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# The Impact of COVID-19 on the Health and Economic Wellbeing of Young People Accessing Support Services: Living in Limbo?

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## List of Abbreviations

COVID-19	Coronavirus Disease of 2019
YIACS	Youth Information, Advice and Counselling Services
NEET	Not in Employment, Education or Training
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
YA	Youth Access
CYP	Children and Young People
DNA	Did Not Attend
CAMHS	Children and Adolescent Mental Health Service
BAME	Black, Asian and Minority Ethnic
IT	Information Technology
GCSE	General Certificate of Secondary Education
NGO	Non-governmental Organization
ADHD	Attention Deficit Hyperactivity Disorder

## **List of Terms**

Service User: Young person who has accessed one of our members.

Members/YIACS: Subscribers to Youth Access national membership organisation.

# **1. Executive summary**

## **1.1. Background**

COVID-19 lockdown measures in the UK have disproportionately affected young people's aspirations, health and opportunities – both directly, through impacts on family life, school, work and training, and social isolation, and indirectly, through heightened economic hardship, threats of possible cuts to public spending, and the physical and emotional effects of the pandemic through rising unemployment and widespread loss and grief. Considering the substantial effects of the pandemic on young people's wellbeing and employment, accurately understanding how these combinations of factors will affect their wellness and economic wellbeing is more important than ever before, particularly when we consider these current events against the backdrop of Brexit. Society cannot afford another lost generation.

### **1.1.1. Brief methodology**

This study took place between September and December 2021, and adopted a mixed methods study design, comprising a rapid evidence review, and qualitative and quantitative approaches to assess the impact of COVID-19 on the health and economic wellbeing of young people accessing support services. More specifically, we conducted a rapid evidence review into the impact that COVID-19 has had on the health, economic wellbeing and employment status of young people, with the goal to better understand how the services that Youth Information, Advice and Counselling Services (YIACS) are delivering have addressed these COVID-19 challenges.

Then a quantitative survey was developed by the research team and Youth Access (YA) to receive feedback about the members services during the pandemic. Finally, for the qualitative phase, we took a largely deductive approach. The research team planned to carry out in-depth interviews and focus groups with YA members (n=10) and young people (n=20) to obtain a multidimensional perspective on the individual needs of service users and the response made by YIACS members during the pandemic in addressing emerging employment and welfare needs. For full details of the methods and data analysis, see the Methodology section in the report.

## **1.2. Key messages and findings**

Without a doubt, access to high-quality employment and health and wellbeing support for young people has been negatively impacted over the last 20 months by the COVID-19 pandemic. Paradoxically, in a time when support services have most been needed, they have been restricted and made difficult to access due to compliance with government guidance to prevent the

transmission of COVID-19 across communities. Following government guidance has meant mandated home working, and closures of schools, colleges and training centres, and significant sections of the workforce have been furloughed.

Despite the UK having an inconsistent (or patchy) youth support service infrastructure, it has become even harder over the last 18–20 months to provide and access good, high-quality holistic support services, leaving many young people alone to cope with challenges to their mental health and wellbeing and planning for the future. What has become apparent in the study is the level of innovation to reach and engage service users, and the resilience and altruism demonstrated by service providers, who have shared insights captured through rapid testing and learning on what is needed as part of the COVID-19 recovery.

This study shows that over the last 20 months, Youth Access members have found maintaining their traditional service delivery models a tremendous challenge. Out of necessity, each of the members who have taken part in this study have pivoted from their traditional service delivery models and have innovated new ways of working. They have each devised blended approaches that consist of community-based in-person drop-in and scheduled appointments, text messaging, mobile phone welfare check calls and online appointments. Generally, teams have stayed connected through virtual team meetings, in all the cases, connecting team members located in different geographical areas for the first time. Other teams have connected online for wellbeing days and training in the new ways of working.

As a direct (and indirect) result of the pandemic, young research participants say that they need more support services to address low confidence levels, completing education, job readiness and entry level support, as well as holistic support to manage invisible disabilities, LGBTQ issues and homelessness. As a result of the increase in youth-centric engagement platforms, some Youth Access members have reportedly reached more young people, and thus have widened their reach to young people. Research participants have self-referred, or have been referred by a third party. Access to services has become more equitable, faster, and youth-centric in response to the pandemic. Research participants have clearly stated that they would like to see a blended approach of in-person and virtual appointments continue in the future, due to the flexibility it affords them to participate in support and counselling. The study could not identify one category of young person that has been impacted by COVID more than any other group. The impact of COVID-19 takes many different forms, and it has been felt by all the young people to whom we have spoken who have accessed support services. Evidence points towards widespread feelings

of social anxiety, low-level depression, worklessness, and hopelessness about finding and maintaining meaningful work in and out of the pandemic.

According to the young research participants, mental health issues have been biggest obstacle in finding and securing meaningful work during the pandemic, and identified what they need:

- Help to apply for jobs
- Help to build confidence for an interview
- Help with writing a personal statement
- Help to find work placements
- Help in gaining experience of going into a work environment
- Help with academic pressure and frustration
- Help to build resilience in Higher Education
- Help for new young employees with invisible disabilities
- Help to access a range of appropriate training opportunities
- Help to build self-confidence and to plan next steps in education, work and training

Illustrated below are the central ways in which practitioners have said that they have organisationally responded to the emerging employment and wellbeing support needs of young people during the pandemic:

- Moving from in-person to virtual appointments, texting and mobile supportive conversations
- Developing and testing new digital pathways to access services
- Extending the hours they work, and offering more flexible times for appointments
- Producing more resources online to help encourage self-help
- Updating online safeguarding policies and procedures
- Streamlining services, balancing need versus demand
- Pausing and renegotiating access with gatekeepers to groups of children and young people
- Switching from group-centred to individual-tailored work
- Additional team training and support to stay connected and to cope with greater volume and/or intensity of work

The key themes/topics that have emerged from the rapid evidence review link to matters raised by service users and practitioners about providing information and increasing awareness of services, availability, equity of access, comprehensiveness, reliability and speed:

- Lack of access to mental health support for pre-existing conditions
- Struggling with appropriate coping strategies
- Help with bereavement and trauma experienced during the pandemic, and concerns about loved ones becoming ill
- Increase in loneliness and isolation, increase in social anxiety, and the long-term impact on mental health and wellbeing
- Concerns about school, college and university studies, and lack of one-to-one conversations with teachers
- Not being able to do usual learning activities
- Struggling with relationships with people they live with
- Concerns about getting a job
- Young Black males' access to meaningful employment has narrowed
- Lack of support afforded to LGBTQ youth
- Turbulent transitions into adulthood
- Increased experience of feeling down, anxious, and depressed, especially among NEET young people.
- Young people experiencing housing, employment and financial problems
- Young people facing a fall in employment, loss in earnings and increased money worries and job concerns and increase in worklessness
- Negative impact on long-term plans for work, feeling that finding a new job is impossible now, and increase in competition for jobs
- Inability to cope with feeling that life skills and training acquired are no longer fit for the post-COVID world

### **1.3. Recommendations**

Several important lessons and implications emerged from both the process of conducting the evaluation and the evaluation findings themselves, including the following.

#### **i. Increasing access**



**Mainstreaming a blended service delivery approach.** This evaluation recommends a review of the tried and tested pandemic methods used by Youth Access members. We recommend establishing a member working group to discuss, debate and discover best practice examples to improve and transform services so that they provide a blended approach in consideration of the implications for the whole system.

**Rethinking recruitment, engagement and participation pathways.** This evaluation recommends that members rethink their pathways to virtual engagement and how to bring back some of the basic features of the service that have been lost during the course of the pandemic. This should involve a review of the different ways in which services users have been reached, engaged and referral leveraged in the last 20 months. This should involve mapping formal and informal referral pathways during the pandemic, as well as changes in criteria, widening access to young people.

## ii. Driving equity

**Fixing the gap between learning and work.** This evaluation recommends that emphasis should be placed on, and provision made for, accurately assessing provision to assess the scale of need experienced by young people who have sought help to (re)enter the labour market over the last 20 months. We also recommend that additional support services are considered for young people to ensure that the next generation does not become a lost 'pandemic generation', with scars for years to come.

**More longitudinal research into support/employment services.** This evaluation recommends that members routinely collect and share data necessary for long-term evaluation of young people's post-pandemic work readiness and pathways into meaningful training (e.g., high-quality apprenticeships and employment). Attention should be given to preparing these data in a way which enables robust comparisons across the membership, and which is not time-consuming to collect and report upon. This study requires enough resources to ensure the production of an evaluation framework that can be adopted across the membership. The routine collection of data should provide reliable insights into the challenges and opportunities experienced across the system.

## iii. Improving experience

**Rebalancing caseload management.** This evaluation recommends that staff be supported in knowledge transfer in order to learn best practice examples in how to step-down from high volume

and/or high intensity caseloads brought on by the pandemic – whilst balancing the issue of need over demand.

**Online safeguarding policies and procedures.** This evaluation recommends a co-produced suite of online safeguarding policies and procedures to help young people access safe digital spaces and effective practitioners. The evaluation recommends protecting young people by developing high-quality, evidence-based standards of ethical practice for online work. We recommend the pooling and dissemination of resources to enhance how providers deliver safe, ethical and competent practices.

**Young people’s social anxiety and low-level depression.** This evaluation has provided a snapshot of the emerging needs of different groupings of young people. The evaluation does not capture the full range or nature of the psychological, educational and social impact of the pandemic on young people. The findings from the review of grey literature on the needs of minority groups of young people (LGBTQ+, BAME etc.) and young people with hidden disabilities suggest a lack of information on specific employment help, also linked to tailored mental health support.

#### iv. People

**Workforce burn out due to intensity of work.** This evaluation recommends time and space for the workforce to recover and systematically use evidence to innovate services based on the wider membership’s experience of the pandemic. Members’ responses highlighted several critical timelines and success factors of their services, including improved partnership working with third and public sector organisations, a reduction in referral times between agencies, workforce upskilling in technology, and enhanced processes such as team supervision.

## 2. Introduction

### 2.1. Youth unemployment and employability during the pandemic

Employment is a key social determinant of health, and it has a broad range of consequences for employees’ psychological wellbeing (CSDH, 2008; Modini et al., 2016). Considering that the conditions in which people work are socially structured, those who have limited economic, social and cultural resources are more likely to be prone to exposure to job instability and unemployment (Dahlgren et al., 2006).

Some studies have investigated the short-term and long-term consequences of COVID-19 on the employment and economic status of people globally. Their findings suggest that COVID-19 increased the unemployment rate and uncertainty of job prospects, decreased hours of work, and led to salary reduction (Beland et al., 2020). Findings show that the negative impacts on labour market outcomes are more significant for men, youth workers, Hispanic people and less-educated workers, indicating that the COVID-19 pandemic has exacerbated labour market inequalities. In European countries, the segments of the workforce most likely to be negatively impacted by stay-at-home orders and practices due to the COVID-19 restrictions are the most vulnerable groups, such as women, non-native workers, those with non-standard contracts (self-employed and temporary workers), the lower educated, younger workers, those employed in micro-sized workplaces and low-wage workers (Pouliakas & Branka, 2020; Fana et al., 2020).

There have been significant disparities in terms of the negative implications of the pandemic on different groups of young people in the UK. Over the past year, young Black people's livelihoods have been deeply affected by COVID-19. The pandemic risks putting them in an even more precarious condition, and prompt action by government and service providers is of great importance in the post-COVID-19 context.

A survey was carried out by the charity Mind, with over 14,000 young adults, to measure the effect of the pandemic on various dimensions of young people's lives. This survey found that existing inequalities in housing, employment, finances and other areas had a greater impact on the mental health of people from Black, Asian and Minority Ethnic (BAME) groups than on White people during the COVID-19 pandemic (Mind, 2020). For example, 1 in 3 people from BAME groups said that challenges with their housing impacted on their psychological wellbeing, compared to nearly 1 in 4 White people. Unemployment and job concerns affected around 61% of people from BAME groups, compared to 51% of White people. Research conducted by the Institute for Employment Studies discovered that around half of young people (46%) under the age of 24 have reported an overall fall in employment since the beginning of the COVID-19 pandemic. The fall in employment is having a disproportionate impact on young people from Black and minority ethnic communities, with the rate being four times higher for young Black people than for young White people (Institute for Employment Studies, 2021).

Similarly, the Runnymede Trust estimates that people of BAME background are much more likely to have experienced the adverse financial consequences of COVID-19 than White people. Findings from a survey, a sample of 2,585 young adults aged 18 and over, show that those from Black African backgrounds were more likely to report a loss of income since the pandemic; the

rate was 38% for Black Africans, compared with 21% of Black Caribbean groups and 22% of White British people (Runnymede Trust, 2020). People from Black and minority ethnic groups were also less aware of economic measures to support individuals during the COVID-19 outbreak, including the ability to claim universal credit or statutory sick pay, or to access the furlough scheme. For instance, 88% of White people had heard about the furlough scheme, compared to 69% of people from BAME backgrounds in the UK (Runnymede Trust, 2020).

The COVID-19 pandemic and prolonged restrictions are likely to dramatically increase young people's money worries and job concerns. For example, a survey of over 10,000 people carried out by researchers from the London School of Economics and the University of Exeter found that nearly 6 in 10 young people aged 16–25 had reported a loss in their earnings since the pandemic began. In total, around 6% of young people who took part in the study said that they had lost their job, and a further 7.3% reported that they were still in work but working zero hours, meaning that 13.3% were workless. A higher rate of worklessness was found for those aged 16 to 25 (18.3%) than for those aged 26 to 65 (11.9%). In this study, the link between unemployment, job concerns and uncertainty and psychological wellbeing was examined. Initial results showed that many of the college students who participated in this research confirmed that their mental health had been negatively affected by the COVID-19 crisis; around two thirds of participants said that their long-term plans had been affected and that they believed that their future educational achievement will be affected by the pandemic (London School of Economics, 2020).

Findings from the Prince's Trust Youth Index 2021, which surveyed 2,180 people aged 16 to 25 from across the UK, show that more than half of young people (60%) felt that getting a new job feels "impossible now" because of increased competition, and a quarter (24%) of young people felt that the COVID-19 pandemic and restrictions have "destroyed" their career aspirations, future plans and job perspectives (Prince's Trust, 2021). Further, this study discusses the undeniable impact of joblessness on young people's mental wellbeing, with those not in education, employment or training (NEETs) being significantly more likely to feel anxious, depressed and "unable to cope with life". One in five (21%) participants are scared that their job skills and training are no longer useful for the post-COVID context. These negative impacts of the pandemic are more identifiable amongst NEETs than other groups. For example, one in four (26%) assert that they feel "unable to cope with life", increasing to 40% in NEETs. Similarly, more than half of young people "often" or "always" feel anxious, rising for 64% for NEETs.

## 2.2. Mental health and wellbeing of CYP

*“You feel like you’re in limbo in school because you don’t know what to do after school.” (Service User, age 17)*

In January 2020, the World Health Organization first identified coronavirus (COVID-19), and it declared the spread of COVID-19 as a global pandemic in March 2020. Subsequently, several countries imposed nationwide or localised lockdowns, closing schools, universities and workplaces, leaving students to learn remotely, enforcing social distancing orders, and implementing restrictive measures that prevented individuals from going to public places or from meeting people from other households. Quarantines and lockdowns are states of isolation that are psychologically and economically distressing and unpleasant for anyone who experiences them (Brooks et al., 2020). Children and young people, who are at higher risk of developing mental health difficulties than adults, may be particularly susceptible to the adverse effects of home confinement, including school closures, due to the disruption that lockdown causes to their physical activity and social interaction (Wang et al., 2020).

Younger people and late adolescents may be more affected by the stress that COVID-19 is placing on their economic and psychological wellbeing (Brooks et al., 2020). The potential that a lack of regular social interactions with close friends will result in loneliness is more likely to be a feature of adolescence, and it is not necessarily diminished by the use of technology platforms or other forms of remote communication.

Confirmation that these major concerns are well established for late adolescents and young people comes from the findings of UK surveys of participants aged 13 to 25 while schools and colleges were fully closed due to COVID-19 and national lockdown was imposed by the government. The early findings from this survey indicate the day-to-day challenges caused by school/college closure, including the loss of structure and social support, the loss of routine, and the loss of social communications with close friends, teachers and other households. A second survey conducted three months later (June–July 2020) highlighted young people’s perceptions of the COVID-19-related challenges for their mental health, including themes of stress and anxiety, loneliness and isolation, and loss of motivation and purpose for the future (Thomas, 2021). In this survey, 80% of participants reported that the COVID-19-related restrictions had made their mental health worse than before. More importantly, of those who had access to mental health services and other types of social supports (e.g., school/college counsellors and psychologists, private care providers, NGOs, charities and helplines) during the early months of the pandemic, over 30% said that they were no longer able to access these supports, but that they still needed them. In

September 2020, findings from this survey highlighted that many young people with pre-existing mental health conditions are struggling to find appropriate coping strategies as they return to secondary school after months of living through the COVID-19 outbreak. The majority of respondents (70%) described their mental health as "poor" when they returned to schools, which is 10% higher than the previous survey before returning to school. Further analysis showed that 40% of respondents confirmed that they had no access to the school counsellor to support their mental health and other COVID-19 stress and challenges. In summer 2020, less than a third of young people had one-to-one conversations with a teacher or another member of staff in which they were asked about their psychological wellbeing. The final report from YoungMinds, carried out in February 2021, shows that the majority of young people believed that the COVID-19 crisis will have a sustained and long-term negative effect on their mental health. This includes young people who had been bereaved or undergone traumatic experiences during the pandemic, who were concerned about whether social connections and friendships would recover in the future, or who were worried about the loss of education or their prospects of finding a place to work in the post-COVID-19 context (Thomas, 2021). Young people were asked to list three factors that had the biggest negative impact on their mental health during the pandemic. The leading answers were: loneliness or isolation (58%); concerns about school, college or university work (51%); not being able to do activities you would usually do (39%); concerns about someone you know getting ill (36%); not being able to get the mental health support you need (20%); relationships with people you live with (19%); and concerns about getting a job (14%).

COVID-19 has exposed and amplified a broad range of inequalities, particularly amongst marginalised groups of young people, in the UK and other countries during the pandemic (Palomino et al., 2020). Young Black men are one such group who have faced historic injustices, and many of the challenges they encounter have a long-term and devastating effect on their psychological wellbeing. Findings from a survey showed that young Black men (aged 16–25) are amongst the hardest hit by job losses and are more likely to report a fall in income because of lockdown in the UK. In addition to concerns about employment, young Black men also experienced significant inequalities in education over the past year. As a result of some of these COVID-19-related challenges, young Black men are at high risk of mental distress during the pandemic compared to other groups of young people (Kabdiniasir & Carty, 2021). Results from a mixed-method online survey of LGBTQ+ youth communities in the UK confirmed that those who experienced a greater impact of the COVID-19 outbreak and its associated social distancing orders reported poorer mental health. Factors associated with lower levels of mental health were lack of social supports, negative interpersonal interactions, unsupportive and non-affirming living

environments, and the inability to access mental health services and gender-affirming interventions and supporting programmes (Jones et al., 2021). More specifically, loss of structure and routine due to not being able to go to work or college/university was associated with lower mental health. In relation to formal mental health supports and services, young people experienced some barriers to engage with these remote services. For example, due to an overwhelmed system and busy schedule, timely referral was very slow. Social anxiety experienced by young people, especially with their voice, was mentioned in the study, which prevented them utilising telehealth interventions. A key finding for the service providers is that several young people were unable to access gender-related care to monitor hormone levels, and gender-affirming surgeries were postponed due to the COVID-19 outbreak. All these medicalised and non-medicalised factors have led to poor mental health amongst LGBTQ+ youth communities (Jones et al., 2021). A blog for LGBTQ+ young people in Scotland revealed that homophobia and transphobia has been a challenge in their local area during the pandemic (LGBT Youth Scotland, 2021).

Results from a survey of 2,180 16–25-year-olds across the UK show that young people feel that these years have been turbulent as they transition into adulthood. Indeed, more young people, particularly those not in education, employment or training (NEETs), are feeling down, anxious or depressed than at any other time in the history of the Youth Index surveys. Findings highlight that since the pandemic began, one in five young people (21%) have experienced suicidal thoughts, rising to 28% of NEETs. Around 10% of respondents have experienced levels of violence and self-harm, increasing to 14% of NEETs; and one in five (22%) have experienced panic attacks, compared to 28% of NEETs (Prince's Trust, 2021).

To summarise, the key themes/topics evidenced during the course of the pandemic highlighting young people's emerging employment and wellbeing needs are:

- Lack of access to mental health support for pre-existing conditions
- Struggling with appropriate coping strategies
- Help with bereavement and trauma experienced during the pandemic and concerns about loved ones becoming ill
- Increase in loneliness, isolation, and Increase in social anxiety and long-term impact on mental health and wellbeing
- Concerns about school, college and university studies, and lack of one-to-one conversations with teachers
- Not being able to do usual learning activities

- Struggling with relationships with people they live with
- Concerns about getting a job
- Young Black male's access to meaningful employment has narrowed
- Lack of support afforded to LGBTQ youth
- Turbulent transitions into adulthood
- Increased experience of feeling down, anxious, and depressed, especially among NEET young people.
- Young people experiencing housing, employment and financial problems
- Young people facing a fall in employment, loss in earnings and increased money worries and job concerns, and increase in worklessness
- Negative impact on long-term plans for work, feeling that finding a new job is impossible now, and increase in competition for jobs
- Inability to cope with feeling that life skills and training acquired are no longer fit for the post-COVID world

### **3. Methodology**

Our study took place between September and December 2021, and adopted a mixed methods study design, comprising qualitative and quantitative approaches to assess the impact of COVID-19 on the health and economic wellbeing of young people accessing support services. Specifically, we conducted a review into the impact that COVID-19 has had on the health, economic wellbeing and employment status of young people, with the goal to better understand how the services that Youth Information, Advice and Counselling Services (YIACS) are delivering have addressed these COVID-19 challenges.

#### **3.1. Research methods**

The study began in September 2021 and ended in December 2021. The overall study consisted of a rapid evidence review, in-depth interviews, focus group, surveys and inquiry workshop. Below is a summary of the evaluation methods:

- Three semi-structured interviews with service users to explore their perceived challenges in accessing services during the pandemic and outcomes of the innovated intervention (September–December 2019).



- Five semi-structured interviews with service providers to explore their organisational and workforce experiences of the service innovation during the pandemic (September 2021–November 2021).
- One focus group with 7 young people to explore implementation and perceived outcomes of the service innovation (December 2021).
- Online survey (completed by 9 respondents) distributed via email to YIACS membership to forward onto service users in order to explore their experience of accessing information on services during the pandemic (October 2021).
- One inquiry workshop with 4 members of the Youth Access Team to explore the emerging key findings and recommendations.

### **3.2. Research questions**

The evaluation sought to answer questions related to project innovations, project impact and the mechanisms of impact during the COVID-19 pandemic from the perspectives of service users and service providers. This report answered the following questions:

- What is the level of need for YIACS (their services/approaches), and how has this changed since the outbreak of COVID-19?
- What are the demographics of young people accessing employment support at YIACS?
- What is the role of YIACS in supporting young people to gain and retain employment?
- How has this changed since the pandemic?
- What is the overall experience of young people who receive support from YIACS?
- How does YIACS provision support young people to gain and retain employment?

For the qualitative analysis, we took a largely deductive approach. Firstly, we coded our interview and open-text survey data in relation to the key evaluation questions. We then undertook a deductive thematic analysis, coding the data in relation to the 7 features of practice and 7 outcomes. In reviewing the data, and through discussions with the research team and in the inquiry workshop, we also identified (inductively) other themes that emerged, outside of these predefined codes.

### **3.3. Changes to the study implementation**

- We originally designed an online survey combining questions for both services users and service provider, which was later redesigned exclusively for service users.
- We originally set out to run focus groups meeting with members; however, due to the low take-up and scheduling incompatibility, we pivoted towards one-to-one interviews
- We also switched from only running in-depth interviews with service users to include a focus group meeting to maximise intake.
- We promoted and ran the survey at two points in order to encourage take-up by service users.
- We used gatekeepers as much as possible to target groups of service users with which they remained in contact during the pandemic, which likely biased the study sample group.

### **3.4. Quantitative survey**

#### **3.4.1. Survey development**

The online survey used in this study comprised questions about participants' experience accessing support during the pandemic about employment, satisfaction with the levels of access and engagement with support workers, online support/resources, and service users' expectations about the services, as well as demographic and open-ended questions covering participants' experiences and activities during lockdown. Multiple-choice questions and open-ended questions were used comprehensively to support qualitative interviews (see Table 1). After rapid evidence review of the literature on the impact of COVID-19 on youth employment, service users' experiences, and wellbeing, key themes were extracted by the research team and Youth Access expert panel, including a child and adolescent psychologist, regional youth workers, a sociologist and public health expert, applying the socio-ecological model.

#### **3.4.2. Data collection**

The online survey was distributed through Youth Access networks to invite eligible people to join in the study in November 2021. All potential participants were informed about how their data would be processed and kept confidential, and their rights as participants, before being asked to give informed consent. There were no potential risks to participants, and they had a chance to win an Amazon shopping voucher (£50).

### 3.4.3. Survey findings

Participants (n=9) were children and young people (aged 13–29) living in the UK. Of the whole sample, 55.6% were female and 44.4% were male; 55.6% were aged between 13 and 17 years. Over 44% of participants were from Black/Black British (Caribbean or African) ethnicity, 22% were from White (British/Irish), 22% from Middle Eastern/Middle Eastern British (Arab or Turkish), and 11% preferred not to say.

The results show that around half of the participants reported that the support services they received met their expectations very well during the lockdown. Around 67% of the participants said that they are neither satisfied nor dissatisfied with content and resources available on the YA website. However, 33% of participants feel very satisfied with online support and resources prioritised emails and e-newsletters (88.9%), text and website (44.4%), and direct contact with the services (33.3%) as the top three choices for receiving or sharing information about support services during autumn/winter 2021/22. Further analysis of participants' engagement with the support workers (e.g. receiving information about services, being asked their views and feeling listened to) indicated that about half of the participants (55%) are very satisfied with the level of access and engagement, and around 33% of them are neither satisfied nor dissatisfied about their engagement with the support workers during the pandemic.

**Table 1. Full version of the survey items**

<b>Survey details</b>	
<b>Question</b>	<b>Response option</b>
<b>1. Gender</b>	- Male - Female - Prefer not to say
<b>2. Age band</b>	[dropdown, age rollup]
<b>3. Ethnicity</b>	- White – British, Irish, other - Asian/British - Black/Black British, Caribbean, other - Mixed race - Chinese/Chinese British - Middle Eastern British - Other ethnic group - Prefer not to say
<b>4. How did you find out information about the above support service during the pandemic?</b>	[open-ended questions]
<b>5. During lockdown how well did the support services meet your expectations?</b>	- Better than you expected - About the same as you expected - Worse than you expected - Didn't know what to expect
<b>6. How satisfied were you with the content/resources available on the website overall?</b>	- Very satisfied - Fairly satisfied - Neither satisfied nor dissatisfied - Fairly dissatisfied

	- Very dissatisfied
7. Please select your top three choices for receiving/sharing information about support services during the autumn/winter of 2021/22.	[dropdown, specify]
8. Overall, how satisfied are you with the level of access and engagement with support workers?	- Very satisfied - Fairly satisfied - Neither satisfied nor dissatisfied - Fairly dissatisfied - Very dissatisfied - Don't know
9. Please share any final comments you have about your experience accessing support during the pandemic about employment?	[open-ended questions]

### 3.5. Qualitative interviews and focus groups

#### 3.5.1. Practitioner and service users interview/focus group development

The research team planned to carry out in-depth interviews with Youth Access members (n=10) and young people (n=20) to obtain a multidimensional perspective on the individual needs of service users and the response made by YIACS members during the pandemic in addressing emerging employment and welfare needs. Youth Access used a convenience sampling approach to recruit members. This sampling method involves recruiting participants wherever they can be found, and typically wherever is convenient. Youth Access initially advertised the study invitation across their membership through their newsletter and on social media channels; however, following low take-up, Youth Access began to target email invitations to members. The expectation was that members would act as gatekeepers and help to recruit service users to take part in two timetabled focus group meetings. Members would be remunerated for their time with one hundred pounds, and the service users would be remunerated with high street vouchers of fifty pounds. The qualitative data were analysed using a thematic approach. All the data reported upon have been partially anonymised to protect the identity of individuals and organisations who took part in the study.

#### 3.5.2. Practitioner and service user data collection

The fieldwork plans were changed on account of the low take-up by Youth Access members, who we envisaged would in turn recruit young people to constitute the focus group meetings. In time, we interviewed five practitioners (n=2 employment support services, n=3 holistic support services) who were representative of different types, size and scope of organisations, spread across England and serving both urban and rural youth. The practitioners acted as gatekeepers to recruit young people. In total, the research team conducted three in-depth interviews and one focus group

meeting made up of seven young people. Out of the ten young people participating in the research, two participants categorised themselves as Black British and eight participants categorised themselves as White British. Four participants were male, and six participants were female; they were aged between 17 and 26, reporting a range of life circumstances (e.g. zero-hour contract, furloughed, redundancy, long term NEET, LGBTQ youth from small towns or rural areas and living with invisible disabilities such as autism, ADHD and dyslexia).

### **3.5.3. Research questions asked of practitioners and service users as part of the interview/focus group**

The in-depth interviews with practitioners covered the following themes/topics:

- Description of the practitioner's experience of the pandemic
- Explanation of the past and current service model(s)
- Description of the challenges experienced by service users in the pandemic
- Explanation of what has worked well about the service during the pandemic, and for who, and what key elements have been innovated (see Appendix 1)

The in-depth interviews/focus group with service users covered the following themes/topics:

- Description of the young person's COVID pandemic employment and welfare experience
- Explanation of the participant's current set of circumstances
- Description of what type of services have been used during the last 18 months
- About the participant's health and wellbeing support needed/received during the pandemic
- About the participant's job readiness support needed/received during the pandemic
- Insights into the different ways services can be improved/transformed to better support young people in as part of the COVID-19 recovery (see Appendix 1)

### **3.5.4. Limitations**

- A low uptake of service providers in the study had a knock-on effect on the number of service users that could be recruited and interviewed. The plan had been for the service providers to act as gatekeepers, granting us access to young people.
- The remote nature of the study meant that some young people did not have the tools or organisational capability to meet remotely, despite the potential interviewee selecting the date and time, resulting in a few DNAs (n=4).

- Despite a prize draw as part of the service users online survey, we had a low take-up, which can perhaps be linked to its disruption and circulation across the membership serving as an indicator of pre-existing apathy towards active participation in the network.

## 4. Findings

This section illustrates the key insights gathered about the needs of young people and the service innovations that have been collected from the interviews and focus group meeting with service providers and service users. Full details of the organisations can be found in Appendix 2.

**Table 2. Practitioner perceptions of how service delivery has changed over the course of the pandemic**

<i>Name of organisation</i>	<i>Traditional working environment</i>	<i>What we did in the early stage of the pandemic</i>	<i>What we did in the later stages of the pandemic</i>	<i>Shifts in the practice process</i>
<i>Service Provider 1</i>	Facilitated and provided guest speakers to school about topics such as knife-crime, drugs, anti-social behaviour and drink spiking.	Moved service online, but with a focus on cyber awareness and cyber bullying.	Continued to provide workshops about cyber bullying, mainly due to higher number of suicides. Asked schools/local church groups to log in to the service provider's website to access service.	Targeted help
<i>Service Provider 2</i>	Provided in-person mental wellbeing support (e.g. low-level CBT interventions) to primary school age children suffering from low mood, anxiety, depression and panic [attack], as well as a wide range of courses and provisions to young people and parents.	Moved services online but could not provide the service to children. However, maintained communication, with weekly wellbeing activities through social media platforms such as Facebook.	Gradually moved service back to in-person, with limited capacity and observing COVID-19 safety regulations, such as temperature checking before entering the building and all visitors must wear a face mask or visors. Also, a blended approach was used by the service provider, where 40% of the support occurred in an office and 60% at home. Due to increase in demand and COVID-19 safety regulations, the service provider had to reduce the	Remedial help

			appointment time from 60 mins to 50 mins. 10 mins to clean the room.	
<i>Service Provider 3</i>	Provides employment, educational and housing support to young people, such as helping young people to go to Oxford University. Worked in partnership with colleges.	Helps young people with referrals to multi-agencies for mental health issues, but reported some did not want the support, moved service online (Zoom/Teams), but reported that some young people did not have a laptop to access the service. Also had telephone call support coupled with online meetings. Adopted a multi-disciplinary approach.	Reported challenges related to service users' engagement with the service, but also reported positive outcomes for some.	Remedial help
<i>Service Provider 4</i>	Provided in-person appointment to children and young people experiencing a range of issues, such as mental health, housing and employment	Provided service online with a blended approach, that is, providing some appointments over the phone, internet and in person.	Continued to provide a blended approach to its services (e.g. text, phone, Zoom and in-person).	Remedial help
<i>Service Provider 5</i>	Provided young people with entrepreneurial and employability skills in schools and colleges.	Provided young people with limited services online due to closure of schools.	Gradually resumed face-to-face service by working with schools and youth centres.	Targeted help

Table 2 illustrates two distinct innovation stages implemented by the sampled youth support services.<sup>1</sup> Over the course of 20 months, service providers have each responded to young people's changing needs by pivoting and innovating their service delivery models – whilst still showing fidelity to their organisational goals – to address the emerging needs of young people in the face of the pandemic. Commonly, members have tried and tested a range of new systems, mechanisms

<sup>1</sup> Early stages of the pandemic (e.g. 11 March 2020 – Chancellor Rishi Sunak announces a £12 billion emergency package to support the UK during the pandemic, and on 3 August 2020, the UK launches the 'Eat out to help out' campaign, offering a 50% discount for those eating at participating restaurants).

Late stages of the pandemic (e.g. 10 September 2020 – Test and Trace system's percentage of close contacts reached is at its lowest since launch and on 23 November 2021, the Government announces the start of the COVID-19 Winter Plan to provide the UK with a "route back to normality": vaccines, treatments and testing).



and procedures to support them having an online presence, before normalising hybrid ways of working. What is clear is that the sampled support services directed limited resources before the start of the pandemic to establish a credible online presence.

**Table 3. Practitioners’ accounts of the areas in service innovation during the pandemic**

Service Innovation areas	Service Provider 1	Service Provider 2	Service Provider 3	Service Provider 4	Service Provider 5
In-person to online	✓	✓	✓	✓	✓
Policies & procedures	✓		✓	✓	
Timing (of appointments)		✓	✓	✓	✓
Volume of work			✓	✓	✓
Enhanced targeted support to old/new service users	✓	✓	✓	✓	✓

Evidence suggests that most service providers have commonly invested energy and effort in moving from in-person to online provisions, providing more targeted support, expanded appointments and increased volume of work, and, finally, set up new policies and procedures.

Table 4 shows the groups of young people for whom service providers have targeted support during the pandemic.

**Table 4. Demographics by need of young people accessing employment/wellbeing support at YIACS during the pandemic**

Name of organisation	Target age group	Geographic location	Early COVID-19 demographics and need	Late COVID-19 demographics and need
Service Provider 1	10-11-year olds	South West of England	Young people attending schools, provided early help/prevention on a wide range of issues.	Young people accessing workshops online through Teams and Zoom, with a targeted support approach. More young people spending time on online games and social media platforms.
Service Provider 2	16-25-year-olds	Liverpool	Children and young people suffering with	Some potential challenges were children and young people without laptops or mobile phones to access the service, and with more

		mental health issues attending schools.	complexities, as well as more social and health anxieties.
<i>Service Provider 3</i>	15-17-year olds Oxfordshire	Young people with mental health issues, such as addiction, self-harming and health anxiety.	Due to waiting list time (18 months) for CAMHS, many young people are falling through the net. Potential challenges were not being able to afford a laptop/computer, as well as not having their needs met promptly due to backlog workload of institutions such as CAMHS
<i>Service Provider 4</i>	0-25-year-olds Peterborough and Cambridgeshire	Children and young people experiencing suicide ideations, or other mental health issues.	Housing evictions and increase in suicide ideations and self-harm.
<i>Service Provider 5</i>	7-25-year-olds East midlands	Young people with an entrepreneurial business idea.	Job retention, availability and prospects seems to be some of the issues.

Table 4 shows the age range and the types of issues worked with young people. Evidence suggests that young people's sets of circumstances, and not their protected characteristic per se (apart from the socio-economic status), serve as the real barrier to accessing and/or maintaining contact with support service during the pandemic.

To summarise, the list below illustrates the central steps undertaken by the interviewed practitioners, showing how their respective organisations have responded to the emerging employment and wellbeing needs of young people:

- Moving from in-person to virtual appointments, texting and offering supportive conversations on the phone
- Developing and testing new digital pathways to access services
- Extending the hours, they work and offering more flexible times for appointments
- Producing more resources online to encourage self-help
- Updating online safeguarding policies and procedures
- Streamlining services, balancing need versus demand
- Pausing and renegotiating access with gatekeepers to groups of children and young people
- Switching from group-centred to individual tailored work

- Additional team training and support to stay connected, and to cope with greater volume and/or intensity of work

The case studies below illustrate the complex set of circumstances that young people have reportedly faced in accessing services during the pandemic.

#### **Case study 1: Furloughed**

I'm a 24-year-old Black male, and I was working in a gym in London before being furloughed and losing my job due to the pandemic.

My challenge has been caused by a lot of stress. Sometimes I feel anxious, I feel breathless, I feel tired. I think those are symptoms of psychological needs and I think I've been wanting to approach mental health support. Young people need to be made aware of the support mechanisms that exist.

After the coronavirus tried to bring havoc to all of us, I was trying to find a job. I was looking for support in terms of things to do with volunteering or paid work, in terms of giving me some hope.

I just used the government websites. The only thing that I got really from the website was that it made me of so many things I never know about work opportunities.

#### **Case study 2: Schooling and exams**

I'm 17, I'm White British, and I live in Banbury. Before COVID I was at school doing my GCSEs. I was still having a bit of a hard time with it because I wasn't getting on too well. It wasn't really the greatest situation.

I was doing my GCSEs. I liked that I could talk to someone about what was going on. I think it was, erm, over like six or seven months. Fortnightly.

I actually think it [COVID] made it better, weirdly. We had GCSEs cancelled, and I think if we were able to do them as normal, I probably wouldn't have passed them to be honest because I have missed so much school.

COVID made my situation lot better, actually. I actually did end up leaving school and going to college in my town for my last year.

We tried to talk to this college, to see if that was a possibility, but they said that they couldn't have me there for whatever reason, but then we tried again with the help of [support worker]. I was pretty much able to start with immediate effect. I was able to join the 14-16 programme. I did that for a year, and then I did my GCSEs there. I got the grades I expected.

I would advise other young people to put your trust in to whoever you end up working with. Because at the start I was kind of dubious about it, I didn't really see how it would help me, but it really did make a big difference in my life.

The research participants describe inadequate information, educational and pastoral support, as well as very practical assistance to cope with losses of people, routines, networks and hope for the future.

In the following section, 10 young research participants share their personal experiences of negotiating and navigating education and work and their set of circumstances during the pandemic.

In focus group discussions, participants described their need for returning to the parental home:

*I moved back home during the pandemic when lockdown happened because I didn't want to be on my own. (Focus Group member, age 25)*

The decision to return home was not always voluntary, but made due to financial hardship:

*I was working prior to the pandemic with autistic adults as a support worker. I was on a bank, so I was only called in when I was needed. And that stopped because they didn't want me coming in because I would be working with multiple people instead of being someone's core group staff member. I lost out on a lot of money. I was struggling to pay my rent, and then my mental health took a complete nosedive. It was horrible, I was so isolated, I was so lonely, I didn't want to move back home because of problems I had there. I spent a couple of weeks with my auntie and my cousin. I ended up going back and staying with my dad for a little while just because being home alone was horrible and I didn't like it. I was kind of conned by my landlord to sign into the next year of my tenancy. They put my rent up, and I ended up moving home. (Focus Group member, age 22)*

Several other participants agreed about the financial hardship bought on by COVID, describing the lack of entrance points to find work:

*I've luckier than most people, given that I wasn't in work before the pandemic. It didn't affect my employment status; I was already unemployed. It sort of extended the period that I've been out of work. I'm living at home with parents, and not being able to do much it also had a great effect on my mental health. (Focus Group member, age 19)*

A few participants took time out of in-person education and paid work for self-meditation and reconsidered their futures:

*I feel like I'm the only person to say that the pandemic gave me a reason to really, like, change my routine, and start again and looking after myself a little bit more. I come out of lockdown better than when I went in. I genuinely coped quite well during the pandemic and I've completed Year 13. I didn't have to sit exams because of lockdowns. Not being able to go out and not being able to go to town, or go to restaurants or see your friends, apart from that I think, like, it really helped me turn things around. (Focus Group member, age 18)*

Despite starting to undertake self-directed work to build skills and confidence, most participants described their struggle in accessing career advice and guidance:

*I don't have a person that would help me. I just don't feel that there's a person that I could go to that would just sit with me, which is what I would need. I need someone to sit with me and talk me through the steps to find work because they [school] didn't tell us how to do it. (Interviewee, age 17)*

The COVID-19 educational disruption and response has forced some of the participants to engage in independent learning, which most of the participants have struggled with:

*Schools don't think about how much the pressure that they put on people and how that affects their mental health. (Focus Group member, age 17)*

*The pandemic started when I was in Year 11. We got all sent home to do kind of home learning just after Christmas. We didn't really have anything else to learn, it was more just revision. For the seven months of lockdown we were just left to our own devices. We didn't have to do any schoolwork at all. Got given our predicted grades. I quite enjoyed that. I really don't like exams. For me, it was kind of a little bit of a blessing that I didn't have to do those, and I got given my predicted grades. I passed everything, which I probably wouldn't have done if I'd have done my exams. (Interviewee age 17)*

*I spent a lot of time in Year 12 at home. So, it was really hard going into Year 12, and you're trying to take on all of this stuff and not really being taught anything. (Focus Group member, age 18)*

*Remote learning at home was difficult because they kind of gave up on us. I'm not a very, like, social person, I don't really like to go out much so, my parents, my friends always used to pressure me to like go out and stuff like that, now that they couldn't, I felt like that was a lot better for me, not, like, being forced to go places. It was a lot harder to adapt back into a school setting, and my school wasn't very accommodating. (Focus Group member, age 18)*

Participants also report that the combined effects of being out of education and isolating away from significant others has led to increased feelings of loneliness and fragmented support networks:

*I think for me, like, the toughest thing was I go to my sister quite often, but obviously when we went into lockdown, you just weren't allowed to see any other households, so going from, like, seeing her at least, like, twice every week to just seeing her, like, nothing, it was very difficult. (Focus Group member, age 19)*

Accessing support groups online has been mixed, where it has occurred. The most challenging aspect participants have reported upon is sometimes the lack of privacy online:

*I don't want mum and dad to hear that I'm on this group. (Focus Group member, aged 19)*

Paradoxically, self-isolation at home has not been hard for all young people interviewed. Prior to COVID-19, a few participants already lived with social anxieties:

*I'm actually agoraphobic, so I don't go outside at all, but my mother, I know it's like, perfect time [laughing] for that to hit me, but my mother, she's actually got quite a rare condition called Myasthenia gravis, which means that, erm, her immune system is pretty much on the floor. (Focus Group member, age 18)*

Returning to the theme of unemployment, most of the participants were not optimistic about their future work plans:

*I kind of struggled over time with lockdowns and stuff because I could not find employment anywhere. I turned 18 not long after, or around the time that coronavirus hit, so finding a job was very difficult even for me because I knew I was going to be working from home. I don't leave my house really. I know it was going to be difficult anyway. But it seemed like everybody was kind of shutting the doors. I felt a lot of people around me were being let down. (Focus Group member, age 18)*

*I had to sign up a job seekers type thingy, an allowance type of thing that I was only on for like a month before I managed to find some employment thankfully, but I was one of the lucky ones. (Focus Group member, age 18)*

*I left sixth form, this was May, loads of people were hiring for jobs, but they wouldn't take you if you didn't have experience, now because of lockdown, I couldn't get experience. I think regardless of whether the pandemic has happened or not, that experience would have been limited anyway because I know in my school, they make you find your own work placements. (Focus Group member, age 17)*

*I think we should stop this narrative of that you have to go to university to be successful, I think that's so wrong. (Focus Group member, age 20)*

For some participants, the complexities of entering meaningful work is made more challenging due to hidden disabilities:

*I'm on the autism spectrum and I need a bit of extra support in these things, in the initial period, I know what I'm doing. I find that a lot of employers aren't willing to give you a chance. When it comes to people with disabilities – with hidden disabilities – they're not very good. This has had a roller coaster effect on my mental health. (Focus Group member, age 21)*

Participants in equal measure identified the need for someone to talk to, and identified the patchy and unequitable access to services based on where you live. For instance, support for sexual identification was felt to be concentrated in urban centres:

*There needs to be also more specific support for LGBTQ us people and young people, growing up and the nearest LGBT group to me was two hours away. (Focus Group member, age 22)*

Looking forward, most, if not all, of the research participants said that they would welcome a blended support service approach to increase accessibility, and to better connect young people with similar lived experiences who also have a role in supporting peers based on their own journeys:

*We should still like the opportunity to be online and have calls and, you know. (Interviewee, age 18)*

The research participants' accounts eloquently illustrate the complexity and range of challenges experienced by young people during the pandemic. See Appendix 3 for the full list of employment and mental health and wellbeing needs. The pandemic is shown to have exacerbated pre-existing problems, as well as having created new ones in education and job readiness, and in their personal lives. Most of the young research participants provide clear examples of what is needed to help them build liveable lives in and out of the pandemic.

Table 5 outlines how services have responded in the pandemic to the stated needs outlined by young research participants, and what action is needed as part of the pandemic recovery plan.

**Table 5. How young people viewed the availability, equity of access, comprehensiveness, reliability and speed of support services during the pandemic**

Need assessment description	Emergency response	Evaluated response
Educational limbo, and inability to focus or understand the purpose	School-based support switched to phone support.	<ul style="list-style-type: none"> <li>• Lobby whole system</li> </ul>

<b>of being at university, and difficulties adjusting back to school culture.</b>	Supportive conversations (e.g. blended phone, text, Zoom, social distanced walks)	<ul style="list-style-type: none"> <li>• A blended service delivery approach</li> <li>• Fixing the gap between learning and work</li> </ul>
<b>Lacking quality educational experience during lockdown (e.g. school, college, university work or work placements).</b>	Advocacy work and support online to enrol in college, but no on-site buddying work	<ul style="list-style-type: none"> <li>• Lobby whole system</li> <li>• Rethinking recruitment, engagement and participation pathways</li> </ul>
<b>Job readiness support (e.g. personal statement, writing CV, interview confidence, first period of work).</b>	Supportive conversations (e.g. online and social distanced walks)	<ul style="list-style-type: none"> <li>• In control of membership</li> <li>• A blended service delivery approach</li> <li>• Fixing the gap between learning and work</li> </ul>
<b>Not being able to meet people and access peer support groups.</b>	Offered flexible appointment times and episodic in-person clinics (e.g. community drop-in hubs when compliance regulation permit). Some young people could not cope with technology and have phone phobia.	<ul style="list-style-type: none"> <li>• In control of services</li> <li>• A blended service delivery approach</li> <li>• Rebalancing caseload management</li> </ul>
<b>Help with applying for work and voluntary placements due to inexperience and lack confidence to hold down a job.</b>	Partially met by employing peer researchers online/offline in youth organisations.	<ul style="list-style-type: none"> <li>• In control of services</li> <li>• Fixing the gap between learning and work</li> <li>• Online safeguarding policies and procedures</li> </ul>
<b>Constant self-doubt when doing job searches, with no or limited support in how to progress into work, training and employment.</b>	Supportive conversations in applying for jobs (e.g. online, text, mobile and social distanced walks).	<ul style="list-style-type: none"> <li>• In control of services</li> <li>• A blended service delivery approach</li> <li>• Rethinking recruitment, engagement and participation pathways</li> <li>• Online safeguarding policies and procedures</li> </ul>
<b>Lack of local services due to geographic disparity in high-quality services for LGBTQ and disabled youth with unemployment and poor mental health.</b>	One-to-one supportive conversations (e.g. online, text, mobile and social distanced walks)	<ul style="list-style-type: none"> <li>• Lobby system</li> <li>• Rethinking recruitment, engagement and participation pathways</li> <li>• A blended service delivery approach</li> <li>• Online safeguarding policies and procedures</li> </ul>
<b>More awareness raising among young people of what services are available to them.</b>	Innovation and transformation of online platforms, policies and procedure (e.g. improvement and transformation of digital front doors to support services and resources)	<ul style="list-style-type: none"> <li>• In membership control</li> <li>• Rethinking recruitment, engagement and participation pathways</li> <li>• Online safeguarding policies and procedures</li> </ul>
<b>Being asked how you are feeling and person-centred support.</b>	We need to prevent dependency online/phone.	<ul style="list-style-type: none"> <li>• In membership control</li> <li>• A blended service delivery approach</li> </ul>

		<ul style="list-style-type: none"> <li>• Workforce burn out due to intensity of work</li> <li>• Rebalancing caseload management</li> <li>• Online safeguarding policies and procedures</li> </ul>
<b>Forced return to troubled households</b>	The biggest issue we found is online 'privacy'.	<ul style="list-style-type: none"> <li>• Lobby system</li> <li>• Rebalancing caseload management</li> <li>• Online safeguarding policies and procedures</li> </ul>
<b>Bereavement and shielding with loved ones</b>	We have short interactions in our community hubs, which can be a one-off encounter for STD check.	<ul style="list-style-type: none"> <li>• In control of services</li> <li>• Workforce burn out due to intensity of work</li> <li>• Online safeguarding policies and procedures</li> </ul>
<b>Prolonged separation from family and friends.</b>	Supportive conversations in applying for jobs (e.g. online, text, mobile and social distanced walks)	<ul style="list-style-type: none"> <li>• Lobby system</li> <li>• Rebalancing caseload management</li> <li>• More longitudinal research into support/employment services</li> </ul>
<b>Fear and anxiety in leaving the house and being with groups of people.</b>	Increase in self-harm cases and increase in safeguarding referrals in regard to abuse.	<ul style="list-style-type: none"> <li>• In membership control</li> <li>• Rebalancing caseload management</li> <li>• More longitudinal research into support/employment services</li> </ul>
<b>Financial worries and homelessness.</b>	Housing was OK due to the halt on evictions during lockdown, but this has now restarted.	<ul style="list-style-type: none"> <li>• Lobby system</li> <li>• Rebalancing caseload management</li> </ul>

### Case study 3: Retraining and volunteering

I'm based in London and I'm just 26 years. I lost my job sometime in March 2020. I'm trying to switch. I'm just trying to get into athletics. My desire is to become a professional athlete. I figured I could use my skills in physiotherapy to give me an awareness and speed in athletics.

I approached a volunteering service and volunteered in a local hospital. Those who had jobs and those who didn't have jobs to really ask themselves how they can be of service.

It's changed my perspective, it made me a more kind of social-orientated person, because if you can do something not just for the economic benefits but for the greater social outlook, that's changing your perspective, it's making you value sort of things that you wouldn't have valued normally.

There is a need for [support services] to have a presence. You must fight for their [young people's] attention. These [young] people are so distracted, and they need their attention really grasped ... you know, aggressively.



To summarise, the key areas of need facing young research participants during the pandemic are:

- Help to apply for jobs
- Help to build confidence for an interview
- Help with writing a personal statement
- Help with find work placements
- Help in gaining experience of going into a work environment
- Help with academic pressure and frustration
- Help to build resilience in Higher Education
- Help new young employees with invisible disabilities
- Help to access to a range of appropriate training opportunities
- Help to build self-confidence and to plan the next step in education, work and training

According to the young research participants, mental health issues have had the biggest impact in finding and securing meaningful work during the pandemic:

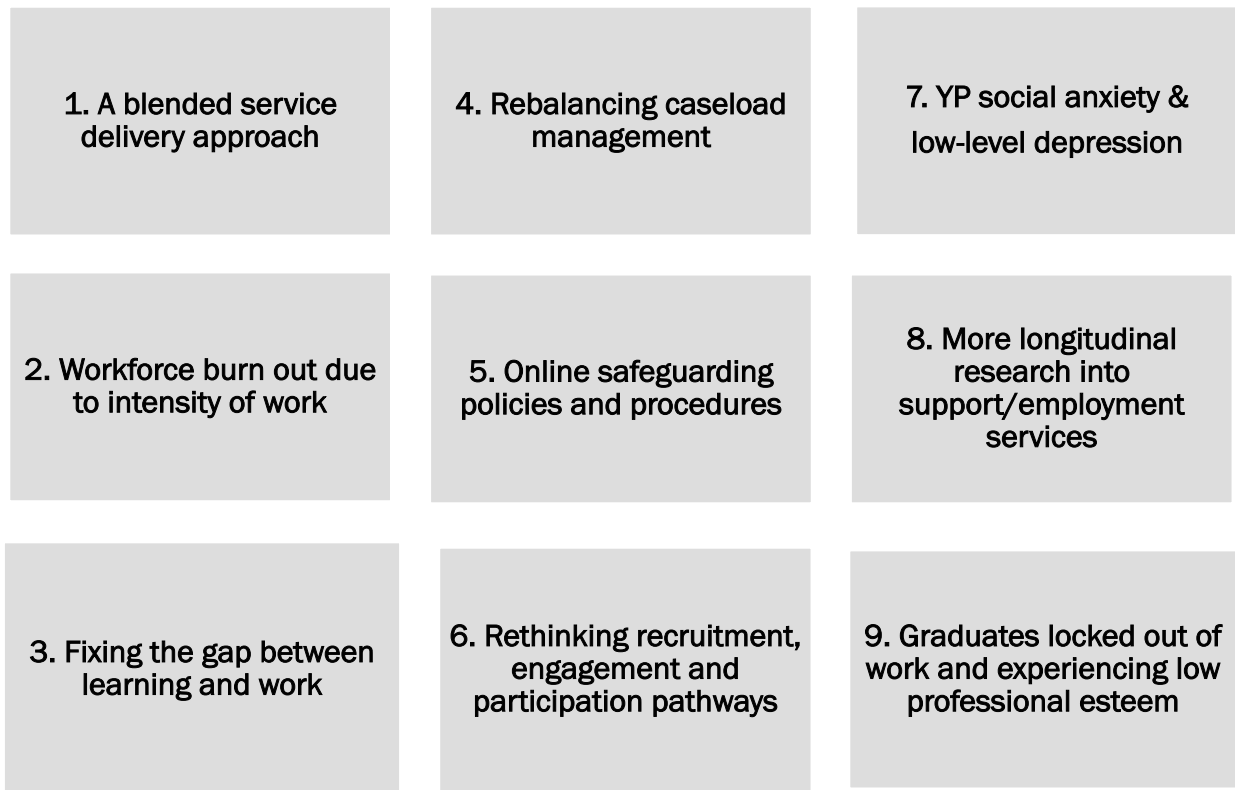
- LGBTQ support services are needed in small towns
- Privacy at home is needed for online LGBTQ support
- Cities and large towns are in need of levelling up so young people do not need to move in order to take up more high-skilled and well-paid jobs as well as mental health support
- More peer support forums are needed for young people
- Services are needed for young people in how to overcome self-doubt
- Services are needed for young people with pre-existing conditions (e.g. social phobias, loneliness and isolation)
- Services are needed for young people with informal caring responsibilities due to the pandemic
- Services are needed for young people experiencing bereavement, grief and loss
- Services are needed for young people to cope with often self-directed home schooling

#### **4.1. Key perceptions of practitioners and service users**

Figure 1 synthesises the main perceptions of service providers and service users on the key themes/topics that have framed their COVID-19 experience and response. Please note that the

list of service improvements below is not placed in any hierarchical order of importance, since they are all intersecting threads in a complex web of recognition and help.

**Figure 1. Key findings from young people's and service providers' perspectives**



### **1. A blended service delivery approach**

Service providers have adopted new ways of working to combine online working practices that have connected geographically dispersed teams, and, more importantly, to widen and increase access to different groups of young people otherwise physically unable to attend in-person sessions in pre-COVID times. The workforce has needed to rapidly upskill themselves in using new technologies and innovative resources as part of a digital front door combined with traditional ways of working in-person.

Service users have independently, and through referrals, accessed services to help cope with COVID-19 problems of schooling, training and work, as well as mental health and wellbeing support. Young people have needed in-person contact, but have on the whole used remote tools

when accessibility, affordability and privacy allow access to support services or individual health and employability literacy.

## **2. Workforce burn out due to intensity of work**

Service providers have worked from home offering increased and often extended hours of support against the backdrop of upskilling themselves with new technologies, home schooling and coping with the emotional impact of COVID-19. Whilst trying to adjust and help service users, the prolonged nature of the pandemic and the complexity of needs of service users places a burden on the workforce. They have limited access to support and/or informal discussions with colleagues to problem-solve together. Training and forums have been attempted at different critical moments during the course of the pandemic to upskill, connect and monitor the wellbeing of the workforce.

Service users have not been exposed to the reality of the challenges experienced by the workforce. They have reported on the lack of support from statutory agencies, especially the lack of guidance, support and materials from schools, colleges and universities.

## **3. Fixing the gap between learning and work**

Service providers have identified the traditional disconnect between academic studies and work for young people, and the need to start introducing business acquirement and entrepreneurial skills training at a much earlier age, rather than leaving it for secondary school age pupils.

Service users have identified the need for greater support in producing personal statements, having someone to talk to in order for young people to increase their confidence in themselves, reducing the pressure that school places on pupils to achieve academic success for Ofsted ratings, and suggesting alternative and valued pathways to success other than university. When university is the right path, there is a need to help to ensure that young people know what is the right degree in which to invest time, money and energy to lead to a meaningful career.

## **4. Rebalancing caseload management**

Service providers are currently struggling to switch back to a sense of normality and rebalancing their caseloads. This is complicated by new ways of working, and by going in and out of lockdown. Balancing demand and need are proving problematic for services wishing to help any young

person who fits their target group and has a need. To help ease the high numbers of users, services have produced self-help resources downloadable from their sites.

Service users are reportedly requesting in-person meetings in order to gain human contact due to prolonged isolation. They are also requesting the continuation of online support. Although demand for services is changing constantly between in-person and virtual appointments, service users' expectations is that both options remain a feature of post-pandemic support services.

## **5. Online safeguarding policies and procedures**

Service providers have highlighted the gap in online safeguarding policies and procedures when it comes to online and home working – significantly, the set-up of home working and the privacy and safety of talking to potentially vulnerable young people in their home due to government compliance regulations.

Service users have also identified the challenges of privacy in using technology in the home environment, combined with the reality of moving back to troubled households due to university closure, redundancy and financial problems. Prior to COVID-19, young people may have felt that they had achieved semi-independence by moving out of troubled households, only to be forced back during lockdown.

## **6. Rethinking recruitment, engagement and participation pathways**

Some service providers have innovated new digital front doors to their services, whereas others have faced challenges working with schools who have mostly run online classes. Whereas one-to-one employment work has continued, whole group focused work has stopped. Accessing groups through gatekeepers has been problematic, resulting in providers changing why and how they engage organisations supporting educating young people. This has included quickly designing and launching prototype training packages and platforms and adapting their programmes to meet the needs of individuals rather than groups. Organisations have collaborated and worked well together to create clearly signposted and supported referral pathways for young people.

Service users have reported that they have undertaken their own online searches to find help and guidance. Some young people have also been referred, but, on the whole, providers have worked with known young people to help them through the lockdown period.

## **7. YP social anxiety and low-level depression**

Service providers report a spike in reported cases of mental health and wellbeing issues among young people, which have been exacerbated by COVID-19 isolation. The nature of problems has remained consistent, but the numbers have increased over time. As a consequence, where caseloads have not increased, the intensity in held cases has grown.

Service users have expressed a range of challenges to their mental health and wellbeing, and also to their resilience in coping with the pandemic. They have also clearly linked mental health and wellbeing with employability, and the frustration about adequate services pre- and mid-COVID-19 on both fronts. Whilst many of the service users have been reliant and sought out services to address their immediate concerns, they are conscious of the disparity and inequity experienced across the country for different sub-sections of the youth population.

## **8. More longitudinal research into support/employment services**

Service providers have identified a need to better understand the implications of innovations to services. Service providers need to better understand the short-, medium- and long-term economic and health and wellbeing outcomes of COVID-19.

## **9. Graduates locked out of work and experiencing low professional esteem**

Service providers have focused less on this youth demographic, and instead work mostly with NEET, vulnerable clients or primary or secondary age school groups.

Service users have provided a valuable window on the limbo and frustration experienced by undergraduates and graduates over the last 20 months. At one end of the continuum, we have young adults using the lockdown period to reassess their situation and focus on applying for postgraduate studies – if money allows – and, at the other end of the continuum, undergraduates deciding to leave their course and enter work – if they are fortunate enough to find employment. Young adults felt that higher education was not always needed, but that they were pressured to attend higher education, which negatively impacted their mental health and wellbeing. As a consequence, the COVID-19 lockdown has exacerbated pre-existing mental health conditions. Higher education was pragmatically viewed by some service users as an escape route from troubled

families but felt it should be placed on parity with other training and employment options to reduce the pressure of being a disappointment, and to void the burden of debt.

## **5. Discussion**

### **5.1. Accessing employability services**

#### **5.1.1. About the pandemic**

Young graduates, looking for their first job after graduation, are among the most vulnerable groups in the labour market. Review of the existing findings highlights that COVID-19-related restrictions had a significant impact on unemployment, including in the segment of young people, who in this case are a vulnerable group, often looking for their "first job". In the UK, young people account for around two thirds of the total fall in employment since the start of the pandemic, and youth unemployment is almost four times higher than the rest of the working-age population.

Butkus et al. (2020) examined the relationship between the impact of economic growth and unemployment, focusing on the sensitivity of the unemployment rate to age, gender and educational level. This study found that the coefficients specific to men and young people rise significantly in periods of negative output changes. They also found that level of education is an important factor explaining the heterogeneity of the unemployment response to a change in output.

Churchill's study (2020) focuses on the impact of the COVID-19 pandemic on the unemployment of young people, who are supposed to be the least vulnerable group in this pandemic. The study focused on young people in Australia. The author found that young people have been more significantly impacted by COVID-19 compared to older Australians, and that the strongest impacts are on young women over the age of 20.

#### **5.1.2. What has worked well about support services**

Over the course of the COVID-19 pandemic, supporting programmes and job readiness tutorials played a positive role for younger adults. For example, Wesseling's study (2021) evaluated the impact of participation in a supporting programme for young unemployed people in the Netherlands. Young unemployed people aged 18 to 27 who participated in the employment and job readiness support programme were surveyed within the 12 months following their participation in the supporting programme. This study found that most of them were hired during

this period. Simultaneously, the study seeks to identify indicators that increase and decrease job success for these young participants in the programme (Wesseling, 2021).

In Maguire's study (2020), the author explored the role of the UK's post-16 education and training system in supporting the young unemployed. The author critically evaluates the programmes for post-16 young people in the form of full-time educational opportunities. Their aim should be extending qualification attainment and delaying labour market entry. The author emphasises that the UK lacks the opportunity structures and support mechanisms to enable most young people, and particularly those from disadvantaged and ethnically diverse groups (BAME, LGBTQ+, immigrants etc.), to secure and sustain high-quality jobs and training.

## **5.2. Accessing health and wellbeing services**

### **5.2.1. About the pandemic**

Current reports indicate that the COVID-19 pandemic and the lockdown measures caused psychological distress amongst young people. The reviewed findings show an association between mental health distress (e.g. stress, anxiety, depressive symptoms, social isolation, psychological distress) and frequency of physical activities.

### **5.2.2. About Youth Access's members services**

It has become increasingly clear that the COVID-19 pandemic has had a disproportionately negative impact on communities who often face multiple barriers to services and support, as well as facing multiple societal disadvantages (e.g. Black and minority ethnic backgrounds [BAME], and sexual/gender minority [LGBTQ+; lesbian, gay, bisexual, transgender, non-binary, intersex and queer], and people living with physical and learning disabilities and so forth). However, reviews of literature show that very little evidence has been available so far on the impact of COVID-19 itself, or on the results of the pandemic and social control of the population (e.g. lockdown) specifically on people from LGBTQ+; lesbian, gay, bisexual, transgender, non-binary, intersex and queer communities, despite knowing the likelihood of health inequities. As such, more research is needed to find out the needs of these groups of young people, both for the literature and for service providers.

### **5.2.3. About the challenges experienced by service users**

It is important to understand how the changes to mental health service delivery (e.g. remote provision, such as consultations being offered by telephone or video call to minimise the risk of viral spread) impact people who use mental health services. Rapid review of the findings indicated that the shift to remote service provision was mostly proving unproblematic and, for some, had actually resulted in more frequent interactions with counsellors or psychologists. However, concerns were raised about accessing remote services if people experience deterioration in their mental health or health condition. For example, a service user stressed that when unwell, she loses much of her ability to articulate distress verbally, at which juncture a telephone consultation would no longer be useful to manage her condition. Other groups of young people stated intense concern about what services they would be able to safely access in the event of becoming seriously unwell or distressed, or searching for a particular need. Limited communication from mental health services was also identified as contributing to increased anxiety; for instance, care professionals not explaining the rationale for advising that service users ensure they have a longer-term supply of medications.

The following section considers how the 9 domains fit into the 3 strategic priorities for Youth Access:

1. Increasing access (e.g. funding and provision)
2. Driving equity (e.g. digital inclusion and social justice)
3. Improving experience (e.g. innovation in practice)
4. *People (e.g. workforce wellbeing and retention)*

Whilst the COVID-19 pandemic has been a huge upheaval for many of the members who have relied on in-person connection with individuals and groups, the innovation and transformation that has occurred has served to strengthen their service and make it even more accessible to larger groups of young people, upskilling the workforce in new technologies, and adopting new ways of working that have been shown to bring geographically dispersed teams closer together. As a consequence of the last 20 months, support service functions, mechanisms and structures have been reviewed, streamlined and innovated in places to ensure that they are better meeting the needs of service user groups.

Young people have reportedly experienced fatigue and boredom from staying at home in tight confinement with their families, and separated from their friends. In certain circumstances, this has exacerbated pre-existing mental health problems, or bought on low-level depression and



increased social anxiety. Increased numbers of young people have accessed support services in order to better cope with lockdown.

In terms of employability, the negative consequences of lockdown impacted school leavers, NEETs and graduates in equal measure, leaving them materially, psychologically and socially at a greater distance from the workforce. The resilience to deal with limited opportunities, furlough and redundancy has been sharply communicated throughout this study. There is room for optimism: during lockdown, many of the young people involved in this study identified the unique role that young people could play in creating a safer community, and in taking on volunteering opportunities and caring for loved ones. A few young people used this time to reassess their futures, and investigated education and training opportunities. Although this was rare, the impact of school closures also meant that a few young people struggling with school culture were able to successfully complete their GCSE exams from the shelter of home. However, what is recognised by members is the challenge of better bridging academic studies with the world of work, and instilling in young people the agility and transferability of skills and knowledge to succeed.

As lockdown began, Youth Access members' services and systems were quickly moved online, and staff were provided with telephones and laptops to enable them to work remotely. Arrangements were made for buildings to be secured. The key priority for these organisations was to keep in touch with their staff members to ensure that they felt connected and to understand their support needs. Staff contacted engaged service users regularly – offering phone calls, texts, emails and contact by post, depending on each member's needs and levels of access to technology. Some young people needed immediate support with basic needs, as well as emotional support due to the extra stress and pressures of the pandemic. Many service users reportedly faced heightened levels of anxiety and depression during the pandemic. Both members and young people have noted changes in the presentation of the workforce and young people's mental health problems linked to the pandemic:

- isolation and loneliness
- anxiety about going outside, and going near to other people
- stress linked to schooling, going back to school and how this may have impacted the young person
- stress linked to working from home
- financial worries – furlough, redundancies, uncertainty
- bereavement

- increase in suicidal thoughts.

Reassuring service users that services would continue to be there for them was critically important. Keeping people connected to the community was a priority.

The experience of the pandemic has also demonstrated members' organisational resilience, and the resilience of the service users. While the hope is that the services will not have to be physically closed, members have demonstrated that the innovations in services can operate effectively outside its building, providing virtual/telephone/text support and a work-ordered day in which members can participate. The flexibility and determination of members is that they can weather an incredibly challenging year ahead.

The pandemic has taken its toll on the resilience and wellbeing of the workforce, leaving staff teams exhausted by the numbers and/or intensity of the cases they have had to manage at home whilst home schooling, caring for loved ones and, in many cases, having to offer a new online service. The rapid adoption of IT has also meant the development and refinement of online safeguarding policies. Safeguarding was explained as a two-way process, ensuring the privacy, dignity and safety of the end users, and the protection of the worker. This area of innovation is still ongoing, along with the creation of online resources for self-care and knowledge in health literacy. What became apparent to most, if not all, of the services is the need to create a digital front door to existing services, and the information and referral routes that should sit behind this. Members were at different stages in their digitalisation of services, but they have all been able to expand what and how they offer information and services online.

The prospects for members are blended end-user-led services. There is no going back to old ways of working, which were heavily reliant upon in-person contact. The current challenge is how best to step-down and, taking into consideration all the rapid learning that is required, how to mainstream their services in still turbulent times.

For the young people who took part in this study, the challenge is centred on how to access future opportunities to build liveable lives against the competitive backdrop of older, qualified and more experienced furloughed and unemployed adults, also wanting to re-join the workforce. Members representing employment services who took part in the study have tended to focus on either primary school age, trying to enthuse the entrepreneurial spirit in the young, or to be group centred, leaving an unfilled gap for those young people who require a 'job' above a 'career'. For many of the young people who took part in the study, the complexities of living with pre-existing problems has only been compounded by the pandemic, leaving them little scope to

see where and how they can join the workforce, and they have fallen back on retail, beauty and the creative industries as a pipeline of employment.

## 6. Conclusion

Refocusing services to go online, alongside targeted remote work to stay connected with the existing client base, has served to maintain and widen connections with young people experiencing challenges with COVID-19. Transitioning existing services online or by telephone has also widened access to services for new groups of young people with social problems and mobility concerns during the pandemic. The demographics of young people using services have ranged from existing service users to new referrals by primary health care or self-referral. Mental health and support services have seen an increase in numbers of young people accessing services reporting low-level depression, social anxiety and fatigue.

Services have run at different times, with more appointment slots, increasing access to many more young people. When national regulation has permitted, in-person drop-in sessions have been available at community hubs, and/or one-to-one sessions walk-in the community have been used. The underpinning strategy has been supportive conversation, sometimes leading on to a referral to more tailored services, or advocacy work to support young people back into training or education.

Young people would like greater parity between youth-focused support services in smaller towns to that which can be found in large cities, and to be able to access them both in person and remotely. Young people recognise that mental health and wellbeing and employability are closely linked, and they would like to see opportunities to access support services to build resilience and confidence more widely promoted. Support services should be delivered by trusted practitioners?, as well as by peer groups, who have insight into overcoming the challenges of starting their working lives.

There is a need for increased support and understanding in schools for mainstream pupils who confront challenges in their levels of self-knowledge and confidence to be able to write a personal statement, which serves as a gateway to further and higher education and employment, and for greater understanding of young people's difficulties in adjusting back to the learning event following 20 months of disrupted education, sometimes with no or limited support to study at home. What should also be clear are the links between what is being studied and its transferability

into the workplace. What young people said they would really like is less emphasis on going into higher education, and instead more opportunities for good quality and rewarding apprenticeships and employment mentoring. Black and minority ethnic groups, (hidden) disabled and LGBTQ young people have found the pandemic particularly hard to handle as it relates to finding future opportunities.

## 7. Recommendations

There were several important lessons and implications that emerged from both the process of conducting the evaluation, and the evaluation findings themselves. The project lessons and implications included:

### v. Increasing access

**Mainstreaming a blended service delivery approach.** This evaluation recommends a review of the tried and tested pandemic methods used by members. Evidence tells us that a ‘one size fits all’ approach and the over-reliance on in-person methods simply does not work (and is not wanted by young people) as part of the COVID-19 recovery. We recommend establishing a member working group to discuss, debate and discover best practice examples to improve and transform services so that they provide a blended approach in consideration of the implications for the whole system.

**Rethinking recruitment, engagement and participation pathways.** This evaluation recommends that members rethink their pathways to virtual engagement and how to bring back some of the basic features of the service. This should involve a review of the different ways in which service users have been reached and engaged in the last 20 months. As part of their recovery plan, members should identify gaps in information and sharing information to ensure that young people have enough knowledge of what services are available to them and where and how to access them. This should involve mapping formal and informal referral pathways during the pandemic, as well as changes in criteria, widening access to young people.

### vi. Driving equity

**Fixing the gap between learning and work.** This evaluation recommends that emphasis should be on, and provision made for, accurately assessing and quantifying the scale of the problems facing young people who have sought help to (re)enter the labour market over the last 20 months. We also recommend that additional support services are considered for young people to ensure that

the next generation does not become a lost ‘pandemic generation’, with scars for years to come. Service features that enable labour market and skills need to be evaluated and promoted to young people who report linking the knowledge and confidence to produce personal statements, writing CVs, sitting an interview and adjusting to the first three months of work.

**More longitudinal research into support/employment services.** This evaluation recommends that members routinely collect and share data necessary for long-term evaluation of young people’s post-pandemic work readiness and pathways into meaningful training (e.g. high-quality apprenticeships and employment). Attention should be given to preparing these data in a way which enables robust comparisons across the membership and is not time-consuming to collect and report upon. This study requires enough resources to ensure the production of an evaluation framework that can be adopted across the membership. The routine collection of data should provide reliable insights into the challenges and opportunities experienced across the system.

#### **vii. Improving experience**

**Rebalancing caseload management.** This evaluation recommends that staff be supported in knowledge transfer in order to learn best practice examples in how to step-down from high volume and/or high intensity caseloads bought on by the pandemic – whilst balancing the issue of need over demand. We also recommend that service users have the option to step-down from existing high-intensity services delivered by members to peer-led forums focused on the negotiation and navigation of training/work opportunities and coping with the trauma and fatigue of the pandemic.

**Online safeguarding policies and procedures.** This evaluation recommends a co-produced suite of online safeguarding policies and procedures to help young people choose safe and effective practices. The evaluation found promising signs that the membership has reviewed and updated online safeguarding policies and procedures as a direct response to moving features of their service online. However, this work remains patchy. The evaluation recommends protecting young people by developing high-quality, evidence-based standards of ethical practice on online work. We recommend the pooling and dissemination of resources to enhance how providers deliver safe, ethical and competent practices.

**Young people’s social anxiety and low-level depression.** This evaluation has provided a snapshot of the emerging needs of different groupings of young people. The evaluation does not capture the full range or nature of the psychological, educational and social impact of the pandemic on young people, nor the long-term changes or outcomes on their health, wellbeing or employability.

The findings from the review of grey literature on the needs of minority groups of young people (e.g. LGBTQ, BAME) and young people with hidden disabilities suggests a lack of information about specific employment help also linked to tailored mental health support. Young people want the opportunity to feel listened to and supported to imagine their future working “self”.

#### viii. **People**

**Workforce burn out due to intensity of work.** This evaluation recommends time and space for the workforce to recover and systematically use evidence to innovate services based on the wider membership’s experience of the pandemic. Members’ responses highlighted several critical timelines and success factors of their services, including improved partnership working with third and public sector organisations, a reduction in referral times between agencies, workforce upskilling in technology and enhanced processes such as team supervision. Each comes with its own set of advantages and disadvantages. The evaluation would also recommend additional training and support for the workforce on coping with trauma stories – whilst working from home alone – which may help staff in their new practice as they emerge from home working.

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## Appendix 1: Qualitative Interview schedule

<b>INTERVIEW SCHEDULE GUIDE FOR YOUNG SERVICE USERS</b>
<p>This conversation guide is intended for use by peer researchers to help build rapport with interviewees in order to generate insights into their lived experience of using a mental health and wellbeing support service and/or employment service run by Youth Access during the COVID-19 pandemic. All interviewees should be asked questions from sections 1 and 4. However, if they have accessed mental health and wellbeing support services, you should focus on section 2, and interviewees who have accessed employment services should be asked questions from section 3. You should use the interview schedule as guide for your conversation-discussion and be led by what the interviewee is telling you and steer them back to the key questions to unpack themes/topics and also to help you bridge different themes/topics. Both the interview guide and focus group schedule address the following aims/questions:</p>
<ul style="list-style-type: none"> <li>• What is the level of need for YIACS (their services/approaches), and how has this changed since the outbreak of COVID-19?</li> <li>• What are the demographics of young people accessing employment support at YIACS?</li> <li>• What is the role of YIACS in supporting young people to gain and retain employment?</li> <li>• How has this changed since the pandemic?</li> <li>• What is the overall experience of young people who receive support from YIACS?</li> <li>• How does YIACS provision support young people to gain and retain employment?</li> </ul>
<p><b>Section 1: Warm-up questions for each of the interviewees</b></p>
<p>1. Please describe to me your COVID pandemic experience</p>
<p><b>Interviewee probes:</b></p> <ul style="list-style-type: none"> <li>● When did that happen?</li> <li>● Who else was involved?</li> <li>● Where were you during that time?</li> <li>● What was your involvement in that situation?</li> <li>● How did that come about?</li> <li>● Where did it happen?</li> <li>● How did you feel about that?</li> </ul>
<p>2. Please explain your current set of circumstances</p>
<p><b>Interviewee probes:</b></p> <ul style="list-style-type: none"> <li>● Are you in work, education or training?</li> <li>● Are you living in your own accommodation?</li> <li>● Do you have a dependent?</li> <li>● How would you describe your identity?</li> </ul>
<p>3. Please describe for me what type of youth access support you have used during the last 18 months</p>
<p><b>Interviewer probes:</b></p>

<ul style="list-style-type: none"> <li>● Employment services and/or mental health and wellbeing support?</li> <li>● Can you describe the goal behind why you accessed the service?</li> <li>● And did you achieve your goal?</li> </ul>
<b>Section 2: Health and Wellbeing support services</b>
4. From your perspective, how have you been coping during the pandemic with doing routine tasks, such as studying, your diet, exercise and sleeping?
<b>Interviewer probes:</b>
<ul style="list-style-type: none"> <li>● Would you elaborate on that?</li> <li>● Could you say some more about that?</li> <li>● That's helpful. I'd appreciate if you could give me more detail.</li> <li>● I'm beginning to get the picture, but some more examples might help.</li> </ul>
5. Have you kept a similar routine to how things were before COVID-19 (bedtime, mealtimes, exercise etc)? What has changed in your routine life? (e.g. health-related behaviours) [If you faced any significant changes]
<b>Interviewer probes:</b>
<ul style="list-style-type: none"> <li>● Please explain what was the change and what have been your coping strategies?</li> </ul>
6. Can you tell me at what point you accessed the support service?
<b>Interviewer probes:</b>
<ul style="list-style-type: none"> <li>● What was the trigger?</li> <li>● How did you find out about the service?</li> <li>● How long did it take to access the service?</li> <li>● Was your appointment in-person, over the phone or online?</li> </ul>
7. Can you describe for me what support the service provided during the pandemic?
<b>Interviewer probes:</b>
<ul style="list-style-type: none"> <li>● How frequently do/did you use services?</li> <li>● How often do/did you receive treatment/interventions/counselling sessions?</li> <li>● When did services/interventions start? And when potentially will end?</li> <li>● Did you use or participate in any types of services but did not continue?</li> <li>● What have been the main reasons?</li> </ul>
8. Did the mental health and wellbeing support help you with coping strategies?
<b>Interviewer probes:</b>
<ul style="list-style-type: none"> <li>● If yes, explain how and why.</li> <li>● If no, explain why not.</li> </ul>

<b>Section 3: Job Readiness support services</b>
9. Did you experience any significant changes in your employment status during the pandemic? (losing your full-time or part-time job, furloughed, decreases in salary, etc)
10. How has the pandemic changed your future training, education or employment goals?
11. Can you tell me at what point you accessed the employment support service? What was the trigger?
<b>Interviewer probes:</b>
<ul style="list-style-type: none"> <li>● How did you find out about the service?</li> <li>● How long did it take to access the service?</li> <li>● Was your appointments in-person, over the phone or online?</li> <li>● How many appointments have you attended?</li> </ul>
12. Over the past year, how much were/are you worried about:
<b>Interviewer probes:</b>
<ul style="list-style-type: none"> <li>● Have enough food and other essential items during/after the pandemic,</li> <li>● Missing your work or college due to financial strain,</li> <li>● The amount of money you/your caregivers have coming in, and</li> <li>● The long-term impact of this pandemic on your job prospects and future employment opportunities.</li> </ul>
13. Did the support prepare you for the post-COVID-19 employment or training market? If yes, how? If no, why not?
<b>Interviewer probe:</b>
<ul style="list-style-type: none"> <li>● You said the service is a “success”. What do you mean by “success”?</li> <li>● What you’re saying now is very important, and I want to make sure that I get it down exactly the way you mean it: please explain some more.</li> </ul>
<b>Section 4: Closing questions</b>
14. What top tips would you give to Youth Access to help them improve or transform the employment/mental health and wellbeing support services for other young people?
15. Is there anything else you would like to say?
<b>FOCUS GROUP TOPIC GUIDE</b>
<b>Focus group outline:</b> The focus group discussion-conversation will start by encouraging participants to share their general observations of delivering support services during the pandemic, followed by the specifics on their service offer, then on to the problems

<p>experienced by young people accessing and engaging in their service during the pandemic, and finally, elicit service improvements and transformation ideas that were/are needed to address the new and emerging needs of young people.</p>
<p><b>Round 1: About the pandemic</b></p>
<p>1. To begin, we would like to hear from each of you about one challenge, one success and then one final challenge your service experienced in delivering support to young people during the pandemic.</p>
<p><b>Round 2: About your service</b></p>
<p>2. Are there some groups of CYP in your organisation who faced more mental health/job readiness challenges – or asked for more support – during the pandemic than others (e.g. marginalised young people, LGBTQ+, recent immigrants, BAME service users)?</p>
<p><b>Facilitator to probe:</b></p> <ul style="list-style-type: none"> <li>• Can you describe how mental health/job readiness needs or supports differ by group/age/sexuality/medical conditions?</li> </ul>
<p>3. We want to make sure to talk about the strengths of your organisations – not just problems or gaps. What types of your services/support better fit the mental health/job readiness needs of those young people who have had access to your services? (in-person clinicians, counselling sessions, phone, virtual meetings etc.)</p>
<p><b>Facilitator to probe:</b></p>
<ul style="list-style-type: none"> <li>• Please explain.</li> </ul>
<p><b>Round 3: About the challenges experienced by service users</b></p>
<p>4. How easy or hard is it for CYP in your organisation to get help for COVID-19-related issues (e.g. mental health, health conditions, employment and financial strains) if they need it?</p>
<p><b>Facilitator probes:</b></p>
<ul style="list-style-type: none"> <li>• What makes it easier for young people to access these services? What helps them to seek care? (e.g. facilitator)</li> <li>• What makes it difficult (e.g. barriers)?</li> </ul>

<ul style="list-style-type: none"> <li>Does it differ by the kind of issue a person faces? (e.g. mental health, physical, social relationships or employment concerns)</li> </ul>
<p><b>Round 4: What has worked well about your service, under what circumstances, and for who during the pandemic, and will be a key feature going forwards?</b></p>
<p>5. How can available services be made better during/post the pandemic? (any types of existing services/supports)</p>
<p><b>Facilitator probes</b></p>
<ul style="list-style-type: none"> <li>What kind of services for COVID-19-related issues are/were missing in your organisation? (employability, job readiness and required post-COVID-19 skills etc)</li> </ul>
<p>6. What do you think could be done to encourage CYP to seek help when they need it? (both during the pandemic and after it)</p>
<p>7. Is there anything else we didn't ask about mental health supports or COVID-19 supports in your organisation that you would like to share with us before we finish?</p>

## Appendix 2: COVID-19 service innovation case studies

Pseudonym	Description
Service Provider 1	Service Provider 1 is a not-for-profit, community-based social enterprise. They run workshops on knife crime (KS3) and ASB, drug and alcohol awareness (KS4). Pupils are encouraged to engage with hands-on activities in workshops as part of the PSHE curriculum.
Service Provider 2	Service Provider 2 provides mental health and emotional wellbeing services for children, young people and families. They deliver citywide services in primary schools and secondary schools, and at three community hubs.
Service Provider 3	Service Provider 3 offers three core services on a county-wide level to help prevent the root causes of youth homelessness. They deliver health and wellbeing, training and employability, housing and homelessness services.

Service Provider 4	Service Provider 4 is a county-wide service who support young people up to the age of 25 with mental health, caring responsibilities, housing, sexual health and more.
Service Provider 5	Service Provider 5 is a national charity who specialise in enterprise education and financial education.

### Appendix 3: Young people’s stated employability and mental health and wellbeing needs

Employability	Mental health and wellbeing support
Lack of good quality employment support for young people on how to apply for jobs and build confidence for interviews	No, or limited, peer group support and awareness raising for LGBT+ youth in small towns, and should be on par with urban centres
Lack of support in schools and in the wider community to write personal statements	LGBT young people are required to return home from urban centres and lack the privacy for online peer support in household where they have come out to family
Lack of awareness and promotion of youth services	More opportunities in small towns for mental health support for all young people
Employers tend to undervalue young people’s skills, knowledge and what we can offer	Lack of peer support forums
How do we overcome the bind of not having enough experience to be considered for a job?	Lack of funding for peer support and youth advocacy organisations across England
School should help more to secure work placements in order to gain experience	Some young people experience constant doubt and need support to overcome lack of self-confidence
Schools do not understand the pressures they place on young people	Some young people who lived away from troubled family are forced to ‘return’ home during lockdown due to redundancies and financial hardship
You feel in limbo in school if you don't know what you want to do in the future. There needs to be more recognition of this dilemma	Mental health issues are the biggest obstacle in finding and securing work
Young people are doing degrees, but struggle with mental health problems because they do not always know what they want to do in the future	Pre-existing social phobias and loneliness have enabled a minority of young people to cope better than highly social networked peers during lockdown
Employers give no, or limited, initial support for young people with hidden disabilities entering work	Caring for vulnerable relatives during COVID-19 has had its emotional strain on some young people
Apprenticeships are exploitative, and they should be better regulated and the quality improved	Some young people need bereavement counselling and support as a result of COVID-19
Lacking confidence prevents you from applying and securing a job. Support is needed here.	Unsupported by schools to home study
You should not need to move to cities for job opportunities.	YPAS has been helpful to access peer groups

## Appendix 4: Timeline of national COVID-19 restrictions placed upon CYP during the pandemic

### January 2020 to November 2021

- Apr 2nd 2020 - Health Secretary Matt Hancock sets a goal of reaching 100,000 tests for coronavirus per day by the end of April.
- Apr 12th 2020 - Matt Hancock announces the new NHSX or NHS Test and Trace app.
- May 1st 2020 - Matt Hancock claims the target has been met, with 122,347 tests recorded on April 30th.
- May 3rd 2020 - Transport Secretary Grant Shapps declares the app will be piloted in Isle of Man before being active in the rest of the country.
- May 6th 2020 - Prime Minister Boris Johnson sets a new daily target of 200,000 tests a day by the end of the month.
- May 14th 2020 - Deputy Chief Medical Officer Professor Jonathan Van-Tam announces that frontline workers including NHS workers will be the first to receive antibody tests.
- May 18th 2020 - All people aged over 5 years are eligible to be tested if they are showing symptoms.
- May 28th 2020 - NHS Test and Trace system is officially launched in England. The phone app release is delayed.
- Jun 11th 2020 - A third of people who tested positive were not reached via the Test and Trace system, according to data.
- Jun 18th 2020 - UK Government abandons the Test and Trace app, and hands over design to Apple and Google.
- Jun 25th 2020 - Data reveals that the Test and Trace system was unable to trace 1,000s of infected people since its launch.
- Jul 20th 2020 - UK Government admits Test and Trace system broke a data protection law.
- Aug 13th 2020 - NHS contact-tracing app is set to begin public trials in the Isle of Wight, as well as with NHS volunteer respondents in the UK and a week later, residents in the London borough of Newham will start trialling the app.
- Aug 27th 2020 - Test and Trace system fails to hit the target of reaching 80% of those who test positive for the 9th consecutive week.
- Sep 3rd 2020 - Mayors of Newham and London declare #downloadthursday to encourage take-up of COVID-19 Test and Trace app
- Sep 10th 2020 - Test and Trace system's percentage of close contacts reached is at its lowest since launch.
- Sep 24th 2020 - NHS COVID-19 app launches in England and Wales to support the Test and Trace system. Over 1 million downloads on the day of release.

- Oct 5th 2020 - Up to 16,000 cases go unrecorded due to an alleged technical error with an Excel spreadsheet. According to Matt Hancock, an estimated 48,000 people may have unknowingly spread the virus as a result.
- Oct 8th 2020 - Data reveals the lowest Test and Trace contact rate since its launch. Only one in four people receive their test results within 24 hours.
- Oct 2020 - Rapid-result lateral flow device (LFD) tests, rolled out

### **January to November 2021**

- Mar 19th 2021 - The Restart Grant scheme will support businesses in the non-essential retail, hospitality, leisure, and personal care and accommodation sectors with a one-off grant to reopen safely.
- July 19th 2021 - PM served notice that, by the end of September, the Government was planning to make full vaccination a condition of entry to nightclubs and other venues where large crowds gather
- Aug 2021 – Rollout of annual campaign of flu vaccination for all previously eligible groups and also extending eligibility for a free flu vaccination this year to include secondary school children and people 50 to 64 years old.
- Oct 4th 2021 - a collect code is needed when you pick up your tests from pharmacies. The collect code matches your details to the test kits you collect from a pharmacy.
- Nov 23rd 2021 – Start of COVID-19 Winter Plan to provide the UK with a “route back to normality”: vaccines, treatments and testing.