A photograph of a woman with freckles and a young girl with brown hair, both looking off to the side. The woman is holding the girl. They are standing in front of a building with windows and a balcony. The woman is wearing a dark, patterned top, and the girl is wearing a pink tank top and overalls. The background shows a concrete wall, a window, and a balcony with a railing.

chancesFOR  
CHILDREN  
BUtLEuk

## The State of Child Poverty 2021

The ongoing impact of the COVID crisis on families and young people living in poverty

# CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>3</b>
<b>INTRODUCTION</b>	<b>6</b>
Buttle UK's response the crisis	7
<b>THE FINDINGS</b>	<b>9</b>
Section 1: Adverse Childhood Experiences, Trauma & COVID	9
Section 2: Children's mental health and well-being	13
Section 3: The impact of COVID on children's education	16
Section 4: Some positive moments during the pandemic	20
<b>CONCLUSIONS AND RECOMMENDATIONS</b>	<b>21</b>
<b>APPENDIX</b>	
Additional context: The financial impact and other effects of COVID-19	26

## EXECUTIVE SUMMARY



*Many children and young people feel as though they have 'fallen behind' with their education, and getting back on track seems impossible to them. The effects that the pandemic has had on their mental health has become a barrier that they are having to overcome in order to fully focus on learning once again.*

The ongoing COVID crisis is having a lasting impact on children and young people living on low incomes. The findings in this report are from the first-hand, direct experience of frontline support workers. Nearly 700 professionals, who estimate that their combined services reach 36,000 children, responded to a survey distributed in June and July 2021. They have told us what they have witnessed over the last year from their interactions with families. Their responses give a unique insight into the impact of the pandemic in the homes of families, and the lives of children and young people.

This is the third year that we have run this survey. The last time was in June 2020, just as the UK was coming out of the first national lockdown. We have therefore been able to make some comparisons with responses then, and those a year later.

To provide a background to the families that are discussed throughout the survey responses, we asked respondents to report the percentage of children and young people they work with who have had exposure to specific adverse childhood experiences (ACEs). ACEs are widely identified as family situational factors that impact on children's development and life chances through to adulthood, and there is a link between ACEs and experiencing trauma. This is an area we wanted to understand more about in particular in this survey.

The most commonly occurring ACEs amongst the cohort of children supported were reported as:

- Mental health problems (63% of children and young people)
- Parental separation (63%)
- Verbal abuse (61%)
- Domestic abuse (59%).

Support workers reported that all ACEs have been made worse by COVID, of these:

- **Family mental illness** was seen having been impacted most, with **48%** saying that it was 'a lot more severe'
- **Domestic violence** was next with **38%** reporting it being 'a lot more severe'.

In explaining these increases in severity, frontline support workers highlight:

- A lack of access to support – both through informal networks (i.e. family and friends) and formal support services
- A lack of respite for parents
- Reduced time in education, meaning that the issues that schools often monitored have not been picked up
- Decreased levels of exercise, poor diets and increased isolation.

We asked which areas children experienced the greatest difficulties in as a result of poverty, and we were able to compare these results to data from 2020. The greatest increases were reported as mental health problems and the relationships between children and parents (both seeing an increase of 10%). More children were also reported as experiencing behaviour problems and difficulties in sibling relationships (+9%) and peer relationships (+5%).

The respondents reported that on average, **66%** of the children and young people they worked with **had fallen behind in education during the pandemic**. The biggest contributors to children's struggling to engage in education during the crisis were:

- A lack of digital access: 60% reporting that this has made things 'a lot harder'
- Challenges in the current context of overcoming past trauma: 56% reporting this had made this a lot harder.

It is perhaps not surprising therefore, that when we asked frontline workers what was going to be the most crucial form of support for children going forward, **overwhelmingly, their response was mental health support at 48%**. Additional educational support was second at 9%.

Answers to other survey questions helped provide context to these circumstances. Frontline workers reported that more families have had their employment and income affected as the pandemic has continued: 10% more families have had to apply for universal credit and 6% more have permanently lost their job than in our 2020 survey.

The number of families struggling to afford the basics has also risen slightly, with the biggest increases in spending being on IT and internet access and clothes and toys. The percentage of families needing support had also increased across the board. Consistent with the findings above, the need for counselling, therapy and mental health support was reported as high, but this was also the area that professionals reported had seen the largest decrease in availability (with 47% reporting a large decrease in availability). Conversely, the largest increase in the availability of a service was access to food banks (46% seeing a large increase in availability).

While the circumstances of families appear to be getting gradually worse over the course of the COVID crisis, the key conclusion of this report is the significant impact on mental health of children and young people that the ongoing crisis is having.

There is clear evidence of the impact of COVID on the mental health of all children<sup>1</sup>, but those who were already vulnerable due to family circumstances have been some of the hardest hit. These children have had to deal with the same disruption to their schooling, the isolation from friends and wider family and the broader anxieties of living through a global pandemic as all children have. However, critically, added to this has been the significant added challenges in their ability to overcome trauma brought on by a range of adverse childhood experiences and poverty. These issues – along with lack of digital access - are seen by support workers as the main drivers to children falling further behind in their education compared to their more affluent peers.

If we are to close the education gap that has grown for these children as a result of the pandemic, we must listen to these professionals and consider what support should form part of recovery plans. Buttle UK therefore supports calls by the Children and Young People's Mental Health Coalition and others for an integrated, long-term educational strategy that focuses on

---

<sup>1</sup> [Impacts of lockdown on the mental health of children and young people | Mental Health Foundation](#)

prevention and early intervention around mental health in all UK nations. Specifically, we urge policy makers to consider the following:

- Looks to make Mental Health Support Teams available in all schools.
- Considers the balance between academic areas with those that have come to be called 'enrichment' in the state school curriculum. These activities may happen during or outside of normal school hours and seek to build motivation or resilience; encourage exercise or learning new skills. Alongside this, develop social, emotional and health education to become a more meaningful part of the curriculum.
- Within schools, promote an understanding of the link between ACEs and trauma, and provide better access to therapeutic support and more specialist targeted support for those where this link exists.
- Consider how to remove some of the barriers to achieving results with the above. For example, through the better co-ordination and utility of Local Welfare Schemes and charitable welfare funds to support:
  - The provision of IT access to the most disadvantaged
  - The cost of school uniforms and equipment
  - Access to after school activities and clubs not covered by school enrichment provision
  - Making the home environment more conducive to children's development and learning.



## INTRODUCTION

The findings in this report provide a first-hand, direct experience of what frontline workers have witnessed from their interactions with families during the crisis. They provide a unique insight into the impact of the pandemic inside the homes of families, and the lives of children and young people. There were 669 respondents to the survey, who estimated that their services reach 36,000 children between them. The surveying was completed between 22nd June - 15th July 2021.

This survey is the third time it has been run annually. The last time was in June 2020, just as the UK was coming out of the first national lockdown. We have therefore been able to make some comparisons with responses then, and those a year later. We have focused on the impact of the COVID crisis on children and young people as the crisis has entered a second year. For the purposes of clarity, when we refer to the 'COVID crisis', 'COVID' or 'the pandemic' throughout the report, we mean the broad health and economic issues caused by lockdowns, restrictions, job losses, furloughing, school closures and so on, and not just the direct impact of the COVID-19 virus on people's health.

The survey also captured some wider context on the crisis – on family finances and the availability of support services. This data provides additional context and has been summarised in the Appendix.

This survey was targeted at frontline practitioners who work directly with children, families and young people in crisis across the UK. These frontline workers have direct access to and understand the problems faced in order to provide critical services. The tables below show that the respondents represent all parts of the UK, but also a range of types of organisations serving varied client groups. All individuals asked to complete the survey have applied for grants from Buttle UK. Table 1 shows where in the UK respondents are based - an even spread across all nations and regions in the UK.

**Table 1. Breakdown of respondents by region**

	<b>Number of respondents</b>	<b>Percentage</b>
England	518	77%
<i>East Midlands</i>	40	6%
<i>East of England</i>	42	6%
<i>London</i>	94	14%
<i>North East</i>	31	5%
<i>North West</i>	67	10%
<i>South East</i>	72	11%
<i>South West</i>	43	6%
<i>West Midlands</i>	69	10%
<i>Yorkshire and The Humber</i>	60	9%
Northern Ireland	28	4%
Scotland	63	9%
Wales	53	8%
Not Known	7	1%
<b>Grand Total</b>	<b>669</b>	<b>100%</b>

To understand who these frontline workers are supporting, we asked which sector the respondents worked in. Table 2 shows this breakdown - a broadly even split between public and voluntary sector organisations.

**Table 2. Breakdown of respondents by sector**

Sector	Number	Percentage
Social Services	267	40%
Voluntary	244	36%
Education	70	10%
Housing provider/Supported accommodation	48	7%
Public Health/NHS	30	4%
Other	10	1%
<b>Grand Total</b>	<b>669</b>	<b>100%</b>

We also asked respondents to report their key client group, shown in Table 3. The services represented will reflect target groups where Buttle UK has targeted our funding historically (i.e. children who have been impacted by domestic abuse, those living in kinship care families and estranged young people), however, there is clearly a wider spread than this in terms of how the organisations themselves define their client group. The large percentage defining their client group as 'Child Protection/Child in Need plans' is likely to reflect the number of social work and statutory services responding to the survey.

**Table 3. Breakdown of respondents by client group**

Area of focus	Number	Percentage
Domestic Abuse	234	35%
Child Protection / Child in Need plan	173	26%
Estranged Young People	91	14%
Family support	42	6%
Early help	31	5%
Housing/homelessness	27	4%
Kinship Care	17	3%
Looked After Children	6	1%
Young parents	6	1%
Asylum and Refugees	5	1%
Other	37	6%
<b>Total</b>	<b>669</b>	<b>100%</b>

### **Buttle UK's response to the COVID-19 Crisis**

Buttle UK is a national children's charity that has been helping children and young people who are in crisis to reach their potential since 1953. We do this by providing direct financial support of up to £2,000 through our Chances for Children grants and, for a small number of children whose home environment is disruptive and chaotic, grants which allow them to go to boarding school. We define a crisis as those living in financial hardship and dealing with at least one other challenging social issue.

Chances for Children grants offer funding of up to £2,000, to provide a holistic package of support addressing the physical, emotional and educational needs of children aged 0-20. Evaluation has repeatedly found that these grants can have a disproportionately positive

impact compared to their monetary value, and that in some cases they are transformational. We receive grant applications via a network of referral organisations, including those that have completed this survey. These organisations ensure we are getting the funds to those that need them most, provide important on-the-ground support above and beyond what we can offer, and help ensure appropriate due diligence on the spend of the funds themselves.

As soon as the crisis hit, Buttle UK was able to utilise its grant giving infrastructure to get practical support directly into the homes of some of the most vulnerable families and young people in the UK, and at the same time add value to the critical work of frontline services. We have seen a dramatic increase in the level of requests for our Chances for Children grants over the period. Application rates for our Chances for Children grants were 68% higher in total in 2020/21 than in the previous year, with significant increases in applications in the autumn 2020. Between April 1st and end September 2020, we delivered as many grants as in the entire 2019/20 financial year.

In total, we have supported **nearly 9,000 children and young people** during this pandemic since the start of April 2020, at a total value of £6.8m. Although the grants can pay for a wide range of items and costs, the table below shows the ten most frequently funded items.

**Table 4. Top ten items funded in 2020/21**

1	IT Equipment
2	Home Appliances
3	Bed a/o Bedding
4	Educational Toys and Books
5	Clothing
6	Home Furnishing
7	Storage Furniture
8	Carpeting and Flooring
9	School uniform
10	Sport activities



## THE FINDINGS

### Section 1: Adverse Childhood Experiences, Trauma & COVID

To provide a background to the families that are discussed in the survey responses, we asked respondents to report the percentage of children and young people they work with who have had exposure to specific adverse childhood experiences (ACEs), see Table 5 below.

ACEs are widely identified as family situational factors that impact on children's development and life chances through to adulthood.<sup>2</sup> The main ACEs identified throughout literature and practice are: parental separation, mental health problems, child verbal abuse, physical abuse and sexual abuse, child neglect, alcohol misuse, drug abuse and parent incarceration. In some areas, physical ill health and disability in the family is also recognised as an adverse experience that can have long-term detrimental effects on children's life chances.

It is widely evidenced that children who experience four or more ACEs are more likely to grow up to have mental health issues, poorer academic attainment, lower socioeconomic status, and are more likely to engage in risk behaviours such as alcohol and drug abuse and risky sexual behaviour.<sup>3</sup>

Whilst the literature tends to focus on the impact of four or more ACEs, these experiences provide a good background to understanding what some children and young people, experiencing both poverty and crisis, may have to endure from a young age. There is also a link between ACEs and experiencing trauma. Psychological trauma can be defined as a type of damage to the mind that occurs as a result of a severely distressing event. While not everyone who has experienced a traumatic event will be traumatised, negative experiences can have a profound effect by fundamentally affecting the functioning of their brain. As a result, experiences can "live on" within the individual in a very powerful, embodied way and may be experienced as flashbacks, nightmares or repetitive, negative thoughts or feelings. Abuse, loss and bereavement, parental drug or alcohol misuse, and domestic violence are all experiences that can induce trauma. Trauma can undermine a person's ability to cope with a range of challenges – emotionally, cognitively and physically. When a child has experienced trauma, it will, understandably, impact on their ability to cope, engage and learn in the classroom.<sup>4</sup>

We have therefore been interested to understand how the COVID crisis has impacted on children experiencing ACEs, but also how it has affected their ability to cope with and overcome trauma. The table below shows the prevalence of ACEs as reported by frontline workers of children in their services. It shows that mental health problems, parental separation, verbal and domestic abuse are those most common.

---

<sup>2</sup> [Adverse Childhood Experiences – Scottish Government Background Report, June 2020](#)

<sup>3</sup> [Early Intervention Foundation \(2020\) – Adverse Childhood Experiences – What we know, what don't we know and what should we know?](#)

<sup>4</sup> [Trauma and adverse childhood experiences \(sec-ed.co.uk\)](#)

**Table 5. Prevalence of Adverse Childhood Experiences**

<b>Adverse Childhood Experience</b>	<b>Percentage reporting this ACE</b>
Mental illness in the family	63%
Domestic violence	59%
Neglect	48%
Parent / carer physical health problem / illness / disability	44%
Verbal abuse	61%
Alcohol abuse in the family	39%
Parental separation	63%
Drug use in the family	37%
Physical abuse	44%
Sexual abuse	22%
Imprisonment of a family member	20%
Bereavement	28%

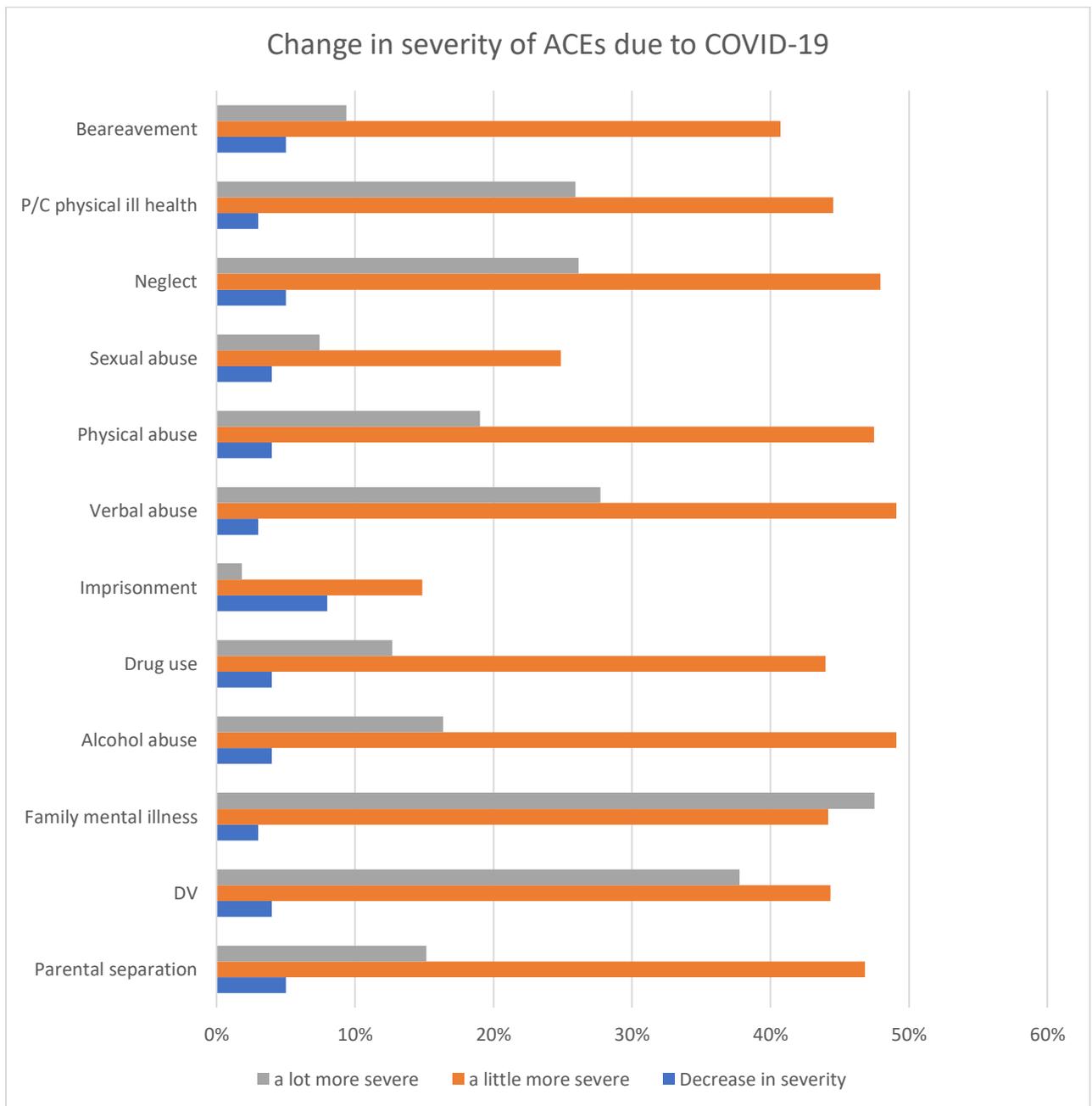
We also asked about children’s experience of bereavement. While not usually included as an ACE in the literature, bereavement clearly has a link to trauma. Although annual data is not collected on the number of children affected by bereavement, in 2004, the last time a national survey was done, around 3.5% of 5 to 16-year-olds had been bereaved of a parent or sibling<sup>5</sup>; this suggests that at 28%, the experience of this cohort is very high.

The following graph shows the reported change in the severity of these experiences as a result of the COVID crisis. There is an increase across the board, but the big increases in the highest levels of severity are family mental ill health and domestic abuse.

It is not possible to draw any definite conclusions about the extent to which COVID has contributed to the prevalence of bereavement in Table 5 above. However, the graph below does show that its severity in relation to COVID has increased comparably to other ACEs.

---

<sup>5</sup> [Key statistics | Childhood Bereavement Network](#)



In explaining these increases in severity, the common themes in qualitative responses in the survey suggest:

- A lack of access to support – both through informal networks (i.e. family and friends) and because of the difficulty in accessing support services.
- That there has been no respite for parents. There has been an increase in parents not coping with the home situation, when the family has been at home for longer periods and when they themselves have multiple issues to deal with, in particular mental health problems
- The reduced time in education over the period has meant that the issues that schools often monitored have not been picked up.
- Decreased levels of exercise, poor diets and increased isolation have all contributed
- A lack of any planning in relation to support going forwards. Even with the easing of restrictions, many services are still working reactively to situations, and dealing with backlogs.



*ACEs have become far more prevalent in a wider range of families due to the overwhelming trauma the pandemic has created for families who might not normally have felt such a significant impact e.g. adult services refusing to attend home visits, addiction services closing completely and only offering telephone appointments, parental deaths from addictions because they have no support for themselves and the usual after school/nursery etc. support is vastly reduced then there being no grief support for any family members. Domestic abuse has risen exponentially because families are confined at home and there are only "emergency" visits. [There has been] pressure on child and family social workers to provide high levels of supports through constant crises for families who are usually more settled (through the additional adult services/education/CAMHS/Health services) causing significant strain and an inability to meet the needs of families, children and young people.*



*With the closure of schools, a lot of children have been invisible to professionals and in some cases have been living with these situations without people knowing. Neglect is also worse due to their needs not being met and sometimes the meal at school being their only proper meal.*



*The impact has become more severe as people are with each [other] 24 hours a day, 7 days a week. There has been no break or distraction and people's circumstances have changed for the worse.*



*Being forced to stay at home away from all other sources of support has resulted in children struggling with more abuse, being exposed to more issues than they would usually witness directly and more anxiety/self-blame. Many more children appear to have taken on the role of being their parents support rather than the reverse.*

## Section 2: Children’s mental health and well-being

We asked the question: "In general, what percentage of the children and young people you work with experience difficulties in the following areas due to poverty?", and we were able to compare results to data where we asked the same question in 2020. On average, 10% more children were reported as experiencing mental health problems and difficulties in relationships with parents than compared to last year. More children are also experiencing behaviour problems and difficulties in sibling and peer relationships.

**Table 6. Children and young people experiencing difficulties due to poverty**

Outcome	2020	2021	difference
Child / young person mental health problems (anxiety / depression)	51%	61%	+10%
Child / young person behaviour problems	53%	57%	+4%
Relationships between parents and children	51%	61%	+10%
Relationships between siblings	38%	47%	+9%
Child / young person relationships with friends	45%	50%	+5%

The quotes below provide some context as to how the crisis has impacted children’s mental health, well-being and relationships. These findings reflect other research: the NHS published research in October 2020 that suggests 1 in 6 children and young people in the UK may now have a mental health problem, up from 1 in 9 in 2017.<sup>6</sup>



*It has been a very unsettling and uncertain time. Parents have been under greater stress and pressure and children have experienced this. They have been isolated from wider support networks, peers and safe spaces at school. They have had little interaction or stimulation leading to depression, anxiety and low mood.*



*This has impacted on parental mental health and wellbeing which has had a significant impact on children's mental health and wellbeing. Lack of access to basic provisions to children and their families has meant that they have become isolated. Children have been less able to manage when returning to school/group sessions and have become overwhelmed. Many children and their families are experiencing high levels of anxiety and do not recognise, understand or know how to manage this.*



*Seeing more of the pressures put on adults to provide which has created worries where children feel like they may be eating too much because they have overheard their parents speaking about money worries and not being able to buy more food.*

<sup>6</sup> [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital](#)



***Many children became disconnected from education and as a result they have fallen behind in maths, reading and writing. Some families who were isolating due to covid were unable to access online support to order foodbanks, book Covid tests, because of their inability to pay mobile phone bills or mobile data bill as their gas and electric bills increased during winter as they were heating the house during the day as the children and adults were now home. The cost of extra food to feed children who were normally getting fed at school also put an additional financial burden on [the] parent. In many cases the additional financial burden, home schooling, and social isolation has detrimentally affected many of the parents and children that I work with. Many children feel disconnected from their peers and community, are afraid to reconnect due to public information on covid transmission and often feel burdened with adult worries.***

We also asked support workers: "Can you tell us a little bit about how children and young people have been feeling as restrictions have started easing?". This provides some additional understanding of the emotional response of children to the crisis. There was a mix of positive and negative responses, but the overriding response was anxiety, as the count of some of the most commonly used words from the 472 respondents shows:

Happy/happier	69
Excited	31
Anxious/anxiety	152
Worry/worried	53
Scared	31



***Although they have been keen to re-engage with their peers this has brought heightened anxiety around these social interactions. They have also struggled to re-engage in education and fear they have missed too much which has caused some to disengage."***



***Some children are now terrified of going out in case they catch coronavirus, especially the children that already had OCD traits regarding germs. Children have lost some of the social skills as it is that long since they have interacted with their peers and friendships have been lost.***



*For some children, school is a safe place so they have welcomed the return to school, for others they have struggled to get back into a good routine or rather parents have had difficulty returning to this routine. For some, having structure through the day has exacerbated the feelings of having no structure when they return to the home environment as many parents do not feel they have adequate support for their mental health.*



*I think there is still a 'hangover' from lockdown. The children who have faced trauma during or before lockdown are still struggling with the changes and feel quickly overwhelmed. If children have managed to have some sort of rhythm and routine during lockdown by still attending school, they have appeared more resilient and have been better mentally equipped with the easing of restrictions in comparison to young people who were not in school.*

### Section 3: The impact of COVID on children’s education

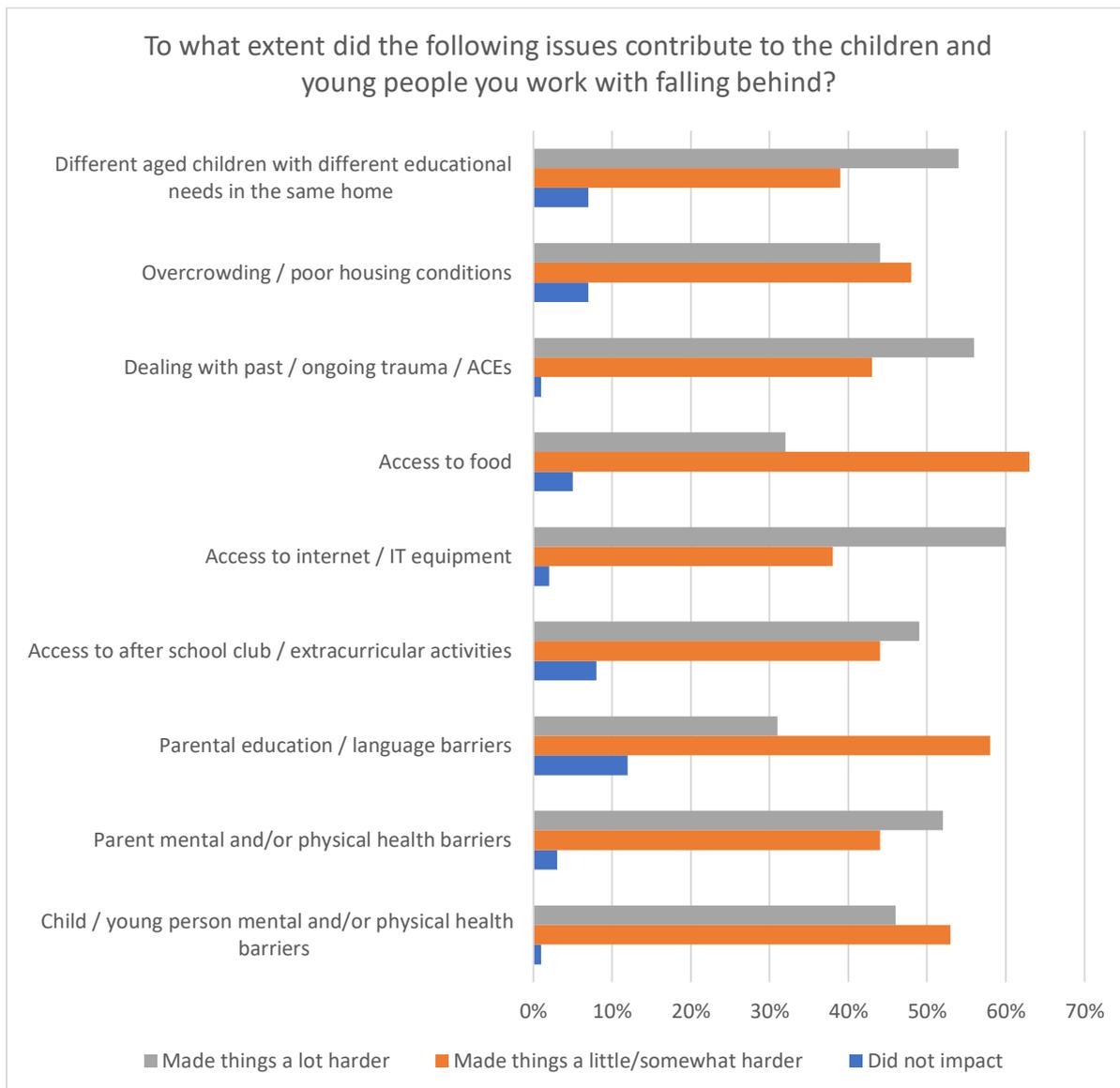
We asked support workers the two following questions, to gauge their views on the situation with this cohort in relation to education regardless of COVID, but also the extent to which COVID has had an impact on education. The percentage of children already struggling with engagement is high, but they report that 66% of children that they work with fell behind during the pandemic. There is a wealth of other data on the impact of the crisis on the education of the most disadvantaged children, which also reflects a widening gap with their more affluent peers.<sup>7</sup>

	Average
In general, what percentage of children and young people you work with struggle to engage in education?	51%
What percentage of the children and young people you work with fell behind in education during the pandemic?	66%

The graph below looks in more detail at reasons why children were falling behind. It suggests that a lack of digital access (60% report it has made things a lot harder) and the challenges in the current context of overcoming past trauma (56% report it has made things a lot harder) were seen as the biggest contributors to children’s struggling to engage in education during the pandemic. Also, of high impact has been having children with different educational needs in the home (54% of those reporting that it made things a lot harder), particularly we can assume, given home schooling, and parental mental or physical health barriers. Interestingly, the area reported as contributing least was parental education barriers. Though this is clearly a factor, the survey data suggests that there are others that are having a bigger impact.

---

<sup>7</sup> [Best evidence on impact of Covid-19 on pupil attainment | Education Endowment Foundation | EEF](#)



These findings are reflected elsewhere in the survey. Frontline workers report 10%-19% more children do not have access to IT equipment or the internet in the 2021 survey compared to 2020 (See Table 10 in the Appendix). This represents the largest increase across a range of basic items that families are struggling to access. This may in part be a result of greater awareness of the need for digital access amongst support workers, as well as, because of school closures, a greater level of need.

As we saw in Section 2, the severity of adverse childhood experiences has increased, and therefore, it seems reasonable to assume, the likelihood of experiencing trauma increased. This in turn seems to be feeding the higher levels of mental health problems amongst this cohort and contributing to them falling further behind in their education.

A year of disrupted schooling has clearly impacted children in a variety of ways. We asked support workers about children’s response to returning to school after lockdowns (see table below). Again, mental health problems and overcoming trauma were the areas where it was reported that they had struggled most, further reinforcing the findings above. In total, 73% of frontline workers have seen children struggle with peer relationships since going back to

school. This reinforces the results in Table 6 above, which shows an increase in children experiencing peer relationship difficulties from 45% in 2020 to 50% in 2021.

**Table 7. Children and young peoples’ response to going back to school / college**

	<b>It's not been a problem/they are coping</b>	<b>They have struggled a little</b>	<b>They have struggled a lot</b>
Catching up with work	13%	43%	45%
Interacting with peers	27%	52%	21%
Getting back into a routine	13%	36%	51%
Mental health/wellbeing	8%	40%	52%
Overcoming trauma/ACEs	9%	43%	48%

We asked: 'Are you seeing any long-term issues for children and young people's education as a result of the pandemic?' The quotes below provide some examples of common themes in support workers’ thoughts on this.



*Lots of the children and young people from impoverished backgrounds need the constant support provided by a classroom experience and there is no learning happening at all at home. The result being that these children and young people will end up with significant gaps or poor attainment levels that they cannot make up in comparison to those from wealthier backgrounds, furthering the poverty gaps in their future.*



*They have lost the security that school is always there, and you always have to go. Even though some didn't like it, it was a permanent fixture. Now school has become unpredictable, more temporary and unstable or unreliable in their minds, particularly with some of the last minute closures. This means I am seeing more and more rejecting it and just not going - they no longer feel they have to.*



*Lots of children that require one to one support for domestic abuse, trauma, ASD assessments, mental health issues are not getting quick referrals or the threshold for these assessments and supports are so high and extreme that they don't meet the referral threshold. Many services are only taking child protection or crisis referrals leaving far too many children without support and on a trajectory from crisis which could be prevented through earlier interventions.*



*An escalation in higher [levels] of anxiety and depression. Those who were sporadic self-harmers have now increased their cutting etc as they couldn't go out or see anyone or had any distractions and therefore they stayed in all day for months having negative thoughts from their past and ACES, PTSD and had no other distractions or outlet to help them in COVID and therefore their mindset became very low and started to focus on all the negatives of their life in their room day and night and then their anxiety and self-harming escalated or increased - as they had no support or lost their social life and education days etc. Also if they are in a chaotic household or with family members with mental health issues or substance misuse issues this affected them as they had nowhere to escape to.*

We asked frontline workers what was going to be the most crucial form of support for children going forward. **Overwhelmingly, the top response was mental health support at 48%**. Additional educational support was second at only 9%.

**Table 8. Most crucial support needed for supporting children, young people and families impacted by the pandemic**

Counselling / therapy / other mental health support	48%
Additional educational support	9%
Support finding accommodation	8%
Financial support for rent and / or utility bills	6%
Food banks	6%
Support obtaining household items	6%
Other (please specify)	17%

While 17% indicated "other", the majority said it was a mix or all of the above, but even so mental health support was frequently highlighted.

## Section 4: Some positive moments during the pandemic

We asked the question: "Have you seen anything positive for the children, young people and families you work with as a result of the pandemic?". There were a mix of responses, and although many support workers have found positives, as illustrated by the quotes below, it is perhaps telling that 'Yes' only appeared 29 times in the responses, compared to 109 times for 'No'.



*Some families coming together supporting each other and resolving their own issues independently.*

*I have seen many examples of wonderfully resilient children and young people, but can also see the real need for additional support to capitalise on this resilience, otherwise this will not be a long term gain.*

*Some families have developed positive relationships with professionals as we were there to support them during difficult times.*

*Families reconnected with each other. Families talked more and played more together. Families appreciated what they had rather than what they didn't. Communities came together, to help each other, neighbours talked more to each other. Local neighbourhood virtual groups were created.*

*Some families where children were involved in crime and gang related activities saw a decrease in incidents.*

*Many have found new innovative ways to keep themselves busy, interact positively and ways to guard and protect their mental health.*

*Some families coming together supporting each other and resolving their own issues independently.*

*I have seen many examples of wonderfully resilient children and young people, but can also see the real need for additional support to capitalise on this resilience, otherwise this will not be a long term gain.*

*Some families have developed positive relationships with professionals as we were there to support them during difficult times.*

*Families reconnected with each other. Families talked more and played more together. Families appreciated what they had rather than what they didn't. Communities came together, to help each other, neighbours talked more to each other. Local neighbourhood virtual groups were created.*

*Some families where children were involved in crime and gang related activities saw a decrease in incidents.*

*Many have found new innovative ways to keep themselves busy, interact positively and ways to guard and protect their mental health.*

## CONCLUSIONS AND RECOMMENDATIONS

While the circumstances of families appear to be getting gradually worse over the course of the COVID crisis, the key conclusion of this report is the significant impact on the mental health of children and young people that the ongoing crisis is having.

There is clear evidence of the impact of COVID on the mental health of all children<sup>8</sup>, but those who were already vulnerable due to family circumstances have been some of the hardest hit. These children have had to deal with the same disruption to their schooling, the isolation from friends and wider family and the broader anxieties of living through a global pandemic as all children have. Critically, added to this has been the significant challenges in their ability to overcome trauma brought on by a range of adverse childhood experiences. These issues – along with their lack of digital access - are seen by support workers as the main drivers for children falling further behind in their education compared to their more affluent peers.

These frontline professionals overwhelmingly believe that the most urgent issue for such children is to address their mental health issues. If we are to close the education gap, we must listen to these professionals and consider how this support can form part of the national recovery plans from the crisis.

In June 2020, the Government announced £1bn in funding to help children address the disruption to their education as a result of the crisis. £350m of this was for the National Tutoring Programme aimed at increasing access to high-quality tuition for the most disadvantaged young people over the 2020/21 academic year.<sup>9</sup> However, in February 2021, the National Audit Office reported that less than half of the pupils who have started to receive tuition are from low-income families (those eligible for pupil premium funding). It is perhaps not surprising that schools “will have done exactly what was asked of them, which was to use their judgement to identify the children in their schools who would benefit most”<sup>10</sup>. Our report suggests that children from the most disadvantaged backgrounds are not ready for this support, and that is perhaps why they have not been put forward for this support. Frontline support workers are clear that dealing with these children’s mental health issues is the critical first step in the process of them closing the education gap.

However, there are concerns that that the mental health system for children and young people in England is reaching a tipping point, with the COVID-19 pandemic having exacerbated existing challenges. There are significant increases in demand for mental health support for children and young people across all services – from primary care to NHS specialist mental health services, voluntary sector, independent sector, and digital providers - but also pressures on acute trusts and local authorities. As many as 1.5 million children and young people may need new or additional mental health support as a result of the pandemic according to the NHS Confederation. This figure could be even higher when considering unmet need.<sup>11</sup>

This situation is reflected in the other UK nations. The Scottish Children’s Services Coalition (SCSC), an alliance of leading providers of children’s services, has raised concerns over a

---

<sup>8</sup> [Impacts of lockdown on the mental health of children and young people | Mental Health Foundation](#)

<sup>9</sup> <https://www.gov.uk/government/news/billion-pound-covid-catch-up-plan-to-tackle-impact-of-lost-teaching-time>

<sup>10</sup> [Covid: Under half of catch-up tutoring going to poorest pupils | Tes News](#)

<sup>11</sup> [Reaching the tipping point | NHS Confederation](#)

potential “lost generation” of vulnerable children and young people whose mental health is being impacted by the COVID crisis.<sup>12</sup> A report from Queen's University Belfast (QUB), carried out for the Commissioner for Children and Young People (NICCY), found children had been “severely impacted” by restrictions and expects a “surge” of issues about children's emotional health due to the pandemic.<sup>13</sup>

The Government announced £79 million to expand the roll-out of Mental Health Support Teams to more schools, increasing the number from 59 to 400 by April 2023.<sup>14</sup> The Children and Young People’s Mental Health Coalition have urged the Government to be more ambitious in its plans in this area, and for this support to be expanded to all schools as a matter of urgency so that no one is left without the care they need. The CYPMHC also urge the Government to put children’s mental health at the heart of the return to school and college this year. However, the Government’s guidance for schools, “Teaching a broad and balanced curriculum for education recovery”, published June 2021, only includes a passing mention of mental wellbeing in the Relationship, Sex and Health Education section.<sup>15</sup> The CYPMHC suggest that punitive approaches to discipline and excessive academic pressures will compound the harm that has already happened to children’s mental health. Instead, the Government should support schools to become safe places where children can regain their confidence and rebuild their lives.<sup>16</sup> However, with the assessment regime that has been set out for this academic year<sup>17</sup>, and with no grace period for schools, there will be an inevitable pressure to fill the school day with academic catch up, at the cost of any broader need for holistic education and mental health support.

CYPMHC and the School’s Wellbeing Partnership have put forward a series of detailed recommendations for policymakers to address the challenges of improving children’s wellbeing and mental health in education. Amongst the long-term recommendations are the need for a cross government strategy, with a commitment to prevention, early intervention and long term and sustainable funding. They call for a review on how wellbeing can be fully embedded into the school curriculum and ensure full implementation of a whole school and college approach. This includes teacher training and development that takes into account building resilience and wellbeing in a systematic way, for example, by recognising trauma.<sup>18</sup>

The NHS Confederation also agree that there needs to be a greater focus on early intervention and addressing the social determinants of mental health, but that funding alone will not address the current problems in children and young people mental health services. It is essential to address chronic staffing shortages and challenges, including by investing in more children and young people’s mental health specialists and in training and education of the wider workforce. Children and young people’s mental health must be a priority for integrated care systems (ICS). There needs to be a focus on addressing the fragmentation of children and young people’s mental health services that many people experience and improve access to both early intervention and specialist mental health services.<sup>19</sup>

---

<sup>12</sup> [Child mental health pandemic concern as Scotland's waiting lists soar | HeraldScotland](#)

<sup>13</sup> [Covid-19: Surge in children's issues forecast post-pandemic - BBC News](#)

<sup>14</sup> [£79 million to boost mental health support for children and young people - GOV.UK \(www.gov.uk\)](#)

<sup>15</sup> [Teaching a broad and balanced curriculum for education recovery \(publishing.service.gov.uk\)](#)

<sup>16</sup> [CYPMHC statement on school return | CYPMHC](#)

<sup>17</sup> [Standards and Testing Agency - GOV.UK \(www.gov.uk\)](#)

<sup>18</sup> [Coalition-and-Partnership-Joint-Statement-on-mental-health-and-wellbeing-in-education-v2.pdf \(cypmhc.org.uk\)](#)

<sup>19</sup> [Reaching the tipping point | NHS Confederation](#)

The situation in Scotland is similar, with the SCSC saying: “while we welcome a commitment by the Scottish Government to increase investment in mental health services to 1 per cent of NHS spending over the next five years, we need this investment now. This increased investment should not however just apply to the NHS and one of the key problems is that early intervention support has not been available due to funding restrictions. Investing in early intervention limits the need for highly costly CAMHS and increasing resourcing in support services and intervention strategies must be a priority for this government”<sup>20</sup>. While there is currently no regulation for preventative mental health interventions in schools and further education settings in Northern Ireland, in Wales, a whole-school approach to children and young people’s mental health and wellbeing has been a recent key focus for the Welsh Government. The Curriculum for Wales, due in 2022, features Health and Wellbeing as one of the key areas of learning, and wellbeing is woven through the other curriculum areas. The government is developing statutory guidance for schools on a whole-school approach to mental health, and recently doubled the amount of funding available to local authorities to help them implement a whole-school approach.<sup>21</sup>

At Buttle UK we believe that taking this more holistic approach is critical across the whole of the UK if we are serious in closing the educational gap. Our grants are designed to do just this, by helping to remove barriers to both improved emotional and social wellbeing and their ability to engage in education. We do this through helping to provide a home environment where children can grow up in a safe and nurturing environment, and funding access to activities that promote wellbeing, learning and build their support networks. Our Chances for Children grants consistently produce feedback from families and referrers that wellbeing and engagement in education have improved by removing some of the very practical barriers to achieving these goals, such as paying for IT equipment, educational books and toys, after school activities, school uniform or everyday items that can improve the home environment. However, while our grants can support with part of the problem, we cannot cover the mental health gap. Where there are serious mental health needs, these require more direct support which our funding simply cannot cover. Our support works to meet specific gaps and alongside longer-term support offered by others.

Where we achieve the most impressive long-term results are through our Support for Boarding grants. These can transform the level of engagement with education of children that have had multiple ACEs. A boarding school can provide this through an environment that is supportive, that provides structure and aspiration, and a range of extra-curricular activities along with an excellent education. There is also a focus on supporting pupil’s mental health with wraparound pastoral support. We do not suggest that all vulnerable children should attend boarding school. Also, it is not just boarding schools that offer this level and type of support and, of course, this level of support comes at a cost. However, there is something in the broad-based view of the education offered by such schools, and the impact that Buttle UK sees this having on very vulnerable children, that we can perhaps learn from.

Buttle UK supports calls for an integrated, long-term educational strategy that includes prevention and early intervention to support children’s mental health and wellbeing. It should be one that:

- Looks to make Mental Health Support Teams available in all schools.
- Considers the balance between academic areas with those that have come to be called ‘enrichment’<sup>22</sup> in the state school curriculum. These activities may happen during or

---

<sup>20</sup> [Child mental health pandemic concern as Scotland's waiting lists soar | HeraldScotland](#)

<sup>21</sup> [Wales : Mentally Healthy Schools](#)

<sup>22</sup> [Enrichment | Education Endowment Foundation | EEF](#)

outside of normal school hours and may involve seeking to pursue academic goals through non-traditional means; building motivation or resilience; encouraging exercise or learning new skills. Alongside this develop social, emotional and health education to be become a more meaningful part of the curriculum.

- Promoting an understanding of the link between ACEs and trauma within schools, and provide better access to therapeutic support and more specialist targeted support for those where this link exists.
- Consider how to remove some of the barriers to achieving results with the above. For example, through the better co-ordinating and utility of Local Welfare Schemes and charitable welfare funds to support:
  - The provision of IT access to the most disadvantaged
  - The cost of school uniforms and equipment
  - Access to after school activities etc, not covered by school enrichment provision
  - Making the home environment more conducive to children's development and learning.



## APPENDIX

### Additional context: The financial impact and other effects of COVID-19

We asked a series of questions which help to give some additional context to the results above. Much of this data reflects other research that has been conducted in this area<sup>23</sup>. In some areas, we were able to compare results with those from the 2020 survey.

Our surveying found that more families have had their employment and income affected as the pandemic has continued – 10% more families have had to apply for universal credit, 6% more have permanently lost their job.

**Table 9. Employment situation during COVID-19**

	2020 Percentage reported	2021 Percentage reported
Were never working	62%	61%
Applied for universal credit	31%	41%
Furloughed	25%	24%
No work - shielding / health risk	20%	24%
0 hour / casual = no furlough	15%	-
Continued as key workers	13%	14%
Working from home	12%	15%
Redundancy / lost job permanently	10%	16%
Entered employment	3%	5%

Across the board, more families have needed support this year compared to last year. The biggest increase in need has been around accommodation and household items.

We asked which 'household basics' families were struggling to afford. We were able to compare this to results of the same questions in 2020. As Table 10 shows there has been a slight increase reported by support workers across most categories. The biggest difference is IT and internet access. This year we asked about the ability to afford IT equipment and internet access separately, whereas in 2020 we asked about these together. However, if we compare last year's combined figure of 47% with an average of those that cannot afford IT equipment (66%) and those that cannot afford internet access (57%), the increase of 14.5% is still significantly higher than any other area. This is either because, as the pandemic has continued, more families have struggled with digital access, or at the very least, it is now recognised as a more prevalent issue by frontline workers. Although Buttle UK has funding for IT as part of its Chances for Children grants since 2014, we have seen a tripling of spend on this area since the beginning of the pandemic.

---

<sup>23</sup> See for example:

[The impact of COVID-19 on low-income households.pdf \(employment-studies.co.uk\)](#)

[Life on Hold Report | The Children's Society \(childrenssociety.org.uk\)](#)

[Poverty, health, and covid-19 | The BMJ](#)

[Poverty-in-the-pandemic update.pdf \(cpag.org.uk\)](#)

[The impact of COVID-19 on child abuse in the UK | NSPCC Learning](#)

**Table 10. Percentage of families struggling to afford the basics**

	Percentage of families		
	2020 Percentage reported	2021 Percentage reported	Difference
Furniture / appliance	57%	59%	+2%
Food	47%	47%	0%
Child clothes / toys	44%	48%	+4%
Gas / electric	44%	45%	+1%
Rent	42%	44%	+2%
Clean home / clothes	41%	43%	+2%
Bed	27%	30%	+3%
IT equipment	47%	66%	+14.5%
Internet access		57%	

The percentage of families that support workers report as requiring support has also increased across the board in 2021 compared to 2020. Consistent with the findings above, the area with the second biggest increase has been the need for counselling, therapy and mental health support, although the highest rise is the need for help in securing household items.

**Table 11. Percentage of families/ young people needing support**

	2020 Percentage reported	2021 Percentage reported	Difference
Food banks	47%	56%	+9%
Counselling/therapy/other mental health support	45%	58%	+13%
Financial advice	43%	49%	+6%
Local authority welfare assistance	39%	50%	+11%
Support obtaining household items (e.g. white goods, furniture)	35%	49%	+14%
Financial support for utility bills	34%	44%	+10%
Finding accommodation	32%	47%	+15%
Financial support for rent arrears	31%	38%	+7%

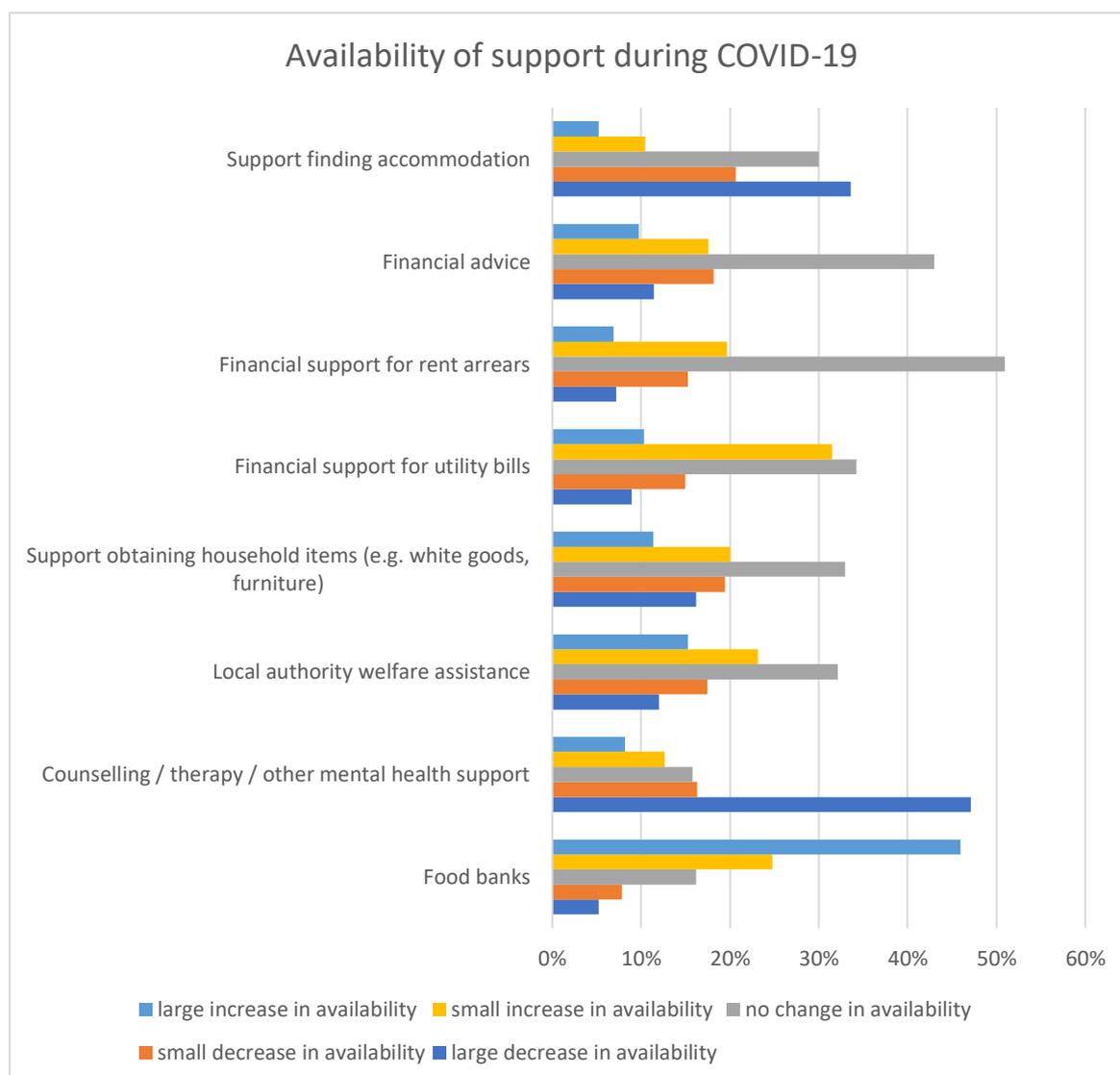
We asked support workers: *"Did your organisation have to adapt to support your key groups? If yes, how?"* The common themes from their responses were:

- High proportion moved services online over the phone, though some were able to maintain some elements of face-to-face services (using PPE). Refuges kept beds open, some talked of doorstep visits
- More work, increased availability of support, more referrals
- Greater flexibility, changing roles, new skills
- More provision of material items, help with food etc.
- School closures affected services which have contact with children through school

Finally, we asked about support workers' impressions on the changing availability of services since the beginning of the COVID crisis. The picture presented is very mixed. Across all areas frontline workers have seen both an increase and a decrease. Those areas where more frontline workers have seen an increase than a decrease include: financial support with utility bills and the availability of local authority welfare assistance.

However, the most striking change here is in the availability of food banks, with 46% of frontline workers seeing a large increase in availability against only 13% seeing any decrease in availability, large or small. This reflects figures produced by the Trussell Trust<sup>24</sup>; its UK wide network distributed 2.5 million emergency food parcels to people in crisis between 1 April 2020 and 31 March 2021, a 33% increase on the previous year. While the use of food bank data as a proxy for levels of poverty is contentious, the scale of growth is undoubtedly significant.

Strikingly, given other findings in this report, the area that has seen the biggest decreases in availability of services has been for counselling, therapy and other mental health support (47%); this was followed by support finding accommodation (34%).



<sup>24</sup> [End of Year Stats - The Trussell Trust](#)



Buttle UK  
15 Greycoat Place London  
SW1P 1SB  
020 7828 3211

**[www.buttleuk.org](http://www.buttleuk.org)**  
**@buttleuk**

Registered Charity No - 313007 Scotland - SCO37997