ayph | Association for Young People's Health

Summarising what we know so far about the impact of Covid-19 on young people

Ann Hagell, February 2021

Contents

In brief

Children and young people have been less affected than other age groups by coronavirus infection itself, but have been disproportionately impacted by the social, educational and economic impacts of the pandemic.

There is evidence that many of the known risk factors for poorer outcomes for children and young people have been increased by the pandemic and subsequent lockdowns, including, for example, financial hardship and academic pressures.

Research on the impacts has so far mainly been focused on wellbeing and mental health. In both cases the data are equivocal, leading to the conclusion that a considerable amount of variation in impact sits below the 'average' effects for children and young people as whole. In particular, young people already facing challenges in their lives (such as those living in poverty, living with a disability or in challenging family situations) seem likely to have been hardest hit. There is particular concern about the 'slow burn' impacts of educational and employment constraints, and the role the pandemic is playing in widening health inequalities.

Lots of young people are going to need help in the months and years ahead. There is not one programme or intervention that is going to be the "quick fix". However, we can start to put a range of mitigating actions in place now.

Focusing on 10-24 year olds

At the Association for Young People's Health (AYPH) our focus is on the 10-24 age group because this is such an important age for health. There are 11.6 million young people of this age in the UK, forming 20% of the population. Although it is generally a healthy life stage, it is also a key age for developing health behaviours and for the start of long-term health conditions. As an age defined by transitions, it offers unique levers for change. Investment in young people maintains and reinforces successful investment in the early years and reaps rewards for everyone (Hagell and Shah, 2019).

As the pandemic has unfolded it has been clear that young people in this age group are caught in a paradox. Although they have been less directly affected physically by the virus itself, there is a growing concern that they are being disproportionately affected by the wider impacts including lockdowns and the longer-term economic implications. To begin with they were considered as on the sidelines as they were not appearing in hospitals. By the time of writing in January 2021, they are now in the eye of the storm, with schools shutting again, the youth labour market decimated and widespread concern about mental health implications.

We have kept a watching brief on the research evidence around this. In November 2020 we hosted a webinar summarising the emerging picture. This briefing builds on that and also paves the way for another webinar in spring 2021. This is a fast moving area and the conclusions we can draw at this stage are not cast in stone. In addition, this paper is not the product of a formal systematic or scoping review, but the result of us drawing on our understanding of young people's health in the round to bring together the key data, evidence and trends that have been highlighted in recent months.

We have also used this opportunity to try to bring some structure to how we think about the impacts on young people. It can be a bit overwhelming as not only are we all in the middle of the crisis ourselves, but almost everything has been affected. There can be some confusion about cause and effect in relation to what young people are experiencing and the impact these experiences will have on them. In addition, many of the issues young people are facing now were not all created by Covid-19, but existed before and may have been magnified.

We begin by briefly looking at young people and the infection itself (contagion, transmission, symptoms). We then look at what we already know from existing research about the kinds of experiences that can have negative consequences for our age group (such as poverty and deprivation, maltreatment and neglect and academic pressure), and explore the extent to which these experiences have been increased or reduced by the pandemic. In the third section we move to emerging evidence on outcomes – including loneliness, wellbeing, and mental and physical health.

This leads us inevitably into a discussion about how the pandemic might be exacerbating young people's health inequalities, which is probably the most important message from our reading of the evidence. We end by sharing some of the many policy and practice interventions that are currently under debate in the sector.

Brief summary of what we know about young people and the virus

We have a growing body of research on young people's experience of the virus itself, and their role in its transmission.

In terms of infection rates:

- Early evidence suggested that **rates of infection** in children and young people were very low – making up around 2% of confirmed Covid-19 cases (Center for Disease Control, 2020). By the end of 2020 this was less clear, particularly in relation to the emergence of new and more infectious variants of the virus. It is possible that some early infections in children and young people were missed because of low testing at the beginning of the pandemic. It is

also possible that young people played a different role in transmission at different stages of the pandemic. At the time of writing infection rates up to age 14 are still low, but the picture is more mixed for older adolescents and young adults.

- Children and young people seem generally to have had less severe **symptoms** than adults (Swann et al, 2020; Gotzinger et al, 2020), apart from a particular multisystem inflammatory syndrome potentially affecting a very small number (RCPCH, 2020a). Their main symptoms are cough and fever (Viner, 2020).
- There have been few **deaths of children and young people.** In their analysis of the of the first pandemic peak in the UK, Ladhani et al (2020) concluded that there was no excess mortality in children up to age 16 between January and May 2020. Six children under the age of 15 died from Covid-19 in the UK in 2020. Death rates in those 15 and over are higher, and rise with age (Office for National Statistics, 2021).
- Because of small numbers it has been less easy to see whether black and minority ethnic (BAME) children and young people are disproportionally affected, but **pre-existing problems** such as cerebral palsy, respiratory diseases and complex neurodisability are associated with particular risks from infection (RCPCH, 2020a; Issitt et al, 2020).

In terms of transmission:

Similarly, children and young people were assumed to be very small part of general transmission at the beginning of the pandemic, but the evidence at the time of writing is less clear, and their role in transmission probably increases with age beyond primary school (Viner, 2021). However, three key points:

i) there is evidence that suggests households with children are not at higher risk than other kinds of households (Wood et al 2020),

ii) there is no evidence that children and young people are worse than adults in terms of transmission at any point in the age range (Viner et al, 2021), and

iii) rates of asymptomatic cases also seem to be similar across age groups (Singanayagam et al, 2020).

Our reading seems to suggest a growing evidence of a 'break point' at around age 10-14 – with younger children less likely to transmit, and older young people likely to transmit in a similar way as adults. However, there is not enough research on community samples. For example, while a recent 'review of reviews' of symptoms in children and young people under 20 who tested positive suggested that up to 42% may be asymptomatic, this is only in those who went for a test for some reason (Viner et al 2021). Many, of course, will never have been tested.

Most of this evidence has been discussed particularly **in relation to schools** as a vector for transmission in society. Debates continue about school closures, although there is general consensus that closure should be a last resort (European Centre for Disease Prevention and Control, 2020). Evidence seems to be suggesting that closures on their own do not make a huge amount of difference to virus circulation in the community (Heavey et al, 2020; European Centre for Disease Prevention and Control, 2020). There is also no evidence of any difference between the test positivity rates of pre-school, primary and secondary school teachers and staff, relative to other worker groups of a similar age (Scottish COVID-19 Advisory sub-group on education and children's issues, 2020). Closures also have to take a range of other factors into the balance including the positive role of schools in young people's lives, the role of socialising and travel around school drop off and pick up, and the importance of addressing the anxiety and protection of the adults in the environment.

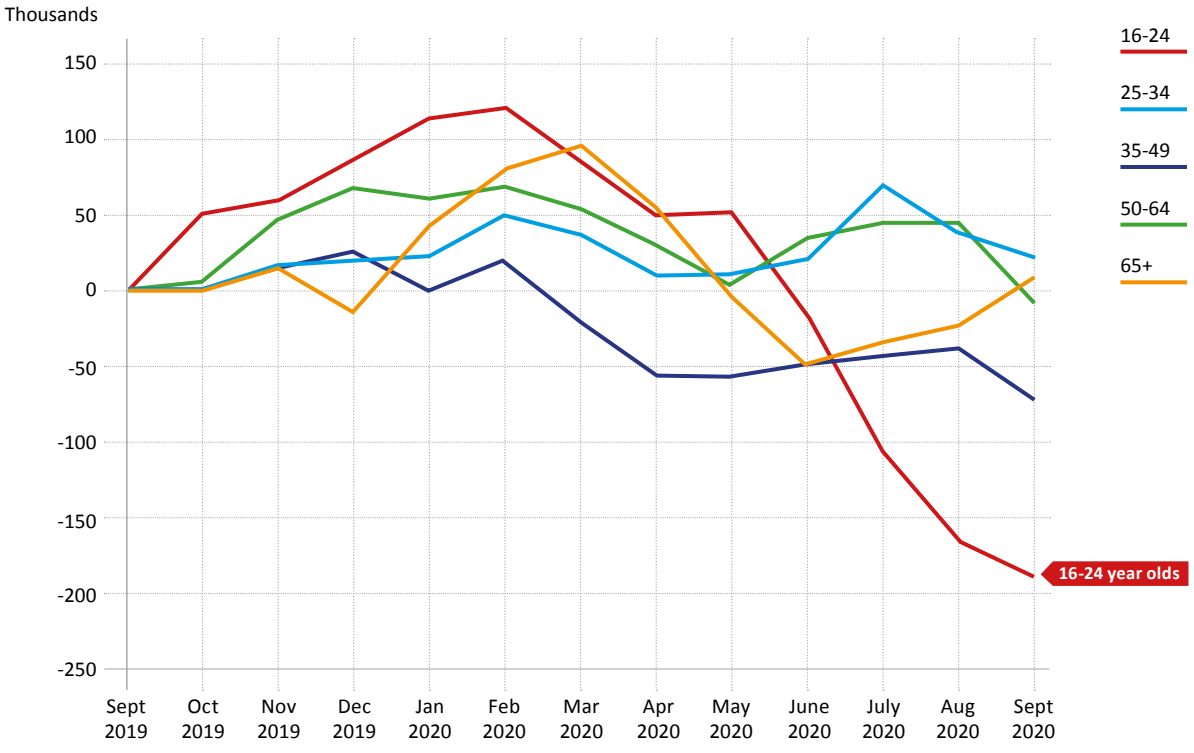
The majority of these studies and reviews drew their conclusions before the emergence of new variants of the virus. However, modelling published in December 2020 concluded that the increase due to the new variant emerging at that time in Kent was best accounted for by general increased transmissibility, rather than increased susceptibility of children alone (Davies et al, 2020).

The challenges young people face caused by the pandemic

In order to understand how children and young people are being affected we need to know what is changing in their lives as a result of the pandemic. We already have a considerable body of evidence from research on resilience, adverse childhood experiences and developmental psychology about the key things that generally present burdens and threats to young people's wellbeing in the long run. How has the pandemic increased any of these known risk factors?

- ***Financial hardship around children and young people.*** Decades of research have demonstrated the long-term impact of financial hardship in childhood (eg, Griggs and Walker 2008). This is both in relation to living in poverty and also the mental health impacts on young people in response to national financial crises (Paleologou et al, 2018). There is no doubt that financial challenges have increased for many children and young people as a direct result of the pandemic. For example, there were over 400,000 additional households with dependent children claiming Universal Credit in April and May 2020. Claimants starting on Universal Credit during the coronavirus pandemic had a different age profile to those starting before the pandemic, with clear increases in 16-19 year olds and 20-24 year olds between March and July 2020 (Dept for Work and Pensions 2020). There was evidence of increased attendance of families at foodbanks, and an increased proportion of children and young people living in households where no one is working (Department for Education, 2020). The Institute for Public Policy Research (IPPR) estimated that the pandemic could leave 1.1 million more people below the pre-Covid poverty line at year end, including a further 200,000 children (IPPR, 2020; Department for Education 2020). A third of 18-24 year olds have been furloughed or lost their main job since the beginning of the outbreak (Gustafsson, 2020). **Chart 1** shows that the number of 16-24 year olds in employment has fallen sharply and more than other age groups (ONS, 2020a).

Chart 1 – Large decrease in employment 16-24 year olds



Source: Office for National Statistics (2020a)

- ***Maltreatment and neglect.*** We already know that rates of domestic abuse increase in economic downturns (Schneider et al, 2015; Schneider et al 2017; Seppala et al, 2020). Data from Kooth (on-line mental health service) show reports of child abuse, sexual exploitation and neglect were up by 69% by week 10 of the lockdown (Kooth, 2020a). There is less in the way of official data, partly as a result of a time lag in collection of child protection referrals. Recent Department of Health data show a mixed picture for rates of children in need and looked after children in the middle of 2020 compared to the same period in 2018 with slight increases (Department of Health 2020).

- ***Parental psychopathology or addiction.*** Children and young people are clearly influenced by the psychological health of their parents (eg, Goodman et al 2011). During the pandemic social relations have been mostly restricted to close family members. Parents have experienced increased pressure to work from home, to keep jobs and businesses running as well as to take care of schooling children at home at the same time, while access to caregiver support including grandparents and the wider family has been restricted. In the Imperial Global C19 survey conducted by YouGov, drinking 5+ days a week increased during lockdown more among parents of children under 18 years of age compared with adults without children (Institute of Alcohol Studies, 2020). In a survey by Buttle UK, a quarter of respondents reported barriers to home schooling due to parental mental and physical health barriers (Smith and Barron, 2020).

- ***Long-term health conditions and disability.*** Living with a long-term health condition or disability pose particular challenges to young people (eg, RCPCH, 2020b). There are a number of ways in which these challenges have been exacerbated by the pandemic including increased health anxiety, increased isolation (from, for example, 'shielding'), and disruption to usual care pathways and services (Coram Children's Legal Centre, 2020; ONS, 2020b). In addition, children with disabilities are more at risk for parental abuse (Jones et al, 2012), so if the latter has gone up they may be disproportionately affected. Much of the evidence on these issues has come so far from qualitative data (eg Disabled Children's Network, 2020).

- ***Peer problems.*** Peers are hugely important to young people, both positively and negatively (Coleman, 2010). Contact with peers has been seriously limited during the pandemic and is one of the most frequently mentioned negative impacts by young people themselves. In a Barnardo's survey of 4,000 8-24 year olds 68% reported that not seeing their friends was the most difficult aspect (Barnardos, 2020). In the another similar survey this was higher at 77% (Streetgames, 2020). In a recent Department for Education wellbeing report just under a half of those aged 16 and over reported the pandemic affecting their relationships, peaking in May 2020, and driven more by females and the older (20-24) age group (Department for Education, 2020). Leisure time activities have been limited, especially for those with a lack of access to outdoor space. In most countries, social group activities have been prohibited and youth and sports clubs closed. The detail of how this has changed the quality of interpersonal peer relations is less clear and warrants more study.

- ***Academic pressures.*** School shutdowns have led to home-schooling, changes to two years of public examinations, major disruption to routine and difficulties accessing educational resources. Academic anxieties have been exacerbated by the confusion and frequently changing guidance, and some of the services and protections that the school environment provides for many young people haves been withdrawn. At the very least, most children and young people in the UK missed around 6 months of going to school in 2020 and early 2021. The Institute for Fiscal Studies has estimated that there was a 30% reduction in pre-Covid learning time in secondary school children as a result of the first lock down (Andrew et al, 2020). There have been many reports of differential access to digital education, with approximately a quarter of families – or more –

finding home schooling challenging because of digital access (Smith and Barron, 2020; Ofcom 2020a). The main issues have been around shared or no computers, no broadband or insufficient internet speed (unable to download coursework), no access to printers, no quiet desk space to learn, and having to do homework through parents' phones. It has been estimated that over 1 million children and young people are currently receiving their education via smartphones (Ofcom, 2020b). There have been separate academic stresses in further and higher education, and the situation for university students has been of serious concern (ONS, 2020c).

In addition to the usual lists of risk factors the pandemic has had a specific impact on access to routine medical care. There have been closures, partial closures or reduced services of inpatient and day-care facilities, with outpatient contacts reduced in some places to emergency cases only. Different estimates depending on service and sources – between ¼ and 4/5 young people with mental health problems reported they could not get in touch with their services during the first lockdown (Public Health England, 2020; Barnardos 2020).

It is worth noting that there have also been anecdotal accounts of positive repercussions. More time with caregivers can go along with increased social support, which strengthens resilience. In addition, children troubled by school due to bullying or other stressors can experience the situation of home-schooling as relieving, as a main stressor in their everyday life ceases to exist. Mastering current challenges could contribute to personal growth and development.

Overall, however, there is plenty of evidence that all these known risk factors have increased at least for some children and young people over the last year as a direct result of the pandemic. In the next section we look at emerging evidence on impact.

The impact of these changes on young people's outcomes

It is important to recognise that children and young people are very adaptable. Some of the more short-lived experiences of the lockdown – such as not seeing their friends – may wear off quite quickly once they return to a more positive situation. In the ONS (2020d) analysis of the Opinions and Lifestyle Survey in the middle of the first lockdown young people were the most optimistic of all age groups, with half expecting life to return to normal in 6 months (although they were also the most bored and lonely). In reading the evidence, we need to make a distinction between 'snapshots' and more in-depth analysis of trends and proper assessment of outcomes.

On the other hand, more severe or chronic experiences (eg abuse) may have long-term effects on physical and mental health throughout adulthood (Lacey and Minnis, 2020; Lacey et al, 2020). There is no doubt that there is widespread concern – for young people as a generation – as a number of press reports and statements from policy makers and professional organisations have suggested.

The impacts that have been identified so far include:

- ***Loneliness.*** There are consistent reports of increased levels of loneliness across the age range as a result of the lockdowns resulting from the pandemic. The Scottish TeenCovidLife study reported that the number of 12-17 year olds feeling lonely was three times higher during lockdown compared with pre-lockdown levels (Generation Scotland, 2020). In UCL Covid 19 research, loneliness was higher for young adults than older adults (Henderson et al, 2020). Public Health England reported that the proportion of young people with medium/high loneliness increased between the end of April and mid-May 2020 (Public Health England, 2020). But we need to watch what happens longer term as we go back to something approaching normality. It is not clear

yet whether this will continue to have any longer term impacts after the end of lockdown, particularly if young people are supported to resume routines and activities, although longitudinal evidence suggests that social isolation loneliness can increase the risk of depression (Loades et al, 2020). There may be longer lasting effects in groups where loneliness levels were already higher, such as young adults and care leavers.

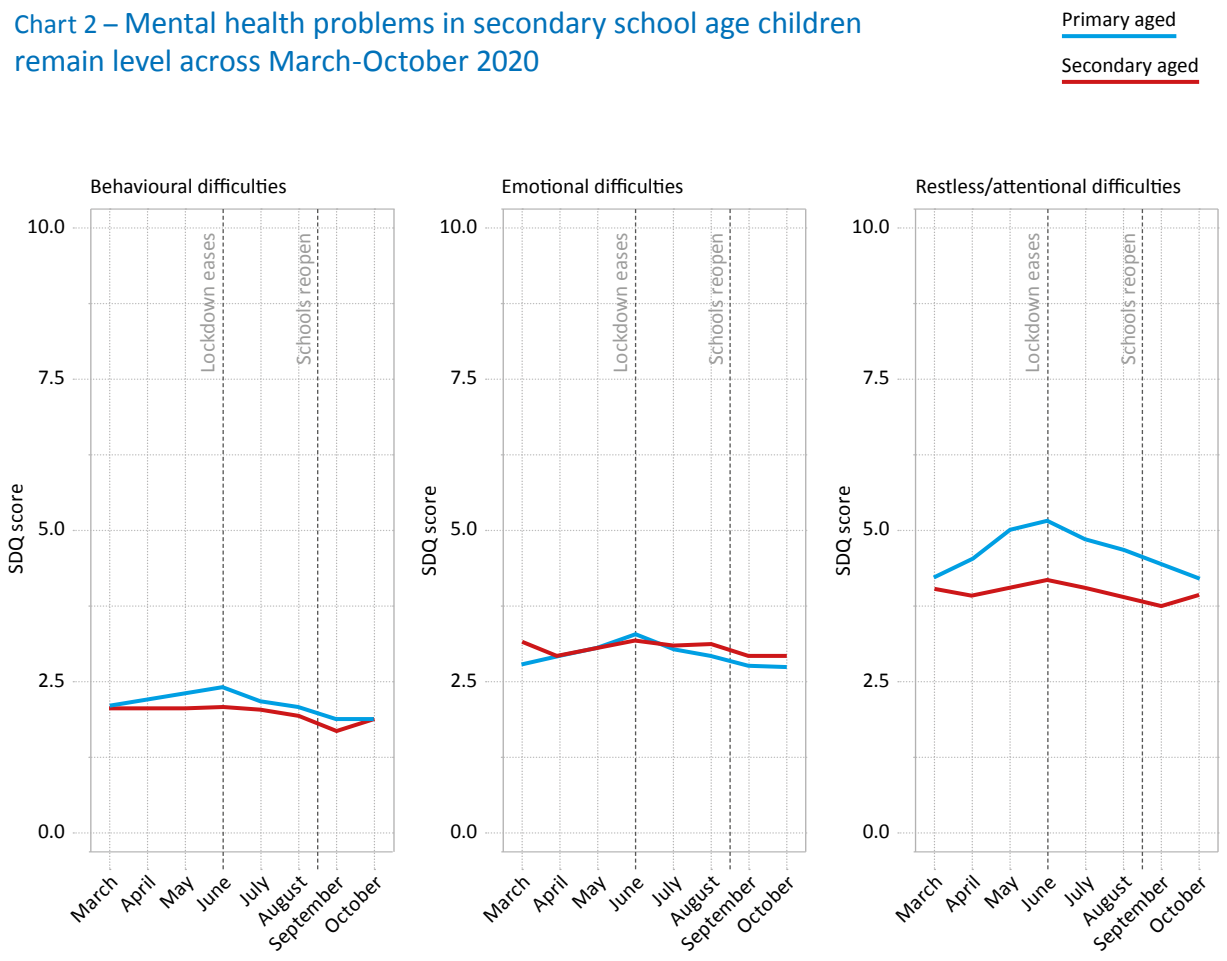
- ***General reports of wellbeing.*** The emerging research evidence on wellbeing was summarised in the DfE '*State of the nation 2020: children and young people's wellbeing*' report in October 2020. The authors concluded that "Overall and on average, and in the context of pre-pandemic reducing trends, children and young people have had quite stable personal wellbeing during the coronavirus pandemic. Levels of happiness are similar to previous years." (Department for Education, 2020). Similarly, in answer to the Covid-19 specific questions in the Children's Society's annual survey of 10 to 17 year olds, 84% of children and young people rated their level of coping with life overall during the pandemic at or above the midpoint of a scale from 0 to 10 (Children's Society, 2020).

  These overviews present a conundrum, as the overall picture conflicts with many qualitative and anecdotal reports and the experiences of front line practitioners working with children and young people. Indeed, there are some indications from other surveys and self-report qualitative studies that some groups of children and young people have had lower personal wellbeing than others, for example, those with special education needs, disabilities, from disadvantaged backgrounds, or from BAME groups (Sachs and Rigby, 2020). Red flags have also been raised for the older age group (16-24) who may be more anxious and worried about the future (Department for Education, 2020). We return to the issue of inequalities in the next section.

- ***Mental health.*** The picture for mental health outcomes is also mixed. Early data from some studies showed a sort of 'shock' effect in the first weeks of the lockdown in April, but often relied on unrepresentative samples, and studies taking a longer term view seem to show a more nuanced picture. In June 2020 NHS Digital (2020) published new prevalence data on 'probable mental health disorders'. Unlike the wellbeing data cited above, compared to baseline data from 2017 the numbers showed an overall increase, but this was summary result for a wide age range and a wide range of disorder types, and may reflect a continuation of an established trend for rising levels of problems that was already in place before the pandemic. Overall, it is important to set any discussions of mental health impacts on young people in the broader context of pre-existing concerns about high levels of problems, and concern about lack of access to services. In fact, the prevalence data specifically for rises in 11-16 year olds were not statistically significant, despite an increase in probable disorders from 12.6% to 17.6%. When we look at the older age group (17-22), rates seem high (20% overall, 27% for young women), but trend data were not available so it was not possible to say if this was an increase attributable to the pandemic.

  The Oxford Co-Space study collected data on a regular basis throughout 2020. As **Chart 2** shows, following a blip at the start of the pandemic, these generally showed an even line for emotional problems across the months of 2020, without any particular evidence of a rise (Skripkauskaite et al, 2020). And it is important to record that there is no evidence yet of a simple link between the pandemic and the increased reporting of suicidal thoughts or self-harm related contact (Public Health England, 2020).

Chart 2 – Mental health problems in secondary school age children remain level across March-October 2020



Source: Co-Space study (2020)

- ***Physical health.*** There is some limited evidence accumulating about impacts of the pandemic on physical health for the 10-24 age group, but potentially this has got a bit lost in the general focus on mental health. Although again these may be short term impacts, it is important to note that habits formed at this age *can* have life-time implications, and lack of the right interventions for emerging long-term conditions or health crises could also have long-term repercussions. Issues reported so far have included:
  - ***Changes to exercise patterns.*** Again the evidence is mixed, but this is important as short-term changes in physical activity and sedentary behaviour in reaction to Covid-19 may become permanently entrenched, potentially contributing to increased later risk of obesity, diabetes, and cardiovascular disease in children. Some emerging data have suggested that reductions in exercise have been greater for adolescents than younger children (Denton et al, 2020). In a survey by Streetgames during the first lockdown, two thirds of young people said their activity levels had dropped, although in other reports parents have said that their children had done more physical exercise than usual (Streetgames, 2020; Department for Education, 2020).
  - ***Sleep disruptions.*** Many people have reported disturbed sleep over the last year and young people have been no exception although again the trends are complicated as some have also

reported better sleep. In a survey by Kooth of 75,000 11-25 year old users, reports of sleep as a presenting issue showed a 161% increase on the previous year (Kooth 2020b).

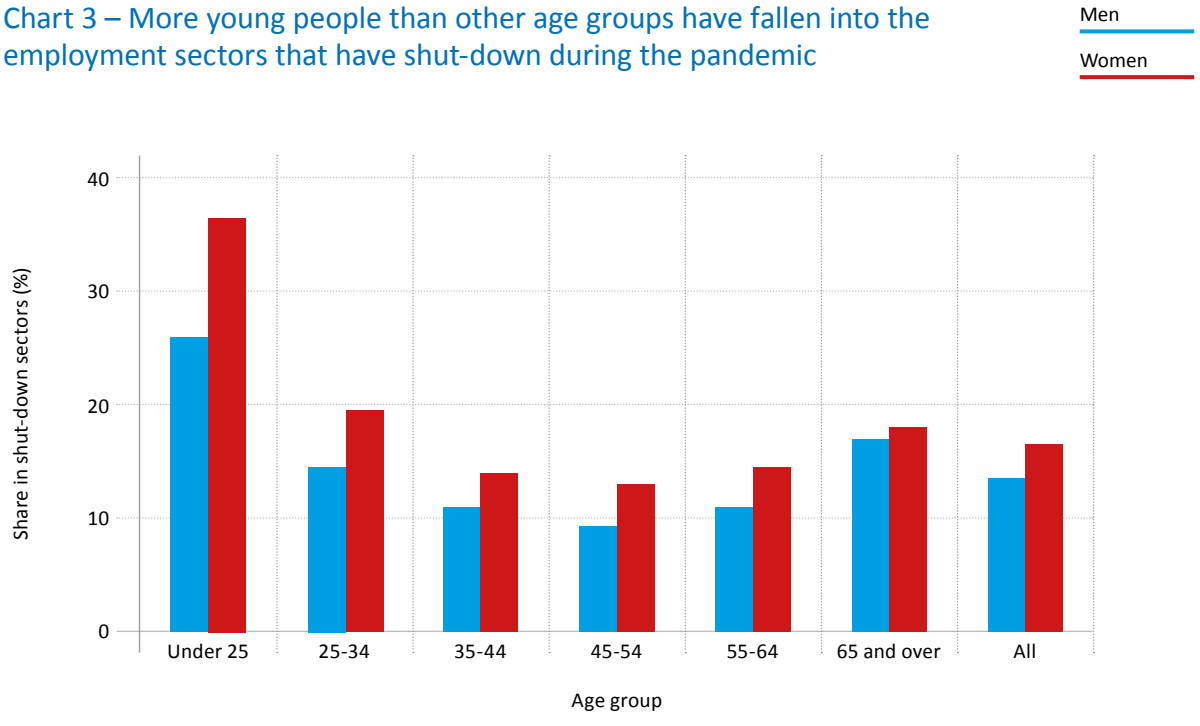
- ***Nutritional changes.*** Apart from high profile debates about the content of free school meals, nutrition has received very little attention. However an international study of 10-19 year olds reported that the lockdowns had had an influence on diet for this age group, although the patterns were not completely clear (Belen Ruiz-Rosso, 2020).

- ***Drops in attendance at health services.*** As noted above, young people's medical services have been subject to disruption. The effects are not clear yet but they have certainly affected attendance including, for example, at accident and emergency departments during the first lockdown. There is anecdotal data on issues in getting in touch with GPs, and a concern about the impact on the diagnosis and management of long-term conditions emerging at this time (Kosir, 2020), despite services providing 'we are open' messaging to parents and young people.

In terms of outcomes, attention so far has been focused on wellbeing and mental health, but there may well be others that need a watching brief including a wider range of physical impacts, and implications for educational and employment trajectories, which may take longer to unfold. Even for graduates, for example, it has been estimated that it may take up to ten years for the effects of poorer earning prospects to wear off (Joyce and Xu, 2020). **Chart 3** shows that the under 25s have been disproportionately hit by being in sectors that shut-down (Joyce and Xu, 2020).

Other areas of specific interest where we currently have very little evidence relate to alcohol and substance use by young people, the impact of lockdowns and isolation on eating disorders, and the impact on under-18 sexual health and pregnancy. We

Chart 3 – More young people than other age groups have fallen into the employment sectors that have shut-down during the pandemic



Source: Joyce R and Xu X (2020), Institute for Fiscal Studies

also do not know very much yet about the specific links between the different challenges young people have faced and any particular outcomes.

Finally, simply at population rates or 'average' outcomes for young people as a whole only gives us part of the picture. This leads us on to consider the experiences of subgroups and the impact on growing inequalities in outcomes.

Exacerbation of inequalities

The mixed picture around outcomes so far may be due to the fact that we have not yet paid enough attention to the particular experiences of sub-groups of young people or to the detail of emerging health inequalities. We have some sense of the importance of this from a growing body of qualitative studies asking young people about their experiences, but we need more detailed information on this over the coming months.

Some things we do know:

- ***Mental health impacts vary.*** Evidence is emerging that suggests mental health outcomes are varying for some groups of young people (Sachs and Rigby, 2020; Gilleard et al, 2020). This has included, for example, young carers (Carers Trust, 2020), LGBT young people (Sachs and Rigby, 2020; Anderson, 2020), and young people from some BAME backgrounds (Kooth, 2020c). An Adoption UK survey of 674 parents and carers reported that they had seen 50% more emotional distress in their children (Adoption UK, 2020).

- ***The education gap is widening.*** The Institute for Fiscal Studies has shown that there was already a gap of 45 minutes in learning time per day between the richest and poorest children before lockdown, and this went up by 15 minutes during the first lockdown (Andrew et al, 2020). It is not just that everyone's learning time has been affected; those in the poorest groups were increasingly getting less than everyone else. The IFS study also showed that only 60% of secondary schools offered some active home learning (online classes/chat), and these were more likely to be the wealthier schools. In the Co-Space study, a higher percentage of 15-16-year olds from low income households (<£16,000 p.a.) were reported to have substantial worries about the academic pressure and lack of support in school work at this time, compared to higher income households (Shum et al, 2020).

- ***Those already struggling financially have been disproportionately affected,*** being more likely to see worse financial impacts of the pandemic (Department for Education, 2020). Frontline workers working with families with pre-existing financial difficulty reported major challenges during lockdown for these families in accessing basics, including 57% not being able to afford essential household items and 47% of families unable to afford food (Buttle, 2020). Higher levels of stress, depression, and anxiety have been reported by parents from single adult households and low-income families, as well as those who have children with SEN/ND (Shum et al 2021).

- ***Families with fewer resources report more problems in their children.*** Young people in low income families/areas have had less access to technology to communicate with school and friends, are more likely to have lost routines and sleep, and have seen more increases in children and young people's mental health problems than other families (Andrews et al, 2020; Buttle, 2020; Public Health England, 2020). Young people living in insecure, low quality or crowded housing may also have been particularly at risk (Abbs and Marshall, 2020).

Outcomes have thus varied depending on the starting point that children and young people found themselves in before the pandemic. Where there is outside space, the parents are managing, and there is digital access, it is likely that children and young people will have managed lockdown and will be able to bounce back. But there are rather different concerns about young people living in families who were already in cramped housing, with pre-existing health, social or financial difficulties or living under other stresses. However, this whole topic requires better data.

Some suggested interventions

Despite the mixed picture overall, the emerging findings on inequalities suggest we do need to act. This is particularly so in relation to those 'slow burn', educational and economic factors, where we cannot see the impacts yet but we have good evidence from previous crises that they will be there, and that they will hit young people disproportionately. Of course, we need to caution about the importance of drawing on an evidence base for deploying any interventions. But health inequalities among young people were already an issue of concern pre-pandemic and there is growing evidence to that the digital divide, lack of access to youth support services and other issues are having a disproportionate effect on some groups of young people. We already know that we need targeted policies and services for the most vulnerable youth populations, including young people not in employment, education or training (NEETs); young migrants; homeless youth; and young women, adolescents and children facing increased risks of domestic violence. We already know a lot about what works.

Interventions fall into several categories. This is not an exhaustive list, but provides examples of recent suggestions from the Children's Commissioner, the Office for Economic Cooperation and Development, special reporting in the media, the Marmot Build Back Fairer review, Blackpool Headstart and the University of Brighton, and the Institute for Fiscal Studies:

Examples of recent suggested interventions to help young people	
MOST IMPORTANT	■ Communicate better with young people, narrative of support, not blame ■ Invest in youth voice, co-production, and youth leadership ■ Develop a national strategy on inequalities
School/education based	■ Free up teacher time for more individualised instruction/help ■ Speed up and expand programme of NHS trained counsellors in every school ■ Roll out catch up tuition in more deprived areas ■ Eliminate digital inequality – internet and equipment
Post school/economic	■ Review welfare provision and income support for young people ■ Review apprenticeships schemes – pay and incentives ■ Extension of job support and training schemes for young people ■ Review social housing policies for 18-28 ■ Improve help to buy/rental protection ■ Support schemes for youth led small businesses
Local voluntary sector services	■ Increase support for youth clubs, youth activities, youth groups ■ Protect voluntary sector health services such as sexual health ■ Protect and roll out the Youth Investment Fund
Central government policy	■ Use impact assessments and monitor the consequences of policies on today's young and future generations ■ Promote age diversity in public consultations ■ Provide targeted policies and services for the most vulnerable youth populations
Data and research	■ Encourage national statistical offices and research institutes to gather disaggregated evidence on the impact of the crisis by age group & to track age specific inequalities

Conclusions

We need more precision and a wider lens in terms of how we think about the impacts of the Covid-19 pandemic on young people. So far we have only really looked at mental health problems and self-reported wellbeing, but there will be lots of other outcomes that we need to track in the coming years.

The data are not quite good enough for our purposes yet but a huge amount of research is underway.

We need to look beyond averages for the age group, to understand the particular experiences of sub-groups. There has been quite a lot of heterogeneity in how the challenges have impacted on different young people, and in some cases it is too early to jump to conclusions. Thinking about impacts on sub-groups is still in its infancy. There have been huge individual variations in young people's experiences.

The slow burn impacts are likely to be the most damaging. Young people are amazingly resilient, but the long-term impacts on trajectories and opportunities are critical, particularly for those already subject to inequality.

Lots of young people are going to need help in the months and years ahead. Some of the workforce/ organisations best placed to deliver this, such as the youth sector, have been hardest hit. This needs acknowledging and correcting.

There is not one programme or intervention that is going to be the "quick fix". We can start to put mitigating actions in place now.

It is likely that we will need a sea change in how we think about supports for the 18-24 age group who will bear the brunt of the educational and economic effects, to reconsider their situation and how they find their place in our world.

Key sources

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More information

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