youthunited

Being Connected

Improving mental health and wellbeing by tackling the experiences of youth loneliness

This report was published by
Youth United Foundation
202 Lambeth Road, London SE1 7JW
www.yuf.org.uk
Registered Charity No. 1147952
Company Number 07983862

This publication was funded by the Department for Digital, Culture, Media and Sport.

Authors: Dr Marc Bush (The Experimentalists), Charlie Smith (The Experimentalists), Tom Burke (Amplify), and Matilda Mudyavanhu (Amplify)

The rights of the authors, Youth United Foundation, and illustrators to be identified as authors of this work have been asserted by them in accordance with the Copyright, Designs and Patents Act 1988.

Being Connected: promoting mental health and wellbeing and tackling the experiences of youth loneliness is licensed from 2019 by Youth United Foundation under a Creative Commons Attribution-ShareAlike 4.0 International License.

All statistics included in this collection were correct at the time of writing in November 2018 – May 2019.

Illustrators: Adapted from https://www.humaaans.com
Designed by bananadesign.co.uk
Printed in Great Britain by Witherbys

Acknowledgements

A wide range of information was collected for the purposes of this report, not all of which is presented here. The authors would like to thank everyone who facilitated its completion by pointing us to relevant reports, answering our queries and providing insight into life within uniformed youth groups.

We would like to thank the Youth United Foundation (YUF) Youth Panel who not only shaped the project but undertook significant primary research with participants and adult volunteers within uniformed youth organisations.

Additionally, we would like to thank the representatives of uniformed youth organisations who met with us throughout the project and influenced the project design, the good practice criteria and recommendations.

We would also like to thank those who peer reviewed drafts of this report. Of course, any errors or omissions are those of the authors. We would welcome any feedback or questions about the findings.

Finally, we thank Judith Rosten of the Youth United Foundation for her feedback, contributions and suggestions throughout the project and production of this report.

Contents

Introduction 6

a. Scope 7
b. Context: Uniformed Youth Organisations and the Youth United Foundation 7
c. Context: Loneliness, Mental Health and Wellbeing 8
d. Methodology 9

Section 1 **The Experience of Youth Loneliness** 12

a. Defining Youth Loneliness 13
b. Loneliness 13
c. Experiencing Youth Loneliness 14
d. Describing Youth Loneliness 16
e. Loneliness and Youth Loneliness in the UK 18
f. Recognition, Shame and Disclosure 19
g. Loneliness and Child Development 20
h. Perceiving the World as a Lonely Place 23
i. Youth Loneliness and Mental Health 23
j. Relationships with Wider Health Outcomes 25

Section 2 **External Factors of Youth Loneliness** 26

a. External Factors of Loneliness 27
b. Social Belonging 27
c. Life Circumstances and Changes 28
d. Peer Relationships 31
e. Familial Factors 33
f. Economic Factors 34
f. Personal Characteristics 34
g. Youth Adaptations 36

Section 3 **Responding to Youth Loneliness and Promoting Positive Mental Health and Wellbeing across the Youth Sector** 38

a. What Works in Responding to Youth Loneliness and Promoting Wellbeing? 39
b. Tackling Youth Loneliness 40
c. Services for Children and Young People 43
d. Uniformed Youth Organisations 44

Section 4 **Good Practice Criteria** 50

Section 5 **Practice of Uniformed Youth Organisations** 52

Conclusions and Recommendations 77

References 80

Youth loneliness

What is Youth Loneliness?

Youth loneliness is 'a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.'

How common is it?

Young people are amongst the most lonely group in our society.

- By the age of 18, almost a third of young people experience feelings of loneliness some of the time.
- 2 in 5 young people between the ages of 16 to 24 feel lonely 'often' or 'very often'.

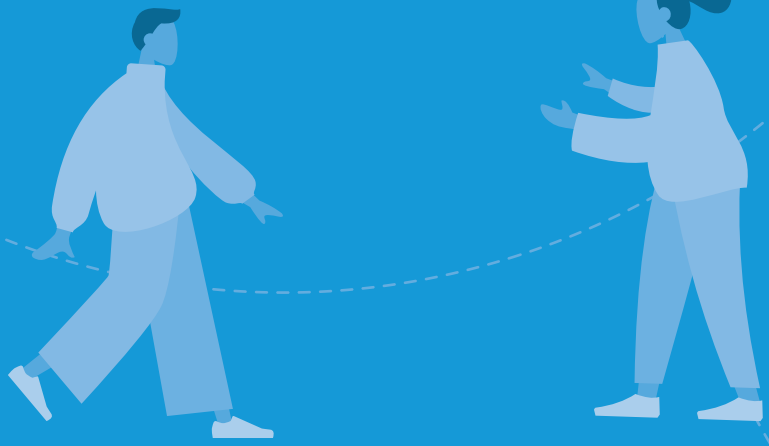
How does it impact the lives of young people?

It can increase the risk of:

- mental health problems and emotional distress.
- poorer physical health and living with physical health conditions
- dying younger than would otherwise be expected

What can Uniformed Youth Organisations do about it?

- Taking a developmental approach
- Promoting peer-acceptance
- Build a sense of belonging
- Providing supportive relationships
- Being mental health and wellbeing informed
- Enabling managed risk-taking with safety and care
- Adopting an adversity-informed response to behaviour that challenges
- Actively avoiding activities, cultures and behaviours that are more likely to perpetuate cycles of loneliness and mental distress
- Tackling the causes of loneliness and social isolation



Introduction

Introduction from YUF Youth Panel Chair

Loneliness is one of the most important and concerning issues facing young people up and down the United Kingdom today. It has an impact on the mental health and wellbeing of the most vulnerable in society and this is why more needs to be done to tackle it.

I am thrilled to be able to introduce this piece of work on behalf of the Youth United Youth Panel. Over the past year, I have seen a group of dedicated and hardworking young people from across the Youth United Foundation Network plan, research, analyse, develop and conclude over 100 interviews and workshops which has supported the publication of this work.

The report demonstrates the power that youth organisations have to tackle loneliness experienced by young people, and that is, in part, down to the millions of young people involved in these groups. It has been a pleasure to work with such talented and dedicated young researchers in this work, delivery of their recommendations will greatly support young people to overcome loneliness

On behalf of the Youth Panel, I am grateful for everyone that took part in this project. From the team that led on the research and supported the youth panel, to the lead volunteers and staff in network members that gave examples and case studies of their work. I am most grateful, however, to both my fellow members of the young panel and every young person that gave up their time to interview or be interviewed. I'm very excited to see what more youth organisations, in collaboration with young people, do to tackle loneliness and promote positive mental health, and I know this report will play a crucial part in that.

Lee Bird
Chair, YUF Youth Panel 2018–19

A. Scope

This report presents a review of literature and research on mental health, wellbeing and loneliness, primarily focussed on young people. It sits alongside a review of current practice in relation to mental health, wellbeing and loneliness within uniformed youth organisations and beyond for both participants and adult volunteers.

Its purpose is to enhance understanding of the relationship between uniformed youth organisations – participants and volunteers – and loneliness and broader issues of mental health, and wellbeing.

B. Context: Uniformed Youth Organisations and the Youth United Foundation

The Youth United Foundation (YUF) was established in 2009 by HRH The Prince of Wales in order to provide every young person, nationwide, with the opportunity to join a uniformed youth organisation, regardless of ethnic or economic background.

It brings together the following leading uniformed youth organisations in the UK:

Collectively the Foundation's Network currently works directly with over 1.5 million young people, with waiting lists exceeding 180,000.

Youth United's vision is that every young person in the UK should have the opportunity to join of one of our member organisations.

The role of the Foundation is to: secure and administer funding in an efficient and effective way to enable the creation of new uniformed youth groups where they are most needed and to deliver strategic support for the Network as a whole, for example through the collation of data and by identifying trends and the commissioning of prescient research.

Membership of the Youth United Network is shared by organisations with a number of common features:

- National governance, a trusted reputation and charitable objectives
- Common, structured activities that are fun, engaging and inclusive
- Progressive programmes through which young people can advance into leadership
- Focus on youth development (ranging from ages 4–25)
- Adult volunteering and social action as key parts of delivery
- A shared, required uniform

There is significant variation among the groups in terms of:

- **Ethos** – whether linked to military service (e.g. Air Cadets, Army Cadets, Sea Cadets), a faith (e.g. Boys'Brigade & Girls' Association, Girls' Brigade England & Wales, Jewish Lads'

and Girls' Brigade) or public service (e.g. Fire Cadets, St John Ambulance, Volunteer Police Cadets).

- **Structure** – many are federated charities under a national umbrella (e.g. Girlguiding, Scouts) whereas some are run locally with some national coordination (e.g. Fire Cadets, Volunteer Police Cadets).
- **Governance** – most are registered charities; some are programmes of public bodies (e.g. Army Cadets, Fire Cadets, RAF Air Cadets, Volunteer Police Cadets).
- **Size** – there is significant variation in organisational turnover; staffing; number of local groups and geographic distribution across the UK.
- **Staffing and volunteer roles** – all work with adult volunteers; in the Army Cadets and RAF Air Cadets these volunteers can claim an honorarium for their participation.
- **History** – from organisations initially established in Victorian times such as the Army Cadets (1859) and Jewish Lads' and Girls' Brigade England & Wales (1895) to those only established as a formal national structure in 2013 (Fire Cadets).

C. Context: Loneliness, Mental Health and Wellbeing

There is a growing interest amongst policy makers[1] and youth organisations in how we can prevent people from becoming lonely, and mitigate all of the negative impacts this can have on young people's development, health and social lives. In response to the increased awareness of loneliness in our society, in January 2018, the government, through the Department of Digital, Culture, Media and Sport (DCMS), pledged £20 million in funding alongside support from the Big Lottery Fund, the Co-op Foundation and People's Postcode Lottery for charities and community organisations to deliver programmes and initiatives that help to connect and bring people together.[2]

The government also created a £5 million Uniformed Youth Fund, to increase places in uniformed youth groups with the aim of reaching vulnerable young people and allowing for expansion in deprived areas.[3] In announcing the funds, the Minister for Civil Society stated that uniformed youth groups play a vital role in childhood, helping to create lasting friendships and to teach life skills such as teamwork and resilience.[4]

In April 2019, the Government announced its intention to develop a new Youth Charter which will set out a vision for young people over the next generation and beyond. The charter will reaffirm Government's commitment to give young people a strong voice on the issues they care about such as addressing mental health challenges.[5]

D. Methodology

A key ethos of this project has been for research to be undertaken in collaboration with participants not done to them. Therefore, this project is the result of close collaboration with YUF, its members and its Youth Panel (representatives aged 14–23 years from all Network organisations). During the project, we met five times with members of the YUF Youth Panel, organised three workshops with members of the Network and had multiple meeting with YUF staff which influenced the project design and focus, led to suggestions for relevant literature, and helped us to develop our criteria of good practice and review the findings of the report.

We undertook a narrative review of recent academic peer-reviewed literature, government-commissioned research and 'grey' literature (materials not produced

by commercial or academic publishers, such as reports and briefings produced by Network members and community organisations). This review seeks to identify the principles, values, systems, structures and/or practices that promote mental health and wellbeing and mitigate loneliness. We used broad definitions of wellbeing, mental health and loneliness and also used search terms related to risk and protective factors in these fields (i.e. adversity, withdrawal, exclusion, sense of belonging, social connection, etc). We also looked at the characteristics of positive and impactful youth activities – especially those relating to uniformed services – and the contributions they make the promoting mental health, building wellbeing and preventing or addressing loneliness. We prioritised research based on the UK, as well as studies which were comparative or which had a clear alignment or application to the UK context and socio-political demography.

As noted in the review itself, there is a limited but slowly growing evidence base on both youth loneliness and the impact of uniformed youth organisations. We have been pragmatic in seeking to broaden our evidence base to include relevant information in associated fields and examples, but it is important to note that we were inherently cautious about the direct comparability of specific delivery models of any individual uniformed youth organisation.

This project has been undertaken **with** uniformed youth organisations participants not done to them

Through workshops with YUF Youth Panel members and experienced staff from YUF Network members we generated a prototype list of 'definitions of good practice criteria' around mental health, wellbeing and loneliness in uniformed youth activity. Information from Network members was gained through completion of a self-reporting tool which asked each member to identify and share data about their policies, practices and activities.

Following review of the tool, semi-structured interviews were undertaken with staff (and, for some organisations, volunteers) at their offices to explore and validate this information and further understand their organisations experiences and perceptions of their own strengths and challenges in responding to issues of loneliness, mental health and wellbeing. These interviews specifically sought to identify potential aspects of practice to highlight. In addition, further desk-based research and a small number of informal insight interviews with the wider youth sector were undertaken.

Whilst we have attempted to ensure a shared understanding of loneliness, mental health and wellbeing, it is inevitable that individual interviewees may have projected their own definitions into our discussions. It should be noted that uniformed youth organisations are complex, with activities often designed, delivered and led at a local level by volunteers supported by a small national staff base. Access to information was influenced by each individual organisations' capacity to participate in the research project and their evidence base.

Thematic analysis of the desk-based research, self-reporting tools and interviews was undertaken. This synthesised key themes of policies, practice and insight from participants. The themes were grouped together and further adaptations were made to the good practice criteria. The results of this analysis are presented in Section 4.

Youth-led Research Project

In parallel and at the core of our project has been a youth-led research project and co-created research report by Young Researchers from the YUF Youth Panel 2018/2019. 12 young people involved in uniformed youth organisations aged from 14–23 worked with staff to design and lead research to identify the impact of uniformed youth attendance on mental health, wellbeing and loneliness.

The group participated in an initial briefing meeting and then a four day training residential introducing the topic and giving key skills in research methods. The group decided to focus on two key areas:

- adult volunteers and their understanding of loneliness, mental health and wellbeing.
- the impact on young people of the organisations being hierarchical or rank-based upon loneliness, mental health and wellbeing.

The group conducted over 40 interviews and focus groups speaking to over 100 young people and adult volunteers. Interviews were conducted across England. Following this data collection period, the group participated in a four-day residential to analyse the data. They undertook thematic analysis of transcripts from the interviews and focus groups. These were peer reviewed by one another before the group agreed its key conclusions and generated ideas for recommendations.

To ensure that the presentation of the findings remained consistent with the findings of the Young Researchers from the YUF Youth Panel, a validation workshop took place with some of the Young Researchers in early May. This would be their opportunity to influence and check in on the final research report. Further information on the methodology of this element of the research is set out in the accompanying peer research report. A summary of the Young Researchers findings is presented in section 4.

Section 1

The Experience of Youth Loneliness

A. Defining Youth Loneliness

The experiences of loneliness amongst children and young people have been neglected and under-researched. This has led to a lot of confusion and misunderstanding over who is at greatest risk of being lonely, who might be worst affected by it, and what the best interventions might be to support lonely young people.[6]

The UK government[7] has adopted a popular definition of loneliness that was first proposed by Perlman and Peplau,[8] and advocated for by the Campaign to End Loneliness and the Jo Cox Commission. This definition primarily focuses on the subjective elements of loneliness.

B. Loneliness

Loneliness 'is a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.'

This definition points us to the importance of understanding the interaction between the objective (external resources) and subjective (emotions and feelings) elements that young people experience in the context of loneliness. We could apply this to the case of in-group loneliness, where it is possible to have lots of contact with friends and family, and for children and young people to still feel lonely.[9] For example, a young person who has experienced a traumatic event may have lots of immediate social connections (*actual friendships*) but still feel that the quality of contact with others (*felt emotions*), or the attunement of their network is so poor (*ideal expectations*) that they experience their situation to be very lonely.

Another way of understanding experiences of loneliness is by considering a difference between social and emotional loneliness.[11] Researchers suggest that *emotional* loneliness results from a deficit of close and meaningful relationships, whereas *social* loneliness emerges from a lack of supportive, attuned social networks,

Emotional loneliness – a lack of close and meaningful relationships

Social loneliness – lack of supportive and contactual social networks

and the level of contact with them.[12] The idea of social loneliness is similar to that of social isolation as mentioned earlier,[13] as it focuses on the connections and relationships between people, in their context, place and time.[14] In contrast, emotional loneliness focuses on how contact with other people affects the young person, and how they emotionally process and make sense of their experiences.[15]

The complexity involved in identifying what is social and emotional loneliness means that we have to approach research findings with caution. For example, it would be difficult for a researcher to be certain of whether a young person is actually socially lonely, or whether they are experiencing a transitional moment in the formation of their identify, making sense of their own life, and the ways in which they want to relate to others in the future.

C. Experiencing Youth Loneliness

Loneliness is a very difficult experience to describe and research, because there are so many different ways people can understand it, and lots of different factors that can contribute to it. It has been described by some as the 'social equivalent of physical pain',[16] and been linked with higher levels of mental health problems, and social isolation by other people.

Loneliness has been described as the 'social equivalent of physical pain

To understand loneliness, we need to think about it from a number of different angles. Firstly, we need to distinguish between the objective and subjective elements.[17] The objective elements are the external resources that are available to the young person in the environment in which they live. This could include social and friendship networks, community groups or meaningful contact and relationships with important people in

Loneliness is made up of:

Contributing factors – the things that make experiencing loneliness more likely

Objective elements – the external resources available to the young person

Subjective elements – the young person's feelings and experiences

their lives (i.e. a close friend, a parent or a youth worker).[18] When a young person lacks these external resources, this objective element of loneliness is sometimes separated out, and described as *social isolation*.

When a young person lacks external resources, they can be socially isolated

The subjective elements refer to the ways in which a young person experiences the external resources (or lack of), and the meanings, feelings and emotions they attach to those experiences.[20] In this sense, we can see that loneliness is more than just experiencing social isolation; it also includes the way a young person 'perceives, experiences, and evaluates his or her isolation and lack of communication with other people'.[21] The 55,000 people who contributed to the recent BBC Loneliness Experiment[22] defined loneliness in terms of both the objective and subjective elements, including: not being able to talk anyone; feeling disconnected from the world; feeling left out; sadness; and, not feeling understood.[23]

Because one person's beliefs, perceptions and feelings about a social situation do not always match another's perception of the same experience, loneliness can even arise in young people who we might otherwise regard as being socially connected and very sociable.[24]

For example, you may have high expectations of your friends and want them to be emotionally supportive, but when you are going through a hard time, they might back away. You might see this as a betrayal of your friendship. You might feel very lonely, isolated or upset. In reality, your friend might want to support you, but not know the best way to do this, becoming a bit scared or getting things wrong and so avoiding seeing you and talking about what you are experiencing. In this example, loneliness emerges from a combination of not being met emotionally by your friend, and also your expectation of what a friend is, and how they should support you when you need it.

Most studies emphasise the importance of making time to listen to a child or young person's own understanding of being alone, and experiences of loneliness.[25] This is particularly important because, sometimes, behaviour that seems lonely or isolationist might actually be what the young person needs at that moment. We tend to think of being alone as something negative; however, for some people, having time alone to think and reflect is something they value. In German, this is sometimes referred to as '*Einsamkeit*', which is a voluntary solitude and withdrawal from social contact, to have a positive connection with one's self, in a healthy manner.[26] This is the kind of positive solitude that is also promoted and encouraged through meditation and mindfulness practices for young people.

With this range of experiences and perceptions, recognition that what is lonely for one person is not for another, and that being alone does not equate to loneliness, means that researching the experience of loneliness is a complex process.

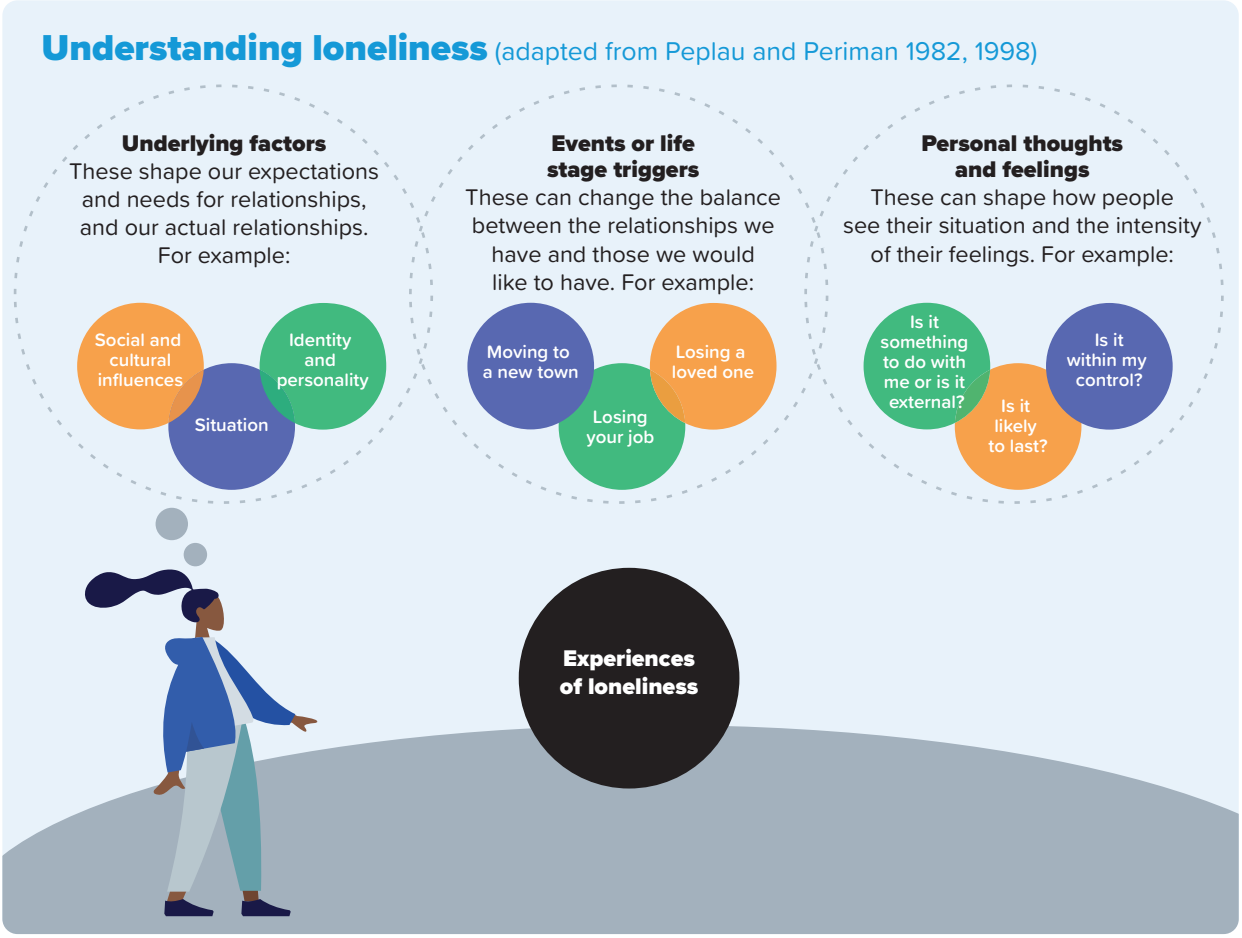
D. Describing Youth Loneliness

As set out above, loneliness is experienced by young people in very different ways, depending on the lives they have lived, experiences they have had and relationships they have formed or lost. The Office for National Statistics has compiled a useful summary of the different ways that children and young people define, and understand, being alone, feeling alone, lonely and isolated. The table below highlights the contrasts between these descriptions and the perceived physicality, emotionality, autonomy, temporality and contexts involved.[27]

Contributing factor to loneliness	**Being Alone**	**Feeling Alone**	**Loneliness**	**Isolation**
Physical or mental state	A physical state	An emotional state	An emotional and physical state	May be both a state of mind and a physical state
Choice	Can be a positive choice (but may not be), 'you can choose to be alone'	Not chosen, 'not being able to change your situation'	Not chosen, 'it happens to you'	May be chosen as a form of protection, 'You don't share the same interests'; may be imposed by others, 'no one wants to talk to you'
Pathways	Being alone more than one would choose may lead to feeling alone/ loneliness, 'Constantly being alone', 'being alone could be more, just like physical separation'	Feeling alone caused by being alone may lead to loneliness, 'Constantly being alone by yourself'	A possible stepping stone to isolation (or mental health condition), 'you feel like you have nobody'	May involve pushing others away' or intentionally withdrawing from others as well as lacking opportunities to connect socially, 'don't have connections'
Time period and reoccurrence	Short term transient, 'alone is like a short period of time'	Short term but can occur frequently, 'lonely is like a long period of time'	Longer term than 'feeling alone'	Long term / entrenched though could be shorter term when associated with punishment)
Associated feelings	Being by yourself, empowerment (if it has been a choice to be alone)	Feeling of having 'no one', feeling of having 'no one to talk to'	Wishing there was someone there for you, no one who can relate to you	Physical or Can't let people in emotionally, not wanted by other people, worthless
Associated circumstances	Physical separation, on your own at home, school holidays (away from friends)	Being on your own, no one to talk to, no one to share experiences with	Lacking confidantes, being ignored	Pushing people away, mental health condition, having no support

Source: ONS (2018)

Our descriptions of loneliness are informed by wider factors, including the society we live in and the life events we have experienced. Public Health England and UCL Institute of Health Equity have illustrated the interrelationship between these wider social factors, and the way they impact on our understanding and experiences of loneliness.[28]



Source: Public Health England and UCL Institute of Health Equity (2015)

Researchers have also found cultural differences within the descriptions of experiences of loneliness. An analysis of cross-cultural predictors of loneliness in adulthood investigated contrasts between European societies.[29] They were looking at the differences between those countries seen to be predominantly individualistic and those which are more collectivist in orientation. Great Britain was identified as the most individualistic, and Portugal the most collectivist in the sample.

The researchers discovered that in individualistic societies (like UK) the lack of contact with friends and not having a confidant was more closely linked to loneliness than in collectivistic societies. In contrast, in the more collectivistic societies, lack of contact with family was more closely linked to loneliness, than in societies that put an emphasis on individual goals, needs and aspirations. Whilst this study may be helpful in understanding the majority orientation in British society, readers should note that within Britain there are many local communities where, culturally, the collectivist findings would have a greater application (i.e. among those who have emigrated from collectivist societies, those living in religious communities, those living in isolated and/or rural communities).

E. Loneliness and Youth Loneliness in the UK

> ‘Young or old, loneliness does not discriminate.’
> **Jo Cox MP**

It is difficult to estimate the prevalence of loneliness, due to significant variation in the definitions, descriptions, metrics and understandings of what constitutes the experiences of loneliness. That said, analysis of the Community Life Survey suggests that the proportion of adults (aged 16 and over) in England who report feeling lonely often or always is around 6%.[30] The proportion of adults who reported feeling lonely in Scotland is 11% and in Wales it is 17%[31] – although these studies use different metrics and sample sizes.

Counter to previously held assumptions and expectations,[32] young people are amongst the most lonely group in our society.[33] A nationally representative survey for the Mental Health Foundation found that compared to adults of other ages, a higher proportion of younger adults (18–34 years) felt lonely often (36%), felt depressed as a consequence (53%), and have been prevented from seeking help as they felt embarrassed by their experience of loneliness (42%).[34] A number of surveys have looked at levels of loneliness in the population, with experience of loneliness identified at 1 in 15,[35] 18%,[36] and 1 in 20.[37] While slightly variable levels of experience have been identified, all suggest a significant experience of loneliness across the population.

The analysis of a cohort study of children and young people in England and Wales found that by the age of 18 years, 23–31% of participants reported experiencing feelings of loneliness some of the time, with 5–7% reporting feeling them often.[38] More recent in-depth analysis based on using in-depth interviews, for the Community Life Survey and Good Childhood Index Survey, found a higher prevalence of loneliness experienced by under 16 years olds, peaking at 10–12 years of age.[39] A Sea Cadets’ survey in 2017 found that members identified being anxious or lonely as the main issue affecting their lives.[40]

Looking at even younger age groups, children as young as 5 years old have been found to be able to express an appreciation for, and sense of, what it is to be lonely.[41] This implies that loneliness could be much more prevalent across all of childhood.

This echoes the BBC’s Loneliness Experiment findings that 40% of young adults aged 16 to 24 felt ‘often’ or ‘very often’ lonely,[42] and 43% of 17–25 year olds using Action for Children services reported that they experienced problems with loneliness.[43] Similar patterns of youth loneliness have been found in international studies across New Zealand[44] and Australia,[45] though with a higher reported prevalence at 80% of those under 18 years of age being lonely at least sometimes.

> **Compared** to all other ages, young people in the UK are the most lonely.

Recognising the impact of childhood loneliness, an international study by UNICEF found that the UK ranked second from the bottom for the reported rates of subjective child wellbeing amongst rich countries.[46] The Office for National Statistics found that children who reported low life satisfaction, low happiness and low levels of self-worth were more likely to report often feeling lonely than other children.[47] Similarly, lonelier young adults have been found to experience and express lower overall life satisfaction, more problematic technology use and the use of negative strategies to cope with stress.[48]

Studies have clearly shown that experiencing loneliness in childhood and adolescence has an enduring impact on young people's social, economic, physical and mental health outcomes in adulthood. A recent analysis of the Environmental Risk Longitudinal Twin Study which followed the experiences and outcomes of a cohort of children born in England and Wales in 1994 and 1995 investigated childhood factors associated with loneliness in young adulthood (at the age of 18 years).[49] The researcher found that loneliness is independently associated with depression and other mental health problems. Similarly, a plethora of studies have demonstrated that experiences of loneliness increase the likelihood of premature morbidity and mortality.[50] Given the multiple lifelong impacts on people's social and health outcomes, the government has stated that loneliness is one of the greatest public health challenges of our time.[51]

F. Recognition, Shame and Disclosure

2 in 3 young people believe that loneliness is a problem, and 4 in 5 think it is not being taken seriously as a social issue.

Whilst over two thirds of young people believe that youth loneliness is a problem for people their age,[52] less than one in five believe that it is taken seriously as a social issue.[53] Underlying this is the stigma of talking about feeling lonely with friends or family. One in ten young people feel confident about talking about loneliness and a majority (81%) of young people refer to fear of people's reactions as a barrier to them talking about loneliness. Furthermore, a Co-op survey found that just 15% of young people thought it would be easy to tell if someone they knew was feeling lonely.[54] According to the research, young women worry more about how others will react if they say they are lonely, and young people from lower-income groups are even less comfortable about asking for help when it comes to their experiences of loneliness.

Just 1 in 10 young people feel confident to talk about loneliness.

Whilst over half of young people identified in one study said they were aware of a peer who was experiencing loneliness, only a quarter had spoken to the peer about them being lonely. This shows that whilst people may be aware of loneliness, the issue is not always voiced or discussed. This could be attributed to the idea that loneliness is associated with mental health difficulties which itself carries a sense of wider stigma in society.[55] It has been noted in studies that young people either do not want to admit they are lonely (because of the shame and stigma) or that they do not identify it in themselves.[56] This can also likely be linked to a cultural expectation and emphasis on being seen to be socially successful and popular.[57] Research points to cultural perceptions that loneliness is, sadly, a stigmatised state, with an accompanying pressure on young people to appear successful.[58] Being lonely and isolated could be perceived as running counter to these notions of success, sociability and popularity. Paradoxically, talking and connecting with others would dissolve the shame and open up opportunities for friendship and meaningful interactions which would help to address the feeling of loneliness.

This stigma of disclosing loneliness has been documented in many studies, demonstrating that young people often associate being lonely as something to be ashamed of, and then the negativity and fear associated with the shame can, in turn, exacerbate loneliness further. The shame of being lonely can be a big barrier to having healthy conversations about youth loneliness and working out how best to support young people.

Shame is a difficult issue for many of us to engage with, because it often involves confronting the memories, beliefs and sensations that make us feel ashamed. Essentially, shame is a visceral experience related to internalised judgements of ourselves from assumptions projected about the perspectives of other people. Not wanting to be seen by others when we are experiencing shame is a clear response from the physiological reactions we have. For example, we drop eye contact, close our eyes tightly, put our hands over our face, hide under a blanket, or quickly cover up parts of our body. A young person's experiences of shame can both induce and interact with loneliness. A Norwegian study of young people who had been exposed to violence found that shame has the potential to erode social connectedness and, as such, increase feelings of loneliness over time, which in turn, increases the experience of mental health problems.[59]

Shame can also arise from the socio-cultural attitudes and norms that different communities have. Within our society and communities, there can be significant variance in the expected roles of children, and the meaning of different forms of behaviour. For example, the growth of independence in adolescence in some cultures is seen as positive maturation and taking on of adult responsibilities. In other communities is can be seen as a negative, self-indulgent, neglect of familial loyalty and responsibilities, which can invoke both individual and familial shame. Likewise, emerging questions over gender and sexuality can be deeply shaming both for the child and for the families where parents, carers or professionals have not explored their own performance of gender roles or sexual orientation, and respond to the child in a shaming way. These experiences within social networks can lead to further social and emotional loneliness.

The cycle of loneliness, once initiated, can strengthen and isolate the individual even further. This has been referred to as the 'the ripple effect' in one Japanese study.[60] This refers to the intersection of social and psychological factors that are compounded and exacerbated through loneliness, and which subsequently cause further emotional distress. Through the withdrawal from social activities, a person may even create a sense of 'social anhedonia' – an inability to feel pleasure from social activities that would usually be perceived as pleasurable – which stops young people from accessing support and activities because they can no longer access the enjoyment of the interaction. This forms a cycle of loneliness.[61] This cycle is exacerbated for those children and young people who are, at the same time, trying to make sense of present or historical experiences of adversity, trauma or relationship difficulties.[62]

G. Loneliness and Child Development

Parkurst and Hopmeyer propose a developmental model of loneliness.[63] They draw particular attention to differences in the kinds and qualities of a) meaningful contact, closeness and association, and b) relationships, social activities, and relational resources valued by children and young people at different stages in their social-emotional development.

For example, whilst spontaneous fantasy role-play might be an easy way for an eleven-year-old to connect to their peers, when they move to a secondary

Cycle of loneliness

school, this could be perceived as immature. As a result, they could feel isolated by friends who are more able to adapt to the emerging adolescent forms of interaction and communication. Likewise, those who have developmental delays (due to, for example, a neurodevelopmental condition or resulting from childhood neglect) might find themselves isolated from their peers as forms of interaction and play change. Finally, the reverse could also be experienced, in a situation where a ten-year-old has an older sibling, and is keen to engage in more structured and adult forms of interaction, whereas their immediate peers continue to play with toys and perceive their friends' precocious interests to be unsettling, alienating or challenging.

From the example above, we can see how loneliness is not static, but rather changes over time and is impacted by the forms, quality and quantity of connections a young person desires, expects and experiences as they develop. A blended overview from Parkurst and Hopmeyer[64] and Qualter and colleagues'[65] developmental model is presented below illustrating once again the concrete and abstract elements of loneliness, and how this relates to the changes in forms and values of social relationships with peers as young people develop. To clarify, the researchers write that their sequential model describes the developmental stages in the 'expanding cognitive bases and causes of loneliness', not just a child's understanding of it.

Echoing this, a study found that Millennials (generally understood to be those aged 24–36 years) were more likely to be lonely and have poorer mental health as a result of experiencing loneliness.[66] Some researchers have hypothesised that this could be because young people and younger adults are still trying to find their way and to connect in the world, transition from childhood to adolescent modes of relating, and build supportive social relationships[67] and therefore encounter more feelings of loneliness.

	New peer relationships	New valued functions and activities provided by peers	New cognitions producing loneliness	New routes to lonely feelings through other emotions
Early Years	Attachment to siblings / peers	Reassurance, affection, attention, and companionship	Alone in a strange place, wanting affection, no attention from others, and missing friend	Fear and distress
Early Childhood	Dyadic friendships	Fun of coordinated play, shared fantasy, deviance and humour, and sense of commonality 'we-ness'	No one to play with and no one to be your friend	Boredom
Childhood	Cliques	Helpers, allies, defenders, gossips, and people to play group games and sports with	Conflict with friend; ostracism, rebuff, left out, let down, slighted, ignored, or disregarded by group; no one to go to for help; and treated meanly or unfairly by friends, victimisation	Social anxiety; humiliation from slights, insults, unfair treatment, ridicule, or abuse and shame over lack of competence in areas valued by peers, distrust
Late childhood	Crowds (and prestige, acceptance, romance, flirtation, and crushes within them)	Confidants, banter, sense of belonging, models, sense of standing, sense of worth, meaning and identity based on association with the group	Breach of confidence, friendship betrayed, no one to confide in, feeling socially distanced, don't belong, lacking group to identify with, despised, nobody in other's eyes, not valued or important, and not likeable or attractive	Shame derived from being viewed as unattractive, unlikeable, unacceptable, unpopular and humiliation of felt damage to social standing or loss of face
Adolescence	Romantic relationships	Fellow-explorers in search for identity based on self-understanding, ideology, values, goals, social roles, and intimacy	Feeling psychological distance, no rapport with others, no one to talk to about metaphysical, ethical and philosophical issues, not understood, feeling like a social misfit, lack or loss of imitate relationship, and feeling that will never find anyone to share intimate relationship with	Emptiness and alienation

Source: adapted from Parkurst and Hopmeyer (1999) and Qualter et al. (2015)

H. Perceiving the World as a Lonely Place

Our perceptions of the world, and our relationships with others, are affected by the way that we regulate our emotions.[68] If we have experienced the world as a threatening or exclusionary place, then we are likely to start to build a picture of the world as being fundamentally isolating or lonely. For example, if significant adults in our lives (such as parents, grandparents or teachers) treat us as if we are bad, wrong or unintelligent, we may start to believe that this is true, and tell ourselves that we are different or less than those around us.

As Hawkley and Cacioppo write, 'humans rely on a safe, secure social surround to survive and thrive. Perceptions of social isolation, or loneliness, increase vigilance for threat and heighten feelings of vulnerability, whilst also raising the desire to reconnect'.[69] This increased vigilance (or hypervigilance) means that some young people will be constantly scanning their environment and their relationships with other people for possible signs of threat, alienation or rejection, and this is especially the case for those who experienced an adversity or trauma in childhood.

Research shows that very lonely children can be hyper-sensitive to perceptions of social threat and exclusion by others.[70] Despite many of these young people wanting a close connection, they may find it extremely difficult even intolerable to be in the company of others. This might be because they perceive a significant level of threat of being excluded, shunned or victimised. Because of an increased vigilance, some young people may over-interpret, misinterpret, or misattribute social connections, forms of contact, social cues and behaviours as representing an active intention to exclude or isolate them.[71] These feelings may be based on a template from social interactions in the past, but may not be accurate in the present situation.

Understandably, perceiving the world to be a lonely place, can lead to further social marginalisation or withdrawal. This only serves to exacerbate the problem of loneliness, and perpetuates the cycle of loneliness, where young people question the trustworthiness of their social contacts.[72] This provides fertile ground for dysfunctional and avoidant social connections, where a child anticipates rejection and hurt in their social interactions and validates this in the moment through their misinterpretation of interpersonal dynamics.[73]

I. Youth Loneliness and Mental Health

To a certain extent, the research in relation to mental health and loneliness is still in its infancy. The lack of robust evidence on loneliness and the efficacy of interventions has recently led UK Research and Innovation to establish a research network focusing on loneliness and social isolation in mental health, led by Professor Sonia Johnson at University College London.[74] That said, much of the available and relevant literature indicates a very strong correlation between poor mental health outcomes and loneliness.

Loneliness is a normative part of human development, there is a bidirectional relationship between experiences of loneliness and mental ill health.

However, before we explore the relationships between loneliness and mental health in more depth, it is important to emphasise the need to avoid pathologising loneliness in childhood and adolescence.[75] Loneliness is a normative part of human development, and may represent a protective adaptation of the young person to hold distance

from those they see as threatening.[76] In spite of this, however, as we will see in this next section, there is a bidirectional relationship between negative experiences of loneliness and mental ill health that increase the complexity of responding to young people's need for meaningful connection and valued relationships.

1 in 8 children and young people have a diagnosable mental health condition.

In 2018, NHS Digital published a new analysis of the prevalence of mental health problems amongst children and young people in England.[77] This found that 1 in 8 5–9 year olds have a diagnosable mental health condition (up from 1 in 10 in 2004), and one in twenty have two or more diagnosable conditions. Broken down by age, this new data revealed that 1 in 20 2–4 year olds has at least one diagnosable mental health condition (mainly behavioural disorders), and 1 in 6 17–19 year olds has at least one diagnosable condition. The greatest change has been the increased prevalence in those children and young people experiencing emotional disorders (including anxiety and depression), which has increased by 48% since 2004. This is an important context, given that half of all mental health problems manifest by the age of 14 years, and 75% by the age of 24 years.[78]

3 in 4 children and young people with a diagnosable mental health condition do not get access to specialist mental health support.

Of the children with a diagnosable mental health condition, 3 in 4 do not get access to specialist mental health support, with the majority citing teachers (48.5%), family and friends (44.6%) and primary care professionals like GPs (33.4%) as the main source of support.[79] The role played by youth organisations may be particularly important given this context.

Loneliness can be a cause, symptom and contributing factor to mental health problems and vice versa. This can create a negative spiral of escalating mental ill health, and heightened experience of loneliness.

The relationship between loneliness and mental ill health is bidirectional. This means that loneliness can be symptomatic of poor mental health, but that it can also be a cause of and contributing factor to mental health problems, and vice versa.[80] For example, loneliness has been found to have a detrimental bidirectional relationship with conditions such as Attention Deficit Hyperactivity Disorder (ADHD), and conduct disorders.[81] Mental and emotional health is cited as by far the most common reason for children and young people to contact Childline, with loneliness being cited as one of the aspects of this,[82]; it often sitting alongside emotional distress.[83]

Studies show that, to a significant degree, the lonelier you are, the higher your chances of having poorer mental health, experiencing anxiety, depression, having suicide ideation and making suicide attempts.[84] There is further evidence to suggest

that loneliness during childhood is an interpersonal stressor, and that this can predispose children to depressive symptoms in adolescence.[85] One study found that those children with greater indicators of depression or anxiety, or experience of bullying or social isolation in childhood, were lonelier by the age of 18.[86] Furthermore, analysis of the European Social Survey found that depression was associated with loneliness for all age groups.[87]

Another study found that there was a direct correlation between children who were bullied, socially isolated and lonely with mental health problems and loneliness as young adults.[88] Connected to worsening mental health is the association between loneliness and the use of physical health risk behaviours and negative coping strategies to deal with stress.[89] This might include young people acting in ways that are seen to be alienating, antisocial or aggressive towards others.

Experiencing loneliness during childhood can increase the risk of mental health problems and emotional distress in adolescence and young adulthood.

Other studies, focusing more on social isolation rather than loneliness, have also found that isolation in childhood is associated with isolation in adolescence and adulthood.[90] Those with experiences of social isolation in childhood were found to be likely to attain lower educational outcomes and lower socio-economic status (this was based on occupation) in later adult life. They were also likely to experience higher levels of mental and emotional distress.[91] This evidence shows the importance of early interventions in childhood to address loneliness, in order to minimise and avoid difficulties arising later in the young person's life.[92]

J. Relationships with Wider Health Outcomes

Beyond mental health, many studies have indicated an additional bidirectional relationship between loneliness and poorer physical health outcomes,[93] including premature morbidity (living longer with a health condition) and mortality (dying younger than would otherwise be expected).[94] It is believed that loneliness and isolation could have the equivalent impact on health as smoking 15 cigarettes a day.[95] Furthermore, it has been associated with risk of suicide.[96]

Additionally, those who experience poor health or who have 'limiting' conditions report feeling lonely more often.[97] More specifically, loneliness has been associated with a range of poorer physical health outcomes in older people, including:[98] cardiovascular disease and stroke; increases in blood pressure;[100] changes in gene expression;[101] elevated cortisol;[102] general physical decline;[103] and cognitive impairments.[104] The research indicates that the physical health consequences of loneliness arise later in life, and so loneliness itself needs to be addressed with early intervention amongst children and young people.

Section 2

External Factors of Youth Loneliness

In the first section of this report, we reviewed the different ways that we can understand young people's experiences of loneliness. Within this, we explored the evidence surrounding the impact of loneliness on their lives, mental health and wellbeing. This section looks at the wider social external factors that can cause, exacerbate or heighten feelings of loneliness and mental health problems associated with it.

A. External Factors of Loneliness

There are external factors that can cause, augment and exacerbate our experience of loneliness.

In their review of the literature, Michal Einav and colleagues conclude that 'loneliness of children and adolescents is a complex, multi-dimensional phenomenon varying in intensity, causes and circumstances'.[105] Within this complexity, there are external factors that can cause, augment and exacerbate our subjective experiences of loneliness. For example, UK Youth identified four key risk factors for youth loneliness based on the insights of youth workers.[106] These include:

- Going through difficult situations
- Having weak social networks
- Having high expectations of social networks
- Not having the skills to cope with difficulty

Most of these risk factors are what we might call external factors of loneliness.

Describing this complexity of the relationship between internal and external factors, Parkurst and Hopmeyer[107] describe loneliness as 'a sad or arching sense of isolation; that is, of being alone, cut off, or distanced from others. This is associated with a felt deprivation of, or longing for, association, contact, or closeness'. They use this description to communicate that loneliness can be a) caused by internal and external factors (and the interplay between them), and b) constituted of both abstract and concrete experiences. They prefer this description as it also allows loneliness to be seen as just one of many emotional responses to social isolation, including guilt, confusion, fear, hopelessness, etc. Finally, they use this description to highlight the motivational component young people experience in their longing for connection; even when this is expressed as social withdrawal.

Given the wider range of external factors involved in loneliness, we cannot review them all in detail in this section. Instead, we explore some of the different groups of children and young people, and/or the life situations that they face, and where possible draw attention to the relationships between these external factors, and experiences of loneliness.

B. Social Belonging

Feeling that we belong and can identify with our friends and family is core to a person's sense of social connection, and to the world around them. Research has shown that those who do not feel that they belong in their neighbourhood[108] and those who never talk to their neighbours[109] feel lonely more often. Similarly, it has been suggested that young renters in work are some of the loneliest people

in society, a phenomenon which is attributable to their lack of a sense of belonging to their surroundings and local communities.[110]

Young people who feel as if they do not belong, and those rejected by their families or communities feel more lonely than others.

Our connections to others and our sense of fellowship or companionship has been shown to be fundamental to our existence as human beings.[111] Therefore, to lack social connectedness and a sense of societal, community, peer or familial belonging can have a detrimental impact on our sense of who we are. It can further affect how we can relate to others, and give rise to feelings that we do not really exist.[112] This is heightened in situations where young people feel as if they have been activity rejected by their community or peer group.[113] Interestingly, the European Social Survey analysis suggests a life course differential within the experience of social connectedness: for young adults it is the *quantity* of social engagement that is protective against loneliness, whereas for adults in mid- and later-life it is the *quality* of those relationships.[114] However this finding has been contested as there is a wealth of studies showing how protective a high-quality relationship with a trusted friend or adult can be for a young person.[115]

C. Life Circumstances and Changes

Life experiences can have a big impact on young people's mental health and feelings of loneliness, and this is especially true for those who have faced adversity and trauma.

Many children and young people grow up in environments, or have experiences, that are emotionally distressing and create the foundations for mental ill health and poor wellbeing in young adulthood. This includes experiences of neglect, abuse and/or violence within the home or local community.[116] Research suggests that almost half of all adults living in England have experienced at least one form of adversity in their childhood or adolescence,[117] which is in line with the reported prevalence in other developed countries.[118]

Building on the work of McLaughlin[119] and recent developments,[120] YoungMinds[121] defines Adverse Childhood Experiences (ACEs) as '*highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. It can be single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity. These experiences directly affect the young person and their environment, and require significant social, emotional, neurobiological, psychological or behavioural adaptation*'.

One study from England shows that 16% of adults report experiencing two or three adversities in childhood, and almost 1 in 10 experience 4 or more[122]. This means that some children and young people experience a cumulative impact[123] from different forms of adversity on their mental health and wellbeing outcomes in adolescence and adulthood.[124] Recent studies across England,[125] Wales[126] and Scotland[127] have suggested that experiences of adversity and trauma are strongly associated with adverse

behavioural, health and social outcomes in childhood, adolescence, adulthood and later life.

Illustrating this further, UK research has suggested that at least 1 in 3 diagnosed mental health conditions in adulthood are known to directly relate to adverse childhood experiences,[128] and that childhood adversity is accompanied by lower levels of mental wellbeing and life satisfaction in adolescence and adulthood,[129] as well as an increased risk of enduring mental health problems (including experiencing psychosis).[130] Subsequently, children who have faced adversity are more likely to use psychiatric medicines that have an additional adverse impact on their physical health in the longer term.[131]

Specific situations, life changes and experiences can increase the possibility of a young person feeling lonely.

Bereaved Children and Young People

Around 3 in 100 young people experience the death of a parent, primary care giver or sibling[132] before the age of 16 years.[133] Research suggests that young people who are bereaved in childhood are 1.5 times more likely than their peers to be diagnosed with a mental health condition,[134] and have 3 times the risk of experiencing depression than their peers (irrespective of the cause of death).[135] Within this group, children who lose their parents or carers when they are very young, or to death from external causes (such as suicide, accident or homicide), are at a higher risk of depression in childhood and adolescence.[136] Understandably, children who have experienced more than one death, or multiple deaths, of a close family member or friend are more likely to experience increased depressive symptoms as a result of the adversity they have faced.[137] Bereaved children and young people report feeling alone in the grief (even if the rest of the family to friendship group are in mourning)[138] and there is a possible negative impact of loneliness and isolation in adolescence and adulthood.[139]

Young Carers

Research suggests that young carers are particularly susceptible to loneliness, with the weight and pressures that accompany their caring responsibilities having a detrimental effect on their health, safety, wellbeing and personal development.[140] A survey by Carers UK found that 8 in 10 carers have felt lonely or isolated as a result of their caring responsibilities.[141] A Carers UK survey found that of participating young carers: 57% have lost touch with family and friends, 36% feel uncomfortable talking to friends about their caring role; and 49% have experienced relationship difficulties with their partner. [142]

The 2011 Census revealed that there are nearly 178,000 carers aged 5–17 in England and Wales.[143] Taking on caring responsibilities can have a substantive impact on the quality and quantity of social connections and opportunities to socialise. A lack of time to see friends and family is often compounded by a lack of money and other resources, which can lead to a deepening of loneliness for young carers;[144] researchers suggest this can result in higher levels of depression, stress, anxiety and low self-esteem.[145] Furthermore, Carers UK research suggests that disclosing loneliness and emotional distress is more uncomfortable for BAME (Black, Asian and Minority Ethnic) individuals, since their cultures can exacerbate problems associated with the expectations of care-giving and/or isolation.[146]

Children in Care, or Leaving, or Who are Adopted

In the UK, there are 55,000 foster families, caring for nearly 80,000 children and young people who are unable to live with their birth families.[147] Many of those young people and children have experienced or have been at risk of childhood adversity, including maltreatment, abuse and neglect. Studies indicate that children in care are more likely to experience mental health problems, and more so for those in residential care as opposed to fostering.[148] It is estimated that 45% of children in care in the UK have a diagnosable mental health condition and that up to 70–80% have recognisable mental health problems.[149] Children in care are more likely to be identified as presenting to, and within, services and families as having behavioural difficulties, and heightened emotional needs.[150] For this reason, NICE guidance suggests that interventions to support children in care should be robust enough to withstand placement change and transitions.[151]

As a result of the adversity and trauma they face, young people in or leaving care, or who are adopted represent a group particularly subject to loneliness and isolation. Research has found that those who are separated from their siblings have a more difficult experience and find it hard to forge connections and feel integrated.[152]

Leaving care can also be an extremely difficult and precarious transition for young people, and one during which they can lack basic contextual support.[153] Care leavers who experience poor outcomes tend to have weak support networks, few friends and have feelings of loneliness and isolation.[154] Care leavers tend to report feelings of loneliness, isolation and lack of support.[155] In one study, three-quarters of care leavers said that they felt loneliness was an issue for them.[156]

Unemployed Young People

The data suggests that those who are very lonely are also more likely to be unemployed.[157] This has a knock-on effect for the rest of the individual's life and self-esteem. Those identifying as lonely reported lower optimism about their ability to succeed in life.[158] This means that effective and skill-enhancing strategies are needed to help those experiencing loneliness to function and thrive in the wider world. Additionally, The Prince's Trust has found that being a young person not in education, employment or training (known as NEET) has a detrimental effect on the prospect of leading a happy and productive life.[159] The lack of self-esteem and life-project goals and social interactions means that those NEET are particularly susceptible to loneliness.[160] The research found that:

- More than 1 in 10 (13%) of young people report feeling too anxious to leave the house, rising to 35% amongst NEETs
- Over 1 in 3 (36%) often feel anxious about everyday situations, rising to 52% amongst NEETs
- And 1 in 5 young people claim they 'fall apart' emotionally on a regular basis, rising to one in three amongst NEETs

Life Transitions and Changes

Life transitions and changes are foundational in some children and young people's experiences of loneliness.[161] They can often be painful experiences.[162] One study looked into the difficulties of transitions at 'Being 13' – at the crossroads between childhood and adolescence, where it can be difficult to relate to both other young people and adults.[163] This high vulnerability of young people during puberty and the transition into adolescence is a time when loneliness can really take hold in a person's life.

Moving schools has also been linked to loneliness,[164] both as a transient[165] and chronic experience, where loneliness can be further exacerbated by service responses to children and young people's behavioural adaptations, for example by excluding the

young person or allowing them to withdraw from education.[166] This takes the young person out of the environment where friends, connections and social interaction are possible. Equally, a young person's move to university can lead to loneliness,[167] reflecting the change of circumstances, new environment, people and routine.[168] University students ranked loneliness as fifth out of ten of the 'grand challenges' they face.[169]

Support during these points of transition, whether individual or multiple, is essential for a young person to experience less loneliness and therefore healthier outcomes.[170] Movement and transience in themselves can be a difficult albeit sometimes necessary part of life, and they can, of course, exacerbate loneliness.[171]

D. Peer Relationships

As we have noted, some research suggests that the quantity of social engagement is protective against loneliness for young adults.[172] However, the wider literature continually emphasises that quality peer relationships are a protective factor against loneliness for children and young people.

In-group Loneliness

As mentioned previously, it is very possible for a young person to feel lonely even when they are surrounded by people they call 'friends'. This is because there is a high level of convenience in the foundation, establishment and maintenance of childhood and adolescent friendships.[173] Friendships' may have formed because of the street or neighbourhood a young person lives in, the children of their parents or siblings, the forms of transport a student takes to school, the schools or classes they were placed in or the kinds of after-school interests or activities they pursue.

Young people can even feel very lonely when they are surrounded by friends – this is called 'in-group loneliness'.

As such, the research shows that young people can still feel very lonely even when they are surrounded by people. This can be described as an 'in-group loneliness', where the young person may have a sense of belonging (i.e. to a sports club, a social friendship group, etc), but within this group, their own life experiences, values, beliefs, thoughts and feelings may not be recognised or resonate with the peer group.[174] As previously noted, this includes internal factors relating to the expectations and dissatisfaction young people have about social relationships.[175]

In-group loneliness is a normal and common experience for children and young people. Developmentally, we may all move from these contingent and convenient friendships within a peer group to those that are reciprocal and chosen to be in line with our developing values, beliefs and identities. The growing need for young people to experience mutual connections that are important and meaningful to them[176] suggests that simply being a part of a group is not sufficient protection against loneliness. We see behaviours relating to in-group loneliness in, for example, young people describing 'ghosting' practices, where they end a friendship suddenly and/or withdraw without notice.

Peer Acceptance

Experiences of in-group loneliness can be heightened by whether or not a young person is accepted by their peer group for who they are and the way their act and/or think. A longitudinal analysis by Japanese researchers found a directional relationship between loneliness and peer-acceptance.[177] Other research has shown that, irrespective of accuracy, perceiving oneself as being popular in the eyes of others is related to low levels of loneliness.[178] The opposite association has also been found, with those who perceive themselves to be lonely tending to have characteristics of shyness and lower self-esteem than their peers.[179] For example, to take the example of body-confidence and self-esteem, a number of studies have found that obesity in childhood and adolescence can lead to greater levels of loneliness and disconnection from peers.[180] This engenders a feeling of non-belonging, through body shape, which can link to physical health, can lead to cruel treatment such as bullying and rejection by peers (notwithstanding the wider concerns about childhood obesity).[181] It has been suggested that this can undermine self-confidence, build shame, and as a result, make it harder for lonely people to sustain efforts towards what are deemed to be life achievement.[182]

Bullying and Victimisation

Bullying and victimisation by peers can be extremely disruptive for a young person's mental health and wellbeing outcomes over the life course.[183] Recent NHS Digital prevalence data shows that 11–19 year olds with a diagnosable mental health condition were more than twice as likely as their peers to have been bullied in the past year, and to have bullied others in the past year (both online and offline).[184] Peer-victimisation and bullying are also a precursor to loneliness and social withdrawal,[185] and a major contributor towards feelings of loneliness later in adolescence, which exacerbate feelings and behaviours that reduce the possibility of healthy social contact with peers. Non-conformity (whether explicit or implicit) is one of the biggest causal and aggravating factors in bullying, whether in terms of appearance, language or behaviour, and this intersects with a range of identity signifiers and subject positions.[186]

Moreover, cyberbullying can have devastating consequences for young people's self-esteem and sense of social connection and belonging. There is a strong correlation between cyber-victimisation and loneliness.[187] Research from a recent Cyberbullying Inquiry by YoungMinds and the Children's Society found that out of over one thousand young people aged 11–25 years old, almost half said that they had experienced nasty, bullying or threatening messages through social media or other media (text and email).[188]

Social Media Interactions with Peers

More broadly social media and its relationships to loneliness are complex.[189] Social media has been framed in some of the literature as the cause and cure of loneliness, to reflect its paradoxical nature.[190] Clearly, social media and web-enabled games can connect and bring together like-minded people, and even create or sustain nourishing and lasting relationships.[191] Nearly half of 11–16 year olds find it easier to be themselves online than face-to-face[192] and 3 in 5 said they would be lonely if they couldn't talk to friends via technology.[193] For example, Childline has found success in the use of a message board on their website, where young people can post, read about others' experiences and feel that they are not alone.[194] Similarly, young disabled people have found that connection through social media can be a great way to make and speak with friends, reducing their loneliness.[195] Further research has found that 62% of respondents felt that social media has a positive impact on the quality of their relationships with friends.[196] In line with this, studies have also shown that social

media can expand social capital (the creation and sustaining of social connections and relationships) for young people, which improves mental health and decreases loneliness.[197]

In contrast, social media and conversations through web-enabled gaming can also reinforce a sense of detachment and loneliness.[198] Social media has been described as playing an amplifier role,[199] meaning that it can disproportionately emphasise feelings of non-resonance with peers and being left out and feeling lonely. A 2019 survey from Girlguiding revealed that 15% of 7 to 10 year olds said they feel that being online and comparing their life to others can contribute to feelings of loneliness, and 1 in 3 11 to 16 year olds felt the same.[200] Perhaps reflecting the distancing role of online interaction and personas, one study found that young people were only uncaring and unconcerned about the expression of loneliness in their peers, when the expression came through the route of social media,[201] especially towards those who were perceived as 'over-sharing' on social media. Ultimately, there is a growing recognition that young people need adequate skills to navigate social media and the online world in order to be socially included and accepted by their peers.[202] Illustrating this, for example, a recent study found that the motivation for Facebook use affected the experience of loneliness. Those seeking and making new friends experienced a reduction in peer-related loneliness over time, and those using Facebook as a compensation for social skills increased peer-related loneliness.[203]

E. Familial Factors

Family make-up and the quality of relationships can have both a negative and positive impact on a young person's experience of loneliness.

The impact of family make-up and quality of relationships can have both negative and positive impacts on a child or young person's experience of loneliness. In families where there are lower levels of family cohesion, attachment, attunement and of hope, there were higher levels of loneliness.[204] Children and young people can also feel lonely within what seems to be a positive family environment. For example, where children's values, beliefs, experiences and interests might lead them to feel excluded from family activities or experience marginalisation by family members. As such, family relatedness and support are crucial to ensure a sense of connection in young people.[205] Distant, rigid and inflexible family systems create the most likely family-related conditions for loneliness.[206]

For example, in the ComRes research for the YUF, volunteers cited that young people who were at risk of being isolated due to a difficult family situation may find that uniformed youth groups provide a valuable opportunity for alternative forms of socialisation, and the chance to interact with peers.[207] This can be reinforced in the context of other familial pressures or adversities, including parental separation/divorce, transient homelessness or moving house, siblings leaving home, difficult break up of early romantic/sexual relationships, illness and bereavement.[208]

Similarly, parental or care-giver expectations or demands of success or life developments (i.e. preferred carer routes for their child) with an accompanying fear of failure can be potent ingredients in a young person's loneliness.[209] The over-emphasised drive for success can lead to loneliness, where the young person lacks the time, energy or support to find meaningful connections. Subsequently, there can

be a real fear around failure, not maintaining success, or even changing the course of plans.[210] One report encourages diverse forms of success and highlights how important it is to make sure that young people feel they are valued for who they are and what they want to do.[211] Given the importance of the family structure in relation to loneliness, it has been suggested that there should be sufficient intervention and educational programmes to help families promote positive relations where loneliness is a problem.[212]

F. Economic Factors

Community and familial poverty, scarcity and precarity in a young person's life can have a detrimental effect on opportunities to make connections and to avoid loneliness.[213] Living in relative poverty can make it difficult for young people to participate in social activities, or feel that they belong to friendship or social groups around them – both of which are precursors for loneliness.

Children living in relative poverty are almost twice as likely to feel lonely as other children.

A recent analysis of the experiences of 10 to 15 year olds in Great Britain found that children living in relative poverty were almost twice as likely to report feeling lonely than their peers.[214] This was particularly the case for girls living in cities. Similarly, a study from the North East of England found that people with a household annual income of below £10,000 experienced disproportionately high levels of loneliness, and that this has a negative impact on their health outcomes.[215]

Consequently, this makes it important to ensure that young people of all financial backgrounds are able to participate in youth activities and organisations.[216] Poverty can cover the areas of financial deprivation, and also physical isolation, such as living in rural areas where transport links are missing.[217] Social isolation in this sense leads to the emotional and social phenomenon of loneliness. Similarly, this is also reflected in the experiences of young people in badly connected and 'uncared-for' towns, where services, connections and neighbourhood activities are missing.[218]

F. Personal Characteristics

Young people can feel lonely as a result of their actual or perceived differences to those around them.

Young people can feel lonely as a result of their actual or perceived differences to those around them. This underlines the importance of helping young people to talk about, explore and be more connected to others with different lived experiences and identities.[219] Differences, which can be risk factors for loneliness, include characteristics such as sexuality, ethnicity, and disability. These are factors that can lead to both bullying and victimisation within a wider social group, and paradoxically a greater and more protective identification and sense of belonging within a sub-group. Below we explore the evidence relating to a number of these personal characteristics and the interrelationships with mental ill health and loneliness.

LGBTQ+ Youth

LGBTQ+ (Lesbian, Gay, Bisexual, Trans, Queer and non-binary) young people are at a higher risk of loneliness, on account of their sexuality and/or gender identity and/or expression.[220] In a report by Stonewall, it was found that two thirds of gay and bisexual secondary school children had experienced homophobic bullying.[221] Stonewall's research has also found that homophobic bullying in secondary schools is the second most common type of bullying, after bullying because of weight. Homophobic bullying was also found to be three times as common as racist bullying.[222] Homophobia and transphobia strikes at the core of a young person's being, of their wellbeing, identity and sense of belonging and acceptance.

Stonewall found that homophobia lowers a young person's sense of belonging at school and that this leads to feelings of rejection,[223] which contributes to experiences of loneliness. Building on this, research from the Albert Kennedy Trust has shown that LGBTQ+ young people are more likely to find themselves homeless than their non-LGBTQ+ peers, making up 24% of the youth homeless population.[224] This significantly disproportionally outweighs LGBTQ+ young people's representation in society generally. Once homeless, they are more likely to suffer violence, bullying and harassment than their straight peers. This shows the additional vulnerability faced by LGBTQ+ young people, arising from their exclusion, isolation and loneliness. Sadly, this is often because of familial rejection, which in itself exacerbates a young person's isolation and loneliness. The research has also shown that young LGBTQ+ homeless people are more likely to have experienced familial rejection (and violence and abuse), with 69% of the young people represented having experienced this type of treatment.[225]

Interestingly, research has more recently shown that the LGBTQ+ identifying demographic is shifting and expanding dramatically, with now only 46% of 18–24 year olds identifying as exclusively heterosexual.[226] The implications for loneliness amongst LGBTQ+ people are therefore expanding as gender and sexuality norms are evolving. It is uncertain what impact these changes will have on young people's experiences of loneliness in the future.

BAME Young People

Racial discrimination and prejudice have a cumulative, and corrosive, effect on the mental health outcomes of young people from ethnic minority communities and backgrounds.[227] BAME children and young people have been found to grow up and live in a climate where they regularly experience discrimination, fear, and prejudice. They can also be subjected to stigma and negative states of representation in the media and society generally.[228] This creates the context for loneliness and social isolation, where young people do not feel attached to those around them, or even safe in their environments. This can lead to hyper-arousal (when the body suddenly kicks into a high alert state) and fear over security.

Barnado's research has revealed that racially motivated bullying and harassment is a reality for ethnic minority children.[229] The cumulative effect of this prejudice and discrimination is a form of childhood adversity.[230] This helps to perpetuate the conditions for loneliness and poorer mental health over the life course. The consequences include poorer physical and mental health.[231] Research in relation to ethnicity and social isolation has concluded that starting life from economically disadvantaged positions and with linguistic barriers increase the chances of isolation.[232]

The sense of isolation and loneliness can be perpetuated for young BAME people through in-group loneliness. There can be situations where other identity factors, such as sexuality, create even further alienation from family and culture.[233] Another example would be in the case of some forms of coercive practice such as forced or arranged

marriages in some cultures.[234] BAME children can, therefore, face a range of alienating and very challenging situations, throughout their early years and adolescence, which means this is a group that requires attention, care and support in relation to loneliness.

Disabled Young People

Disability has been strongly linked to loneliness in other studies,[235] with research by Scope finding that 85% of young disabled adults (18–34 years) felt lonely, compared to 67% of all disabled adults who have felt lonely in the past year.[236] Young disabled people say they often feel left out, and they don't get invited to parties and events with peers, which leaves them feeling lonely.[237] Half of all disabled people feel lonely and one in four disabled people feel lonely every day.[238] Depression, anxiety and stress are seen to be consequential for disabled people's loneliness and isolation.[239] Other research has found that those individuals who identify as lonely are also at higher risk of developing disabilities,[240] and therefore the connection between loneliness and disability can be bidirectional. There is also evidence to show that children living with a disability, or a long-term health condition, have a greater propensity towards being the victims of bullying in their school environments resulting in social isolation and exclusion.[241]

Gender Differences in Loneliness

The exploration of the relationship between loneliness and gender does not appear to have reached a firm conclusion.[242] The BBC Loneliness Experiment study found that women reported more shame when experiencing loneliness than men,[243] whereas another study found loneliness was evenly distributed across genders and socioeconomic backgrounds.[244] However, it is generally understood that women are more likely to report feeling lonely more often than men[245] and to be more open about their loneliness [246] with men more reluctant to disclose difficult emotions such as loneliness.[247] In a recent government Community Life Survey 2017–2018, men were more likely to say they 'never' felt lonely than women (27% compared with 20%).[248]

G. Youth Adaptations

Children and young people find creative ways of managing stress, trauma and difficulty in their environment and lives.

Following current understandings in the field of childhood adversity and mental health, YoungMinds asserts that children and young people find creative ways of managing stress, trauma and difficulty in their environment and lives.[249] We might best think of these creative methods as adaptations, which represent young people's attempts to:

- Survive in their immediate environment (including among family, peer group, in schools and the local community)
- Find ways of mitigating or tolerating the adversity by using the environmental, social and psychological resources available to them
- Establish a sense of safety or control
- Make sense of the experiences they have had, the community or family that they are growing up in and the identity they are forming

We can apply this notion of children's responses to the experience of loneliness. In some situations, feelings of loneliness may arise from misattributed behaviours and the perceived intentions of peers, which paradoxically, aid the young person in keeping themselves safe or lessening the overwhelming distress or dysregulation that may be encountered during social interactions.[250]

For example, a young person who does not have other means to self-regulate or self-soothe may experiment with substances to find a more tolerable way of interacting with peers and navigate their anxieties and feelings of loneliness.[251] Similarly, studies have demonstrated how adaptive dissociative daydreaming and imaginary play has been found to be an adaptive technique to overcome boredom and loneliness.[252]

That said, in the longer term, we can understand that these creative adaptations become more problematic as they become core beliefs and attitudes, and give rise to ways of behaving and thinking that perpetuate the cycle of loneliness. That these responses become more problematic in the mid to longer term suggests that interventions should recognise the creativity that children and young people draw on to navigate experiences of loneliness, whilst working with them to expand the resources and responses they could adopt.

Section 3

Responding to Youth Loneliness and Promoting Positive Mental Health and Wellbeing across the Youth Sector

A. What Works in Responding to Youth Loneliness and Promoting Wellbeing?

There remains limited evidence about what works in tackling youth loneliness.

The What Works Centre for Wellbeing (2018) international systematic review of existing evidence on loneliness concluded that the current evidence base is insufficient to understand what works in tackling youth loneliness.[253] While they focused on over 55 year olds, there are some salient conclusions from their meta-review that would work for young people. The review suggests that services that were effective in reducing feelings and experiences of loneliness:

a. Tailored their interventions to the needs of different groups
b. Developed approaches that avoided stigma or reinforced isolation
c. Supported the growth and maintenance of meaningful relationships with peers and others

The review goes on to describe emerging evidence to suggest that a range of different approaches could be viable in reducing loneliness amongst older adults including: a) leisure, b) therapeutic, c) social and community, d) educational, e) befriending activities, and f) system-wide changes to the way that people were involved in the design or delivery of interventions. Importantly, when focusing on the effectiveness of the individual and group-based activities within these responses, the results were inconclusive, reflecting the Red Cross proposition that interventions should be conceived and delivered at multiple levels.[254]

In order to understand the possible responses to loneliness, Kantar Public for the British Red Cross describes four drivers of loneliness and barriers to social connection.[255] This formulation draws attention to the different levels at which loneliness interventions could be designed and delivered. The four levels described are: a: the individual, b) social connections, c) community, d) societal and structural. Much of the literature focuses on loneliness interventions at the individual level, for example in terms of improving social skills, addressing maladaptive social cognition, or at the level of social connections, for example by enhancing social support and increasing the opportunities for social contact.[256] A recent review of loneliness interventions for adults with mental health conditions similarly emphasises the need to focus on both direct and indirect approaches, and concluded that those which focused on the individual level at reducing maladaptive social cognitions are the most promising.[257]

Focusing on the community and structural levels, the Campaign to End Loneliness and Age UK have developed a framework which sets out a strategic approach for local authorities to address loneliness amongst older people. This includes investment in:

- **Foundation** services to reach lonely individuals and help them to find support
- **Gateway services** that enable people be active and engaged in their community (i.e. transport or technology)
- **Direct interventions**, that build new social connections and maintain existing ones
- **Structural enablers** including promotion of volunteering and neighbourhood socialising

Similarly, a report for the Young Foundation, again focusing on older adults, looks into the social connections and community levels to highlight the importance of building community assets through:

- Framing explorations around loneliness in terms of recognising examples of friendship or connectedness
- Proactively creating opportunities that build connections
- Celebrating everyday acts of neighbourliness as lived examples of connectedness and belonging[259]

A report for The Children's Society[260] explored the subjective wellbeing of children and young people aged 10 to 15 years, and how these related to five ways of establishing and building wellbeing for adults (as developed by the NHS Confederation and New Economic Foundation).[261] The five ways to wellbeing as translated for children and young people are:

- **Being active**: including playing sports or doing exercise as both part of a team or individually, or walking or cycling around a local area to go to school or see friends
- **Keeping learning**: including learning new things for fun (like music, languages, art or drama), reading, teaching yourself new skills or taking part in organised activities (like youth clubs or uniformed youth groups)
- **Giving**: including helping out around the house, taking care of or helping out with brothers or sisters or other family members, or volunteering or helping out in the local community
- **Connecting**: including seeing friends, chatting to friends on the phone or via social websites (like Facebook or Twitter), seeing family members that young people do not live with (i.e. grandparents, aunts, uncles and cousins), and talking with family members about things that matter to the young person him/herself.
- **Taking notice**: paying attention to how you feel physically, feelings and emotions, or noticing and enjoying your surroundings (indoors and outdoors)

Caution is needed in assuming that greater social participation is associated with higher levels of wellbeing.

The analysis of children and young people's responses suggests both linear and non-linear relationships between activities and the five ways to wellbeing, which means we should be cautious in assuming that greater social participation across the 'five ways' is necessarily associated with higher levels of wellbeing or better wellbeing outcomes. Engaging in organised activities, talking to family and paying attention to feelings and emotions did have a linear relationship with wellbeing, increasing with activity. The study suggests that seeing friends, engaging in non-team sports or exercise, noticing surroundings, and seeing extended family had a pattern of diminishing returns where the biggest increases in wellbeing were achieved at the lowest levels of frequency.

B Tackling Youth Loneliness

As previously mentioned, the evidence on what works in terms of intervening in and tackling youth loneliness is scarce. Drawing firm conclusions about the role youth organisations play is challenging due to lack of research across the youth sector.

That said, there has been some evidence to suggest that youth clubs and support initiatives are seen as impactful loneliness interventions amongst young people,

as they offer social connections and tailored support for young people's social and emotional wellbeing.[262]

This has been reflected in the wider literature too[263] with youth provision recognised as enabling young people to engage in shared activities with peers, which has been found to be important for building a sense of connection and bonding.[264] Building on this, a survey found that 61% of young people said that group activities would be helpful for a young person feeling lonely.[265] Studies have also reflected that whilst group activities are important, this should be balanced with time alone – for walking and hobbies where there is chosen solitude.[266] Reflecting this, research suggests that discussions around loneliness and emotions can be integrated in core youth activities and programmes.[267] A report from the Co-Op Foundation has suggested that youth organisations should find ways to talk about loneliness, and consider making it an explicit focus of programmes. This would include building digital skills to enable great connection, and interpersonal and social skills that enable young people to be better equipped to navigate social relationships.[268]

Whilst youth organisation provisions may not explicitly be loneliness interventions, they may have a positive impact on tackling loneliness and promoting wellbeing.

More broadly, UK Youth has attempted to identify current practices that positively impact on young people's wellbeing based on insights from youth workers.[269] They suggest that youth organisations should acknowledge that many of the activities they run, whilst not primarily designed as loneliness interventions, are such. They cite examples of youth activities that promote team working, offer structured programmes for growth and social connection, and engage in local social action. Furthermore, they note that many local youth organisations provide safe spaces, which cultivate and feed the growth of peer relationships and facilitates strong relationships with trusted adults with whom young people can feel comfortable to talk freely about their feelings and experiences, including of loneliness.

Building on this, a collaborative research project with young people found that youth organisations can foster a significant sense of belonging, connection and solidarity, which was seen to be especially protective and important for those who do not have stable or positive familial relationships.[270] However, their analysis suggests a recognition that more needs to be done to reach those from a wider diversity of backgrounds, including those from more marginalised communities (socially, economically or locality wise).

It is important note that limited high quality evidence does not necessarily mean that there is a lack of practice of youth organisations in facilitating peer relationships. The creation of spaces for association and to be connected with peers and places is often core to youth organisations – even if it has arguable been in decline.[271] It has been stated that "the very heart of youth work practice" is the acceptance of the reality and centrality for young people of peer interactions, experiences and networks.[272] Creating spaces for new connections between people is often core to what youth organisations do but has not been at the core of what evidence has been collected.

Finally, given what we have said in previous sections about the normative developmental experiences of loneliness as part of social and emotional maturation and identity formation, it is important to note that interventions should be proportional and have a tolerance for young people to explore and experience loneliness

subjectively. This is not to brush loneliness aside as a growing pain that can be overlooked but to recognise that some loneliness is a normal part of growing up and builds emotional resilience.

Some loneliness is a normal part of growing up. We should not seek to abolish all experiences of loneliness.

C. Services for Children and Young People

The services young people can turn to when they are experiencing distress, for example due to loneliness, have been under significant change over the past decade. Outside health and education, most of the support services accessible to children and young people are provided by local government which has had a significant reduction in overall spending. By 2020, current and capital spending combined will be lower than at any time since before 1948.[273] Central government funding to local authorities fell by an estimated 49.1% in real terms between 2010/11 and 2017/18, equating to a 28.6% real-term reduction in 'spending power'.[274]

Funding for children's and young people's services which can help support responses to distress has fallen significantly.

Within the context of these broad trends, central government funding for children's and young people's services has also fallen significantly. Between 2010/11 and 2015/16 there was a £2.4bn real term decrease.[275] In terms of current trends, it is estimated that by 2020, central government will not contribute any funding to statutory services provided by local authorities for children and young people.[276] The more deprived an area, the greater the percentage reduction in funding – between 2010/11 and 2015/15 the 20% of least deprived areas experienced a 5% cut whereas the 20% most deprived areas experienced a 23% cut.[277] The Local Government Association estimates that a minimum of £2 billion will be required by 2019/20 to fund the additional pressures on children's services brought about by a growing population and inflation.[278]

As a consequence of these reductions, there has been a 40% real term decrease in local authority spending on early intervention between 2010/11 and 2015/16.[279] The proportion of local authority spending on preventative services, such as children's centres, fell from 41% in 2010/11 to 25% in 2017/18.[280] This is alongside a reduction in statutory youth work provision. In 2014, around 8 in 10 Heads of Young People's Services said they were facing budget cuts.[281] The National Audit Office reports that local authority expenditure on youth services fell by £791 million (down 69%) between 2010/11 and 2017/18 (real terms based on 2017/18 prices).[282] Within this context, more detailed analysis suggests that these cuts have been made across the range of youth services. Analysis of spending from 2014/15 to 2017/18 reveals a 34% reduction in gross spending, a 41% reduction in universal spending, and a 26% reduction in targeted spending.[283]

There has been a decline in the number of youth workers, youth centres and amount of provision for young people.

For many children and young people, including those struggling with loneliness and wanting to access support, this lower funding will have resulted in fewer opportunities for support. It is estimated that between 2012 and 2016 around 603 youth centres and 139,000 youth service placements were closed. Overall, 3,652 youth work jobs were also lost. Data available for 2016/17 suggests this trend will continue with the loss of an additional estimated 800 jobs, 30 more centres earmarked for closure and 45,000 youth service places lost.[284]

Children and young people will not have just been affected by reductions in the statutory provision. The wider children and youth voluntary sector have also been affected by these funding reductions. Compared to the voluntary sector as a whole, children and youth charities are considered to have had a much greater proportionate reduction in funding as they were more reliant on public funding to begin with.[285] There is wider evidence that children and youth charities are more likely to be smaller and also struggle to access commissioned tender services and/or those services are no longer being commissioned.[286] A 2012 study found that financial pressures, human resource strains and increasing demands for help across statutory and voluntary sectors, were combining to create ever-deepening and unsustainable problems for children's services.[287]

It is important to note though that this reduction in funding to front line early intervention and youth services is not, however, the result of an overall fall in local authority spending on children and young people. Spending on statutory activities rose from 59% to 75% from 2010/11 to 2017/18; primarily driven by the significant rise in the number of children in need of protection.[288] Whilst referrals to children's social care increased in line with population growth between 2010/11 and 2017/18; child protection assessments increased by 77%.[289] In the same period, the number of cases where authorities consider actual harm or neglect to have been demonstrated (marked by the introduction of a child protection plan when an authority first commits targeted resources to support a child) was much lower but still increased by 26%.[290] Overall, in the ten years to 2016, there has been a 124% increase in serious cases where the local authority believes a child may be suffering, or likely to suffer, significant harm. The most common risks to a child's welfare are domestic violence and mental health concerns.[291]

With increased referrals to social services, there has been an increase in the number of children entering the care system with the number of children in care in 2017 reaching its highest level since the Children Act 1989.[292] Between 2010/11 and 2017/18, the number of children in care at year end increased by 15%, more than triple the rate of overall population growth (of approx. 7%).[293] There is also a significant age dynamic in this shift. The number of young people aged 16 and over becoming subject to a child protection plan has been increasing year-on-year since 2011/12[294] and the number of children over 16 taken into care increasing by 78% between 2010/11 and 2017/18.[295]

Services for the most at-risk young people are having to deal with increasingly complex needs at a rising rate

A regular survey by the Association of Director of Children's Services of local authorities (2017) found increasing concern about these older adolescents often presenting with more complex forms of harm. Young people are presenting with multiple and increasingly complex needs including challenging behaviour; emotional distress; mental ill-health as well as alcohol and substance misuse. In part, this was attributed to the lower levels of youth work (meaning that young people are being directed immediately to social care services). In addition, better identification and understanding of risk factors have contributed to the continued, and in some cases escalating, concerns around adolescents.[296]

D. Uniformed Youth Organisations

Uniformed youth organisations have been described as:
Perennials, with many volunteers who set high standards of being trained and working with each other in complex teams. Young people and their families trust them and society likes what they do.[297]

With continued pressure on statutory youth services, and significant shifts in central government policy for young people and youth work,[298] the 'perennial' uniformed youth organisations have become ever more prominent in their support and work with young people.[299]

Evidence on how children and young people use 'free-time' educational opportunities including (but not exclusively) uniformed youth groups noted how long-established uniformed youth organisations, especially Scouting, had influenced others leading to a number of common characteristics (adapted and summarised in the box on the below).[300] Indeed, the emergence of uniformed youth organisations in the late 18th century helped to shape what is known as youth work today.[301]

- Few external requirements such as compulsory study plans or curricula
- Able to adapt to their environment
- Low institutional inertia
- Diversity of institutional forms
- Emphasis on relations and groups
- Learning by doing over instruction
- Learning from everyday activities
- Hosting & facilitating self-directed learning and leadership of projects
- Immediate relationship with the environment

There is no one definition of what makes a uniformed youth group with a variety in terms of the ethos, history, structure and activities, but they often share a commitment to social action and service to others.

However, there are challenges in gathering evidence of what these groups achieve. A 2017 narrative synthesis of evidence on the effectiveness of community-based interventions for enhancing young people's social and emotional skills in the UK concluded a need for further evidence, including which intervention approaches are

most effective, and their long-term impact and sustainability.[302] Likewise, a review by Youth United Foundation found that standard of evidence of uniformed youth organisations varies significantly.[303]

Where evidence on outcomes is collected it can be difficult to ascertain precisely the contribution of uniformed youth organisations. For example, a large survey of young people aged 14–17 involved in scouting and those who are not found small statistically significant positive differences between scouts and non-scouts on 14 outcomes; including emotional intelligence, curiosity about the world, belonging and resilience. The researchers concluded that scouting may have a statistically significant positive impact on teens in the UK. However, more robust research will be required to determine to what extent the positive differences can be attributed to scouting, as opposed to other potential influencers.[304]

Participants in uniformed youth organisations report feeling more organised, confident and motivated as a result

Similarly, when evidence is available it can be difficult to ascertain the impact on individuals. A review of American evidence of participation in uniformed youth organisations highlights the variety of individual participants experience of participation in a breadth of differing youth groups and variable intensity of engagement hinders drawing clear conclusions of impact.[305] Some evidence suggests that regular attendance and active participation is necessary for measurable benefits to be achieved.[306]

Whilst noting these challenges, a British study of uniformed group activities in schools found that there were positive wellbeing outcomes, including a rise in levels of children's and young people's empathy, resilience, collaboration and career aspirations.[307] A 2015 impact evaluation of uniformed youth organisations found evidence on enhanced character-formation and an increase in self-esteem amongst participants. Significant changes were also seen in the proportion of participants who felt confident in their skills associated with creativity, empathy, resilience and agency. Over 4 in 5 young people surveyed who engaged in new uniformed youth organisations or projects, reported feeling more organised, confident and motivated as a result.[308] In addition, evidence suggests uniformed youth are more likely than non-uniformed youth to say that they mix with people who are different to them, and are more likely to feel that this type of mixing is important.[309]

As well as benefits during childhood and adolescence, participation in uniformed youth organisations may have a protective effect on participants. Analysis from an ongoing cohort study of people born in the UK in a single week in 1958 found that, even when controlling for early life factors, those who were members of the Scouts/Guides have better mental health in later life than their non-attending peers. Those who had been a Scout–Guide had an 18% lower odds of a mood or anxiety disorder at age 50, controlling for childhood factors. These positive effects appeared particularly strong for children growing up in low social position households, ameliorating inequalities in later life probability of mental health based on childhood socioeconomic position.[310]

The evidence base is also improving. The Ministry of Defence, the Combined Cadet Force Association and CVQO have commissioned the Institute for Social Innovation and Impact at the University of Northampton to undertake a four-year study designed to help understand the social impact of the spending on cadets and the Cadet Expansion Programme. Interim findings from 2018 found that a majority of cadets

surveyed reported that being in the Cadet Forces had a positive impact on their mental and/or physical wellbeing. Similarly, surveys of adult volunteers working with Cadets found that a significant majority believe that being in the cadets helps young people cope with the pressures of everyday life.[311] The project should report in full in 2020/21.

Youth Social Action Ethos

Core to the ethos of uniformed youth groups is their emphasis on youth social action – whereby young people come together, through an organisation or association, to improve their lives and achieve a social benefit for their communities. This can include volunteering, acts of kindness in the community, or even donating money to a local cause.[312] The social action aims to empower young people, boost their skills and improve local communities. It can be described as 'practical action in the service of others to create positive change'.[313] Whilst 4 out of 10 young people currently get involved in social action programmes, it is understood that double that number would like to get involved with activities such as community work, fundraising, volunteering and campaigning if they could.[314] Young people involved in uniformed groups are twice as likely to say that they take part in social action once a week, compared to their non-uniformed counterparts.[315]

Core to the ethos of uniformed youth groups is their emphasis on youth social action

Reflecting the appetite amongst young people for this, the 2017 Ipsos MORI National Youth Action Survey, revealed that 58% of respondents took part in some form of social action in the past year, and 39% in 'meaningful' social action, with 68% wanting to do so in the future.[316] At present, those from less affluent backgrounds are less likely to take part in social action.[317] Almost every young person (96%) involved in social action already knows a family member or friend who is involved.[318] Strategies of encouragement are needed to show young people from less affluent backgrounds how they can join in with social action.

Peer support and social action have been found to work well together to counteract loneliness.

Peer support and social action have been found to work well together to counteract loneliness.[319] Those who participate in social action have been found to have higher levels of satisfaction and social capital.[320] Social capital refers to the networks, structures, and, ultimately, sense of community, that exist around and in relation to an individual.[321] Social action therefore brings about benefits for the young participants, and those they are helping. Overall, 97% of young people participating in social action felt the 'double benefits' – i.e. benefits for themselves, and for others.[322] Social action participants record higher levels of satisfaction in their lives, and a feeling that their lives are worthwhile. It is, of course, hard to prove causality here, as those individuals with higher life satisfaction may be the people who are more likely to be involved in social action through their sense of motivation, belonging and general happiness.[323]

Thinking about those young people who are reluctant to be engaged in social action and social participation, studies have suggested that they might not be aware of the potential benefits to themselves, and that this might derive from the altered

perceptions and cognitions relating to experiences of loneliness.[324] This implies that it would be helpful to ensure that young people are aware of the potential for making connections and reducing loneliness through social action, given the high number of young people experiencing loneliness. The approach to reducing loneliness can easily be integrated within social action, as it has been found that simple acts of everyday kindness, or moments of friendship, are key.[325]

Programmes of Uniformed Youth Groups

What activities uniformed youth groups 'do' with children and young people varies significantly. It is a mix of intentional learning, primarily in group work; social action which benefits the wider community; and engagement in sports, arts or outdoor activities. This blend of activities often taps into the interests of young people. There is a strong and growing evidence base that where children and young people feel a deep interest or passion that gives them energy, focus, joy and a sense of direction (so called 'sparks') they do better in terms of a range of academic and behavioural outcomes and numerous individual and societal benefits.[326] Where this is intentional in program design and content, it is more associated with detectable changes in outcome measures.[327]

A 2010 American meta-analysis of 75 after-school programs that seek to enhance the personal and social skills of children and adolescents looked at programmes with many of the hallmarks of uniformed youth organisations including supervision by adults and having as one of its goals the development of one or more personal or social skills in young people between the ages of 5 and 18. Findings included the fact that compared to control groups, participants demonstrated significant increases in positive social behaviours and significant reductions in problem behaviours, especially where provision of programming was associated with skill training that was 'SAFE' (sequenced, active, focused, and explicit).[328]

Having a trusted adult during adolescence is positively associated with improved health and education outcomes.

There is also evidence that the leadership development programmes of some uniformed youth organisations assist in changing the culture, practices and operation of the groups and therefore enable participants to better understand themselves, accept responsibility, communicate leadership and inspire confidence in others.[329]

The profiles of those who participate are also likely to impact on the benefits of participation. There is some evidence that whilst disadvantaged young people are less likely to participate in extracurricular activities, they often experience greater benefits, depending on the risk status and activity type. This extends across a range of outcomes: educational, psychological, social, and behavioural.[330]

Role of Adult Volunteers

Common amongst all uniformed youth groups is the key role of adult volunteers in the participants' lives. As children grow, and especially in adolescence, the relationships they form with significant non-parental adults can be key to offering them resources and support that peers and parents are unable to provide. An international review of adolescent wellbeing found that positive relationships with these trusted significant non-parental adults are linked to a range of outcomes including better academic achievement, self-esteem, life satisfaction and lower levels of adolescent depressive

symptoms (all themselves linked to positive mental health and wider wellbeing).[331] Children with access to these forms of positive social support can also help buffer the impact if this kind of support is lacking in relationships with their primary caregiver.[332]

A 2019 review by NHS Scotland review of 179 studies found the majority of research that having a trusted adult during adolescence is positively associated with improved health and education outcomes and very little indication that a trusted adult relationship is associated with worse youth outcomes.[333]

These relationships are never one directional – they will be dynamic with each impacting on the other. Those children and young people under stress are likely to experience diminished support from others as they withdraw due to emotional distress, difficult circumstances or humiliation. At times, those who are able to offer them support may also withdraw due to the demands of offering assistance.[334] The key is, therefore, to build resilience amongst those offering support to children and young people to respond to the behaviours they find challenging so that they can continue to build supportive, warm, reciprocal and secure relationships.

The experience of adult volunteers

Volunteers in uniformed youth organisations have reported improvements in their confidence and self-esteem as important benefits of participation alongside increased support and information networks and sense of belonging to a community, ethnic, faith or religious identity.[335]

This is in line with broader evidence on volunteering and its impact on social isolation and volunteering. A 2018 literature review found a strong positive impact on how volunteering can mitigate or eliminate social isolation and loneliness. 23 out of the 24 studies reviewed identified important social connectivity and social capital benefits arising from volunteering.[336] Other evidence suggests that volunteering may be more strongly associated with enhanced mental well-being, with positive association beginning to become apparent after around 40 years and continued up to old age.[337]

A 2019 report from NCVO of over 10,000 adults in Great Britain on experiences of volunteering found around two-thirds of volunteers (68%) agreed their volunteering had helped them feel less isolated. This was highest among 18–24 year-olds (77%) and 25–34 year-olds (76%). Similarly, over three-quarters (77%) of volunteers agreed that volunteering had improved their mental health and wellbeing, with little demographic variation in relation to the perceived benefit of volunteering on mental health suggesting that all age groups can perceive benefits to mental health through volunteering.[338]

Section 4

Good Practice Criteria

Based on the evidence presented in the three sections of this report, we summarise the characteristics of youth organisational activities which could address the experience of loneliness and its two-way relationship with mental health and wellbeing.

These characteristics are not exhaustive nor aimed to be mutually reinforcing and overlapping. Rather they are the likely hallmarks of a youth organisation which is loneliness-informed and promotes positive mental health and wellbeing.

A Take a developmental approach

Recognise that loneliness is a normal part of a young person's development. Support the growth of young people's mental agility and their social development which builds young people's resilience and capacity for emotional and physiological regulation and self-care.

B Promote peer-acceptance

Be embracing of a diversity of values, beliefs and life experiences; and promote a culture of openness to change, curiosity and empathy amongst young people towards their peers and others in the community.

C Build a sense of belonging

Provide opportunities and quality activities that cultivate a sense of belonging (i.e. through a shared or common endeavour) and which aims to have a positive impact on the local community and the young people involved.

D Provide supportive relationships and inclusive spaces

Ensure that activities are led by well attuned and emotionally resonant youth leaders (peers) or adults, who build caring and trusted relationships with young people and who tackle exclusionary, bullying, discriminatory and/or victimising behaviours, policies and actions.

E Be mental wellbeing informed

Understand the common emotional distresses and social/individual pressures young people face, how these manifest and present themselves and the impact they can have on them. Ensure there is a confident and quality response to poor mental wellbeing or mental health problems including access to professional support where necessary.

F Enable managed risk-taking with safety and care

Expose young people to new ways of thinking, living and behaving, including with interactions with their local environment & surroundings. Create spaces that enable young people to explore, experiment and test new ways of being themselves and relating to others; ensure this allows for appropriate levels of risk-taking.

G Adopt an adversity informed response to behaviour that challenges

Respond empathetically and sensitively to loneliness behaviours and other behaviours that they may find challenging, recognising that these are responses to the young peoples' environment and situation and part of the young person's development, how they explore who they are and how they relate to others.

H Actively avoid contributing to distress and cycles of loneliness

Actively avoid activities, cultures and behaviours that are more likely to perpetuate cycles of loneliness and result in poorer mental health and wellbeing outcomes, exacerbate mental distress or undermine the management of mental health problems. This includes stigmatisation or othering of adversity or personal characteristics; over-dependency by young people on the activity or organisation; compassion fatigue; poor response to disclosures of trauma and/or showing attitudes and actions that re-trigger previously experienced adversity.

I Tackle the causes of loneliness and social isolation

Collaborate in network, membership and system-wide initiatives, including youth-led social action, which aims to tackle the structural and external factors that cause, exacerbate or amplify experiences of loneliness (i.e. community violence or poverty)..

Section 5

Practice of Uniformed Youth Organisations

This section sets out how uniformed youth organisations tackle loneliness and promote positive mental health and wellbeing. The focus is primarily on young people. However, it also touches on the experiences of adult volunteers; both as individuals who may experience loneliness but also in how they support participants.

Each of our proposed characteristics is matched to key aspects of practice from participants and volunteers' journeys within a uniformed youth organisation.

Examples and insight from practice have been sourced via network members who completed a self-reporting tool with further evidence submitted (such as training materials, programme guides, etc) and semi-structured interviews with staff and, for some organisations, volunteers. The interviews explored and validated information provided and participants' experiences and perceptions of organisational strengths and challenges in responding to issues of loneliness, mental health and wellbeing.

In addition, members of the YUF Youth Panel shared their own experiences in the organisation and the ways that these were similar or different to the perceptions of staff. They also helped to select and highlight examples which they thought were most typical of what is experienced by them and their peers in their organisation and/or interesting perceptions, or those which they believed would be valuable in tackling loneliness and promoting positive mental health and wellbeing.

These examples from practice are offered as descriptive, non-evaluative case studies of what activities the organisations state they take part in. They aim to be illustrative and highlight the range of ways that uniformed youth organisations aim to tackle loneliness and promote positive mental health. It may be the case that the activities are not intended to aid these issues but that they do help to build a culture where participants and volunteers are well supported and thus distress is minimised. For ease and consistency, children and young people are referred to as participants and the local groups are generically called Units (i.e. those that participants attend, usually on a weekly basis).

As noted in the introduction, uniformed youth organisations are varied and diverse. Some have a particular ethos – whether linked tomilitary service (e.g. Air Cadets, Army Cadets and Sea Cadets), a faith (e.g. Boys' Brigade & Girls' Association, Girls' Brigade England & Wales, Jewish Lads' and Girls' Brigade) or public service (e.g. Fire Cadets, St John Ambulance, Volunteer Police Cadets). However, the experience of individual participants and volunteers will be significantly impacted upon by local Unit activities; their location; the skill, experience and knowledge of local volunteers; and when/how long the volunteers and participants have been engaged. Similarly, the journey of one individual – whether participant or volunteer – will vary significantly depending on their personal characteristics; whether friends, siblings or families are engaged in the organisation; their age of joining and length of participation.

A. Take a Developmental Approach

Recognise that loneliness is a normal part of a young person's development. Support the growth of young people's mental agility and their social development which builds young people's resilience and capacity for emotional and physiological regulation and self-care.

Participant Programming

Most uniformed youth organisations have a national programme for participants. These programmes tend to be outcome-led and provide guidance for group leaders for structured intentional activities which lead to a badge or, at times, qualifications. For example, the structure of the organisations, often tiered by age and development stage,

follow a structure of activities which relate to the evolving capacity of participants.

The degree of structure and expected progression with the programme vary significantly across organisations. For example, within the Army Cadets, there is a full syllabus, known as the Army Proficiency Certificate. This is highly structured with participants progressing from 1 to 4 stars followed by an opportunity to become a Master Cadet (this itself is the result of a week-long residential course).

Sea Cadets follow structured training programmes to develop cadets skills and progress through the rank structure. There are a number of compulsory elements which each cadet needs to complete but there are also variable options which cadets can pick and choose based on their interests. Many requirements for 'promotion' are met by attending residential courses with cadets from all over the country at their National Training Centres.

Within many others, the activity is more tailored to the interests of the participants in that Unit with a wide range of badges and activities to choose from; the aim is a rounded experience for all.

Some of the organisations have developed specific programming, badges or activities which develop participants' understanding of positive mental health and strategies to manage mental health and how to seek further support. As the revision of programming involves a major redesign exercise – and often involves retraining thousands of volunteers – others are planning to include this within their next round of redevelopment.

Youth Participation and Leadership

All organisations demonstrate a clear commitment to enabling participants increased levels of responsibility and autonomy in decision making and learning as they grow. Many operate in a manner whereby young people who have been involved in the organisation for longer periods take on responsibility for younger participants. For many, this is explicit through rank-based structures whereby young people can progress to roles with additional responsibilities, including responsibility for peers (especially in service, military and religious ethos organisations).

Ethos of Organisation

A key theme to emerge from interviews with uniformed youth groups – especially those with a service or military ethos – is the degree to which the core purpose of the organisation's programme is explicitly the broader holistic development of the young person and/or development of certain skills and knowledge relevant to that ethos. While historically the intention of programming and volunteer support has focused on the specific ethos of the organisation, many articulate a strong desire and care for the wider development of a participant. This links with the motivation of the volunteer base which, for some organisations, is strongly associated with furthering the service, military or religious ethos of the organisation.

Examples from practice

- The **Girls' Brigade England & Wales** offers training for all volunteer leaders on childhood and youth development. These training programmes explain the key stages of growth through childhood and the transition to independence. It includes information on likely support needs and aims to enable leaders to adapt their work to the needs of that age range.
- Many of the uniformed youth organisations offer nationally recognised qualifications to participants. For example, in addition to progression through the rank structure and activity badges, the **RAFAC** offers all participants a BTEC in Aviation Studies. This is linked to participants' access to going gliding and participating in significant levels of science and maths.
- **Sea Cadets** are a national delivery partner for the National Citizen Service (NCS). This bespoke programme involves cadets working in partnership with young people from other uniformed youth organisations to tackle new adventurous activities, to improve their employability skills and to take on a social action project. Sea Cadets recently opened up their programme to Police & Fire Cadets and are hoping that this becomes an exciting national partnership in due course. Sea Cadets can also embark on BTEC Level 1 and 2 Awards in Teamwork and Personal Development, enhancing their self-reflection skills, adding to their CVs and improving their resilience and leadership potential.
- A Fire Cadet Award is offered to all **Fire Cadets**. Designed to be inclusive and recognise the participation of all; it can be mapped across to other nationally recognised accreditation such as BTEC, The Duke of Edinburgh Award and The Duke of Cornwall Award. A number of Fire and Rescue Services' offer participants the opportunity to complete a level 2 BTEC in Teamwork and Personal Development.
- **Girlguiding** has developed the Doing Our Best standards in partnership with volunteers and members. The standards act as a checklist for gathering feedback and planning for quality work with participants and enabling volunteers to celebrate successes, sharing ideas and ensuring their ways of working are in line with expectations. These checklists are also used by Commissioners (locally based senior volunteers) to help Units who may be struggling to prioritise areas for improvement.
- **Girlguiding** has a specific badge of activities, Think Resilient, which helps girls to understand what resilience means, introduce techniques for positive thinking, celebrate their strengths and achievements, and identify their support networks. The activities can be delivered by Girlguiding's Peer Educators – young women in guiding aged 14 to 25 trained to talk to their peers and younger girls about sensitive and relevant issues such as body confidence and healthy relationships.
- **St John Ambulance** cadets (aged 10–17) work towards a Grand Prior Award. Participants can take part in activities from over seventy subjects from eight different categories, including issues such as lifestyle and personal development, to earn the awards. Each subject in the Grand Prior Award scheme is offered at three levels with the aim that any participants can access the programme at a level appropriate for them.

Young researchers findings

Young Researchers from the Youth United Foundation Youth Panel investigated the impact of rank on mental health, loneliness and wellbeing:

- Young people seem to join uniformed youth organisations for lots of different reasons not just to get a rank
- Rank was important to many young people and helped them gain a sense of respect and to try new things.
- Rank positions opens lots of opportunities for those we spoke to and that is really valuable.
- Sometimes the process of promotion is not always seen as fair and open to everyone.
- Sometimes going up a rank can separate people from friends, but this could be both good and challenging for them.
- Sometimes people misuse their rank and we need to make sure this was not common or gets out of hand.

B. Promote Peer-acceptance

Be embracing of a diversity of values, beliefs and life experiences, and promote a culture of openness to change, curiosity and empathy amongst young people towards their peers and others in the community.

Commitment to Equality and Inclusion and Tackling Discrimination

All of the uniformed youth organisations have an equality and diversity policy (or equivalent) which guides their work. Many have developed specific initiatives, structures or programme activities to promote equality and diversity and role models of minority groups within their organisations. Many noted the cultural change in the organisations whereby understanding of inclusion, removing barriers to access and/or understanding the needs of minority groups has become an increasingly mainstream activity.

Similarly, there was a firm understanding that prejudice-based bullying was an unacceptable behaviour within uniformed youth groups. Many provide consistent codes of conduct/agreements and/or encourage development of these locally which take a zero-tolerance approach to discrimination and bullying. A key challenge was to ensure that volunteers felt consistently confident to challenge this.

The investment from the government through YUF has enabled growth in areas of deprivation and supported the increasing diversity of participants enabling them to grow activities surrounding social integration. This investment has further enabled the organisations to continue to grow activities which build a culture of equality and diversity.

Understanding of Participant and Volunteer Diversity and Support Needs

There is a very mixed experience across uniformed youth organisations of the level of demographic and support needs information which groups collect on recruitment. Some collect very little information about potential and/or applicant members. Often information is shared by participants (or their parents) directly with leaders of the local group and the challenge is consistent recording and/or data storage. This can inhibit national level understanding of the diversity of participants. It was noted that ensuring

staff and volunteers have the confidence to enquire about and/or share information appropriately is an area of development.

Enhancing spirituality

Christian faith-based uniformed youth groups, such as the Girls' Brigade England & Wales and Boys' Brigade & Girls' Association expressed a strong ethos and commitment to their faith, this being a motivating characteristic of volunteers and the wider organisational culture. They distinguished this with their work with participants which was to create space for spiritual development, exploration and curiosity. The focus of activities and guidance to leaders was to enable young people to develop, grow and flourish in all aspects of their life – including spiritually – rather than enforcing a prescriptive, doctrinal theology. Participants and volunteers were encouraged to question and develop their understanding of faith; whether that aligned with the dominant tradition of the organisation or otherwise. In practice, this approach to engagement with participants is similar in practice with how many non-faith-based uniformed youth organisations recognise their role in enabling spiritual development.

Gender Identity

Many noted an increase in interest in how they engage and support young people who are trans. In part, this has been driven by media interest and wider public policy debates on the rights of trans and non-binary people. Many noted that in practice they have been working with trans and non-binary children and adult volunteers for many years but often in a way tailored to the individual and in an ad-hoc fashion. It was perceived that an increasing number of trans children and adult volunteers have been willing to identify as trans and many noted more requests from volunteers for training and understanding in terms of how to respond well; ensuring that this meets the individual's emotional needs and that the practices of the organisation do not cause distress (even where this has been unintentional). There has been learning from previous support and avoiding ill-informed behaviours which are potentially harmful. Many of the organisations have been further developing their practice in terms of responding to individual transitioning and ensuring a positive experience for trans members, including developing their policies on equality and inclusion.

Impact on and Relationships with Wider Organisations

Some of the organisations noted that their specific governance structure and links to wider organisations' equality and diversity policies and legal duties aid their approach to inclusion. For example, service-based organisations which are delivered by the police and fire and rescue service must ensure compliance with the Public Sector Equality Duty. In addition, military-based organisations can gain access to the expertise of the wider military service. Often the cadet groups can have established practices of inclusion and reach into communities where the wider service organisation and military are also seeking to build their profiles. This can create a virtuous circle of support between the cadet group and their service partners. Likewise, Christian faith-based organisations noted their commitment to inclusion of all children and young people which has enabled constructive discussions with local link churches on building safe and inclusive spaces which affirmed minority participants in that church community.

Example from practice

- The Jewish Lads' & Girls' Brigade seeks significant information from participants and their parents. They collect a range of individual support needs, including medical and welfare information through online registration forms. Disclosure of previous experiences of poor mental health or concerns are then followed up by adult volunteers or staff to gain a wider understanding of the needs and what, if any, adjustments are needed for the participant to participate on an equal basis with others.
- The Boys' Brigade & Girls' Association has a Disability Advice Network to support and advise any group or individual on a range of disability issues. To support the inclusion of children or young people with particular needs or disabilities, an adviser will be able to suggest some ways of going about this.
- Every Volunteer Police Cadet unit is run independently by a police force and supported by a central national unit. There is an agreed principle that 25% of cadet places should be allocated to young people who are deemed as being vulnerable or at risk of crime or social exclusion.

C. Build a Sense of Belonging

Provide opportunities and quality activities that cultivate a sense of belonging (i.e. through a shared or common endeavour) and which aim to have a positive impact on the local community and the young people involved.

The Role of the Uniform Itself

All of the organisations stated that the uniform itself was a core element of building young people's sense of belonging to the organisation and peer acceptance in the group. It was seen as a 'leveller' and something which visibly demonstrates their connection with others and the wider organisation. It was perceived as strengthening the connections within the group and marking a boundary in terms of who was engaged. Some organisations have set rules about wearing the uniform outside formal sessions, sometimes for the protection of participants from abuse by others.

Recruitment

For all uniformed youth organisations, recruitment of participants is primarily undertaken locally by volunteers through outreach through parents, other existing community groups and, for many, through schools. Faith-based organisations also seek to recruit through their religious institutions such as churches, synagogues and other groups.

This open access recruitment will then lead to a pre-joining process. For most uniformed youth groups, there is significant flexibility for potential participants to attend and then they (and/or their parents) decide whether to join in full. However, there are differences in terms of how participants join fully, with some organisations having specified intake dates, a practice which was seen as better fostering relationships by avoiding individuals feeling alone on first joining.

Depth of Engagement

For participants, the level of contact and engagement in the uniformed youth group can vary. Some are relatively informal. For example, most of the uniformed youth groups meet weekly and this is broken into programmes of activities often aligned

to the academic school year. There may be an annual residential for participants. In contrast, the military ethos organisations have a high level of contact – with local RAFAC, AFC and Sea Cadet Units traditionally meeting for two evenings a week. Many will also have weekend activities and camps in addition to their local unit meetings. The Fire Cadets National Framework recommends a minimum period of 12 months' engagement and in many areas participants will, in essence, follow a semi-structured course of activities for one year.

Camps and Gatherings

The majority of the uniformed youth groups highlighted how large-scale youth camps, gatherings and jamborees are an essential element of building a sense of belonging amongst participants. The format varies significantly by organisation and there may be different levels and scale of camps depending on the individual unit/group or gathering at a district/regional level. Even a regional level camp can have over 1000 participants in attendance.

Drill and Parade

Many of the organisations highlighted have 'Drill' and traditional ceremonial aspects of the experience to help to build a sense of belonging to the organisation. This activity is particularly found in the military ethos organisations and religious brigades. Drill is an activity where participants are taught – often by older peers – how to formally parade as a group. They will receive instructions on moving in formation, turning and, depending on the organisation, saluting at the same time. Many participants will undertake a drill-based activity at the start of any session and then significantly more if they are preparing to parade in public – for example, whilst attending a Remembrance Day event.

Drill appears to be a consistent aspect of the participant's experience. It is something which everyone must learn to complete accurately and it unifies everyone regardless of age, background, skills or abilities. Many organisations have looked at adaptations for disabled participants but recognised that, depending on the space and activity, they may still experience barriers. The equalising aspects of drill also ensure that as people progress – especially in rank-based structures – there is an opportunity for them to lead others in a simple and familiar manner. This activity is perceived as building belonging, community and shared experience amongst participants. It was noted, however, that in some Units, Drill is a 'go to' activity and in a minority of Units it can dominate the activities.

Building Friendship amongst Volunteers

An unintentional but recognised outcome for adult volunteers is the building of significant social relationships and close friendships alongside the core volunteering opportunity. Whilst at times this can cause complications in terms of managing volunteer performance and has a potential for unhealthy cliques to emerge, it was also seen as a significant benefit for volunteers and a factor in volunteer retention.

These relationships are seen across all the organisations but especially highlighted in military ethos organisations where adult volunteers often have residential training and social activities at military facilities without participants attending. For example, the RAFAC hold annual rounds of National, Regional and local conferences and dinners and in the Army Cadets, counties have a Mess Committee which organises volunteer socials and adventure activities just for adult volunteers.

Likewise, for the larger organisations with a wider geographical reach/spread, their network of local Units can allow individuals to build new relationships when they move. Many described the manner in which volunteers can move between individual Units

and find a natural 'home' and social network amongst like-minded people with a shared interest and common language.

Building Belonging within Faith Communities

For faith-based uniformed organisations – the Boys' Brigade & Girls' Association, Girls' Brigade England & Wales, The Jewish Lads' & Girls' Brigade – the faith ethos was strongly associated with building a sense of belonging amongst their participants. In part, this can be due to the way in which they are organised to promote respectful behaviour and run in accordance with their religious practices and observations (e.g. The Jewish Lads' & Girls' Brigade camps being Kosher). This helped participants of faith to take up positive opportunities which are sensitive to their faith and spiritual needs. It removes the burden of needing to explain a religious requirement or fear among participants or families that these would not be met or, worse, that they would face faith-based prejudice.

Across faith-based uniformed organisations, the focus of engagement with participants is on creating spaces where the shared identity can thrive and be expressed in ways suitable for those participants and volunteers. It is not about a specific 'approach' to how faith should be expressed but respect for faith in an individual's life. They build on what is common within the shared faith experience rather than the differences in religious practice and doctrine of participants and volunteers.

Building Belonging within Military and Service Organisations

The local units of military and service organisations will often have a link with their respective associated organisation. For example, volunteer police cadets have access to police events or meet with local police commanders and sea cadets meet with/undertake fundraising for veteran welfare associations. These links were firmly seen as helping to place the cadet experience in the wider context and culture of their associated organisation. Participants are able to build a belonging beyond that individual uniformed youth organisation and an affinity and identity with the wider service or military movements. This was often seen as highly valued by participants and helped to raise aspirations and understanding of their contribution to something bigger than the local unit.

D. Provide Supportive Relationships and Inclusive Spaces

Ensure that activities are led by well attuned and emotionally resonant youth leaders (peers) or adults, who build caring and trusted relationships with young people and who tackle exclusionary, bullying, discriminatory and/or victimising behaviours, policies and actions.

Recruitment, Induction and Training of Volunteers

Almost all of the uniformed youth organisations have a nationally developed programme of volunteer induction and training. However, the breadth, depth and method of delivery of volunteer induction and training vary greatly. Core topics include an introduction to the ethos and structure of the organisation, safeguarding and issues of health and safety.

For the majority of the organisations, most induction and training are delivered locally by volunteers to new members against a national curriculum. Much of this is delivered by volunteers following a training of trainers programme.

Military-based organisations have a particularly rigorous and in-depth recruitment and induction process. Potential volunteers will have exposure visits to Units followed by formal interviews and assessments focused on skills and experience. For those who

take on a leadership role for a Unit, they will need to participate in significant training – for example, a week-long residential training course.

Example from practice

- The **Girls' Brigade England & Wales** has looked to develop new ways of engaging with participants and meeting their mission through online developments. They have established koko – an online place for teenage girls and a resource for youth leaders. The online community includes films, blogs, insights and support about "living life to the full – enabling girls to 'keep on keeping on' in a hope-filled way". These can be accessed online or used by leaders in sessions. In 2017, the site won 'Best use of video' at the Premier Digital Awards for their film on 'resilience'. The site is free at the point of access and open to those engaged in Girls' Brigade England & Wales groups or not.
- The **Army Cadets** has developed specific training and guidance on the use of drill and parade activities. This aims to clarify to all leaders the purpose of drill and best methods for ensuring it is an effective and inclusive activity for participants.
- **Girlguiding** celebrates World Thinking Day every 22nd February. The annual event is coordinated by the World Association of Girl Guides and Girl Scouts and encourages all members to think of each other and celebrate the work of girls around the world. Initially established in 1926, each year is themed with for example, 2019 focusing on leadership.
- **The Boys' Brigade & Girls' Association** organises an annual event for its members and **Girls' Brigade England & Wales** groups and their members aged 11 and over. The camp is a mix of outdoor activities, games, music, workshops and faith development activities. The event includes opportunities to participate in worship sessions, to meet with an onsite pastoral team and access specific spaces for faith reflection.
- **The Jewish Lads' & Girls' Brigade** runs annual age-banded summer camps for its members. The long-established events have become a prominent feature of adolescence among many Jewish young people. The programme is specifically balanced so participants engage in a range of activities through the The Jewish Lads' & Girls' Brigade programming zones: learning & creativity; active & healthy; citizenship & community; social & emotional; leadership development and Jewish identity.

For service-based organisations, training tends to be locally determined and led depending on the individual police and fire and rescue services. That said, Fire Cadets have developed a volunteer training pathway with resources and the Volunteer Police Cadets are moving towards a national framework for a consistent approach to the recruitment of leaders and their training. Further measures are in development to share practice and develop a common national core of induction and training.

Intergenerational contact and safe spaces

Many of the uniformed youth groups highlighted that they have many long-standing and experienced volunteers. This creates opportunities for significant intergenerational contact and brings participants into contact with adults offering supportive relationships outside the family or formal education. The truly voluntary ethos among the adults in the relationship was also highlighted as key, with a perception that this builds trust

in them among participants; that they are truly there for the young person by choice rather than obligation or payment. These positive, non-familial relationships create safe spaces for young people to explore and share issues in their lives including where they face stress, adversity or harm.

Chaplaincy

Many of the uniformed youth organisations, especially those with a military ethos, have a role for volunteer chaplains. Most are drawn from the local area and are associated with a religious body; the vast majority being Christian priests or ministers. Many will be ordained but some may be lay members of their Church. The role and ethos of the chaplains vary significantly – from being a core aspect of the pastoral support available to volunteers and participants to a more ad-hoc, ceremonial role leading to a chaplain meeting with a unit annually.

Involvement of Local Link Organisations

For some of the uniformed youth organisations, their local delivery is locally associated with another organisation. Whilst each relationship differs, this brings access to a wide range of support at the local level, often with the involvement of professional staff. For example, Boys' Brigade & Girls' Association and Girls' Brigade England & Wales groups are hosted within a church with the local minister playing a key role in the recruitment and supervision of leaders. Similarly, Fire Cadets and Volunteer Police Cadets are funded and delivered by their local police or fire and rescue service. As both statutory fire and police service provision is locally determined, the scale and level of engagement with the service will vary significantly by area. Fire Cadets can be run by volunteers supported by professional staff, or alternatively a unit will be run by paid staff.

These local groups can often tap into the professional support of much wider organisations when responding to challenging situations, being required to comply with their own policies and procedures and having increased access to training.

Some of the military organisation's local units will also have a link with a specific squadron or section of the military organisation they are affiliated with, but this tends to be more ceremonial and allow access to experience rather than proactive support. For example, each Sea Cadet district will have a relationship with an affiliated ship and tend to be linked into that ship's open day, etc.

Army Cadets Officer Training programme

Adult volunteers in the Army Cadet Force (ACF) can apply to become an ACF officer; the route to taking a leadership and management role in the Cadets. An intensive two-day assessment event – led by the Cadet Force Commissioning Board (CFCB) – assesses volunteers' leadership qualities and potential. This includes timed mental aptitude profile tests, interviews and assessments of their ability to write and present. If a volunteer passes, they begin a two-year probation including one year to complete the Initial Officer Training programme. The in-depth training covers planning for self-development, the values and standards of the ACF, leadership, practical skills and managing risk. The course culminates with a weekend at the Royal Military Academy Sandhurst, itself seen as a prestigious and motivating event. The course is mapped against the Level 4 Certificate from the Institute of Leadership and Management. Once completed, an individual would be eligible to lead a detachment (local unit).

Example from practice

- The **Scouts Association** training for volunteers includes mandatory modules – safeguarding, safety and first aid – and then optional modules including Supporting Young People and Additional Needs. Training is primarily self-directed through the development of a volunteer personal learning plan. A Country Training Manager would then validate that the training has been completed and the volunteers understanding of the topic.
- New volunteer officers and senior non-commissioned officers in the **RAFAC** must attend a weeklong residential training course covering significant training on squadron and personnel management and safeguarding before taking up their posts. Further residential training is provided for officers selected to command squadrons as well as for those promoted to regional and national command appointments.
- Volunteers that run **Sea Cadet** Units must undertake a weeklong residential 'Command Team Course' which contains a detailed safeguarding briefing with a member of the organisation's Safeguarding Team. Sea Cadet Instructors are also taught skills to help them run their units with other subject matter experts from across the organisation and the course includes a visit to Sea Cadet Headquarters and face to face time with the management team.
- Any new **Army Cadet** Instructors must undertake a familiarisation and assessment weekend delivered by staff in their local county.
- Each new **Girls' Brigade England & Wales** leader is appointed a mentor to provide extra support as they transition into a leader. This person may be an experienced leader in their group, someone in the local church who has experience of youth/children's work or someone within the local district network focused on supporting the volunteer in their induction; it will be someone who aids reflection on skill development and offers feedback and encouragement, guiding and encouraging self-reflection.
- In the **RAFAC**, a chaplain (known as a padre) is assigned to every squadron (the local unit in the RAFAC). In practice, it was reported that chaplains would visit a squadron on a monthly basis (often termed 'the padre's hour') and be known to the majority of participants as a source of pastoral or welfare support. A national chaplain offers guidance and attends an annual chaplains' conference where members discuss chaplaincy matters and exchange ideas.
- All **Boys' Brigade & Girls' Associations** leaders complete a Youth Leader Training which covers key skills to lead a group. This includes age-adapted courses on building relationships with children and their parents or carers (for those working with under 11s) and building relationships with young people (for those working with over 11s). This sits alongside training on equal opportunities and a basic understanding of child development (for those working with under 11s).
- The **Fire Cadets** have a national training package for volunteers. This is available for local delivery and allows for tailoring to reflect local circumstances and the form of delivery.
- All **St John Ambulance** have access to a confidential MyWellbeing Hub which provides access to a range of resources and tools to aid health and wellbeing. This includes access to a wellbeing assessment and to counselling via a dedicated website and a smartphone app. In addition, all volunteers get access to a Confidential Assistance Programme they can turn to if managing difficulties.

E. Be Mental Wellbeing Informed

Understand the common emotional distresses and social/individual pressures young people face, how these manifest and present themselves and the impact they can have on them. Ensure there is a confident and quality response to poor mental wellbeing or mental health problems including accessing professional support where necessary.

Policies

Few of the uniformed youth organisations have standalone policies or procedures which are explicitly about informing staff and volunteers on issues related to mental health and wellbeing. Usually, issues relating to harm to participants – and for some organisations, volunteers – is covered within their existing safeguarding frameworks. Many highlighted that this was an acknowledged area of development.

Mental Health Awareness Raising

As with much of the wider youth sector, there is limited specific training for staff and volunteers of uniformed youth organisations on issues related to mental health and wellbeing and none has specific training related to loneliness. There are a few examples offering training on safeguarding which was seen to capture a wide range of types of harm experienced by participants and how to share any concern with a designated safeguarding lead. Most uniformed youth organisations recognised this as an increasingly important area impacting their members and therefore seen as an area for development, with some seeking resources or planning activities to fill this gap.

Some of the organisations have developed dedicated champions for mental health and wellbeing. This varies from roles in the workplace (e.g. Girlguiding) to voluntary roles in the organisation (e.g. RAFAC).

Skills of Volunteers

Some of the organisations specifically highlighted how they have a sizeable proportion of volunteers who have a professional background in teaching, health care or social work. This level of expertise is often shared within their voluntary role and those individuals taking on senior roles in their unit and/or district/region depending on each organisation's structure. A counter to this is that at times some volunteers will have a more significant appetite for engagement in the participants' lives and potentially the knowledge and skills with which to respond to issues outside the remit and risk appetite of the uniformed youth organisation itself. A careful balance is being struck between offering participants proactive support and ensuring that the individual volunteer remains within the boundary of the purpose and expertise of the organisation. Most felt confident that this was a manageable level of risk with existing training on safeguarding making clear the boundary of the roles whilst volunteering regardless of professional expertise.

Gender

A common theme across the organisations was the way that gender and gender identity intersect with the organisation's culture and approach to mental health and wellbeing.

For military and service-based organisations, it was highlighted that they have been traditionally male-dominated organisations and can continue to be perceived as such. In part, this was seen as stemming from the expectation of their military or service ethos and the challenges for the armed forces, police and fire and rescue services in recruiting and retaining women. Whilst military and service-based organisations do not see their role in recruiting for their associated service, this can have a knock-on impact on the perceptions of their associated cadet forces. However, the fact that they have

been very proactive in challenging these perceptions and seeking to ensure women's leadership and role models in their organisations has been noted. For example, the RAFAC has been led by female RAF Air Commodores since 2010. Likewise, the historical white male dominance within the fire rescue and service firefighting workforce is not reflected in the gender and ethnicity characteristics of the Fire Cadets, who reflect more closely the social demographics locally and nationally.

For girl-only organisations, the single-sex focus of the organisation creates a space whereby girls and young women can freely express themselves without concerns about the pressures from boys.

Many organisations have been on a journey in terms of their membership. For example, the Scouts first allowed girls to join the top age range in 1976 and since 2007 the association ruled that girls may join any UK Scout group, in any age range. The Boys' Brigade & Girls' Association has allowed local groups to form Girls' Associations since 2009 and now offers training for volunteers on running mixed gender groups and meeting the specific needs of girls in a traditionally boy-focused organisation.

Age Appropriate Mental Health Information

A common challenge expressed by many of the organisations was how to provide age-appropriate information, advice and guidance to participants on mental health. Whilst broad, positive messages of wellbeing were relatively easy to convey; how to spot signs and symptoms of distress or emerging mental health problems were more challenging. In addition, there was a recognition that information produced will be shared by volunteers who may not have significant training themselves.

In addition, the young researchers found differences in how different volunteers would feel confident to discuss mental health issues with young people or have awareness of their context and the pressure on their lives. Volunteers need to have an understanding of mental health concerns and young people's use of social media for example.

Learning when Volunteers Leave

Most uniformed youth organisations have a process for seeking to end relationships with volunteers well. This helps to provide appropriate closure for the volunteer and their teammates as the relationship comes to an end avoiding sudden disappearance or distress. It also gives opportunity to hear and receive feedback on their work.

The voluntary nature of the role means that this can vary significantly depending on the why someone is leaving and the capacity/capability of those supporting them to manage this closure well. Many will offer and encourage exit interviews with individual volunteers at their local level with their relevant supervisor. Surveys are carried out among many organisations of those who choose not to continue volunteering but there is variation in terms of detail and how future planning is analysed/informed.

Capturing and Responding to Participants' Views and Experiences

Most of the organisations have developed mechanisms for children's and young people's participation, to better enable them to understand the needs, wishes and experiences of young people. These vary across the bodies depending on their own structures, governance and ethos. Examples of inclusive participation could relate to:

- Everyday decision-making (e.g. training leaders to listen and respond to participants)
- Autonomy and rights to consent (e.g. allowing increased decision-making as participants' capacity and maturity evolves)
- Structures and processes in governance (e.g. more formalised youth panels or mechanisms in trusteeship, commissioner roles, etc)
- External advocacy and influence (e.g. how the organisation platforms and signposts the views, wishes and experiences of their members)

Example from practice

- All **Girlguiding** staff have access to mental health champions, an external counselling support agency, a wellbeing policy and a wellness action plan to be completed between staff and their line manager. The organisation has committed to the Time to Change pledge. The organisation has delivered young people's mental health training for staff working directly with young people and a mental health first aid training.
- Every county in the **Army Cadets** must have a medical support officer with a first aid qualification who demonstrates a thorough knowledge and understanding of mental health and wellbeing. The role takes a lead in advising the country leadership in all matters relating to healthcare and welfare for members of the Army Cadets, including ensuring liaison with local health services. They have also launched a nascent Healthy Minds initiative. This has included producing information on mental health awareness and support groups aimed at participants.
- The **Sea Cadets** are currently developing and rolling out a pilot for new Youth Welfare Lead across districts. The focus of the role will be to provide information, advice and guidance to participants and support other volunteers in meeting their pastoral and safeguarding duties to participants.
- The **Scout Association** have partnered with the mental health charity MIND in delivering webinars to raise awareness of mental health. In West Yorkshire, local groups have developed a resource pack with local MIND groups called 'Mind the Gap'. The pack is full of activities for use with 6–25 year olds to enhance programme activities with information about mental health awareness and local support available.
- **St John Ambulance** is currently rolling out Mental Health First Aid to Youth Unit Managers.
- The **Girls' Brigade England & Wales** (GB) has recently developed training and resources on turning up the volume of hope on mental health. This aims to enable leaders to understand mental health and adjust the GB programme and sessions according to the needs of the children and young people attending.
- The **Scout Association** has three reserved positions on their Trustee Board for individuals aged 18–24. They also have a range of other mechanisms for youth participation in decision-making such as Local Youth Commissioners on District and County Executive Committees. In these roles, they are also charity trustees of those specific bodies with shared legal responsibility. These commissioners do not deliver all youth-shaped scouting themselves, as this is a collective responsibility for all of the members, but they drive the Scouts' ambition to be youth-shaped.

RAFAC Mental Health Awareness Course

A Mental Health Awareness Course has been rolled out across the UK to staff and volunteers. The course was developed in conjunction with Young Minds and with RAFAC volunteers with lived experience of managing mental health problems. The course is an optional 'opt-in' and has been especially in demand among volunteers who have participants or volunteers who are managing poor mental health or specific diagnosed mental health problems. Following initial piloting, a train the trainers course has trained other instructors to be able to meet demand within the organisation. In addition, a version of the course has also been developed for use with staff cadets (16–18 year olds who have leadership roles over other participants).

The course is delivered by two instructors with approximately 15 participants. It is a mix of explanation and participatory reflective activities. The focus of the course is to raise awareness of mental health and destigmatise key mental health problems such as depression, anxiety, self-harm and eating disorders. It has a large focus on how to best signpost individuals to appropriate support services.

Unusually for the organisation, the course is explicitly non-hierarchical. Participants are asked not to wear their uniforms or to address one another by their rank or status in the organisation. The focus is on everyone, on an equal basis, being able to learn and share their experiences of mental health and the support that they can best give to participants.

Young researchers findings

Young Researchers from the Youth United Foundation Youth Panel found that:

- Adult volunteers have a mixed understanding of mental health and loneliness
- They are keen to listen to children and young people and they want to help them get the support they need, especially if they are struggling with feeling lonely or their mental health.
- Some volunteers are more happy to talk about these issues with older teenagers, especially if they have had training.
- Even if they think they might struggle to talk about these issues, they often have other volunteers they could speak with or get help from.
- Many would like specific training in mental health and loneliness.

F. Enable Managed Risk-taking with Safety and Care

Expose young people to new ways of thinking, living and behaving, including through interactions with their local environment & surroundings. Create spaces that enable young people to explore, experiment and test new ways of being themselves and relating to others; ensure this allows for appropriate levels of risk-taking.

Risk Appetite and Ethos of Safety and Care

A common theme of the ethos of all of the uniformed youth organisations is enabling participants to undertake exciting, challenging and often new activities. This approach is so core to the culture and activities that it is not necessarily articulated in any one particular way, or through a particular approach or set of policies and procedures. Uniformed youth groups are inherently about risk-taking with safety and care. This appears to permeate all aspects of the organisation and its activities.

It is important to stress that risk here is not purely about adventurous, outdoor or physical activities. The focus is as much on how to challenge participants to try new experiences and to push themselves and expand their comfort zones. This can be as much about workshop or group-based activities which enable opportunities for leadership, public speaking or creative expression as it is about outward-bound activities.

Risk Management

Risk management is a common feature of how uniformed youth organisations see themselves, their culture and a core aspect of what they offer to their participants. All processes for risk assessment of activities are reported; they are often delivered by volunteers and tailored to the specific group of participants. Risk was framed as something to be managed rather than avoided, alongside developing the confidence of volunteers to help them to make risk informed and assured decisions for activities. Informed consent of volunteers, participants and, where appropriate, their parents or care givers permeates this approach to risk.

Policies and Procedures

Most uniformed youth organisations have an organisational wider safeguarding policy with procedures for escalating concerns about harm. All have ratios of participants to volunteers for adequate supervision during activities. Many have detailed guidance and expectations for safer working practices and an expectation of common standards of behaviour through volunteer codes of conduct or agreements.

Examples from Practice

- Military ethos organisations can expose young people to new surroundings and experiences which may be illegal in other settings. For example, the **RAFAC** offers all cadets training with firearms and encourages sports target shooting. Access to weapons is carefully controlled with full risk assessments for all activities and operated within the Ministry of Defence Safe System of Training.
- **Sea Cadets** have the opportunity to undertake activities with high-risk such as offshore sailing and these activities operate within a safe system of training. This system ensures safe practice, safe people, safe equipment and a safe place for all activities and allows cadets to experience risk in a controlled environment.
- **Girlguiding** has introduced a new 'framework for participants' programme which is intended to meet the needs and desires of a diverse range of girls. There is a significant opportunity for differentiation to allow different participants to be stretched with greater levels of autonomy and risk-taking. The new framework is developed through key themes: Identity and Culture (know myself) Self-expression (express myself) Physical and Mental Wellbeing (be well) Challenging Yourself (have adventures) Social Action (take action) and Personal and Professional Skills (skills for my future).
- Each **Volunteer Police Cadet** programme is developed by their police force, within an agreed national framework. The overall national expectation is that a participant would spend approximately half of their time in the meetings and workshops and half of their time in the community engaged in activities. A system of risk assessment is used to ensure compliance with the duties to cadets under the Police (Health and Safety) Act 1997.

G. Adopt An Adversity Informed Response to Behaviour that Challenges

Respond empathetically and sensitively to loneliness behaviours and other behaviours that they can find challenging, recognising that these are responses to the young peoples' environment and situation and part of the young person's development; how they explore who they are; and, how they relate to others.

Identifying Participants or Volunteers at Risk of Harm

All the uniformed youth groups have developed safeguarding policies and procedures which include a focus on identifying signs and symptoms of harm including indicators of distress and emotional harm. Whilst few have a specific or detailed focus on harm arising from mental health problems, there is an ethos of being centred on the needs of the individual and responding to concerns.

The scale and depth of training varies both by organisation and volunteering role. For service-based organisations which tend to be very locally led, this can often be determined by individual fire and police services. For others, there is a clear national programme of training delivered in person and/or online.

Most of the focus for safeguarding training and action is clearly centred on concerns about the participants. For some of the organisations this has been adapted so as to be inclusive of responding to concerns about volunteers themselves. Overall, there is less awareness of duties to safeguard adults at risk of harm but these were less well embedded than those of duties towards children.

Supporting Participants at Risk of Harm

There was a consistent and strong sense from all uniformed youth groups that demand for support on mental health and wellbeing from participants is increasing. Within this context, more participants are presenting with more complex mental health concerns or issues of wellbeing. In addition, participants were perceived as increasingly being mental health aware – framing issues in their lives as having an impact on their mental health.

As demonstrated in the youth research, some volunteers can find it challenging to respond to mental health issues and lacked awareness about what an appropriate response might be or what services they may be able to signpost a young person too. There was a perception of a different generational understanding of mental health, the nature of healthy development and challenges that people experience through childhood and adolescence, what issues are problematic/abnormal and what an appropriate response is.

Recording of concerns from and about participants in organisations varies. Some have more robust systems for recording and identifying most significant safeguarding concerns. Often the range of information is held locally, tacitly between local volunteers or not recorded all.

Volunteer Supervision

All uniformed youth organisations have a process for volunteer supervision which, in part, aims to ensure that a consistent level of behaviour is maintained among all volunteers, participants and peers. For the vast majority of volunteers, this is led locally within a framework set by the organisation. There tends to be an escalation route either up a rank-based structure (e.g. in military-ethos organisations) to senior volunteers or staff in regions or nations or to professional staff, usually locally based (eg in service-ethos organisations). Most of the supervision and feedback to volunteers tends to be relatively informal but some organisations have developed more structured annual reviews on performance and seeking formal feedback.

Where there is a structure of regional leads/commissioners/senior volunteers or where there is a hierarchy of rank, recruitment to the next step of responsibility includes an exploration of skills, knowledge and expertise and space for reflection on volunteering experiences to date.

Volunteers Backed up by Experienced Peers and Staff

All the uniformed youth groups highlighted how experienced volunteers and staff offer a 'backstop' to volunteers who are finding engagement with young people or other volunteers especially challenging. A small staff team at head office (and in larger organisations senior volunteering roles at a regional level) provide significant support, direction and coaching in the organisation. Often this involves ongoing signposting to resources, phone coaching or dealing with difficult situations and at times more proactive case management. The level of support depends on each situation and the confidence/experience of the volunteer but it can be very significant and intensive. It was recognised that in some organisations this has evolved over time with a need to further develop guidance, resources and practice experience of what works to mentor and coach volunteers remotely in dealing with challenging situations.

Examples from Practice

- The **Boys' Brigade & Girls' Association** works in partnership with the Additional Needs Alliance – which helps churches to include, support and create places of belonging for, and spiritually grow children, young people and young adults with additional needs or disabilities. This includes training to raise awareness of the range of needs of participants and volunteers. Similarly, the Girls' Brigade England & Wales has also worked with Additional Needs Alliance to facilitate equipping sessions on ensuring Girls' Brigade is a place of belonging and inclusion for all.
- The **St John Ambulance** has an annual programme of Volunteer Development Reviews. Each individual volunteer will undergo a process of reflection on their performance and engagement in the organisation. A guide for volunteer manager aims to support this so that it is a supportive process whilst also identifying further training needs.
- **The Sea Cadets** have a core module on Youth Development for all new adult volunteers which covers inclusion and additional needs. In addition, a bank of advice and resources have been added to the volunteer's members area website to guide and support them in supporting their young people.
- **Girlguiding** has published a range of support guides for adult volunteers on making reasonable adjustments and how to respond well to behaviour that challenges.
- **The Scout Association** has worked with the National Autistic Society to develop an eLearning programme for leaders to enhance their knowledge of autism and how best to include autistic people within groups and activities they may find challenging, such as sports. There have also been a range of webinars which provide practical advice and support on autism inclusion to leaders.

H. Actively Avoid Contributing to Distress and Cycles of Loneliness

Actively avoid activities, cultures and behaviours that are more likely to perpetuate cycles of loneliness and result in poorer mental health and wellbeing outcomes, exacerbate mental distress or undermine the management of mental health problems. This includes stigmatisation or othering of adversity or personal characteristics; over-dependency by young people on the activity or organisation; compassion fatigue; poor response to disclosures of trauma and/or showing attitudes and actions that re-trigger previously experienced adversity.

Ignorance, Misunderstanding or Stigma amongst Volunteers and Participants

Many noted the growing awareness amongst both volunteers and participants of mental health problems and the negative impact of distressing loneliness. As volunteers are made up of and reflect the wider community there remains some ignorance, misunderstanding and stigma of mental health issues. At times it was described as being exacerbated by generational shifts in understanding and the language around mental health; with associations about significant mental health problems made by volunteers differing from what certain participants felt comfortable with in terms of describing the status of their mental health and emotions. There is an ongoing need to support understanding of mental health and reduce fears around discussions of emotions, distress and experiences of trauma and harm.

Managing Familial and Personal Relationships

At a local level, especially in suburban, rural and peri-rural areas and in military cadets and faith-based organisations, the leadership and delivery of provision are often centred around key volunteers. In some places, a range of family and personal relationships can become overlapping and blur the boundaries between the provision for the benefit of young people and their personal relationships.

These close relationships were perceived to be often very beneficial. They ensure that groups are rooted in the local community, can assist in volunteer retention and are part of the reason why volunteers will often go above and beyond. A concern is where these relationships can become clique-like and closed to others, especially in smaller units or communities. This can be off-putting for new volunteers and a disincentivise in the recruitment of a diverse volunteer team. At its worst, it could or has allowed habits below the expected standard of behaviour to go unchallenged. However, the growth of safeguarding and safer working practices has led to a renewed focus on building open cultures in the volunteer team at all levels.

Tackling Bullying

All organisations expressed a commitment to combating bullying experienced by participants. The mechanisms for tackling bullying varied but often included commitments in participants behaviour agreements and provision of information to participants on how to report bullying.

Providing Flexible Volunteering Opportunities

Many of the uniformed youth organisations reported flexibility in terms of their expectations of volunteers whilst they are managing mental health problems and/or experiencing periods of distress. Often this was framed as a very informal, flexible and adaptable response to the circumstances with teammates ‘stepping up’ to allow the volunteer to ‘step back’ for a period of time. The emphasis in the culture of volunteering across the organisations was a recognition that other things may prevent individuals

from taking up their role for a period of time. Many organisations are seeking additional volunteers for local units so that there is always flexibility for people to step back but still ensure that the participants have a consistent and quality experience. For those organisations with highly structured volunteering roles – such as those associated with a specific rank and responsibility – it was more challenging to be highly flexible.

Managing Expectations of Volunteers

A challenge for some of the uniformed youth organisations – especially those with a military or service ethos – related to potential volunteers who assume that their role will be akin to the established military or service organisations. This had some benefits, including being able to recruit motivated individuals seeking experience as a precursor to future employment and/or those with some technical knowledge which they could share with participants. However, there was a recognition that the recruitment process has evolved so that it is rigorous in terms of laying out clear expectations of behaviour and clarity that the role is primarily about supporting children and young people.

Hazing and Inappropriate Conduct

The standards of conduct for volunteers in uniformed youth organisations have become more formalised, explicit and in line with modern safeguarding standards. It was noted that traditionally and predominantly historically, some adult volunteers would have engaged in behaviours which would breach current standards. Several organisations noted that a key role in the development of safeguarding training and processes has been to raise awareness not just in terms of responding to harm and promoting effective reporting but also to challenge cultures and behaviours which could be distressing to participants. For example, 'hazing' style inductions, name calling or singling out individual participants who do not succeed at a task or activity. It was noted how there has been a growth in volunteers challenging these behaviours and new norms have developed with certain behaviours being seen to be inappropriate at all times.

Ending the Volunteering Relationship

All uniformed youth organisations have some process for proactively deciding to end a volunteering relationship where there has been a concern about poor practice or a volunteer engaging in behaviour which could cause distress. The process for this varies according to the organisation – at times it is managed locally by the individual unit and/or may involve a local link organisation. For others, there would be a more significant organisational-wide response. It was widely acknowledged that this was almost always a process of last resort and that issues of resolution, additional training and support would be exhausted.

In addition, where there are concerns about a whole unit or group, the organisations retain the ability to investigate and – in extremis – pause their activities, suspend or remove the local unit's license to operate under the auspices of the organisation. The specific mechanism varies significantly between organisations depending on their individual legal structure and governance.

Examples from Practice

- The **Army Cadets** has introduced the ACF Excellence Model as a performance management tool for its local activities. Initially, this started as a competition with a check sheet of indicators for self-assessment. This has evolved over time to be an 'opt in' tool in terms of how well the county group is run; it flags up when training is overdue.
- The **Boys' Brigade & Girls' Association** has a structure of Safeguarding Panels made up of volunteers from across the organisation. The group is primarily involved in the assessment of applications of leaders where there is a positive safeguarding disclosure. However, they are also involved in overseeing the management of safeguarding allegations and complaints and undertaking risk assessments of leaders. This could include offering a package of training, supervision and support following concern about certain behaviour.
- The **Scout Association** has developed a 'Young People First' Code of Practice known as the Yellow Card. The short document is designed to be kept on any adult involved in Scouting activities and sets out a clear set of 'dos' and 'don'ts'. All parents of participants are made aware of the Yellow Card.

I. Tackle the Causes of Loneliness and Social Isolation

Collaborate in network, membership and system-wide initiatives aiming to tackle the structural and external factors that cause, exacerbate or amplify experiences of loneliness (i.e. community violence or poverty), including youth-led social action.

Links in the Local Community

All uniformed youth organisations play a positive role in connecting with local community organisations and in facilitating young people's social action. They share a commitment to the Step Up To Serve's #iwill campaign which aims to increase, by 50%, the number of young people aged 10 to 20 taking part in youth social action by 2020.

For the Boys' Brigade & Girls' Association and the Girls' Brigade England & Wales, there was an especially strong connection with a local church. Each unit is based within a church which takes a lead in selecting and supervising volunteers. It was highlighted that the connection to the local church community often helped to build wider connections with social action activities and also to signpost appropriate support for participants or their families facing hardship or adversity.

For service-based organisations, local community visibility was seen as a core element of their activities. Participation in local social action, supporting stewarding of sporting or civic events and fundraising for other charities helped to develop public understanding of the organisation and, where they are associated with a wider service.

Campaigning for Change

Some of the organisations have prioritised their role in seeking wider societal change, including on issues of mental health and wellbeing. Girlguiding, Scouts and Girls' Brigade England & Wales have an active policy, undertake advocacy and campaign functions which inform and mobilise their participants and volunteers to seek wider social change. This is often led by the views and interests of their participants and/or bringing their views and experiences to the attention of government and policy makers.

Given the governance structures of many of the military and service-based organisations, they have clearer boundaries on political advocacy and campaigning.

The focus is less on organisational campaigns but rather aiding local youth-led social action.

Examples from Practice

- Members of the **Boys' Brigade & Girls' Association** senior section are expected to do 30 hours of activity with their local unit (Company) and then 30 hours of volunteering in the community.
- **Girlguiding** has spoken out on a range of mental health and wellbeing issues affecting girls and young women; for example, the organisation has demanded that schools take a zero-tolerance approach to sexual harassment; that Personal, Social, Health and Economic Education is a statutory entitlement for all young people and that children's exposure to harmful sexualised images and content in mainstream media should be halted.
- A Million Hands offers **Scouts** the opportunity to choose an issue that they are passionate about and take action on it, as part of working towards their Community Impact badge. In the previous round of A Million Hands, groups could choose to focus on mental wellbeing and resilience (supported by Mind) or disability (supported by Leonard Cheshire & Guide Dogs).
- The **Sea Cadets** has a National Cadet Forum which meets regularly throughout the year. Each year The First Sea Lord (the professional head of the Royal Navy) will appoint a young person, known as the First Sea Lord Cadet, to be their representative in their region. These young people make up a National Cadet Forum which acts as a national voice for young people in the sea cadets. Given the success of the group, a second representative per region is now invited to join the Forum and diversify those engaged.
- **St John Ambulance** supports Cadets aged 14 or older, and once participants have completed their first aid training, they can progress to become a Peer Educator. This offers training and support to enable Cadets to have the opportunity to give first aid training to other young people in their community. Participants can obtain a BTEC Level 2 in Peer Education.
- The **Jewish Lads' & Girls' Brigade** have developed eVOLve – a youth volunteering and skills initiative specifically designed to make volunteering easier and more rewarding for young Jewish people and take into account faith and cultural needs. An online platform connects young people, parents, charities, schools, youth groups & synagogues so that all opportunities can be managed in one place for everyone involved enabling young people to be matched to age appropriate opportunities and log their hours towards nationally recognised awards including the Duke of Edinburgh's Award and National Citizen Service.
- Each **Fire Cadets** unit will undertake a minimum off three social action activities a year which forms part of the Fire Cadet Award.

Girlguiding Future Girl

In 2018, Girlguiding captured the views of 76,000 girls and young women aged 4 to 25 years old. Girls and young women shared their concerns, hopes and ideas about the world and their lives. The topics that girls of all ages care about the most shaped their Future Girl manifesto. Of the five themes, two are especially relevant to issues of mental health and wellbeing:

Self-Believers

Girls want to have confidence to be themselves. But pressure to look and act a certain way affects their wellbeing. Girls want schools to prioritise and support their wellbeing. They want better regulation of social media platforms to minimise pressure on them.

Respect Makers

Girls want a respectful world without bullying, cruelty, or sexual harassment. They want schools to combat bullying. They want to create a world that respects all girls. And they want all girls to be able to ask for help when they need it.

Conclusions and Recommendations

Uniformed youth organisations cumulatively bring hundreds of years of lived experience, thousands of committed volunteers and significant reach across the UK; and this is increasingly the case for previously under-represented groups. Whilst varied in their structure, governance, programming and form of participant experience, all are responding to children's and young people's experiences of distressing loneliness, poor mental health and a negative sense of wellbeing.

We have found that, at their best, uniformed youth organisation activities, and the relationships they facilitate, are associated with a positive role in responding to loneliness, enhancing mental health and promoting wellbeing amongst young people and adult volunteers.

Strengths of Uniformed Youth Organisations Today

Key strengths of uniformed youth organisations which are likely to support participants and adult volunteers to avoiding or tackling loneliness and which build positive mental health and wellbeing include:

- Senior leadership commitment to tackling bullying, harassment, prejudice and to safeguarding participants. Most of the organisations have clear safeguarding policies and procedures and organisational cultures which demonstrably value the need to proactively prevent harm and respond well to any concern about a child or young person.
- The ability to build a sense of belonging amongst young people and to build their sense of connection to their communities and supportive non-family adults.
- Increasing reach among a diverse range of participants and facilitation of the exposure of participants to those different to themselves.
- Facilitation of purposeful social action which has a positive impact on communities.
- Delivery of activities which provide a range of positive personal and social development outcomes.
- Provision of supportive and trusted relationships to their participants, especially those who are experiencing distress or harm in their lives and who are under-served by reduced statutory or other voluntary provision.
- Experience and understanding of managing risk with safety and care
- Provision of opportunities for young people's participation in decisions about their involvement and in local activity provision.
- Their experience in sharing with policy makers the positive impact of their work and the wider sector in terms of tackling loneliness and promoting positive mental health and wellbeing.

Preparing Uniformed Youth Organisations for Tomorrow

Many of the uniformed youth organisations are long standing organisations with proud histories, traditions and an ability to continually evolve to meet the ever-changing needs of children and young people in society.

They have developed alongside a significant shift in society's understanding of mental health and the positive development of children and young people. In the years to come, rising expectations and a public appetite for further care and support to participants is likely to sit alongside improving evidence of the drivers of positive wellbeing and resilience which allow people to cope with loneliness, avoid distress and recover from trauma.

Likewise, the current trends towards an increasing number of children and young people having unwelcome feelings of loneliness or more significant mental health problems may continue. Experience of distress and a need for support, especially for

those on the edge of harm, are likely to outstrip statutory provision and uniformed youth organisations own current capacity and capabilities.

As uniformed youth organisations continue to reinvent themselves, grow and change they will need to reflect these shifts in their wider understanding of their mission, purpose and public benefit.

Key Priorities

1. Uniformed youth organisations should **place children's, young people's and adult's mental health in clear parity with physical health**. They should proactively seek to strengthen action which builds positive mental health and supports wellbeing. Future organisational strategies, participant programming and volunteer training, support and supervisions should have an intentional focus on positive mental health and supporting wellbeing.
2. **Emphasise building stronger foundations which benefit all, ensuring that current good practice is shared and enhanced. There should be a shared aim for a consistent high-quality wellbeing informed approach as the norm for all participants and volunteers**. Organisations should look at how to ensure that what is working well in some organisations or some units can be better shared, adapted and tailored to the ethos and structure of individual network members.
3. **Increase collaboration between uniformed youth organisations**, especially in terms of building awareness of mental health issues and training for volunteers in core skills to build supportive and attuned relationships with participants. Collaboration should deepen along with greater opportunities for functional leads and local volunteers to share learning and practices.
4. **Invest in new and improved methods to better capture and report what is being achieved and what elements of the ways uniformed youth organisations are working are especially impactful on the wellbeing and wider development of young people and adult volunteers**. A common theme of this review has been the lack of good quality evidence on youth loneliness and the wider outcomes of youth organisations. This lack of current evidence is not evidence of lack of current effectiveness, however. Gaps are slowly being filled with increasing empirical evidence of effective interventions. These efforts should be enhanced and supported.

Priorities for Enhancing Practice

To meet these growing needs and opportunities, key areas of focus going forward should include:

- Building new mechanisms for participants to be engaged in organisational decision-making and the design, development and evaluation of approaches to enhancing mental health among uniformed youth organisations.
- Building accurate understanding amongst policy makers, participants, volunteers, staff and families of those experiencing loneliness, mental health problems and wider wellbeing issues. This would include recognition that loneliness is a normative part of human development, how to spot signs and how to respond well to those in distress, more explicitly challenging stigma associated with those who experience periods of distress and mental health problems and raising awareness of the rights of participants and volunteers to protection from harm and equal treatment.
- Further enhancing participants' understanding of their right to be safe from harm, including not experiencing distressing loneliness and in terms of maintaining positive mental health, through provision of age appropriate information.

- Continuing to promote developments in terms of diversifying participant programming to include intentional activities which contribute to positive mental health, building resilience and capacity for self-care. This should include continually ensuring that all participants consistently experience a balanced and broad range of engaging, constructive activities.
- Enhancing care support to participants through further development of volunteer induction and training. This should explicitly include knowledge of positive child and youth development and building skills to form supportive relationships in addition to responding well to behaviour that challenges.
- Enhancing, where it exists, the role of chaplains, welfare leads, mental health champions and/or safeguarding leads to build proactive cultures of positive mental health as well as responding well to concerns of harm.
- Continuing to develop the support offered to adult volunteers who experience distress or harm, clarifying both the boundaries of the organsiation's duty of care to its adult volunteers and systems for signposting/referring those in need to other appropriate sources of support.
- Continuing to develop new forms of flexible volunteering which can better meet the needs of adult volunteers who experience distress or harm and/or which better enable adult volunteers to contribute.
- Where they exist, rank-based structures should be reviewed to ensure clarity and consistency of progression and appropriate induction for those attaining a higher rank among youth participants. Ensuring supervision of participants with rank to make certain that their behaviour does not cause or contribute to significant distress.
- Developing experience and systems to better ascertain the support needs of participants and volunteers upon initial contact with the organisation and guidance for staff and volunteers on how best to respond well and make reasonable adjustments for disabled participants and volunteers affected by poor mental health.
- Enhancing data collection for participants and volunteers to give a clearer, more detailed view of who is participating when, where and for how long.
- Investment in longer-term evidence collection on the contribution of engagement in uniformed youth organisations on the lived experiences and outcomes of participants and volunteers. Further work could be done to develop common core outcome indicators between uniformed youth groups, to share practice on data collection, storage and analysis and to seek to ascertain the differential impacts of different models of delivery between network members.

References

1 HM Government (2018) *A Connected Society: a strategy for tackling loneliness – laying the foundations for change* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf
2 DCMS (18 June 2018) *£20 million investment to help tackle loneliness* https://www.gov.uk/government/news/20-million-investment-to-help-tackle-loneliness
3 DCMS (10 September 2018) *Government invests £5m to increase places for disadvantaged children in youth organisations* https://www.gov.uk/government/news/government-invests-5m-to-increase-places-for-disadvantaged-children-in-youth-organisations
4 Ibid.
5 DCMS (11 April 2019) New Youth Charter to support young people across the country https://www.gov.uk/government/news/new-youth-charter-to-support-young-people-across-the-country
6 Coşan, D. (2014) 'An Evaluation of Loneliness'. *The European Proceedings of Social & Behavioural Sciences:* http://dx.doi.org/10.15405/epsbs.2014.05.13
7 HM Government (2018) *A Connected Society: a strategy for tackling loneliness – laying the foundations for change:* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf
8 Perlman, D., & Peplau, L. A. (1981) 'Toward a Social Psychology of Loneliness' in R. Gilmour, & S. Duck (eds) *Personal Relationships: 3. Relationships in Disorder*. London: Academic Press. pp. 31–56.
9 Asher, S. R., & Paquette, J. A. (2003) 'Loneliness and Peer Relations in Childhood'. *Current Directions in Psychological Science* 12(3): 75–78. BBC (2018) *BBC Loneliness Experiment: the anatomy of loneliness*: https://www.bbc.co.uk/programmes/articles/2yzhfv4DvqVp5nZyxBD8G23/who-feels-lonely-the-results-of-the-world-s-largest-loneliness-study
10 Matthews, T., Danese, A., Caspi, A., Fisher, H. L., Goldman-Mellor, S., Kepa, A., Moffitt, T. E., Odgers, C. L., & Arseneault, L. (2019) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study'. *Psychological Medicine* 49(2): 268–277: doi.org/10.1017/ S0033291718000788.
Blossom, P. & Apsche, J. (2013) 'Effects of loneliness on human development'. I*nternational Journal of Behavioural Consultation and Therapy* 7(4): 28–29.
11 Qualter, P. & Munn P. (2002) 'The separateness of social and emotional loneliness in childhood'. *Journal of Child Psychology and Psychiatry* 43(2): 233–244.
12 Victor, C. R. & Yang, K. (2012) 'The prevalence of loneliness among adults: a case study of the United Kingdom'. Journal of Psychology 146(1-2): 85–104.
Weiss, R. S. (1973) *Loneliness: The experience of emotional and social isolation*. Cambridge, MA: The MIT Press.
13 UCL Institute of Health Equity / Public Health England (2015) Local Action of Health Inequalities: reducing social isolation across the life course: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf
14 Ibid.
15 Ibid.
Zavaleta, D., Samuel. K. & Mills, C. (2014) 'Social isolation: a conceptual and measurement proposal'. POPHI *Working Paper No 67*: https://www.ophi.org.uk/wp-content/uploads/ophi-wp-67.pdf
16 Hawkley, L. C. and Cacioppo, J. T. (2010) 'Loneliness Matters: a theoretical and empirical review of consequences and mechanisms'. *Annals of Behavioral Medicine* 40(2): 218–227.
17 De Jong Gierveld, J. (1998), 'A review of loneliness: concept and definitions, determinants and consequences'. *Reviews in Clinical Gerontology* 8: 73–80: https://research.vu.nl/ws/portalfiles/portal/2781577/111286.pdf
18 Ibid.
19 Befriending Networks (2014) *A Summary of Recent Research Evidence about Loneliness and Social Isolation, their Health Effects and the Potential Role of Befriending*: http://acvo.org.uk/wp-content/uploads/2015/03/BEFRIENDING-REASEARCH-REPORT.pdf
NHS Health Scotland (2018) *Social isolation and Loneliness in Scotland: a review of prevalence and trends*: http://www.healthscotland.scot/media/1712/social-isolation-and-loneliness-in-scotland-a-review-of-prevalence-and-trends.pdf
20 UCL Institute of Health Equity / Public Health England (2015) *Local Action of Health Inequalities: reducing social isolation across the life course*: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf
Matthews, T., Danese, A., Caspi, A., Fisher, H. L., Goldman-Mellor, S., Kepa, A., Moffitt, T. E., Odgers, C. L. & Arseneault, L. (2019) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study'. *Psychological Medicine* 49(2): 268–277: doi.org/10.1017/ S0033291718000788.
21 De Jong Gierveld, J. (1998), 'A review of loneliness: concept and definitions, determinants and consequences'. *Reviews in Clinical Gerontology* 8: 73–80: https://research.vu.nl/ws/portalfiles/portal/2781577/111286.pdf
22 BBC (2018) *The BBC Loneliness Experiment: Who feels lonely? The results of the world's largest loneliness study*: http://www.bbc.co.uk/programmes/articles/2yzhfv4DvqVp5nZyxBD8G23/who-feels-lonely-the-results-of-the-world-s-largest-loneliness-study
23 BBC (2018) *BBC Loneliness Experiment: the Anatomy of Loneliness*: https://www.bbc.co.uk/sounds/play/m0000mj8

24 Hawkley, L. C. & Cacioppo, J. T. (2010) 'Loneliness Matters: A theoretical and empirical review of consequences and mechanisms'. Annals of Behavioral Medicine 40(2): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3874845/
25 Rubin, K. H., Coplan, R. J. & Bowker, J. C. (2009) 'Social Withdrawal in Childhood'. *Annual Review of Psychology* 60: 141–171.
26 De Jong Gierveld, J. (1998) 'A review of loneliness: concept and definitions, determinants and consequences'. *Reviews in Clinical Gerontology* 8: 73–80: https://research.vu.nl/ws/portalfiles/portal/2781577/111286.pdf
27 ONS (2018) *Children's and Young People's Experiences of Loneliness 2018: analysis of children's and young people's views, experiences and suggestions to overcome loneliness, using in-depth interviews, the Community Life Survey 2016 to 2017 and Good Childhood Index Survey 2018*: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/childrensandyoungpeoplesexperiencesofloneliness/2018/pdf
28 UCL Institute of Health Equity / Public Health England (2015) *Local Action of Health Inequalities: reducing social isolation across the life course*: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf
29 Lykes, V. A. & Kemmelmeier, M. (2014) 'What predicts loneliness?: cultural differences between individualistic and collectivistic societies in Europe'. *Journal of Cross-Cultural Psychology* 45(3): 468–490.
30 DCMS (2018) *Community Life Survey: 2017–18 summary results*: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/734726/Community_Life_Survey_2017-18_statistical_bulletin.pdf
31 Mental Health Foundation (2010) *The Lonely Society?* https://www.mentalhealth.org.uk/sites/default/files/the_lonely_society_report.pdf
Welsh Government / Statistics for Wales (2018) *National Survey for Wales, 2016–17: Loneliness*: https://gov.wales/docs/statistics/2018/180213-national-survey-2016-17-loneliness-en.pdf
32 Victor, C. R., & Yang, K. (2012) 'The prevalence of loneliness among adults: a case study of the United Kingdom'. Journal of Psychology 146(1-2): 85–104.
33 UK Youth (2018) A *Place to Belong: the role of local youth organisations in addressing youth loneliness*: https://ukyouth.org/wp-content/uploads/2018/08/A-Place-To-Belong-The-role-of-local-youth-organisations-in-addressing-youth-loneliness.pdf
34 Mental Health Foundation (2010) *The Lonely Society?*: https://www.mentalhealth.org.uk/sites/default/files/the_lonely_society_report.pdf
35 Victor, C. R. & Yang, K. (2012) 'The prevalence of loneliness among adults: a case study of the United Kingdom'. *Journal of Psychology* 146(1–2): 85–104.
36 Kantar Public (2016) *Trapped in a bubble: an investigation into triggers for loneliness in the UK*: Co-op / British Red Cross: https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-social-care-and-support/co-op-trapped-in-a-bubble-report.pdf?la=en&hash=32EDC253C12C3466CD39267417507E467A44CA2F
37 ONS (2017) *Measuring National Well-being: International Comparisons: table 6 Feeling lonely all or most of the time (based on European Social Survey* (ESS7-2014, ed.2.1) data): https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/measuringnationalwellbeinginternationalcomparisons
38 Matthews, T., Danese, A., Caspi, A., Fisher, H. L., Goldman-Mellor, S., Kepa, A., Moffitt, T. E., Odgers, C. L. & Arseneault, L. (2018) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study'. *Psychological Medicine* 1–10: doi.org/10.1017/ S0033291718000788.
39 ONS (2018) *Children's and Young people's Experiences of Loneliness: 2018*: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/childrensandyoungpeoplesexperiencesofloneliness/2018?utm_source=govdelivery&utm_medium=email
40 Denselow, S. and Noble, J. (2018) How sea cadets helps young people today: a summary of the evidence https://www.sea-cadets.org/userfiles/files/SC%20Impact%20Report%20online.pdf
41 Cassidy, J. & Asher, S.R. (1992) 'Loneliness and peer relations in young children'. *Child Development* 63(2): 350–365.
42 BBC (2018) *The BBC Loneliness Experiment: Who feels lonely? The results of the world's largest loneliness study*: http://www.bbc.co.uk/programmes/articles/2yzhfv4DvqVp5nZyxBD8G23/who-feels-lonely-the-results-of-the-world-s-largest-loneliness-study
43 Action for Children (2017) *It Starts With Hello: a report looking into the impact of loneliness in children, young people and families*: https://www.actionforchildren.org.uk/media/9724/action_for_children_it_starts_with_hello_report__november_2017_lowres.pdf
44 Victor, C. R. & Yang, K. (2012) 'The prevalence of loneliness among adults: a case study of the United Kingdom'. *Journal of Psychology* 146(1–2): 85–104.
45 Ibid.
46 UNICEF (2007) *Child Poverty in Perspective: an overview of child well-being in rich countries*: https://www.unicef.org/media/files/ChildPovertyReport.pdf
47 Office for National Statistics (2018) *Children's and Young People's Experiences of Loneliness 2018: analysis of children's and young people's views, experiences and suggestions to overcome loneliness, using in-depth interviews, the Community Life Survey 2016 to 2017 and Good Childhood Index Survey 2018*: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/childrensandyoungpeoplesexperiencesofloneliness/2018/pdf

48 Matthews, T., Danese, A., Caspi, A., Fisher, H. L., Goldman-Mellor, S., Kepa, A., Moffitt, T. E., Odgers, C. L. & Arseneault, L. (2019) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study'. *Psychological Medicine* 49(2): 268–277: doi.org/10.1017/ S0033291718000788.

49 Ibid.

50 Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T. & Stephenson, D. (2015) 'Loneliness and social isolation as risk factors for mortality: a meta-Analytic review'. *Perspectives on Psychological Science* 10(2): 227–237.
Lund R., Nilsson, C. J. & Avlund, K. (2010) 'Can the higher risk of disability onset among older people who live alone be alleviated by strong social relations?: a longitudinal study of non-disabled men and women'. *Age and Ageing* 39(3): 319–26.
Hakulinen, C., Pulkki-Råback, L., Virtanen, M., Jokela, M., Kivimäki, M. & Elovainio, M. (2018) 'Social isolation and loneliness as risk factors for myocardial infarction, stroke and mortality: UK Biobank cohort study of 479 054 men and women'. Heart 104: 1536–1542.
Hackett, R. A., Hamer, M., Endrighi, R., Brydon, L. & Steptoe, A. (2012) 'Loneliness and stress-related inflammatory and neuroendocrine responses in older men and women'. *Psychoneuroendocrinology* 37(11): 1801–1809.
Shiovitz-Ezra, S. & Ayalon, L. (2010) 'Situational versus chronic loneliness as risk factors for all-cause mortality'. *International Psychogeriatrics* 22: 455–462.
Tilvis, R. S., Laitala, V., Routasalo, P. E. & Pitkälä, K. H. (2011) 'Suffering from loneliness indicates significant mortality risk of older people'. *Journal of Aging Research*: doi:10.4061/2011/534781.

51 Number 10 (15 October 2018) *PM launches Government's first loneliness strategy* https://www.gov.uk/government/news/pm-launches-governments-first-loneliness-strategy

52 Co-op Foundation (2018) *All Our Emotions Are Important: Breaking the silence about youth loneliness*: https://assets.ctfassets.net/eua7b5q6or8q/1pcX29wfVuOoouCGWkyqoc/4cce48d22c4a9ce7d7ef69318f90a91a/Co-op_foundation_youth_loneliness_report.pdf

53 Ibid.

54 Ibid.

55 Batsleer, J., Duggan, J., McNicol, S., Spray, S. & Angel, K. (2018) *Loneliness Connections Us: young people exploring and experiencing loneliness and friendship*: https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf

56 UK Youth (2018) *A Place to Belong: the role of local youth organisations in addressing youth loneliness*: https://ukyouth.org/wp-content/uploads/2018/08/A-Place-To-Belong-The-role-of-local-youth-organisations-in-addressing-youth-loneliness.pdf

57 Batsleer, J., Duggan, J., McNicol, S., Spray, S. & Angel, K. (2018) *Loneliness Connections Us: young people exploring and experiencing loneliness and friendship*: https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf

58 Ibid.

59 Thoresen, S., Aakvaag, H. F., Strøm, I. F., Wentzel-Larsen, T. Birkeland, M. S. (2018) 'Loneliness as a mediator of the relationship between shame and health problems in young people exposed to childhood violence'. *Social Science & Medicine* 211: 183–189.

60 Nishimura, T., Murakami, T. & Sakurai, S., (2018) 'Do not overlook lonely children: additional evidence from two longitudinal studies'. *Journal of Social and Personal Relationships* 35(7) 956–976.

61 Batsleer, J., Duggan, J., McNicol, S., Spray, S. & Angel, K. (2018) *Loneliness Connections Us: young people exploring and experiencing loneliness and friendship*: https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf

62 Ibid.

63 Parkurst, J. T. & Hopmeyer, A. (1999) 'Developmental change in the sources of loneliness in children and adolescents: contracting a theoretical model' in Rotenberg, K. J. & Hymel, S. (eds) *Loneliness in Childhood and Adolescence*. Cambridge: Cambridge University Press. pp: 57-59.

64 Ibid.
NB: we have removed the age range column from the original tables. We'd encourage the reader to understand that children and young people develop in different ways, and therefore they might be encountering the described new peer relationships and resulting changes at different ages than those originally listed.
See also: Hay, D. F., Payne, A. & Chadwick, A. (2004) 'Peer relations in childhood'. *Journal of Child Psychology and Psychiatry* 45(1): 84–108.

65 Qualter, P., Vanhalst, J., Harris, R. Van Roekel, E., Lodder, G., Bangee, M., Maes, M. & Verhagen, M. (2015) 'Loneliness across the life span'. *Perspectives on Psychological Science* 10(2): 250–264.

66 Matthews, T., Danese, A., Caspi, A., Fisher, H. L., Goldman-Mellor, S., Kepa, A., Moffitt, T. E., Odgers, C. L. & Arseneault, L. (2019) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study'. *Psychological Medicine* 49(2): 268-277: doi.org/10.1017/ S0033291718000788.

67 BBC (2018) *BBC Loneliness Experiment: the anatomy of loneliness*: https://www.bbc.co.uk/sounds/play/m0000mj8

68 Porges, S. W. (2009) 'The polyvagal theory: New insights into adaptive reactions of the autonomic nervous system'. *Cleveland Clinic Journal of Medicine* 76(2): 86–90.
Bush, M. (2018) *Addressing Adversity: prioritising adversity and trauma-informed care for children and young people in England*. London: YoungMinds / Health Education England.

69 Hawkley, L. C. & Cacioppo, J. T. (2010) 'Loneliness Matters: a theoretical and empirical review of consequences and mechanisms'. *Annals of Behavioral Medicine* 40(2): 218–227.
70 Qualter, P., Rotenberg, K., Barrett, L., Henzi, P., Barlow, A., Stylianou, M. & Harris, R. A. (2013) 'Investigating hypervigilance for social threat of lonely children'. *Journal of Abnormal Child Psychology* 41(2): 325–338.
71 Cacioppo, J. T. & Hawkley, L. C. (2009) 'Perceived social isolation and cognition'. *Trends in Cognitive Sciences* 13(10): 447–454.
72 Qualter, P., Vanhalst, J., Harris, R. Van Roekel, E., Lodder, G., Bangee, M., Maes, M. & Verhagen, M. (2015) 'Loneliness across the life span'. *Perspectives on Psychological Science* 10(2): 250–264.
73 Batsleer, J., Duggan, J., McNicol, S., Spray, S. & Angel, K. (2018) *Loneliness Connections Us: young people exploring and experiencing loneliness and friendship*: https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf
74 For more information see: UK Research and Innovation (6th September 2018) *UK Research and Innovation launches new Mental Health Networks* https://www.ukri.org/news/uk-research-and-innovation-launches-new-mental-health-networks/
75 Ibid.
Besevegis, E. & Galanaki, E, P. (2010) 'Coping with Loneliness in Childhood'. *European Journal of Developmental Psychology* 7(6): 653–673.
76 Cacioppo, J. T., Cacioppo, S. & Boomsma, D. I. (2014) 'Evolutionary mechanisms for loneliness'. *Cognition and Emotion* 28(1): 3–2.
77 NHS Digital (2018) *Mental Health of Children and Young People in England, 2017*: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017
78 Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R. & Walters, E. E. (2005) 'Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication'. *Archives of General Psychiatry* 62(6): 593–602.
79 NHS Digital (2018) *Mental Health of Children and Young People in England, 2017*: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017
80 UK Youth (2018) *A Place to Belong: the role of local youth organisations in addressing youth loneliness*: https://ukyouth.org/wp-content/uploads/2018/08/A-Place-To-Belong-The-role-of-local-youth-organisations-in-addressing-youth-loneliness.pdf
81 Matthews, T., Danese, A., Caspi, A., Fisher, H. L., Goldman-Mellor, S., Kepa, A., Moffitt, T. E., Odgers, C. L. & Arseneault, L. (2019) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study'. *Psychological Medicine* 49(2): 268–277: doi.org/10.1017/ S0033291718000788.
82 NSPCC / Childline (2017) *No Alone Anymore: Childline annual review 2016/17*: https://learning.nspcc.org.uk/media/1121/not-alone-anymore-childline-annual-review-2016-17.pdf
83 Ibid.
84 Matthews, T., Danese, A., Caspi, A., Fisher, H. L., Goldman-Mellor, S., Kepa, A., Moffitt, T. E., Odgers, C. L. & Arseneault, L. (2019) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study'. *Psychological Medicine* 49(2): 268–277: doi.org/10.1017/ S0033291718000788.
85 Qualter, P., Brown, S. L., Munn, P. & Rotenberg, K. J. (2009) 'Childhood loneliness as a predictor of adolescent depressive symptoms: an 8-year longitudinal study'. *European Child Adolescent Psychiatry* 19(6): 493–501.
86 Matthews, T., Danese, A., Caspi, A., Fisher, H. L., Goldman-Mellor, S., Kepa, A., Moffitt, T. E., Odgers, C. L. & Arseneault, L. (2019) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study'. *Psychological Medicine* 49(2): 268-277: doi.org/10.1017/ S0033291718000788.
87 Victor, C. R. & Yang, K. (2012) 'The prevalence of loneliness among adults: a case study of the United Kingdom'. *Journal of Psychology* 146(1-2): 85–104.
88 Matthews, T., Danese, A., Caspi, A., Fisher, H. L., Goldman-Mellor, S., Kepa, A., Moffitt, T. E., Odgers, C. L. & Arseneault, L. (2019) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study'. *Psychological Medicine* 49(2): 268–277: doi.org/10.1017/ S0033291718000788.
89 Matthews, T., Danese, A., Caspi, A., Fisher, H. L., Goldman-Mellor, S., Kepa, A., Moffitt, T. E., Odgers, C. L. & Arseneault, L. (2019) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study'. *Psychological Medicine* 49(2): 268–277: doi.org/10.1017/ S0033291718000788.
90 UCL Institute of Health Equity / Public Health England, (2015) *Local Action of Health Inequalities: reducing social isolation across the life course*: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf
91 Ibid.
92 Ibid.
93 Hawkley, L. C. & Cacioppo, J. T. (2010) 'Loneliness Matters: a theoretical and empirical review of consequences and mechanisms'. *Annals of Behavioral Medicine* 40(2): 218–227.
94 Ibid.
Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T. & Stephenson, D. (2015) 'Loneliness and social isolation as risk factors for mortality: a meta-analytic review'. *Perspectives on Psychological Science* 10(2): 227–237.
95 Ibid.
96 American Foundation for Suicide Prevention (25th September 2018) Forging Connection Against Loneliness https://afsp.org/forging-connection-against-loneliness/
Ariel Stravynski, Richard Boyer (2001) 'Loneliness in Relation to Suicide Ideation and Parasuicide: A Population-Wide Study'. *Suicide and Life-Threatening Behavior* Vol. 31, No. 1: 32–40.

97 Office for National Statistics (2018) *Loneliness – What characteristics and circumstances are associated with feeling lonely? Analysis of characteristics and circumstances associated with loneliness in England using the Community Life Survey, 2016 to 2017*.
https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10
98 Matthews, T., Danese, A., Caspi, A., Fisher, H. L., Goldman-Mellor, S., Kepa, A., Moffitt, T. E., Odgers, C. L. & Arseneault, L. (2018) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study'. *Psychological Medicine* 1–10: doi.org/10.1017/ S0033291718000788.
99 Valtorta, N. K., Kanaan, M., Gilbody, S., Ronzi, S. & Hanratty, B (2016) 'Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies'. *Heart* 102(13): 1009–1016.
100 Hawkley, L. C., Thisted, R. A., Masi, C. M. and Cacioppo, J. T. (2010) 'Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults'. *Psychology and Aging* 25(1): 132–141.
101 Cole, S. W., Hawkley, L. C., Arevalo, J. M., Sung, C. Y., Rose, R. M. & Cacioppo, J. T. (2007) 'Social regulation of gene expression in human leukocytes'. *Genome Biology* 8(9): R189.
102 Adam, E. K., Hawkley, L. C., Kudielka, B.M. & Cacioppo, J. T. (2006) 'Day-to-day dynamics of experience--cortisol associations in a population-based sample of older adults.' *Proceedings of the National Academy of Sciences of the USA* 7;103(45): 17058-17063.
Doane, L. D. & Adam, E. K. (2010) 'Loneliness and Cortisol: Momentary, Day-to-day, and Trait Associations' *Psychoneuroendocrinology* 35(3): 430–441.
103 Perissinotto, C. M., Stijacic Cenzer, I. & Covinsky, K. E. (2012) 'Loneliness in older persons: a predictor of functional decline and death'. *Archives of Internal Medicine* 172(14): 1078–1083.
104 Shankar, A., Hamer, M., McMunn, A. & Steptoe A. (2013) 'Social isolation and loneliness: relationships with cognitive function during 4 years of follow-up in the English Longitudinal Study of Ageing.' *Psychosomatic Medicine* 75(2): 161–170.
105 Einav, M., Rosenstreich, E., Levi, U. & Margalit, M. (2015) 'Coping with loneliness during childhood and adolescence' in A. Sha'ked, & A. Rokach (eds) *Addressing Loneliness: coping, prevention and clinical interventions*. London: Routledge. pp. 69–87.
106 UK Youth (2018) *A Place to Belong: the role of local youth organisations in addressing youth loneliness*: https://ukyouth.org/wp-content/uploads/2018/08/A-Place-To-Belong-The-role-of-local-youth-organisations-in-addressing-youth-loneliness.pdf
107 Parkurst, J. T. & Hopmeyer, A. (1999) 'Developmental change in the sources of loneliness in children and adolescents: contracting a theoretical model' in K. J. Rotenberg & S. Hymel (eds) *Loneliness in Childhood and Adolescence*. Cambridge: Cambridge University Press. pp. 57–59.
108 Office for National Statistics (2018) *Loneliness – What characteristics and circumstances are associated with feeling lonely? Analysis of characteristics and circumstances associated with loneliness in England using the Community Life Survey, 2016 to 2017*.
https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10
109 Ibid
110 Ibid
111 Karen Dahlberg (2007) 'The Enigmatic Phenomenon of Loneliness'. *International Journal of Qualitative Studies on Health and Well-being* 2: 195–207.
112 Ibid.
113 Asher, S. R. & Paquette, J. A. (2003) 'Loneliness and Peer Relations in Childhood'. Current Directions in *Psychological Science* 12(3): 75–78.
114 Victor, C. R. & Yang, K. (2012) 'The prevalence of loneliness among adults: a case study of the United Kingdom'. *Journal of Psychology* 146(1-2): 85–104.
115 NHS Scotland (2019) *The relationship between a trusted adult and adolescent health and education outcomes*:
http://www.healthscotland.scot/media/2325/the-relationship-between-a-trusted-adult-and-adolescent-health-outcomes_6588.pdf
116 Some organisations and services might describe these 'vulnerabilities'; however, this can lead to more restrictive ways of identifying and quantifying need. See the following for an example of a vulnerabilities framework: Children's Commissioner (2017) *On measuring the number of vulnerable children in England*: https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/07/CCO-On-vulnerability-Overveiw-2.pdf
117 Bellis, M. A., Hughes, K., Leckenby, N., Perkins, C. and Lowey, H. (2014) 'National household survey of adverse childhood experiences and their relationship with resilience to health-harm-ing behaviors in England' BMC Medicine: https://bmcmedicine.biomedcentral.com/arti-cles/10.1186/1741-7015-12-72 3
118 Kessler, R. C. and McLaughlin, K. A. (2010) 'Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys' *British Journal of Psychiatry* 197(5): 378–385.
McLaughlin, K.A., Green, J.G., Gruber, M.J., Sampson, N.A., Zaslavsky, A., and Kessler, R.C. (2012) 'Childhood adversities and first onset of psychiatric disorders in a national sample of adolescents' *Archives of General Psychiatry* 69: 1151–1160.

119 McLaughlin, K.A., Green, J.G., Gruber, M.J., Sampson, N.A., Zaslavsky, A., and Kessler, R.C. (2012) 'Childhood adversities and first onset of psychiatric disorders in a national sample of adolescents' *Archives of General Psychiatry* 69: 1151–1160

120 Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M. and Fein, J. A. (2015) 'Adverse Childhood Experiences: Expanding the concept of adversity'. *American Journal of Preventive Medicine* 49(3): 354–361.
Beutel, M. E., Klein, E. M., Brähler, E., Reiner, I., Jünger, C., Michal, M., Wiltink, J., Wild, P. S., Münzel, Y., Lackner, K. J. & Tibubos, A. N. (2017) 'Loneliness in the general population: prevalence, determinants and relations to mental health'. *BMC Psychiatry* 17: 97.

121 YoungMinds / Health Education England (2018) *Addressing Adversity: prioritising adversity and trauma-informed care for children and young people in England*: https://youngminds.org.uk/media/2715/ym-addressing-adversity-book-web-2.pdf

122 Bellis, M. A., Hughes, K., Leckenby, N., Perkins, C. and Lowey, H. (2014) 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England' *BMC Medicine* 12:72. doi.org/10.1186/1741-7015-12-72.

123 Sometimes these experiences get subsumed in the policy and commissioning literature within descriptions of 'multiple and complex needs', 'troubled families', children with 'social, emotional and behavioural difficulties' or 'challenging behaviour'.

124 Schilling, E.A., Aseltine, R.H. and Gore, S. (2008) 'The impact of cumulative childhood adversity on young adult mental health: measures, models, and interpretations'. *Social Science and Medicine* 66(5): 1140–1151.
Klinic Community Health Centre (2013) *Trauma-informed: the trauma toolkit* (second edition): http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

125 Bellis, M.A., Hughes, K., Leckenby, N., Hardcastle, KA., Perkins, C. and Lowey, H. (2015) 'Measuring mortality and the burden of adult disease associated with adverse childhood experiences in England: a national survey'. *Journal of Public Health* 37(3): 445–454.

126 Bellis, M. A., Ashtoni, K., Hughes, K., Fordii, K., Bishopi, J. and Paranjothyi, S. (2015) *Welsh Adverse Childhood Experiences (ACE) Study: Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population*: http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf

127 For discussion see: Smith, M., Williamson, A. E., Walsh, D. and McCartney, G. (2016) 'Is there a link between childhood adversity, attachment style and Scotland's excess mortality? Evidence, challenges and potential research'. *BMC Public Health* 16: 655.
Couper, S. and Mackie, P. (2016) *Addressing Adverse Childhood Experiences in Scotland (Scottish Public Health Network)*: https://www.scotphn.net/wp-content/uploads/2016/06/2016_05_26-ACE-Report-Final-AF.pdf

128 Kessler, R. (2010) 'Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys'. *British Journal of Psychiatry* 197(5): 378–385.

129 Hughes, K., Lowey, H., Quigg, Z. and Bellis, M. A. (2016) 'Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey'. *BMC Public Health*: 16: 222: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4778324/

130 Bebbington, P., Jonas, S., Kuipers, E., King, M., Cooper, C., Brugha, T., Meltzer, H., McManus, S. and Jenkins, R. (2011) 'Childhood sexual abuse and psychosis: data from a cross-sectional national psychiatric survey in England'. *The British Journal of Psychiatry* 199(1): 29–37.
Larkin, W. and Read, J. (2008) 'Childhood Trauma and Psychosis: Evidence, pathways, and implications'. *Journal of Postgraduate Medicine* 54(4): 287–293.
Varese, F. (2012) 'Childhood Adversities Increase the Risk of Psychosis: A meta-analysis of patient-control, prospective- and cross-sectional cohort studies'. *Schizophrenia Bulletin*: http://schizophreniabulletin.oxfordjournals.org/content/early/2012/03/28/schbul.sbs050.full.pdf+html

131 Anda, R.F., Brown, D.W., Felitti, V.J., Bremner, J.D., Dube, S.R. and Giles W. H. (2007) 'Adverse childhood experiences and prescribed psychotropic medications in adults'. *American Journal of Preventative Medicine* 32(5): 389–94.

132 Holliday, J. (2002) *A Review of Sibling Bereavement: Impact and interventions*: http://www.barnardos.org.uk/sibling.pdf

133 Fauth, B., Thompson, M. and Penny, A. (2009) *Associations Between Childhood Bereavement and Children's Background, Experiences and Outcomes: Secondary analysis of the 2004 Mental Health of Children and Young People in Great Britain data*: http://ncb.org.uk/media/60128/fullreportassociationswithchildhoodbereavement.pdf

134 Ibid.

135 Melhem, N. M., Walker, M., Moritz, G. and Brent, D. A. (2008) 'Antecedents and Sequelae of Sudden Parental Death in Offspring and Surviving Caregivers'. *Archives of Pediatrics and Adolescent Medicine* 162(5): 403–410.

136 Berg, L., Rostila, M. and Hjern, A. (2016) 'Parental death during childhood and depression in young adults: a national cohort study'. *Journal of Child Psychology and Psychiatry*: http://onlinelibrary.wiley.com/doi/10.1111/jcpp.12560/epdf

137 Harrison, L. and Harrington, R. (2001) 'Adolescents' Bereavement Experiences: Prevalence, association with depressive symptoms, and use of services'. *Journal of Adolescence*, 24: 159–169.

138 Davies, B. (2015) *Shadows in the Sun: the experiences of sibling bereavement in childhood*. Oxon: Routledge.

139 Ellis, J., Dowrick, C. & Lloyd-Williams, M. (2013) 'The long-term impact of early parental death: lessons from a narrative study'. *Journal of the Royal Society of Medicine* 106(2): 57–67.
140 Public Health England / UCL Insitute of Health Equity (2015) Local action on Health Inequalities: reducing social isolation across the lifecourse: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf }
See also: Jackson M. (2010) *The power of procurement – Towards progressive procurement: the policy and practice of Manchester City Council*. Manchester.
141 CarersUK (2015) *Alone and caring Isolation, loneliness and the impact of caring on relationships* https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=5100
142 ibid
143 Department for Communities and Local Government (2011) *Best Value Statutory Guidance*: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/5945/1976926.pdf
144 Carers UK (2015) *Alone and caring Isolation, loneliness and the impact of caring on relationships* https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=5100
145 Public Health England / UCL Insitute of Health Equity (2015) Local action on Health Inequalities: reducing social isolation across the lifecourse: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf
146 CarersUK (2015) *Alone and caring Isolation, loneliness and the impact of caring on relationships* https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=5100
147 Barrow, M. (nd) *Foster care and mental health* Centre for Mental Health https://www.centreformentalhealth.org.uk/blog/centre-mental-health-blog/foster-care-and-mental-health
148 Sempik, J. (2015) *Mental Health of Looked After Children in the UK: Summary* https://www.nice.org.uk/guidance/ph28/evidence/ep22-the-mental-health-of-looked-after-children-under-5-years-joe-sempik-pdf-430133293
149 ibid
150 Social Care Institute for Excellence (2007) *Fostering (Guide 7)*: https://www.scie.org.uk/publications/guides/guide07/files/guide07.pdf
151 Sempik, J. (2015) *Mental Health of Looked After Children in the UK: Summary* https://www.nice.org.uk/guidance/ph28/evidence/ep22-the-mental-health-of-looked-after-children-under-5-years-joe-sempik-pdf-430133293
152 https://www.actionforchildren.org.uk/media/9724/action_for_children_it_starts_with_hello_report__november_2017_lowres.pdf
153 Fowler, P. J., Toro, P. A., Miles, B., W. (2011) 'Emerging Adulthood and Leaving Foster Care: settings associated with mental health'. *American Journal of Community Psychology* , 47: 335–348.
154 Stein, M. (2006) 'Research review: young people leaving care'. Child and Family Social Work: 11(3): 273-279.
155 Centre for Social Justice (2015) *Finding their Feet: Equipping care leavers to reach their potential* https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/08/Finding.pdf
156 Aiden, H. (2016) *Isolation and Loneliness: An overview of the Literature* British Red Cross https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-social-care-and-support/co-op-isolation-loneliness-overview.pdf
157 Matthews, T. Danese, A., Caspi, A. & Fisher, H. L. (2019) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study' *Psychological Medicine* 49(2): 268–277.
158 Ibid.
159 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf referencing The Prince's Trust (2015) The Prince's Trust McQuire: Youth Index 2015.
160 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf referencing The Prince's Trust (2015) The Prince's Trust McQuire: Youth Index 2015.
161 Co-op Foundation (2018) *Breaking the silence about youth loneliness: All our emotions are important* }https://assets.ctfassets.net/eua7b5q6or8q/1pcX29wfVuOoouCGWkyqoc/4cce48d22c4a9ce7d7ef69318f90a91a/Co-op_foundation_youth_loneliness_report.pdf
162 Batsleer, J. Duggan, J. McNicol, S. Spray, S, Angel, K. (2018) *Loneliness Connects Us: Young People Exploring And Experiencing Loneliness And Friendship* 42nd Street & Manchester Metropolitan University: https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf
163 ibid
164 Perlman, D., & Peplau, L. A. (1981) 'Toward a Social Psychology of Loneliness' in R. Gilmour, & S. Duck (eds) *Personal Relationships: 3. Relationships in Disorder*. London: Academic Press. pp. 31-56.
165 Coșan, D. (2014) 'An Evaluaion of Lonliness' *The European Proceedings of Social & Behavioural Sciences*: https://www.futureacademy.org.uk/files/menu_items/other/ep13.pdf
166 Asher, S. R. & Paquette, J. A. (2003) 'Loneliness and Peer Relations in Childhood'. Current Directions in *Psychological Science* 12(3): 75–78.

167 ONS (2018) *Children's and Young People's Experiences of Loneliness 2018: analysis of children's and young people's views, experiences and suggestions to overcome loneliness, using in-depth interviews, the Community Life Survey 2016 to 2017 and Good Childhood Index Survey 2018*: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/childrensandyoungpeoplesexperiencesofloneliness/2018/pdf
168 HM Government (2018) *A Connected Society: a strategy for tackling loneliness – laying the foundations for change* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf
169 Student Minds (2011) *Grand Challenges in Student Mental Health*. Royal College of Psychiatrists.
170 Batsleer, J. Duggan, J. McNicol, S. Spray, S, Angel, K. (2018) *Loneliness Connects Us: Young People Exploring And Experiencing Loneliness And Friendship* 42nd Street & Manchester Metropolitan University https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf
171 ibid
172 Victor, C. R. & Yang, K. (2012) 'The prevalence of loneliness among adults: a case study of the United Kingdom'. *Journal of Psychology* 146(1-2): 85–104.
173 Hay, D. F., Payne, A. & Chadwick, A. (2004) 'Peer relations in childhood'. *Journal of Child Psychology and Psychiatry* 45(1): 84–108.
174 Cacioppo, J. T., Fowler, J. H. & Christakis, N. A. (2009) 'Alone in the crowd: the structure and spread of loneliness in a large social network'. *Journal or Personality and Social Psychology* 97(6): 977-999.
175 Qualter, P., Brown, S.L., Munn, P., Rotenberg, K.J., (2009) 'Childhood loneliness as a predictor of adolescent depressive symptoms: an 8-year longitudinal study'. *European Child Adolescent Psychiatry*, 19 (6): 493–501: https://hal.archives-ouvertes.fr/hal-00535175/document
176 Karen Dahlberg (2007) 'The Enigmatic Phenomenon of Loneliness'. *International Journal of Qualitative Studies on Health and Well-being* 2: 195–207.
177 Nishimura, T., Murakami, T. & Sakurai, S. (2017) 'Do not overlook lonely children: additional evidence from two longitudinal studies'. *Journal of Social and Personal Relationships* 35(7): 956–976.
178 Putarek, V. & Keresteš, G. (2016) 'Self-perceived popularity in early adolescence: Accuracy, associations with loneliness, and gender differences'. *Journal of Social and Personal Relationships* 33(2): 257–274.
179 Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C. & Thisted, R. A. (2006) 'Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses' *Psychology and Aging* 21(1): 140–151.
180 Public Health England / UCL Insitute of Health Equity (2015) *Local action on Health Inequalities: reducing social isolation across the lifecourse*: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf
181 Ibid.
182 Matthews, T. Danese, A., Caspi, A. & Fisher, H. L. (2019) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study' *Psychological Medicine* 49(2): 268–277.
183 Public Health England & UCL Institute of Health Equity (2015) *Local action on health inequalities Reducing social isolation across the lifecourse* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf
184 NHS Digital (2018) *Mental Health of Children and Young People in England, 2017*: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017
185 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf referencing Kvarme et al. (2010) 'The effect of a solutional-focused approach to improve self-efficacy in socially withdrawn school children: A non-randomized controlled trial'. *International Journal of Nursing Studies* 47: 7.
186 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf referencing Levinson C. A., Langer, J. K. & Rodebaugh, T. L. (2013) 'Reactivity to Exclusion Prospectively Predicts Social Anxiety Symptoms in Young Adults'. *Behavior Therapy* 44(3): 8.
187 Sahin, M. (2012) 'The relationship between the cyberbullying/cybervictimization and loneliness among adolescents'. *Child Youth Serv. Rev*. 34(4): 834–837.
188 The Children's Society & Young Minds (2018) *Safety Net: Cyberbullying's impact on young people's mental health Inquiry report* https://youngminds.org.uk/media/2189/pcr144b_social_media_cyberbullying_inquiry_full_report.pdf
189 HM Government (2018) *A Connected Society: a strategy for tackling loneliness – laying the foundations for change* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf
190 Action for Children & Jo Cox Commission on Loneliness (2017) It start with hello: a report looking into the impact of loneliness in children, young people and families. https://www.actionforchildren.org.uk/media/9724/action_for_children_it_starts_with_hello_report__november_2017_lowres.pdf
19 Batsleer, J. Duggan, J. McNicol, S. Spray, S, Angel, K. (2018) *Loneliness Connects Us: Young People Exploring And Experiencing Loneliness And Friendship* 42nd Street & Manchester Metropolitan University https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf
192 Livingstone, S. & Haddon, L. (2014) EU *Kids Online: final report*: http://www.lse.ac.uk/media@lse/research/EUKidsOnline/EU%20Kids%20I%20(2006-9)/EU%20Kids%20Online%20I%20Reports/EUKidsOnlineFinalReport.pdf

193 UK Safer Internet Centre (2015) *Friendship in a Digital Age*: http://dwn5wtkv5mp2x.cloudfront.net/ufiles/Report_Friendship_in_a_Digital_Age.pdf
194 NSPCC (2016) *Not Alone Anymore: Childline Annual Review 2016/17* https://learning.nspcc.org.uk/media/1121/not-alone-anymore-childline-annual-review-2016-17.pdf
195 Ibid.
196 The Children's Society & Young Minds (2018) *Safety Net: Cyberbullying's impact on young people's mental health Inquiry report*: https://youngminds.org.uk/media/2189/pcr144b_social_media_cyberbullying_inquiry_full_report.pdf
197 Centre for Mental Health (2018) *Social media, young people and mental health* https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_Briefing_53_Social_Media.pdf
198 Batsleer, J. Duggan, J. McNicol, S. Spray, S, Angel, K. (2018) *Loneliness Connects Us: Young People Exploring And Experiencing Loneliness And Friendship* 42nd Street & Manchester Metropolitan University https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf
199 UK Youth (2018) *A Place to Belong: the role of local youth organisations in addressing youth loneliness*: https://ukyouth.org/wp-content/uploads/2018/08/A-Place-To-Belong-The-role-of-local-youth-organisations-in-addressing-youth-loneliness.pdf
200 BBC (13 December 2018) BBC Newsround: Loneliness: Does being online help or make it worse? https://www.bbc.co.uk/newsround/amp/46473390?
201 Batsleer, J. Duggan, J. McNicol, S. Spray, S, Angel, K. (2018) *Loneliness Connects Us: Young People Exploring And Experiencing Loneliness And Friendship* 42nd Street & Manchester Metropolitan University https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf
202 Co-op Foundation (2018) *Breaking the silence about youth loneliness: All our emotions are important* https://assets.ctfassets.net/eua7b5q6or8q/1pcX29wfVuOoouCGWkyqoc/ 4cce48d22c4a9ce7d7ef69318f90a91a/Co-op_foundation_youth_loneliness_report.pdf
203 Teppers, E., Luyckx, K., Klimstra, T. A. & Goossens, L. (2014) 'Loneliness and Facebook motives in adolescence: a longitudinal inquiry into directionality of effect'. *Journal of Adolescence* 37(5): 691–699.
204 Sharabi, A., Levi, U. & Margalit, M. (2012) 'Children's Loneliness, Sense of Coherence, Family Climate, and Hope: Developmental Risk and Protective Factors'. *The Journal of Psychology*, 146:1-2, 61–83.
205 Ibid.
206 Ibid.
207 ComRes (2018) *Social Integration: the role of unformed youth groups* Youth United Foundation http://yuf.org.uk/wp-content/uploads/2018/07/FULL-REPORT-COMJ6149-Social-Integration-Youth-Groups-Report-0106-WEB.pdf
208 Batsleer, J. Duggan, J. McNicol, S. Spray, S, Angel, K. (2018) *Loneliness Connects Us: Young People Exploring And Experiencing Loneliness And Friendship* 42nd Street & Manchester Metropolitan University https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf
209 Co-op Foundation (2018) *Breaking the silence about youth loneliness: All our emotions are important* https://assets.ctfassets.net/eua7b5q6or8q/1pcX29wfVuOoouCGWkyqoc/4cce48d22c4a9ce7d7ef69318f90a91a/Co-op_foundation_youth_loneliness_report.pdf
210 Batsleer, J. Duggan, J. McNicol, S. Spray, S, Angel, K. (2018) *Loneliness Connects Us: Young People Exploring And Experiencing Loneliness And Friendship* 42nd Street & Manchester Metropolitan University https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf
211 Ibid
212 Hombrados-Mendieta, I., García-Martin, M.A., Gómez-Jacinto, L. (2013) 'The Relationship Between Social Support, Loneliness, and Subjective Well-Being in a Spanish Sample from a Multidimensional Perspective'. *Soc Indic Res* 114:1013–1034.
213 Co-op Foundation (2018) *Breaking the silence about youth loneliness: All our emotions are important* https://assets.ctfassets.net/eua7b5q6or8q/1pcX29wfVuOoouCGWkyqoc/4cce48d22c4a9ce7d7ef69318f90a91a/Co-op_foundation_youth_loneliness_report.pdf
214 ONS (2019) *Exploring Loneliness in Children, Great Britain: 2018: analysis of children's (aged 10 to 15 years) reporting of loneliness and perception of their circumstances from The Children's Society Household Survey*: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/exploringlonelinessinchildrengreatbritain/2018#main-points
215 Macdonald, S. J., Nixon, J. & Deacon, L. (2018) '"Loneliness in the city": examining socio-economics, loneliness and poor health in the North East of England'. *Public Health* 165: 88–94.
216 Batsleer, J. Duggan, J. McNicol, S. Spray, S, Angel, K. (2018) Loneliness Connects Us: Young People Exploring And Experiencing Loneliness And Friendship 42nd Street & Manchester Metropolitan University https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf
217 Ibid.
218 Ibid.
219 Ibid.
220 Ibid.
Co-op Foundation (2018) *Breaking the silence about youth loneliness: All our emotions are important* https://assets.ctfassets.net/eua7b5q6or8q/1pcX29wfVuOoouCGWkyqoc/4cce48d22c4a9ce7d7ef69318f90a91a/Co-op_foundation_youth_loneliness_report.pdf

221 Public Health England / UCL Insitute of Health Equity (2015) *Local action on Health Inequalities: reducing social isolation across the lifecourse*: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf referencing Hunt, R &Jensen, J. (2012) The School Report. Stonewall. P.24.

222 Public Health England / UCL Insitute of Health Equity (2015) Local action on Health Inequalities: reducing social isolation across the lifecourse: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf referencing Guasp, A. (2012) The *Teachers Report: Homophobic bullying in Britain's schools*. Stonewall. p.32.

223 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf referencing Russell S. T., Sinclair K. O., Poteat V. P., et al. (2012) 'Adolescent health and harassment based on discriminatory bias'. *American Journal of Public Health* 102(3):2.

224 Albert Kennedy Trust (2014) *LGBT Youth Homelessness: A UK National Scoping Of Cause, Prevalence, Response, And Outcome*. https://www.akt.org.uk/Handlers/Download.ashx?IDMF=c0f29272-512a-45e8-9f9b-0b76e477baf1

225 Ibid.

226 YouGov (2015) *Sexuality Survey Results* https://d25d2506sfb94s.cloudfront.net/cumulus_uploads/document/7zv13z8mfn/YG-Archive-150813-%20Sexuality.pdf

227 Wallce, S., Nazroo, J. and Be?cares, L. (2016) 'Cumulative effect of racial discrimination on the mental health of ethnic minorities in the United Kingdom'. *American Journal of Public Health* 215 106(7): 1294–1300.

228 Adebowale, V. & Bush, M. with Sanjana Verghese (2018) 'Responding to the traumatic impact of racial prejudice' in M. Bush (ed) *Addressing Adversity: prioritising adversity and trauma-informed care for children and young people in England*. London: YoungMinds / Health Education England. pp. 199–218.

229 Public Health England / UCL Insitute of Health Equity (2015) Local action on Health Inequalities: reducing social isolation across the lifecourse: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf referencing Barnardos Northern Ireland (2012) R*esponse by Barnardo's Northern Ireland to Children and Young People's Stratic Partnership: BME Children and Young People Draft Action Plan*.

230 Adebowale, V. & Bush, M. with Sanjana Verghese (2018) 'Responding to the traumatic impact of racial prejudice' in M. Bush (ed) *Addressing Adversity: prioritising adversity and trauma-informed care for children and young people in England*. London: YoungMinds / Health Education England. pp. 199–218.

231 Karlsen, S., Nazroo, J. Y., McKenzie, K., Bhui, K. and Weich, S. (2005) 'Racism, psychosis and common mental disorder among ethnic minority groups in England'. *Psychological Medicine* 35(12): 1795–1803.
McKenzie, K. (1999) 'On racism and mental illness'. *Psychiatric Bulletin* 23: 136–137.
Chakraborty, A. and McKenzie, K. (2002) 'Does racial discrimination cause mental illness?' *British Journal of Psychiatry* 180: 475–477.
Bhui, K. (2016) 'Discrimination, poor mental health, and mental illness'. *Journal International Review of Psychiatry* 28(4): 411–414.

232 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf referencing Bedford M. (2011) BME Small Grant Funding, Project Report:11 and Barnardos Northern Ireland (2012) *Response by Barnardo's Northern Ireland to Children and Young People's Stratic Partnership: BME Children and Young People Draft Action Plan*.

233 Adebowale, V. & Bush, M. with Sanjana Verghese (2018) 'Responding to the traumatic impact of racial prejudice' in M. Bush (ed) *Addressing Adversity: prioritising adversity and trauma-informed care for children and young people in England*. London: YoungMinds / Health Education England. pp. 199–218.

234 Ibid.

235 Office for National Statistics (2018) *Loneliness – What characteristics and circumstances are associated with feeling lonely? Analysis of characteristics and circumstances associated with loneliness in England using the Community Life Survey, 2016 to 2017*. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10

236 Sense (2017) *Someone cares if I'm not there: addressing loneliness in disabled people* https://www.sense.org.uk/umbraco/surface/download/download?filepath=/media/1460/campaign-loneliness-someone-cares-if-im-not-there.pdf

237 NSPCC (2016) *Not Alone Anymore: Childline Annual Review 2016/17* https://learning.nspcc.org.uk/media/1121/not-alone-anymore-childline-annual-review-2016-17.pdf

238 Sense (2017) *Someone cares if I'm not there: addressing loneliness in disabled people* https://www.sense.org.uk/umbraco/surface/download/download?filepath=/media/1460/campaign-loneliness-someone-cares-if-im-not-there.pdf

239 Ibid.

240 Lund R., Nilsson, C. J. & Avlund, K. (2010) 'Can the higher risk of disability onset among older people who live alone be alleviated by strong social relations?: a longitudinal study of non-disabled men and women'. *Age and Ageing* 39(3): 319–26.

241 Sentenac M., Gavin A., Gabhainn S. N., et al. (2013) 'Peer victimization and subjective health among students reporting disability or chronic illness in 11 Western countries'. *The European Journal of Public Health* 23(3):5.

242 Yang, J. (2009) *Relationship Between Gender Traits And Loneliness: The Role Of Self-Esteem* https://bir.brandeis.edu/bitstream/handle/10192/23150/Yang_J_MA-PSYC_RelationshipBetweenGenderTraits.pdf?sequence=1

243 Hammond, C. (2018) *Who feels lonely? The results of the world's largest loneliness study BBC* http://www.bbc.co.uk/programmes/articles/2yzhfv4DvqVp5nZyxBD8G23/who-feels-lonely-the-results-of-the-world-s-largest-loneliness-study
244 Matthews, T. Danese, A., Caspi, A. & Fisher, H. L. (2019) 'Lonely young adults in modern Britain: findings from an epidemiological cohort study' *Psychological Medicine* 49(2): 268–277.
245 Office for National Statistics (2018) *Loneliness – What characteristics and circumstances are associated with feeling lonely? Analysis of characteristics and circumstances associated with loneliness in England using the Community Life Survey, 2016 to 2017*. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10
246 Victor, C. R. & Yang, K. (2012) 'The prevalence of loneliness among adults: a case study of the United Kingdom'. *Journal of Psychology* 146(1–2): 85–104.
247 Borys, S. and Perlman, D. (1985). 'Gender differences in loneliness'. *Personality and Social Psychology Bulletin*, 11(1): 63–74.
248 DCMS (2018) *Community Life Survey: 2017–18* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/734726/Community_Life_Survey_2017-18_statistical_bulletin.pdf
249 YoungMinds / Health Education England (2018) *Addressing Adversity: prioritising adversity and trauma-informed care for children and young people in England*: https://youngminds.org.uk/media/2715/ym-addressing-adversity-book-web-2.pdf
250 Elias Besevegis & Evangelia P. Galanaki (2010) Coping with loneliness in childhood, *European Journal of Developmental Psychology*, 7:6, 653–673, DOI: 10.1080/17405620903113306
251 Batsleer, J. Duggan, J. McNicol, S. Spray, S, Angel, K. (2018) *Loneliness Connects Us: Young People Exploring And Experiencing Loneliness And Friendship* 42nd Street & Manchester Metropolitan University https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf
252 Majors, K., (2013) 'Children's perceptions of their imaginary companions and the purposes they serve: An exploratory study in the United Kingdom'. *Childhood*, 20(4): 550–565.
253 What Works Centre for Wellbeing (2018) *What do we know about tackling loneliness?*: https://whatworkswellbeing.org/wp/wp-content/uploads/woocommerce_uploads/2018/10/briefing-tackling-loneliness-Oct-2018.pdf
Victor, C., Mansfield, L., Kay, T., Daykin, N., Lane, J., Grigsby Duffy L., Tomlinson, A. & Meads, C. (2018) *An overview of reviews: the effectiveness of interventions to address loneliness at all stages of the life-course*: https://whatworkswellbeing.org/wp/wp-content/uploads/woocommerce_uploads/2018/10/Full-report-Tackling-loneliness-Oct-2018.pdf
254 Kantar Public (2016) *Trapped in a bubble: an investigation into triggers for loneliness in the UK*. Co-op / British Red Cross: https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-social-care-and-support/co-op-trapped-in-a-bubble-report.pdf?la=en&hash=32EDC253C12C3466CD39267417507E467A44CA2F
255 Ibid.
256 Masi, C. M., Chen, H. Y., Hawkley, L. C. & Cacioppo, J. T. (2011) 'A meta-analysis of interventions to reduce loneliness'. *Personality and Social Psychology Review* 15(3): 219–266.
Cacioppo, S., Grippo, A. J., London, S., Goossens, L. & Cacioppo, J. T. (2015) 'Loneliness: clinical import and interventions'. *Perspectives on Psychological Science* 10(2): 238–249.
257 Mann, F., Bone, J. K., Lloyd-Evans, B., Frerichs, J., Pinfold, V., Ma, R., Wang, J. & Johnson, S. (2017) 'A life less lonely: the state of the art in interventions to reduce loneliness in people with mental health problems'. Social Psychiatry and Psychiatric Epidemiology 52(6): 627-638.
258 LGA, Campaign to End Loneliness, Age UK (2016) *Combating Loneliness: a guide for local authorities* https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e_march_2018.pdf
259 Young, I. (2018) *Uttlesford Community Action Research* https://youngfoundation.org/wp-content/uploads/2018/04/Uttlesford-Community-Action-Zones-Report.pdf
260 The Children's Society (2014) *Ways to well-being: exploring the links between children's activities and their subjective well-being*: https://www.childrenssociety.org.uk/sites/default/files/u6094/Ways%20to%20well-being%20report%20FINAL_0.pdf
261 Aked J., Marks, N., Cordon, C. & Thompson, S. (2008) *Five Ways to Wellbeing: A report presented to the Foresight Project on communicating the evidence base for improving people's well-being*: https://b.3cdn.net/nefoundation/d80eba95560c09605d_uzm6b1n6a.pdf
262 Batsleer, J., Duggan, J., McNicol, S., Spray, S. & Angel, K. (2017) *Loneliness Connects Us: young people explore and experiencing loneliness and friendship:* http://42ndstreet.org.uk/wordpress/wp-content/uploads/2018/02/Loneliness-Connects-Us-report-February-2018.pdf
263 *The Anatomy of Loneliness, BBC Loneliness Experiment*: https://www.bbc.co.uk/sounds/play/m0000mj8
264 Batsleer, J., Duggan, J., McNicol, S., Spray, S. & Angel, K. (2017) *Loneliness Connects Us: young people explore and experiencing loneliness and friendship*: http://42ndstreet.org.uk/wordpress/wp-content/uploads/2018/02/Loneliness-Connects-Us-report-February-2018.pdf
265 Co-op Foundation (2018) *Breaking the silence about youth loneliness: All our emotions are important* https://assets.ctfassets.net/eua7b5q6or8q/1pcX29wfVuOoouCGWkyqoc/4cce48d22c4a9ce7d7ef69318f90a91a/Co-op_foundation_youth_loneliness_report.pdf
266 Ibid

267 Batsleer, J., Duggan, J., McNicol, S., Spray, S. & Angel, K. (2017) *Loneliness Connects Us: young people explore and experiencing loneliness and friendship*: http://42ndstreet.org.uk/wordpress/wp-content/uploads/2018/02/Loneliness-Connects-Us-report-February-2018.pdf
268 Co-op Foundation (2018) *Breaking the silence about youth loneliness: All our emotions are important* https://assets.ctfassets.net/eua7b5q6or8q/1pcX29wfVuOoouCGWkyqoc/4cce48d22c4a9ce7d7ef69318f90a91a/Co-op_foundation_youth_loneliness_report.pdf
269 UK Youth (2018) *A Place to Belong: the role of local youth organisations in addressing youth loneliness*: https://ukyouth.org/wp-content/uploads/2018/08/A-Place-To-Belong-The-role-of-local-youth-organisations-in-addressing-youth-loneliness.pdf
270 Batsleer, J., Duggan, J., McNicol, S., Spray, S. & Angel, K. (2017) *Loneliness Connects Us: young people explore and experiencing loneliness and friendship*: http://42ndstreet.org.uk/wordpress/wp-content/uploads/2018/02/Loneliness-Connects-Us-report-February-2018.pdf
271 Smith, M. K. (2001) *'Young people, informal education and association', the informal education homepage*, www.infed.org/youthwork/ypandassoc.htm
272 Davies, B. (2005) 'Youth Work: A Manifesto for our Times', *Youth & Policy*, 88, Summer, pp.7–27
Davies, B. (2015) 'Youth Work: A Manifesto for our Times – revisited', *Youth & Policy*, 114, Summer, pp.96–117 https://www.youthandpolicy.org/wp-content/uploads/2017/06/davies-youth-work-manifesto-revisted.pdf
273 Barry Born, T. and Kenway. P. (2017) *Sustainable local government finance and liveable local areas: Can we survive to 2020?* New Policy Institute for The Association for Public Service Excellence (APSE). https://www.npi.org.uk/publications/local-government/sustainable-local-government-finance-and-liveable-local-areas-can-we-survive-2020/
274 NAO (2018) *Financial sustainability of local authorities 2018* https://www.nao.org.uk/wp-content/uploads/2018/03/Financial-sustainabilty-of-local-authorites-2018.pdf
275 Action for Children, The Children's Society and NCB (2017) *Turning the Tide* https://www.ncb.org.uk/sites/default/files/uploads/documents/Turning%2520the%2520tide%2520report_final.pdf
276 Children England (2018) *Children at Heart: Don't take child protection for granted* https://www.childrenengland.org.uk/Handlers/Download.ashx?IDMF=a335db29-3b66-4470-958c-a2cb37d76add
277 Action for Children, The Children's Society and NCB (2017) Action for Children, The Children's Society and NCB (2017) *Turning the Tide* https://www.ncb.org.uk/sites/default/files/uploads/documents/Turning%2520the%2520tide%2520report_final.pdf
278 LGA (2017) *Children's social care at breaking point, council leaders* warn https://www.local.gov.uk/about/news/childrens-social-care-breaking-point-council-leaders-warn
279 Action for Children, The Children's Society and NCB (2017) *Turning the Tide* https://www.ncb.org.uk/sites/default/files/uploads/documents/Turning%2520the%2520tide%2520report_final.pdf
280 NAO (2019) *Pressures on Children's Social Care* https://www.nao.org.uk/wp-content/uploads/2019/01/Pressures-on-Childrens-Social-Care.pdf
281 National Youth Agency (2014) *Youth Services in England: The State of the Nation* http://www.nya.org.uk/wp-content/uploads/2014/06/Youth-Services-in-England_-The-State-of-the-Nation.pdf
282 NAO (2019) *Pressures on Children's Social Care* https://www.nao.org.uk/wp-content/uploads/2019/01/Pressures-on-Childrens-Social-Care.pdf
283 UK Youth (2018) *State of the Membership* https://www.ukyouth.org/wp-content/uploads/2018/02/UK-Youth-State-of-the-Membership-2018-2.pdf
284 UNISON (2016) *A future at risk: Cuts in youth serv*ices https://www.unison.org.uk/content/uploads/2016/08/23996.pdf
285 NCB (2016) *Beyond the Cuts: Children's charities adapting to austerity* https://www.ncb.org.uk/resources-publications/resources/beyond-cuts-childrens-charities-adapting-austerity
286 Gill, C. La Valle, I. Brady, L. Kane, D., Clark, J. and Bass, P. (2011) *The Ripple Effect: The nature and impact of the children and young people's voluntary sector*. National Council for Voluntary Organisations. https://londonfunders.org.uk/sites/default/files/images/Ripple%2520EffectNCBNCVO2011.pdf
287 Children England (2012) *Perfect Storms: An analysis of the operating conditions for the children, young people and families voluntary sector* https://www.childrenengland.org.uk/Handlers/Download.ashx?IDMF=a62fd6aa-4484-44dc-8935-9fab9813c046
288 NAO (2019) Pressures on Children's Social Care https://www.nao.org.uk/wp-content/uploads/2019/01/Pressures-on-Childrens-Social-Care.pdf
289 Ibid.
290 Ibid.
291 NAO (2016) *Children in Need of Help and Protection* https://www.nao.org.uk/wp-content/uploads/2016/10/Children-in-need-of-help-protection.pdf
292 Family Rights Group (2018) *The Care Crisis Review: Options for Change* https://www.frg.org.uk/images/Care_Crisis/CCR-FINAL.pdf
293 NAO (2019) *Pressures on Children's Social Care* https://www.nao.org.uk/wp-content/uploads/2019/01/Pressures-on-Childrens-Social-Care.pdf
294 ADCS (2017) *A Country that Works for All Children* https://adcs.org.uk/assets/documentation/ADCS_A_country_that_works_for_all_children_FINAL.pdf
295 NAO (2019) *Pressures on Children's Social Care* https://www.nao.org.uk/wp-content/uploads/2019/01/Pressures-on-Childrens-Social-Care.pdf

296 Carole Brooks Associates (2018) *ADCS Safeguarding Pressures Phase 6 – Main Report* https://adcs.org.uk/assets/documentation/ADCS_SAFEGUARDING_PRESSURES_PHASE_6_FINAL.pdf
297 Roberts, J. (2015) 'Uniformed Youth Work' in Bright, G. (ed.) *Youth Work: Histories, policy & Contexts.* London: Palgrave Macmillan. p. 141.
298 Wylie, T. (2015) 'Youth work'. Youth & Policy Vol 114:43–55
299 Davies, B. (2019) *Austerity, Youth Policy and the Deconstruction of the Youth Service in England*. London: Palgrave
300 Trilla, J. Ayuste A. Agud, I. (2014) 'After-school activities and leisure education' in A. Ben-Arieh, F. Casas, I. Frønes, J. Korbin (eds) *Handbook of Child Well-Being*. Springer, Dordrecht. pp 863–894
301 Smith, M. K. (2013) 'What is youth work? Exploring the history, theory and practice of youth work', The encyclopedia of informal education, www.infed.org/mobi/what-is-youth-work-exploring-the-history-theory-and-practice-of-work-with-young-people/.
302 Margaret M. Barry M,, Clarke, A. Morreale, S. and Field, C. A. (2018) 'A Review of the Evidence on the Effects of Community-based Programs on Young People's Social and Emotional Skills Development'. *Adolescent Research Review* Vol. 3: 13–27.
303 Youth United Foundation (2017) *Evidence Review 2017* http://yuf.org.uk/wp-content/uploads/2018/03/161212-youth-united-evidence-review-2017.pdf
304 SocStats (2017) *The Scout Association: Pilot impact survey analysis for the UK* https://scouts.org.uk/media/900962/Changing-Lives-Strengthening-Communities-The-Scout-Association-2017-Impact-Report-Technical-Document-.pdf
305 Robey B. Champine, Jun Wang, Kaitlyn A. Ferris, Rachel M. Hershberg, Karl Erickson, Byron R. Johnson & Richard M. Lerner (2016) 'Exploring the Out-of-School Time Program Ecology of Boy Scouts'. *Research in Human Development* Vol 13 (2): 97–110.
306 Mccombs, J. Whitaker, A. Yoo, P. (2017) The Value of Out-of-School Time Programs RAND https://www.rand.org/pubs/perspectives/PE267.html
307 See, B. H., Gorard, S., Siddiqui, N. (2017) 'Does participation in uniformed group activities in school improve young people's non-cognitive outcomes?' *International Journal of Educational Research*, Vol. 85: 109–120.
308 Family, Kids and Youth (2015) *Youth Social Action Journey Fund Evaluation Report of Research Results* http://yuf.org.uk/wp-content/uploads/2018/03/youth-social-action-journey-fund-evaluation.pdf
309 ComRes (2018) *Social Integration: the role of unformed youth groups Youth United Foundation* http://yuf.org.uk/wp-content/uploads/2018/07/FULL-REPORT-COMJ6149-Social-Integration-Youth-Groups-Report-0106-WEB.pdf
310 Dibben C,Playford C, Mitchell R.J (2017) *Epidemiol Community Health* 71:275–281. http://eprints.gla.ac.uk/131555/13/131555.pdf
311 Bajwa-Patel, M. Denny, S. Hazenberg, R. Giroletti, T. Brylka, A. (2018) *What is the social impact resulting from the expenditure on the Cadet Forces? Year 2 interim report – Autumn 2018 Institute for Social Innovation and Impat, University of Northampton* https://www.northampton.ac.uk/wp-content/uploads/2017/10/social-impact-cadets-expenditure-report-2018-19.pdf
312 DCMS (2016) *Policy paper: Social Action* https://www.gov.uk/government/publications/centre-for-social-action/centre-for-social-action
313 IpsosMORI (2018) *National Youth Social Action Survey 2017* https://www.ipsos.com/ipsos-mori/en-uk/national-youth-social-action-survey-2017
314 For more information see: https://www.iwill.org.uk/nysas-survey-2018
315 http://yuf.org.uk/wp-content/uploads/2018/07/FULL-REPORT-COMJ6149-Social-Integration-Youth-Groups-Report-0106-WEB.pdf
316 IpsosMORI (2018) N*ational Youth Social Action Survey 2017* https://www.ipsos.com/ipsos-mori/en-uk/national-youth-social-action-survey-2017
317 Ibid.
318 Ibid.
319 Co-op Foundation (2018) *Breaking the silence about youth loneliness: All our emotions are important* https://assets.ctfassets.net/eua7b5q6or8q/1pcX29wfVuOoouCGWkyqoc/4cce48d22c4a9ce7d7ef69318f90a91a/Co-op_foundation_youth_loneliness_report.pdf
320 Ipsos Mori (2018) National Youth Social Action Survey 2017: https://www.ipsos.com/ipsos-mori/en-uk/national-youth-social-action-survey-2017
321 Ibid.
322 Ibid.
323 Ibid.
324 Ibid.
325 Batsleer, J., Duggan, J., McNicol, S., Spray, S. & Angel, K. (2017) *Loneliness Connects Us: young people explore and experiencing loneliness and friendship*: http://42ndstreet.org.uk/wordpress/wp-content/uploads/2018/02/Loneliness-Connects-Us-report-February-2018.pdf
326 Scales P.C. (2014) 'Developmental Assets and the Promotion of Well-Being in Middle Childhood' in: A. Ben-Arieh, F. Casas, I. Frønes, J. Korbin (eds) *Handbook of Child Well-Being*. Springer, Dordrecht. pp 1649-1678
327 Mccombs, J. Whitaker, A. Yoo, P. (2017) The Value of Out-of-School Time Programs RAND https://www.rand.org/pubs/perspectives/PE267.html

328 Durlak, J. A. Weissberg, R. A. and Pachan, M. (2010) 'A Meta-Analysis of After-School Programs That Seek to Promote Personal and Social Skills in Children and Adolescents'. *America Journal of Community Psychology* Vol. 45: 294–309.
329 Mehmet, K.and Howell , C. (2017) 'Building youth leadership confidence in 1475 (Dulwich) Squadron Air Training Corps: Handling challenges with no right answer and focusing on positives'. *Queensland Review* Vol. 24 (1): 42–49.
330 Heath, R. D. Anderson, C. Turner, A. C. and Payne C. M. (2018) 'Extracurricular Activities and Disadvantaged Youth: A Complicated— But Promising—Story'. *Urban Education* 1–35.
331 Žukauskienė R. (2014) 'Adolescence and Well-Being' in: A. Ben-Arieh, F. Casas, I. Frønes, J. Korbin (eds) *Handbook of Child Well-Being*. Springer, Dordrecht. pp 1713–1738
332 Thompson R. A. (2014) 'Why Are Relationships Important to Children's Well-Being?' in: A. Ben-Arieh, F. Casas, I. Frønes, J. Korbin (eds) *Handbook of Child Well-Being*. Springer, Dordrecht. pp 1917–1954
333 NHS Scotland (2019) *The relationship between a trusted adult and adolescent health and education outcomes*: http://www.healthscotland.scot/media/2325/the-relationship-between-a-trusted-adult-and-adolescent-health-outcomes_6588.pdf
334 Ibid.
335 Volunteer Now (2014) *Evaluation of the Impact of Volunteering in the Uniformed Organisations in N Ireland* http://www.bbni.org.uk/ni/Uniformed_Group_Final_Report.pdf
336 Linning, M. and Jackson, G. (2018) *Volunteering, Health and Wellbeing What does the evidence tell us?* Volunteer Scotland https://www.volunteerscotland.net/media/1436178/volunteering__health___wellbeing_-_full_report.pdf
337 Tabassum F, Mohan J, Smith P (2016) Association of volunteering with mental well-being: a lifecourse analysis of a national population-based longitudinal study in the UK BMJ Open 2016: 6: 011327.doi:10.1136/bmjopen-2016-011327 https://bmjopen.bmj.com/content/6/8/e011327#xref-ref-3-1
338 NCVO (2019) *Time well spent: A national survey on the volunteering experience* https://www.ncvo.org.uk/policy-and-research/volunteering-policy/research/time-well-spent

By the age of 18, almost a third of young people experience feelings of loneliness some of the time. Loneliness can have a significant impact on children and young people affecting their health and wider development.

This report aims to enhance understanding of the relationship between uniformed youth organisations participants and volunteers and loneliness and broader issues of mental health, and wellbeing.

It presents a review of literature and research on mental health, wellbeing and loneliness, primarily focussed on young people. It reviews current practice in relation to mental health, wellbeing and loneliness within uniformed youth organisations and beyond for both participants and adult volunteers.