young people to achieve and maintain a healthier weight. Overweight and obesity tend to increase with increasing age, with the lowest prevalence in 16-24-year olds, and are linked to increased health risks from COVID-19. It is therefore understandable that the latest government public health campaign is focused primarily on adults. However obesity and excess weight can have serious health implications which can continue into adulthood: the number of children with an unhealthy and potentially dangerous weight is a national public health concern.<sup>56</sup>

<sup>50</sup> Health and Social Care Committee: The Government's Green Paper on mental health: failing a generation, 2018

<sup>51</sup> Centre for Youth Impact, analysis of 120 surveys including 56 data sets, aged 13-25; June 2020

<sup>52</sup> Young Minds: Coronavirus impact on young people with mental health needs, July 2020  
A survey of 1000 young people – 31% no longer able to access private providers, charities and helpline; 40% had not looked for support but were struggling with their mental health.

<sup>53</sup> Ibid

<sup>54</sup> Royal College of Psychiatrists: Covid-19: self harm in young people, 2020

<sup>55</sup> Children's Commissioner for England: All in this together, April 2020

<sup>56</sup> Public Health England: Guidance - 'Childhood Obesity: applying all our health', May 2020

Poor diet and low levels of physical activity are the primary causal factors to excess weight. Despite the prevalence of home-fitness programmes streaming online, Public Health England (PHE) reports that the nation's exercise levels have not increased overall since before the pandemic. Meanwhile an increase in purchases of snacks from supermarkets and take-aways has replaced, for example, school lunches for many young people<sup>57</sup>. This reflects wider concerns for young people's diets at home and, for some, when school returns given 1% of school packed lunches meet the nutritional standards of a school meal.<sup>58</sup> Despite an increase in home-cooking and family meals for some, rather than sticking with three clear meals a day young people are either turning to less healthy options on a regular basis – with crisps and chocolate being incredibly popular – or missing meals entirely<sup>59</sup>.

Obesity is also associated with poor psychological and emotional health, and many children and young people experience bullying linked to their weight. Time spent away from other young people may lessen the pressures young people feel to look a certain way and fit in; however increased time online might reinforce preconceptions and have a negative impact.

Meanwhile despite being able to exercise or go outside during lockdown, in reality, too many girls avoid public spaces for fear of being unsafe. 28% feel less safe now than they did before: there are fewer people around to help if something happened to them; and there are fewer places they could go to if they needed to get away from someone or a situation<sup>60</sup>. Indeed despite significantly reduced time in public places, one in five girls (19%) have experienced public sexual harassment; often going unreported, girls and young women said they did not believe they would be taken seriously or that it would not be seen as a priority during the pandemic.

## Public health

Overall young people's concerns are altruistic, concerned for others and the effect on family health and household finances, markedly for those living in poverty. However, many young people are concerned about the level of information they had received and said a lack of information had contributed to their anxieties and fears around the virus. Just 17 per cent of young people asked said they were "satisfied" with information made available to them during lockdown<sup>61</sup>. Uncertainty about what the new normal will be for their communities and relationships, through the pandemic and global recession, has led to widespread concern on whether the information they are receiving is trustworthy or is 'fake news'<sup>62</sup>.

Young Minds completed extensive work on mental health and wellbeing concerns at an early stage of the lockdown<sup>63</sup>. Strong messages from Government at this stage were understood by young people, but led to a response of fear and anxiety for many. The need for contextualised advice and practical support led to feelings of isolation and futility facing an uncertain future. It is crucial to prioritise clear and ongoing public health messaging aimed at young people, and families, about what they can

<sup>57</sup> Public Health England: 'Most of the regular surveys to monitor what people are doing have been suspended during lockdown, so it is not possible to get a full picture of diets.' July 2020

<sup>58</sup> National Food Strategy: Dimpleby Review, July 2020

<sup>59</sup> Bite Back 2030, a youth-led movement for healthy food: Hungry for change, survey of 1,000 young people, July 2020

<sup>60</sup> Plan UK: State of girls' rights COVID report, May 2020

<sup>61</sup> Young Minds: Coronavirus having a major impact on young people with mental health needs, survey March 2020

<sup>62</sup> Centre for Youth Impact, analysis of 120 surveys including 56 data sets, June 2020

<sup>63</sup> Young Minds: Coronavirus report, March 2020

do to look after their wellbeing and mental health. This includes a local authority's responsibilities for public health and their knowledge of the most vulnerable young people through children's services and social care.

Children's and young people's perspectives need to be better reflected in scientific and public health advice. Any measures implemented must take into account their needs and circumstances where they differ from those of adults. Full lockdowns should balance the epidemiological benefit to children against the social and health costs of closures to schools, youth centres and access to young people's health services. Communication must make clear that risk of infection should not prevent young people seeking help they need, such as urgent healthcare which is not related to the virus.

Critically, of the 26 members of the Government's network of Chief Scientific Advisers, none is a specialist on children's and adolescent issues<sup>64</sup>. Advice from SAGE has been focused primarily on family groups and their interactions as opposed to the specific differences between adults and children<sup>65</sup>. As a consequence the Government has given the same guidance for both adults and children, based on SAGE advice. This decision appears to prevent other public bodies, such as Public Health England, from tailoring their guidance in order to reflect the specific needs of children. The result is that young people, while at lower risk from COVID-19, are put at much greater risk of other physical or mental health issues.

64 Children's Commissioner for England: Putting children first in future lockdowns, August 2020

65 Children's Commissioner for England: correspondence with the Government Chief Scientific Officer, July 2020

## Pen portraits

Young people's health and response to COVID-19 has wider implications in their lives, including their education, employment prospects and overall levels of physical fitness.



### EDUCATION: FOOTBALL BEYOND BORDERS

The FBB Schools programme exists to ensure that young people finish school with the GCSE grades and social and emotional skills necessary to make a successful transition into adulthood. Everything we do is purposeful, intentional and committed to the outcomes of improved social and emotional competencies. To have the biggest impact we work with a range of students who are disengaged at school, come from economically disadvantaged backgrounds, and who are at risk of social exclusion.

The programme is a long term intervention for students beginning in Year 8. Working in partnership with schools to intervene early and to be present in key decision based meetings such as team around the child meetings and reintegration meetings. This includes use of a BACP qualified therapist embedded within delivery teams with weekly 'Football Therapy' one to one sessions to provide a safe space for the most at risk young people to work through the traumatic experiences which may be contributing to their challenging behaviour.

**"FBB GIVES ME AN OUTLET TO EXPRESS MYSELF. IT HAS GIVEN ME THE OPPORTUNITY TO SEE THE WORLD IN A DIFFERENT PERSPECTIVE. I CAN BE MYSELF, BUT SHARE WITH THE REST OF THE WORLD WHO I AM. I REALLY ENJOY THE DISCUSSIONS WE HAVE. IT REALLY OPENS MY EYES TO DIFFERENT PERSPECTIVES. I ALSO LOVE BEING ABLE TO SHARE MY VIEWPOINT AS WELL. GOING FORWARD, I REALLY WANT TO MAKE SURE MY MOTHER IS HAPPY. I WANT TO CHANGE THE WORLD. I WANT PEOPLE TO KNOW ME, SO I CAN USE MY POWER TO HELP EVERYONE ESPECIALLY MY MOTHER."**

**- Kenza, young person**



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## EMPLOYMENT: GROUNDWORK UK

Progress is a tailored programme of coaching and support to help young people access training and employment opportunities. It is targeted at those who are the furthest away from getting work, training or back into education. The programme provides up to 12 months of personalised, one-to-one support to young people who are most in need of a helping hand to get them on the path to a successful future.

61% of programme participants reported that lockdown has had a negative impact on their lives, with one in five reporting more severe mental health impacts that needed external support. Young people are also being set daily tasks – from exercise to creativity – to ensure that they stay engaged and focused, including receiving care packages and activity packs to keep motivated and maintain a healthy mindset during this challenging time. The main focus of support has been on participants' wellbeing and mental health, with 54% of young people surveyed receiving mental health or wellbeing support.

For young people, the most valuable aspect of the support during lockdown has been the continued contact with their Progress Coach, which has been reassuring and given them someone to talk to whenever they need it. Out of those surveyed, 95% of young people found the support they have received from their Progress Coach to be 'just right – they are always there when I need them'.

**“OUR HEALTH AND WELLBEING ARE SHAPED BY THE SOCIAL AND PHYSICAL ENVIRONMENTS IN WHICH WE LIVE AND WE ARE ALREADY SEEING THE IMPACT OF THE COVID-19 PANDEMIC ON THE YOUNG PEOPLE WE WORK WITH. LOCKDOWN HAS ISOLATED MANY YOUNG PEOPLE FROM THEIR COMMUNITIES AT A VITAL TIME IN THEIR DEVELOPMENT AND WIDENED EXISTING HEALTH INEQUALITIES. TO HELP YOUNG PEOPLE RECOVER FROM THIS EXPERIENCE AND BUILD OUR COLLECTIVE RESILIENCE TO FACE FUTURE CRISES, WE NEED TO STRENGTHEN THE SOCIAL INFRASTRUCTURE THAT WE DEPEND ON TO LIVE HEALTHY AND HAPPY LIVES. THIS WILL REQUIRE INVESTMENT IN PUBLIC HEALTH BUDGETS AND NEIGHBOURHOOD SERVICES, WITH YOUNG PEOPLES' VOICES AT THE CENTRE OF DECISION MAKING.”**

– Graham Duxbury, CEO Groundwork UK



© OnSide

## FITNESS: ONSIDE YOUTH ZONES

Lockdown restrictions had a significant impact on young people's physical health; young people often just stayed in their bedrooms, even when they were allowed one piece of exercise per day. Without access to play equipment and football pitches and basketball courts, gyms and facilities for young people who keep regularly active, for example, there was a lack of desire to go outside. Many stayed cooped up in their bedrooms with little to do – sport and exercise stimulates the brain as well as the body. With some exercise and workouts uploaded on to its social media channels, as lockdown restrictions eased, Future Youth Zone looked at creative ways to engage young people in sporting activity.

While access to the Youth Zone has been restricted, staff have set up outdoor sessions within social distancing guidelines, held gym sessions, a run club, dance and yoga classes on the park where the Youth Zone is located. Through youth work OnSide has been able to provide that someone to talk to and many are now increasing their fitness and physical health whilst doing something to support good mental health.

**“MY ROUTINE HAS BEEN HALTED MASSIVELY. NORMALLY I WOULD WAKE UP TO AND DO SCHOOL WORK BUT NOW I'M WAKING UP AND JUST LAYING IN BED. I CAN'T STAND IT. I'VE STRUGGLED WITH THE ADAPTING TO THE NEW ROUTINE. THE RUN CLUB HAS HELPED BY KEEPING ME MOTIVATED AND MENTALLY AND PHYSICALLY FIT IN THE SPORTING ACTIVITIES. I AM LOOKING FORWARD TO TAKE PART IN MORE SESSIONS AND VERY EXCITED TO PLAY ONE OF THE YOUTH WORKERS AT BADMINTON. THEY'VE REALLY HELPED ME AND KEPT ME HAPPY AND ENABLED ME TO FOCUS ON SOMETHING.”**

– OnSide, young person



## RELATIONSHIPS AND SEXUAL HEALTH

Public health messages to reduce non-essential use of NHS services impacted on young people. The closure of some smaller clinical services and walk-in clinics, combined with the closure of youth centres, schools and colleges for the vast majority, left adolescents reliant on online services. At Brook, remote delivery has included telephone services, postal services such as sending contraception, pregnancy tests and STI treatment to young people's homes and pharmacy-delivered support. However, reliance on postal delivery, for example, impacts on testing-to-treatment times and may deter some from using online services in particular with the lack of a private postal address. It also hits vulnerable groups disproportionately, who may require face-to-face consultation; the closure of smaller clinics and poor transport connections affect those reliant on public transport too.<sup>66</sup>

Difficulties in accessing Relationships, Sex and Health Education (RSHE) provision may interact with the wider psychosocial impacts of COVID-19.<sup>67</sup> RSHE providers such as Brook have been unable to deliver sessions at a crucial time (the summer term is a key moment in the school year for this) and are unlikely to be able to return to schools in 2020. Compounding this is the Department of Education announcement that RSHE can be delayed until the summer 2021, if schools wish, to give them greater time to prepare, engage with parents and deliver. This means that some young people will have over a year without any school-based education on critical topics such as healthy relationships, consent and looking after their sexual health. And this against a backdrop of complicated additional factors; relationships being interrupted, continued or initiated online and then the moments of excited reconnection and celebration as lockdown lifts and young people are reunited.

<sup>66</sup> Faculty of Public Health: Better Health For All, new sexual and reproductive health vulnerabilities in the context of COVID-19, July 2020

<sup>67</sup> Orben, Tomova and Blakemore: The effects of social deprivation on adolescent social development and mental health, 2019

Ongoing school closures combined with the closure of walk-in clinics has left school-age adolescents reliant on online or phone-based services, which may be difficult to access due to privacy issues. 76% of services that responded to the British Association for Sexual Health and HIV's (BASHH) Clinical Thermometer survey 'identified young people requiring face to face care as their top priority'. This has been in response to reduced uptake among young people of adolescent age – distinct from those aged 20-24 years, amongst whom no decrease in uptake has been noted<sup>68</sup>.

Overall, there has been a marked reduction in uptake of young people from adolescent age, distinct from those aged 20-24 where no decrease has been noted. This has increased health risks dramatically for some stopping PrEP drug use to reduce the risk for some from HIV, a fall in the use of contraception, as well as the risk of sexual exploitation<sup>69</sup> with reduced access to support networks and greater time spent at home<sup>70</sup>.

For young people in active sexual relationships, typically 13-25 years of age, there was a marked drop in attendance and limited access to clinical services (although Brook services stayed open while many others closed). This was most keenly felt with the 16-18 age group, with the closure of schools and youth centres further restricting access to such health advice and support.<sup>71</sup> In terms of young people attending clinical services, by August, numbers were returning to their pre-COVID-19 levels at Brook services, but with that came concerns about untreated STIs, late terminations and unintended pregnancies.

Lockdown disproportionately impacted on girls' and young women's access to contraception. One in ten young women aged 14-21 have not been able to access their usual form of contraception. However, this differs according to age: while 87% of 14 year olds say this is not applicable, and 4% are not able to access their usual form of contraception, only 41% of 19 year olds say this is not applicable and 18% – almost one in five girls – cannot access their usual contraception.<sup>72</sup>

### Period poverty

The closure of schools has meant that the Free Period Products<sup>73</sup> scheme is no longer available at school and a relatively small number of schools have signed up. The Department for Education scheme has not been made accessible to other community resources such as food banks or youth centres, through the school meal voucher scheme, nor is anyone proactively checking need. The Centre for Education and Youth indicate that requesting this service directly from the school during closure may be inhibited due to stigma<sup>74</sup>.

Additionally, although mandatory Relationships, Sex and Health Education (RSHE) will not come into force before September 2020 (which includes menstruation education) many girls who would have had this as part of their current school provision may not receive menstruation education this year.

<sup>68</sup> Faculty of Public Health: Better Health For All, new sexual and reproductive health vulnerabilities in the context of COVID-19, July 2020

<sup>69</sup> Shell Foundation: How to retain safeguarding measures during COVID-19, May 2020

<sup>70</sup> British Association for Sexual Health and HIV (BASHH), 2020

<sup>71</sup> Brook: clinical services user profile 50% aged 18-25 years; 27.5% aged 16-18 years; 22.5% aged 13-15 years, 2020

<sup>72</sup> Plan UK: State of girls' rights COVID report, May 2020

<sup>73</sup> Department for Education: Guidance, period products in schools and colleges in England, January 2020

<sup>74</sup> Centre for Education and Youth: Periods don't stop for pandemics, May 2020



## DIGITALLY CONNECTED

Despite feeling 'bored' most young people say they are coping 'fine' or 'well'. Where a little extra support is needed, young people are reaching out via digital platforms, especially to friends. Significantly not only are young people reaching out to others for support, they are also reaching out to offer or give support.<sup>75</sup> Almost all young people are spending an increased amount of time online and using social media at least once a day<sup>76</sup>; while also raising concerns for the digital divide for young people without access to online services, data or handsets.

<sup>75</sup> Centre for Youth Impact, analysis of 120 surveys including 56 data sets, June 2020

<sup>76</sup> Brook: Life under lockdown, survey July 2020 – 92% of young people surveyed report spending an increased amount of time online during COVID-19; 98.9% surveyed use Instagram at least once a day (the most used form of social media)

Adolescence is a period of life characterized by heightened sensitivity to social stimuli and the increased need for peer interaction. Young people are increasingly digitally connected, meaning that face-to-face social deprivation might be less impactful due to access to technologies such as social media. Therefore instead of focusing solely on time spent online and in using social media, we need to differentiate between active use that is communicative and passive uses.<sup>77</sup>

While social media can offer social connection and help tackle feelings of loneliness, it is not always a safe and happy place. Children and young people may experience online-facilitated grooming or other online harms, during a period when demand for online child sexual material is known to be on the rise<sup>78</sup>. Depressive symptoms also linked to social media use are higher among girls, and are connected to disrupted sleep (young people sleeping close to their phones, checking regularly throughout the night and screen exposure at night time affecting melatonin production and circadian rhythm).<sup>79</sup> A loss of face to face services and their replacement online was not always favoured at this early stage of the lock down. However, evidence from 50 research studies on remote mental health interventions carried out across 9 countries<sup>80</sup> shows:

- Remote forms of support can lead to positive outcomes amongst young people, including reductions in the severity of clinical symptoms, increased wellbeing, and lower levels of stigma.
- Remote interventions improved accessibility for those who struggle to access face-to-face services, such as young men, young carers, young people with disabilities, those living in remote locations and LGBTQ+ young people.
- Many young people see remote support as more accessible than face-to-face services due to its flexible timing, shorter waiting times and no need to travel for appointments.
- Young people report that remote services feel safer than in-person support, and present less of a risk of stigma and judgement.
- Young people value the increased confidentiality and anonymity of remote services, and report that it helps them feel more in control of the therapeutic relationship.
- Remote interventions are not suitable for all young people, and should not replace face-to-face services – but can be effective when offered alongside in-person support.

More research is needed to see how young people have managed over the whole period and whether the range of online platforms has proved useful to them or not. Also, addressing digital exclusion, ensuring all children have access to the technology they need to access school, therapeutic support and other services.

<sup>77</sup> Odgers, Jensen, Annual Research Review: Adolescent mental health in the digital age: facts, fears, and future directions, 2020

<sup>78</sup> NSPCC: Isolated and struggling, June 2020

<sup>79</sup> Plan UK: State of girls' rights COVID report, May 2020

<sup>80</sup> Youth Access: Remote mental health interventions for young people, July 2020



## SERVICES FOR YOUNG PEOPLE

### A trusted adult

Young people's health and wellbeing can be determined by psychological pathways through stress, material deprivation, availability of services, and health behaviours shaped by adolescence. The key social determinants of current and future health outcomes are: income and poverty; living conditions and home; family relationships, instability and state care; education levels and employability; work and unemployment, insecure and underemployment; peers and social groups.<sup>81</sup> An age-appropriate response is essential to support, sustain relationships, and strengthen support networks, with a trained and skilled trusted adult worker to provide a bridge specialist health services.

### A safe place to go to

Youth services provide a safe place to go and someone to talk to, who knows what is needed. Schools and colleges are also the fulcrum of a range of services and support<sup>82</sup>, including health specialists and school nurses. When schools and youth centres are closed, or limited to specific

<sup>81</sup> Association of Young People's Health and Health Foundation: The social determinants of young people's health, 2018

<sup>82</sup> NYA: Time Out, re-imagining schools, June 2020

years and smaller groups, there is both a need and potential to engage with outreach youth workers, to reduce the risk of social isolation and stigma from accessing health support. Yet through COVID-19, for example, school nurses have been redeployed within the health service in some cases<sup>83</sup>. At the same time too many youth workers have been redeployed by local authorities, or furloughed by charities. The closure of some smaller clinical services and walk-in clinics, left young people reliant on online services for health advice and support.

While services for young people have adapted, moving online and digital contact at an early stage of lockdown, regular contact with young people has dropped away. Many young people have been less willing to engage online or by phone, only having restricted access to technology and data or with no safe space in which to talk confidentially or disclose sensitive information. Limited contact with family social workers, health specialists and youth workers has also contributed to child protection referrals have plummeted by 50% in some areas.

### A lifeline for vulnerable young people

For many young people, in particular vulnerable young people, youth services and health providers such as Brook provide a vital lifeline. Through COVID-19 bereavement, abuse, neglect and mental ill health are adverse childhood experiences (ACEs) and increased risk factors for young people's health and wellbeing. Self-harm has become further normalised as a way to cope with emotional distress, and as an indicator of an increase in future suicides. Over a million young people have self-reported mental health issues<sup>84</sup>. Further, over one million young people face risks from any of the so-called 'toxic trio', living in households with addiction, poor mental health and domestic abuse<sup>85</sup>.

Young people's sexual health services are often the first point of contact with a professional for a young person who hasn't accessed youth services or been identified as vulnerable in other settings. This presents a vital opportunity for professionals to assess safeguarding issues, identify other issues for the young person and signpost or refer them into sources of support. This includes a key role for the voluntary sector to adapt rapidly and continue to provide face to face consultations, when it is safe to do so, and expand remote consultations. However these are often the first services to be cut as commissioners find ways to make savings to compensate for year on year cuts to public health budgets.

### Personal and social development

The pandemic has thrown into sharp relief the needs of young people, their health and wellbeing. There are concerns for poor diet and low levels of physical activity, lack of group activities and loneliness, food poverty, sexual health and emotional support. Youth work focuses on personal and social development - the skills and attributes of young people - rather than to 'fix a problem'. It can play an essential bridging role for young people, and families, to schools, social care and health services; and enables young people to take up the opportunities available to them especially for the most vulnerable young people.

Most easily recognised in youth clubs, community projects, or street work enabling access to both universal services and targeted support, there is a

<sup>83</sup> Shropshire Start: School nurses on the COVID-19 frontline, 2 June 2020

<sup>84</sup> 1,062,475 8-19 year olds; age adjusted data, source - prevalence data NHS England MH survey (2017)

<sup>85</sup> 1.16m young people (8-17) are in a household affected by any of the 'toxic trio' issues - 'Estimating the prevalence of the toxic trio' Vulnerability Report Children's Commissioner (2018).

range of other professionals and volunteer roles that include youth work skills across statutory and voluntary sector services, for young people's health and wellbeing.

### An asset-based approach

While each professional and practice has its own distinctive approach, it is important for services for young people to come together seamlessly. This goes beyond simply buying in or bolting on services. Rather to embrace an asset-based approach that supports a young person's health and wellbeing, and providing:

- Emotional support (people to lean on and relationships)
- Social capital (confidence and personal connections)
- Economic (financial and practical support)
- Skills (academic, technical and personal development)

### Ensuring the quality of provision

As we adapt to a new normal, but in the face of a global recession, we need to unlock young people's potential, their voice, influence and place in an uncertain and rapidly changing world. This will require quality assurance, safeguarding and specifically to up-skill youth workers and health support staff.

Improving the quality of practice through clear and impactful quality standards and professional development, from sharing good practice and knowledge transfer across sectors, to ensure continuous improvement is at the core of youth work practice. Professional competencies and development include the ability to make informed judgments about complex ethical and professional issues, underpinned by professional learning.

Crucially, we need to include young people directly in the evidence, decision-making and response to the challenges of COVID-19, and their health and wellbeing over the long term.

### A commitment to all young people<sup>86</sup>

Youth Covenant is 'a promise from the nation' for all young people to be safe and secure in the modern world, and treated fairly; supporting young people in the present and ambitious for their future:

- Skilled and equipped to learn and earn
- Positive health and wellbeing
- Active members of their communities
- Happy and confident in their future

## CONCLUSION

The pandemic has had a disproportionate impact on young people's health. 'Inside out' includes mental and physical health and wellbeing. It considers indoor space (home) and outdoors (parks and recreation); with restricted access to facilities and limited opportunities for group activities, including where some sports and leisure facilities and youth centres won't re-open, for example.

The lack of access or restrictions to medical support and advice is also consistent theme experienced by young people, including a lack of privacy and confidentiality or a safe space for health support, whether that is for medical advice and clinical support, or trusted adults to talk to. This has heightened concerns for risky behaviour, contraception, pregnancy, period poverty and exposure to abuse or coercion. Poor diets, lack of physical exercise and increased poverty exacerbate the problem of childhood obesity and its emotional and mental health consequences from body image to bullying and self-harm. Yet public health messages have not been well aimed at young people, with a low level (and lack) of information that is relevant to them, or seen to be trustworthy.

Through youth work and protected services for young people, support can be offered to young people as part of a joined-up approach with schools and colleges and health specialists. While each professional and practice has its own distinctive approach, it is important for services for young people to come together seamlessly.

Our recommendations support young people's health and wellbeing, with lessons to be learned as we emerge from national lockdown and prepare for potential spikes of COVID-19 and local lockdowns:

- Keeping services for young people open where it is safe to do so, with youth services classified as an essential service providing a bridge to specialist health support
- Mobilising youth workers as critical workers alongside health professionals, with significant investment in training and up-skilling in response to COVID-19
- Clear and ongoing public health messaging and guidance designed with young people to reflect their specific needs

Crucially, to take an asset, strength-based approach to secure long term investment in services for young people to empower, enable and support their positive health and wellbeing, and to be happy and confident in their future.

<sup>86</sup> Youth Covenant: published by NYA 2019; open-sourced for all services and agencies to sign up as a commitment in support of young people. It provides a common language and shared outcomes for individuals and whole communities, acting also as a guide to align funders, commissioners and services in positive outcomes for young people.



# APPENDIX ONE

## What the papers say: research and reports

1. UNICEF: Children in lockdown – rapid assessment of the impact of coronavirus on children in the UK  
[https://www.unicef.org.uk/wp-content/uploads/2020/04/UnicefUK\\_ChildrenInLockdown\\_RapidAssessment.pdf](https://www.unicef.org.uk/wp-content/uploads/2020/04/UnicefUK_ChildrenInLockdown_RapidAssessment.pdf)
2. Children’s Society: The impact of COVID-19 on children and young people  
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# APPENDIX TWO

## Youth work practice in health

Youth work is underpinned by a clear set of values and takes an asset-based approach in considering the strengths and needs of young people. The table below illustrates some youth work practice in response to characteristics that may be associated with health and wellbeing.

Characteristics	Youth work practice: asset-based approach
<b>Lack of confidence or self-esteem</b>	Positive self-image/role models/language/identity. 1:1 and group work to develop resilience and personal capacity
<b>Socially isolated/poor social skills</b>	Inclusive communication, opportunities to develop a diverse range of social skills/peer mentors/group work
<b>Self-harm, depression, victim or bullying behaviour</b>	Coping strategies/school culture/policies/peer mentors/social action/Mental Health First Aid/accredited training
<b>Addiction and risky behaviours (alcohol, drugs, gambling, offending)</b>	Interventions/early help/peer mentors/peer education/awareness/group work. Harm reduction approaches
<b>Dysfunctional family or breakdown of family relationships</b>	Family support/education of basic rights/young carers support/referrals and role models
<b>Undiagnosed difficulty (ADHD, dyslexia, hearing loss)</b>	Emotional assessment of needs (self-assessment Outcomes Star for instance), anti-discriminatory practice, reducing stigma, mentors, referrals
<b>Racism</b>	Emotional support, referrals, language and school environment, training, positive role models/social action, young people’s voices, co-design, targeted group work, awareness raising throughout (not only in the short term)
<b>Sexism</b>	Emotional support, referrals, language and school environment, training, positive role models/social action, young people’s voices, co-design, targeted group work and awareness raising, targeted work for all genders
<b>Sexuality, gender identity/ transphobia/ homophobia</b>	Emotional support, referrals, language and school environment, training, positive role models/social action, young people’s voices, co-design, targeted group work and awareness raising, Pride Month celebrations
<b>Trauma</b>	An understanding of the biological and neurological impact of trauma, and Adverse Childhood Experiences (ACEs)
<b>Bereavement</b>	Support for young people to process their grief in a way that respects and reflects individual need and includes groups of young people may experience shared losses and a reduced capacity for collectivised grief.

The table below includes key themes from the youth work curriculum, youth work practice in response to characteristics that may be associated with health and adapted across a variety of settings to support the personal and social development of young people.

Curriculum themes	Issues
<p><b>Health and wellbeing</b></p> <p>Youth workers support young people to make informed choices about how they live, approach risk and take responsibility for their own behaviour in relation to their lifestyle</p>	<p>Health and wellbeing are not just about an individual's physical, mental or emotional health but also about how these affect a young person's ability to achieve their goals or to contribute to their community or society.</p>
<p><b>Healthy relationships</b></p> <p>Youth workers support young people to make informed choices about how they live, to assess risks and to take responsibility for their own behaviour in relation to their lifestyle.</p>	<p>Health and wellbeing are not just about an individual's physical, mental or emotional health but also about how these affect a young person's ability to achieve their goals or to contribute to their community or society.</p>
<p><b>Skills development</b></p> <p>Youth work helps young people to communicate clearly, make decisions, work together and contribute to a group, planning, problem solving and organisation.</p>	<p>Youth work offers opportunities for young people to learn specific skills which, in turn, develop personal and social skills over time. It provides opportunities for them to apply and develop their interests (such as arts, cookery, music production and sports).</p>
<p><b>Financial literacy</b></p> <p>Youth work provides financial literacy education, for example, and access to further opportunities for study and employment.</p>	<p>Financial literacy and the transferrable skills of teamwork, decision making, reflection and critical thinking support young people in all aspects of their lives, including (future) employment.</p>
<p><b>Identity and belonging</b></p> <p>Youth workers support young people as they explore their own identity and how they find a sense of belonging, and guide them to additional support, if required.</p>	<p>Identity (who we are, how we think about ourselves and the characteristics that define us and make us different from others) is not fixed. It is expressed through everyday interactions, how we relate to others and the role models who we look up to. During adolescence, the process of identity formation often involves conflicts and contradictions as neurological developments add an extra layer of complexity.</p>



Brook is the only national charity to offer both clinical sexual health services and education and wellbeing services for young people. We believe in a society where all young people are free to be themselves. In 2019/20 we helped more than 1.4 million young people through our face-to-face and online services. At Brook we are continually adapting and improving to help meet the needs of young people. Our strategic plan includes:

**Challenging inequality** - Young people tell us that they want a society that recognises their right to healthy relationships and open conversations about sex and sexuality. We will champion their campaign and work together to challenge stigma, shift attitudes and effect meaningful change.

**Increasing accessibility** - We want our services, provision and products to be accessible to all young people, including those who may be vulnerable or experiencing disadvantage, discrimination or isolation. We know that arming young people with knowledge and awareness helps them to make informed choices and manage their own wellbeing

**Transforming digitally** - We want young people and professionals to access our services and products in ways that best suit them. Digital solutions will play a vital role in increasing our reach and providing a greater number of effective interventions.

**Driving Innovation** - We are committed to being at the forefront of young people's evolving needs. Utilising robust internal data and externally available evidence, we will ensure our services and products respond to the changing demands of service users and stakeholders.

### More from Brook

[Brook's strategy](#) - strategic plan 2020-23

[Learning and Impact](#) - Brook's 2019/20 success report

[Clinical Services](#) - more about Brook clinical services

[Education and Training](#) - more about Brook education services

NYA is the national body for youth work in England (Professional, Statutory and Regulatory Body) and the lead partner for Government, the Local Government Association, national youth organisations and non-governmental bodies (in teaching, policing and social care).

We offer contextualised advice and guidance to support youth work in response to COVID-19 and publish regular updates (in partnership with UK Youth and the Federation of Detached Youth Work), found at: [www.youthworksupport.co.uk](http://www.youthworksupport.co.uk)

Formal guidance has also been published on the level of youth sector activities permitted at the different stages of the pandemic and is kept under review in line with government guidelines agreed by DCMS and Cabinet Office: [Managing youth sector activities and spaces during COVID-19](#)

### More from NYA

[Out of Sight?](#) - Vulnerable young people, April 2020

[Hidden In Plain Sight](#) - Gangs and exploitation, May 2020

[Time Out](#) - Reimagining schools, June 2020


[Call for key worker status](#) - Youth work response to COVID-19, July 2020


[Quality Mark](#) - built on the National Occupational Standards for youth work



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