

# Youth Evidence

Rapid Evidence Assessment  
findings

Molly Mayer & Lydia Marshall

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NatCen Social Research  
35 Northampton Square  
London EC1V 0AX  
T 020 7250 1866  
[www.natcen.ac.uk](http://www.natcen.ac.uk)

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# Executive Summary

The Government is committed to investing in young people's futures and to helping all young people to fulfil their potential. The Department for Digital, Culture, Media and Sport has commissioned a Youth Evidence Review to understand the challenges and opportunities facing young people today and in the future, and to inform Government thinking on youth policy.

This report presents findings from the first stage of the Review – a rapid evidence assessment. It summarises current evidence on the extent to which young people are:

- experiencing positive wellbeing
- safe and treated fairly and equally
- mentally and physically healthy
- learning and prepared for work
- active members of society

For the purposes of this review, DCMS defined *young people* as people aged between 13 and 19 (and up to age 24 for young people with special educational needs or disabilities).

## Experiencing positive well being

Most (around four in five) young people report being happy and satisfied with their lives. However, the latest trends suggest that there was a decrease in life satisfaction during the last decade<sup>1</sup>. In particular, young people's happiness with their friendships and with school seems to be decreasing.

Poverty is an important driver of poor wellbeing. On average, children who experience income poverty in childhood report lower wellbeing than children who do not<sup>1</sup>. Qualitative research tells us that experiences of both material and relative hardship affect young people's wellbeing<sup>2</sup>. Poverty interacts with other forms of disadvantage, and young people experiencing multiple disadvantage report particularly low wellbeing<sup>1</sup>.

In recent years, there has been concern about the impact of social media on young people's wellbeing. There is some evidence of a link between heavy social media use and poor wellbeing, though it is not clear whether social media causes low wellbeing, or vice versa<sup>1</sup>. Listening to young people themselves suggests that social media has a mixed impact on wellbeing. While social media can be a forum for bullying, it can also offer an important arena for self-exploration and self-expression and for accessing support<sup>15</sup>.

## Safe and treated fairly and equally

The 2018/2019 crime statistics for England and Wales<sup>X2</sup> reveal that the number of young people cautioned or sentenced for a crime dropped by 83 percent from 128,00 to 21,700 in the last decade. This figure may reflect either – or likely both – a reduction in criminal behaviour and changes in the policing and sentencing of young people. Though there was a year-on-year increase in the number of young people charged with knife or offensive weapon offences between 2014 and 2018 (from about 2,800 to 4,550), this number dropped slightly by one percent for the first time in 2019 to 4,500<sup>X2</sup>. It is also important to remember that this number represents a very small proportion of young people.

Crime and policing continue to affect different groups of young people differently. Black young people are four times more likely than White peers to be arrested<sup>X2</sup>. Children from Black and Minority Ethnic (BAME) backgrounds are also more likely to be victims of violent crime – for instance almost six times more likely to be fatally shot or stabbed – and are much more likely than White young people to worry about feeling safe<sup>3</sup>.

Although fewer than one in ten young people report being bullied because of their race or religion, young people from BAME backgrounds feel that racism and religious discrimination is minimised among young people, as discriminatory language is dismissed by peers and teachers as banter<sup>4</sup>. While the proportion of young people being bullied because of their sexuality or gender identity has decreased in recent years, almost half of all LGBT<sup>a</sup> young people report that they have experienced such bullying<sup>5</sup>. Overall, one in five young people report having been bullied in the last year, while only two percent report having bullied somebody<sup>6</sup>.

## Mentally and physically healthy

Official statistics show that more than one in seven young people in England has a diagnosable mental health disorder, meaning that they have mental health problems that are serious enough to impact on their day-to-day lives<sup>X3</sup>. While there is widespread concern that young people today are experiencing poorer mental health than previous generations, however, the statistics show that any increase in mental health problems is small. In 2017, 13.6 percent of 11 to 15 year olds had a diagnosable mental health disorder, compared to 11.4 percent in 1999<sup>X3</sup>.

Girls experience worse mental health than boys, and young women aged 17 to 19 have been identified as a high risk group for mental health problems. Mental ill health is also significantly more common among young people growing up in poverty. Mental health is an important concern for young people, who feel that their suffering often goes unnoticed and highlight the stigma that often persists around mental health issues.

Obesity is another key youth health concern. The obesity rate peaked at 16 percent in 2016 for boys, and at 27 percent for girls in 2004. By 2017, 23 percent of boys and 24 percent of girls were obese<sup>8</sup>. Young people's activity levels are hugely important for their health<sup>8</sup>, and current UK guidelines for children and young people recommend at least one hour of moderate to vigorous physical activity every day. However, less than one in five young people reach this target<sup>9</sup>.

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<sup>a</sup> We have sought to echo the terminology used in original sources. In some instances this has led to inconsistent use of terminology or acronyms – some studies refer to (and/or limit to their sample to young people who define themselves as) LGBT, while others refer to LGBTQ+. This study used “LGBT”.

In contrast to obesity and physical inactivity, rates of substance use and abuse among young people have been reducing in the last two decades<sup>8</sup>. There has been a steady decline in smoking, for example, with recent statistics showing around a fifth of 16 to 24 year olds are current smokers<sup>8</sup>. Rates of illegal substance also declined steadily in the 2000s, but appear to have plateaued or even increased slightly in more recent years<sup>8</sup>. Overall, one in five 16 to 24 year olds reports having used an illegal drug in the past year.

There are stark health disparities between the richest and poorest young people in the UK. Young people living in the most deprived areas are more likely to be killed or seriously injured on roads, more likely to be obese, and more likely to have worse physical, mental and sexual health outcomes<sup>8</sup>.

## Learning and prepared for work

Many young people are uncertain about their future in the workplace. One third of young people are worried about their future income, and a similar proportion are worried about being able to find employment<sup>10</sup>.

Young people recognise the importance of soft skills, with most saying that developing skills such as communication and confidence is just, or more important, as getting good grades. However, two-thirds of young workers feel that they did not receive enough support to develop these skills at school and almost three-quarters say that they did not have the soft skills needed to do well when they entered the workforce<sup>11</sup>.

Young people are also concerned about their lack of work experience and report that employers often expect them to have experience. In 2019, only half of all secondary school pupils were offered work experience<sup>11</sup>. The vast majority of students who do take part in work experience report that it is helpful in making their next career step. Young people suggest that work experience should be a compulsory element of education, and that students should not be left to find opportunities on their own.

Finally, young people report that their education is very focused on preparation for exams and for academic routes to university. In the Youth Census, 44 percent of secondary school students said that school is too academically-focussed for them, and that they feel unable to choose what they want to do<sup>11</sup>. Related to this, young people report that the careers support they receive is from teachers or advisors who do not know them well and are unable to tailor the support to them individually.

## Active members of society

Around half (47 percent) of young people aged 18 to 24 voted in the 2019 general election, the lowest turnout amongst any age group<sup>X4</sup>. This was a decline from the 2017 general election, when around 58 percent of young people voted<sup>X4</sup>.

Delegates of the British Youth Council have identified four issues they want Parliament to address: tackling climate change, lowering the voting age, investing in mental health and ending poverty<sup>X10</sup>.

More than half of all young people aged 10 to 20 participate in social action activities such as fundraising, volunteering or campaigning at least once a year<sup>12</sup>, mostly through their school or college<sup>11</sup>. The number of young people participating in social action has been fairly stable in recent years, remaining at around 57 to 58 percent since 2014. Young people believe that taking part in social action looks good on their CV, helps develop their skills and builds their self-confidence<sup>11</sup>.

Young people who do not participate in social action say that they would be more motivated to do so if they could do it with their friends or at school or if it related to their existing interests. Young people also suggest that social action opportunities need to be more widely advertised and encouraged, potentially even being made a mandatory part of education<sup>11</sup>.



# Introduction

Young people today face a range of challenges, including concerns about their mental and physical health, about their future employment prospects and financial stability, and about crime and security. Young people are also faced with a number of opportunities, for instance to engage with the online world, to participate in a rapidly changing political environment and to tackle social issues including climate change. Some of these challenges are new – such as new forms of social media, whilst others have faced previous generations.

The Government is committed to addressing the challenges facing today's youth and to helping all young people to meet their full potential. It is in this context that the Department for Digital, Culture, Media and Sport has commissioned a Youth Evidence Review to inform Government thinking on youth policy in the coming years. This rapid evidence assessment is the first phase of the Review. It will be followed by research to gather young people's reflections on the opportunities available to them and their priorities for the future.

This report summarises current evidence from the research literature. It reports on the extent to which young people are:

- experiencing positive wellbeing
- safe and treated fairly and equally
- mentally and physically healthy
- learning and prepared for work
- active members of society

It concludes by looking to the future, considering important issues for young people in coming years and highlighting the importance of the upcoming research with young people themselves.

## **A note on methodology and evidence**

Rapid Evidence Assessment (REA) is an approach to summarising evidence in order to inform policy and practice. This REA review was conducted in five steps. First, we searched academic literature and grey literature (government, organisation and survey reports) using online databases. Second, we screened the reports' abstracts and titles to select studies that were relevant to the report. Then, we screened the full text of reports and prioritised the 27 studies that were most relevant and of the highest quality. We then extracted findings from each of these 27 studies, analysing them by theme. During the drafting of the report, one of the 27 was excluded because relevant findings referred only to older young people. We also referred to a small number of other sources to augment the evidence – these are identified by endnotes labelled with an “x” and are mostly Government statistics.

We have provided a table of the sources of evidence used in this report in Appendix A and further detail on our methodology in Appendix B. Throughout the report, you can click on the hyperlinked endnote to find the source of any findings. The table of references provides a summary of the methodology, sample size and age range covered by each study, as well as our assessment of its quality (see further detail in Appendix B).

In contrast to a systematic review, this REA cannot comment on evidence gaps in the five topics covered. Due to the need for an efficient review process, it was only possible to synthesise findings from a proportion of the most relevant and highest quality studies; other relevant studies which add to the evidence base have not been incorporated given the scope of the review. Because prioritisation of studies was done by topic, in topics where many relevant studies were identified, a smaller proportion of studies ended up in the final review. As a result, the included studies are based on a proportion of studies that met our inclusion criteria, and do not comprehensively summarise all relevant evidence.

## **A note on terminology**

For the purposes of this review, DCMS defined *young people* as referring to the people aged between 13 and 19 (and up to age 24 for young people with special educational needs or disabilities). Studies were included if the sample *also* included young people outside this range but were not included if they *only* included young people outside of this range. Further detail on this available in Appendix B. The age range referred to by any evidence source can be found by clicking on the hyperlinked endnote, if it is not stated in the main text.

We understand that terminology is important and that accepted terms change over time as directed by the communities in question. Throughout the report we have sought to echo the terminology used in original sources. In some instances, this has led to inconsistent use of terminology or acronyms – for instance, some studies refer to (and/or limit to their sample to young people who define themselves as) LGBT, while others refer to LGBTQ+. Where making our own summaries of the evidence, we have used 'LGBTQ+' in line with accepted terminology at the time of writing.



## Experiencing positive wellbeing



The vast majority of young people are happy with their lives.



Young people growing up in poverty experience poorer wellbeing than their more advantaged peers.



Young people report that social media has mixed impacts on their wellbeing.



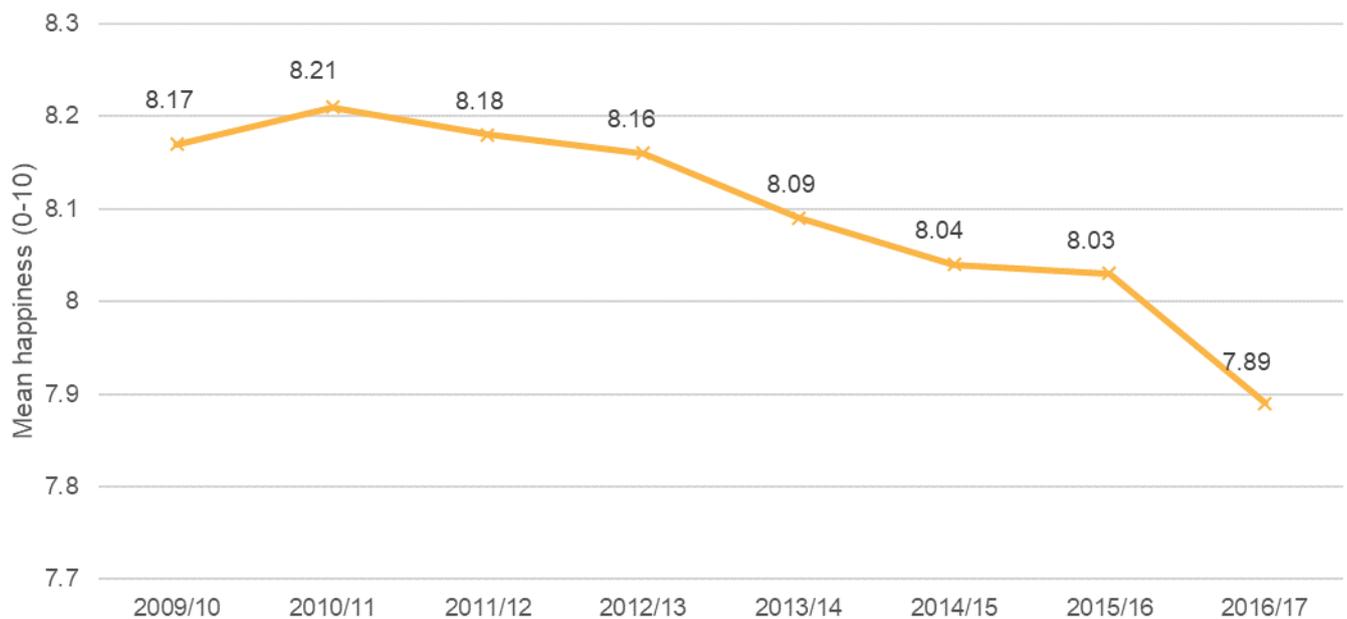
To improve wellbeing, young people want a less stressful exam system and safe spaces to hang out.

## Happiness and life satisfaction

For the most part, young people rate their own overall wellbeing as fairly high. Around four in five young people report high or very high satisfaction with their lives, including 79 percent of 10 to 15 year olds, 88 percent of 16 to 19 year olds and 83 percent of 20 to 24 year olds<sup>X1</sup>.

However, data from Understanding Society suggest that there has been a significant decrease in young people's happiness during the last decade (Figure 1). In particular, there has been a drop in 10 to 15 year olds' happiness with their friendships and with school<sup>1</sup>.

**Figure 1 Happiness with life as a whole<sup>b</sup> among 10 to 15 year olds**



Source: *Understanding Society Waves 1 to 8 (as analysed in source 1)*

School aged young people report being happiest with their family, friends and health<sup>1 13</sup>. They are least happy about school, their schoolwork and their appearance<sup>1 13</sup>. The things that young people worry about most include school pressures, feeling happy and their future, as well as external factors like the environment and crime<sup>3</sup>. When the Children's Commissioners' Office asked young people what could make things better for themselves and their peers, the top two asks were a less stressful exam system and safe places for young people to hang out. Many participants highlighted a lack of things for young people to do when they are not at school<sup>3</sup>.

Girls are more likely than boys to experience anxiety<sup>13</sup>, to report feeling pressured by school work<sup>14</sup> and to report that social media negatively affects their self-esteem<sup>15</sup>. However, there are no clear cut disparities in overall levels of wellbeing by gender.

Similarly, differences in wellbeing by ethnicity are not clear cut. Young people from African, Caribbean or Black British backgrounds tend to experience lower levels of anxiety, but also lower life satisfaction than their peers from White backgrounds<sup>13</sup>.

## Poverty, disadvantage and wellbeing

Poverty is an important driver of poor wellbeing. On average, young people who experience income poverty in childhood report lower wellbeing than young people with no experience of poverty<sup>1</sup>.

Looking first at current experiences of poverty, 13 percent of 14 year olds living in income poverty<sup>c</sup> report low life satisfaction, compared to 10 percent of those not living in income poverty<sup>1</sup>. The gap is even wider if we look at subjective experiences of poverty – 15 percent of 14 year olds whose parents or caregivers

<sup>b</sup> The Children's Society<sup>1</sup> have reversed and converted the 7-point scale (1–7) used to measure happiness with life as a whole in Understanding Society (where higher values represent lower happiness) into an 11-point scale (0 to 10, where lower values represent lower happiness) in order to be comparable with their other measures of wellbeing.

<sup>c</sup> Living in a household with an income less than 60% of the average before housing costs.

reported being under financial strain<sup>d</sup> report low levels of life satisfaction, compared to 11 percent of those whose parents were not in financial strain<sup>1</sup>.

Importantly, intermittent poverty appears to be more strongly associated with lower life satisfaction than persistent poverty<sup>e</sup>. Qualitative research tells us that experiences of both material and relative hardship affect young people's wellbeing<sup>2</sup>. A lack of warm, affordable and safe housing impairs young people's happiness, while growing up in deprived neighbourhoods can lead to a sense of injustice as well as neglect:

**“They [the lack of clean ups] say, they think of us as less important people.”<sup>2</sup>**

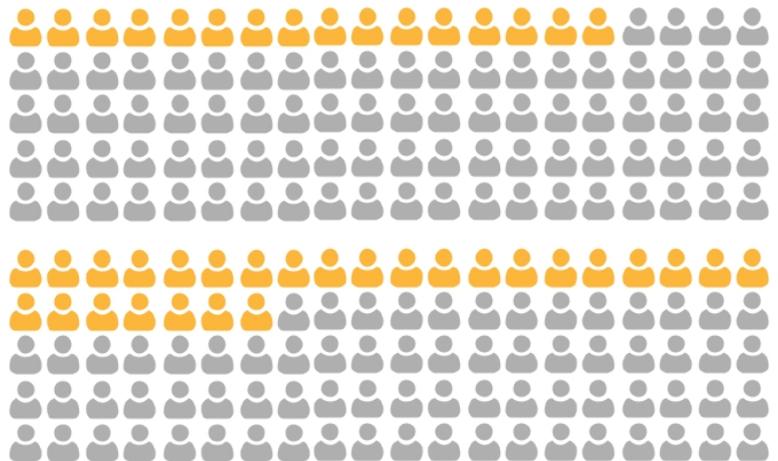
Other disadvantages, such as homelessness and supervisory neglect also have a big impact on happiness and life satisfaction. Young people experiencing disadvantage in multiple areas of their lives report particularly low wellbeing<sup>1</sup>.

## Care leavers' wellbeing

The majority of care leavers report receiving good support. In Coram Voice's survey of 474 care leavers in six local authorities in England, 60 percent of young people reported that they have been treated positively as a care leaver<sup>16</sup>. Almost all (96 percent) care leavers said that they trust their care worker all of or some of the time and the felt that they can easily contact their care worker all of or some of the time. Having a care worker who is kind, easy to talk to and recognises their achievements helps to make the transition out of care positive<sup>16</sup>. Despite these positive experiences, care leavers have lower wellbeing compared to non-care-experienced young people. Using the ONS wellbeing measures, 16 percent of care leavers report very high life satisfaction scores, compared to 27 percent of 16 to 24 year olds in the general population<sup>16</sup>.

Care leavers also more likely than their peers to struggle with relationships and financial security<sup>16</sup>:

- 19 percent of care leavers feel often or always lonely, compared to 10 percent of the general population.
- 87 percent of care leavers say that they have someone they can rely on, compared to 98 percent of the general population.
- 19 percent of care leavers find it difficult to cope financially, compared to 7 percent of the general population of young people find it difficult to cope financially.



**16%** of young care leavers are **very happy**, compared to **27%** of young people who have not been in care

<sup>d</sup> Finding it 'difficult' or 'very difficult' to get by

<sup>e</sup> The Children's Society classified young people in the Millennium Cohort Study as having experienced 'intermittent poverty' if they were living income poverty during between two and four of the six waves of data collection that took place when they were aged 9 to 14. If they were living in income poverty during five or six of these years, they were classified as experiencing 'persistent' poverty.

# Social media and wellbeing

The average time that young people spent online more than doubled between 2005 and 2015 – for instance increasing from 8 to 19 hours a week for 12 to 15 year olds<sup>15</sup>. Young people’s time online has also become more private – whilst in previous generations young people may have accessed the internet on a shared computer at home or at school, many now own and use smartphones, tablets and/or tablets of their own. Close to half of all 5 to 15 year olds<sup>15</sup> and 95 percent of 16 to 24 year olds<sup>8</sup> in the UK now own a smartphone.

Given the growing importance of social media in young people’s lives, there has been concern in recent years about its impact on young people’s wellbeing. There is evidence that heavy social media use is associated with low wellbeing, though the extent to which social media *causes* low wellbeing, and vice versa, is not yet known<sup>15 17</sup>.

Listening to young people themselves suggests that social media can have a mixed impact on wellbeing. This is illustrated by young people surveyed by the Children’s Society and Young Minds in 2018, who were exactly evenly split between feeling that social media had a positive or negative impact on how they felt about themselves<sup>15</sup>.

A major concern about the growing importance of social media in young people’s lives is cyberbullying. Cyberbullying can include receiving mean messages, being excluded from conversations and being the subject of negative posts. It can escalate quicker than offline bullying, as others share or comment on bullying content<sup>15</sup>.

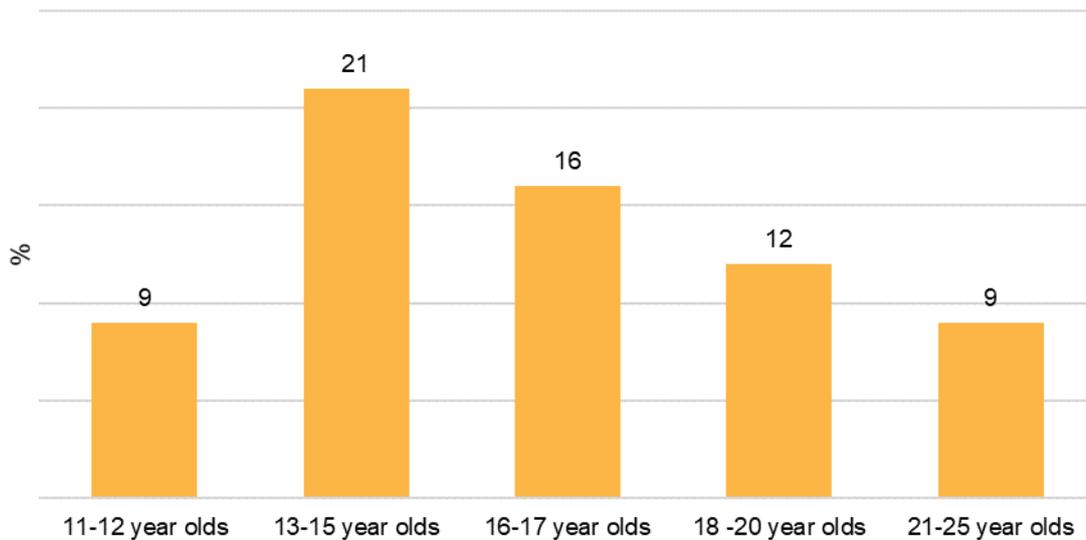
In 2019, a quarter of all young people aged 12 to 20 who reported being bullied were bullied online<sup>6</sup> and in 2018, 39 percent of all 11 to 25 year olds reported that they had experienced cyberbullying. Childline report that in 2015/16 they delivered 4,541 counselling sessions about online bullying, compared to 4,723 about physical bullying. This represented an increase of 13 percent on the previous year, and of 88 percent since five years previously<sup>x5</sup>.

Mirroring the patterns observed for offline bullying, the risk of being cyberbullied appears to increase between the ages of 11 and 15, but declines as young people approach adulthood (Figure 2). While physical bullying remains the top concern of primary school age children, cyberbullying is a bigger worry for secondary school age children and is the top bullying concern for 16 to 18 year olds<sup>x5</sup>.

Girls seem to be more likely than boys to experience cyberbullying<sup>14 15</sup>, and young people with special educational needs and disabilities (SEND) are also more at risk<sup>15</sup>.



**Figure 2 Proportion of young people who have experienced cyberbullying in the last month**



Source 15

Young people believe that schools and Government doing more to raise awareness about cyberbullying will encourage people experiencing cyberbullying to come forward and ask for help<sup>3</sup>. In the meantime, some young people report having to delete social media apps to stop cyberbullying<sup>15</sup>.

While social media can provide a forum for bullying, it can also offer an important arena for self-exploration and self-expression. For example, young people who identify as transgender appreciate being able to express themselves online, as well as to socialise with and seek support from others with similar experiences<sup>17</sup>. Young people experiencing poor mental health or going through a crisis may also turn to social media for mutual support, or to find out information about services or their circumstances<sup>15</sup>. Another positive of social media is that it enables young people to form and sustain relationships with friends and family without the need for physical proximity. In their survey of young people aged 11 to 25, the Children's Society and Young Minds found that most (62 percent) young people felt that social media had a positive impact on their relationships with their friends. A significant minority (22 percent) also felt that it had a positive impact on their relationship with their family, though most (51 percent) felt it had no impact<sup>15</sup>.



## Safe and treated fairly and equally



The number of young people cautioned or sentenced for a crime decreased by 83% in the last decade.



45% of LGBT young people have been bullied because of their sexuality or gender identity.



Young people worry that schools under-report racist incidents in order to protect their reputation.



Young people highlight the need for better relations between the police and young people. They want anonymous ways to report bullying and crime.

## Crime and serious violence

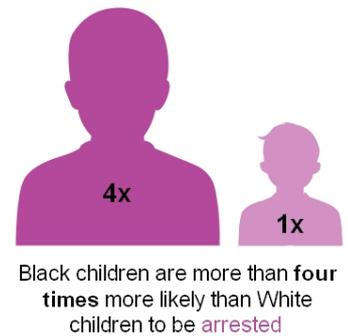
The most recent Ministry of Justice statistics for young people age 10 to 17 in England and Wales reveal some positive trends<sup>X2</sup>. For example:

- The number of young people cautioned or sentenced for a crime dropped by 83 percent – from around 128,000 to 21,700 – in the decade from 2009 to 2019.
- In the same decade, the number of first time entrants (FTEs) to the Youth Justice System fell 85 percent from 80,500 to 11,900.
- In just the one year between 2018 and 2019, the number of FTEs dropped by 18 percent from 14,000 to 11,900.
- In the same year, the number young people charged with knife or offensive weapon offences declined by one percent to around 4,500. This was after four years of year-on-year increases; in 2014 around 2,800 young people were charged, and this had increased to around 4,550 in 2018.

Changes in crime figures can reflect a number of factors, including the amount of criminal behaviour taking place in a population but also the way that such crime is policed and dealt with by the criminal justice system. The downward trends in the number of young people being cautioned or sentenced for criminal activity and entering the youth justice system described above are likely to be a combination of both of these factors. The Youth Justice Board attributes at least some of the fall in the last decade to greater use of out-of-court disposals, such as restorative justice and community resolution orders<sup>X15</sup>. There have also been programmes over the last decade aimed at educating the police force about the issues that young people face and reducing the number of young people in the criminal justice system (though the evidence on the effectiveness of these programmes is mixed<sup>X12</sup>). At the same time, these declines took place within the context of all household crime (burglary and car theft) dropping by almost 50 percent in England and Wales, as well coinciding with decline in youth offending rates in other high-income countries, including Scotland, Australia and the US<sup>X12</sup>.

The same data also reveal some negative trends for the decade from 2009 to 2019<sup>X2</sup>. For instance:

- Proven possession of weapons offences increased from three to 16 percent of all proven offences<sup>f</sup> committed by young people.
- Proven drug offences increased from four to 12 percent of all proven offences committed by young people.
- 16 percent of young people who were arrested in 2019 were Black (around 8,400), compared to seven percent ten years previously. Black young people are four times more likely than their White peers to be arrested.



While young people account for only one percent of the overall custody population in England and Wales, 20 percent of all knife and offensive weapon offences in 2019 were committed by young people. However, knife crime statistics need to be viewed in context: 97 percent of knife and offensive weapon offences were possession offences<sup>X2</sup>. Moreover, considering that ONS population estimates show that there were around 6.7 million 10 to 19 year olds in the UK in 2018<sup>9</sup>, the peak of 4,550 10 to 17 year olds being charged with knife or offensive weapon offences that year represented a very small minority – less than one in every ten thousand young people. It is rare for a violent incident to involve a knife and even rarer for a knife incident to require hospital treatment<sup>18</sup>. Nevertheless, of the almost 5,000 hospital admissions due to assault with a knife or sharp object in 2018, young people age 10 to 19 accounted for over 1,000<sup>X13</sup>. This is an increase of around 55 percent from 2012-13 when 656 young people were admitted to hospital because of knife or sharp weapon injuries<sup>X13</sup>.

The rise of 'county lines' drug dealing gangs pose a growing threat in terms of serious violence against young people. County lines gangs transport drugs from one area to another, often crossing police and local authority boundaries, using dedicated phone lines (deal lines) to take orders. These gangs coerce and exploit vulnerable young people, including for instance those who are in care, live in low-income households or have behavioural or developmental disorders, to transport and sell drugs in coastal and rural areas<sup>19</sup>. In 2018 there were an estimated 1,000 county lines gangs in England. The National Crime Agency (NCA) believes that the expansion of gangs into new territory has increased serious violence in these areas. Current crime reporting methods limit the ability to provide exact numbers on serious violence cases involving county lines gangs, but NCA intelligence assessments find evidence of serious violence as a result of tensions between competing county line gangs. The use of bladed weapons, firearms, and stun guns have also been linked to county lines<sup>X14</sup>. There is a concern that because of this threat, growing numbers young people will carry knives for personal protection<sup>18</sup>.

Experiences of crime by young people differ across gender, geography and ethnicity. In 2018/2019, 85 percent of young people who received a caution or sentence were male<sup>X2</sup>. Among young people aged 10 to

<sup>f</sup> A proven offence is one for which a young person receives a caution or sentence.

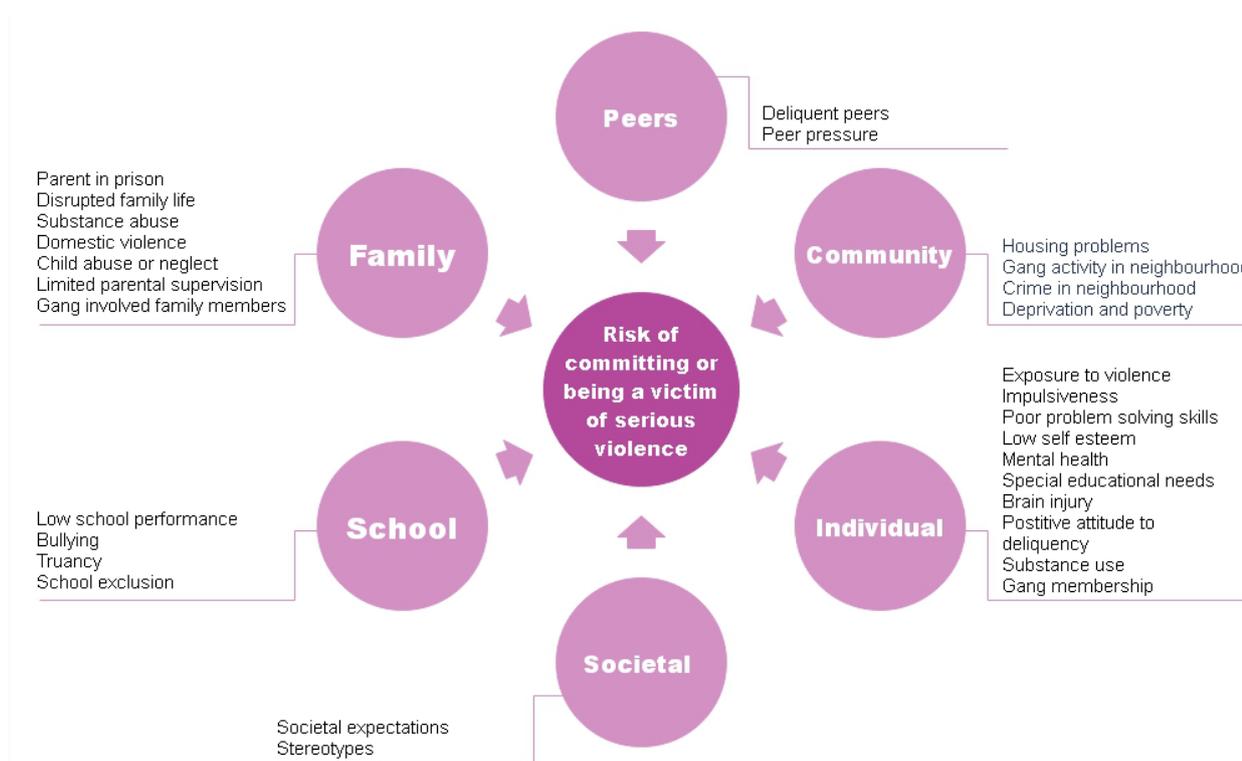
<sup>9</sup> Exact estimates for the 10 to 17 year old population are unavailable.

14, boys are more likely to be victims of violent crime than girls (3.1 percent compared to 2.6 percent) but among young people age 15 to 19, 4.9 percent of girls were victims of violent crime compared to 4.2 percent of boys<sup>15</sup>. Although boys are as or more likely than girls to be victims of violence, though they are less likely to worry about their safety: in 2018, two-thirds of boys reported feeling very or fairly safe after dark compared to half of girls<sup>19</sup>.

Statistics from London show that boys from BAME backgrounds are most likely to be both victims and perpetrators of knife crime, with young people from BAME groups being almost six times more likely to be fatally shot or stabbed than their White peers<sup>18</sup>. Relatedly, young people from BAME backgrounds are more likely to be worried about their safety. This may be in part because young people from these groups are more likely to live in large cities – 39 percent of young people from London listed always or often worrying about feeling safe, compared to the national average of 24 percent<sup>3</sup>.

Public health experts argue that it is important to view serious youth violence within the context of wider social structures and relationships<sup>20</sup>. Research has identified 25 risk factors that increase young people’s risk of becoming a victim and/or perpetrator of violence, including poverty, child abuse, neglect and poor mental health<sup>14</sup>. The factors can be grouped into six domains: individual, family, school, community, peers and societal. Figure 3 presents the full set of risk factors.

**Figure 3 Risk factors for committing or being a victim of serious violence**



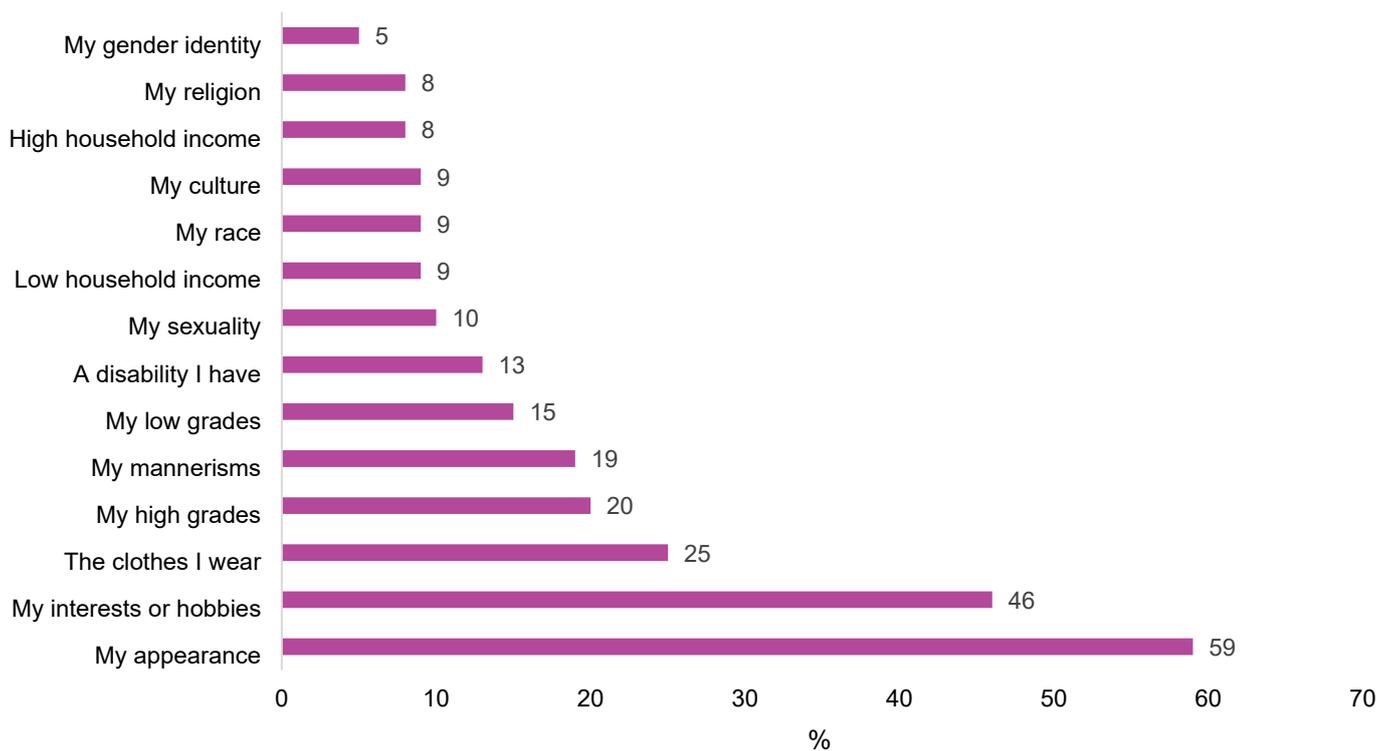
Source 14

Young people themselves also recognise the structural factors that lead to involvement in serious violence<sup>3</sup>. They report knowing people who have joined gangs because of peer pressure or not having enough money to survive<sup>2</sup>. To prevent serious violence, young people who took part in the Children’s Commissioner’s consultation said that they would like more youth clubs and sports facilities and better relationships and understanding between young people and the police<sup>3</sup>.

# Bullying

In the 2019 wave of Ditch the Label's annual bullying survey<sup>6</sup>, one in five young people aged 12 to 20 reported having experienced bullying in the last year, and two percent reported to bullying somebody<sup>h</sup>. Of those who reported being bullied, 31 percent said that they had been bullied at least once a week. Verbal bullying was most common, followed by physical bullying. Young people most commonly reported being bullied because of their appearance or interests and hobbies. Figure 4 presents the reasons young people believed that they were bullied<sup>6</sup>.

**Figure 4 Reasons young people who have experienced bullying in the last year believe they were bullied: Attitudes towards...**



Source 6

Most bullied young people are targeted by bullies they know – classmates, former friends or close friends – and only ten percent report being bullied by someone they do not know<sup>6</sup>. However, young people with SEND who took part in the Children's Commissioner consultation report that they do experience bullying by strangers, and say that they are concerned about being bullied while on out in public. A boy with autism described being bullied in the street:

“I was walking home on Saturday and then when I come back home there were two kids trying to be rude and punching me and I had to run away home – they were strangers and I don't know them and I felt scared so I had to run away.”<sup>3</sup>

<sup>h</sup> There is a clear mismatch between the proportions reporting experiencing bullying and bullying others. Though the ratio might not necessarily be 1:1 (one person could bully many others), social desirability bias means that people may be less likely to admit bullying others when completing a survey. In addition, young people may not recognise their own behavior as bullying whilst others experience it as such.

In Ditch the Label's 2019 survey, the majority of young people who has experienced bullying reported that it had impacted their mental health. Reported symptoms include:

- Feeling depressed (45 percent)
- Suicidal thoughts (33 percent)
- Self-harm (26 percent)
- Developing an eating disorder (12 percent)

Bullying can also have a lasting impact on young people's futures: 50 percent of bullied young people said that it impacted on their studies and 41 percent reported that it impacted on their ambitions<sup>6</sup>.

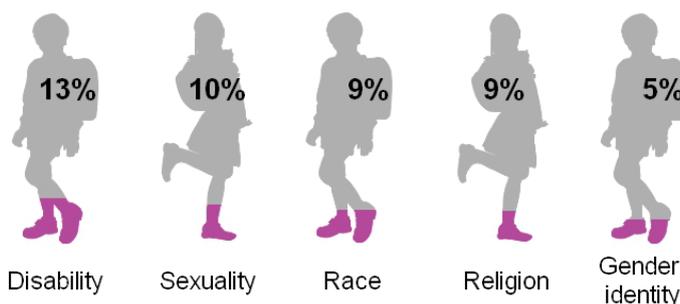
Many young people do not feel comfortable reporting bullying, with 28 percent of young people who have been bullied saying that they never reported it to anyone<sup>6</sup>. Reasons for this included fear that the bullying would get worse or of being labelled as a 'snitch', being embarrassed, thinking their teacher would not care and previous experience of nothing changing when they reported bullying<sup>6</sup>. Young people want more anonymous reporting mechanisms to address some of these problems<sup>3</sup>.

## Intolerance and discrimination

Nine percent of the 10 to 20 year olds who reported having been bullied in the 2019 Ditch the Label survey believed that they had been bullied because of attitudes towards their race, and the same proportion reported being bullied about their religion<sup>6</sup>. In evidence submitted to the British Youth Council's Youth Select Committee<sup>4</sup>, young people from BAME groups describe experiencing racism and religious discrimination daily. They believe racism and religious intolerance is underreported for two reasons. First, because discriminatory behaviour is not identified as such because it is normalised among young people. Instead, discriminatory language is dismissed by peers and teachers as "banter". Second, young people worry that they will not be taken seriously and therefore nothing will be done to address the discrimination. From 1999 to 2011, schools were required to record and report racist incidents to their local authority. They are no longer mandated to do this, and young people believe that schools are reluctant to report racist incidents to protect their reputation. They also worry themselves that reporting incidents will make them more vulnerable.

More than one in eight (13%) of the 10 to 20 year olds who reported having been bullied in the 2019 Ditch the Label survey said that they were bullied because of attitudes towards their disability<sup>6</sup>. In focus groups conducted by Disability Rights UK, young people with SEND discussed being bullied and socially excluded at mainstream schools<sup>21</sup>. For example, they were called names and not included in sports. Many believed that their schools and teachers do not do enough and suggest two things that could be done. First, they want their teachers and schools to do more to stop bullying by disciplining bullies more harshly, so they do not get away with bullying. Second, SEND pupils want teachers to encourage other pupils to include them by organising events that everyone can enjoy<sup>21</sup>.

Young people experience **bullying** because of attitudes towards their:

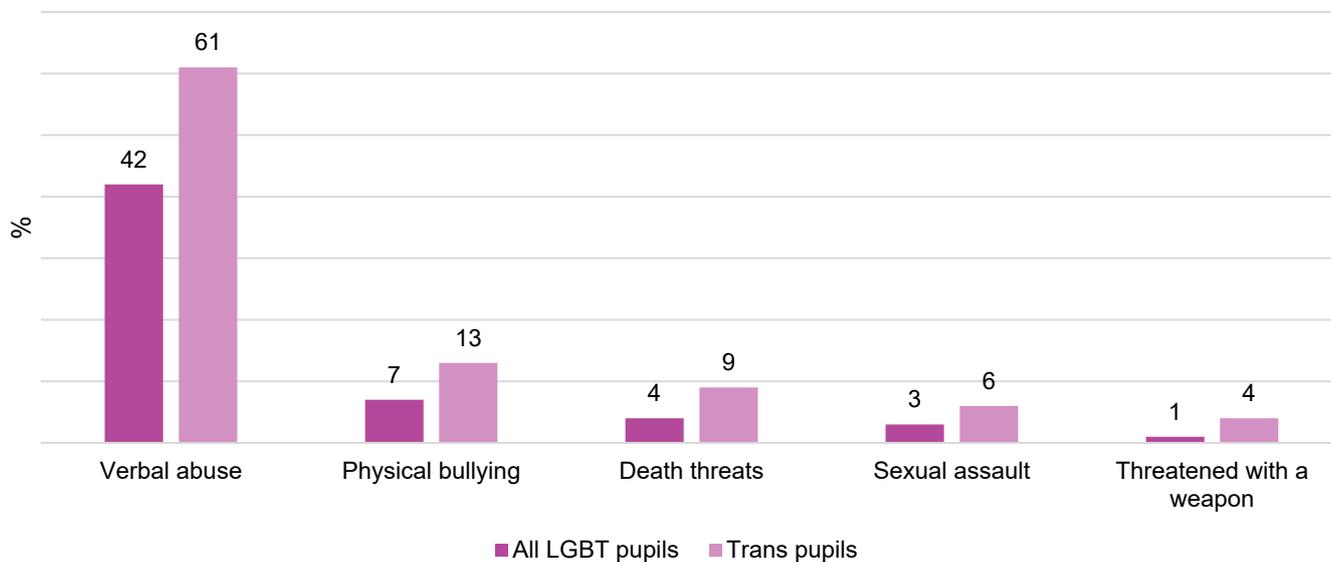


When describing themselves, young people with SEND emphasise their personality traits, hobbies and interests rather than their disability<sup>21</sup>. They define themselves by what they are good at, such as video

games or science, and rarely mention their disability as something that makes them stand out from their peers. In focus groups, young people without SEND described the disabilities of their classmates as functional limitations, such as not being able to walk or do particular tasks. They did not describe disabilities with moral judgements and described having friendly relationships with pupils with SEND<sup>21</sup>.

Life at school for LGBTQ+<sup>i</sup> young people is improving but they still face prejudice. Of all the 10 to 20 year olds who reported experiencing bullying in the Ditch the Label survey, 10 percent reported that they had been bullied because of attitudes towards their sexuality, and 5 percent because of attitudes towards their gender identity. Despite a decline of 20 percent since 2007, 45 percent of the LGBT young people who took part in Stonewall’s School Report said that they had been bullied for being LGBT at school in 2017<sup>5</sup>. And among transgender young people, 64 percent had been bullied at school. Figure 5 presents the types of bullying that LGBT and transgender pupils face<sup>5</sup>.

**Figure 5 Types of bullying and discrimination faced by LGBT and transgender pupils**



Source 5

Half (52 percent) of transgender pupils and 38 percent of LGBT pupils say that they do not enjoy going to school because they feel like an outsider<sup>5</sup>. Two-fifths (40 percent) of LGBT pupils report not being taught about sexuality at school and even more (77 percent) report never being taught about gender identity and what it means to be transgender. Pupils who are not taught about LGBT issues report repressing their identity, thinking it was unnatural and feeling depressed and confused. In contrast, LGBT pupils who attend schools that do teach about LGBT issues are less likely to experience bullying<sup>5</sup>.

Almost all LGBT pupils turn to the internet to get information and resources on being LGBT; 96 percent of young LGBT people have said that the internet helped them understand their sexual orientation and/or gender identity<sup>5</sup>. On the internet, they can be themselves and talk about LGBT issues openly. However, 97 percent have seen anti-LGBT content and 40 percent have received abuse online in the form of mean comments, threatening messages, being filmed or photographed without consent, and being sent sexually suggestive pictures<sup>5</sup>.

<sup>i</sup> We have sought to echo the terminology used in original sources. In some instances this has led to inconsistent use of terminology or acronyms – some studies refer to (and/or limit to their sample to young people who define themselves as) LGBT, while others refer to LGBTQ+.



# Mentally and physically healthy



Rates of smoking, drinking and illegal drug use among young people have declined in recent decades.



Less than one in five achieve the Government guidelines for physical activity.



Young people highlight the stigma that continues to surround mental health, especially amongst boys and children with disabilities.



Young people want confidential spaces to talk about mental health issues, and opportunities to discuss their mental health at school.

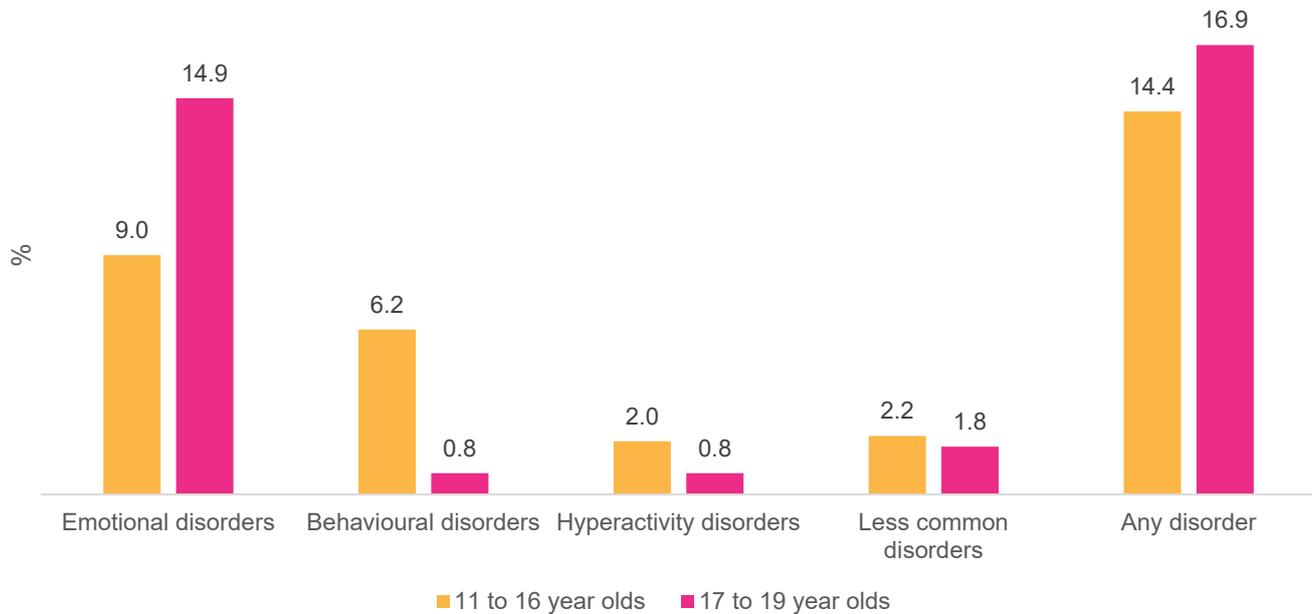
## Mental health

There is an obvious parallel between mental health and wellbeing. However, poor mental health and low levels of wellbeing are different and do not always co-exist. Findings from the Millennium Cohort Study show that a large proportion of young people experience low wellbeing despite not reporting the symptoms of mental disorders. Meanwhile, a much smaller proportion of young people, mainly boys, experience good wellbeing despite experiencing depressive symptoms<sup>7</sup>. In this section of the report we look at poor mental health in terms of diagnosable conditions, depressive symptoms, self-harming behaviours and suicide rates.

There is widespread concern that young people today are experiencing poorer mental health than previous generations<sup>x3</sup>, and the number of referrals to specialist child and adolescent mental health services (CAMHS) rose by 26 percent between 2014 and 2019<sup>8</sup>. That said, the latest official statistics for England show that while there has been an increase in mental health disorders over the past twenty years, this increase has been smaller than might have been anticipated <sup>x3</sup>. In 2017, 13.6 percent of 11 to 15 year olds had a diagnosable mental health disorder, compared to 11.4 percent in 1999.

Overall, the statistics show that, today, more than one in seven young people aged 11 to 19 have a diagnosable mental health disorder<sup>X3</sup>. This means that they have mental health problems that are serious enough to impact on their day-to-day lives. The most common mental health problems are **emotional disorders** that affect people’s mood, like anxiety or depression. **Behavioural disorders**, which can lead to repetitive and persistent disruptive or antisocial behaviour, are also common among young people of secondary school age (Figure 6).

**Figure 6 Rates of different types of mental health disorder in young people by age**

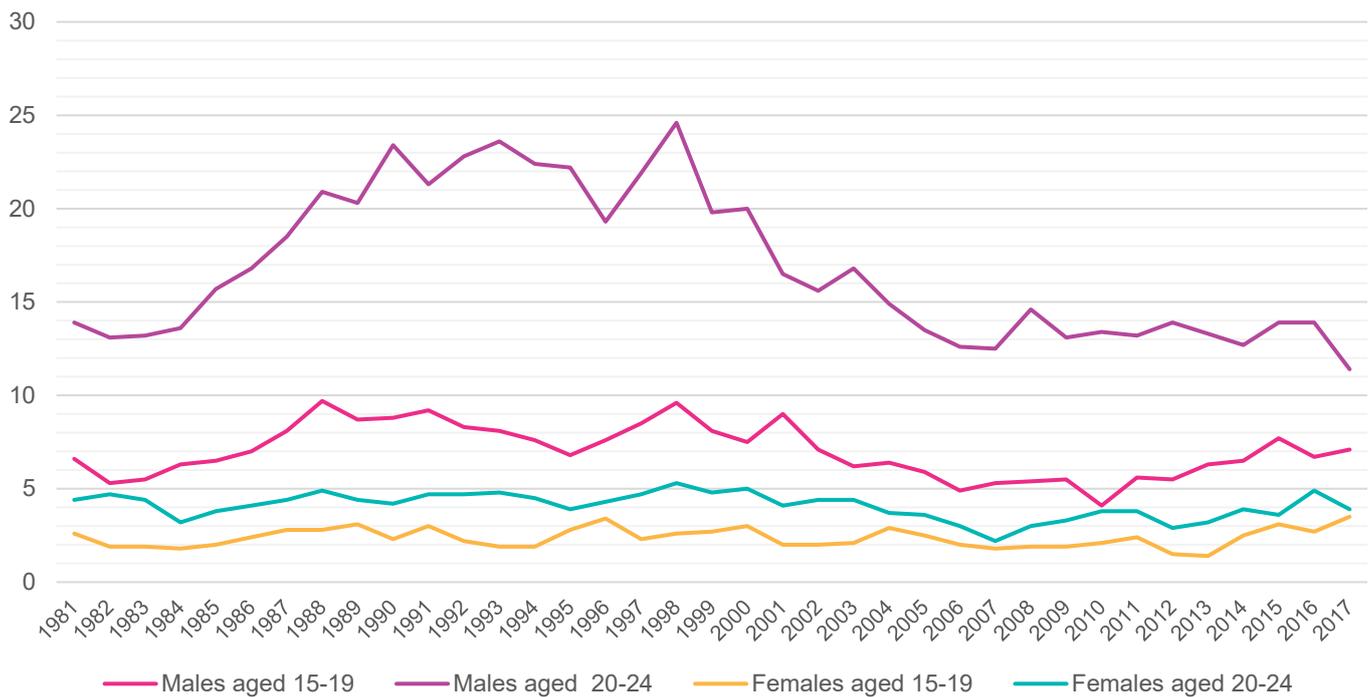


Source X3

Suicide and self-harm are not mental health disorders in themselves, but rather symptoms of mental ill health. The private and sensitive nature of self-harm means that there is a shortage of reliable information about this phenomenon. In the English Health Behaviour in School-aged Children study, 32 percent of girls and 11 percent of boys aged 15 reported having self harmed<sup>14</sup>. This gender disparity continues into early adulthood – in the Adult Psychiatric Morbidity Survey, 26 percent of young women and 10 percent of young men aged 16 to 24 reported that they had self-harmed<sup>8</sup>. Time trends from the same survey suggest that rates of self-harm are rising among 16 to 24 year olds, and particularly for women. However, these increases could be a result of reduced stigma around or increased recognition of the behaviour as self-harm as well as or rather than increases in the behaviour itself<sup>8</sup>.

Suicide among young people is rare, but remains an important public health concern. Figure 7 shows that rates of suicide are higher among 20 to 24 year olds than among 15 to 19 year olds and that, in contrast to self-harm, suicide is more common among young men than among women. Since a peak in the mid-1990s, particularly for young men, rates of suicide have been fairly stable, although there seems to have been a slight rise among the younger age group since the mid 2010s<sup>8</sup>. In 2017, the rate of suicide per 100,000 people in the UK was around 4 for young women, 7 for young men aged 15 to 19 and 11 for men aged 20 to 24<sup>8</sup>.

**Figure 7 Suicide rates (per 100,000) in the UK**



Source: ONS, National Records of Scotland and Northern Ireland Statistics and Research Agency (2018) *Suicides in the UK* (cited in source 8)

For boys, the risk of experiencing mental health problems is highest during secondary school (age 11 to 16), while for girls the risk is highest in later adolescence (between the ages of 17 and 19)<sup>8</sup>. At all ages, girls experience worse mental health than boys<sup>7 8 13</sup>, and young women have been identified as a high risk group for mental health problems<sup>x3</sup>.

LGBTQ+<sup>j</sup> young people also experience disproportionately poor mental health outcomes. 35 percent of 14 to 19 year olds who identify as lesbian, gay, bisexual or with an ‘other’ sexual identity have a diagnosable mental health disorder, compared to 13 percent of those who identify as heterosexual. In Stonewall’s survey of secondary school students, 45 percent of transgender students and 22 percent of lesbian, gay and bisexual young people reported that they had attempted to take their own life<sup>5</sup>. This compares to around 5 percent of young men and 13 percent of young women in the general 16 to 24 year old population<sup>8</sup>.

Poverty is an important predictor of poor mental health as well as wellbeing – 16 percent of 14 year olds living in income poverty<sup>k</sup> report high levels of depression, compared to 13 percent of those not living in income poverty<sup>1</sup>. The gap is even wider if we look at subjective experiences of poverty – 20 percent of 14 year olds whose parents or caregivers reported being under financial strain<sup>l</sup> report high levels of depression, compared to 14 percent of those whose parents were not in financial strain – and the patterns are particularly noticeable among girls<sup>1</sup>.

<sup>j</sup> We have sought to echo the terminology used in original sources. In some instances this has led to inconsistent use of terminology or acronyms – some studies refer to (and/or limit to their sample to young people who define themselves as) LGBT, while others refer to LGBTQ+.

<sup>k</sup> Living in a household with an income less than 60% of the average before housing costs.

<sup>l</sup> Finding it ‘difficult’ or ‘very difficult’ to get by.

Other factors related with poor mental health outcomes include childhood overweight/obesity, poor peer relationships and being bullied<sup>7</sup>. Protective factors that predict good mental health in adolescence include spending time with friends and getting enough sleep<sup>13</sup>.

Mental health is an important concern for young people, who feel that their suffering often goes unnoticed. Young people consulted by the Children's Commissioner's Office felt that their parents and professionals such as teachers often lacked knowledge and understanding of mental health problems:

**“I was going to say mainly people just need [to be] educated on like, so say for example with teachers, they need to know how to talk to students that maybe they assume they're lazy or assume they don't want to get involved, they can be dealing with depression, kind of thing.”<sup>3</sup>**

Young people also highlighted the stigma that continues to surround mental health, especially amongst boys and young people with disabilities. The mental health support that they felt was important included confidential spaces to talk about mental health issues, opportunities for small group discussions at school, and physical worry boxes, telephone lines or digital reporting systems that young people can use to raise and discuss their worries and concerns<sup>3</sup>.

## Physical health

The vast majority (87 percent) of young people aged 11 to 15 report that their health is 'good' or 'excellent'<sup>14</sup>. This is despite nearly a quarter of the same age group reporting that they have a long-term health condition or disability<sup>8</sup>. One in every ten (10 percent) young people aged 10 to 24 has a disability that affects their ability to do normal daily activities<sup>8</sup>.

A growing health concern is that today's young people are at increasing risk of being overweight or obese. Obesity in childhood and adolescence is associated with a range of negative health outcomes in both the short and long term including for example high blood pressure, poor mental health, diabetes, cardiovascular disease and premature mortality. It is also a strong predictor of obesity in adulthood<sup>6</sup>.

Figure 8 shows that there was a rise in obesity among 11 to 15 year olds between the mid-1990s and mid-2000s. The trend since 2004 has been far less clear, with rates going up and down and different patterns emerging for boys and girls. The obesity rate peaked at 16 percent in 2016 for boys, and at 27 percent for girls in 2004. By 2017, 23 percent of boys and 24 percent of girls were obese<sup>8</sup>.

**Figure 8 Proportion of 11 to 15 year olds who were obese**



Source: Health Survey for England, 2017, Adult and child overweight and obesity weight tables (cited in source 8)

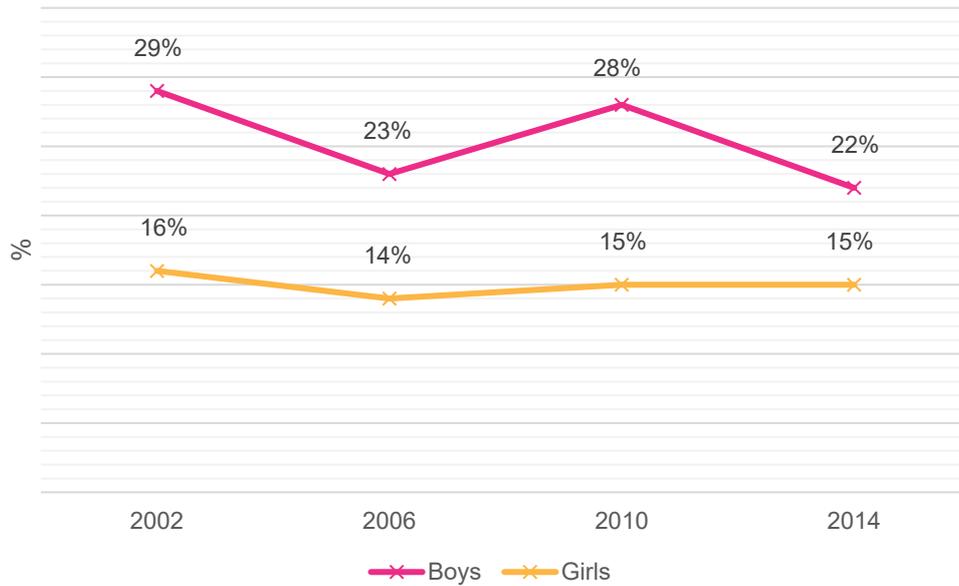
Current UK guidelines for children and young people recommend at least one hour of moderate to vigorous physical activity every day. However, only a small proportion of young people achieve this target, and activity levels tend to decline as young people get older. Boys are more active than girls: in Years 7 to 8, 23 percent of boys and 15 percent of girls are active for at least an hour every day. Once they reach Years 9 to 11, just 16 percent of boys and 10 percent of girls achieve the daily recommended level<sup>9</sup>.

There are also differences in young people's activity levels by ethnic group and by family affluence<sup>9 14</sup>. Over a third of Asian (37 percent) and Black (34 percent) school pupils<sup>m</sup> report being active for less than an average of half an hour each day, compared to 27 percent of their White British peers, and this difference is most marked for boys<sup>9</sup>. Meanwhile, 35 percent of those from low affluence families achieve less than an average of 30 active minutes per day, compared to 22 percent of their high affluence peers<sup>9</sup>.

The proportion of girls who are physically active for at least an hour every day has remained relatively stable since 2002. In contrast, boys' activity levels have fluctuated, and appear to have declined between 2010 and 2014 (Figure 9).

<sup>m</sup> A wider age range is used for these comparisons between demographic groups. We do not have sociodemographic comparisons for young people aged 11 to 16 only.

**Figure 9 Proportion of 11 to 15 year olds achieving one hour of physical activity every day**



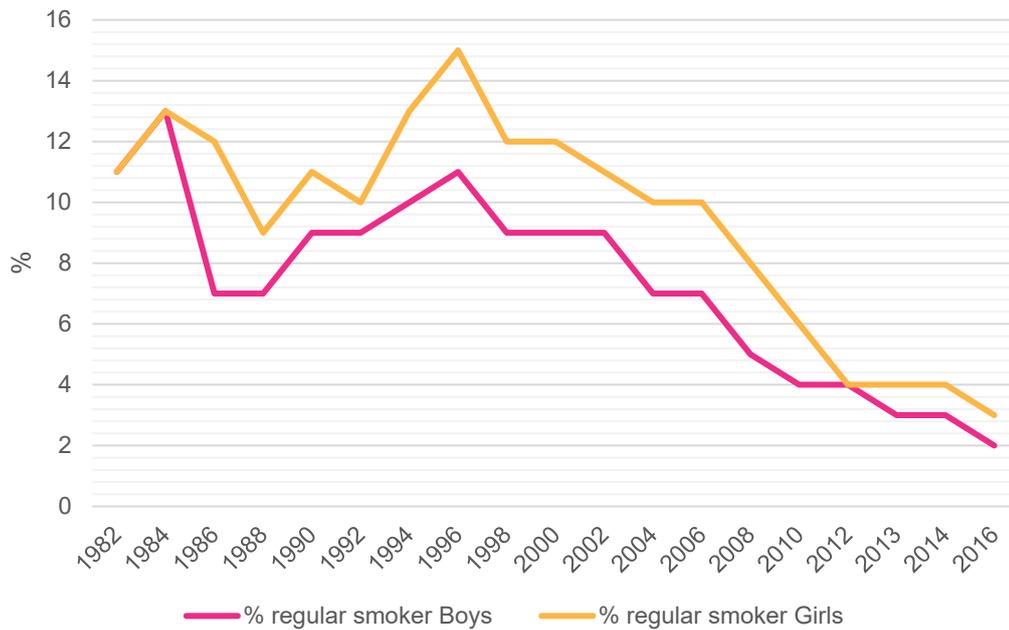
Source 14

In contrast to obesity rates, rates of substance use and abuse among young people have been steadily reducing in the last two decades<sup>8</sup>.

While different measures of smoking (for instance smoking weekly, regularly, or ever) make it difficult to compare data sources, different measures all show a long-term decline among young people<sup>8</sup>. The Smoking, Drinking and Drug Use (SDDU) survey for England shows a consistent decline in the proportion of 11 to 15 year olds reporting to be regular smokers since the late 1990s. By 2016, just two percent of boys and three percent of girls in this age range were regular smokers<sup>8</sup> (Figure 10).

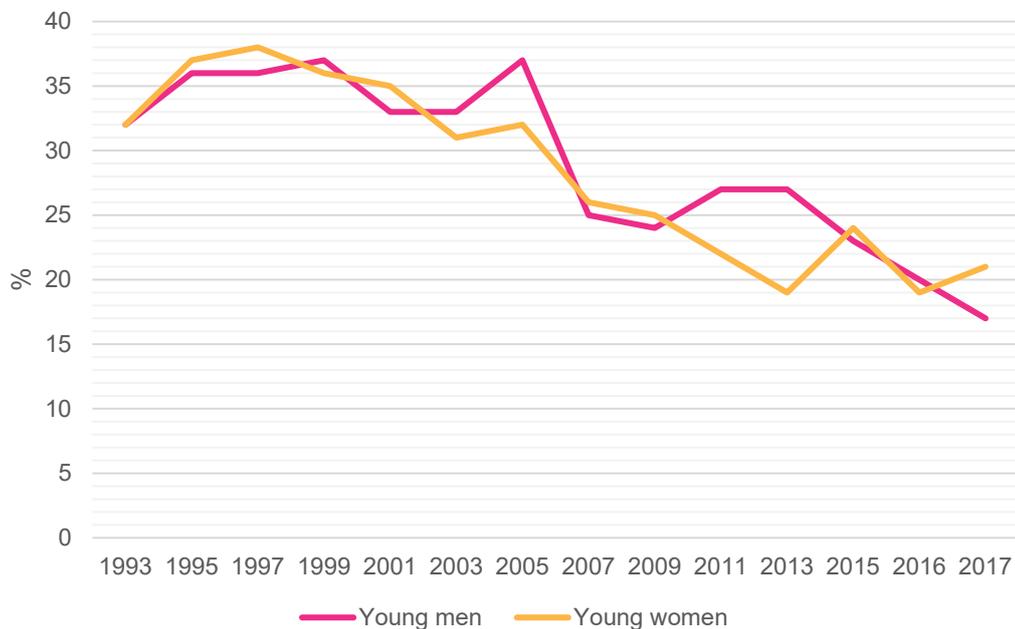
Turning to older young people (Figure 11), the proportion of 16 to 24 year olds who smoke has been on the decline since the late 1990s, though the proportion is higher and the trend is slightly less consistent than for 11 to 15 year olds. Amongst this age group, around a fifth of young people are current smokers<sup>8</sup>.

**Figure 10 Proportion of 11 to 15 year olds who were regular smokers**



Source: HSCIC (2017) *Smoking, Drinking and Drug Use Among Young People in England in 2016* (cited in source 8)

**Figure 11 Proportion of 16 to 24 year olds who were current smokers**



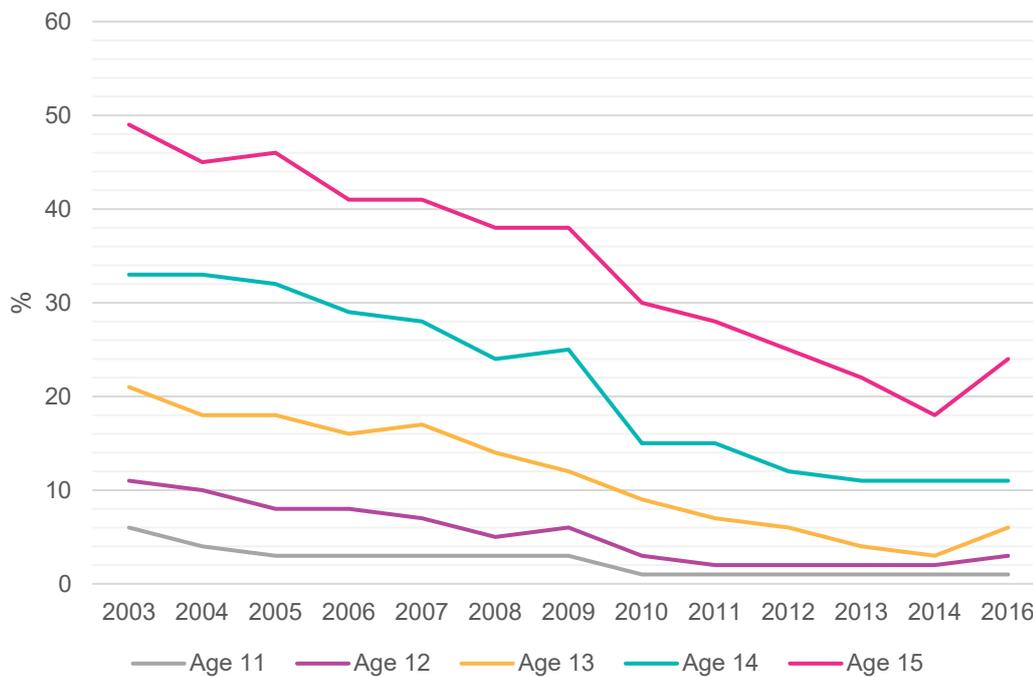
Source: HSCIC (2018) *Health Survey for England 2017* (cited in source 8)

Data on e-cigarette use among young people is beginning to be collected. It appears that around two percent of 11 to 15 year olds are current users of e-cigarettes<sup>8</sup>. Among 16 to 25 year olds, young men are more likely (around 8 percent) than young women (three to four percent depending on the data source) to be current users<sup>8</sup>. Data shows that usage has increased between 2014 and 2017, but it remains to be seen

whether there will be a stabilising around current levels now that e-cigarettes are regularly available, or whether usage will continue to increase<sup>8</sup>.

Like smoking, young people today are less likely to drink alcohol than previous cohorts. Data from the SDDU indicates the proportion of 11 to 15 year olds who report having drunk alcohol in the previous week has been in decline since the early 2000s (Figure 12). Though the data suggest an increase between 2014 and 2016, this is likely due to a change in the wording of a question to make the data more accurate<sup>8</sup>.

**Figure 12 Proportion of 11 to 15 year olds who reported drinking alcohol in the last week**



Source: HSCIC (2017) *Smoking, Drinking and Drug Use Among Young People in England in 2016* (cited in source 8)

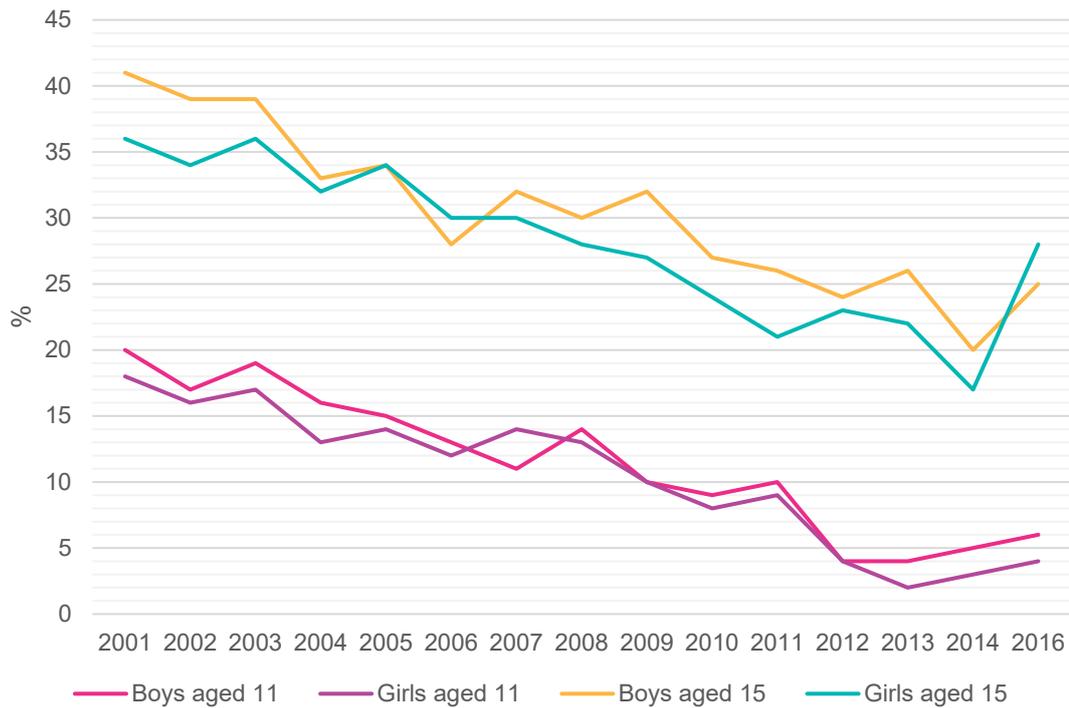
There has been a similar decline in drinking levels among 16 to 25 year olds, though the overall proportions are higher. The latest Health Survey for England reported that most (78 percent) young people aged 16 to 25 had drunk alcohol in the last year<sup>n</sup>.

Rates of illegal drug use also appear to be declining. However, it is important to note different data sources present inconsistent findings and trends. This is in part due to changes in the popularity and availability of different drugs, which mean that survey questions need to change and therefore it is hard to establish overall trends<sup>8</sup>. Self-reports of drug use will also be somewhat unreliable due to the sensitive and illegal nature of activities being asked about. For instance, the Association for Young People’s Health highlight that in 2014-15, estimates of the proportion of 15 year olds that had tried cannabis ranged from 11 percent in an NHS Digital survey to 20 percent in the HSBC England survey of health behaviours<sup>8</sup>.

Data from the SDDU show a downward trend in illegal substance use among 11 and 15 year olds since 2001, but suggest an upturn since the mid-2010s (Figure 13). However, the authors urge caution since this upward trend has not been corroborated in other data sources<sup>8</sup>.

<sup>n</sup> Note the questions re not directly comparable with those asked in surveys of younger age groups.

**Figure 13 Proportion of 11 and 15 year olds who had used illegal drugs<sup>o</sup> in the last year**

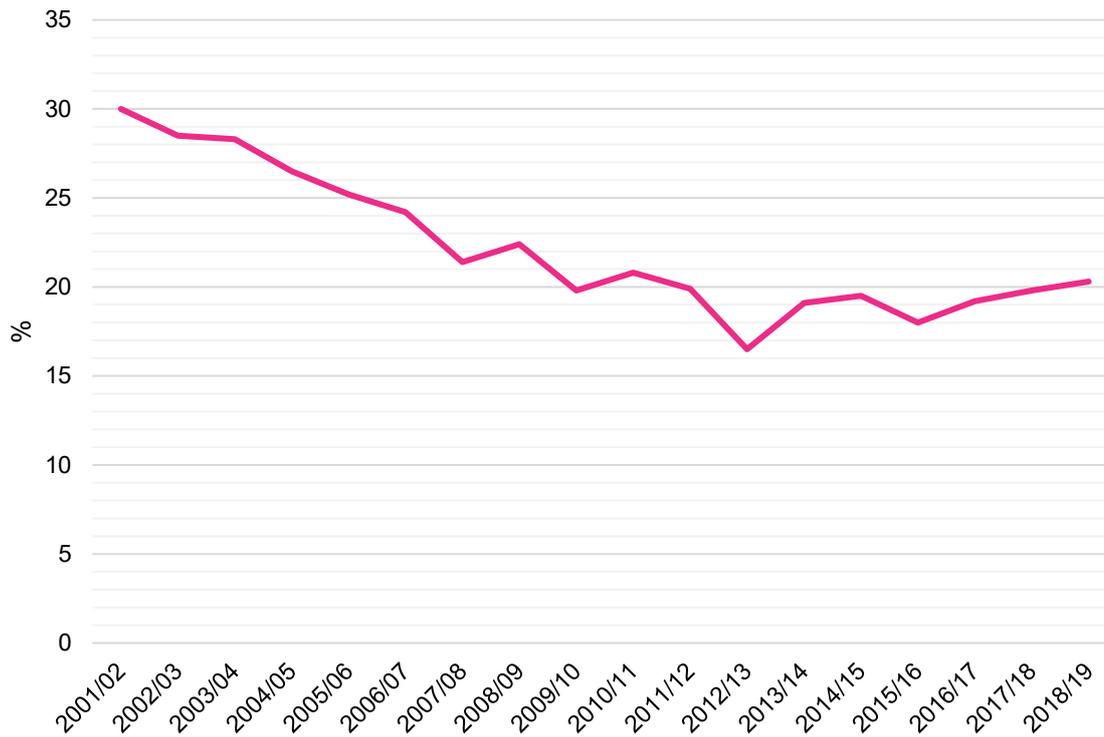


Source: HSCIC (2017) *Smoking, Drinking and Drug Use Among Young People in England in 2016* (cited in source 8)

There was also been a decline in the proportion of 16 to 24 year olds using illegal drugs in the 2000s, though this figure has plateaued in the 2010s and again suggests an upturn in the late 2010s (Figure 14). In 2018/19, one in five (20 percent) young people aged 16 to 24 reported having used an illegal drug in the past year<sup>8</sup>.

<sup>o</sup> Drugs include amphetamines, anabolic steroids, cannabis, cocaine, crack, ecstasy, heroin, ketamine, LSD, magic mushrooms, methadone, poppers (e.g., amyl nitrite), tranquillisers, volatile substances such as gas, glue, aerosols and other solvents, and other non-prescription drugs.

**Figure 14 Proportion of 16 to 24 year olds who had used illegal drugs<sup>P</sup> in the last year**



Source X16

There is little evidence of substantial differences in substance abuse according to family affluence or ethnicity<sup>22</sup>. Instead, the strongest predictors are personal factors and exposure to substance use. For example, a study into the predictors of e-cigarette use and smoking in the UK found that higher rates of impulsivity and having friends and family that smoked predicted the likelihood of young people smoking<sup>22</sup>.

Overall though, there are stark health disparities between the richest and poorest young people in the UK. Young people living in the most deprived areas are more likely to be killed or seriously injured on roads, more likely to be obese, and more likely to have worse physical, mental and sexual health outcomes<sup>8</sup>.

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<sup>P</sup> 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids and any other pills/powders/drugs smoked plus ketamine since 2006/07 interviews, methamphetamine since 2008/09 interviews and mephedrone since 2012/13 interviews. Glues are included until 2009/10, and amyl nitrite is included until 2016/17, when these drug types were last measured by the CSEW.



## Learning and prepared for work



A large majority (83%) of young people say that taking part in work experience was helpful for their next career step.



Young people are worried about their job prospects. Their biggest concern is not having enough money as an adult.



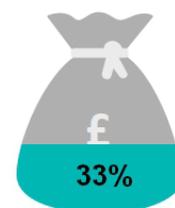
Young people say that the career advice they receive at school is not tailored or personal enough.



Barriers to employment to address include young people's lack of work experience, a skills mismatch, limited job opportunities and mental health issues.

## Employment and careers

Many young people are uncertain about their future in the workplace<sup>1 10 11</sup>. In the Children's Society's national survey of 10 to 17 year olds, having enough money and finding a job were young people's top two worries for the future<sup>1</sup>. One third of participants were quite or very worried about their future income, and a similar proportion (29 percent) were worried about finding employment. The Youth Voice Census found that only half of 14 to 24 year olds felt confident that they will move into meaningful work<sup>11</sup>. Young people from Black and Minority Ethnic (BAME) backgrounds, care-experienced young people and young refugees are most likely to be worried about a lack of employment opportunities<sup>3</sup>.



A third of young people are worried about their **future income**

The barriers to employment that young people most often report include their lack of work experience or appropriate skills, anxiety or other mental health issues and a scarce job market<sup>11</sup>. In focus groups and interviews, young people likewise expressed concern that the number of jobs is declining. They also felt that the standard route of moving from education into a career is no longer a given<sup>10</sup>.

Despite these concerns, among those who are already in work, the majority are happy or very happy in their role<sup>11</sup>. And in practice, few young people struggle to find work. Of the young people aged 14 to 24 who try to find work, less than 19 percent are unsuccessful and fewer (14 percent) are not in education, employment or training (NEET)<sup>11</sup>.

## Soft skills

Young people recognise the importance of soft skills. In the Prince's Trust survey of students aged 11 to 19, 76 percent said it is just as or more important to develop soft skills such as confidence and communication as it is to get good grades<sup>23</sup>. On average, participants placed soft skills as the third most important thing to learn in school – behind maths and literacy and ahead of IT skills and languages. This was largely due to a belief that having soft skills will help them to get a job.

Once in the workforce, young people appear to appreciate the importance of soft skills even more. The same survey found that 85 percent of 16 to 25 year old workers said that developing soft skills is just as or more important than getting good grades<sup>23</sup>.

While most young people recognise the importance of soft skills, many worry that their education is not helping them to develop these skills. Half (52 percent) of the young people who took part in Youth Employment UK's Youth Voice Census felt that their school or college was not adequately supporting them to develop soft skills and 43 percent felt unprepared for the workforce<sup>11</sup>.

Young people already in the workforce are even more critical of the lack of training in soft skills they received at school. Two-thirds of 16 to 25 year old workers feel that they did not receive enough support to develop soft skills and almost three quarters (72 percent) said they did not have the soft skills required to do well when they entered the workforce<sup>23</sup>. As a result, 64 percent of these 'unprepared' workers had struggled to find their first job. In focus groups, young people report that not being made aware of the skills that employers want and are not being taught how to conduct themselves in the workplace can make the transition from education to employment feel overwhelming<sup>24</sup>.

The most important soft skills that young workers feel they lacked when entering employment are confidence, communication and the ability to look after their mental health. They feel most unprepared for giving presentations, discussing conflicting points of view with colleagues and managing a team<sup>23</sup>. In consultation with young people, as well as education and employment stakeholders, Youth Employment UK identifies communication, teamwork, problem solving, self-management and self-belief as the top soft skills young people need to be successful in the workplace<sup>24</sup>.

Evidence from focus groups conducted by the Social Mobility Commission suggests that young people take part in extracurricular activities to build soft skills<sup>25</sup>. Young people aged 11 to 16 from schools across England said they gain social skills and build confidence from participating in activities such as music groups and debate teams, which allow them to interact with other young people and adults from different backgrounds. They appreciate the activities for the value they bring to university and job applications. However, data from Understanding Society shows that young people in low income households have fewer opportunities to take part in these extracurricular activities<sup>25</sup>.



**Two-thirds** of young workers feel that they did not receive enough support to develop their **soft skills** at school

## Work experience

According to the Youth Voice Census, only 52 percent of secondary school pupils were offered work experience in 2019. Of those who it was offered to, 82 percent took it up. A slightly higher proportion (56 percent) of pupils in further education were given the opportunity to take part in work experience, but only 65 percent took it up<sup>11</sup>.

Young people generally view work experience very positively, believing that it helps them to gain useful skills, get experience that can help them to get a job, understand what it feels like to be at work, make decisions or choices about their future and build up networks and contacts<sup>11</sup>. Among those who have taken part in work experience, 71 percent say that it was good or excellent, and an even higher proportion (83 percent) think that it was helpful or very helpful for their next career step. To put this in context, only 53 percent of sixth form students view sixth form as being helpful or very helpful for their next step<sup>11</sup>.

Members of the Youth Employment UK organisation believe work experience can ease the transition from education to work and want more opportunities for work experience<sup>24</sup>. In focus groups for the Children's Commissioner, meanwhile, young people who had no access to work experience were frustrated that most employment opportunities expect candidates to have previous experience<sup>3</sup>. They suggested that work experience should be made compulsory and argued that students should not need to find opportunities on their own.

## Education pathways

The Higher Education Initial Participation Rate (the likelihood that a young person participates in Higher Education by age 30) reached 50 percent for the first time in 2018<sup>X7</sup>.

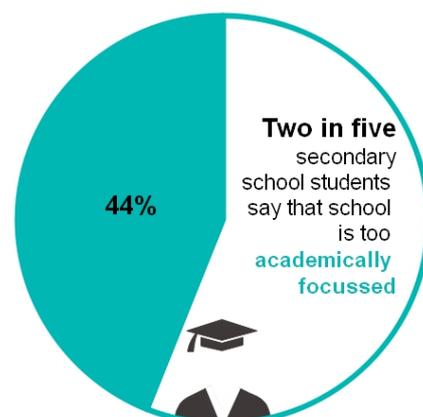
Even though only half of young people go on to higher education, young people report their school mainly focuses on preparing them for A-levels and university, rather than other forms of further education or work experience<sup>3</sup>. In the Youth Voice Census, 51 percent of Year 9 and 10 pupils had going to university discussed with them five or more times. In comparison, just 27 percent had discussed apprenticeships five times or more<sup>11</sup>.

This difference appears to have an effect on young people's plans for the future: among sixth form or college pupils who know what they want to do after graduating, 62 percent plan to go to university while 12 percent plan to get a job and a similar proportion (9 percent) want to do an apprenticeship<sup>11</sup>.

Planned education and career pathways differ by gender. Girls are more likely than boys to intend to go to university<sup>11</sup>, and in 2018 the Higher Education Initial Participation Rate was 57 percent for young women compared to 44 percent for young men<sup>X7</sup>. Somewhat paradoxically, girls are more likely than boys to aspire to professional and managerial occupations, but aspire to less well paid roles. Examples include becoming a school teacher or a nurse<sup>7</sup>.

There are also disparities in access to higher education between young people with and without special education needs (SEN). In 2017, 17 percent of students with SEN had entered higher education by the age of 19, compared to 47 percent of pupils without SEN<sup>26</sup>.

Not all young people are happy with their school's focus on university. In the Youth Voice Census, 44 percent of secondary school students said that school is too academic for them and they feel unable to choose what they want to do<sup>11</sup>. In focus groups and interviews, young people felt that students are expected to follow an identical academic pathway to university<sup>3</sup> and did not like that they needed to decide on an education and career path at 14 to make sure they have the right qualifications<sup>10</sup>.



Another concern expressed by young people is that schools do not offer personalised careers guidance and that teachers do not know their students well enough to offer useful support. This is reflected in who young people receive career support from: 42 percent of young people report receiving career support from teachers and 25 percent from a career advisor, compared to 71 percent who receive support from parents and carers<sup>11</sup>.

As a solution, young people would like two things from their schools. First, more information about the range of education and career options available, such as apprenticeships, work experience and different business sectors<sup>11</sup>. Second, they would like more personalised support to navigate the information and understand what it means for them<sup>3</sup>.



## Active members of society



More than half (57%) of young people participate in social action each year.



Less than one in ten (9%) young people say that they trust politicians.



Young people say that social action looks good on their CV, develops their skills and helps build their confidence.



Young people want the voting age lowered. They also want more opportunities to speak directly to Government.

## Political participation



Less than half of young adults aged 18 to 24 **voted** in the 2019 General Election

Fewer than half (47 percent) of 18 to 24 year olds turned out to vote in the 2019 general election. This was the lowest turnout amongst any age group: in the next age group (25 to 34), 55 percent voted. It was also lower than the 2017 general election, when between 57 and 59 percent of young people voted<sup>X4</sup>.

Young people also vote differently. In contrast to voters over 30, a majority (56 percent) of young people voted Labour in 2019. This was largely driven by the voting behaviour of young women: 65 percent of women aged 18 to 24 voted Labour, compared to 46 percent of young men<sup>X9</sup>.

Before the 2019 General Election, the British Youth Council asked its members to select the issues they most wanted the new Parliament to address<sup>x10</sup>. Youth delegates from across the UK selected four issues they want addressed:

1. Tackling climate change: Parliament should do more to achieve zero emissions and tackle climate change.
2. Lower the voting age: Parliament should reduce the voting age for parliamentary and other public elections to 16 years.
3. Improve mental health: Parliament should recognise that young peoples' minds matter and improve access to and quality of mental health services.
4. End poverty in communities: Parliament should ensure no child or young person lives in poverty in the UK.

In focus groups for the Children's Commissioner, young people said they want more of a say in the issues that affect them, such as school curricula and environmental issues<sup>3</sup>. They suggested a number of ways to achieve this, including:

- more opinion polling of young people
- lowering the voting age
- creating more opportunities for young people to speak before Parliament
- more Government consultation work in schools

## Social action

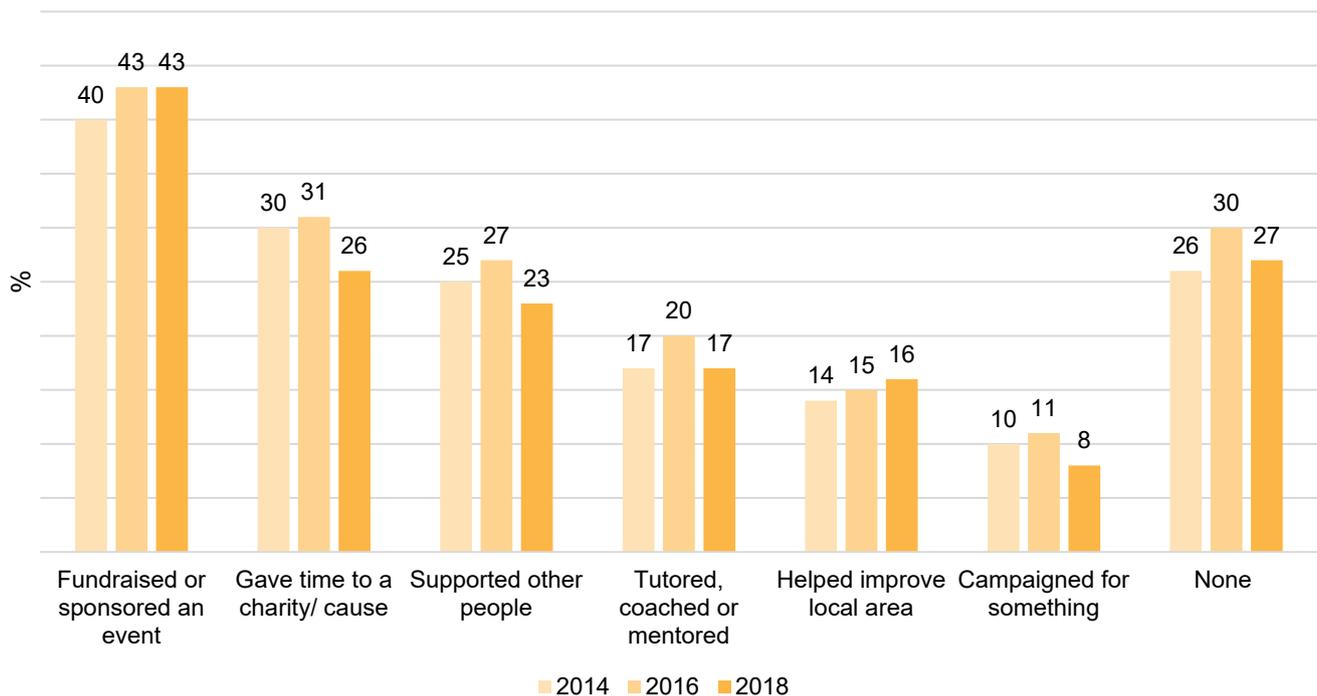
Over half (57 percent) of young people aged 10 to 20 participated in social action activities at least once in 2018<sup>12</sup>. Findings from the National Youth Social Action survey show that overall social action rates have changed little in recent years – social action participation was also 57 percent in 2014 and was 58 percent in 2016.

**57%** of young people take part in **social action** like volunteering, supporting a charity or campaigning each year



Comparing types of social action over past years (Figure 15), there has been a small decline in the proportion of young people giving time to a charity or cause (from 31 percent in 2016 to 26 percent in 2018) and supporting other people (from 27 percent in 2016 to 23 percent in 2018).

**Figure 15 Proportion of 10-20 year olds participating in social action**



Source 12

Young people’s social action often takes place within school, college or sixth form (60 percent of the time)<sup>11</sup>. Young people from affluent backgrounds, those aged over 16 and girls are more likely to participate in social action<sup>12</sup>.

Young people view their social action very positively: 73 percent of young people who engage in social action believe they benefit from it, and 75 percent believe others benefit from it<sup>12</sup>. The biggest benefits of social action that young people see for themselves are that it looks good on a CV (82 percent), it helps build skills (69 percent) and it helps build self-confidence (68 percent)<sup>11</sup>.

Young people who did not participate in any social action activities cited not knowing how to get involved, not being asked, not being interested and not having friends involved as reasons. They said that they would be motivated to take part in social action if they could do it with their friends (mentioned by 23 percent), if they could do it at school (12 percent), or if it related to their interests (nine percent). One quarter said nothing would encourage them to take part in social action, with 27 percent of boys saying this compared to 19 percent of girls<sup>12</sup>. In focus groups, young people said to increase participation rates, social action opportunities need to be more widely advertised and encouraged, offered as part of sports and made mandatory<sup>11</sup>.



## Conclusions and next steps

For the most part, young people in the UK are happy with their lives and report relatively good levels of wellbeing. However, young people's overall life satisfaction – and happiness with friendships and with school in particular – has decreased in the last decade<sup>1</sup>.

Some of the factors that affect young people's wellbeing are not new. Young people living in poverty, for example, continue to report lower wellbeing than children in more affluent households. Other factors are more recent developments. In particular, there has been concern in recent years about the impact of social media on young people's wellbeing. There is some evidence of a link between heavy social media use and poor wellbeing, but it is not clear whether heavy use causes low wellbeing or vice versa<sup>1</sup>. Young people themselves report mixed impacts of social media on their wellbeing. While social media can be a forum for bullying, it can also offer an important arena for self-exploration and self-expression and for accessing support<sup>15</sup>.

Similarly, examination of the factors that shape young people's safety reveals a mixed picture. Overall, criminality among young people has dropped in the last decade<sup>X2</sup>. However, youth knife crime has been rising since the mid-2010s. Though violent offences are still rare, knife crime is a key concern, both for the young people involved in committing these crimes – whose lives will be shaped by their criminal records – and for their victims. The crime statistics for 2019 show a one percent decrease in the number of young people charged with knife or offensive weapon offences since 2018<sup>X2</sup>. Maintaining this downward trajectory is maintained will be an important policy objective.

Mirroring attitudes in the wider population, there is evidence that discrimination against and bullying of LGBTQ+ young people on the basis of their sexuality and/or gender identity has decreased the last decade. However, 45 percent of all LGBTQ<sup>q</sup> young people report being bullied for being LGBTQ, and this rises to 64

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<sup>q</sup> We have sought to echo the terminology used in original sources. In some instances this has led to inconsistent use of terminology or acronyms – some studies refer to (and/or limit to their sample to young people who define themselves as) LGBTQ, while others refer to LGBTQ+. This study used “LGBT”.

percent among transgender students<sup>5</sup>. A significant minority of young people also continue to experience bullying on the basis of their race, religion or disability<sup>6</sup>. Teaching about equality and diversity at school seems to be an important way to reduce young people's experience of intolerance and discrimination.

An area of young people's lives that many worry has worsened in recent years is their mental health. While some of the influences on young people's mental health may be new, however, the official statistics show that any increase in mental health disorders among young people over recent decades has been small. In 2017, 13.6 percent of 11 to 15 year olds had a diagnosable mental health disorder, compared to 11.4 percent in 1999<sup>3</sup>. Nevertheless, referrals to mental health services are increasing year on year, likely to be in part due to reduced stigma around and increased recognition of mental health problems. Increasing access to specialist services and improving the support available at home and at school are key priorities raised by young people.

Turning to physical health and health behaviours, there is again a mixed story. Obesity and physical activity levels both appear to have stabilised over the past decade, but at a level that continue to pose a risk to public health<sup>8</sup>. Moreover, stark health disparities remain between the richest and poorest young people in the UK. Young people living in the most deprived areas are more likely than their more advantaged peers to have worse physical, mental and sexual health outcomes<sup>8</sup>. Addressing both material poverty and relative disadvantage will be important in closing these gaps.

Mental health is one of the four key issues that delegates of the British Youth Council want Parliament to prioritise, the others being tackling climate change, lowering the voting age, and ending poverty<sup>10</sup>. Overall, engagement with civil society varies greatly between different groups of young people. Around half of young people aged 18 to 24 voted in the 2019 general election, the lowest turnout amongst any age group and lower than the turnout in 2017<sup>4</sup>. A slightly higher proportion of young people participate in social action such as fundraising, volunteering or campaigning, but this has not increased in recent years – around 57 to 58 percent of young people have reported taking part in social action in the past year since 2014<sup>12</sup>. Harnessing young people's enthusiasm will be a key policy opportunity in coming years. Young people who do take part in social action believe it has many benefits, and many young people who don't would be motivated to do so if there were opportunities that fitted with their lives and their interests. Young people suggest that social action opportunities need to be more widely advertised and encouraged, and could even be made a mandatory part of education<sup>11</sup>.

A final major concern for young people is their future in the workplace. In particular, young people are worried that they are not given enough support to develop the soft skills such as communication, confidence and teamwork that they will need to succeed in the modern world of work<sup>11</sup>. Young people would like to have access to more tailored careers advice, for schooling to be less focused on exams and academic preparation for university, and to have more opportunities to gain practical work experience<sup>11</sup>.

This report has summarised evidence from the research literature on the current and emerging challenges and opportunities facing young people in the UK. While some of the evidence puts forward young people's priorities for the future, there is a need to engage further with young people to hear what they have to say. The next step of this Youth Evidence Review will involve focus groups with young people to gather their perspectives on some of the issues raised in the report, and to find out what they believe should be the key priorities for Government youth policy in coming years. A final summary report will bring together key findings from all elements of the Review and highlight implications for policy.

# Appendix A: Sources of evidence

Sources of evidence			
#	Citation	Study methodology and quality appraisal (QA) score	Sample and population
1.	The Children's Society (2019) <a href="#">The Good Childhood Report 2019</a> London: The Children's Society.	<p>Quantitative:</p> <ul style="list-style-type: none"> <li>• Children's Society Household Survey</li> <li>• Children's Society Year 10 School Survey</li> <li>• Secondary data analysis of Understanding Society Youth Panel</li> <li>• Secondary data analysis of Millennium Cohort Study [sixth wave]</li> </ul> <p>QA score: 14</p>	<ul style="list-style-type: none"> <li>• UK</li> </ul> <p><i>Household Survey</i></p> <ul style="list-style-type: none"> <li>• Age 10-17</li> <li>• 2,400 young people</li> <li>• Representative</li> </ul> <p><i>Year 10 School Survey:</i></p> <ul style="list-style-type: none"> <li>• Age 15-16</li> <li>• 650 Year 10 pupils</li> <li>• Non-representative</li> </ul> <p><i>Understanding Society</i></p> <ul style="list-style-type: none"> <li>• Age 10-15</li> <li>• 3,200 young people</li> <li>• Representative</li> </ul> <p><i>Millennium Cohort Study</i></p> <ul style="list-style-type: none"> <li>• Age 14</li> <li>• 11,726 young people</li> <li>Representative</li> </ul>
2.	Farthing, R. (2016) 'What's wrong with being poor? The problems of poverty, as young people describe them' <i>Children &amp; Society</i> 30(2): 107-119. <a href="https://doi.org/10.1111/chso.12107">https://doi.org/10.1111/chso.12107</a>	<p>Qualitative:</p> <ul style="list-style-type: none"> <li>• Focus groups</li> </ul> <p>QA score: 9</p>	<ul style="list-style-type: none"> <li>• England</li> <li>• Age 11-21</li> </ul> <p>144 young people living in disadvantaged areas</p>
3.	Children's Commissioner's Office [CCO] (2019) <a href="#">Business plan 2019-2020: Consultation with children</a> London: CCO.	<p>Mixed Methods:</p> <ul style="list-style-type: none"> <li>• Survey (non-representative)</li> <li>• Focus groups</li> </ul> <p>QA score: 14</p>	<ul style="list-style-type: none"> <li>• England</li> </ul> <p><i>Survey</i></p> <ul style="list-style-type: none"> <li>• Age 7-25</li> <li>• 1,000 young people</li> <li>• Non-representative</li> </ul> <p><i>Focus groups:</i></p> <ul style="list-style-type: none"> <li>• Age 7-25</li> <li>• Sample size not stated</li> </ul>

## Sources of evidence

4.	British Youth Council [BYC] Youth Select Committee (2016) <a href="#">Young people and the issues of racism and religious discrimination</a> London: BYC.	Qualitative: • Written and oral evidence to Government Select committee  QA score: 6	n/a
5.	Bradlow, J., Bartram, F., Guasp, A., Jadva, V. (2017) <a href="#">The School Report: The experiences of lesbian, gay, bi and trans pupils in Britain's schools</a> London: Stonewall.	Quantitative: • Survey  QA score: 12	<ul style="list-style-type: none"> <li>• UK</li> <li>• Age 11-19</li> <li>• 3,713 LGBT pupils</li> <li>• Non-representative</li> </ul>
6.	Ditch the Label (2019) <a href="#">The annual bullying survey</a> London: Ditch the Label.	Quantitative: • Survey  QA score: 12	<ul style="list-style-type: none"> <li>• UK</li> <li>• Age 12-20</li> <li>• 7,347 young people in education</li> <li>• Representative</li> </ul>
7.	Centre for Longitudinal Studies (2017) <a href="#">Initial findings from the Millennium Cohort Study Age 14 Survey</a> London: Institute of Education, University College London.	Quantitative: • Survey  QA score: 15	<ul style="list-style-type: none"> <li>• UK</li> <li>• Age 14</li> <li>• 11,726 young people</li> <li>• Representative</li> </ul>
8.	Association for Young People's Health [AYPH] (2019) <a href="#">Key Data on Young People 2019</a> London: AYPH.	Literature review  QA score: 14	n/a
9.	Sport England (2019) <a href="#">Active Lives Children and Young People Academic Year 18-19</a> London: Sport England	Quantitative: • Survey  QA score: 14	<ul style="list-style-type: none"> <li>• England</li> <li>• Age 5-16</li> <li>• 132,835</li> <li>• Representative</li> </ul>
10.	Alexander, P., Lowenthal, J., Butt, G. (2020) 'Fuck it, shit happens (FISH)': A social generations approach to understanding young people's imaginings of life after school in 2016-2017' <i>Journal of Youth Studies</i> 23(1): 109-126. <a href="https://doi.org/10.1080/13676261.2019.1704406">https://doi.org/10.1080/13676261.2019.1704406</a>	Qualitative: • Interviews • Observations  QA score: 10	<ul style="list-style-type: none"> <li>• England</li> <li>• Age 7-19</li> <li>• 7 young people</li> </ul>
11.	Youth Employment UK (2019) <a href="#">Youth voice census report 2019</a> Kettering: Youth Employment UK.	Quantitative: • Survey  QA score: 11	<ul style="list-style-type: none"> <li>• UK</li> <li>• Age 14 - 24</li> <li>• 3,008 young people</li> <li>• Non-representative</li> </ul>

## Sources of evidence

12.	Knibbs, S., Mollitor, C., Stack, B., Stevens, J. (2019) <a href="#">National Youth Social Action Survey 2018</a> London: Ipsos MORI	Quantitative: • Survey  QA score: 14	<ul style="list-style-type: none"> <li>• UK</li> <li>• Age 10-20</li> <li>• 2,034 young people</li> <li>• Representative</li> </ul>
13.	Department for Education [DfE] (2019) <a href="#">State of the Nation 2019: Children and Young People's Wellbeing</a> London: DfE	Quantitative: <ul style="list-style-type: none"> <li>• Secondary data analysis of Understanding Society Youth Panel</li> <li>• Secondary data analysis of the 2nd Longitudinal Study of Young People in England [LSYPE2]</li> </ul> QA score: 15	<i>Understanding Society</i> <ul style="list-style-type: none"> <li>• UK</li> <li>• Age 10-15</li> <li>• 2,300 young people</li> <li>• Representative</li> </ul> <i>LSYPE2</i> <ul style="list-style-type: none"> <li>• England</li> <li>• Age 15-16</li> <li>• 8,361 young people</li> <li>• Representative</li> </ul>
14.	Brooks, F., Klemnera, E., Chester, K., Magnusson, J and Spencer, N. (2018) <a href="#">Health Behaviour in School-Aged Children: Findings from the HSBC study for England</a> . CRIPACC.	Quantitative: • Survey  QA score: 15	<ul style="list-style-type: none"> <li>• England</li> <li>• Age 11-15</li> <li>• 4,733 young people</li> <li>Representative</li> </ul>
15.	The Children's Society and YoungMinds (2018) <a href="#">Safety Net: Cyberbullying's impact on young people's mental health</a> The Children's Society and YoungMinds.	Mixed methods: <ul style="list-style-type: none"> <li>• Survey</li> <li>• Evidence sessions</li> </ul> QA score: 10	<ul style="list-style-type: none"> <li>• UK</li> </ul> <i>Survey</i> <ul style="list-style-type: none"> <li>• Age 11-25</li> <li>• 1,089 young people</li> <li>• Non-representative</li> </ul> <i>Evidence sessions</i> <ul style="list-style-type: none"> <li>• Age 24 and under</li> <li>Sample size not stated</li> </ul>
16.	Baker, C., Briheim-Crookall, L., Magnus, L., Selwyn, J. (2019) <a href="#">Our lives beyond care: Care leavers' views on their well-being in 2018</a> . London: Coram Voice.	Quantitative: <ul style="list-style-type: none"> <li>• Survey</li> <li>• Literature review</li> </ul> QA score: 10	<ul style="list-style-type: none"> <li>• England</li> <li>• Age 16-26</li> <li>• 474 care leavers</li> <li>Non-representative</li> </ul>

## Sources of evidence

17.	Papamichail, M. and Sharma, N. (2019) <a href="#">Left to their own devices: Young people, social media and mental health</a> London: Barnados	Mixed methods: <ul style="list-style-type: none"> <li>• Literature review</li> <li>• Survey (non-representative)</li> <li>• Focus groups</li> <li>• Case studies</li> </ul> QA score: 12	<ul style="list-style-type: none"> <li>• England</li> </ul> <i>Survey</i> <ul style="list-style-type: none"> <li>• 90 practitioners from children's services</li> <li>• Non-representative</li> </ul> <i>Focus groups</i> <ul style="list-style-type: none"> <li>• Not stated</li> </ul> <i>Case studies</i> <ul style="list-style-type: none"> <li>• Not stated</li> </ul>
18.	Brooks, D., Castro, S., Gold, M., Wolton, J. (2019) <a href="#">Serious youth violence</a> . London: Community Fund.	Literature review  QA score: 14	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
19.	Office for National Statistics [ONS] (2018) <a href="#">Children's well-being and social relationships, UK: 2018</a> London: ONS.	Quantitative: <ul style="list-style-type: none"> <li>• Secondary data analysis of Understanding Society Youth Panel</li> <li>• Secondary data analysis of Children's Society Household Survey</li> </ul> QA score: 14	<i>Understanding Society</i> <ul style="list-style-type: none"> <li>• Age 10-17</li> <li>• Sample size not stated</li> <li>• Representative</li> </ul> <i>Children's Society Household Survey</i> <ul style="list-style-type: none"> <li>• Age 10-15</li> <li>• Sample size not stated</li> <li>• Representative</li> </ul>
20.	Grimshaw, R. and Ford, Matt. (2018) <a href="#">Young people, violence and knives- Revisiting the evidence and policy discussions</a> UK Justice Policy Review Focus 3: 1-32 Centre for Crime and Justice Studies.	Literature review  QA score: 13	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
21.	Odell, E. (2019) <a href="#">Special or unique: Young people's attitudes to disability</a> London: Disability Rights UK.	Qualitative: <ul style="list-style-type: none"> <li>• Focus groups</li> </ul> QA score: 14	<ul style="list-style-type: none"> <li>• England</li> <li>• Age 12-24</li> <li>• 42 young people with and without SEND at mainstream and special schools</li> </ul>
22.	Connor <i>et al.</i> (2019) 'Patterns and predictors of e-cigarette, cigarette and dual use uptake in UK adolescents: evidence from a 24-month prospective study' <i>Addiction</i> 114(11): 2048-2055. <a href="https://doi.org/10.1111/add.14723">https://doi.org/10.1111/add.14723</a>	Quantitative: <ul style="list-style-type: none"> <li>• Survey</li> </ul> QA score: 13	<ul style="list-style-type: none"> <li>• UK</li> <li>• Age 13-14</li> <li>• 3,210 young people</li> <li>• Non-representative</li> </ul>

Sources of evidence			
23.	Prince's Trust (2017) <a href="#">Results for life</a> London: The Prince's Trust.	Quantitative: • Survey  QA score: 13	<ul style="list-style-type: none"> <li>• UK</li> <li>• Age 11-19</li> <li>• 2,224 young people</li> <li>• Representative</li> </ul>
24.	Youth Employment UK (2017) <a href="#">The Youth Employment UK employability review</a> Youth Employment UK.	Mixed Methods • Literature review • Focus groups  QA score: 8	<ul style="list-style-type: none"> <li>• UK</li> <li>• Age 16-24</li> <li>• Young professional members of Youth Employment UK</li> <li>• Sample size not stated</li> </ul>
25.	Donnelly, M., Lažetić, P., Sandoval-Hernandez, A., Kumar, K., Whewall, W (2019) <a href="#">An unequal playing field: Extra-curricular activities, soft skills and social mobility</a> London: The Social Mobility Commission.	Mixed methods: • Secondary data analysis of Understanding Society Youth Panel • Focus groups  QA score: 14	<ul style="list-style-type: none"> <li>• England</li> <li><i>Understanding Society</i></li> <li>• Age 10-15</li> <li>• 3,200 young people</li> <li>• Representative</li> <li><i>Focus groups</i></li> <li>• Age 11-16</li> <li>• Sample size not stated</li> </ul>
26.	Department for Education [DfE] (2019) <a href="#">Special educational needs: An analysis and summary of data sources</a> London: DfE	Quantitative: • DfE administrative data  QA score: 15	<ul style="list-style-type: none"> <li>• England</li> <li>• All SEN pupils</li> <li>Representative</li> </ul>

#### Additional sources of evidence consulted:

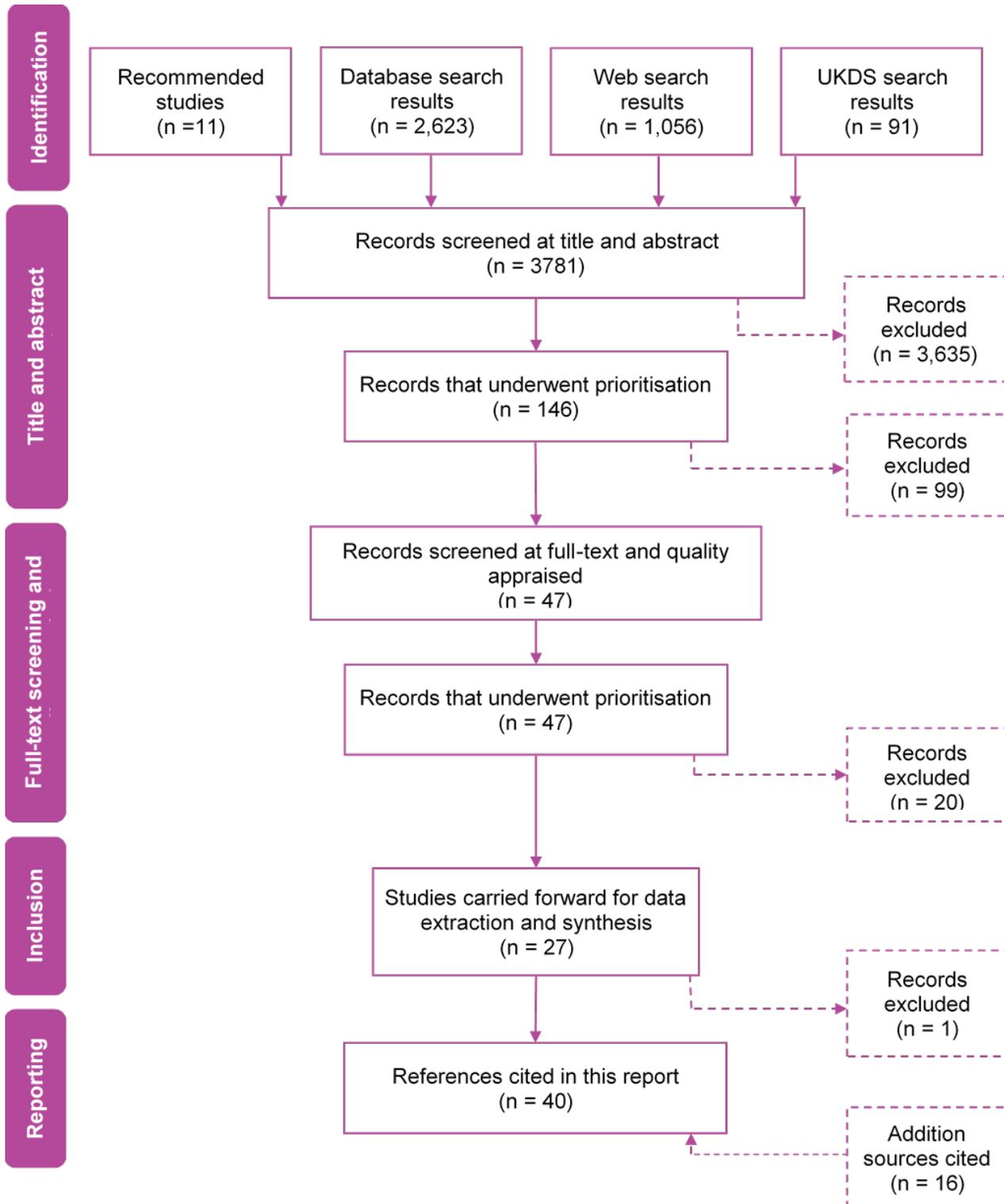
- X1. Office for National Statistics [ONS]  
*For age 10-15* (2018) [Children's Wellbeing Measures: March 2018 release](#) London: ONS.  
*For age 16-24* (2017) [Young People's Wellbeing Measures: April 2017 release](#) London: ONS.
- X2. Youth Justice Board (2019) [Youth justice statistics 2018/2019: England and Wales](#) London: Ministry of Justice.
- X3. NHS Digital (2018) [Mental Health of Children and Young People in England, 2017](#) London: NHS Digital.
- X4. Ipsos MORI (2019) [How the voters voted in the 2019 election](#) London: Ipsos MORI.
- X5. NSPCC (2016) [What children are telling us about bullying: Childline bullying report 2015/16](#) London: NSPCC.
- X6. Public Health England [PHE] (2015) [Making the case for tackling obesity - why invest?](#) London: PHE.

- X7. Department for Education (2019) [Participation rates in higher education: Academic years 2006/2007-2017/2018](#) London: Department for Education.
- X8. Centre for Longitudinal Studies (2017) [The university and occupational aspirations of UK teenagers: How do they vary by gender?](#) London: Institute of Education, University College London.
- X9. McDonnell, A. and Curtis, C. (2019) [How Britain voted in the 2019 general election](#) London: YouGov.
- X10. British Youth Council [BYC] (2019) [Our Parliament. Our Vision](#) London: BYC.
- X11. Pidd, H. and Wolfe-Robinson, M. (2019) [In Greater Manchester, youth crime is up but fewer go to court. Why?](#) The Guardian. 5 November.
- X12. Farrell, G., Laycock, G. and Tilley, N. (2019) 'What caused the decline in child arrests in England and Wales: The Howard League's programme or something else?' *Crime Prevention and Community Safety* 21: 153-158. <https://doi.org/10.1057/s41300-019-00067-5>
- X13. NHS (2019) [Hospital admissions for youths assaulted with sharp objects up almost 60%](#) London: NHS.
- X14. National Crime Agency [NCA] (2019) [County lines drug supply, vulnerability and harm 2018](#) London: NCA.
- X15. Office for National Statistics [ONS] (2019) [The nature of violent crime in England and Wales: year ending March 2018](#) London: ONS.
- X16. Home Office (2019) [Drug misuse: findings from the 2018 to 2019 Crime Survey for England and Wales](#) London: Home Office.

# Appendix B: Methodology

## Methods

Appendix Figure 1 Overview of REA methods and results



# Overview

This review follows the methodology of a Rapid Evidence Assessment (REA). By adapting systematic review methods to search and critically appraise evidence, REAs offer a timely approach to summarising evidence to inform policy and practice. This REA was conducted in five steps:

1. Defining inclusion criteria
2. Identifying studies through recommendations by DCMS and conducting web and database searches
3. Screening studies at title and abstract level to identify the most relevant studies
4. Screening studies at full-text level and conducting quality appraisals to identify the most relevant and highest quality studies
5. Extracting and synthesising data for inclusion in the review.

## Inclusion criteria

To be eligible for inclusion in the review, studies had to the following inclusion criteria:

### Population

Studies had to have sampled young people within the age range of 13-19 (13-24 if the study population was young people with SEND). This is the age range of young people as defined by DCMS. However, all studies define young people differently. Studies were accepted if the sample also included young people outside this range if the participants were not below the age of 10 or above 25 (e.g. age ranges 10-12 or 18-2). Studies about young people aged 10-12 or 20-25 *only* were not included.

### Context

Studies had to be on young people in England or the UK as a whole. Studies on young people in Northern Ireland, Scotland or Wales *only*, were not included.

### Topic area

Studies had to be on at least one of the five topic areas:

1. Experiencing positive wellbeing
2. Safe and treated fairly and equally
3. Mentally and physically healthy
4. Skills and education
5. Active members of their community and society

Table 1 lists the specific topics under each area. Throughout the review process, the topic areas were refined and narrowed based on the available evidence and the focus of the review.

**Table 1 Topic coverage**

Experiencing positive wellbeing	Safe and treated fairly and equally	Mentally and physically healthy	Skills and education	Active members of community and society
<ul style="list-style-type: none"> <li>• Wellbeing indicators</li> <li>• Care leavers</li> <li>• Social Media</li> </ul>	<ul style="list-style-type: none"> <li>• Serious violence</li> <li>• Knife crime</li> <li>• Drug dealing</li> <li>• County lines</li> <li>• Bullying</li> <li>• Intolerance and discrimination</li> <li>• Racism</li> <li>• Homophobia/ biphobia/ transphobia</li> <li>• Sexism</li> <li>• Religious intolerance</li> <li>• Ableism</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Mental illness</li> <li>• Mindfulness</li> <li>• Physical health</li> <li>• Healthy eating</li> <li>• Physical activity</li> <li>• Sports activity</li> </ul>	<ul style="list-style-type: none"> <li>• Employment and careers</li> <li>• Development and possession of soft skills</li> <li>• Work experience and training</li> <li>• Education at all levels</li> <li>• Barriers to employment</li> </ul>	<ul style="list-style-type: none"> <li>• Social participation</li> <li>• Volunteering</li> <li>• Social action</li> <li>• Voting</li> <li>• Campaigning</li> <li>• Activism</li> <li>• Protesting</li> </ul>

### Other study criteria

To be eligible, studies needed to be published between 2015 and 2020 and written in English.

Studies using quantitative, qualitative, mixed methods and evidence reviews were eligible for the review. Peer-reviewed academic literature and non-academic ('grey') literature were both considered for inclusion in the review.

### Identification

Studies were identified through four methods: 1) recommendations by DCMS; 2) a search of the UK Data Service (UKDS) for survey reports; 3) web searches for grey literature; and 4) systematic searches of SOCIndex and Scopus databases for academic literature. Using the inclusion criteria outlined above, the search strings were developed through an iterative process of trailing different terms and combinations. Through this process, we developed two sets of search strings:

1. **A broad search string:** Search of challenges and experiences of young people in England. This search retrieved studies covering multiple themes and outcomes.
2. **Theme specific search strings:** Search of each topic among young people in England. These searches ensured all 5 topic areas were covered.

The final search strings used achieved a balance between (1) retrieving enough results to give confidence that key studies were not missed and (2) being specific enough to limit the number of irrelevant results. Each search string was run twice, once with terms to capture studies on all young people in England and once with terms to capture studies on young people with SEND. The full search strings are outlined in Appendix C.

Sixteen additional sources are included in the report that were not identified through the searching process. These sources are mainly official statistics and provide up-to-date statistics and additional contextual information.

## Title and abstract screening

All studies identified through the search process were screened at the title and abstract level. Studies that met the inclusion criteria were recorded in a screening tool that noted the study methodology and topic coverage. Due to the rapid nature of this review, we prioritised a subset of studies for full-text screening. Within each of the five topic areas, studies covering multiple subtopics and studies with robust methodologies were prioritised.

## Full-text screening and quality appraisal

After prioritisation, 47 studies were screened at full-text level and quality appraised. We appraised the quality of evidence using Gough's *Weight of evidence framework*<sup>18</sup>. Studies were appraised for the quality of execution and the appropriateness of methodology. The quality appraisal framework is presented in Appendix D. Each study was given a total quality score out of 15. This score, combined with detailed information on topic coverage gained through full-text screening, was used to prioritise studies for inclusion in the review. As before, studies were prioritised within each topic area, with high quality scoring studies and studies covering multiple topic areas prioritised for inclusion. Following this process, 27 studies were prioritised for data extraction, synthesis and final inclusion in the review.

## Data extraction and synthesis

From each included study, we extracted key findings on the experiences and views of young people. When findings differed by sociodemographic characteristics (i.e. gender or income) this was recorded. Following data extraction, findings were synthesised by topic area to identify key trends, explanations of these trends, and young people's suggestions for change.

One of the 27 studies included in the data extraction and synthesis stage was excluded from the review when it became apparent that relevant findings referred to age groups outside the scope of this study.

## Overview of included studies and implications for generalisability

### Topic coverage

The included studies either covered specific issues facing young people (e.g. Barnardo's report on cyberbullying) or provided an overview of many issues facing young people (e.g. The Children's Society Good Childhood Report). Table 2 lists the number of included studies on each topic. Some topics (e.g. mental health) are better evidenced than others (e.g. care leavers) in the review. This is for two reasons. First, to ensure all topics were well-covered, it was only possible to include one or two studies on specific topics or narrow populations. Second, well-known and high-attention topics, such as mental health, were more widely covered in reports that explored multiple issues facing young people.

In contrast to a systematic review, this review cannot comment on any evidence gaps in the five topics covered. Due to the need for an efficient review process, it was only possible to synthesise findings from a

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<sup>18</sup> Gough, D. (2007) 'Weight of evidence: A framework for the appraisal of the quality and relevance of evidence' *Research Papers in Education* 22(2): 213-228. <https://doi.org/10.1080/02671520701296189>

proportion of the most relevant and highest quality studies; other relevant studies which add to the evidence base have not been incorporated given the scope of the review. Because prioritisation of studies was done by topic, in topics where many relevant studies were identified, a smaller proportion of studies ended up in the final review. As a result, the included studies are based on a proportion of studies that met our inclusion criteria, and do not comprehensively summarise all relevant evidence.

**Table 2 Number of studies by topic area**

Topic area	Subtopic	Number of studies <sup>19</sup>
<b>Experiencing positive wellbeing</b>	Happiness	5
	Poverty and disadvantage	2
	Care leavers	1
	Social media	6
<b>Safe and treated fairly and equally</b>	Crime and serious violence	6
	Bullying	2
	Intolerance and discrimination	5
<b>Mentally and physically healthy</b>	Mental health	6
	Physical health	6
<b>Skills and education</b>	Employment and careers	4
	Soft skills	4
	Work experience	3
	Education pathways	4
<b>Active members of community and society</b>	Political participation	1
	Social action	2

## Location

Table 3 presents the number of studies that sampled young people in England only or across the UK. A number of high-quality surveys (i.e. the Millennium Cohort Study and Understanding Society) sample young people in all four countries making it necessary to expand the location beyond England. This limits the generalisability of these studies to young people in England as it is possible the real figures among young people in England only are different.

**Table 3 Number of studies by location**

Location	Number of studies
England only	11
UK	15

<sup>19</sup> The sum is greater than the number of included studies (26) because some studies cover multiple topics.

## Methodologies

Studies using data from nationally representative surveys or administrative data can be generalised to the population of young people in England with greater confidence than studies using data from non-representative survey or qualitative methodologies. However, smaller-scale surveys and qualitative methods offer useful explanatory and examinations of the factors and contexts that contribute to the key figures and trends. To provide an accurate and in-depth picture of young peoples' lives in England, our identification process was designed to identify evidence from national surveys that provide generalisable figures, as well as smaller scale quantitative and qualitative studies that explore young peoples' opinions and experiences.

During the prioritisation process, methodology type was considered to ensure that a range of methodological approaches were included in the review. Table 4 presents the number of studies by methodology included in the review. In each section, findings from representative surveys or administrative data are presented first to provide key statistics on young people. Findings from non-representative surveys or qualitative methodologies are presented afterwards to provide greater insight into the figures. Greater caution should be taken when applying findings from the non-representative studies to young people in England.

**Table 4 Number of studies by methodology**

Methodology category	Method	Number of studies <sup>20</sup>
<b>Quantitative</b>	Primary data analysis (of nationally representative survey data)	7
	Primary data analysis (of non-representative survey data)	8
	Secondary data analysis (of nationally representative survey data)	4
	Secondary data analysis (administrative data)	1
<b>Qualitative</b>	Focus groups	6
	Interviews	1
	Observations	1
	Written and oral evidence submissions	2
<b>Review</b>	Literature review	5
	Evidence assessment	1

## Quality scores

Studies were given a score out of 15 based on how well the methodology was executed and the appropriateness of the methodology to the study. The sources of evidence table in Appendix A present the quality score of each study. At the second prioritisation stage, researchers balanced selecting the highest scoring studies with topic coverage. Studies with a low-quality appraisal score were included when the study provided detailed evidence on a under covered topic. Half of the included studies scored 14 or 15 and only three studies scored below ten.

<sup>20</sup> The sum is greater than the number of included studies (26) because some studies use multiple methods.

# Appendix C: Search strings

## Broad search strings

### All young people

<b>Database</b>	Scopus
<b>Search terms</b>	TITLE-ABS-KEY ( "young people" OR youth* OR adolescent* OR teen* OR "young adult" OR "young adults" OR "young person" OR adolescence OR minor* ) AND TITLE-ABS-KEY (England OR London OR "South East" OR "South West" OR "West Midlands" OR "North West" OR "North East" OR "South of England" ) AND TITLE-ABS-KEY ( issue* OR challenge* OR opportunit* OR problem* OR difficult* OR chance* OR experience* OR aspiration* OR goal* OR understand* OR evidence )
<b>Restrictions</b>	Date- 2015-2020 Country- United Kingdom Subject area- Only sociology, psychology, arts, nursing, environment, neuroscience, health Language- English

### Young people with SEND

<b>Database</b>	Scopus
<b>Search terms</b>	TITLE-ABS-KEY ( "young people" OR youth* OR adolescent* OR teen* OR "young adult" OR "young adults" OR "young person" OR adolescence OR minor* ) AND TITLE-ABS-KEY (England OR London OR "South East" OR "South West" OR "West Midlands" OR "North West" OR "North East" OR "South of England" ) AND TITLE-ABS-KEY ( issue* OR challenge* OR opportunit* OR problem* OR difficult* OR chance* OR experience* OR aspiration* OR goal* OR understand* OR evidence ) AND TI ( ( "special educational needs and disabilities" OR send OR sen OR "Education Health and Care plan" OR "special needs" ) )
<b>Restrictions</b>	Date- 2015-2020 Country- United Kingdom Subject area- Only sociology, psychology, arts, nursing, environment, neuroscience, health Language- English

## Theme specific search strings

### Skilled and equipped to earn and learn (All young people)

<b>Database</b>	SOCIndex
<b>Search terms</b>	TI ( ("young people" OR youth* OR adolescent* OR teen* OR "young adult" OR "young adults" OR "young person" OR adolescence OR minor* ) AND ( (England OR London OR "South East" OR "South West" OR "West Midlands" OR "North West" OR "North East" OR "Yorkshire and the Humber" OR "East Midlands" OR "East of England" OR "North of England" OR "South of England" ) ) AND TI ( ("soft skills" OR apprentice* OR OR training OR internship OR career* OR employ* OR job* OR work OR trainee* OR upskill* OR skill* OR "employment barrier" OR "low skilled" OR "high skilled" OR "low pay" OR educat* OR school* OR "higher education" OR "further education" OR university OR college OR school" OR tuition OR "student loan" OR NVQ OR qualification OR certificate OR award OR diploma OR aspiration* OR goal* ) )
<b>Restrictions</b>	Date- 2015-2020 Country- England

Language-English
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### Skilled and equipped to earn and learn (Young people with SEND)

<b>Database</b>	SOCIndex
<b>Search terms</b>	TI ( ("young people" OR youth* OR adolescent* OR teen* OR "young adult" OR "young adults" OR "young person" OR adolescence OR minor*) ) AND ( (England OR London OR "South East" OR "South West" or "West Midlands" OR "North West" OR "North East" OR "Yorkshire and the Humber" OR "East Midlands" OR "East of England" OR "North of England" OR "South of England") ) AND TI ( ("soft skills" OR apprentice* OR OR training OR internship OR career* OR employ* OR job* OR work OR trainee* OR upskill* OR skill* OR "employment barrier" OR "low skilled" OR "high skilled" OR "low pay" OR educat* OR school* OR "higher education" OR "further education" OR university OR college OR school" OR tuition OR "student loan" OR NVQ OR qualification OR certificate OR award OR diploma OR aspiration* OR goal* ) ) AND TI ( ( "special educational needs and disabilities" OR send OR sen OR "Education Health and Care plan" OR "special needs") )
<b>Restrictions</b>	Date- 2015-2020 Country- England Language- English

### Safe and confident in their futures (All young people)

<b>Database</b>	SOCIndex
<b>Search terms</b>	( ("young people" OR youth* OR adolescent* OR teen* OR "young adult" OR "young adults" OR "young person" OR adolescence OR minor*) ) AND ( (England OR London OR "South East" OR "South West" or "West Midlands" OR "North West" OR "North East" OR "Yorkshire and the Humber" OR "East Midlands" OR "East of England" OR "North of England" OR "South of England") ) AND ( (safe* OR crime* OR victim* OR "knife crime" OR "serious violence" OR "serious crime" OR drug* OR OR "county lines" OR "deal lines" OR gang* OR "gang crime" OR homeless* OR "school exclusion" OR "school suspension" OR bully* OR abuse OR "care leaver" OR "care leavers" OR "looked-after-children" OR "looked after children" OR "leaving care" OR "young carer" OR "care experience" ) )
<b>Restrictions</b>	Date- 2015-2020 Country- England Language- English

### Safe and confident in their futures (Young people with SEND)

<b>Database</b>	SOCIndex
<b>Search terms</b>	( ("young people" OR youth* OR adolescent* OR teen* OR "young adult" OR "young adults" OR "young person" OR adolescence OR minor*) ) AND ( (England OR London OR "South East" OR "South West" or "West Midlands" OR "North West" OR "North East" OR "Yorkshire and the Humber" OR "East Midlands" OR "East of England" OR "North of England" OR "South of England") ) AND ( (safe* OR crime* OR victim* OR "knife crime" OR "serious violence" OR "serious crime" OR drug* OR OR "county lines" OR "deal lines" OR gang* OR "gang crime" OR homeless* OR "school exclusion" OR "school suspension" OR bully* OR abuse OR "care leaver" OR "care leavers" OR "looked-after-children" OR "looked after children" OR "leaving care" OR "young carer" OR "care experience" ) ) AND ( "special educational needs and disabilities" OR send OR sen OR "Education Health and Care plan" OR "special needs")
<b>Restrictions</b>	Date- 2015-2020 Country- England Language- English

**Experiencing positive health and wellbeing (All young people)**

<b>Database</b>	SOCIndex
<b>Search terms</b>	TI ( ("young people" OR youth* OR adolescent* OR teen* OR "young adult" OR "young adults" OR "young person" OR adolescence OR minor*) ) AND ( (England OR London OR "South East" OR "South West" or "West Midlands" OR "North West" OR "North East" OR "Yorkshire and the Humber" OR "East Midlands" OR "East of England" OR "North of England" OR "South of England") ) AND ("mental illness" OR "mental wellbeing" OR "mental health" OR wellbeing OR anxiety OR stress OR depression OR suicide OR self-harm OR "self harm" OR cutting OR OR resilience OR coping OR mindfulness OR lonely OR loneliness OR self-esteem OR meditation OR "physical health" OR "physical illness" OR "physical activity" OR obesity OR overweight OR exercise OR "healthy eating" OR "chronic disease" OR sport OR "long-term illness" OR disability OR "long-term disability" OR wellbeing OR "wellbeing indicator" OR friendship OR "life satisfaction" OR happiness OR belonging OR secure OR satisfied OR "addiction")
<b>Restrictions</b>	Date- 2015-2020 Country- England Language- English

**Experiencing positive health and wellbeing (Young people with SEND)**

<b>Database</b>	SOCIndex
<b>Search terms</b>	TI ( ("young people" OR youth* OR adolescent* OR teen* OR "young adult" OR "young adults" OR "young person" OR adolescence OR minor*) ) AND ( (England OR London OR "South East" OR "South West" or "West Midlands" OR "North West" OR "North East" OR "Yorkshire and the Humber" OR "East Midlands" OR "East of England" OR "North of England" OR "South of England") ) AND ("mental illness" OR "mental wellbeing" OR "mental health" OR wellbeing OR anxiety OR stress OR depression OR suicide OR self-harm OR "self harm" OR cutting OR OR resilience OR coping OR mindfulness OR lonely OR loneliness OR self-esteem OR meditation OR "physical health" OR "physical illness" OR "physical activity" OR obesity OR overweight OR exercise OR "healthy eating" OR "chronic disease" OR sport OR "long-term illness" OR disability OR "long-term disability" OR wellbeing OR "wellbeing indicator" OR friendship OR "life satisfaction" OR happiness OR belonging OR secure OR satisfied OR "addiction") AND ( "special educational needs and disabilities" OR send OR sen OR "Education Health and Care plan" OR "special needs")
<b>Restrictions</b>	Date- 2015-2020 Country- England Language- English

**Active members of community and society (All young people)**

<b>Database</b>	SOCIndex
<b>Search terms</b>	TI ( ("young people" OR youth* OR adolescent* OR teen* OR "young adult" OR "young adults" OR "young person" OR adolescence OR minor*) ) AND ) AND ( (volunteer* OR "social action" OR activism OR "social activism" OR protest* OR "climate strike" OR "school strike" OR "social participation" OR vote OR voting OR "community organisation" OR "community participation") )
<b>Restrictions</b>	Date- 2010-2020 Country- England Language- English

**Active members of community and society (Young people with SEND)**

<b>Database</b>	SOCIndex
<b>Search terms</b>	TI ( ("young people" OR youth* OR adolescent* OR teen* OR "young adult" OR "young adults" OR "young person" OR adolescence OR minor*) ) AND ) AND ( (volunteer* OR "social action" OR activism OR "social activism" OR protest* OR "climate strike" OR "school strike" OR "social participation" OR vote OR voting OR "community organisation" OR "community participation") ) AND ( "special educational needs and disabilities" OR send OR sen OR "Education Health and Care plan" OR "special needs")
<b>Restrictions</b>	Date- 2010-2020 Country- England Language- English

**Treated fairly and equally (All young people)**

<b>Database</b>	SOCIndex
<b>Search terms</b>	TI ( ("young people" OR youth* OR adolescent* OR teen* OR "young adult" OR "young adults" OR "young person" OR adolescence OR minor*) ) AND AND (equal* OR inclusive OR inclusi* OR *toleran* OR racis* OR prejudic* OR homophoi* OR sexis* OR ableis* OR transpho* OR ageis* OR classi* OR islamophobia OR anti-Semitism OR "religious intolerance" OR "LGBT rights" OR "LGBTQ rights" OR "trans rights" )
<b>Restrictions</b>	Date- 2015-2020 Country- England

**Treated fairly and equally (Young people with SEND)**

<b>Database</b>	SOCIndex
<b>Search terms</b>	TI ( ("young people" OR youth* OR adolescent* OR teen* OR "young adult" OR "young adults" OR "young person" OR adolescence OR minor*) ) AND AND (equal* OR inclusive OR inclusi* OR *toleran* OR racis* OR prejudic* OR homophoi* OR sexis* OR ableis* OR transpho* OR ageis* OR classi* OR islamophobia OR anti-Semitism OR "religious intolerance" OR "LGBT rights" OR "LGBTQ rights" OR "trans rights" ) AND ( "special educational needs and disabilities" OR send OR sen OR "Education Health and Care plan" OR "special needs")
<b>Restrictions</b>	Date- 2015-2020 Country- England

# Appendix D: Quality Appraisal framework<sup>21</sup>

Quality of execution	Codes	Reason
Transparency of recruitment and sampling procedure (is it clear how sample was recruited and chosen?)	2	Is clear how participants were recruited and how the sample was chosen
	1	Is somewhat clear
	0	Is no explanation of how participants were recruited and how the sample was chosen
Sample Representativeness (is the sample random or is there evidence of an effort to increase representation?)	2	Random sample or there has been effort to include a sample that is as representative as possible
	1	Has been some effort to include a representative sample
	0	Sample is not random and there has been no effort to make the sample representative
Transparency and accuracy of the methodology (including concepts/variables, analysis framework)	2	Methodology clear and transparent
	1	Methodology somewhat clear and transparent
	0	Methodology not clear and transparent
Transparency and accuracy of findings: <ul style="list-style-type: none"> <li>For quant papers, are the test statistic, sample size, test values and p-values indicated?</li> <li>For qual papers: does the paper go beyond description of opinions to explore the factors that might explain these opinions?</li> </ul>	2	Quant: All statistics, sizes and values indicated
	1	Some statistics, sizes and values indicated
	0	No statistics, sizes and values are indicated
	2	Qual: All factors driving opinions are explained
	1	Some factors driving opinions are explained
	0	No factors driving opinions are explained
	0	No factors driving opinions are explained
Transparency and accuracy of the discussion/conclusion (e.g. conclusion is supported by findings)	2	All conclusions supported by findings
	1	Some conclusions supported by findings
	0	No conclusions supported by findings

<sup>21</sup> Framework is adapted from: Gough, D. (2007) 'Weight of evidence: A framework for the appraisal of the quality and relevance of evidence' *Research Papers in Education* 22(2): 213-228. <https://doi.org/10.1080/02671520701296189>

Appropriateness of methodology	Codes	Reason
The use of a quantitative/qualitative design is justified	2	Design supports all research question/aims
	1	Design somewhat supports research question/aims
	0	Design does not support research question/aims
The sample size is appropriate to the study (for quant, a minimum of 30 people can be used as rule of thumb)	1	Sample size large enough to draw conclusions
	0	Sample size not large enough
No generalisations to other places/times are attempted unless warranted by the sample	2	Unjustified generalisations not made beyond study characteristics
	1	Some unjustified generalisations made beyond study characteristics
	0	Many unjustified generalisations made beyond study characteristics