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# Protecting the mental wellbeing of our future generations: learning from COVID-19 for the long term

A Mental Wellbeing Impact Assessment Approach

Main Findings Report



Nerys Edmonds, Laura Morgan, Huw Arfon Thomas, Michael Fletcher,  
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## Main Findings Report

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### Members of the Strategic Advisory Group

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# Young People's Top Tips for Coping with Lockdown

We asked the young people who participated in the MWIA to tell us what they would advise another young person to do in the future to cope and look after their mental wellbeing in a lockdown. Here is what they told us along with key findings from studies with young people.

## Keeping in touch with family and friends



"Provides support around you and keeps you going"

"Zoom as much as possible with friends"

## Leisure activities and hobbies



"Find time to spend with yourself and develop a hobby. Take time to yourself and turn that into a positive."

"Have something to keep you busy to keep you happy."

## Maintaining a routine and structure to the day

"Write up a schedule ... and keep a routine."



## Keeping physically active

"Try to keep as active as possible within the rules."



## Seeking help and support when needed



"Don't be afraid to say how you are feeling, don't 'bottle' things up, and talk to others."

## School work activities



"Don't stress about assignments, take a day off, go for a walk or spread your workload out over the week and maybe even on weekends to take the pressure off."

## Connecting with a pet



## Creative and arts activities



## Learning new skills

"Make yourself do something that you haven't done before, this gives you a sense of control."



"Do stuff you have not done before, use the time to do something to help your future, don't waste all the time."

## Going outdoors and contact with nature

"Get out and appreciate green space every day, find something meaningful."



## Thinking strategies



"Believing in yourself is very important in this difficult time, and if you are self-isolating you need to have your back more than anybody else."

"set a goal for the day."

## Cooking healthy meals



## Following infection control guidelines





“It wasn’t just me, but others going through it all around the world ... Reflecting on the message ‘we are all in this together’ helped me.”  
(Young person who participated in a MWIA workshop in spring 2021)

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# 1 Introduction

**On the 30th January 2020 the World Health Organization (WHO) declared that COVID-19 had met the criteria of being a Public Health Emergency of International Concern (PHEIC) and on the 23<sup>rd</sup> March 2020 the UK Prime Minister declared a moment of national emergency and people were instructed to “stay at home” except for essential shopping, medical need and exercise once a day (UK Government, 2020). In Wales, all schools closed from the 20<sup>th</sup> March 2020 (Welsh Government, 2021) and due to the “Stay at Home” policy young people were unable to meet with friends to play, exercise or socialise; visit family living outside their home or local area; and playgrounds, leisure and community centres were closed (Green et al., 2020).**

Social distancing requirements across the whole of society were recognised as having the potential for significant impacts on the healthy psychosocial development of young people<sup>1</sup> (Orben et al., 2020). In spring 2020, it was acknowledged that there were likely to be major impacts on the mental health and wellbeing of young people, however, there was a lack of evidence to inform policy (Welsh Parliament Children, Young People and Education Committee, 5 May 2020).

A Health Impact Assessment (HIA) on the *‘Staying at Home and Social Distancing policy in Wales in response to the COVID-19 pandemic’* published in June 2020 identified a potential major negative effect on the mental wellbeing of young people (Green et al., 2020). As a result, the Wales Health Impact Assessment Support Unit (WHIASU), part of the WHO Collaborating Centre on Investment for Health and Wellbeing, Public Health Wales has undertaken a Mental Wellbeing Impact Assessment (MWIA) to examine how the mental wellbeing of young people aged 10 to 24 years in Wales has been impacted to date by the COVID-19 pandemic and the associated policy responses.

Learning from the COVID-19 pandemic in relation to the impact of public health emergencies and major disruptions on the mental wellbeing of young people is important, not only to inform the ongoing response to COVID-19, but also future pandemic and emergency preparedness, for example, for the declared Welsh climate emergency.

The MWIA aims to:

- Support current and future policy makers across government, education and service providers, and wider civil society by providing an assessment of the evidence of impacts on mental wellbeing in order to better inform policy and practice. The ultimate goal being to promote and protect the mental wellbeing of young people in Wales in the recovery from the pandemic and for the long-term.

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<sup>1</sup> In this report the term “young people” will be used to cover all those aged 10–24 years, which is a term used by WHO and others to combine adolescents and youth (See Glossary). “Young adult” is used when referencing those aged 16-24.

This will be achieved through:

- Identifying both positive and negative impacts and the groups of young people for whom there have been disproportionate negative impacts.
- Enhancing understanding of the protective factors for mental wellbeing and the need for a cross sector response to improving young people's mental wellbeing in Wales.
- Providing evidence and insights to inform the design of cross sector policies and interventions to support the recovery and mitigation from the effects of the pandemic.
- Identifying learning to inform future pandemic and emergency planning and response measures.

MWIA focuses on both **positive and negative impacts** and this was important to the young people who participated in online workshops<sup>2</sup> as part of the MWIA, who noted that messages focused on negative impacts on young people and "*lost time*" were not helpful to them. Young people have not been passive in response to the pandemic, and this report includes evidence on the coping strategies, activities, insights and capabilities that young people have developed in this time.

There are a number of important factors to take account of when examining the impacts of the COVID-19 pandemic on young people's mental wellbeing. These include:

- Longstanding concerns about the mental wellbeing of young people and access to mental health services in Wales and the UK (The Children's Society, 2020; Ford et al., 2021; Welsh Parliament, 2020).
- Pre-existing inequalities and inequities in levels of mental health and wellbeing (See Technical Report).
- An evolving evidence base on the impacts of the global COVID-19 pandemic on young people, with many studies providing a "snapshot" of mental wellbeing or protective factors at any one point in time. Whilst it is possible to draw some insights from evidence from previous pandemics, outbreaks, and disasters (Brooks et al., 2020; Centre for Mental Health, 2021; Williams, 2020) the COVID-19 pandemic has unique features which limit it as an approach. For example, whole of society lockdowns, shared experiences of social distancing and isolation; length of school closures; and use of digital technology for maintaining social contact/education (Loades et al., 2020).

At the time of writing many of the restrictions of the earlier phases in Wales have been lifted, but life remains far from "normal" for young people; very high levels of COVID-19 cases have caused further periods of isolation and disruption to education and social connectivity over the autumn and winter of 2021/22 (BBC Online, 2021a; Welsh Government 2022). In the week before the Christmas break in 2021 9.2% of pupils in secondary schools in Wales were absent for a known COVID-19 related reason, this rose to 16.2% (almost 25,000 pupils) on the 7th January 2022 (Welsh Government 2022). This high level of absence subsequently reduced to just over 1% by mid-February 2022 (Welsh Government 2022) as the Omicron wave of the pandemic stabilised (Welsh Government 2022a). There is a vaccine programme in place for 12-15 year olds and more recently agreed for those aged 5- 11 (Wise, 2022). All of which highlight that the impacts of the COVID-19 pandemic on young people are still very much evolving.

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2 See BOX 1 of the Technical Report

## 2 Methodology

**MWIA is a Health Impact Assessment tool that is focused on factors that promote and protect mental wellbeing at population level. MWIA provides a structured and systematic process to identify impacts on mental wellbeing of policies, programmes, services and projects (Cooke and Stansfield, 2009) and it focuses on population groups who may experience health inequalities with an emphasis on those most at risk of poor mental wellbeing (Cooke et al., 2011). The process aims to ensure that policies and programmes have a “maximum equitable impact on people’s mental wellbeing” (Cooke et al., 2011, p.1), by strengthening positive impacts, preventing or mitigating harmful impacts, and reducing inequalities.**

The assessment framework for MWIA is structured around the following key protective factors:

- Enhancing a sense of control
- Increasing resilience and community assets
- Facilitating participation and inclusion
- Social determinants of mental wellbeing

A detailed assessment framework enables a comprehensive consideration of factors that protect mental wellbeing at individual, community and structural levels – including the social determinants of mental wellbeing such as economic security, education, environment, housing, and tackling discrimination (see Table 1 below). The MWIA framework has many synergies with the NEST<sup>3</sup> Framework recently launched by the NHS Wales Health Collaborative (2021) and the consensus statement on adolescent wellbeing from the United Nations Technical Working Group on Adolescent Health and Wellbeing (Ross et al., 2020). An overview of the process and methods used in the MWIA can be found in Box 1. A detailed description of methods including screening report, key scoping decisions, literature review protocol and online workshop methodology and evaluations are available online in the Technical Report. The MWIA was participatory and comprehensive and was carried out between November 2020 and September 2021.

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<sup>3</sup> The [NEST/NYST](#) Framework is a planning tool for Regional Partnership Boards that aims to ensure a ‘whole system’ approach for developing mental health, wellbeing and support services for babies, children, young people, parents, carers and their wider families across Wales.



Table 1: MWIA Assessment Framework from the MWIA Toolkit (Cooke et al. 2011).

| Are specific protective factors being addressed appropriately – at the individual and community level? |  |   | Are the wider structural determinants being considered?             |
|--|--|---|---|
| Enhancing Control  | Increasing Resilience and Community Assets                 | Facilitating Participation and Inclusion    | Wider Determinants  |
| <b>Individual level</b>  | <b>Individual level</b>                                    | <b>Individual level</b>                     | <b>Often at a socio-economic / environmental / structural level</b> |
| A sense of control   | Emotional wellbeing  | Having a valued role                        | Access to quality housing   |
| Belief in own capabilities and self-determination  | Ability to understand, think clearly and function socially | Sense of belonging                          | Physical environment  |
| Knowledge, skills and resources to make healthy choices  | Have beliefs and values                                    | Feeling involved                            | Economic security   |
| Maintaining independence   | Learning and development                                   | <b>Community / organisation level</b>       | Good quality food   |
| <b>Community / organisation level</b>  | Healthy lifestyle  | Activities that bring people together       | Leisure opportunities   |
| Self-help  | <b>Community / organisation level</b>                      | Practical support                           | Tackling inequalities   |
| Opportunities to influence decisions   | Trust and safety   | Ways to get involved                        | Transport access and options  |
| Opportunities for expressing views and being heard   | Social networks and relationships                          | Accessible and acceptable services or goods | Local democracy   |
| Workplace job control  | Emotional support  | Cost of participating                       | Ease of access to high quality public services                      |
| Collective organisation and action   | Shared public spaces                                       | Conflict resolution                         | Access to education   |
| Resources for financial control and capability   | Sustainable local economy                                  | Cohesive communities                        | Challenging discrimination  |
| Other?   | Arts and creativity  | Other?                                      | Other?  |

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### Box 1: MWIA Summary of Process and Methods

**Screening** – initial desktop assessment conducted by the MWIA Working Group (WG) with additional input from the Research and Evaluation Division, PHW and informed by rapid literature scoping (November 2020)

**Literature Review** – commissioned from Alma Economics (November 2020)

**Strategic Advisory Group (SAG)** - established November 2020

**Scoping** – conducted with SAG involvement (December 2020)

**Population Mental Health and Wellbeing Profile** – quantitative baseline data of pre-pandemic indicators of population mental wellbeing (March 2021)

**Stakeholder evidence** – qualitative data gathered via four virtual workshops with teachers (n= 22); and three online workshops with young people (n=12). Conducted March / April 2021.

**Literature review published** – June 2021 (Alma Economics, 2021)

**Additional literature gathered** – February 2021 to end of September 2021

**Initial appraisal of the evidence** – carried out by the WG May/June 2021

**Stakeholder involvement** – presentation of literature review and discussion at a number of stakeholder meetings

**Identification of positive and negative impacts** - presented to the SAG in June and November 2021

**Identification of indicators** – Discussed with the SAG in November 2021. See Section 9 and Technical Report.

**Report and recommendations** – Report produced

**Evaluation** – Ongoing - see Section 10

## 2.1 Introduction to the appraisal and identification of impacts

MWIAs can identify positive impacts or opportunities for mental wellbeing, and negative impacts, including the unintended consequences of policies, and areas for action (Cooke et al., 2011).

The MWIA identifies and characterises the impacts based on three key sources of evidence:

- **Population mental health and wellbeing profile:** utilising health intelligence and other data so that the relevance and significance of impacts can be understood. The complete profile can be found in the Technical Report.
- **Literature review:** using high quality, relevant research evidence available including peer reviewed and preprint studies, survey data and grey literature. Further details on the literature review approach can be found in Technical Report.
- **Stakeholder evidence:** qualitative data from young people, teachers, lecturers and other key stakeholders is utilised to understand the nature of their experiences and priorities that are often not visible from quantitative data alone. It provides an opportunity for participation in the MWIA and enables early identification of possible impacts that may not have yet been noted in peer-reviewed research.

This evidence has been analysed and triangulated to identify and describe the nature of the impacts. In terms of weighting the evidence, research from peer reviewed journals and the literature review forms the basis of identifying impacts. Stakeholder evidence has been triangulated with this to add depth and understanding of the impacts experienced and provide insight into any issues which may not yet have been captured in published research.

For each impact a descriptor is given using the definitions in Table 2 and Table 3. Codes have been used to refer to each source of evidence in the report. Due to the novel nature of the pandemic, the unprecedented society wide response, and the evolving evidence base with limited longitudinal data available, no timeframes, scale or intensity of impact have been characterised for each impact. However, where data is available that provides evidence of impact over time (e.g. studies tracking outcomes over the course of the pandemic) this is discussed in the relevant narrative.

**Table 2: Impact definitions**

| Nature of impact     |   |
|----------------------|---|
| Positive/opportunity | Impacts that are considered to improve mental wellbeing or provide an opportunity to do so. |
| Negative             | Impacts that are considered to diminish mental wellbeing.                                   |

**Table 3: Evidence coding**

| Code | Evidence source  |
|------|--|
| LR   | Evidence from the literature review  |
| YP   | Qualitative evidence provided by young people who participated in workshops conducted for the MWIA           |
| TE   | Qualitative evidence provided by teachers and lecturers who participated in workshops conducted for the MWIA |

The appraisal section that follows is structured around the assessment framework as detailed in Table 1. It starts with exploring any disproportionate impacts on **specific population groups**, and then addresses **impacts on the social determinants of mental wellbeing**. Each of the **protective factors** and their related components<sup>4</sup> are then discussed in turn at an **individual and then community level**.

<sup>4</sup> Not every component was assessed in this MWIA, the process of prioritisation is discussed in the Technical Report.

# 3 Population groups



The COVID-19 pandemic has undoubtedly impacted every young person in Wales via whole of society health protection measures such as lockdowns, schools and college closures, social distancing and the requirement to isolate if symptomatic or infected with COVID-19. Therefore, many of the impacts identified in this report are potentially relevant to all young people in Wales, however, evidence is currently lacking to estimate the scale, intensity and duration of most impacts at population level.

This chapter provides an impact summary for the evidence appraised on specific population groups who were identified via the literature review and stakeholder engagement as having a pre-existing vulnerability to adverse impacts on mental wellbeing and / or who may have experienced disproportionate negative impacts during the COVID-19 pandemic.

## 3.1 Summary of Impacts

An overview of the impacts on different population groups can be found in Table 4.

**Table 4: Impacts on Population Groups**

| Population Groups  | Nature of Impact | Type of Evidence <sup>5</sup> | Description   |
|--|------------------|-------------------------------|---|
| <b>Age – young adults compared to all other adult age groups</b> | Negative         | LR                            | Studies (with pre pandemic baselines) find that young adults have experienced a greater deterioration in their mental health and wellbeing than other adult age groups.   |
| <b>Sex/Gender - young women aged 16-24.</b>                      | Negative         | LR                            | Strong evidence of women having a steeper increase in both lower wellbeing and mental disorder.   |
| <b>Black, Asian and other minority ethnic groups</b>             | Negative         | LR: TE                        | Mixed ethnicity associated with higher anxiety scores in young people at secondary school or university in Wales compared to white ethnicity. Asian ethnicity in primary school children was associated with less emotional difficulty. Higher levels of presentations of self-harm, suicidal thoughts, depression and anxiety reported by online support service. Evidence from adult surveys in Wales suggest greater feelings of anxiety and isolation and more worries about mental health and finances. Negative impacts on protective factors and social determinants. Barriers to access to services identified. |

<sup>5</sup> Key to evidence sources: LR= Literature Review; YP = qualitative evidence from young people who participated in the MWIA; TE = qualitative evidence from teachers and lecturers who participated in the MWIA

| Population Groups  | Nature of Impact | Type of Evidence <sup>5</sup> | Description   |
|--|------------------|-------------------------------|---|
| <b>Young people living in low income households</b>                      | Negative         | LR                            | A range of negative impacts on the protective factors for mental wellbeing. Parental stress and rates of emotional, behavioural and attentional symptoms in children aged 4 -16 have been observed as being significantly higher in low income families across the pandemic with less recovery since the end of the 2021 lockdown (April 2021) compared to average rates.           |
| <b>Young people with Additional Learning Needs (ALN)</b>                 | Negative         | LR:TE                         | A range of negative impacts on the protective factors for mental wellbeing. Parental stress and rates of emotional, behavioural and attentional symptoms in children aged 4 -16 with ALN have been observed as being higher across the time period of the pandemic with less recovery since the end of the 2021 lockdown (April 2021) compared to average rates.                    |
| <b>Lesbian, gay, bisexual and transgender and questioning + (LGBTQ+)</b> | Negative         | LR:TE                         | Studies have reported worsening mental health and wellbeing for LGBTQ+ young people during the pandemic and negative impacts on protective factors including isolation, being separated from important "identity based" social relationships, services and support groups, and potential to be at home in lockdown with unsupportive families.                                      |
| <b>Young people experiencing Adverse Childhood Experiences (ACEs)</b>    | Negative         | LR:TE                         | Evidence of increases in young people witnessing domestic abuse, harm from domestic abuse in young people's relationships, and reports of rises in physical abuse towards children and child physical abuse-related injuries seen in hospitals. The pandemic has also disrupted key protective factors and systems that are important in prevention and early intervention of ACEs. |
| <b>Young people not in Education, Employment or Training (NEET)</b>      | Negative         | LR:YP:TE                      | There is strong evidence that there has been a major negative impact on young people's employment to date during the pandemic. Experiences, skills and capabilities that are important for pathways into employment have also been impacted.  |
| <b>Young people with mental health problems</b>                          | Negative         | LR:YP:TE                      | Strong evidence of an increase in prevalence of mental health problems; demand for mental health services; and barriers to accessing help during the pandemic.  |
| <b>Young carers</b>  | Negative         | LR:TE                         | Evidence of additional responsibilities and demands on young carers, alongside greater anxieties linked to protecting vulnerable family members from COVID-19. School closures also meant a loss of important routines and respite and over half of young carers in one survey reported having felt overwhelmed and stressed.   |

| Population Groups  | Nature of Impact | Type of Evidence <sup>5</sup> | Description  |
|--|------------------|-------------------------------|--|
| <b>Care experienced young people</b>   | Negative         | LR                            | Significant additional impacts for children in residential care and disruptions to placements and formal and informal support. Some adoptive families report emotional and behavioural problems.   |
| <b>Young people at risk of offending or within the criminal justice system</b> | Negative         | LR                            | Disruptions and significant delays in court proceedings. For those in detention, concerns about lack of access to education, long periods of isolation in cells and lack of contact from family and friends which all have negative consequences for mental wellbeing.   |
| <b>Young people affected by, or at risk of homelessness</b>                    | Negative         | LR                            | Increased risk factors for youth homelessness including financial insecurity and unemployment, along with social distancing and lockdown rules limiting options for informal accommodation. Young people affected by homelessness during the pandemic are likely to have faced detrimental impacts on key protective factors for mental wellbeing.   |
| <b>Recently arrived foreign nationals, and refugee and asylum seekers</b>      | Negative         | LR:TE                         | Increased risks of isolation and poor mental health. Barriers to access to services.   |
| <b>Young people affected by shielding</b>                                      | Negative         | LR                            | It is likely that young people affected by shielding have experienced greater negative consequences for their mental wellbeing due to lengthy periods of isolation from peers, extended family, community activities and elevated safety concerns. Evidence available to date shows that children aged 2–17 identified as Clinically Extremely Vulnerable (CEV) in Wales had a statistically significant higher prevalence (2%) of new diagnoses or prescriptions for anxiety/ depression during the pandemic compared to the general population (1%), but there was no difference between children in shielded households and the general population (Cowley et al., 2021). |
| <b>Young people affected by bereavement</b>                                    | Negative         | LR                            | Children experiencing the death of a loved one by any cause may have experienced additional impacts on their mental wellbeing due to being less able to visit unwell relatives in hospitals or care home; reduced access to in person emotional support from family and friends during lockdowns; and important practices that support the grieving process being disrupted.   |

| Population Groups  | Nature of Impact | Type of Evidence <sup>5</sup> | Description   |
|--|------------------|-------------------------------|---|
| <b>Lone parent families</b>  | Negative         | LR                            | Potential added stressors for young people and families during the pandemic including higher likelihood of living on a low income; increased parental stress; and the potential for increased anxiety for young people due to the disruptions caused by the pandemic to shared care arrangements.   |
| <b>Young people with parents who are key workers</b>   | Negative         | LR                            | Key workers have had higher depressive and anxiety symptoms than non-key workers during the pandemic, and one study identified a higher rate of anxiety and depression in young people where a parent was a key worker during the pandemic.   |
| <b>Young people in areas of higher rates of infections / severity of outbreak and longer periods of lockdown</b> | Negative         | LR                            | Some evidence that for adults in the UK living in a local lockdown area was significantly associated with greater mental health deterioration during the pandemic. A number of pathways could potentially lead to a greater negative impact on mental wellbeing, including a greater degree of anxiety and lack of feeling of safety, greater likelihood of exposure to COVID-19 infection and isolation, and longer length of exposure to social distancing and lockdowns. |

## 3.2 Age groups

### Age – young adults compared to all other adult age groups

Studies consistently find that young adults have experienced a greater deterioration in their mental health and wellbeing compared to other adult age groups (Rodríguez, 2021; Daly et al., 2021; ONS, 2020a, 2021; Hughes et al., 2021; Glowacz and Schmits, 2020). Young adults had the highest levels of loneliness in Wales before the pandemic (see section 6.9) and also reported higher levels of loneliness (Hughes et al., 2021; Lisitsa et al., 2020) during the pandemic compared to all other adult age groups. They have also been most affected by rises in unemployment (Wilson and Finch, 2021).

## 3.3 Sex and Gender

Measures of mental wellbeing and mental disorder collected during the pandemic tend to reflect pre-existing differences, with higher rates of emotional symptoms for girls (James et al., 2021a; Shum et al., 2021), adolescents and young women (Hughes et al., 2021; ImpactEd, 2021; James et al., 2021a; Jones et al., 2021; Meherali et al., 2021) and higher rates of behavioural and attentional difficulties for boys (Shum et al., 2021). Studies tracking children through the pandemic have found that changes over time in behavioural, emotional, and attentional difficulties over the duration of the pandemic have been similar for boys and girls (Shum et al., 2021). For all young people aged 6-16 there was an increase in probable mental disorder between in 2017 and 2021 for boys and girls (NHS Digital, 2021). There is some evidence that girls were more anxious and worried about returning to school (ImpactEd, 2021).

Amongst those aged 17 to 19 years, rates of probable mental disorder rose from 10.1% in 2017 to 17.4% in 2021. The increase was significant in young women of this age (from 13.4% in 2017 to 24.8% in 2021), but not in young men (NHS Digital, 2021). Rates of possible eating problems also rose significantly in young women between 2017 and 2021 (NHS Digital, 2021) (see Section 3.10 below). For studies in adults over 16, longitudinal studies find that the gap in both wellbeing measures and measures of mental disorder has increased during the pandemic, with women having a steeper increase in both lower wellbeing and mental disorder (Rodríguez, 2021; Daly et al., 2021).

### 3.4 Ethnicity

There are limitations in the current categorisations and sampling of ethnic groups in research which do not always enable robust comparisons between groups to be made. Groupings of ethnic groups into one category does not fully represent the complexities of identity, experience and socioeconomic living conditions of many young people relevant to measuring and understanding mental health outcomes.

There are mixed findings so far on the impact of ethnicity on mental health and wellbeing outcomes during the pandemic for young people. One survey in Wales found that Asian ethnicity in primary school children was associated with less emotional difficulty and mixed ethnicity associated with higher anxiety scores in young people at secondary school or university in Wales compared to white ethnicity (James et al., 2021b). A cross sectional study (Levita et al., 2021) of 2002 young people aged 13-24 in the UK in April 2020 (Asian/Asian British 11.3%; Black / African / Caribbean / Black British 5.6%; Mixed / Multiple ethnic groups 5.8%; White 75.8%) found similar scores across ethnic groups on a range of measures including wellbeing, anxiety and depression. In a study in England with a 2019 baseline, students from Black, Asian and minority ethnic groups did not report poorer mental health or wellbeing compared to white students and did not report higher COVID-19 worry during lockdown compared to white students. Black, Asian and minority ethnic students showed a reduction in anxiety during lockdown but showed no change in levels of depression or wellbeing (Widnall et al., 2020).

Levels of abnormal emotional and hyperactivity symptoms scores on Strengths and Difficulties Questionnaire (SDQ – see glossary) were lower in 2019 for “other ethnic groups” than the “British” groups, and did not rise significantly during 2020 (Alma Economics, 2021). Rates of probable mental disorder increased more for children aged 6 -19 in the white ethnic group between 2017 and 2021 (from 13.5% to 20.1%) compared to children in the single category minority ethnic group (where a number of minority ethnic groups are combined) (5.8% in 2017, 7.5% in 2020, and 9.7% in 2021) (NHS Digital, 2021). However, both of these findings are limited by combining ethnic groups.





Kooth<sup>6</sup> (an online mental health service provider) has reported significantly higher levels of presentations of self-harm, suicidal thoughts, depression and anxiety in Black, Asian and minority ethnic youth than white service users in 2020 compared to the same time period in 2019 (Kooth, 2020). Evidence from adult surveys in Wales suggest greater feelings of anxiety and isolation in Black, Asian and minority ethnic groups and more worries about mental health and finances. However, Black and minority ethnic respondents were also engaging in more prayer and mindfulness activities, which can support mental wellbeing (Hardcastle et al., 2020a). Longitudinal studies on mental health outcomes in adults during the pandemic find a greater detrimental impact on mental health in Black, Asian and minority ethnic groups in Wales compared to those with White British ethnicity (Rodríguez, 2021).

There is evidence of negative impacts on both risk factors and protective factors that indicate a potential adverse impact on mental wellbeing, however, there is a need to be mindful of the diversity of experience and circumstances of children from Black, Asian and other minority ethnic groups. Adverse impacts on risk factors include greater levels of job and income loss (Suleman et al., 2021; Welsh Government, 2020; Wilson and Finch, 2021); higher increase in food insecurity in some ethnic groups (Suleman et al., 2021); a higher likelihood of living in overcrowded housing (Welsh Government, 2020). People from minority ethnic groups and younger adults were most likely to report experiences of discrimination during the pandemic (Fancourt et al., 2021).

Potential negative impacts on protective factors include a potential for greater occupational exposure and death rates from COVID-19 for some ethnic groups (ONS, 2020b; Platt and Warwick, 2020), which may impact feelings of safety. Young people from Black, Asian and minority ethnic groups in Wales were less likely than white Welsh or white British Children to say they felt safe ‘most of the time’ in May 2020 (Children’s Commissioner for Wales, 2020) and one study has identified greater anxiety and depression in young people where a parent was a key worker during the pandemic (Levita et al., 2021). Young people from Black, Asian and minority ethnic communities in Wales were also more likely to say they were worried about their family having enough food, more likely to be playing less, less likely to be exercising outdoors and were less likely to say they felt happy ‘most of the time’ during the first lockdown in 2020 (Children’s Commissioner for Wales, 2020). In addition, this group had more worries about falling behind in education and how their exam results could be affected (Children’s Commissioner for Wales, 2020). Stakeholders from the Black, Asian and minority ethnic communities in Wales have also spoken about raised anxieties that disruptions in the education system, predicted grades and home-schooling may disproportionately impact educational outcomes (Welsh Parliament, 2020a).

Children aged 7-11 from Black, Asian and minority ethnic minority backgrounds were less likely to say they knew how to get support to feel happy and well (Children’s Commissioner for Wales, 2020). A lack of culturally appropriate mental health support and mental health information in different languages have been identified as a key barrier to enable young people from BAME background accessing mental health support effectively (Welsh Parliament, 2020a; TE).

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6 Kooth.com – online mental health support provider for young people

### 3.5 Young people living in low-income households

Population mental health data from England indicates that prior to the pandemic young people living in low-income families had higher rates of mental disorder (NHS Digital, 2018). Data from Wales indicates lower mental wellbeing in young people with low family affluence (Page et al., 2021). During the COVID-19 pandemic, household income changes including falling behind with bills, not being able to afford to buy food and using a food bank were all associated with higher rates of mental disorder in children aged 6-16 (NHS Digital, 2021). Parental stress and rates of emotional, behavioural and attentional symptoms in children aged 4-16 have been observed as being significantly higher in low income families across the pandemic with less recovery since the end of the lockdown in spring 2021 compared to average rates (Creswell et al., 2021; Skripkauskaitė et al., 2021; Hu and Quian, 2021). In samples of adults aged 16 and above in Wales, there is strong evidence from longitudinal representative data that those on lower income have experienced a greater negative impact on their mental health and wellbeing (Rodríguez, 2021).



Data from studies conducted in the pandemic indicate less access to, and negative impacts on, protective factors for children from low income families. In primary school children aged 8-11 in Wales, those on free school meals (FSM) did less physical activity, felt less safe in their local areas, and had a greater decline in perceptions of school competency than the overall sample during lockdown in spring 2020 (James et al., 2021b). In England, secondary school pupils eligible for Pupil Premium were more worried about falling behind on their schoolwork as a result of COVID-19 than their peers, were less likely to say they had developed a routine for learning, got help from their family and say they understood the schoolwork that they have been set (Impact Ed, 2021).

Pressures on key living costs place additional stress on parents, which directly impacts children's mental wellbeing (Action for Children, 2020) (See Section 5.3.2). A significant proportion of Year 6 children in Wales were worried about having enough to eat (See Section 4.7). Income inequalities in the home-learning environment during periods of home schooling, including less access to digital learning resources and internet connectivity, also risk impacting longer term mental health and wellbeing outcomes by exacerbating existing education attainment gaps (Chaabane et al., 2021; Welsh Parliament, 2020b; TE).

In August 2020 31% of people with children under 18 were facing redundancy compared to only 7% of people without children under 18 (Citizens Advice cited in Action for Children, 2020). Relative child poverty is likely to increase in the long-term, after a temporary drop-off due to the cushioning effect of the government's coronavirus measures on the finances of many low-income families with children (Action for Children, 2020). In terms of employment, there is strong evidence that young people aged 16-24, have been disproportionately impacted by the COVID-19 pandemic (Sehmi and Slaughter, 2021; Suleman et al., 2021) (See also Section 3.9 on NEET).

### 3.6 Young people with Additional Learning Needs (ALN)

Prior to the pandemic children with ALN had higher rates of mental disorder (NHS Digital, 2018). Parental stress and rates of emotional, behavioural and attentional symptoms in children aged 4 -16 with ALN have been observed as being significantly higher across the time period of the pandemic with less recovery since the end of the 2021 lockdown compared to average rates (Creswell et al., 2021; Skripkauskaitė et al., 2021). Longitudinal data indicates that rates of mental disorder have increased between 2017 -2021 for young people with special educational needs (NHS Digital, 2021).

In a cross-sectional survey of Canadian children and adolescents, those with Autistic Spectrum (ASD) diagnoses were reported to have the greatest deterioration in depression, irritability, attention, and hyperactivity. The authors suggest that this may be due to several factors, including the termination of school-based services (including therapeutic services) for children with ASD, in conjunction with challenges associated with online learning, the closure of respite care services, and disruptions to daily routines (Cost et al., 2021).

In May 2020, young people with disabilities in Wales reported more negative outcomes to nearly all survey questions in the “Coronavirus and Me” survey (Children’s Commissioner for Wales, 2020a). Young people with disabilities were more likely than non-disabled young people to say they were: worried about coronavirus; sad; didn’t feel safe or confident with learning. They were also more likely to say they needed more help with learning and getting food.

Schools have reported that community-based learning (such as shopping and travel training), and life skills development such as volunteering, work experience and outdoor activities were not taking place that help pupils to prepare for adult life and independent living (TE; Ofsted, 2020).

Other stakeholders report a range of negative impacts on the protective factors for mental wellbeing on young people with ALN (Welsh Parliament, 2021; Welsh Parliament, 2021a; Welsh Parliament, 2021b) including: reduced or lost access to key support and therapeutic services (Family Fund, 2021; TE); knowledge and skills for healthy living, particularly loss of routines (Barnardo’s, 2020) and opportunities to develop independence (Ofsted, 2020; TE).

### 3.7 Lesbian, gay, bisexual and transgender and questioning + (LGBTQ+)

Lesbian, gay, bisexual and transgender and questioning people had a higher risk of poor mental health and wellbeing before the pandemic (Widnall et al., 2020) and a higher risk of self-harm and suicide (Welsh Government, 2015). Young people who said that neither male or female described them scored lower on a range of mental wellbeing scales and had higher emotional symptoms and loneliness before the pandemic (Page et al., 2021). A survey of secondary school children in Wales carried out between September 2020 and February 2021 found that respondents who preferred not to state a gender had higher anxiety scores than those who identified themselves as a boy or girl, (James et al., 2021a). A number of cross-



sectional studies have reported worsening mental health and wellbeing for LGBTQ young people during the pandemic (Hoyt et al., 2020; Just Like Us, 2021).

Key negative impacts on protective factors for LGBTQ young people during the pandemic have included isolation and being separated from important “identity based” social relationships, connections, services and support groups (Fish et al., 2020; YP: TE). Studies also highlight the impacts on mental health and access to support for those who have been spending more time at home with families who may not be aware of their sexual identity, may not be supportive, or in some cases, are actively hostile (Fish et al., 2020; Just Like Us, 2021; Sachs and Rigby, 2020; Welsh Parliament, 2020b).

### 3.8 Young people experiencing Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are a major risk factor for poor mental wellbeing and mental disorder (Hughes et al., 2018). Society wide social distancing, lockdowns, school closures, the movement of education and other services online, parents under increased financial and emotional strain, and confinement inside the home has created new vulnerabilities for young people and exacerbated existing vulnerabilities to ACEs. There is evidence of increases in young people witnessing domestic abuse, harm from domestic abuse in young people’s relationships, and reports of rises in physical abuse towards children and child physical abuse-related injuries seen in hospitals (Cresswell et al., 2021, Romanou and Belton, 2020) (See Box 2).

#### BOX 2: Key findings on the impact on young people’s experiences of violence and adverse childhood experiences:

- **Parental alcohol and substance misuse:** an increase in alcohol consumption, particularly in parents with children under 18 years
- **Violence against women, domestic abuse and sexual violence:** Increase in young people witnessing domestic abuse and an increase in harm from domestic abuse in young people’s relationships
- **Physical abuse:** Increase in reports of physical abuse towards children and increase in child physical abuse-related injuries seen in hospitals
- **Child sexual abuse and exploitation:** the increased amount of time spent online has heightened the risk of viewing harmful content, sexual abuse and exploitation
- **Child criminal exploitation and serious youth violence:** Risk factors for child criminal exploitation and serious youth violence have been exacerbated during the pandemic

(Cresswell et al., 2021).

The pandemic has disrupted key protective factors and systems that are important in prevention and early intervention of ACEs. COVID-19 restrictions and school closures have led to a reduction in support and disruption of safeguarding mechanisms for young people and therefore a reduced ability to identify and support children who are at risk of violence and ACEs (Cresswell et al., 2021; Viner et al., 2021). Access to trusted adults, a key protective and resilience factor in the context of ACEs, has been severely disrupted during periods of lockdown and school closures and social isolation tends to exacerbate vulnerability to a range of child abuse and exploitation (Cresswell et al., 2021, Romanou and Belton, 2020).

Schools in Wales have reported an increase in child protection referrals during the pandemic (Estyn, 2020; HM Chief Inspector of Education and Training in Wales, 2021). Teachers and lecturers who participated in the MWIA noted an increase in domestic abuse and concerns for young people living in vulnerable situations (TE). There was a strong awareness that school frequently provides a safe space for children and for concerns about child welfare to be detected. Lecturers noted that whilst schools were offering hub provision for vulnerable school children, there was not a safe space for older learners or those on work based learning (TE).

A lack of access to trusted adult and peer relationships during lockdowns, the barriers to identifying issues and the need for relationships and trust to be rebuilt were all identified by teachers when schools reopened in spring 2021:

*“Children have opened up and this has just gushed out of them since being back at school - children have come back to school and within three days the issues have all come out. Because children have not had the opportunity to speak to that trusted person. The minute they came back to school wanted to tell the teacher everything”*

*(Teacher who participated in a MWIA workshop in spring 2021)*

In summer 2021 there was an observed rise in youth violence in school settings in South Wales compared to 2019, which schools and police officers suggested was linked to young people being unable to communicate effectively with each other and resolve social conflicts (Wales Violence Prevention Unit, 2021). For the period September to December 2021 in South Wales, there was an increase in school-based violence in comparison to the same period in 2020, but a 19% decrease when compared to the same period in 2019 (Wales Violence Prevention Unit, 2022). Other reports also suggest a rise in child to parent violence in Wales during the pandemic (BBC Online, 2021c). This links to Sections 6.4 and 6.9 on social skills and relationships and is an area that requires further monitoring and understanding.

### 3.9 Young people not in Education, Employment or Training (NEET)

Unemployment is a major risk factor for poor mental health and wellbeing, and periods of unemployment during young adulthood are recognised as being a risk factor for long term negative impacts on health and wellbeing across the life course (Strandh, 2014). Educational participation and achievement, and personal development are protective factors for mental wellbeing (Public Health England, 2016; Public Health England, 2017).



There is strong evidence that there has been a major negative impact on young people's employment to date during the pandemic (Gray et al., 2021; Rodriguez, 2020; Sehmi and Slaughter, 2021). Youth employment rates have fallen across most regions and UK nations as a result of the pandemic and Wales recorded the lowest youth employment rates compared to other UK nations with a rate of 60% (only London has lower youth employment rates than Wales with a rate of 54%) (Wilson and Papoutsaki, 2021; Winding et al., 2021).

Further increases in youth unemployment are anticipated once the furlough scheme ends, which could have significant lifelong repercussions, including on health (Marmot et al., 2020; Suleman et al., 2021). A YouGov Survey shows a total of 40% of 18–24-year-olds are expecting their hours to be reduced in the future compared with 25% of those aged 25 years and older (Leavey et al., 2020). The pandemic has also drawn attention to the much lower levels of income support provided by the social security system to young people (Sehmi and Slaughter, 2021). Experiences, skills and capabilities that are important for pathways into employment have also been impacted, such as disrupted work placements, and negative impacts on motivation, confidence, coping and social skills (Public Health Wales and Beaufort Research, 2021).

The Tesco Youth Index survey undertaken during the pandemic (Prince’s Trust 2021), found that those who were not in work, education or training scored particularly low on emotional health, especially in terms of anxiety. Longitudinal data from Understanding Society indicates that at the start of the pandemic mental wellbeing and confidence declined more rapidly in young people who were employed, however by September 2020 the negative impacts appear to be more persistent in those who were not employed (Alma Economics, 2021). This may indicate the initial uncertainty and worry about workplace shutdowns during the first lockdown. Lecturers engaged in the MWIA workshops noted that young people who are not in education, or on vocational training only, do not have access to the wellbeing and counselling services provide in educational settings representing a gap in services for this group.

### 3.10 Children with mental health problems

The prevalence of probable mental disorder<sup>7</sup> in young people has increased significantly between 2017 and 2020, and between 2017 and 2021, however, it is not clear how much of this increase is linked to the pandemic itself, and there was not a significant increase between 2020 and 2021 (See Table 5) (NHS Digital 2018, 2020, 2021)<sup>8</sup>.

**Table 5: Children and Young People with a Probable Mental Disorder in 2017 and 2021**

| Age group          | 2017            | 2021           |
|--------------------|-----------------|----------------|
| 6 to 16 year olds  | 1 in 9 (11.6%)  | 1 in 6 (17.4%) |
| 17 to 19 year olds | 1 in 10 (10.1%) | 1 in 7 (17.4%) |

In 2021, more young people surveyed reported a deterioration in their mental health, than reported an improvement compared to 2017 (See Table 6) (NHS Digital 2021):

**Table 6: The % of Children and Young People reporting changes to their mental health between 2017 and 2021**

| Age group          | % reporting a deterioration since 2017 | % reporting an improvement since 2017 |
|--------------------|--|---------------------------------------|
| 6 to 16 year olds  | 39.2%                                  | 21.8%                                 |
| 17 to 19 year olds | 52.5%                                  | 15.2%                                 |

<sup>7</sup> See Glossary for how this is defined in the NHS Digital report.

<sup>8</sup> Note that this data is from England, there is no comparable data for Wales.

Numbers of young people with possible eating problems<sup>9</sup> have risen since 2017, particularly in young women (Table 7) (NHS Digital, 2021):

**Table 7: Percentage of Children and Young People with Possible Eating Problems between 2017 and 2021**

| 2017                      | 2021 | 2017                       | 2021  |
|---------------------------|------|----------------------------|-------|
| <b>Boys aged 11 to 16</b> |      | <b>Girls aged 11 to 16</b> |       |
| 5.1%                      | 8.4% | 8.4%                       | 17.8% |
| <b>Boys aged 17 to 19</b> |      | <b>Girls aged 17 to 19</b> |       |
| 29.6%                     | 41%  | 60.5%                      | 76.4% |

There are mixed findings in the wider literature regarding the impacts on children with mental health problems, in terms of whether the pandemic has negatively impacted their mental health to a greater degree than those without pre-existing needs. However, there is strong evidence of an increase in prevalence and demand for mental health services, and increased barriers to accessing help during the pandemic.

A UK cohort study has found that those with mental health symptoms before the pandemic experienced higher levels of stress, conflict, loneliness, and lower levels of perceived social support than other young people early in the pandemic (Essau and de la Torre-Luque, 2021) and studies tracking mental health outcomes through the pandemic also found that baseline symptoms of mental health difficulties were the most important predictor of mental health at follow-up (Cooper et al., 2021). Other longitudinal data suggests that those with better than average mental health before the pandemic had a greater deterioration than those with a relatively high level of mental health problems before the pandemic (Hu and Qian, 2021). A study in the south west of England also found that the proportion of teenagers at risk of anxiety fell during the first lockdown compared to pre pandemic levels, particularly in those with pre-existing high scores and in those with poorer relationships with school (Widnall et al., 2020).

Two UK based cross sectional surveys find worsening self-reported mental health in young people with pre-existing mental health problems. In July 2021, 80% of respondents agreed that the coronavirus pandemic had made their mental health worse (Young Minds, 2020) and 68% of young people with mental health problems participating in a MIND survey in Wales said their mental health has got worse since the first national lockdown, with 51% saying it got much worse. 17% said that their mental health had got better (Mind Cymru, 2021).

There are also mixed findings on comparative mental health outcomes for those with and without mental health problems before the pandemic across a number of cross sectional international studies (Akkaya-Kalayci et al., 2020; Hamza et al., 2020; Hawke et al., 2020; Marchini et al., 2020; Cost et al., 2021).

There is strong evidence of negative impacts on access to mental health support for young people and significant barriers remain (see “Access to Services” in Section 7.5). Negative impacts on this group also include loss of routine, loss of access to informal emotional support and social isolation (Young Minds, 2020; Mind Cymru, 2021).

<sup>9</sup> Screened using the Eating Disorders Development and Wellbeing Assessment. This does not mean that the child or young person had an eating disorder but indicates an increased likelihood of problems with eating (NHS Digital, 2021).

### 3.11 Young carers

There is strong evidence of additional responsibilities and demands on young carers, alongside greater anxieties linked to protecting vulnerable family members from COVID-19 (Cresswell et al., 2021; Sachs and Rigby, 2020; Barnardo's, 2020; NYA, 2020a; Blake-Holmes, 2020; Burrows et al., 2021; Welsh Parliament, 2021c). Many young carers reported that their school did not recognise or support them and they found it challenging to keep up with home schooling workloads (Burrows et al., 2021). School closures also meant a loss of important routines and respite for young carers from caring duties and a chance to focus on themselves (Blake-Holmes, 2020; NYA, 2020a; TE). Over half of young carers in one survey reported having felt overwhelmed and stressed and a third surveyed said they struggled to get the emotional support they needed (Carers Trust, 2020).



### 3.12 Care experienced children

Prior to the pandemic, care experienced young people in Wales had lower mental wellbeing and life satisfaction scores than those not in care, with those in residential care having the lowest scores (SHRN, 2020). Care experienced children were more likely to experience poor mental health and wellbeing before the pandemic, due to Adverse Childhood Experiences, trauma and disrupted family relationships (Hughes et al., 2018; NYA, 2020a; Public Health England, 2019; Sanders, 2020) and the Welsh Parliament's Children, Young People and Education Committee identified care experienced young people as a specific vulnerable group in the context of the COVID-19 pandemic (Welsh Parliament, 2021d).

There is no specific data source on the impact of the pandemic on mental wellbeing outcome measures for care experienced young people in Wales. Children in care report similar negative impacts on their mental wellbeing to the general population such as anxiety, stress, boredom, isolation, and absence of routine, as well as similar positives such as having more time for hobbies and exercise, and development of new coping strategies (Co-RAY, 2021; Roberts et al., 2020; Welsh Parliament, 2020c). Significant additional impacts for children in residential care include disruption to face to face contact with their families (which could impact quality of relationships, mental health and sense of belonging) (Children's Commissioner for Wales 2020f; NHS Wales Safeguarding Network, 2021; NYA, 2020a; Welsh Parliament, 2020c; Welsh Parliament, 2020d; Welsh Parliament, 2021e), and disruption to key support services such as home visits by social workers and mental health care (Co-RAY 2021; NHS Wales Safeguarding Network, 2021; NYA, 2020a).

Stakeholders in Wales report some disruptions and delays to the placement process for adoption during 2020 with resulting negative impacts on children's wellbeing (Welsh Parliament, 2020e). However, adaptations were made in the adopter approval process to ensure that placements could continue (NHS Wales Safeguarding Network, 2021). Whilst adoptive families report many similar positive and negative impacts of lockdown and home schooling (Adoption UK, 2020; Welsh Parliament, 2020e), they have experienced a range of additional stressors in caring for children with complex needs. Stakeholders reported



in 2020 that the mental health of around a third of already vulnerable young people was deteriorating significantly, leading to some incidents of child to parent violence, and self-harm (Welsh Parliament, 2020e). In a small survey of adoptive families, 31% of families with care experienced children reported an increase in violence and aggression from their child during lockdown, and 50% said their child was experiencing emotional distress and anxiety (Adoption UK, 2020). There was and remains a concern that disruptions to informal family and professional support during the pandemic could put placements at risk as families and young people struggle to cope (Adoption UK, personal communication).

### 3.13 Young people at risk of offending or within the criminal justice system

There were 11,900 first time entrants to the Youth Justice System in England and Wales and an average of just under 860 children in youth custody in England and Wales at any one time during the year ending March 2019 (Youth Justice Board and Ministry of Justice, 2020). Young people at risk of offending or within the criminal justice system (CJS) had greater risk of poor mental health and wellbeing before the pandemic (Public Health England, 2021) and are identified as being highly vulnerable to the negative mental health impacts of the pandemic (Harris and Goodfellow, 2022).

There are a variety of types of contact that children and young people may have had with the CJS during the pandemic including being arrested, cautioned, charged, bailed, on probation and/or detained in custody. There is evidence of significant delays in court proceedings during the pandemic, which will have had an impact on important decisions affecting young people's lives, creating considerable uncertainty for them (Her Majesty's Inspectorate of Probation, 2020). In addition, Section 3.8 details concern about some observed increases in youth violence during the pandemic which may lead to more young people coming into contact with the CJS.

**The Chief Inspector of Prisons has identified ...** *"a real risk of psychological decline among prisoners, which needs to be addressed urgently, so that prisoners, children and detainees do not suffer long-term damage to their mental health and wellbeing, and prisons can fulfil their rehabilitative goals"* (p.7). (HM Chief Inspector of Prisons, 2020).

Whilst there are examples of good practice in Wales in ensuring that children in detention during the pandemic continued to have education, recreation, virtual contact with families and time out of their cells (HM Chief Inspector of Prisons, 2021), reports on the wider Youth Offending estate suggest major concerns about lack of access to education, long periods of isolation in cells and lack of contact from family and friends which all have negative consequences for mental wellbeing (Children's Commissioner England, 2021; Cresswell et al., 2021; Her Majesty's Inspectorate of Probation, 2020). In addition, children from Wales can be detained in institutions far from home, and pre pandemic research found that children held in establishments further away from home received fewer visits than children held closer to their home communities (Jones, 2018). Travel and visiting restrictions during the pandemic are therefore likely to have exacerbated feelings of isolation.

### 3.14 Young people affected by, or at risk of homelessness

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The COVID-19 pandemic has increased risk factors for youth homelessness including financial insecurity and unemployment, along with social distancing and lockdown rules limiting options for informal accommodation with friends (O'Brien et al., 2021; Leavey et al., 2020). Policy interventions during the pandemic such as suspension of evictions and the uplift to Universal Credit are temporary mitigation measures and implications of their potential withdrawal for young people are unknown as yet.



In July 2021, just under quarter of people in temporary accommodation in Wales were children (n=1,623), there is not sufficient data as yet to evaluate if the number of young people affected by homelessness has increased during the pandemic (Welsh Government, 2021a). Domestic abuse (violence from a partner) is the third largest causes of homelessness for households with dependent children in Wales (Stats Wales, 2021). Section 3.8 summarises evidence about rises in domestic abuse during the pandemic which may have implications for increased homelessness in children.

Children affected by homelessness and living in temporary accommodation in Wales during the pandemic are likely to have faced detrimental impacts on key protective factors and components for mental wellbeing, such as disruption to engagement in education, for example by having to change schools, additional barriers to home learning in possibly cramped or unsuitable accommodation, further negative impacts on social relationships and sense of belonging due to having to move, and possible negative impacts on sense of trust and safety. Stakeholders and research studies report negative impacts on the mental wellbeing of young people who were homeless during the pandemic and concerns about lack of access to mental health support (Cresswell et al., 2021; Gewirtz O'Brien et al., 2021).

### 3.15 Recently arrived foreign nationals and refugee and asylum seekers

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Young asylum seekers have reported anxiety over complying with regulations during the pandemic (Cresswell et al, 2021). Children seeking asylum who have been separated from their parents or carers are at greater risk of isolation, poor mental health and exploitation (Cresswell et al, 2021). Migrants and refugees can face obstacles in accessing health care due to fear of detention, deportation or other penalties based on their immigration status (World Health Organization Collaborating Centre on Investment for Health and Wellbeing, 2022). The pandemic has exacerbated the inequality of access to support across more marginalised communities, much of which is often based on community led support (Cresswell et al, 2021). Lecturers participating in the MWIA also highlighted concerns about the isolation experienced by recently arrived international students during the pandemic (TE).

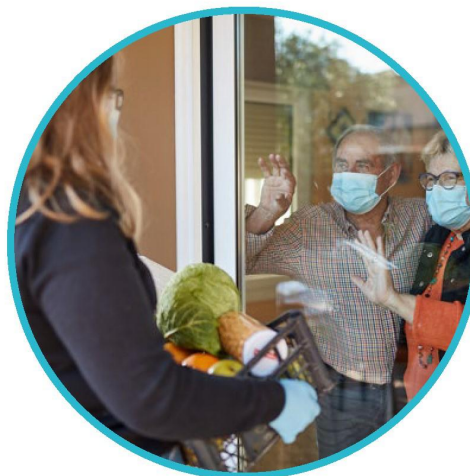
### 3.16 Children affected by shielding

5,243 young people aged 0-19 and 4,125 young adults aged 20-29 in Wales were identified as Clinically Extremely Vulnerable (CEV) to COVID-19 and advised to shield in Wales (Health Foundation, 2021).

Young people in Wales have been affected by “shielding” through being identified as CEV themselves, and/or having a parent, carer or sibling or another extended family member identified as CEV. Young people with serious physical health conditions were already more likely to experience a range of additional stressors, including disruption to education and poorer mental health and wellbeing prior to the pandemic.

People identified as CEV experienced significantly greater restrictions on their lives, they were advised to avoid all face-to-face contact with others, not to exercise outdoors, not go shopping, not to attend work or school outside of home and to have food and medicine delivered to them. From June 1st, 2020 onwards, the Chief Medical Officer for Wales advised that people who were CEV could go outside to exercise and meet one other person outside of the home (Welsh Government, 2020a).

Children with a family member with a serious physical condition may also have taken on a caring role before and during the pandemic (See Section 3.11 on Young Carers). Given the evidence explored below in Sections 5.5 and 6.8, which highlights that the major safety concerns of young people in Wales during the pandemic were that they themselves could become unwell or someone they care about could, these concerns are likely to have been elevated in young people affected by shielding. In addition, given the increased severity of social isolation, it is likely that young people affected by shielding have experienced greater negative consequences for their mental wellbeing due to lengthy periods of isolation from peers, extended family and community activities (British Psychological Society, 2020; Royal College of Paediatric and Child Health, 2021a). Greater levels of anxiety and stressors for the parents of children who were identified as CEV is an additional impact (The British Psychological Society, 2020); Darlington et al., 2020).



Evidence available to date shows that children aged 2–17 identified as Clinically Extremely Vulnerable (CEV) in Wales had a statistically significant higher prevalence (2%) of new diagnoses or prescriptions for anxiety/depression during the pandemic compared to the general population (1%), but there was no difference between children in shielded households and the general population (Cowley et al., 2021). For those aged 19-24 with health conditions, an initial rise in worse than average mental wellbeing was observed in April 2020, however by September 2020 the proportion had dropped below 2019 figures (Alma Economics, 2021).

### 3.17 Children affected by bereavement

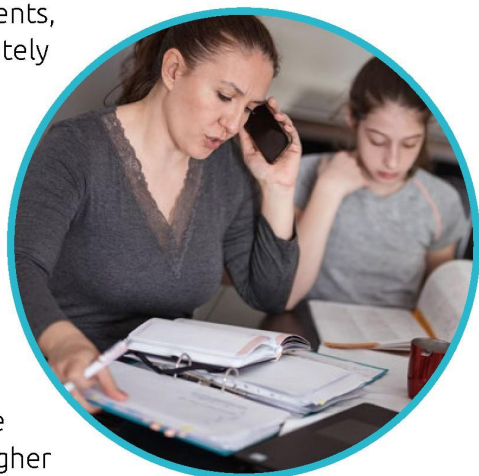
Whilst no specific data exists on the numbers of children bereaved during the pandemic - there are likely to be more children affected by bereavement due to the additional overall excess deaths from the virus (Kontopantelis et al., 2021).

Children experiencing the death of a loved one by any cause may have experienced additional impacts on their mental wellbeing due to being less able to visit unwell relatives in hospitals or care home; reduced access to in person social and emotional support from family and friends during lockdowns; and important rituals and cultural practices that support the grieving process being disrupted. The number of people able to attend funerals have been limited and social distancing rules meant that there have been barriers to giving comfort to the bereaved (CRUSE, n.d.). Some groups of young people are likely to have been disproportionately impacted by bereavement due to higher deaths rates in Black, Asian and Minority Ethnic and low-income communities (Barnardo's 2020).

Whilst emotional distress following death of a loved one is a normal reaction to grief, pre pandemic evidence suggest that around a fifth of children affected by loss of a parent or sibling develop internalising disorders, and 10% affected by sudden loss of a parent develop PTSD (Centre for Mental Health, 2021; Pham et al., 2018; Stikkelbroek et al., 2016).

### 3.18 Young people living in lone parent families

The OECD (2020) identified that children with separated parents, and living in single parent households may be disproportionately impacted by the COVID-19 pandemic via a number of pathways including: higher likelihood of living on a low income; increased parental stress; and the potential for increased anxiety and emotional insecurity for children and conflict between parents due to the disruptions caused by the pandemic to share care arrangements. One study using longitudinal data found that adolescents living in one parent one child households experienced a greater increase in their peer relationship problems compared to those living with both parents (as measured by the SDQ) during the pandemic (Hu and Qian, 2021). Other studies also identify higher levels of stress for parents in lone parent families (Creswell et al., 2021) and less time spent on home schooling (Suleman et al., 2021).



### 3.19 Young people with parents who are key workers

One cross sectional study has identified a higher rate of anxiety and depression in young people where a parent was a key worker during the pandemic (Levita et al., 2021). Key workers including health and social care workers (Wales COVID-19 Evidence Centre, 2021) teachers and childcare workers, public service workers, essential services key workers e.g., food chain or utility workers have consistently reported higher levels of depressive and anxiety symptoms than non-key workers (May et al., 2021; Paul et al., 2021). Findings in Section 5.3.2 highlights that parents' sense of control and stress have impacted mental wellbeing outcomes for young people during the pandemic.

### 3.20 Young people in areas of higher rates of infections / severity of outbreak and longer periods of lockdown

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Studies on the general impact of disasters on the mental health of young people find that the *"severity of exposure to the disaster is a risk factor for greater mental health difficulties"* (Williams, 2020, p.36). In the COVID-19 pandemic, during the autumn/ winter of 2020 some localities were placed under "local lockdowns" due to high case numbers in those regions and this led to greater restrictions being applied to identified areas for longer periods (e.g. Welsh Government, 2020b). An analysis of longitudinal mental health data in adults in the UK found that living in a local lockdown area was significantly associated with greater and sustained mental health deterioration during the COVID-19 pandemic (Pierce et al., 2021). However, a study early in the COVID-19 pandemic with 854 parents living in Italy, (of which 797 were mothers) found that living in a more at-risk contagion zone did not affect parents' and children's wellbeing (Spinelli et al., 2020).

There are a number of pathways that could lead to a negative impact on mental health and wellbeing of living in an area with higher case numbers. Firstly, a greater degree of anxiety and lack of feeling of safety due to higher case numbers and being identified as a "high risk" area. Secondly, greater likelihood of exposure to COVID-19 infection and isolation as a case or contact. Thirdly, the longer length of exposure to social distancing restrictions meaning less opportunities for social contact and barriers to social relationships and informal support. Lastly, high rates of COVID-19 leading to a local lockdown may be associated with other socioeconomic risk factors (Marmot et al., 2020).

# 4 Social determinants

This chapter summarises the evidence of impact on key social determinants of mental wellbeing. Social, economic and environmental factors play a major role in the mental wellbeing of young people, with factors such as income and standard of living, security and quality of housing, educational achievement and access to safe and green neighbourhood environments all playing an important role (Public Health England 2016; 2020).



## 4.1 Summary of Impacts

Table 8: Impacts on the Social Determinants of Mental Wellbeing

| Social Determinant                    | Nature of Impact | Type of Evidence | Description  |
|---------------------------------------|------------------|------------------|--|
| <b>Education: access and outcomes</b> | Negative         | LR:YP:TE         | Severe negative impact on access to statutory and non-statutory educational provision and participation. Many students have had learning losses, and strong evidence of widening inequalities in attainment.                           |
|                                       | Positive         | LR: TE           | Stronger independent learning and digital skills for some students.  |
| <b>Housing quality and security</b>   | Negative         | LR               | Increased risk factors for youth homelessness (See Section 3.14).Quality of housing, including access to space to study and outdoor space have been important mediators of impacts on mental wellbeing.                                |
| <b>Physical environment</b>           | Negative         | LR               | Negative impacts include restrictions on outdoor activity outside the home, playgrounds and parks during the first lockdown in 2020.   |
|                                       | Positive         |                  | Positive impact is that some young people spent more time outdoors.  |
| <b>Economic Security</b>              | Negative         | LR               | See Sections 3.5 and 3.9   |
| <b>Access to good quality food</b>    | Negative         | LR               | The number of children taking up free school meals significantly increased, but not all eligible children were able to access the meals. There has also been an increase in food insecurity and the amount of people using food banks. |

| Social Determinant                                    | Nature of Impact | Type of Evidence | Description  |
|---|------------------|------------------|--|
| <b>Transport access and options</b>                   | Negative         | LR               | Access to public transport limited to essential purposes during the pandemic, decline in bus services and significant backlogs in driving tests.   |
| <b>Ease of access to high quality public services</b> | Negative         | LR:TE:YP         | See Section 7.5  |
| <b>Leisure opportunities</b>                          | Negative         | LR:TE:YP         | See Sections 6.5.2 and 7.4   |
| <b>Democracy</b>                                      | Negative         | LR:TE:YP         | Young people and stakeholders identify a lack of young voices in respect of decisions taken during the pandemic and a lack of systematic consideration of children's rights.   |
|   | Positive         |                  | Mechanisms and opportunities for democratic participation have included surveys, listening days and consultation exercises.  |
| <b>Challenging discrimination</b>                     | Negative         | LR:TE            | People from minority ethnic groups and younger adults were most likely to report experiences of discrimination during the pandemic.  |
|   | Positive         |                  | Some evidence of greater policy urgency and prioritisation of tackling structural racism and its role in inequalities in health outcomes.  |
| <b>Welsh language and Culture</b>                     | Negative         | LR:TE:YP         | Barriers to learning Welsh during school closures.   |
| <b>Digital inclusion</b>                              | Negative         | LR:TE:YP         | Access to digital devices and internet connectivity were essential in enabling young people to continue their education at home and remain in contact with friends. However, significant inequalities in access persist. |

## 4.2 Education: access and outcomes

This section focuses on education access and outcomes as a key social determinant of mental health and wellbeing. Other sections focus on the mental wellbeing impacts of the educational experience during COVID-19 and impacts on learning and independent learning skills - please see Sections 5.6 and 6.5.

Educational achievement is associated with long term life chances (Anders et al. 2021). The COVID-19 pandemic has had a severe negative impact on statutory and non-statutory educational provision and participation, with lengthy closures of schools and colleges and loss of in person teaching for significant lengths of time (Welsh Parliament Senedd Research, n.d.; Auditor General for Wales 2021; Estyn, 2021; Howard et al, 2021; Welsh Government, 2021b). It is widely recognised that



many students have had learning losses, and for some young people, particularly those who are disadvantaged or have ALN, this is significant (British Academy 2021; Her Majesty's Chief Inspector of Education and Training in Wales 2021; Howard et al, 2021; Hwb, 2021; Mylona and Jenkins, 2021; Ofsted, 2020; Welsh Government, 2021b).

The availability and skills of parents to assist with home learning was a major factor, and income inequalities in the home-learning environment, including less access to digital learning resources and internet connectivity, risk impacting longer term mental health and wellbeing outcomes by exacerbating existing education attainment gaps (Anders et al., 2021; Children's Commissioner for Wales, 2021, Auditor General for Wales, 2021).

In 2020 and 2021 the attainment gap in GCSE results between young people in receipt of free school meals, and those who were not, increased. The gap between pupils with ALN and others, and between boys and girls also widened in 2020 and 2021 (Auditor General for Wales, 2021). Initial analysis of results for post 16 education between August 2020 to July 2021 also found a widening gap in A-level results, with outcomes falling steeply for young people with Black, African, Caribbean, and Black British ethnic backgrounds and a widening gap between results for young people living in the least and most deprived areas. In addition, outcomes have been worse for learners on vocational, apprenticeships and adult learning programmes than before the pandemic (Welsh Government, 2022b).

### 4.3 Ease of access to high quality public services

See Section 7.5

### 4.4 Housing quality and security

A number of factors that have a negative impact on the housing security of young people have been exacerbated by the pandemic and associated measures such as lockdown (Woodfine et al., 2021). The COVID-19 pandemic has increased risk factors for youth homelessness (See Section 3.14). Domestic abuse (violence from a partner) is the third largest causes of homelessness for households with dependent children in Wales (Stats Wales, 2021). Section 3.8 summarises evidence about rises in domestic abuse during the pandemic which may have implications for increased homelessness in children.

Households with younger people tend to have less space than those with older adults and overcrowded households are more likely to contain dependent children (Kingman, 2020; Leavey et al., 2020; National Archives, 2014). 15% of households in material deprivation in Wales do not have access to a private garden (Welsh Government, 2021c). There is evidence that quality of housing, including adequate space and facilities (including for home learning) and access to a private outdoor space/a garden are factors that have impacted on mental wellbeing during lockdown, as well as influenced children's ability to engage in home learning (Abbs and Marshall, 2020; Children's Commissioner for England, 2020; Leavey et al., 2020; Marmot et al, 2020; National Housing Federation, 2020; Northern Ireland Commissioner for Young People, 2021; Rosenthal, et al., 2020; Sewel et al., 2020; Shelter Cymru, 2020; Tinson and Clair, 2020; Welsh Government, 2021b; TE).





## 4.5 Physical Environment

Access to green and natural spaces for play and physical activity is evidenced to promote and improve mental wellbeing in young people (Mental Health Foundation, 2021; Shelter Cymru, 2020; Public Health England, 2020).

For almost two months during the first lockdown in 2020, there was a major negative impact on children's opportunity to access outside green space as they were allowed outside of their home only once a day for exercise and were not allowed to travel for exercise (BBC Online 2020a). Playgrounds were closed for four months, along with some parks, which will have severely restricted children's opportunities for physical activity and play in green spaces, particularly if they did not have a garden or live within walking distance of a safe and accessible green space (Alma Economics, 2021; Shelter Cymru, 2020; BBC Online, 2020b, BBC Online 2020c; Children's Commissioner for Wales, 2020b; Mental Health Foundation, 2021; Welsh Parliament Citizen Engagement, 2020).



For primary school children in Wales on Free School Meals, physical activity decreased, they walked to the park less and felt less safe in their local areas (James et al., 2021b). One positive impact of the pandemic is that some young people reported spending more time outdoors (Children's Commissioner for Wales, 2020c).

## 4.6 Economic security

See Sections 3.5 and 3.9.

## 4.7 Access to good quality food

Prior to the pandemic, young people aged 16-34 were significantly more likely to have low food security in Wales and to say that they had run out of food at some point in the past year (NatCen for Food Standards Agency, 2018). Families with children were also more likely than households without children to say that they were worried about using up their food before they could afford to buy more (Baraniuk, 2020). During the pandemic the number of children taking up Free School Meals significantly increased, however, there is some evidence that not all eligible children were able to access the meals (Bevan Foundation, 2020; James et al., 2021b). There is strong evidence that during the pandemic there has been an increase in food insecurity or food poverty as individuals, particularly families with children, have become increasingly reliant on food banks as they experience reduction in income (Baraniuk, 2020; Hughes, 2020x; Joseph Rowntree Foundation and Save the Children cited in Bevan Foundation, 2020; Bevan Foundation, 2020; Welsh Parliament Citizen Engagement, 2020).

A survey with Year 6 pupils in Wales in 2021 found that 24% of children reported feeling worried about not having enough to eat at least some of the time, and 9% reported worrying about this most or all of the time, rising to 13% in lower affluence families (Angel et al., 2021). Disabled young people were more likely to say they needed help to 'make sure we get the food we need' compared to the whole sample in the Children's Commissioner Survey in (2020a).

## 4.8 Leisure opportunities

See Sections 3.5 and 3.9.

## 4.9 Transport access and options

Transport is an important enabler of participation, social inclusion and wellbeing affecting economic and social outcomes, and inequality (NatCen, 2019). For young people, transport is a vital facilitator of independence, personal and social development, community participation and inclusion, and educational and economic opportunity (Chatterjee et al., 2019).



Prior to the pandemic young people, particularly people from ethnic minorities, those not in education, employment or training and students, were amongst the populations reported to be particularly at risk of transport poverty (NatCen, 2019). In 2018-19 in Wales the most common mode of travel to and from primary school reported by National Survey respondents for their children was car (55%) followed by walking with an adult (32%). During the same period 34% of children actively travelled to secondary school, with the most common modes of travel being school buses and walking (Statistics for Wales, 2019). Young people in Wales overwhelmingly support higher spending on active travel (We are Cycling UK, 2021) and young adults were more likely to have walked for travel compared to other adult groups in August 2021 (Sport Wales/ Comres 2021). There is no comparable evidence available yet to assess the impact of the pandemic on active travel in young people.

The COVID-19 pandemic has severely disrupted mobility patterns with 'work from home' requirements and social distancing having an impact on the demand for public transport services (Langford et al. 2022). At the peak of the pandemic public transport passenger numbers fell by 95% (Welsh Parliament Senedd Research, 2021) and use of public transport was for essential purposes only, such as travel to work. Whilst Vickerman (2021) identifies opportunities for an improved public transport offer that will benefit young people arising from the pandemic, the rollout of an integrated public transport network across south Wales is reported to be delayed (BBC Online, 2021b). Recent analysis has identified that most Lower Super Output Areas (LSOAs) in Wales, rural and urban, have had a net decline in bus services during the pandemic due to withdrawn routes, reduced frequencies along routes or removal of bus stops (Langford et al. 2022).

40% of learner drivers have considered giving up on learning to drive (insurelearnerdriver, 2021) and in March 2021 there were 420,000 backlogged car tests (Driver and Vehicle Standards Agency, 2021). Air travel was also severely curtailed (Department for Transport, 2021).

## 4.10 Democracy

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Section 5.5 and 5.8 highlight gaps in the engagement of young people and a lack of attention to their needs and perspectives in the provision of information, guidance and the overall pandemic response. Section 7.2 also details that feeling listened to and having views valued, is positive for young people's mental wellbeing. Young people are concerned at the lack of young voices in respect of decisions taken and wanted evidence that their governments had a longer term plan for recovery and were not ignoring the views of young people (YP: Day et al., 2020; Larcher et al., 2021: RCPCH, 2020).

Mechanisms and opportunities for democratic participation during the pandemic for young people in Wales have included: the continuation of youth participation initiatives and fora online (YP: SAG); large scale surveys, a Listening Day, and a Q&A session with the Scientific Advisory Group for Emergencies carried out by the Children's Commissioner for Wales office (2020c, 2020d, 2020e, 2021a); consultations on the impact of the pandemic by the Welsh Parliament Children, Young People and Education Committee (2021d); and Children's Rights Impact Assessments (Welsh Parliament, 2020f).

The Children's Commissioner for Wales found that whilst some decisions taken during the pandemic were impacted by the UK Government many of the decisions made by the Welsh Government should have been subjected to a Children's Rights Impact Assessment (CRIA) (Children's Commissioner for Wales, 2020b). An Inquiry into Children's rights in Wales found it was not clear whether there had been systematic consideration of children's rights within government when developing its response to the pandemic and that CRIs were often produced too late (Welsh Parliament, 2020f). In July 2020 the Welsh Government announced it would publish all CRIs completed from 1 January 2020 (Welsh Government, 2020c). A range of international organisations have also called on their national governments to increase the participation and engagement of young people, and the importance of their views and experiences informing policies (NYA, 2020a; British Youth Council, 2020 cited in OECD, 2020a: The British Academy, 2021; World Health Organization 2021a, 2021b).

Looking forward, WHO Europe is to facilitate a youth-led initiative to engage in dialogue and document children's and adolescents' perspectives of the effects of the applied measures (World Health Organization, 2020). The United Nations Convention on the Rights of the Child (UNCRC) has stated that social distancing and social isolation will have a particular effect on children, including vulnerable children, and that special attention should be given to all children in all decisions (Wales UNCRC Monitoring Group, 2020).

## 4.11 Challenging discrimination

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People from ethnic minority groups and younger adults were most likely to report experiences of discrimination during the pandemic (Fancourt et al., 2021). The identification of higher mortality rates from COVID-19 in Black, Asian and Ethnic Minorities in the UK and the global mobilisation of the anti-racist Black Lives Matter movement in 2020 have led to a greater policy urgency (Welsh Government, 2021d) and public health prioritisation of tackling structural racism and its role in inequalities in health outcomes (NHS England, 2020b; Faculty of Public Health, 2020; Marmot et al., 2020).

Restrictions in place during the pandemic had the potential to exacerbate inequalities and discriminatory application of policy and guidance (Northern Ireland Commissioner for Young People, 2021; Equality and Human Rights Commission, 2020). For example, WHO has highlighted that although children with pre-existing health conditions and disabilities might be at increased risk for severe disease they should not routinely be excluded from onsite schooling but should be assessed individually for their specific risk (WHO, 2021). Concerns were raised regarding the potential for discriminatory bias affecting ethnic minority pupils and those with ALN when exam grades were proposed to be based on teacher predictions (Welsh Parliament, 2020b).

The Equality and Human Rights Commission recommended that Welsh Government and public bodies review their Strategic Equality Plans to identify the key inequalities exacerbated by the pandemic (Equality and Human Rights Commission, 2020). Barriers have also been identified in access to mental health services for young people and families from ethnic minority groups (See Section 7.5 below).

## 4.12 Welsh Language and culture

The new blended and distance learning environment created challenges in the regular use of Welsh by learners (Thomas et al. 2021), with 15% of learners in Welsh medium schools reporting that they did not get opportunities to use Welsh during the first lockdown (Children’s Commissioner for Wales, 2020c). Despite these challenges some schools supported families effectively during this period (Thomas et al. 2021). Teachers who participated in the MWIA reported negative impacts for pupils being able to access and learn Welsh on a regular basis when they go to Welsh school, but have English-speaking parents during home schooling (TE). Some parents didn’t feel they could support their children enough in their learning. Teachers had also identified resources and adapted and developed creative teaching resources to support home learning in Welsh. Participation in Welsh Language cultural events such as ‘Eisteddfodau’ have been affected although some schools held online Eisteddfodau (TE). A number of young people who participated in the MWIA said that they found Welsh lessons stressful and there was no opportunity to practise Welsh at home (YP). This sometimes led to lack of confidence in speaking Welsh (YP).



## 4.13 Digital Inclusion

The pandemic has significantly increased the importance of digital technology and enabled many young people to continue their education at home and remain in contact with their friends.

Welsh Government acted to make money available to local authorities to distribute digital devices and ensure that families had access to broadband. However, there is evidence that individual children did not have access to online learning or had very limited access as parents and older siblings needed laptops, phones or tablets most of the time (Children’s Commissioner for Wales, 2020b, 2021). Addressing digital exclusion was identified by the

voluntary and community sector in Wales as one of its four key roles during the pandemic (Willatt et al, 2021). Libraries are a key support for children especially those from low-income families and remained closed even after guidance had changed (Children's Commissioner for Wales, 2020b). The WHO stated that "living in a vulnerable situation (and lack of access to computers and the Internet at home) should be among the criteria for allowing some children to continue to be physically present in schools when it is necessary to switch to hybrid schooling or full online learning" (P. 8) (World Health Organization, 2021). Some communities in isolated parts of Wales with limited digital access have complained of being 'cut off' during the restrictions due to their slow broadband speeds (Green et al., 2020).

# 5 Enhancing Control

## 5.1 Background

Having a “sense of control” relates to people believing that they can take action to influence their own health and circumstances, and the resources and skills to take the necessary steps to achieve this. Having a belief in control is recognised as a protective factor for mental health and wellbeing in young people (Public Health England, 2016) and having a sense of control can buffer an individual from stressors (World Health Organization and Calouste Gulbenkian Foundation, 2014).

Within the MWIA assessment framework “Enhancing Control” is examined; at the individual level, in terms of key capabilities such self-belief, self-efficacy, and confidence; at a community level in terms of the availability of key resources and opportunities for control such as self-help and expressing views; and at a structural level within the social determinants of health, for example, democratic participation (See Section 4.10).

## 5.2 Summary of Impacts

There are a range of both **negative and positive impacts** summarised in Table 9 below.

**Table 9: Impacts on Enhancing Control**

| Component                              | Impact            | Type of Evidence <sup>10</sup> | Description  |
|--|-------------------|--------------------------------|--|
| <b>Individual Level</b>                |                   |                                |  |
| <b>Sense of control (young people)</b> | Positive          | YP                             | Young people learnt new behaviours and thinking strategies to gain a sense of control during lockdown, such as developing routines.        |
|  | Negative          | LR: YP:TE                      | Areas of lost sense of control include: finances, employment, physical and mental health, relationships, future plans, exams and education |
|  | Population groups | LR                             | Young adults more likely to report not feeling in control compared to other adult age groups.  |

<sup>10</sup> Key to evidence sources: LR= Literature Review; YP = qualitative evidence from young people engaged in the MWIA; TE = qualitative evidence from teachers engaged in the MWIA

| Component  | Impact            | Type of Evidence <sup>10</sup> | Description  |
|--|-------------------|--------------------------------|--|
| <b>Sense of Control (Parent)</b>                               | Positive          | -                              | -  |
|  | Negative          | LR                             | Parental stress and challenges in managing multiple demands can negatively impact child mental wellbeing outcomes.   |
|  | Population groups | LR                             | Parents from single adult households, low-income families, and those with children with ALN had higher self-reported levels of stress, depression, and anxiety.  |
| <b>Belief in own capabilities and self determination</b>       | Positive          | LR: YP:TE                      | Self-efficacy has been found to buffer some of the negative psychological impacts of the pandemic.<br>Motivation and determination increased for some young people.  |
|  | Negative          | LR:YP:TE                       | Negative impacts on confidence and motivation related to learning and employment.  |
|  | Population groups | LR                             | Young people with ALN/disabilities reported a greater reduction in confidence in learning.   |
| <b>Knowledge, skills and resources to make healthy choices</b> | Positive          | LR:YP                          | A good level of knowledge about the pandemic, and what skills and behaviours are needed to prevent infection, has been related to better mental wellbeing related outcomes.<br>Maintaining a routine is a protective factor for mental wellbeing during lockdowns.   |
|  | Negative          | LR:YP                          | Lack of accurate, accessible and relevant information for young people on the Coronavirus, pandemic situation, education and guidance.<br>Exposure to upsetting news about the pandemic can increase anxiety.<br>Lockdowns and high home schooling workloads, can negatively impact children's routines, which are important for their health and wellbeing. |
|  | Population groups | LR                             | Children with ALN (linked to the particular importance of routine for these groups).   |
| <b>Becoming independent</b>                                    | Positive          | LR:YP:TE                       | Increase in independent learning skills and independent life skills for some young people.   |
|  | Negative          | LR:TE                          | Lost opportunities for life skills development.  |
|  | Population groups | LR:TE                          | Children with ALN  |

| Component   | Impact            | Type of Evidence <sup>10</sup> | Description  |
|---|-------------------|--------------------------------|--|
| <b>Community Level</b>                                    |                   |                                |  |
| <b>Self-help provision</b>                                | Positive          | LR:TE                          | Increased investment and prioritisation for self-help resources for young people’s mental wellbeing. Evaluation is needed of their accessibility and impact with young people.               |
|   | Negative          | LR:YP                          | Young people’s confidence in accessing websites and social media for mental health information is low and reduced between 2020 and 2021. Gaps remain in accessible information and awareness |
|   | Population groups | LR:TE                          | Black and minority ethnic groups; people with English as an Additional Language.   |
| <b>Opportunities for expressing views and being heard</b> | Positive          | LR:YP                          | Continuation of youth participation initiatives virtually during the pandemic. Coronavirus and Me surveys provided an opportunities for young people’s voice to be heard.                    |
|   | Negative          | LR:YP                          | Young people and stakeholders identify a lack of youth voice and engagement in pandemic decision making, guidance and information.   |
|   | Population groups | -                              | -  |

### 5.3 Individual level - Sense of control (young people and parents)

Impacts on a “sense of control” have been identified for both young people and parents, with impacts on parents directly impacting mental wellbeing outcomes of young people.

#### 5.3.1 Sense of control - Young people

In relation to the impact of the COVID-19 pandemic on young people’s control, Meic Cymru note that:

*“Adjusting to change imposed on you is hard. Both are influenced by a complex interplay of control, influence, power, and motivation – all of which are often hard or out of reach for many young people”* (Welsh Parliament, 2020g. p.1)

Pre-pandemic data which provides a baseline for this impact is not available. However, there is evidence from qualitative and quantitative studies that young people have experienced a significant negative impact on their sense of control (Akkaya-Kalayci et al., 2020; Fancourt et al., 2020; Scottish Government, 2021). The large-scale UK wide UCL Covid Social Study has measured sense of control in the adult population since May 2020 and identified in July 2020 that young adults had the highest level of not feeling in control of all age groups across all domains including finances, employment, physical and mental health, relationships, and future plans (Fancourt et al., 2020).



A study by the Scottish Government (2021) found that one of the major impacts on wellbeing was *“a lack of sense of control over our lives as individuals”* (p.3). This lack of control was related to a number of experiences during the pandemic; loss of freedoms; forced isolation; the unpredictability of the pandemic situation and uncertainty of what would happen next; loss of control over work and income; a loss of ability to help and support relatives and friends and missing out on key life events.

Young people (YP) and teachers and lecturers (TE) who participated in the MWIA identified factors affecting sense of control linked to educational disruption, including uncertainty over exams and managing schoolwork in qualitative data. Young people also described how they had learnt new behaviours and thinking strategies to regain a sense of control including:

- Taking control of how they managed school work, not putting pressure on themselves to complete everything in one day
- Putting in place a structure and routine to their days
- Making themselves do something they had not done before
- Using reframing and thinking strategies

*“At the beginning I felt out of control, young people did not have much control, but as it progressed I found things which helped me gain back some control such as setting a routine, helping in the house. I had more control over what I did”.*

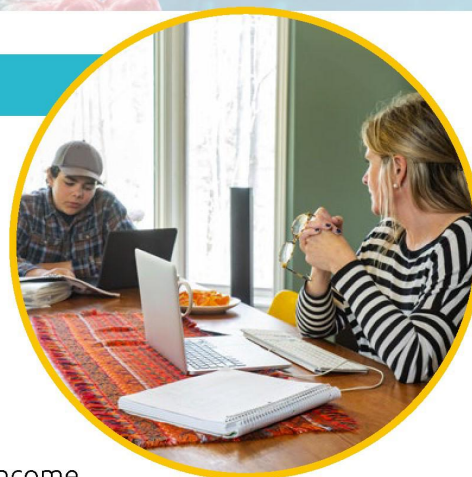
(Young person who participated in a MWIA workshop in spring 2021)

*“We’ve noticed that the children definitely need to regain their sense of control, because whilst we’ve been in lockdown, all the rules have really controlled everything that they’ve been able to do”.*

(Teacher who participated in a MWIA workshop in spring 2021)

### 5.3.2 Sense of Control - Parents

There is strong evidence that multiple stressors have impacted parental mental wellbeing, sense of control and ability to cope during the pandemic and this is likely to have impacted young people's mental wellbeing. Levels of stress, anxiety and depression have been higher in people living with children during the pandemic than without (Fancourt et al., 2020a). In a UK study tracking the wellbeing of parents and children through the pandemic, Shum et al. (2021) found that parental stress and depression increased during periods of tighter restrictions and home schooling. Parents from single adult households and low-income families, as well as those who have children with Additional Learning Needs (ALN) had higher self-reported levels of stress, depression, and anxiety (Shum et al., 2021). From December 2020 to February 2021, there was a sharp increase in number of parents/carers who reported that they could not meet the needs of both their child and their work (Shum et al., 2021). Home and agile working during the pandemic have been identified as having negative impacts on mental wellbeing on women with caring responsibilities, although benefits from increased flexibility and family time are also identified (Green et al., 2020a). A number of cross-sectional studies find that the children of parents who feel stressed or struggle to deal with the pandemic tended to score lower on wellbeing measures (Adegboye et al., 2021; Cusinato et al., 2020; Gabor et al., 2020; Orgiles et al., 2020; Spinelli et al., 2020).



## 5.4 Individual level - Self-belief and determination

There is limited literature that examines the impact of the pandemic on self-belief and determination directly. However, there are a number of surveys with young people that address confidence and motivation as it relates to education and learning during the pandemic. A UK longitudinal study identified a loss of confidence in 16–24-year-olds during lockdown in spring 2020, however this impact appears to have receded by September 2020 after restrictions eased (Alma Economics, 2021)<sup>11</sup>. Cross sectional studies suggest confidence in learning and future employment have been impacted negatively (Children's Commissioner for Wales, 2020c, 2021a; Prince's Trust Tesco Youth Index, 2021), and this is reinforced by qualitative evidence gathered in the MWIA (YP;TE). Young people with disabilities were more likely than non-disabled young people to say they did not feel confident with learning (Children's Commissioner for Wales, 2020a).

One study found that a high proportion of young people believe that their generation can change the future for the better (Prince's Trust Tesco Youth Index, 2021) and some young people discovered new strengths and motivation to achieve their goals (Estyn 2021a; YP). International studies on self-efficacy have identified the relevance of this component for protecting mental wellbeing during the pandemic (Losada-Baltar et al., 2021; Karademas and Thomadakis, 2021; Wen et al. 2020).

Self-belief was identified by teachers participating in the MWIA as being a factor that influenced successful engagement in remote learning and they also identified how they were able to build self-belief. They gave examples of strategies they had put in place to address

<sup>11</sup> See Technical Report for timeline of restrictions

this including: a wellbeing project where pupils were encouraged to set three wellbeing goals a week, moving away from negative language (e.g., catch up, lost learning) and talking about “moving forward”. A teacher said there is a “*need for reframing and moving away from victimhood these students may be feeling in years to come. So, it’s about positivity and optimistic attitude going forward*” (TE).

“I found the pupils who’ve got that self-belief and that sort of the better academic self-esteem, who were the ones who engaged the best remotely and those pupils who didn’t have the self-belief we really struggled and we had to put lots of strategies in place”.

(Teacher who participated in a MWIA workshop in spring 2021)

## 5.5 Individual level - Knowledge, skills and resources to make healthy choices

Two international studies report an association between greater health literacy about COVID-19 and mental health and wellbeing outcomes (Xue et al., 2020, Riiser et al., 2020). A UK study of parents with children with ALN found that some children’s low level of understanding led to emotional distress because they could not understand why their lives had changed (Asbury et al., 2000). Both open communication with parents about the pandemic (Tang et al., 2021) and parents’ role in ensuring that their children are well informed (Romero et al., 2020) have been found to benefit mental wellbeing during the pandemic.

In terms of information provision and sources, the ‘Coronavirus and Me’ survey (Children’s Commissioner for Wales, 2021a) identified that the majority of young people were getting information about the pandemic and that the top two sources were via family or TV. However, we do not know about the quality, accuracy, interpretation or impact of that information. Whilst access to accurate information about the pandemic is important, studies and child health experts identified that exposure to the news about the pandemic could lead to increased anxiety, and recommend limiting children’s exposure to television and social media coverage (Cowie and Myers 2021; Ellis et al., 2020; Goldschmidt, 2020; Lockyer et al., 2020; Williams, 2020).

Stakeholders and engagement with young people identify important gaps in the accessibility, accuracy and availability of appropriately tailored information for young people (Larcher et al., 2020; NYA, 2020a; Welsh Parliament, 2020g; YP; TE). Meic Cymru detailed the scaling up of their work to meet the information and advice needs of young people “*in order to mitigate the need and gap resulting from CYPs’ reduced face to face contact with education settings (and other services)*” (Welsh Parliament, 2020g, p.2). Larcher et al. (2020) note that young people are not “*passive recipients*” of information and should have opportunities to engage and influence information provision. Similarly, The National Youth Agency (NYA, 2020a) call for children’s and young people’s perspectives need to be better reflected in scientific and public health advice.

“There was limited information, and what was there was not always understandable and the format seemed to ignore certain people”.

(Young person who participated in MWIA workshops in spring 2021)

Responses to the “Coronavirus and Me” survey for 15-18 year olds found that information about their learning and exams, and guidance from Government, has at times been unclear, which has contributed to their worries about the future (Children’s Commissioner for Wales, 2020f). Respondents to this survey also identified a need for more information on how to stay well and safe, online learning and on Coronavirus. However, 38% did not want any more information.

Teachers who participated in the MWIA (TE) highlighted that routines that support health and wellbeing in young people had been negatively impacted:

“Routine is scaffolding for pupils. School is a massive part to their structure and wellbeing”.

(Teacher who participated in MWIA workshops in spring 2021).

## 5.6 Individual level - Becoming independent

There is evidence of a positive impact on independence linked to some young people developing more independent learning skills during home learning (Estyn 2021a; YP; TE) and in spring 2021 54% of 12–18-year-olds in Wales said they were enjoying working at their own pace (Children’s Commissioner for Wales, 2021a). A teacher reflected that the pandemic may have offered an opportunity to review how learning is managed in the future in order to build more independence and resilience (TE). However, home learning was also seen as disadvantaging those who do not have the necessary skills and capabilities for more independent learning (TE). There is also evidence from schools and teachers of lost opportunities for life skills development that support transitions and the development of independence, particularly for young people with ALN (OFSTED, 2020; TE). However, two young people who participated in the MWIA said that they had become more independent (YP).

“...before lockdown I relied on others ... now I am managing my own money which has pushed me to believe in myself. My parent was away a lot due to her job [teacher] so I was on my own a lot, so this pushed me to do more things for myself.”

(Young person who participated in a MWIA workshop in spring 2021)

“The pandemic forced a ‘sink or swim’ mentality to develop and favoured those who were able to take control of their remote learning.”

(Teacher who participated in a MWIA workshop in spring 2021)

## 5.7 Community level – Self help

This component relates to whether information, advice and resources are available to enable self-help (individual coping skills and behaviours are addressed in Section 6.7 and access to services for mental health problems is addressed in Section 7.5).

There is evidence in the grey literature of a positive impact on increased investment and prioritisation for self-help resources for young people’s mental wellbeing during the pandemic

in Wales (Estyn, 2021b; Welsh Government, 2020d; Welsh Parliament, 2020g). Schools and colleges have put in place a range of resources and activities to encourage self-help to improve mental wellbeing (Estyn, 2021b; TE). Teachers (TE) reported various approaches to building self-help skills for mental wellbeing such as “wellbeing weeks”, questionnaires and goal setting. However, the quality and effectiveness of the content, design and accessibility of the online resources and activities is variable and unevaluated (Estyn, 2021b) and there continue to be gaps in accessible information and awareness of self-help provision (Welsh Parliament, 2020g).

Between 2020 and 2021 there was a significant reduction from 53% to 42% in the proportion of 12-18 year olds who said they would be confident accessing help for mental health via a website or social media (Children’s Commissioner for Wales 2020c, 2021a). A lack of culturally appropriate mental health support and mental health information in different languages have been identified as a key barrier to enable young people from Black and minority ethnic groups to access mental health support effectively (Welsh Parliament, 2020a; TE).

## 5.8 Community level - Opportunities for expressing views and being heard

The World Health Organization Regional Office for Europe (2021) urged countries:

*“to recognize children’s and adolescents’ perspectives and give weight to their voices in relation to schooling and interventions during the pandemic; children and adolescents from different age groups and all backgrounds should be asked to provide their perspectives on the measures affecting them and whether they are helping them. Children and adolescents should be involved actively in the decision-making process at school.”* (p.11)

The grey literature and stakeholders highlight the vital importance of engaging young people, hearing their views, needs and experiences and ensuring that these inform health protection response measures (NYA 2020a; Welsh Parliament, 2020h; World Health Organization Regional Office for Europe 2021, 2021a). Most youth participants in a UK based qualitative study felt that they had not had *“a voice during the pandemic or during the recovery process”* (Larcher et al. 2020 p, 3) and this view was also expressed by young people and teachers engaged in the MWIA (YP; TE).

Secondary school pupils in Wales interviewed during school engagement visits by Estyn, valued opportunities to express their views and reported that schools had make changes to provision in response to this during the pandemic (Estyn, 2021a). It was important to the mental wellbeing of young people who participated in the MWIA that their engagement and connections to youth participation initiatives and opportunities to express their views were maintained and, in some cases, expanded (YP). Evidence in Section 7.2 highlights that being listened to supports young people’s mental wellbeing by making them feel valued (YP). Section 4.10 of this report is also relevant here, which explores impacts on democracy and children’s rights in relation to the pandemic.

# 6 Increasing Resilience and Community Assets



## 6.1 Background

**Resilience is an important asset for protecting mental health and wellbeing and preventing mental illness** (Cooke et al., 2011; Davies et al., 2019; Hughes et al. 2018). **A combination of internal and external assets are needed for resilience** (Davies et al., 2019). **There are individual qualities, personal skills and behaviours that contribute to resilience including: positive emotions; health behaviours and cognitive, social and emotional skills** (Davies et al., 2019). **There are also external resources or assets (sometimes called capitals) that support resilience within communities including: social support and relationships; physical assets that enable people to take part in activities and meet together; trusted organisations and people; neighbourhood safety; and cultural practices** (Davies et al., 2019).

Within the MWIA framework “building resilience and community assets” is examined at the individual and community levels as well as within the wider / social determinants structural level (for example: see Physical Environment in Section 4.5). Components related to resilience are also integrated throughout the MWIA assessment framework, with “participation and inclusion” defined as a specific protective factor. Table 10 summarises the impacts on components of “Building resilience and community assets”.

## 6.2 Summary of Impacts

The evidence appraised for “**Building resilience and community assets**” indicates a substantial negative impact on the capabilities and resources for resilience at an individual level, and the key resources and assets that support young people’s resilience at a family and community level. Some positive impacts and opportunities have also been identified - these are summarised in Table 10 below.

**Table 10: Impacts on Building Resilience and Community Assets**

| Component                  | Nature of Impact | Type of Evidence <sup>12</sup> | Description   |
|----------------------------|------------------|--------------------------------|---|
| <b>Individual Level</b>    |                  |                                |   |
| <b>Emotional Wellbeing</b> | Positive         | LR:YP                          | Some studies found increased happiness and lower proportions of young people with feelings of depression and anxiety in 2020. Some young people felt a relief of pressure related to school attendance and academic work. |

<sup>12</sup> Key to evidence sources: LR= Literature Review; YP = qualitative evidence from young people engaged in the MWIA; TE = qualitative evidence from teachers engaged in the MWIA

| Component   | Nature of Impact        | Type of Evidence <sup>12</sup> | Description  |
|---|-------------------------|--------------------------------|--|
| <b>Emotional Wellbeing cont.</b>  | Negative                | LR:YP:TE                       | Evidence of a substantial negative impact, particularly evident in periods of lockdowns and school closures.   |
|   | Population groups (-ve) | LR                             | Young adults compared to adults.<br>Young women aged 16-24<br>Higher anxiety scores in young people with mixed ethnicity in Wales<br>Children from low income families<br>Children with ALN  |
| <b>Ability to understand, think clearly and function socially: Social Skills</b>    | Positive                | -                              | -  |
|   | Negative                | LR:YP:TE                       | Qualitative studies and engagement with young people and schools find negative impacts on social skills and confidence in engaging with people in new situations. Teachers report lost confidence in social, collaboration and problem solving skills on return to school after lockdowns. |
|   | Population groups       | -                              | -  |
| <b>Ability to understand, think clearly and function socially: Cognitive skills</b> | Positive                | -                              | -  |
|   | Negative                | LR                             | Negative impacts on attentional functioning and concentration during lockdown and periods of school and college closures. Decision making skills were also negatively impacted in the 16-24 year olds age group in the spring lockdown period in 2020.                                     |
|   | Population groups       | LR                             | Negative impacts on attention higher in primary age children and boys.<br>Concentration negatively impacted during 2020 lockdown in 16-24 year olds. This recovered in September 2020.   |
| <b>Learning and Development: Formal Learning</b>                                    | Positive                | LR                             | Some pupils developed greater independence in learning, and increased digital, organisational and time management skills.  |
|   | Negative                | LR:TE:YP                       | Confidence in learning dropped during the second lockdown. Worries about learning, education, and falling behind were high and rose during 2021.   |
|   | Population groups (-ve) | LR:TE                          | Children from low income families.<br>Children with ALN  |

| Component  | Nature of Impact        | Type of Evidence <sup>12</sup> | Description   |
|--|-------------------------|--------------------------------|---|
| <b>Learning and Development: Informal Learning</b> | Positive                | LR:YP                          | More time to dedicate to hobbies and interests during the first lockdown. However, in 2021 less children of all ages felt that they were playing or relaxing more suggesting a possible waning of this positive impact in the second wave.                              |
|  | Negative                | LR:TE                          | Lack of access to group activities, after school clubs, school trips, hobbies, leisure and youth work services are identified as having a negative impact on young people's personal and social development.  |
|  | Population groups       | -                              | -   |
| <b>Healthy Lifestyles</b>                          | Positive                | LR                             | Where young people slept more in lockdown, this may have benefitted their mental wellbeing. Increase in fruit and vegetables consumption, home cooking and less fast food during lockdown for some young people.  |
|  | Negative                | LR:TE                          | Overall, negative impacts on physical activity and sedentary behaviour during school closures and lockdowns. Screen time and social media usage increased. Increase in unhealthy snacking. In 2021, 17% of young adults in Wales reported increasing their alcohol use. |
|  | Population groups (-ve) | LR                             | Young people in low income families (physical activity and fruit and vegetable consumption).  |
| <b>Coping Strategies</b>                           | Positive                | LR:YP                          | Young people have actively used a wide range of coping strategies during the pandemic   |
|  | Negative                | LR: TE                         | Some coping strategies have not been available due to school closures and some are less effective including avoidance and keeping feelings to one's self.   |
|  | Population Groups       | -                              | -   |
| <b>Community Level</b>                             |                         |                                |   |
| <b>Trust and Safety: Feeling Safe (general)</b>    | Positive                | -                              | -   |
|  | Negative                | LR:TE                          | Young people demonstrate a strong awareness and anxiety about risks to their own and loved ones health and safety. Reduction in feeling safe in 7-18 year olds in Wales between 2020 and 2021.  |
|  | Population Groups (-ve) | LR                             | Lower levels of feeling safe in young people with disabilities, those from Black Asian and minority ethnic backgrounds and those aged 12-18 compared to 7-11 year olds.   |



| Component   | Nature of Impact        | Type of Evidence <sup>12</sup> | Description   |
|---|-------------------------|--------------------------------|---|
| <b>Trust and Safety - Sense of Safety in Local Area</b>                                   | Positive                | LR                             | Primary school children in Wales felt safer in their local area during the pandemic compared to 2018 and 2019.  |
|   | Negative                | LR                             | Those in receipt of free school meals felt less safe in their local areas compared to 2018 and 2019.  |
|   | Population Groups (-ve) | LR                             | Young people from low income families.  |
| <b>Trust and Safety – Feeling safe returning to school and college</b>                    | Positive                | LR                             | Most parents and older learners aged over 16 felt comfortable returning to onsite learning.   |
|   | Negative                | LR: TE                         | A majority of parents were concerned about children catching coronavirus at school and spreading this in their families and communities.  |
|   | Population Groups       | -                              | -   |
| <b>Trust and Safety – Bullying</b>  | Positive                | LR                             | Relief from bullying due to school closures for some young people.  |
|   | Negative                | LR                             | Potential for more exposure to cyberbullying.   |
|   | Population Groups (+ve) | LR                             | Children with disabilities and mental health problems report a relief from bullying due to school closures.   |
| <b>Trust and Safety – Adverse Childhood Experiences (ACE's), including youth violence</b> | Positive                | -                              | -   |
|   | Negative                | LR:TE                          | Increase in incidence of a range of ACEs including parental alcohol consumption, domestic and physical abuse. Disrupted access to trusted adults and safeguarding systems. Indication of a rise in youth violence in school settings. |
|   | Population Groups (-ve) | LR                             | Young people experiencing ACEs.   |
| <b>Social Networks and Relationships – Loneliness and Isolation</b>                       | Positive                | -                              | -   |
|   | Negative                | LR:YP:TE                       | Missing contact with friends and family and feeling lonely and isolated are the major factors that young people say has affected how they felt and their worries during the pandemic.   |
|   | Population Groups       | -                              | -   |

| Component   | Nature of Impact        | Type of Evidence <sup>12</sup> | Description   |
|---|-------------------------|--------------------------------|---|
| <b>Social Networks and Relationships – Quality of Relationships</b> | Positive                | LR:YP                          | Closeness to parents associated with lower psychological distress. Some young people report more quality time and improved relationships with family, and new friendships and networks.   |
|   | Negative                | LR:YP:TE                       | Some young adults report worsening social relationships and conflict in relationships is linked to worse mental wellbeing outcomes. There have been challenges to rebuilding social skills and healthy peer relationships after lockdown. |
|   | Population Groups (-ve) | -                              | -   |
| <b>Emotional Support</b>  | Positive                | LR:YP:TE                       | Schools and colleges developed many new approaches to providing emotional support. Online engagement has provided some mitigation, but the quality of communication, relationship and empathy can be affected.                            |
|   | Negative                | LR:TE                          | Evidence of an increased need for emotional support during the pandemic. Social distancing, school closures and lockdowns have disrupted many usual sources of informal emotional support and access to trusted adults.                   |
|   | Population Groups       | LR                             | Young people with mental health problems  |
| <b>Shared Public Spaces</b>   | Positive                | -                              | -   |
|   | Negative                | LR                             | Shared public spaces are important assets for young people’s social relationships were closed for long periods. Groups of young people in open public spaces can be perceived negatively.   |
|   | Population Groups       | -                              | -   |
| <b>Arts and Creativity</b>  | Positive                | LR:YP                          | Young people have identified arts and creative activities as an important coping strategy during the pandemic and these activities have been found to help with emotional wellbeing.  |
|   | Negative                | LR                             | Young people had strong participation in arts events prior to the pandemic, therefore, the loss of access to these activities during lockdowns is identified as a negative impact.  |
|   | Population Groups       | -                              | -   |

### 6.3 Individual level - Emotional wellbeing

Emotional wellbeing is the “feeling” or “affective” element of mental wellbeing, including emotions such as happiness, life satisfaction, optimism, joy, feeling connected to others and feeling that what you do in your life is worthwhile.

A large body of evidence identifies significant negative impacts on young people’s emotional wellbeing during the pandemic. Whilst many studies are cross sectional (Adegboye et al., 2021; Akkaya-Kalayci et al., 2020; Aslan et al., 2020; Children’s Commissioner for Wales, 2020c, 2021a; Dragun et al., 2021; ImpactEd, 2021; James et al., 2021a; Orgilés et al., 2020; Rogers et al., 2021; Sun, Lin, and Chung, 2020; Zhang et al., 2020), providing a “*snapshot*” of this impact at a particular point in time, systematic reviews conclude that there has been a significant negative impact (Chaabane et al., 2021; Jones et al., 2021; Meherali et al., 2021; Viner et al., 2021). A survey of Year 6 pupils in Wales with a 2019 comparative sample found a small reduction in life satisfaction, but large increases in clinically significant emotional difficulties and an increase in ‘average scores’ for emotional difficulties in 2021 (Angel et al., 2021).



Studies in the UK that are tracking outcomes across time report fluctuating impacts on measures of emotional wellbeing during the pandemic (Alma Economics, 2021; Creswell et al., 2021; Hurter et al., 2021; Hughes et al., 2021a) and demonstrate an association of increases in emotional and behavioural difficulties at times of greater restrictions and school closures (Alma Economics, 2021; Creswell et al., 2021; Hurter et al., 2021). Recovery to pre pandemic baselines or better was observed on some wellbeing measures contained in longitudinal studies as lockdown eased and schools reopened in September 2020 (Alma Economics, 2021).

A survey in Wales highlighted that there was a reduction in the proportion of young people aged 7-18 reporting that they were happy “most of the time” between May 2020 and January 2021 (Children’s Commissioner for Wales, 2020c; 2021a). Most children aged 7-11 felt happy “most of the time” but this proportion decreased between 2020 (66% in May 2020) and 2021 (59% in January 2021). Around 10% felt worried and sad most of the time in 2020 and 2021 and this did not change significantly for this age group across the two time periods. In 12–18-year-olds, 50% felt happy “most of the time” in May 2020 and this fell to 39% in 2021. There was also an increase of 6% in those feeling worried or sad most of the time between 2020 and 2021, so that in 2021 around a fifth of this age group were worried or sad “most of the time”. Another survey with young people aged 8-18 (n= 1,681) in Wales found that when asked “How does lockdown make you feel?”, 75% provided a negative response including worry, anxiety, sadness, boredom and fear as a reason; 12% provided positive emotional responses including using words such as happy, safe, great or okay, and 13% gave a mixed response (Hurter, 2021).

In Wales, reduced levels of contact with friends and family were reported as main factors impacting on feelings by 12-18 year olds, followed by school or college closing (Children’s Commissioner for Wales, 2020a, 2021; Angel et al., 2021) – which indicates the significant impact of school closures and social distancing policies. In another survey across Wales, primary school aged children wanted to play with their friends more and to be able to do more physical activity in order to feel happier during the pandemic, and secondary school

aged children identified stressors from home schooling and academic assessments as a key contributory factors to raised anxiety (James et al., 2021a). Qualitative insights from young people who participated in the MWIA highlighted stressors such as educational disruption, workload management and uncertainty over exams (YP).

Younger adults in Wales felt less happy, more anxious, more concerned about their mental health, and more likely to report it had deteriorated than older adults (Hughes et al., 2021a). Longitudinal data indicates a significant negative impact on measures of mental wellbeing in young people aged 16-24 during the first lockdown in 2020, although these did return to the 2019 baseline or better by September 2020 (Alma Economics, 2021).

A smaller body of evidence points to positive impacts and the majority of this evidence is from 2020. Examples of positive impacts are increased happiness for around a third of younger pupils (Mansfield et al., 2021), a lower proportion of young people with feelings of depression (Twenge et al., 2020) and anxiety (Widnall et al., 2020). Feeling less stressed due to being out of the school environment (Children's Commissioner for Wales, 2020a and 2021a; Widnall et al., 2020; YP), more quality time with family (Children's Commissioner for Wales, 2021a; Mansfield et al., 2021; Twenge et al., 2020) and adolescents sleeping more (Twenge et al., 2020) are key factors identified by authors as contributing to positive impacts. An important finding by Widnall et al. (2020) is that secondary school pupils with low school connectedness pre-pandemic had improved average rates of anxiety, depression and wellbeing during lockdown and school closures.

Measures of emotional wellbeing collected during the pandemic tend to reflect pre-existing differences, with higher rates of emotional symptoms, such as anxiety, for girls (James et al., 2021a; Shum et al., 2021), female adolescents and young women (Hughes et al., 2021; ImpactEd, 2021; James et al., 2021a; Jones et al., 2021; Meherali et al., 2021). Prior to the pandemic emotional wellbeing decreased with age in young people (Page et al., 2021) and there is mixed evidence on relative impacts between primary and secondary school aged children. Young people with ALN and living in low-income families have been found to have higher and more persistent levels of emotional difficulties during the pandemic (Skripkauskalte et al., 2021).

Young people involved in the MWIA spoke of high levels of stress and worry linked to uncertainty and rapid adjustments and changes in grade and exam expectations (YP) and they highlighted differences in emotional wellbeing during the 2020 and 2021 lockdowns which were linked to changes in assessment expectations (YP). Teachers who participated in the MWIA identified a range of impacts on the emotional wellbeing of young people, including increased frustration, inability to focus and complete tasks, anxiety, and disruptions to social relationships causing a loss of confidence in social settings. There was a consensus that as children returned to school their emotional wellbeing was a prerequisite to re-engaging successfully with learning in school (TE).

*“A lot of focus was on academics, education can always go back but emotional wellbeing is an important message, which was lost from school.”*

*(Young person who participated in a MWIA workshop in spring 2021)*

“Mental health improved during lockdown, rather than being in school, which is very pressured. Especially when exams were cancelled, I was more happy and relaxed, benefited from the good weather.”

(Young person who participated in a MWIA workshop in spring 2021)

## 6.4 Individual level - Ability to understand, think clearly and function socially

This component relates to cognitive and social skills that are important for mental wellbeing and resilience, such as problem solving, decision making, social and communication skills. Cognitive skills and executive function abilities have been found to reduce mental health difficulties and promote recovery after disasters (Williams, 2020). In November 2020, it was recognised by the Welsh Government (2020e) Technical Advisory Group Children and Education Subgroup that:

*“School closures are very likely to affect the mental health of adolescents, are moderately likely to impair students’ cognitive, social, and emotional developmental outcomes”* (Welsh Government, 2020e, p. 5).

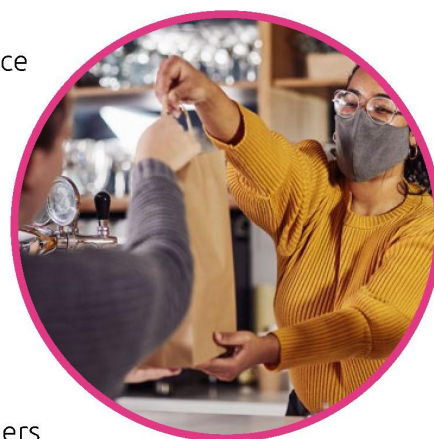


Longitudinal and cross-sectional studies indicated a negative impact on attentional functioning / concentration during lockdown and periods of school and college closures across all age ranges (Branquinho et al., 2020; Creswell et al., 2021, Alma Economics, 2021). For the first year of the pandemic, on average parents/carers reported higher levels of attentional difficulties for primary (4-10 years old) compared to secondary (11-17 years old) school aged children and in boys compared to girls (Shum et al., 2021).

Estyn reported observations from schools that some pupils had a reduced capacity to concentrate on returning to school in autumn 2020 and spring / summer 2021 (Estyn, 2020; 2021a; 2021c; 2021d). Decision-making skills were also negatively impacted in the 16–24-year-olds age group in the first lockdown period in 2020, however, there is evidence of a recovery in these measures to pre pandemic levels in September 2020 (Alma Economics, 2021).

Adolescence is recognised as a critical time for social development, during which the areas of the brain involved in social perception and cognition that enable the understanding of others develop significantly (Orben et al., 2020). In Wales, 39% of parents said that they were very or extremely concerned about children’s social and emotional development being damaged by schools returning to normal too slowly, with 35% somewhat concerned and 27% not concerned at all (Hughes et al., 2020). Data from the UK ‘Co Space’ study reveals there was very limited social contact with friends via all methods of communication particularly for children of primary, but also secondary school age during spring and summer 2020 and a slow return to face to face contact (Pearcey et al., 2020). This is likely to have severely limited opportunities to use and develop social skills. This is discussed in Section 6.9 in more detail.

Evidence from qualitative studies and engagement with young people identified negative impacts on social skills and confidence in engaging with people in new situations (Branquinho et al., 2020; Scottish Government, 2021; YP). The study in Scotland identified “*a general social deconditioning- relating to a reduced ability to live and interact with others in homes and communities*” (Scottish Government, 2021, p.26) leading to participants feeling more wary and uneasy about being in close proximity to others (Scottish Government, 2021). A survey by Mind in Wales found that over half of young people (53%) were worried about being near and seeing other people once restrictions eased (MIND Cymru, 2021). Schools and teachers in Wales have also identified concerns about negative impacts on social and collaboration skills (Estyn 2020; 2021c; TE) and identify direct links to emotional problems requiring intervention (Estyn, 2021a, p.7).



Young people who participated in the MWIA highlighted that the pandemic had created barriers and / or delayed opportunities to build social skills and confidence needed for the workplace (YP). However, online interaction was seen to help mitigate this somewhat. Teachers also highlighted negative impacts on social skills, relationships and problem solving skills (TE).

“I’m better at online relationships, but it’s put a barrier to public-facing jobs because I’ve missed out on those skills and confidence.”

(Young person who participated in a MWIA workshop in spring 2021)

“They’ve not been put in new situations for a long time, whereas they may have faced new scenarios almost on a weekly basis, they’ve been shut off from them, and that they have lost skills and I think you know we we’re going to see the effects of that I think for a long time to come, with all year groups.”

(Teacher who participated in a MWIA workshop in spring 2021)

“Children needed to learn to get along again – their relationships with each other were extremely difficult on return to school.”

(Teacher who participated in a MWIA workshop in spring 2021)

## 6.5 Individual level - Learning and development

**Changes to education, learning and personal development opportunities are key pathways** through which the pandemic has impacted on mental wellbeing and **is a cross cutting theme in the MWIA**. The focus in this section is how the pandemic has impacted on the experience of formal education and opportunities for informal learning and personal development. Section 4.2 synthesises key evidence on the structural, access and equity issues related to access to education during the pandemic.

### 6.5.1 Formal learning

There is strong evidence about the impact of changes to formal education on young people's mental wellbeing during the COVID-19 pandemic. The Technical Advisory Group (TAG) on Schooling during the COVID-19 pandemic of the WHO Regional Office for Europe (2021) stated that *"school closures have been shown to be detrimental to child health and wellbeing and educational outcomes"* (p.3) and *"online teaching therefore remains a suboptimal alternative"* (p.7).

School and college closures were one of the top three changes that most affected how young people aged 12-18 in Wales were feeling during the first and second lockdowns, (Children's Commissioner for Wales, 2020c; 2021a). Just over half of 7-18 years olds felt confident about their learning during the first lockdown in spring 2020, with 25% lacking confidence and 24% choosing a neutral answer (Children's Commissioner for Wales, 2020c). Confidence in learning dropped during the second lockdown and there was a marked decrease in confidence in learning as age increases. When asked what extra help they needed, more help with school work was a top three priority across all age groups responding to the 2021 survey (Children's Commissioner for Wales, 2021a).



Feelings about exams being cancelled in 2020 varied among 12-18 year olds, with 50% feeling uncertain, 18% worried, 17% happy and 6% angry (Children's Commissioner for Wales, 2020c). Young people expressed a wide range of worries about their learning and education, and 54% were worrying about falling behind with learning in 2020, rising to 63% in 2021 (Children's Commissioner for Wales, 2020c; 2021a).

Engagement with schools by Estyn and a survey of pupils in Wales identified negative impacts on the mental wellbeing of those in secondary school, particularly stress and anxiety linked to uncertainty over examination arrangements in Autumn 2020 and the high volume of continuous assessment required for the alternative to exams in spring 2021 (Estyn, 2021a; 2021e: James et al., 2021a). Young people surveyed believed that educational settings needed to prioritise pupil wellbeing and access to mental health support (James et al., 2021a).

Schools also reported positive impacts for some pupils learning skills during the pandemic including greater independence in learning, and increased digital, organisational and time management skills (Estyn 2021a; 2021c; 2021d). Some young people have enjoyed learning at home and the opportunity to be more in control of their learning (Children's Commissioner for Wales, 2020c).

A survey of learners in Wales aged 16 or older (Mylona and Jenkins, 2021) identified a number of mental health challenges and impacts caused by the disruptions they have faced as a result of COVID-19 (See BOX 3). 54% either agreed or tended to agree that they felt positive about online learning, with 32% disagreeing or tending to disagree and 50% said that they had personal difficulties in adjusting to remote individual learning.

**BOX 3: Positive and negative impacts of remote learning for learners aged 16 and over (Mylona and Jenkins, 2021)**

**Positive impacts of learning remotely included:**

- The flexibility of working from home
- Feeling more comfortable and safe
- Improvement in IT skills
- Improved access for students with disabilities or long term health conditions

**Negative impacts of learning remotely included:**

- Distractions at home
- Adapting to new teaching styles
- Lack of motivation
- Lack of direct support (Mylona and Jenkins, 2021).

A number of studies suggest that students in higher education struggled to get used to the new modalities of teaching and learning, preferred face-to-face learning and had worries about learning outcomes, academic record, and potential difficulties in finding a job (Villa et al., 2020; Aguilera-Hermida, 2020; Tasso et al., 2021).

Young people who participated in the MWIA gave many examples of the impact of changes to learning on their mental wellbeing, and felt that this had been one of the most significant factors affecting them during the pandemic. The young people reported that they were frustrated and angry at the lack of clarity about exams and assessment during 2020 and 2021, for example, young people said there were variations in how different schools were undertaking assessments in their area (YP).

Learning and development was raised as an issue by teachers and lecturers throughout the focus groups, with strong links made to all of the protective factors and components. Many comments made related to the need to focus on young people’s mental wellbeing, trust and safety as prerequisites for engagement in effective learning. Teachers also reported that children had missed out on mutual self-help and working collaboratively during lockdown (TE).

*“Education was the biggest factor for young people, anxieties both for the present and the future.”*

(Young person who participated in a MWIA workshop in spring 2021)

*“Children missing out on getting ideas from one another, that community spirit, feeding off each other and enhancing their ideas by working together, collectively – you can’t do the same online.”*

(Teacher who participated in a MWIA workshop in spring 2021)



## 6.5.2 Informal learning

A number of surveys with young people highlight positive aspects of their experience of lockdown, which included having more time to spend on hobbies, creative pursuits, develop new interests and learn new skills (Children's Commissioner for Wales, 2020c; The Children's Society, 2020; Barnardo's, 2020). The authors suggest that in "normal" times, children's lives are often very busy, and that the lockdown had given more space and time for learning and enjoyment (Children's Commissioner for Wales, 2020c). In addition, 53% of 7–11-year-olds stated that they were playing more since schools closed, and 61% of 12–18 year olds reported that they were relaxing more (Children's Commissioner for Wales, 2020c). Young people engaged in the MWIA also highlighted opportunities for personal development (YP).



In the 2021 Coronavirus and Me survey, 22% of 12–18-year-olds stated that they had more time to learn new things, however, less children of all ages felt that they were playing or relaxing more compared to the 2020 survey suggesting a possible waning of this positive impact (Children's Commissioner for Wales, 2021a). Lack of access to informal learning due to restrictions on extracurricular activities in school (Estyn, 2021a) and the closure of group activities, hobbies, leisure and youth work services are identified as having a negative impact on young people's personal and social development (NYA 2020a; Barnardo's 2020; OFSTED 2020; TE).

A young person who participated in the MWIA noted a positive impact on their development:

*"I have developed as a whole and thrived through taking up a lot of opportunities and getting involved in lots of new things due to the time available."*

(Young person who participated in a MWIA workshop in spring 2021)

## 6.6 Individual level – Healthy Lifestyles

Key health behaviours impacted by the COVID-19 pandemic and relevant to mental wellbeing include healthy eating, physical activity, alcohol and substance use, sleep, screen time and social media use. Teachers involved in the MWIA observed that a number of health behaviours have been negatively impacted for some children during lockdowns including loss of routines, weight gain, disrupted sleep due to late night gaming, loss of structured eating times and loss of fitness (TE).

### 6.6.1 Physical activity and sedentary behaviour

19% of 12–18-year-olds in Wales noted that changes to physical activity and how often they could exercise impacted how they felt during the pandemic and 13% identified that sports centres and clubs closing affected how they felt (Children's Commissioner for Wales, 2021a). A survey of primary school children in Wales aged 8–11 years in the first lockdown between April–June 2020 found a small increase (from 23% to 27%) in the number achieving 60 minutes of physical activity a day compared to data collected in 2019 (James et al. 2021b).

However, other surveys identify a decrease (Angel et al. 2021), and physical activity during the pandemic has been highlighted to be significantly lower in children eligible for Free School Meals (James et al 2021b). Some primary schools in Wales observed a reduction in physical fitness in some children on return to school after lockdown in 2021 (Estyn, 2021d) and this is supported by evidence from teachers who participated in the MWIA (TE).

A study conducted on physical activity levels in young people aged 8-18 during lockdown in January 2021 and April 2021 when schools reopened fully in Wales (Hurter et al. personal communication) found low levels of physical activity, with the average in lockdown almost half the recommended level, however, physical activity levels increased as soon as children went back to school. Sedentary time was exceptionally high in lockdown, and when school returned the average sedentary time reduced, but was still high at 767 min per day.

Systematic reviews on physical activity and sedentary behaviour during lockdowns and schools closures during the COVID-19 pandemic found increases in sedentary behaviour (Stockwell et al., 2021) and overall a decrease in physical activity was reported in greater numbers (Viner et al., 2021). 31% of younger adults aged 18-29 reported increasing levels of exercise during the first lockdown in spring 2020 (Hardcastle et al., 2020b).

Keeping physically active, in particular walking, was frequently mentioned by young people participating in the MWIA as an important coping strategy for maintaining mental wellbeing during lockdown. One young person made a clear link to the benefits of staying engaged in team sports for maintaining both fitness and social contact during the pandemic (YP). However, another believed that the messaging on physical activity needed to be more realistic:

*“I know a walk can help my mental health, but exercise is often promoted or perceived to be really hard and it has to be intensive to get any benefit. But this is not the case there needs to be more realistic messaging.”*

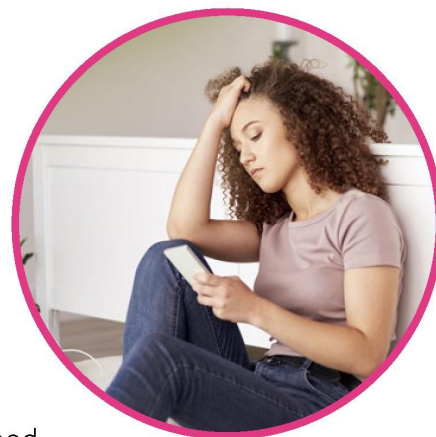
(Young person who participated in a MWIA workshop in spring 2021)

## 6.6.2 Screen time, the digital environment and social media

The COVID-19 pandemic has completely transformed the role and use of digital technologies and social media in young people’s lives. School closures and social distancing have *“meant that access to the digital environment is essential for children’s education, socialisation with peers, play, entertainment and self-expression”* (OECD, 2020). The OECD identify potential risks associated with content, contact and conduct online, and physical and mental wellbeing impacts, alongside potential benefits of utilisation in the pandemic situation (OECD, 2020). As such, the role of screen time, digital technology and social media is relevant to impacts across the protective factors for mental wellbeing in relation to: access to knowledge and information about the pandemic (Section 5.5); access to self-help information (Section 5.7); trust and safety (Section 6.8); loneliness and social relationships (Section 6.9); access to mental health services (Section 7.5); impacts on formal and informal learning (Section 6.5) and structural inequalities in access to digital technology and connectivity (Section 4.13). The implications of social and digital media for loneliness and quality of social relationships during the pandemic are covered in more detail in Section 6.9.

The HAPPEN at home survey of primary school children in Wales aged 8 – 11 years in the first lockdown between April - June 2020 found that screen time for children in non-Free School Meal households almost doubled compared to their surveys in 2018 and 2019 and was greater than those in receipt of Free School Meals (FSM) (James et al., 2021b). The authors suggest that this higher screen time is likely to be linked to more time spent on online learning by children in non-Free School Meal households (James et al., 2021b). A systematic review on the impact of school closures on health and wellbeing, identified a consistent finding that screen time increased significantly during school closures in high income countries (Viner et al. 2021) and a range of international studies report an increase in screen time (Copeland et al., 2021; Ellis et al., 2020; Hawke et al., 2020; Bates et al., 2020; Munasinghe et al., 2020; Imran et al., 2020; Adibelli and Sümen, 2020; Tso et al., 2020).

Problematic social media use has been associated with lower adolescent mental wellbeing and higher risk of both cyber-bullying victimisation and perpetration (Craig et al., 2020; NHS Digital, 2021; OECD, 2020; Page et al., 2021). Increased use (and unsupervised use) of the internet and social media have been identified as one pathway through which the pandemic could impact on young people’s mental health and wellbeing (Jones et al., 2021; Cresswell et al., 2021; Meherali et al., 2021). Additionally, some authors highlight that it is not only the amount of time spent on social media, but also the type of activity, purposes for using social media (Ellis et al., 2020; Cauberghe et al., 2020; OECD, 2020) that need to be understood in order to evaluate the impact. For example, the study by Cauberghe et al. (2021) identified three coping strategies that adolescents used social media for during the pandemic: active coping; using social media as a substitute for physical social relations; and entertainment and humour.



A range of UK based studies indicate an increase in use of social media during the pandemic (Hardcastle et al., 2020b; Women in Sport, 2021; Widnall et al., 2020). Negative impacts of increased utilisation have included: more sedentary behaviours (Women in Sport, 2021); poorer mental health and wellbeing (Meherali et al., 2021; Women in Sport, 2021; Zhao and Zhou, 2020); depression symptoms (Ellis et al., 2020; Murata et al., 2021); increase in loneliness and less social support seeking (Lisitsa et al., 2020); using social media as a substitute for physical social contact made adolescents less happy (Cauberghe et al., 2020); exposure to distressing news (Ellis et al., 2020; Zhao and Zhou, 2020); exposure and harm from images of sexual abuse (internet Watch Foundation, 2021).

Positive impacts of utilisation included: staying connected with friends and wider family (Women in Sport, 2021; Rogers et al., 2021; Scottish Government, 2020); engagement with online exercise (Women in Sport, 2021); relaxation, entertainment, humour and relief from boredom (Cauberghe et al., 2021; Women in Sport, 2021); active coping strategies to relieve anxiety (Cauberghe et al., 2021).



### 6.6.3 Sleep

There are mixed findings of the impact of the pandemic on sleep quantity and quality. A greater proportion of children in Wales aged 8-11 had the recommended 9 hours sleep than before the pandemic (James et al., 2021b) and having more sleep was associated with higher wellbeing in this age group (James et al., 2021b). Results from the Public Health Wales Engagement Survey during spring 2020 found that 43% of young people aged 18 -29 reported sleeping well less often (Hardcastle et al., 2020b).

A number of studies identify impacts on quality and amount of sleep including: less sleep (Copeland et al., 2021); disruptions to sleep or reduced sleep quality (Barnardo's 2020: YouGov survey of 4,000 8-24 year olds; June 2020; Bates et al., 2020; Marelli et al., 2020); increases in the amount of sleep (Gruber et al., 2020; Hawke et al., 2020; Dragun et al., Sañudo et al., 2020; Adibelli and Sümen, 2020). In adults, sleep was a predictor of stress, depression, loneliness, and coping skills (Varma et al., 2020), however, a study of young adults in the US indicated a reverse relationship, finding that depression and anxiety symptoms predicted poor sleep quality (Hyun et al., 2020). Twenge et al. (2020) found that amount of sleep was associated with depression in teenagers during the first wave of the pandemic; 16% of teens who regularly got at least seven hours of sleep were depressed, compared to 31% of teens who did not (Twenge et al., 2020). By comparing their data with pre pandemic findings, the authors suggest that teenagers getting more sleep is a positive impact of lockdown on mental wellbeing (Twenge et al., 2020).

### 6.6.4 Healthy Eating

There are a range of findings related to young people and healthy eating during the pandemic. Most of the evidence relies on cross sectional surveys, although some used detailed food diary methods. Positive impacts include: increases in home cooking food (Sustain, 2020; Biteback, 2020); consuming more fruit and vegetables in some cases (Sustain, 2020; Biteback, 2020); reduction in fast food consumption (Munasinghe et al., 2020; James et al., 2021b); increases in water consumption (Biteback, 2020). Negative impacts include: increase in unhealthy snacking (Sustain, 2020; Biteback, 2020, Defeyter and Mann, 2020); eating less fruit and vegetable during lockdown by children in receipt of free school meals in England and Wales (James et al., 2021b; Defeyter and Mann, 2020); less nutritional food during the lockdown among university students (Copeland et al., 2021).



### 6.6.5 Alcohol and Substance misuse

In spring 2020, 27% of young adults aged 18-29 in Wales said that they had increased their alcohol use during lockdown (Hardcastle et al. 2020b). Moving into spring 2021 when asked to compare their use of alcohol with before the pandemic, 17% of younger adults (ages 18-34) reported increasing their alcohol consumption (Hughes et al. 2021). A rapid systematic

review of the impact of the COVID-19 and past pandemics on the mental health of children and adolescents identified studies linking adverse mental health impacts with “engagement in unhealthy behaviours such as substance abuse” (Meherali et al., 2021).

There are a range of findings from international studies on both the frequency and intensity of alcohol and other substance use in young people including less frequent drinking in smaller quantities on average and half not changing their drinking habits during lockdown (Glowacz and Schmits, 2020); a decrease in substance use in 14 to 28-year-olds (Hawke et al., 2020) and higher alcohol misuse levels during the pandemic (Charles, 2020). The changing context of alcohol and substance use during the pandemic i.e., from social to lone use during lockdown is also identified by authors as an important issue (Glowacz and Schmits, 2020), which may also influence the level of harm alongside absolute rates of use.

## 6.7 Individual level - Coping behaviours<sup>13</sup>

Young people have actively used a wide range of coping strategies during the pandemic, many of these activities such as connecting with others, maintaining a routine, keeping physical active, creative and arts activities, thinking strategies, learning new skills, maintaining hobbies and interests, getting outdoors are recommended by public health agencies for promoting good mental wellbeing (Public Health Wales, 2020; NHS England, 2020a, Mental Health Foundation, 2020).

Key coping strategies utilised by young people during the pandemic have included:

- Maintaining connections with family and friends (The Children’s Society, 2020; Branquinho et al., 2020; Hawke et al., 2020; Children’s Commissioner for Wales, 2021a; Barnardo’s, 2020)
- Connecting with a pet (Hawke et al., 2020; Barnardo’s, 2020)
- Having creative outlets and engagement in the arts (The Children’s Society, 2020; Barnardo’s, 2020; Mak et al., 2021)
- Going outdoors /exercising outdoors (Children’s Commissioner for Wales, 2021a; Barnardo’s, 2020)
- Keeping physically active (The Children’s Society, 2020; Pigaiani et al., 2020; Children’s Commissioner for Wales, 2021; Barnardo’s, 2020)
- Maintaining a routine (Branquinho et al., 2020, Glynn et al., 2021, Barnardo’s, 2020).
- Engaging in leisure activities and hobbies (Branquinho et al., 2020; Pigaiani et al., 2020; Hawke et al., 2020; Barnardo’s, 2020)
- Doing school work activities (Children’s Commissioner for Wales, 2021a)
- Reading and writing (Children’s Commissioner for Wales (2020f))
- Cooking healthy meals (Children’s Commissioner for Wales (2020f))
- Learning new skills (Children’s Commissioner for Wales (2020f))
- Following risk prevention and infection control advice and social distancing guidelines (The Children’s Society, 2020; Pigaiani et al., 2020; Barnardo’s, 2020)
- Acceptance, self-distraction, positive reframing, active coping, and planning (Hawke et al., 2020)

<sup>13</sup> Within the literature review conducted for the MWIA, coping behaviours were identified as a specific theme arising from the literature on resilience during the COVID 19 pandemic, and therefore, the WG decided that this should be addressed as a specific component within the appraisal and as a discussion topic for the focus groups conducted for the MWIA.

- Coping strategies, capabilities and skills associated with positive outcomes for mental health and wellbeing during COVID-19 were:
- Maintaining a routine (Glynn et al., 2021)
- Positive coping strategies (including positive appraisal and thinking, distancing, problem-solving and help-seeking) (Zhang et al., 2020)
- Resilience (Yang et al., 2020a; Yang et al., 2020b; Bono et al., 2020; Sánchez-Teruel et al., 2020; Zhang et al., 2020)
- Emotional regulation (Yang et al., 2020a; Yang et al., 2020b)
- Doing new activities (Pigaiani et al., 2020)
- Engaging in physical activity (Pigaiani et al., 2020)
- Engagement in arts (Mak et al., 2021)

Less effective coping strategies (including avoidance behaviour, keeping feelings to oneself, avoiding the situation, and staying away from people) were found to be a risk factor for depression, anxiety, stress symptoms, and trauma-related distress in junior high and high school student in China in 2020 (Zhang et al., 2020). A survey of university students found that task-oriented coping (such as troubleshooting, seeking relevant information, or trying to change or eliminate the source of stress) was positively related to anxiety (Rogowska et al., 2020).

A wellbeing survey (“Upstream Cymru”) using validated measures of mental wellbeing and resilience carried out with over 800 secondary school pupils in Wales during 2020 and 2021 (MacKie, 2021, personal communication) gives some insights into levels of self-efficacy, resilience and coping behaviours during the pandemic and provides an indication of a need for additional support:

- 44% said that they had been dealing with problems well often or all of the time
- 27% said that they had been dealing with problems well rarely or none of the time
- 50% agreed that “when things don’t go my way, I can fix it without hurting myself or other people”
- 15% disagreed that “When things don’t go my way, I can fix it without hurting myself or other people” and 34% said this was sometimes possible

Young people who participated in the MWIA spoke in detail about how they have deployed new thinking strategies and behaviours to help them cope and spoke about the importance of having “*realistic coping strategies*” (YP). The tips for coping with lockdown on *page i* demonstrate that the young people engaged in the MWIA had all found their own ways to adapt and cope with a very new and difficult situation. Teachers engaged in the MWIA varied in their views on the strength of coping strategies available to the children they taught (TE) and highlighted that some coping strategies have not been available due to school closures, for example, opportunistic supportive conversations with school staff. However, schools and other agencies have put in place information and online interventions to help young people develop coping skills.

## 6.8 Community level - Trust and Safety

Feeling safe and secure, that you can trust the people around you, and any agencies that you may need help and support from, are fundamental to mental wellbeing. Conversely, experiences of violence and abuse damage mental wellbeing and are risk factors for mental disorder (Hughes et al., 2018). Young people have experienced a major change in the world to around them during the COVID-19 pandemic. The awareness of a new, pervasive threat to the safety of their families and communities, and messages about the need to “stay safe” in completely new ways have become omnipresent. Environments that were part of daily life for children, such as schools, playgrounds, leisure facilities have been experienced in new ways as potential locations of infection, requiring infection control measures and attention to social distancing behaviours. Due to the closure of schools, young people have also been distanced from trusted adults, agencies, and environments that have responsibilities to ensure their safety.



The MWIA appraisal has identified impacts of the pandemic on trust and safety in a number of key areas: general feelings of safety in relation to the pandemic situation; feeling safe returning to school and college and other environments during and after lockdown; bullying; and Adverse Childhood Experiences including youth violence.

### 6.8.1 General feelings of safety

There has been a profound change to the societal environment that children are growing up in with regards to what it means to be “safe”. New risks have been attached to daily interactions and familiar environments related to a novel infectious disease, and young people demonstrate a strong awareness and anxiety about risks to their own and loved ones health and safety.

The majority of 7-11 year olds felt safe most of the time during the spring 2020 (90%) and in the early 2021 lockdown (86%) (Children’s Commissioner for Wales, 2020c; 2021a). However, more than 20% of young people aged over 12 did not, increasing with age to 43% of 18 year olds and there was also a reduction in feeling safe across both age groups between 2020 and 2021 (Children’s Commissioner for Wales, 2020c; 2021a). Young people responding to the accessible survey for those with ALN, and responses from Black Asian and Minority Ethnic Groups both indicated lower levels of feeling safe. The major safety concerns across all respondents were linked directly to the coronavirus and fears of either personally becoming unwell from coronavirus or people that are important to the young person becoming unwell (Children’s Commissioner for Wales, 2021a).

Whilst overall primary school children report feeling safe in their local area during the pandemic, those in receipt of Free School Meals felt less safe (James et al., 2021b). Approximately one in three Year 6 pupils in Wales reported persistent worries about their family becoming ill or going outside in 2021 (Angel et al., 2021).

## 6.8.2 Feeling safe in returning to the school environment

In relation to feeling safe in returning to the school environment in 2020, two thirds of young people in one survey expressed worry about returning to school and the majority of worries were linked to concerns about COVID-19 and risks of infection and safety measures (Meic, 2020). Another survey found 32% of Year 6 pupils had persistent worries about going back to school (Angel et al., 2021).

The majority of parents in Wales (75%) were very or somewhat comfortable about their child returning to full time school in September 2020, however 24% were not comfortable (Hughes et al., 2020). 37% of parents were very or extremely concerned and 47% were somewhat concerned about children catching coronavirus at school and spreading this in their families and communities (Hughes et al. 2020). For learners over the age of 16 in winter 2020 the majority (79%) of respondents indicated that they were happy to return to their learning/training provider. Other qualitative studies with young people indicate concerns over safety on returning to school (Larcher et al., 2020).

Teachers who participated in the MWIA recognised that young people needed to feel safe as a prerequisite for them being able to engage in learning when back at school.

*“Because I think in schools we ultimately would like to get to learning and development but I think unless those...(trust and safety) are present for the child then I think that they're not in the right head space to learn so they have to feel that in school it's a safe place.”*

*(Teacher who participated in a MWIA workshop in spring 2021).*

## 6.8.3 Bullying

Bullying is a recognised risk factor for poor mental health in young people (Public Health England, 2016) and suicidal behaviour (Welsh Government, 2015). Systematic reviews also find a strong negative association between cyberbullying and mental health outcomes in young people (Kwan et al., 2020). There are some indications that one of the stressors that children felt relief from during school closures in the pandemic was bullying (Children's Commissioner for Wales 2020a; Meic, 2020; Widnall et al., 2020). Increases in exposure to social media due to greater access and duration of use, and the potential for greater unsupervised access to digital technology, have raised concerns about rises in exposure to cyberbullying (APPG, 2021; Cresswell et al., 2021). However, marginally fewer Year 6 pupils reported feeling bullied by others in 2021 compared to 2019 (Angel et al., 2021).

## 6.8.4 Adverse Childhood Experiences including youth violence

There is also a negative impact on trust and safety identified in relation to incidence of Adverse Childhood Experiences (ACEs). See Section 3.8.



## 6.9 Community level - Social Relationships

This section explores the impact of the COVID-19 pandemic on social relationships with family and friends, including feelings of loneliness and isolation and quality of relationships. This section is also closely related to having a sense of belonging and social skills, and these are covered in sections 6.4 and 7.3.

### 6.9.1 Social isolation and loneliness

Social isolation and loneliness are well recognised risk factors for poor mental wellbeing. Loneliness can be associated with the development of mental health problems, particularly depression, up to 9 years later (Loades et al., 2020). Young people had already been highlighted as a group in Wales with higher levels of loneliness and isolation compared to other adult age groups before the pandemic (Welsh Government, 2020f). Robust and comparable data is not yet available to understand whether prevalence or severity of loneliness has increased and to assess the longer-term impacts of unprecedented population wide enforced social isolation during the COVID-19 pandemic. Riiser et al. (2020) highlight that for adolescents there is a cost to compliance with health protection measures because social distancing conflicts with important aspects of adolescents' quality of life, such as spending time with friends.

Missing contact with friends and family and feeling lonely and isolated were the major factors that young people say has affected how they feel and their worries during the pandemic (Children's Commissioner for Wales, 2020c; 2021a; Angel et al., 2021). There were significant levels of loneliness and isolation experienced by young people during the COVID-19 pandemic in Wales and this varied across the age ranges (See Box 4).

#### Box 4: % of young people in Wales feeling lonely 'most of the time' in January 2021:

- 14% of 7-11 year olds
- 28% of those aged 12-18
- 40% of 17-year-olds

(Children's Commissioner for Wales, 2021a).

Adolescents who reported greater loneliness during the first 11 weeks of lockdown in the UK had significantly higher symptoms of mental health difficulties (Cooper et al., 2021) and a Canadian study of adolescents found that greater stress from social isolation was associated with deterioration in all mental health measures (Cost et al., 2021).

Evidence from the Co-Space study indicates that levels of contact with friends via all mediums during lockdown in 2020 was at a concerning low level, and levels of in person contact continued to be low over the summer of 2020 for both primary and secondary aged children even when restrictions eased (Pearcey et al., 2020). Whilst the data only covers frequency of contact (not quality), and there are limitations in the study design, the data provides a stark insight into the severity of impact on children's social lives even after full lockdown ended in summer 2020. Again, we have no baseline against which to measure this from before the pandemic.

Young people who participated in the MWIA reported that keeping in touch with friends and family via messaging, video calls, social media and gaming was very important and helpful for them and some identified making new connections via online relationships as a positive impact. There was an overall agreement that lockdown would have been much more difficult without these ways of keeping in touch.

*“Using social media and being on Playstation with my friends means I haven’t missed out on socialising...”*

(Young person who participated in a MWIA workshop in spring 2021).

The data from the Co-Space study highlights the importance of digital communication in maintaining contact with friends, and adolescents with limited digital connections are more likely to experience social isolation (Hu and Qian, 2021), with important implications for digital inclusion policies.

The interaction between mode of communication, loneliness and mental health and wellbeing outcomes of adolescents have been explored in a number of studies. Ellis et al. (2020) found that virtual time with friends was related to higher depression but lower loneliness and Cauberghe et al. (2020) found that using social media as a substitute for physical social contact made adolescents feel less happy. Cooper et al. (2021) found that adolescents who spent more time texting others reported higher symptoms of mental health difficulties, whereas those who spent more time talking to others (via voice or video call) at baseline reported less symptoms of hyperactivity and inattention one month later.

Creswell et al. (2021) suggest that their findings of higher mental health symptoms in pre adolescents throughout the pandemic compared to adolescents may be linked to this group being more cut off from peers at times of peak restrictions. Widnall et al. (2020) also suggest that contact with friends and wider family via social media may help explain why their study did not find overall increase in poor mental health and wellbeing among secondary school pupils during the first lockdown. In a mixed methods study in the USA, adolescents reported that digital means of connecting with friends (e.g., FaceTime, online gaming) were often insufficient because virtual interaction did not provide “emotional connection” and there was a perceived decrease in overall feeling of support from friends (Rogers et al., 2021). For example:

*“I haven’t been able to see my friends but I have been talking to them online everyday and for some reason I’ve recently been feeling like they don’t actually care about me that much.”*

(Young person quoted in study by Rogers et al. 2021. P. 46)

Whilst using social media and digital and online tools to maintain social relationships have been valued by young people as ways to keep in touch, maintain social and family relationships and mitigate social distancing (Barnardo’s, 2020; Rogers et al., 2021; Scottish Government, 2021; YP), there are clearly complex relationships between mode of communication, quality of relationships, loneliness and mental health and wellbeing. Young people are also clear that virtual communication cannot fully replace the importance and value of in person contact. (Barnardo’s, 2020; Rogers et al., 2021; YP).

*“Face time/texting is not the same as being in school – it is difficult to adjust.”*

(Young person who participated in a MWIA workshop in spring 2021).

Authors identify the need to further examine the quality, quantity, and type of the social connections and their relative benefits, dis-benefits for loneliness and mental wellbeing in

the ongoing pandemic context (Cooper et al., 2021; Ellis et al., 2020; Cauberghe et al., 2020). Cooper et al. (2021) suggest that live talking based social contact should be encouraged, even if via digital means and Ellis et al. (2020) highlight that existing virtual connections may not offer enough support for young people who are struggling with depression and feeling stressed during the pandemic. Loades et al. (2020) recommend providing accurate information about the relative risks and benefits of social media and online networking to parents.

## 6.9.2 Quality of relationships

Quality of relationships with both family and friends have been an important protective factor for mental wellbeing during the pandemic. Being able to spend more quality time with family and improved relationships within families have been frequently cited as a positive impact of the pandemic by young people (Children's Commissioner for Wales, 2020c; 2021a; Barnardo's, 2020; Rogers et al., 2021). More time interacting with family members and feeling closer to parents has been associated with better mental health and wellbeing outcomes during the pandemic including less loneliness (Cooper et al., 2021; Ellis et al., 2020) and less depression or mental health difficulties (Cooper et al., 2021; Ellis et al., 2020; Twenge et al., 2020). Reinforcing the importance of family relationships, those in conflict with family were more likely to be depressed (Rogers et al., 2021) and a high-quality study in England found that family functioning problems and lower family connectedness scores were both associated with a higher likelihood of a young person having a probable mental disorder during the pandemic (NHS Digital, 2021).



24% of younger adults aged 18-34 in Wales reported worse family relationships and 60% reported worse social relationships in 2021, compared to before the pandemic (Hughes et al., 2021). Parents have been concerned about their relationships with their child, but few (6%) report a deterioration and 28% report an improvement (Hughes et al. 2020). Insights from schools (See Section 6.4) and teachers participating in the MWIA (TE) suggest that there have been challenges to rebuilding social skills and peer relationships after lockdown. The new role that parents have had to take on as home educator may also have influenced their relationship with their child, with an example given by teachers of this causing conflict (TE). Conversely, one study in the UK found that about 40% of parents who spent between 11 and 20 hours home schooling their children during the pandemic reported that their relationships had become better (Benzeval et al. 2020).

## 6.10 Community level – Emotional Support

This component relates to informal or non-specialist emotional support. Access to specialist mental health support and counselling will be addressed in Section 7.5. There is evidence of an increased need for emotional support during the pandemic for children, young people and their families (Estyn, 2021c; 2021d; HM Inspector of Education and Training in Wales, 2021; TE). Social distancing, school closures and lockdowns have disrupted many usual sources of informal support and access to trusted adults (Young Minds, 2020; TE).

The important role of schools in supporting the emotional wellbeing of pupils when they return to school is highlighted by a number of authors (Anderson et al. 2020; Hoffman and

Miller 2020; Caffo et al. 2020) and there are many examples of how schools in Wales have adapted to respond to the need for enhanced levels of emotional support to children, young people and families (Estyn, 2021c; 2021d; HM Inspector of Education and Training in Wales, 2021; TE). Many teachers commented that there had been a clear identification of increased need for emotional support and gave many examples of ways in which their school had put new systems and practices in place to respond to this (TE).

Whilst online engagement has provided some mitigation, the quality of communication, relationship and empathy can be affected. Teachers engaged in the MWIA commented on the barriers that working remotely can create in providing emotional support.

*“Have been trying to give this but so hard to give through a computer screen, every now and then a child does need physical meeting so can see that teachers are showing them empathy and are empathetic to their situation, their issues, what they are going through. Can be hard to do that and hard for them to see through online meeting.”*

(Teacher who participated in a MWIA workshop in spring 2021).

*“... if your main emotional support is school and there’s someone you confide in or chat to and you check in with on a daily basis, not to have that – online is not quite the same, you never feel that you can totally engage and have a private conversation, can’t do that with children online anyway as you are not allowed to, so those kind of check ins and check out’s on an individual basis aren’t happening because not able to do that.”*

(Teacher who participated in a MWIA workshop in spring 2021).

In common with other sections in the MWIA, teachers strongly identified a need to support young people with their emotional wellbeing, before engagement with learning was possible. One young person also felt that more thought needed to be given to which staff conduct any welfare check in’s from school.

*“Nobody knew who to go to if they needed help. At my school, we had a welfare check-in with our teacher.... We have close relationships with teachers around their subject, but not necessarily want to share sensitive topics with them.”*

(Young person who participated in a MWIA workshop in spring 2021).

Colleges felt that their students had become more aware of the role of the institution in supporting their wellbeing and welfare;

*“There’s been more emphasis on checking in with learners to ensure that their health and wellbeing is ok. They are more aware that we are there for that purpose as well, not just as educators but to be there for them for their whole learning journey.”*

(Lecturer who participated in a MWIA workshop in spring 2021).

## 6.11 Community Level – Arts and Creativity

Young people in Wales had strong attendance and significant levels of engagement and participation in arts events prior to the pandemic (Welsh Government, 2021c). Participation in the arts is a protective factor for mental wellbeing (Fancourt and Finn, 2019), therefore, the closure and loss of access to these activities and resources during lockdowns is identified as a negative impact. Young people in qualitative and quantitative studies have identified arts and creative activities as an important coping strategy during the pandemic (The Children’s Society, 2020; Barnardo’s, 2020; Mak et al., 2021; YP). A study published in April 2021 from the UK COVID-19 Social Study has also identified that younger adults (aged 18–29) were more likely than older adult age groups to increase their engagement in the arts during lockdown and that these activities were found to help with coping with emotions and improve self-development (Mak et al., 2021). In a review of post disaster interventions, group based expressive arts and storytelling interventions have been used to improve mental wellbeing and prevent distress in young people after disasters and infectious diseases outbreaks such as Ebola (Williams, 2020).

## 6.12 Community Level – Access to shared public spaces

Open access community spaces such as community centres, playgrounds and libraries, are important assets for resilience at the community level, and provide a place for positive social relationships to be developed and sustained (Davies et al., 2019). There was a negative impact on young people’s access to shared public spaces as during the pandemic many shared public spaces have been closed for months and young people have not had access to a wide range of places that are important venues for their personal and social development including youth and community centres, leisure and sport centres, cafes, arts venues, and schools.

A qualitative study in Scotland identified the closure of “social infrastructure” as a key factor negatively impacting wellbeing during the pandemic, due to the loss of valued services and a reduction in opportunities to make social connections (Scottish Government, 2021). Eating out was identified in another study as an important social activity that young people enjoy with friends, and cafes provide important safe venues for socialising that young people missed during lockdown (Biteback., 2020). As noted above, adolescence is a critical time for social development (Orben et al., 2020) and independence, such as going out alone, and therefore, lack of access to safe venues in which to meet peers and socialise is likely to be a negative impact of the pandemic.

The National Youth Agency (NYA, 2020a) commented that a lack of safe indoor activities and venues in the summer of 2020, as lockdown eased meant that young people were left with no option but to meet outside, however:

*“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” (NYA, 2020a, p.8).*

In addition, section 4.5 (Physical environment) highlights the closure of parks and playground at certain points during the pandemic have further reduced accessible public spaces for young people.

# 7 Facilitating Participation and Inclusion



Participation is the extent to which people are involved and engaged in activities outside their immediate household, and includes cultural and leisure activities, volunteering, and membership of clubs and groups (Friedli 2011). Participation in society can be measured in terms of social relationships, membership of organisations, and access to resources that enable participation and services (Ferragina et al. 2013). Opportunities for valued social roles, access to services and participation in leisure and sport activities are all recognised as important protective factors for young people’s mental wellbeing (Public Health England 2016).

## 7.1 Impact Summary

The pandemic brought to a halt or disrupted many opportunities for young people to participate, feel included and valued in their schools and communities indicating a substantial negative impact on this protective factor. Table 11 summarises the impacts identified.

**Table 11: Impacts on Facilitating Participation and Inclusion**

| Component                   | Nature of Impact  | Type of Evidence <sup>14</sup> | Description  |
|-----------------------------|-------------------|--------------------------------|--|
| <b>Individual Level</b>     |                   |                                |  |
| <b>Having a Valued Role</b> | Positive          | LR: YP                         | Taking part in youth engagement activities, feeling listened to and having views valued is important for young people’s mental wellbeing. Significant numbers of young people engaged in volunteering. |
|                             | Negative          | YP:TE                          | The closure of schools, extracurricular activities disrupted and less opportunities for young people to take on valued roles in and out of school.   |
|                             | Population groups | -                              | -  |
| <b>Sense of Belonging</b>   | Positive          | LR                             | Where children and young people feel a strong sense of connectedness with school / education this may have acted as a protective factor.   |
|                             | Negative          | LR:YP:TE                       | Reduced sense of belonging to schools, sports clubs, faith and community groups during lockdowns. Disruptions to social connections with peers and family.   |
|                             | Population groups | -                              | -  |

<sup>14</sup> Key to evidence sources: LR= Literature Review; YP = qualitative evidence from young people engaged in the MWIA; TE = qualitative evidence from teachers engaged in the MWIA

| Component                                    | Nature of Impact  | Type of Evidence <sup>14</sup> | Description   |
|--|-------------------|--------------------------------|---|
| <b>Community Level</b>                       |                   |                                |   |
| <b>Activities that Bring People Together</b> | Positive          | YP                             | Activities and groups that continued to bring people together online through the pandemic were valued by young people (recognising that not all have had these opportunities or will want to take part).  |
|  | Negative          | LR:YP:TE                       | Reduced access to group activities linked to social distancing, lockdowns, closure of schools and other community, sports and leisure facilities.   |
|  | Population groups | -                              | Children with ALN   |
| <b>Access to Services</b>                    | Positive          | LR                             | Continuity of services via remote delivery  |
|  | Negative          | LR:YP:TE                       | Move of key health and social care services to remote delivery. Disruption or suspension of health services e.g. physio, speech and occupational therapies. Loss of contact with key agencies and interventions due to school closures.<br><br>Reduction in confidence of young people to access mental health services and information online. Longer waiting times for specialist mental health care. |
|  | Population groups | LR: YP:TE                      | Children and young people with mental health problems, disabilities and health conditions,<br><br>Those with ALN.<br><br>Black and minority ethnic groups.  |
| <b>Cohesive Communities</b>                  | Positive          | LR:YP:TE                       | Community cohesion is an important asset for community resilience and recovery and can act as a protective mechanism against both health anxiety and stress during lockdowns. Having a sense of "community solidarity" can help children and young people recover from a disasters. There are examples of mutual aid and community action in Wales.   |
|  | Negative          | LR                             | Differing perceptions of responsibility for "rule breaking" and "nuisance behaviour" during and post lockdowns may have the potential to cause grievances between groups in communities   |
|  | Population groups | -                              | -   |

## 7.2 Individual level – Having a valued role

Opportunities for having valued social roles are recognised as protective for the mental health and wellbeing of young people, and are associated with lower risk of emotional and behavioural problems (Parry-Langdon, 2008; Public Health England, 2016). School environments that help children feel valued are a key part of a whole school approach to promoting mental health and wellbeing (Anna Freud Centre, 2021).

Qualitative evidence gathered from focus groups revealed that both young people and teachers identify negative impacts on children’s access to valued social roles during the pandemic. Teachers gave many examples of how the closure of schools, extracurricular activities and clubs had prevented opportunities for young people to take on valued roles in and out of school (TE). They also spoke about how they utilise “valued roles” in schools to help with personal development, emotional wellbeing and behaviour. Teachers also spoke about how they had found ways to communicate to children their value and contribution through remote learning, including by encouraging pupils to take care of their physical and mental wellbeing (TE). Training providers also identified lost valued roles for young people when apprenticeships and placements were suspended or furloughed (TE).

*“A lot of children, normally the ones where there are behavioural issues, if you give them a role or value, it improves concentration as it’s a responsibility, it’s them being in control of their situations and their decisions.”*

*(Teacher who participated in a MWIA workshop in spring 2021).*

*“A lot of learners were furloughed, so not having that valued role. They might live with their parents. At home they may feel like children but at work they are a peer. They are involved, they have their own job they know what they are doing so they’ve had to revert back to childhood almost.”*

*(Training provider who participated in a MWIA workshop in spring 2021).*

Young people engaged in the MWIA gave examples of how opportunities to express their views and having them valued was important to their mental wellbeing during the pandemic, however, not being listened to had the reverse impact (YP). Pre pandemic surveys in Wales indicate that about half of young people felt their ideas were taken seriously at school before the pandemic (Page et al., 2021).

Volunteering is an example of a “valued social role” and recent pre pandemic trends in Wales suggest an increase in the proportion of people aged 16 to 24 who volunteered from 22% in 2016-17 to 27% in 2019-20 (Welsh Government, 2021c). However, there is no update of this data yet to evaluate any impact of the pandemic period since March 2020. A more recent survey of adults in Wales (Sports Wales/ComRes, 2021) found that younger adults aged 16 -34 were more likely to have volunteered in the last 12 months than older individuals (43% of people aged 16-34). They were also more likely than older groups to intend to volunteer in the next 12 months, in order to support the COVID-19 response (48%); sport (46%), or another cause (52%). UK wide charity sector research has identified an upward trend in volunteering among young people aged 16-24 and the authors suggest that some of this increase between 2018 and 2020 may be accounted for by engagement by young people in mass volunteering during the pandemic (Roche, 2020).



“... (Being part of) school councils and forums helped me get through this. Many friends did not have this opportunity and they felt teachers were not listening to them simply telling them not to stress, but not being listened to properly made them feel less valued or their concerns were not valued. It is important to ensure that people are actually listening to the issues young people reach out to them to tell them and they are given a response that makes them feel your comments have been valued.”

(Young person who participated in a MWIA workshop in spring 2021).

### 7.3 Individual Level – Sense of belonging

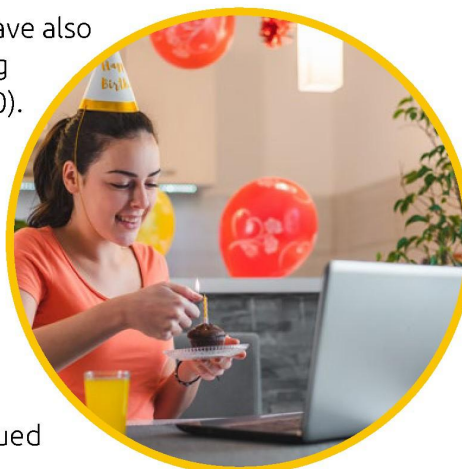
Social connectedness and having a sense of belonging are recognised as a key component of individual and community resilience (Davies et al., 2019, Chandra et al., 2011). There are many interrelationships between this section and Section 6.9 on Social Relationships and the other sections in this chapter on having a valued role and activities that bring people together.

As already discussed, adolescence is recognised as a highly sensitive and important life stage for social development, where peer group acceptance, peer relationships, belonging, and self-concept construction in relation to others become more important and individual identity is developed:

*“This reorientation towards peers facilitates young people’s development into independent adults, enabling them to foster a more complete sense of social self-identity, at the same time as building stronger affiliations with their peer group”* (Orben et al., p.634-635).

Missing contact with friends and family has consistently been identified as the major factor by young people in Wales that has affected how they have been feeling during the pandemic (Children’s Commissioner for Wales 2020c; 2021a). The negative impacts on mental wellbeing of not seeing friends and family are also highlighted in UK and international studies (Branquinho et al., 2020; Janssen et al., 2020; Nelson et al., 2020; NYA 2020a; Padmanabhanunni and Pretorius, 2021; The Children’s Society, 2020, Rogers et al., 2021). Closure of youth centres and sports clubs, and loss of group activities has also led to feelings of isolation and loneliness (NYA, 2020a).

Missing important life events that are shared with others have also been identified as important impacts on wellbeing by young people (Scottish Government, 2021; Branquinho et al., 2020). Feelings of disconnection from faith communities have also been reported by young people due to being unable to celebrate important festivals together (Leavey et al., 2020). For young people who have been unemployed during the pandemic, a lack of sense of belonging in the workplace is considered by some authors to have contributed to increased levels of loneliness, compared to those who remained in employment (Achdut and Refaeli, 2020). This is supported by the loss of opportunities for valued roles on work placements discussed in Section 7.2 above.



Feelings of social connectedness have been found to be important to young people in combating loneliness and improving quality of life during lockdown (Lardone et al. 2020). One study with secondary school students in the south west of England found an overall decrease in risk of anxiety and an increase in wellbeing during the first lockdown alongside an increase in sense of connectedness to school (Widnall et al., 2020). The authors suggest that one factor leading to increased feeling of school connectedness may be that teachers found new ways to engage with students via digital platforms. Evidence for the contribution of connectedness to educational institutions in protecting mental wellbeing during the pandemic is also highlighted in a recently published study in Wales (Moore et al. 2022) and a study of Italian university students (Capone et al. 2020).

Young people who participated in the MWIA identified loneliness and feeling out of touch with family and friends as negative impacts of the lockdowns. They were also clear that this was an important time in their lives for developing their identity, friendships, and working out where they belonged and that this had been disrupted during the pandemic. Young people spoke about how important keeping in touch was important for maintaining a sense of belonging when restrictions were lifted:

*“There have been lost connections during this time. This period in our lives is important for working out who your friends are and those you want to be with.”*

*(Young person who participated in a MWIA workshop in spring 2021).*

*“You need to remember who your friends are. You feel part of something, if you’re still connecting with them even a little bit, that helps you feel a little less tense, and know that when we’re out of this, one day, you’ll have a place, you’ll be able to slot back in.”*

*(Young person who participated in a MWIA workshop in spring 2021).*

School closures, remote learning, parental work patterns and closure of sports and community clubs were all factors that teachers identified as impacting on a sense of belonging (TE). Teachers were aware that some children found it easier than others to maintain engagement and a sense of belonging from online school sessions and socialising online. The loss of the school as a “community hub” where relationships and a sense of belonging are nurtured was highlighted. Whilst some found that some children had a stronger sense of belonging online because they were working in smaller groups and they had more individual opportunities to speak, others felt that creating a true sense of belonging via online learning was not possible (TE).

*“Lots of the children have for the last couple of months ... the only place they have belonged is within the four walls of their home...Whereas normally they would belong in so many different areas, like normally to the school or they go to Guides or they go to football club or art clubs and they often these children have got sort of different sort of roles in the clubs that they’re in..... so I think they’ve struggled with their sense of belonging in the sense of their identity, as their identity changes in all the different places that they’re part of.”*

*(Teacher who participated in a MWIA workshop in spring 2021).*

In addition, schools frequently facilitate support groups for young people at risk of isolation. One school had a LGBTQ+ 'club' that usually met during dinner time to help pupils with peer support on gender identity issues. These had not taken place during the pandemic and the teacher was aware that these are issues the participants wouldn't feel comfortable discussing with their parents, but would discuss these issues with school friends. A number of teachers gave examples of different ways that their schools had tried to maintain a sense of belonging and these will be discussed under Section 7.4 "Activities that bring people together" below.

Another young person spoke about a positive message from a teacher that had helped them feel a sense of belonging during the pandemic:

*"Thought about this (sense of belonging), it wasn't just me but others going through it all around the world, this created a 'sense of belonging'. Our teachers emphasised that.... Reflecting on the message 'we are all in this together' helped me."*

*(Young person who participated in a MWIA workshop in spring 2021).*

## 7.4 Community Level -Activities that bring people together

The requirements for social distancing, school closures and lockdowns led to the closure of many venues where young people usually come together to participate in arts, sports, and various community activities. The implementation of "bubbles" and other infection control measures in schools meant that cross school activities such as assemblies, choirs, concerts, plays and various activity clubs were stopped. Section 6.12 on Shared public spaces identifies the closure of valued accessible public venues that young people use to socialise.

Young people who participated in the MWIA felt that lockdown had brought isolation and reduced opportunities for group activities. They felt that activities that bring people together are really important for effective learning and motivation:

*"Seeing other people taking part and having fun really encourages you to take part. You learn by watching others, and that part has been lost by not being in the classroom with others."*

*(Young person who participated in a MWIA workshop in spring 2021).*

Services and groups that had continued to bring people together online through the pandemic were highly valued and seen as opportunities for informal emotional support. Young people felt that schools could do more to actively suggest and support young people to get involved in activities outside of school and education and that as part of the recovery from the pandemic there is a need to invest in group activities to rebuild skills and relationships.

Teachers gave many examples of the loss of group activities inside and outside of school, and also gave examples of how they were trying to fill the gap with remote sessions:

*"These children have missed out on a lot, from the point of view of the swimming and the tennis and going to the local gym and getting involved with the local community and that has been a big loss but school is doing a lot virtually – having the local fire service, local PCSO delivering sessions via teams and things like that. It's all very good saying these things can be done in a different way but at the end of the day can't do it as well as have done it before Covid."*

*(Teacher who participated in a MWIA workshop in spring 2021).*

## 7.5 Community Level – Access to Services

The HIA of the ‘Stay at home and social distancing policy’ conducted in 2020 in Wales (Green et al., 2020) identified a confirmed major negative impact on access to health and social care services, including mental health services. Whilst the focus of the MWIA is on protective factors for mental wellbeing rather than specialist mental health services, the ability to access a range of support and help for health, mental health and other needs is an important protective factor for mental wellbeing in its own right (Public Health England 2016). The evidence appraised in the MWIA indicates a significant negative impact due to loss of access to services via the school setting; disruption or suspension of services; impacts of communications on deterring access; loss of face-to-face support; reduction in confidence of young people to access mental health services and information online, and longer waiting times for specialist mental health care. These pathways of impacts are now explored below.

School closures are identified as leading to negative impacts on access to services, particularly for those who depend on schools for health care, nutritious meals, shelter from neglect and abuse and interventions for and support with disabilities (Chaabane et al., 2021; Crawley et al., 2020; Hoffman and Miller, 2020). Schools in Wales have reported both an increase in need and referrals to external services such as child protection services and Child and Adolescent Mental Health Services (CAMHS (Estyn, 2021e; TE) as well as concerns that families can become increasingly isolated from support services when face to face services are removed (Estyn, 2021c).

The Children’s Commissioner for Wales (2020f) found that for some young people, their right to receive support for their health and wellbeing had been impacted by the changes in the way services have been delivered. Disruptions to access to services have been particularly highlighted for children and young people with disabilities, ALN and those with long term health and mental health conditions (Children’s Commissioner for Wales, 2020f; RAIISE, 2020; TE). Many teachers engaged in the MWIA spoke about lost access to health care interventions, particularly for pupils with disabilities (TE).

Stakeholders and young people have reported that some communication messages issued during the pandemic had deterred young people from accessing healthcare (NYA 2020a; YP). The Children, Young People’s and Education Committee in the Senedd stated that a number of improvements were needed to ensure that young people and their families did not delay seeking help from physical and mental health services and clearer information and signposting were needed (Welsh Parliament, 2021d). Analysis of routine health care data for children and young people aged 2-17 found an overall decrease in diagnoses or prescriptions for anxiety or depression during COVID-19, which may be partly attributed to a reluctance to seek health care during the pandemic (Cowley et al. 2021).

Access to mental health support has been a strong theme across the literature and qualitative evidence collected for the MWIA. There were historic challenges to access to mental health support for children and young people in Wales before the COVID-19 pandemic (National Assembly for Wales, 2018) and an update on progress concluded that children and young people in Wales *“are still struggling to find the emotional and mental health support they need”* (p. 10) (Welsh Parliament, 2020) both in terms of early help and specialist services.

The surveys conducted by the Children’s Commissioner for Wales (2020c and 2021a) identified a decrease in young people’s confidence in accessing emotional and mental health support

online between 2020 and 2021 “*despite an increase in this provision*”. The report concluded from these findings that there were “*opportunities for services to provide clear information to young people on how to seek help and increase their confidence by explaining what will happen if they ask for help*” (Children’s Commissioner for Wales, 2020c, p. 17).

Engagement with young people in the MWIA and surveys with young people with mental health problems identify a range of barriers to accessing support that have important implications for service design and information – See Box 5.

#### BOX 5: Barriers to accessing mental health support identified by young people:

- A lack of knowledge on how and where to access support (Mind Cymru, 2020; YP)
- Thinking that their issue was not serious enough or believing that they personally did not deserve support (Mind Cymru, 2020; Young Minds, 2020)
- Not wanting to burden the NHS (Young Minds, 2020)
- Not wanting the people they lived with to know about their mental health needs (Young Minds, 2020)
- Anxiety about talking on the phone or via video calls (Young Minds, 2020)
- Not thinking they were unwell enough and feeling ashamed (Young Minds, 2020)

Surveys conducted with young people with mental health issues during the pandemic also identify disruptions to usual care and challenges in access to supportive adults, like youth workers (Young Minds, 2020). A survey conducted in Wales found that more than 1 in 3 young people with mental health problems in Wales (39%) were unable to access the support they sought (Mind Cymru, 2020).

Many young people reported that their mental health support had moved to virtual delivery via phone or video call. This worked well for some people, but for others they could not access support in this way due to lack of the appropriate technology and / or privacy at home. Others felt that the support was less effective than face to face and they could not “open up” via virtual communication (Young Minds, 2020).

Turning to access to specialist services, a research report on vulnerability and health in Wales found that thresholds for statutory support were reported to have risen and remained high. In some cases this resulted in vulnerable children and families not having sufficient access to support from social workers and CAMHS, or accessing support at an advanced stage of crisis (Willatt et al., 2021, P.25). Teachers also spoke of longer waits for assessment and support for young people via their local CAMHS services (TE).

Data on waiting times for specialist CAMHS services in Wales indicate that significantly more children and young people are waiting longer for a first appointment: in December 2021 78% (n=549) of children and young people were waiting more than 4 weeks for a first appointment compared to 35% in December 2019 (Stats Wales, 2022).

A young person who participated in the MWIA said:

*“Even before the pandemic, the main issue was that no one knew where to go to for help, or who was there to help you.”*

(Young person who participated in a MWIA workshop in spring 2021).

Access to mental health support was noted as a major issue by many teachers, who participated in the MWIA workshops, reinforcing the literature review evidence above:

*“When referring people, it takes a lot longer for them to be seen. Every service provider is under enormous pressure..... It’s a challenge trying to assess people they are not seeing. Local CAMHS are seeing those who are considered to be a crisis young person but a lot going under the radar that are still waiting for support.”*

*(Teacher who participated in a MWIA workshop in spring 2021).*

## 7.6 Community Level - Community Cohesion

This component relates to positive relationships and mutual respect and trust within and between groups in communities (Davies et al., 2019). Community cohesion is recognised as an important asset for community resilience and recovery in the wider disaster literature (Chandra et al., 2011) and having a sense of “community solidarity” can help young people recover from a disaster (Williams, 2020, p.48). WHO Europe (2020) have identified the breakdown of social cohesion as a longer term impact of the COVID-19 pandemic and they recommend that mitigations should include reinforcing social protection and “social fabric” to promote social inclusion and cohesion (p.12).

A cross sectional study found that community cohesion acted as a protective mechanism against both health anxiety and stress during the first national lockdown in the UK, but the buffering impact of community cohesion may wane where lockdowns are extended for longer periods, particularly for younger adults (Svensson and Elntib, 2021).

Qualitative and stakeholder evidence indicates that differing perceptions of responsibility for “rule breaking” and “nuisance behaviour” during and post lockdowns may have the potential to cause grievances between groups in communities (NYA, 2020a; Scottish Government, 2021). As discussed in Section 6.12, a lack of safe indoor activities and venues to meet in the summer of 2020 as lockdown eased meant that young people were left with no option but to meet outside, however this is sometimes perceived negatively by others in the communities (NYA, 2020a).

Participants in the MWIA gave examples of positive impacts of the pandemic on community cohesion:

*“The Valleys can be divided but so many people came together – individuals did things within the community that brought people together and lifted the community. The hope is this will continue post pandemic.”*

*(Young person who participated in a MWIA workshop in spring 2021).*

Teachers gave examples of community action, including food banks and a family engagement officer said that she had formed a WhatsApp group to share knowledge of community resources.

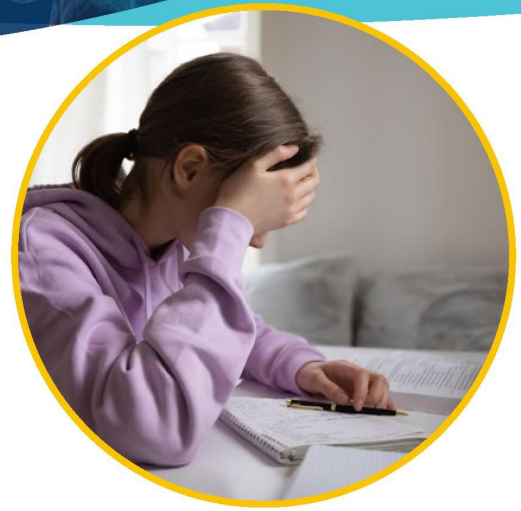
*“...community has done some amazing things during the pandemic. Have got community hubs, hampers provided for vulnerable families.”*

*(Teacher who participated in a MWIA workshop in spring 2021).*

# 8 Key findings

In this section the key findings of the MWIA are summarised on:

- Population groups at higher risk of negative impacts on mental wellbeing
- Impacts on the social determinants of mental wellbeing
- Impacts on the protective factors for mental wellbeing



## 8.1 Population Groups

### Some young people are more negatively impacted than others

The COVID-19 pandemic has undoubtedly impacted the life of every young person in Wales via whole of society health protection measures such as lockdowns, school closures, social distancing and the requirement to self-isolate. As a result, many of the impacts identified are relevant to young people across the whole population; however, evidence is currently lacking to estimate the scale, intensity and duration of most impacts at population level.

There is strong evidence that a number of **population groups have been at a higher risk of negative impacts** on both mental wellbeing outcomes and the protective factors for mental wellbeing (control, resilience and participation) during the pandemic. This is **summarised in Table 1**.

**Table 1: Population groups with strong evidence of a higher risk of negative impacts on outcome measures of mental wellbeing and protective factors**

|   |
|---|
| Young adults aged 16-24                           |
| Young women aged 16-24                            |
| Young people living in low-income families        |
| Young people with Additional Learning Needs (ALN) |
| Young people advised to shield                    |
| Young people with mental health problems          |

There is evidence of a **higher risk of negative impacts on the protective factors for mental wellbeing** (such as access to social and emotional support or being more likely to not feel safe) for a number of groups, many of whom were at greater risk of poor mental wellbeing prior to COVID-19 (Table 2).

**Table 2: Population groups with evidence of a higher risk of negative impacts on the protective factors and /or some evidence of impact on outcome measures of mental wellbeing**

|   |
|---|
| Black, Asian and other minority ethnic groups   |
| Lesbian, gay, bisexual and transgender and questioning + (LGBTQ+)   |
| Young people experiencing Adverse Childhood Experiences (ACEs)  |
| Young people not in Education, Employment or Training (NEET)  |
| Young carers  |
| Care experienced young people   |
| Young people at risk of offending or within the criminal justice system                                   |
| Young people affected by, or at risk of homelessness  |
| Young people affected by bereavement  |
| Young people living in lone parent families   |
| Young people with parents who are key workers   |
| Young people in areas of higher rates of infections / severity of outbreak and longer periods of lockdown |
| Newly arrived foreign nationals (such as international students) and refugee and asylum seekers           |

The **pandemic has potentially created new vulnerabilities for some groups**, including **young people who were advised to shield**; those with **parents as key workers**; those who have **been bereaved**, and those living in areas of **higher rates of infections** and longer periods of lockdown.

## 8.2 Social determinants of mental wellbeing

**The social determinants of mental wellbeing, such as education and employment, have been negatively impacted which has longer term implications for population mental health.**

There is strong evidence of **direct negative impacts** on **key social determinants of mental wellbeing** including **educational access and outcomes, economic security**, access to **transport** and good **quality food**. These are vital building blocks for mental wellbeing and **significant** for **longer term** population mental health and wellbeing outcomes and **inequalities**.

**Economic insecurity** is likely to **increase the number of young people at higher risk of poor mental wellbeing**, such as those in low-income families; young people who are unemployed, and young people who are homeless.

**Socioeconomic inequalities** have been **magnified** as a result of the COVID-19 pandemic, and this is likely to impact on **young people’s mental wellbeing in the longer term**.

**Other social determinants have acted as important mediators of the impact of the pandemic**. For example, having **good quality, secure housing** with space to study, access to private or local outdoor space, and access to **internet connectivity** and **digital devices** have been necessary for participation in education, maintaining physical and mental wellbeing and social contact.



“It is important to ensure that people are actually listening to the issues young people reach out to them to tell them and they are given a response that makes them feel your comments have been valued.”

Young person (Spring 2021)

Representation of **children’s views, experiences, needs and rights in pandemic decision making and democratic processes** are important mediators of the impacts of the pandemic response on young people’s mental wellbeing. Having **opportunities to express views**, and **have their views valued** is identified by young people as beneficial for mental wellbeing and can lead to more effective policy responses.

### 8.3 Protective factors for mental wellbeing

#### There are negative impacts across the protective factors for mental wellbeing

The MWIA has identified **negative impacts across the protective factors for mental wellbeing**, such as participation and resilience, some of which have impacted the whole population. For the majority of impacts, evidence is not available to assess the scale, intensity and duration of impacts.

Whilst **some positive impacts have been identified, these tend to be factors that mitigate the impact of the pandemic** such as having access to accurate information or developing coping skills. Most of the evidence on positive impacts comes from a few studies in the first lockdown in 2020, and so may not reflect the situation two years into the pandemic.

Mental wellbeing outcome measures have fluctuated over the course of the pandemic, and are associated with the level of restrictions in place during different phases of the pandemic, including school closures. It is **too early to establish the causal pathways and duration of impacts**, particularly given the unpredictable nature of the pandemic.

#### Individual sense of control and resilience

Younger adults reported **feeling less in control** compared to other adult age groups during the pandemic.

**Young people have demonstrated resilience and adaptation** during the challenging conditions of the pandemic and disruptions to their lives and education. Many used existing, or developed new, **coping and thinking strategies to help themselves**, and some became more independent and developed digital, time management and independent learning skills. Young people also express a belief that **they can change the future for the better**.

“Initially I felt all the days merged into one. I gained a sense of control by putting structure back into the day.”

Young person (Spring 2021)

## Health behaviours and information

*“There was limited information, and what was there was not always understandable and the format seemed to ignore certain people.”*

Young person (Spring 2021)

**Routines, resources, and the social contexts that influence healthy behaviours have been disrupted** during the pandemic. Overall, a **decrease in physical activity and an increase in sedentary behaviour** were identified during school closures, and **screen time and social media use increased**, with implications for safety, and physical and mental wellbeing.

A good level of accurate **knowledge about the pandemic**, and what **skills and behaviours are needed** to prevent infection, has been associated with better mental wellbeing related outcomes. However, stakeholders and young people identified **gaps in accessible, relevant and tailored information** for young people.

**Maintaining a routine** was found to be a **protective factor** for mental wellbeing during lockdown.

## Family wellbeing and relationships

**Family relationships and parental wellbeing have been highly important** for the mental wellbeing of young people during the pandemic. Whereas parental stress has had a negative impact on young people's wellbeing, more family time, close relationships with parents and time talking with parents have been identified as protective factors.

**The working life of parents has changed significantly** as the pandemic has developed, with a rapid move to working from home for some, and others being more exposed to risk from COVID-19 as frontline workers, with **implications for young people's mental wellbeing**.



## Social skills, relationships and belonging

**Missing contact with friends and family** was the **major factor influencing how young people were feeling** during lockdowns. There were low levels of contact with peers and a slow recovery to face to face meeting in 2020, particularly for primary school aged children.

*“You need to remember who your friends are. You feel part of something, if you're still connecting with them even a little bit, that helps you feel a little less tense, and know that when we're out of this, one day, you'll have a place, you'll be able to slot back in.”*

Young person (Spring 2021)

Enabling young people to **maintain a sense of belonging and connection** to their families, friendships, sport and youth groups, schools and communities is an important protective factor during emergencies and mass disruptions.

**Negative impacts on social skills and reduced confidence** in engaging with people in new situations after lockdowns have been identified. However, it is not known how widespread or persistent these impacts are.

Young people with high levels of loneliness or greater stress from social isolation are likely to have had more adverse impacts on their mental health and wellbeing in the pandemic.

Using **social media and digital tools to maintain social relationships** has been important in the pandemic, but young people identify that **virtual communication cannot fully replace the value of in person contact**. The longer-term impacts of these methods of sustaining social relationships e.g. on emotional connection is unknown.

*“Lots of the children .. for the last couple of months, .... the only place they have belonged is within the four walls of their home.”*

Teacher (Spring 2021)

## Learning and development

*“A lot of stress now in respect of grades and how that will affect my future further education.”*

Young person (Spring 2021)

**The closure of schools, shift to remote learning and exam disruption has been a key pathway of impact** on mental wellbeing during the pandemic, with a reduction in confidence in learning and stress and worry linked to exam uncertainties. However, some young people have enjoyed learning at home, and some felt a relief in release from social and work pressures when schools closed in March 2020.

## Trust and Safety

**There has been a profound change to the societal environment that young people are growing up in with regards to what it means to be “safe”**. New risks have been attached to daily life, and young people have demonstrated a strong awareness and anxiety about risks to their own and loved ones’ health and safety.

Young people’s safety has been impacted by **increases in incidence of a range of ACEs, and changing patterns of youth violence**. The pandemic has also **disrupted access** to key **resources for resilience** including informal **emotional support, trusted adults** and **safeguarding systems**.

## Access to services and support

**Schools and educational settings have a vital role in promoting mental wellbeing** through providing a sense of belonging and connection; facilitating the development of social and collaborative working skills; enabling access to services; providing informal emotional support; and giving opportunities for taking responsibility and feeling valued. There are many examples of how **schools have adapted and responded to the need for more emotional support** for young people and families.



**There has been a negative impact on access to a range of health and support services**, for example longer waiting times for specialist mental health services. Whilst investment in online self-help resources has increased, surveys with young people identify a **reduction in confidence in accessing mental health information** and support online, and important psychological and knowledge barriers to accessing help remain.

The **closure and disruption to other services**, for example youth and community groups, have had **negative impacts on important components of resilience and participation**.

**Between 2020 and 2021 the proportion of 12-18 year olds who said they would be confident accessing help for mental health via a website or social media reduced from 53% to 42% (Children's Commissioner for Wales 2020c, 2021).**

### Community participation, relationships and assets

Young adults have **helped others** through volunteering and around half intend to volunteer in the next 12 months, in order to support the COVID-19 response, sport or another cause.

There is some evidence that **community cohesion** has acted as a protective factor for mental wellbeing in the COVID-19 pandemic and is important for recovery from disasters.

The loss of access to **safe, shared public spaces**, such as being able to meet in cafes or parks, has impacted on young people's independence and social relationships.

## 8.4 The mental wellbeing of future generations: looking to the longer term

In the context of the Well-being of Future Generations (Wales) Act (2015), a long term, preventative and collaborative approach is needed with action across the seven Wellbeing Goals to create robust system wide approaches to protecting the mental wellbeing and resilience of current and future generations of young people.

Learning from COVID-19 pandemic impacts on mental wellbeing is important not only for future pandemic planning, but also for the climate emergency and longer term population mental health. Longer term impacts requiring consideration beyond short term mitigation and health services responses include:

- Inequalities in family employment and incomes, educational attainment, access to fair work and economic security for young people as they become adults. See Section 4 of Main Findings Report.
- Changes to the working conditions of parents, including a rapid move to more parents working remotely.
- Disruption to education is highlighted as a new risk in the latest climate change risk assessment for the UK (Kovats and Brisley 2021), making investment, co-design, and evaluation of models of education that are resilient for the long term important.
- The rapid growth in use and influence of digital technology, online communication, gaming platforms and social media as result of the COVID-19 pandemic has implications for the mental and social wellbeing of young people.

## 9 Indicators

**The Public Health Outcomes Framework for Wales** (Public Health Wales Observatory, 2019) **and the Future Generations National Indicators** (Welsh Government 2021g) **include a single indicator of population mental wellbeing that will enable longer term monitoring of the impact of the pandemic. However, unlike Scotland** (Parkinson 2012; Walker et al. 2019), **Wales does not have a specific population mental health and wellbeing outcomes framework for children and young people.**

As part of the standard MWIA process, a set of key indicators of young people's mental wellbeing have been proposed linked to the major impacts identified in this report. This can enable the future impact on the mental wellbeing of children and young people to be monitored to enhance understanding and inform action in the medium and long term. This is especially important given the dearth of longitudinal studies available to robustly assess the ongoing impacts.

A proposed set of indicators has been developed and can be found in the Technical Report.

# 10 Areas for Action

*“It is clear that no single service, and certainly not the NHS alone, can meet our children’s mental health needs”* The Children’s Commissioner for Wales (2018)

It is anticipated that the areas for action will be relevant to a range of organisations and programmes at local, regional and national levels who have a role in promoting the mental wellbeing of young people in Wales including:

- Implementation of the commitments in the new **Children and Young People’s Plan** (Welsh Government 2022c).
- **Implementation of the NEST/NYST<sup>15</sup>** model (NHS Wales Health Collaborative 2021) and integrated preventative and early help strategies by **Regional Partnership Boards**.
- Implementation of the **“No Wrong Door” recommendations** (Children’s Commissioner for Wales 2020g).
- The development of **Wellbeing and Population Needs Assessments**.
- The **Whole School Approach to Emotional and Mental Wellbeing**
- Development of **trauma informed approaches** in schools and child and youth services as part of pandemic recovery.
- Implementation of the **Youth Work Strategy** and recommendations of the Interim Youth Work Board for Wales particularly with regard to strengthening voice and participation of young people.

With a very wide and complex range of factors having impacted the mental wellbeing of young people during the COVID-19 pandemic, **a cross governmental and whole of society approach is needed to address the social, environmental and economic contributing factors**. This is supported by 19 National Indicators being identified as relevant to monitoring the long term impacts of the pandemic on the mental wellbeing of young people (See Technical Report).

Promoting mental wellbeing and recovery from the pandemic **cannot be addressed by clinical models of mental health services alone**, but requires the engagement of young people and the care, resources, assets, and opportunities available within schools, families and communities (Fazel and Hoagwood 2021).

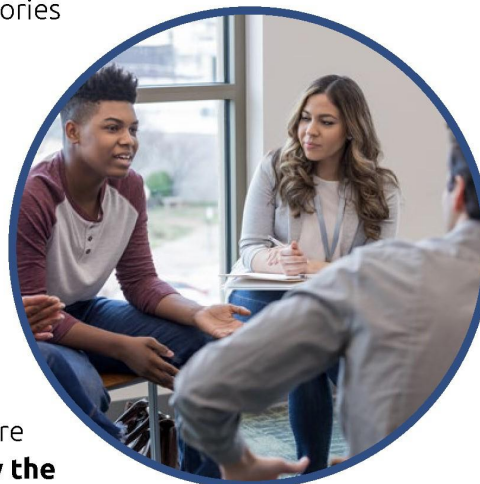
It is beyond the scope of this MWIA to appraise and recommend specific interventions, although recent reviews have identified very limited **evidence for specific mitigation strategies** for young people’s educational and mental wellbeing recovery in the **context of the COVID-19** pandemic (Wales COVID-19 Evidence Centre, 2021, 2021a; Williams 2020) indicating a need for further investment in research and development.

<sup>15</sup> The **NEST/NYST** Framework is a planning tool for Regional Partnership Boards that aims to ensure a ‘whole system’ approach for developing mental health, wellbeing and support services for babies, children, young people, parents, carers and their wider families across Wales.

## Area for Action 1

### Listen to young people and ensure that they have the opportunity to inform policy and recovery measures

- **Listen to and value the views, priorities, and experiences of young people** and give young people the opportunity to share their stories and experiences of the pandemic. Ensure active participation and engagement of young people in the design and delivery of the ongoing pandemic response, education, and interventions to support recovery.
- In future emergencies strengthen the identification and mitigation of **impacts on mental health and wellbeing and children and young people**, using tools such as MWIA and Children’s Right Impact Assessments (CRIA).
- In future emergencies provide mechanisms to ensure that the **voice and views of young people on how the emergency situation is impacting their lives** is heard and that young people are actively engaged in the development of policy, interventions, information and communications.



## Area for Action 2

### Address long term impacts and inequalities in mental health and wellbeing

- Action to alleviate **child poverty**, support families, narrow the attainment gap, and enable access to **fair work for young people** are important in the recovery phase of the pandemic.
- **Robust, longitudinal studies and improved population level routine data** collection on the mental health and wellbeing of young people in Wales would help with monitoring and understanding the longer-term impacts of the pandemic; enable specific population groups at risk of adverse impacts to be identified; and **inform effective responses**.
- **The population groups and inequalities identified in this report** can inform plans for further integration of health and social care services to improve emotional wellbeing led by Regional Partnership Boards, along with a robust assessment of **population mental health and wellbeing needs and assets**.
- Utilise the proposed **young people’s mental wellbeing indicator framework** developed as part of the MWIA (See Technical Report) to monitor the ongoing impacts of the pandemic on the mental wellbeing of young people and enable responsive preventative action.

## Area for Action 3

### Enhance the protective factors for mental wellbeing

- **Consider how impacts** on the following factors can be **mitigated in recovery planning and future investments**: social skills and relationships; collaborative working; opportunities for valued roles; building self-belief, self-efficacy and confidence; a sense of belonging; community cohesion; physical activity.
- Stakeholders have identified that the **systematic application of MWIA** across health, education and social care could enable a **refocusing of systems and services** towards approaches that **promote wellbeing and resilience**.
- Explore how **young people's development of coping skills** during the pandemic can be harnessed to help inform recovery interventions and communications in future emergencies.
- Provide access to **affordable transport and active travel as an important enabler of recovery** to support young people's participation and inclusion in education, employment, and social life.



### Research Gaps

- **Evidence of effective interventions** to mitigate impacts of the COVID-19 pandemic on **education** and **mental wellbeing** and for **different population groups**.
- How to enhance young people's **self-belief and self-efficacy** during periods of mass disruption and home schooling.
- Impacts on **emotional wellbeing, self-regulation, social skills** and their **relationship to youth violence** is an area that requires further monitoring and exploration.
- For future emergencies explore the potential **benefits of participation** in **community-based arts** as a mitigation.



## Area for Action 4

## Strengthen action on mental health and wellbeing in education

- Ensure that **mental wellbeing and equity** are central outcomes in the design of **educational recovery initiatives**.
- Engage young people in the **future design of digital learning platforms** and the home learning environment including home–school communication, parental engagement, and the availability of hardware and internet connectivity.
- For future emergencies create pre-agreed **principles and contingency plans on examinations** and **formal assessments**, along **with early communication**, in order to **reduce anxiety** for young people.
- Develop **independent and resilient learners**, increase **emphasis on mental health and wellbeing** in schools and further develop the **role of outdoor learning** (Hwb 2021).
- During any future school closures, ensure active mitigation is in place to **safeguard vulnerable children** and to ensure there is an **ongoing identification and support system for children at risk of ACEs**. Provide **early intervention** with families who require extra support.

### Research Gaps

- **Evaluation of the outcomes of new approaches developed by schools** to “*check in*” with young people about their emotional wellbeing and provide emotional support during the pandemic.
- The **optimum model of blended learning** (mixing face to face and online learning) for different ages and learners, and including mental wellbeing as a central outcome in the design and evaluation of these models.
- The comparative impacts on mental wellbeing of young people and families of **alternative models of delivering education** to inform future pandemic and emergency planning<sup>16</sup>.

<sup>16</sup> For example see Petri-Romao et al. (n.d.). [https://www.gla.ac.uk/media/Media\\_736441\\_smx.pdf](https://www.gla.ac.uk/media/Media_736441_smx.pdf)

## Area for Action 5

### Support parents and family relationships

- Support the **wellbeing of parents** and address key sources of stress for families such as financial problems, poverty and working conditions and provide **guidance and information for parents** to help them with maintenance and promotion of mental health and wellbeing in the family.
- Provide **enhanced support for parents and families** and enable families and young people to **maintain healthy routines**, for example, via flexible working policies and approaches to home learning.
- Ensure young people who are **separated from their families** through shared care arrangements or in residential care are supported to maintain contact with families during emergencies.



#### Research gaps

- The emerging and long-term impact on young people's mental wellbeing of **changes to parents working life**.

## Area for Action 6

### Communications and information provision

- Consider the **language used** when discussing the impacts of the pandemic on young people. **Young people would like to see more positive messaging.**
- Ensure the provision of **accessible, relevant and tailored information** and guidance for young people about **pandemic** and emergency situations, restrictions and any **decisions about education** and exams. Ensure it is **coproduced** with young people and their families and takes account of different living situations.

*"I think this (messaging) could be more positive instead of focusing on the need to catch up, make up for lost time etc. they could focus on the positives from the situation that students did keep going and doing well."*

Young person (Spring 2021)

## Area for Action 7

### Use and access to digital tools and internet connectivity

- Ensure **digital inclusion and equity of access** to online information and services.
- Provide clear information and advice about the **risks and benefits of social media, online networking** and **screen time** to parents who may be unclear about the relative impacts of increased screen time versus the benefits of maintaining social contact during periods of self-isolation or restrictions.



#### Research gaps

- The **impacts on mental wellbeing of social relationships and education being conducted largely online**, via screens, and the differential impacts of various methods such as text / video call / gaming and different social media platforms for **maintaining social relationships, body image, mental wellbeing** and **emotional connections**.

## Area for Action 8

### Improve access to mental health and wellbeing support

- Improve the **provision of information** to young people on how to seek help for emotional and mental wellbeing issues and **increase confidence in accessing help**.
- **Engage young people** directly in the **design and evaluation** of mental health and wellbeing information, online self-help resources and digital and face to face mental health services to ensure that these investments **overcome barriers to access** identified by young people.
- Expand **accessible mental health support**, in particular for young adults aged 16-24, Black and minority ethnic groups, speakers of languages other than English, and those who are not in contact with educational settings.

*“Making sure people know where to find services. Even before the pandemic, the main issue was that no one knew where to go to for help, or who was there to help.”*

Young person (Spring 2021)

## Area for Action 9

### Communities, housing, and the built and natural environment

- Consider how spatial planning policies, plans and developments can support **access to places and spaces that support young people's physical and social development** e.g.in the design of neighbourhoods.
- Actively consider the role of **housing quality, adequate space, access to safe outdoor space, access to outdoor physical activity, play and green and natural spaces** in maintaining and protecting mental wellbeing for young people in emergency planning and response measures.
- Actively build and strengthen **community resilience, participation and cohesion**.



#### Research gaps

- How young people have experienced **community cohesion and solidarity** during the COVID-19 pandemic and the resulting impacts on mental wellbeing.
- Comparative analysis **of mental wellbeing outcomes** of those **with and without access to green space** in the **COVID-19 pandemic**.

## Area for Action 10

### Build the evidence base on the impact of health protection measures on mental wellbeing

#### Research gaps:

- The impacts on the **mental wellbeing of young people** living in a **high risk area during an outbreak** and / or areas subject to higher levels of restrictions.
- **International comparisons** of the impact of the pandemic on young people's mental health outcomes between countries with **different models of health protection measures** during the pandemic e.g. UK, New Zealand, Taiwan, Sweden.

# 11 Evaluation

**As this is the first comprehensive MWIA to be conducted in Wales a robust review of the process will be important to capture relevant learning for future application, development and improvement.**

**Evaluation questions will include:**

- 1. What were the strengths and weaknesses of the MWIA process? What could be improved to inform future MWIAs if replicated?**
- 2. How useful did key stakeholders find the process?**
- 3. Did participants find engagement in the MWIA valuable and acceptable?**
- 4. How useful did key stakeholders find the final product?**
- 5. Did the MWIA influence the public health and policy-making environment?**
- 6. Were the recommendations and action areas identified in the MWIA implemented?**
- 7. Did the learning from the MWIA inform future practice?**

Evaluation to date has focused on question three above, in relation to the experience of engagement in stakeholder workshops by teachers and young people, which the majority felt was useful and important to them. More detail on the workshop evaluation can be found in the forthcoming qualitative workshop reports.

# 12 Conclusion

The COVID-19 pandemic, and response measures to control the transmission of the virus have majorly impacted and disrupted the familial, social, economic and educational lives of children and young people in Wales and through these the key protective factors for mental wellbeing. A number of groups have been identified as being at higher risk of negative impacts.

This MWIA provides an evidence-based picture of the nature of the impacts and who is most affected in the population, and areas where further research is needed to fully understand ongoing impacts. Ten areas for action are identified for policy and decision makers across a range of sectors, organisations and settings. These can be utilised to support children and young people in the immediate pandemic recovery period, and also ensure appropriate policies, plans and tangible actions are developed to protect and promote mental wellbeing and resilience in the future.

# 13 Limitations

There are a number of limitations to the evidence used to inform this MWIA. Most studies investigating the impact of the pandemic on a range of mental wellbeing related outcomes and the protective factors are cross sectional, and provide only a snapshot of impacts at that particular point in time. Many use convenience samples leading to sampling biases and many do not use standardised measures of mental wellbeing (Alma Economics 2021).

There are few longitudinal studies that have a comparison of outcomes before and during the pandemic and, of those that are available, some compare different respondents rather than following the same individuals over time (Alma Economics 2021). Where longitudinal analysis is undertaken, it highlights that mental wellbeing outcomes are significantly associated with the level of restrictions in place (Alma Economics 2021, Creswell et al. 2021), adding to the limitations of cross sectional evidence.

There is limited evidence available to directly compare mental wellbeing outcomes across demographic sub groups (Alma Economics 2021; Office for Health Improvement and Disparities 2021; Wales COVID-19 Evidence Centre, 2021a). Many of the studies collected data during 2020 (Wales COVID-19 Evidence Centre, 2021a) and so may not reflect impacts later on in the pandemic. For example, most studies identifying positive impacts were conducted in the first lockdown in 2020 (Mansfield et al., 2021; Twenge et al., 2020; Widnall et al., 2020).

Engagement of stakeholders in the MWIA was limited to the SAG, young people and teachers. So that whilst evidence from parents was included in the literature review, qualitative evidence was not obtained directly from parents. The sample of young people involved in the MWIA workshop was small, non-representative and all were engaged in youth participatory initiatives. We had more teachers and lecturers wishing to participate than we could accommodate. A significant proportion of those engaged had specific roles in pastoral care, wellbeing or ALN. There was limited representation from North and Mid Wales and Welsh medium schools.

The Office for Health Improvement and Disparities (2021) and Wales COVID-19 Evidence Centre, (2021a) both note a number of limitations and weaknesses in the current evidence base on harms to mental health and wellbeing arising from the pandemic and a lack of evidence of how those outcomes have been affected over the long term. In particular, the Office for Health Improvement and Disparities (2021) conclude that the current evidence is indicative of impacts and not conclusive, cannot be "*automatically interpreted as an increase in mental illness or need for mental health services*". They also highlight the following key evidence gaps:

- Changes in children's mental health against a recent pre-COVID-19 baseline
- Representative evidence on the impacts on particular sub-groups
- Experiences of important pandemic related risk such as illness or bereavement of close family relatives

All of the limitations stated above need to be considerations in any utilisation of the evidence in this report to inform policy and practice.

# 14 Glossary

|  |  |
|--|--|
| <b>Additional Learning Needs (ALN)</b> | ALN has a legal definition in Wales and refers to children and young people with learning, physical or sensory needs that make it harder to learn than most children of the same age (Dewis Cymru, 2020).  |
| <b>Adolescence</b>                     | Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19. The great majority of adolescents are, therefore, included in the age-based definition of “child”, adopted by the Convention on the Rights of the Child, as a person under the age of 18 years (WHO, n.d.b). It is a unique stage of human development and an important time for laying the foundations of good health (WHO, n.d.c). |
| <b>Blended Learning</b>                | Blended learning provides a combination of face-to-face learning and dynamic digital activities and content that facilitate anytime/anyplace learning (Jisc, 2020).  |
| <b>COVID-19</b>                        | Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. (WHO, n.d.a).  |
| <b>Health Literacy</b>                 | Health literacy is about a person’s ability to understand and use information to make decisions about their health. This includes reading and understanding health information, knowing how to act on this information and knowing which health services to use and when to use them (NHS Digital, 2021a).   |
| <b>Lockdown</b>                        | The imposition of stringent restrictions on travel, social interaction, and access to public spaces (BBC News, 2020).  |
| <b>Mental Health</b>                   | “Mental health is a state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (WHO, 2004) “  |
| <b>Mental Health Problems</b>          | Experiences of mental distress that interfere with day to day functioning. This can be at a level that can be clinically diagnosable but may also be sub-clinical.   |
| <b>Mental illness or disorder</b>      | Clinical conditions which are defined and diagnosed medically such as depression, anxiety, schizophrenia, bipolar disorder.  |
| <b>Mental Wellbeing</b>                | “This is a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society” (Foresight Mental Capital and Wellbeing Project, 2008)                      |



|  |  |
|--|--|
| <p><b>Probable Mental Disorder (as used by NHS Digital, 2020)</b></p>  | <p>The SDQ was used to identify children who may have had problems with aspects of their mental health to such an extent that it impacted on their daily lives. These include difficulties with their emotions, behaviour, relationships, hyperactivity, or concentration. Responses from parents, children and young people were used to estimate the likelihood that a child or young person might have a mental disorder, this was classified as either 'unlikely', 'possible' or 'probable' (NHS Digital, 2020).</p> |
| <p><b>Self-Efficacy</b></p>  | <p>"Self-efficacy" is the belief in one's own capabilities, and confidence in the ability to control motivation and behaviour (Bandura, 1977).</p>   |
| <p><b>Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)</b></p> | <p>The Warwick-Edinburgh Mental Wellbeing Scales were developed to enable the measuring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing, which has been used nationally and internationally. (Warwick Medical School, 2021).</p>   |
| <p><b>Special Educational Needs (SEN)</b></p>                          | <p>Special educational needs and disabilities (SEND) can affect a child or young person's ability to learn. They can affect their:</p> <ul style="list-style-type: none"> <li>• behaviour or ability to socialise, for example they struggle to make friends</li> <li>• reading and writing, for example because they have dyslexia</li> <li>• ability to understand things</li> <li>• concentration levels, for example because they have ADHD</li> <li>• physical ability</li> </ul> <p>(UK Government, 2022)</p>      |
| <p><b>Strengths and Difficulties Questionnaire (SDQ)</b></p>           | <p>The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3 – 16 year olds. It exists in several versions to meet the demands of researchers, clinicians and educationalists. The SDQ asks about 25 questions on 5 different scales, including emotional symptoms, conduct problems, hyperactivity/inattention, poor relationship problems and prosocial behaviour (Youthinmind, 2012).</p>   |
| <p><b>Young Adults</b></p>   | <p>We define young adults in this paper as being in the age bracket of 16 to 24. Whilst the legal age of being an adult in the UK is 18, the National Survey for Wales includes responses from "adults" from aged 16+, meaning that their responses are included within adult age range responses. In addition, 16 and 17 year olds can now vote in Wales.</p>   |
| <p><b>Young People</b></p>   | <p>A report by the UN Convention on the Rights of the Child, defines young people as aged 10 to 24 (WHO, n.d.b).</p>   |

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# Our Priorities 2018-2030

**Building and mobilising knowledge and skills** to improve health and well-being across Wales

**Influencing the wider determinants of health**

**Improving mental well-being and resilience**

Supporting the development of a sustainable **health and care system focused on prevention** and early intervention

*Working to Achieve a Healthier Future for Wales*

**Promoting healthy behaviours**

**Protecting the public** from infection and environmental threats to health

Securing a **healthy future** for the next generation

Our Values:

*Working together with trust and respect to make a difference*



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