Rapid Evidence and Policy Brief:

COVID-19 Youth Recovery Plan 2020-2022

Version 1.0 - June 2020

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EXECUTIVE SUMMARY

The COVID-19 lockdown period saw Aotearoa New Zealand make changes on a scale never seen before in this country, and evidence clearly shows that young people are disproportionately affected by disasters and events similar to this. For some cohorts of young people, this situation further amplified distress and inequities that existed prior to the pandemic.

There is no precedent for an evidence brief on the impact of a global pandemic in the Aotearoa New Zealand youth context. Consequently this report draws on both national research (including youth responses to the Christchurch earthquakes and the March 15 terror attacks) and international research (primarily in the area of disaster, terror and trauma responses and their respective pathways towards youth recovery and economic stability). This document is not intended to be a comprehensive programme of action, nor a stocktake of current initiatives. Rather, this evidence brief will detail the key issues likely to affect young people in the post-COVID-19 recovery period.

As Aotearoa New Zealand recovers from COVID-19, the impact on young people[i] will be significant and wide-ranging. The International Labour Organisation maintains that young people will be among those hit hardest by COVID-19, and the disproportionate effect of economic crises on young people is not without precedent. During the 2007-08 Global Financial Crisis (GFC), where Aotearoa New Zealand's unemployment peaked at 6.8%, young people were considerably more likely to face unemployment. Prior to the GFC, unemployment rates for young people averaged around 13 to 15%. During the post-GFC recovery, this rate rose to around 21 to 24%. Research consistently demonstrates that unemployment at an early age can negatively affect future earnings and increase the likelihood of later joblessness[1]. In addition, initial low-paying jobs and delayed entry into the workforce limit lifetime earning potential.

The relationship between economic health and mental health is inextricably linked. Looking further abroad, previous economic downturns and crises have been linked to growing mental health problems and spikes in suicide rates[2][3]. In the EU, every 1% increase in unemployment was associated with a 0.8% rise in suicides for all people under 65 years. But, younger populations were more sensitive to the negative health effects of rising unemployment. That is, every 1% increase in unemployment was associated with a 2% rise in suicides among young people.

Young people in Aotearoa New Zealand reported feeling isolated, stressed, anxious and depressed during Alert Level 4. Some were concerned about living in toxic environments[ii] and some were experiencing digital exclusion[iii] on a significant scale. Research consistently shows that young people are at a developmentally heightened time of vulnerability to mental illness, and the

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[i] In general terms, adolescence is defined as the period from puberty to the point when the brain is fully developed. This can be interpreted as anywhere from 10 to 30+ years of age, depending on cultural and other considerations. The Aotearoa New Zealand Government and youth development sector commonly defines young people as those aged 12 to 24. This document uses the terms 'youth' and 'young people' interchangeably, with 'rangatahi' used only in relation to young Māori.
[ii] Defined as any place or any behavior that causes harm to your health, happiness, and wellbeing.
[iii] Defined as limited or no access to digital resources e.g. computers, tablets, broadband, mobile data, phones, smart tvs etc

effects of a traumatic event such as COVID-19 can potentially trigger the onset of predisposed mental illness. However, research both in Aotearoa New Zealand[6] and internationally[4] shows young people are interested in being actively engaged in post-disaster recovery work, and that they can prepare and contribute greatly in this space.

This document contains a rapid review of relevant literature and includes insights from qualitative and quantitative data sourced during Alert Level 4. It details a youth-driven resiliency framework for recovery from COVID-19 and outlines how outcome trajectories for post-disaster wellbeing will impact on traditional segmentation models.

This paper also identifies initial policy implications and opportunities for system and process change which will further support young people. The COVID-19 recovery period provides opportunities for disruption and new models in contexts as varied as family connectedness, working environments and economic pillars. In the youth context specifically, agencies now have the opportunity to adapt the draft *Youth Plan 2020-2021: Turning Voice Into Action* so that it meets the needs of the COVID-19 recovery environment whilst still working towards the goals of the Child and Youth Wellbeing Strategy.

There are a number of opportunities for system and process change which will further support young people. These include:

- Aligning and coordinating recovery activities, and proactively identifying opportunities for collaboration
- Establishing and/or enhancing systems that value and embed youth voice
- Ensuring sustainability of key youth help seeking services
- Supporting young people to understand their role(s) in the recovery process
- Promoting the value and impact of connectedness
- Continuing to improve education, training, retraining and job creation opportunities
- Developing and improving mechanisms that focus on protective factors

ACKNOWLEDGEMENTS

VERSION 1.0 (22 JUNE 2020)

This document was drafted during April 2020, when Aotearoa New Zealand was at Alert Level 4, and finalised in June 2020. It will be iterated over time as more data becomes available. Version control will be used and managed by Te Hiringa Hauora.

1.   INTRODUCTION

1.1   BACKGROUND

COVID-19 has seen Aotearoa New Zealand make changes on a scale never seen before in this country. The Alert Level 4 lockdown was unprecedented and saw local, regional and national agencies having to rapidly find new operating models. The economic and social impact will be significant and potentially felt for decades to come. There is little international literature available on the impacts of a situation as unique as this. Policy makers and researchers are looking at evidence from alternative but broadly similar situations in order to forecast what lies ahead.

Evidence clearly shows that young people are disproportionately affected by disasters[5][6][7]. Their developmental stages, reliance on adults, and exclusion from decision-making processes reduces their wellbeing in disaster situations. This leads to youth being more at risk of adverse psychological, social, health, economic and educational effects in post-disaster recovery[8]. However, research both in Aotearoa New Zealand[6] and internationally[9] shows young people are interested in being actively engaged in post-disaster recovery work, and that they can prepare and contribute greatly in this space.

It is important to acknowledge that there are many young people who were struggling before the arrival of COVID-19. For example the Child & Youth Wellbeing Strategy[10] states that:

- Nearly a quarter of Aotearoa New Zealand's children and young people (up to 250,000) are growing up in households considered to be in poverty, when the cost of housing is taken into account.

- It has been estimated that an even greater number of children and young people (nearly 300,000) experience or are exposed to family and sexual violence every year.

- Around 6,400 children and young people require the care of the State due to family violence, being abused or neglected, or through youth offending.

- Half of all lifetime cases of mental illness start by age 14 and the number of young people accessing specialist mental health and addiction services has more than doubled in recent years.

- Aotearoa New Zealand has the highest suicide rate for young people aged 15 to 19 years when compared to other countries.

- The 2017 UNICEF report card[11], which assessed 41 high income countries against nine of the United Nations' Sustainable Development Goals, gave Aotearoa New Zealand an overall league table ranking of 34 out of 41. Aotearoa New Zealand ranked 38 for 'good health and wellbeing', but was in the bottom three for 'ensure healthy lives and promote wellbeing for all at all ages'; and for the number of children living in a jobless household (one in seven).

Other publications that detail the voice of young people in this discussion include the *What Makes A Good Life?* report series[12] and the *Ngā Kōrero Hauora o Ngā Taiohi* report[13].

Colonisation has had a significant and ongoing impact on rangatahi Māori and their whānau, as evidenced in the significant health and social inequities that exist today. The Waitangi Tribunal's Health Services and Outcomes Inquiry is also addressing this, albeit not specifically focusing on

young people[14]. This evidence brief recognises the rights and obligations of the parties to the Treaty of Waitangi and should be viewed in that context.

Other cohorts which were also experiencing significant hardship and/or inequities prior to COVID-19 include Pasifika youth, Rainbow youth, disabled youth, youth living in rural and/or isolated areas, young people in care, refugee youth and youth from ethnic minorities. These cohorts are not discrete, with many young people identifying within several groups.

The current Government has moved to recognise the inequities that exist in a number of ways, including the creation of the Child Poverty Reduction Act 2018[15], the Child & Youth Wellbeing Strategy (CYWS)[9] and the update of the principles of youth development, Mana Taiohi 2019[16].

1.2 PURPOSE

This rapid evidence brief is intended to inform the All-of-Government response to COVID-19, specifically in the area of youth recovery. It will also inform individual agencies in their respective and collective responses for young people. It is intended that the information within this evidence brief be used in cabinet papers, budget bids, briefing documents and within the various ministerial groups related to recovery post-COVID-19. This brief has been prepared by Te Hiringa Hauora/Health Promotion Agency for the Ministry of Youth Development/Te Manatū Whakahiato Taiohi (MYD), and will be distributed to other agencies as quickly as possible once finalised.

As there is no precedent for an evidence brief on the impact of a global pandemic in the Aotearoa New Zealand youth context, this report addresses a clear research gap. It will draw on both national research (including youth responses to the Christchurch earthquakes and the March 15 terror attacks) and international research (primarily in the area of disaster, terror and trauma responses and their respective pathways towards youth recovery and economic stability).

1.3 SCOPE AND LIMITATIONS

This document is not intended to be a comprehensive programme of action, nor a stocktake of current initiatives. Rather, this evidence brief will detail the key issues likely to affect young people in the post-COVID-19 recovery period.

Measurement has also not been directly addressed in this evidence brief. Both the Child & Youth Wellbeing Strategy and the draft *Youth Plan 2020-2021: Turning Voice into Action* are in the process of creating detailed measurement frameworks. These measurements will likely combine with individual programme/initiative metrics to provide a fuller gauge of success. Government agencies will need to balance the need for evidence of short term success with the knowledge that not all measures will be achievable within the two years this evidence brief is focused on.

This evidence brief has been prepared at speed and the authors acknowledge a number of issues including limited direct input from young people themselves and the inability to gain insight from a larger number of youth organisations. These issues can be rectified in further iterations of this document.

1.4   RESEARCH OBJECTIVES

Te Hiringa Hauora collaborated with MYD on this evidence brief and the nature and speed of the project has seen the research questions adapted as the project has evolved. The current research questions are:

1. What are young people likely to experience in the COVID-19 environment?
2. What do we currently know about the impacts of COVID-19 on Aotearoa New Zealand young people?
3. Which models of youth recovery and resilience are applicable in this environment?
4. What risk and resilience factors are prevalent for COVID-19?

Te Hiringa Hauora will review this document periodically to ensure the information is relevant and up-to-date. These questions may need to be iterated in future versions of this evidence brief.

1.5   METHODOLOGY

Three different forms of research were involved in the creation of this evidence and policy brief:

Literature review and synthesis

This involves a rapid review of international and Aotearoa New Zealand-based academic literature on the impact of youth in trauma/disaster situations; youth post-disaster recovery; recovery from large-scale economic events; and youth resilience.

Qualitative thematic analysis

The thematic analysis utilises data generated by Youthline (survey 11 to 20 April 2020). Two of the questions were analysed:

- "What has been positive about the COVID-19 Lockdown for you?"
- "What has been negative about the COVID-19 Lockdown for you?"

COVID-19 data summary

The data summary involves the collation of notes from a sector leaders group established by MYD (with representatives from Te Hiringa Hauora, DPMC, Youthline, Inspiring Stories, ScoutsNZ, Canterbury Youth Workers Collective and Ara Taiohi). This group has separately and collectively sought advice from representatives of the Rainbow, disability, migrant and wider youth and community sectors.

The data summary also involves the review of COVID-19-related quantitative and qualitative pulse surveys conducted in the past few weeks regarding the impact of the Alert Level 4 lockdown, including Youthline, Ministry of Health (MoH), and Ministry of Justice (MoJ).

1.6   REVIEW STRUCTURE

An important aspect of youth resilience and recovery from crisis is their ability to play an active part in their journey. Therefore the sections of this review have been designed around giving youth

voice and agency. To ensure young people are actively involved in this process, we have used the findings from the Youthline and MYD surveys to structure this review. In this way, we can be sure the issues facing young people in Aotearoa New Zealand in reference to COVID-19 are aligned with the needs being expressed by youth in that context.

In the first section, the negative themes uncovered in the Youthline survey results are used to frame the ways youth are struggling with COVID-19. In the second section, we use the positive impact themes uncovered in the Youthline survey results to frame the ways in which youth are coping through COVID-19. In this section, the MYD pulse survey results also provide the frame for how specific youth populations are affected by COVID-19.

2. FINDINGS

2.1 WHAT ARE YOUNG PEOPLE EXPERIENCING IN THE COVID-19 ENVIRONMENT?

Disasters such as the COVID-19 global pandemic take a heavy toll on young people, and continue to impact the lives of young people far beyond the actual event itself[17][18][19][20][21][22]. In disasters such as a global pandemic, the ecological impact on young people is wide-ranging[23]. The aftermath of mass disasters leads to ecological disarray for young people, as lives are lost and disrupted, schools are closed, travel is restricted, and jobs are lost[16].

The following themes were identified in the Youthline survey on the negative aspects of COVID-19 and are detailed below:

- Young people are facing financial instability and employment insecurity
- Young people are craving a return to normalcy in education
- Young people are missing physical connection
- Young people are feeling distressed
- Young people are concerned about living in toxic environments
- Young people are concerned about family violence
- Young people are expressing concerns about accessibility and others' wellbeing

2.1.1 Young people are facing financial instability and employment insecurity

> Results from the Youthline survey indicated that young people were afraid of what the lockdown and the virus were doing not only to their current jobs, but to their future job prospects. Others were very concerned about their family's finances:
>
> *"Massive cut in pay and looking like no job at the end".*
>
> Others were very concerned about their family's finances:
>
> *"It has made my parents unemployed and my own work hours cut down."*

Effects of past quarantine or lockdown situations have shown long-lasting effect on financial loss, particularly on people who experience a loss of income related to the lockdown[24]. People who suffer from loss of sources of income are more than twice as likely to have high distress than others not as directly affected financially[25]. This can create serious economic distress[26], which in turn is a significant risk factor for psychological distress[27], including anger and anxiety for months post-lockdown[28]. After the September 11 attacks, family job loss in New York City correlated with increased levels of post-traumatic stress and anxiety in young people[16]. Disaster related job loss

also affects young people by exposing them to increased family stress, conflict about finances, compromised or poorer parenting, and parent and caregiver distress[29] [30].

Research has shown that disasters tend to affect people living in high deprivation areas more severely than low deprivation areas. Those with lower household income showed significantly higher post-traumatic stress and depressive symptoms[31], and were more likely to be affected by temporary loss of income than those with higher incomes[23]. Studies have found that neighbourhoods with higher collective efficacy are generally healthier (Browning et al., 2002) and withstand disasters much more effectively in terms of mental health and wellbeing[32] [33].

Young people in general have worse labour market outcomes than older workers. For example, even though unemployment was low in Aotearoa New Zealand leading up to pandemic, the youth unemployment and underutilisation rates were higher. In the December 2019 quarter (latest available HLFS data), the unemployment rate among those aged 15 to 19 was 17.9%, and among 20 to 24-year-olds, 7.6% compared with an overall unemployment rate of 4.0%[34]. There are also important differences by ethnicity. For example, the NEET rate among 15 to 24-year-old Europeans is 10%, compared with 18.7% for Māori and 15.7% for Pacific Peoples.

Young people can experience negative economic impacts in a variety of ways. The International Labour Organisation (ILO; an agency of the UN) maintains that young people will be among those hit hardest by COVID-19 for reasons such as their tendency to be in part-time or insecure employment, and to be employed in industries most impacted by physical distancing policies (e.g., hospitality and tourism)[35]. The disproportionate effect of economic crises on young people is not without precedent. Recalling the 2007-08 Global Financial Crisis (GFC), where Aotearoa New Zealand's unemployment peaked at 6.8%, young people were considerably more likely to face unemployment[36]. Prior to the GFC, unemployment rates for young people averaged around 13 to 15%, but during the post-GFC recovery this rate rose to around 21 to 24%. However, some think the actual unemployment rate of young people during that time was much higher, masked by changing definitions of participation in the labour market[37].

Younger people were also slower to recover from the GFC. For instance in 2016, of the 250,000 jobs added into the economy since the GFC, just over 1% (around 3,000) were held by 15 to 24-year-olds[36]. The employment of young workers was 23% lower than prior to the GFC. Considering that the Treasury predicts that unemployment will peak at between 13 to 26% as a result of COVID-19, it seems likely that young people will be especially impacted by COVID-19[38].

Overall, international evidence highlights that young people suffer disproportionately. The gap between the labour market outcomes of young people and prime-age and older workers increases during recessions[39].

The economic impacts of COVID-19 on young people will also be long-lasting[40]. Research consistently demonstrates that unemployment at an early age can negatively affect future earnings and increase the likelihood of later joblessness. Initial low-paying jobs and delayed entry into the workforce limit lifetime earning potential. The inability to find gainful employment limits young people's income and skill development. As prospects dwindle, many face social exclusion, or see their emotional, mental, or physical health deteriorate. The ILO argues that ignoring the particular

problems of young workers risks wasting talent, education and training, meaning that the legacy of the COVID-19 outbreak could last for decades[34].

In addition, graduating from college during a recession has a large, negative and persistent effect on wages[41]. However, the effects are most keenly felt by those with lower levels of education and skills, as jobs requiring relatively low levels of skills are taken by those with higher levels of skills[38]. Unemployment when young is also associated with a greater scarring effect than unemployment spells for older workers since for the young, a spell of unemployment raises the probability of later unemployment, and early spells of unemployment carry a persistent wage penalty[42]. Poor youth employment outcomes also have other flow-on effects, such as poorer health outcomes later in life. For example, evidence from the UK suggests that spells of youth unemployment reduce happiness, health and job satisfaction, even years later[38].

The relationship between economic health and mental health is inextricably linked. Looking further abroad, previous economic downturns and crises have been linked to growing mental health problems[2 43] and spikes in suicide rates in many countries[44 45]. In the EU, every 1% increase in unemployment was associated with a 0.8% rise in suicides for people under 65 years. But, younger populations were more sensitive to the negative health effects of rising unemployment. That is, for every 1% increase in unemployment was associated with a 2% rise in suicides[46].

International scholars suggest that governments which employ Active Labour Market Policies (ALMPs), will be more resilient to the economic challenges presented by COVID-19 recovery[47]. ALMPs can be broadly grouped into four big policy clusters—vocational training, assistance in the job search process, wage subsidies or public works programs, and support to micro entrepreneurs or independent workers. The current government has already provided initial support in this realm (eg, wage subsidies) with indications that further support may come. A systematic review of experimental evaluations demonstrates the positive impact of ALMPs on earnings and employment[48]. Further, every US$10 per person of increased investment in ALMPs reduced the effect of unemployment on suicides by 0·038% across 26 countries in the EU[45]. There is some (albeit more limited) OECD evidence for ALMPs that target youth[49 50].

The ILO urges governments to include special measures to help young people, and ensure they are included when governments are developing support and stimulus packages – whether they are employees or entrepreneurs. It also maintains that our experiences with COVID-19 can have a positive legacy if we use it to help businesses review their productivity and use of technology (a sentiment echoed by New Zealand's Productivity Commission), and update management practices and procedures[51 52]. This approach is also consistent with the National Disaster Resilience Strategy which encourages recovery planning to recognise long-term priorities and opportunities to build back better, and ensures the needs of the affected are at the centre of recovery processes[53]. This Strategy is endorsed by the Ministry of Civil Defence and Emergency Management, and the Department of the Prime Minister and Cabinet.

2.1.2 Young people are craving a return to normalcy in education

In the Youthline survey results, young people desperately wanted to return to normal (pre-COVID-19) life:

"I miss being able to go to the beach or big bush walks. I also miss having specific spaces that I could focus on studying."

Other respondents were mourning the loss of missed experiences and opportunities due to the lockdown:

"A lot of events that I have been looking forward to have been cancelled…I'm sad they can't happen in my last year of high school."

Young people also noted the difficulty of suddenly shifting exclusively to a home-based digital learning environment, and the impact that will have on their educational outcomes:

"It has been difficult to stay focused and motivated while doing my school work, and a bunch of opportunities I wanted to be involved with have been affected by lockdown."

"I am quite a high achieving student but even I struggle to concentrate and be productive at home."

"I am worried about how the lockdown could affect my NCEA results this year."

Missing everyday life

The physical changes to lockdown are related to higher levels of distress due to confinement, change in routine, reduction of social and physical contact with[30] [54] [55] [56] [57]. This inability to engage in typical social activities, such as shopping or picking up prescriptions, limits a person's sense of purpose and agency[27] [30] [53]. This type of normal activity disruption has been found to lead to social withdrawal and isolation which are associated with increased risk of distress[16] [58] [59]. The faster young people can resume familiar routines, the greater the reduction of trauma-related symptoms[60] [61].

Wanting to return to study

Young people were particularly impacted by the overwhelming disruption to school and study. Education was a major factor for young people who took part in the MYD COVID-19 Lockdown Youth Pulse Survey. Nearly two thirds (61%) of young people reported having difficulty continuing their education, and 76% reported that getting back to their education would be the most helpful support for them right now.

An estimated 90% of the world's student population are currently being affected by school closures due to COVID-19[62]. Compared to previous disasters that have affected education, the level of education disruption due to COVID-19 is unprecedented[63]. Shifting to an online-based education system is not an uncommon response in the face of a disaster. However a sudden shift, at great scale, for an extended period of time, has significant consequences for young people.

School today serves as a critical and central feature of childhood[62]. Schools and education providers are a site of social interaction. School closure or transition to virtual learning may have impacts on a young people's development of empathy, communication skills, and relating to and working with others[61].The pandemic has the potential to not only lead to loss in learning, but also to affect school dropout rates, and ability to provide young people a consistent daily meal[64]. Young people's nutrition and access to health services may also be compromised by the closure of schools[61].

The shift to an online learning environment has the potential to exacerbate existing inequalities[61]. Young people from lower socio-economic families face barriers to academic success when they lack access to technology, and the resources of a school-like environment, such as learning materials and a quiet space to learn uninterrupted[65].

The ability of parents and caregivers to support their children to learn online further influences the extent to which young people may thrive in an online only education environment[66]. International research suggests that there is an expectation parents and caregivers will have to help more than usual to facilitate learning in these circumstances[67]. However, this is contingent on their own level of education, and their ability to dedicate time to teaching and supervising whilst also balancing necessary work and other family commitments (such as care for vulnerable or elderly family members). Additionally, parents and caregivers who are essential workers are not able to provide the recommended support during Alert Levels 3 and 4. Learning at home during this time could also be more difficult for families and whānau in crowded households.

Adoption of online learning is dependent on the ability of teachers and educators to redevelop curriculums and adapt teaching styles to incorporate these at speed/short notice. Programmes such as NZ Correspondence School and Open Correspondence have taken many years to establish curricula appropriate to the online environment. Many schools and educators are also facing significant professional development challenges in quickly adapting to these methods. Extended periods of time communicating, learning and socialising via video chat platforms are understood to drain energy faster than face-to-face interaction due to the need to work harder to notice and process non-verbal cues such as facial expressions, tone, and pitch of voice and body language[68]. Additionally, youth in digital classrooms may be dealing with post-traumatic stress due to the current crisis, which has been shown to impair social and educational functioning[69].

Academic assessment poses a considerable challenge for young people as educators rapidly adapt to a new educational environment. Delays to, or cancelation of, assessments results in a loss of information regarding young peoples' educational progress. This can delay the recognition of both high potential and of learning difficulties, with potentially harmful long-term consequences for young people going into further education or the labour market[70]. The use of predicted grades, or the replacement of blind exams with teacher assessments has been shown to have the potential to be inaccurate or carry particular bias[71][72].

This can have potential for long-term consequences for the equality of opportunity, as assessments are a key qualification to enter higher education or sectors of the workforce. It is also possible that some students' careers might benefit from the interruptions, such as where blanket

achievement of a qualification (eg, high school degree) may be awarded[69] [73]. As such, there have been petitions to reduce the number of credits required for NCEA qualification due to the impact of COVID-19, as students have felt their education is being impacted. As of now, NZQA have decided not to lower credits, as they fear this will lower the credibility of the NCEA qualification[74].

University students are also facing unprecedented disruption to their education. Young people enrolled in university are affected in new ways, particularly around the replacement of traditional exams with online assessments at a critical point in the academic calendar. On one hand, this could lead to a higher than usual measurement error[69]. On a more positive note, a systematic meta-analysis of online education studies found that university students engaged in online education performed better than those having face-to-face university instruction[75]. While the transition between face-to-face education and online education may take time to improve, there is precedent for positive achievement through online education.

While there is a current financial support package available to New Zealand university students, previous economic recessions have led to overall increased university fees to cover shortfall costs, reductions in educational services, and a tumultuous job market for students and graduates[76]. Research in Aotearoa New Zealand has shown that students have struggled in past economic recessions with increased fees, fewer jobs, and higher student debt[77] [78]. In 2014, there were over 54,000 international students attending New Zealand universities, and that number has been rising for decades[79]. Under the current COVID-19 travel restrictions, this number will be negatively affected, with international students no longer able to get into the country. This will have a negative economic impact on universities, which could lead to even higher fees for domestic students.

2.1.3 Young people are missing physical connection

One of the most recognised themes in the Youthline results was that of missing face-to-face contact in dealing with isolation. Young people were recognising that not being able to physically socialise was having a negative impact on their wellbeing.

"Missing my friends and family. Starting to get lonely even though we are keeping in touch on social media daily.

Young people also reported missing their support networks:

"Not being able to see my friends or partner whom I rely on heavily for support."

"I don't have the same quality of learning and support from my teachers and therapist."

"Being away from my boyfriend and friends. They are a major support system in my life and it's been so hard to be kept from seeing the people who you love."

This is a particularly salient issue for young people, who are at a unique period of life where their social environment plays a crucial role in their neurological development, construction of self, and mental health[80]. Problems with peer relationships, peer rejection, bullying, and loneliness are risk factors for the development of affective conditions such as depression in adolescence[81] [82].

Alternately, high-quality peer relationships protect against mental health problems and strengthen resilience[83]. There is current concern that the COVID-19 lockdown is potentially harming youth development by reducing their ability to fulfil social needs, as face-to-face interaction between peers is being dramatically reduced or eliminated[79].

Developmentally, youth are no longer primarily influenced by only parents/caregivers and significant adult role models, but they are becoming more heavily influenced by peers[84]. Peer relationships form a crucial role in helping form youth into adulthood by building their identity and social affiliations; and there are concerns that social distancing and deprivation could have profound effects on young people during this sensitive developmental time[85].

Interestingly, the situation at hand presents a unique opportunity, where young people are well positioned to remain socially (digitally) connected while physically isolated[86]. We have yet to fully understand what the impact will be on the combined effects of social deprivation and digital interaction on youth. Young people have been early large scale adopters of digital communication, with the majority having a social media profile[87]. There is still widely available digital engagement through social media. Chatting, conferencing, video chats, blogging and online gaming[88]. These digitally mediated interactions challenge traditional conceptualisation of socialising. This could mean that digitalised social contact may mitigate harmful effects of social distancing for young people.

It is important to note that social media use, as a whole, cannot be seen as a protective factor. While active and connection-promoting social media use (eg, direct messaging, posting on walls, etc.) has been positively linked to increased wellbeing and maintaining personal connections[89], passive social media use (e.g. mindless scrolling) can negatively influence wellbeing[90][91]. Therefore, active, or connection-promoting forms of social media, should be used in attempts to mitigate physical isolation and enhance social connectedness.

2.1.4 Young people are feeling distressed

There were two distress-related themes. On one hand, young people felt stressed, exhausted, and unmotivated:

"It's very tiresome, being cooped up for weeks and weeks…it's affecting my self-motivation in regards to school work."

"It's physically and emotionally draining being at home all the time."

On the other hand, some young people reported experiencing mental distress on a more clinical level:

"Feeling of uncertainty, panicking about the future, anxious about catching the virus, compulsive behaviours as a defence mechanism, depression hits at times, insomnia, nightmares."

> *"Lockdown has caused some pretty big mood swings for me…Sometimes I was doing great, but when I crashed I felt like I had nowhere to go, and just really lacking in energy by being trapped in my house."*

Age-related distress experiences

There are a number of predisposing characteristics related which influence individual resilience in the face of a crisis like COVID-19, and young people can exhibit a wide range of reactions in the aftermath of such an event[16 92 93]. According to the National Child Traumatic Stress Network, school-aged young people often display fear and worry for their own safety and the safety of others, including pets [93]. They are often preoccupied with their own actions during the crisis, and how the events impact them. School-aged young people can talk about the crisis constantly, and feel overwhelmed by their feelings. It is typical for young people to have trouble with sleep patterns, including fear of sleeping alone, difficulty falling asleep, and having recurrent nightmares. Young people often have increased physical complaints like headaches and stomach aches, or changes in appetite. Following a traumatic event, young people often have difficulty concentrating and learning in school. Some school-aged children might engage in aggressive or antisocial behaviours, such as having angry outbursts, tantrums, or withdrawing from friends and activities.

Older young people can feel self-conscious about their emotions, and be concerned that these feelings of fear and vulnerability may be abnormal or lead to peer rejection[94]. Some older young people withdraw from family and friends after traumatic events. Traumatic events can lead to a massive shift in the way young people think of the world. They may feel helpless or may express fantasies about revenge or retribution. Older young people can engage in reckless or self-destructive behaviour, such as substance use or angry outbursts.

Experiences of isolation

Research on the impacts of quarantine situations on young people affected by infectious illnesses outlines the potential psychosocial impacts of the COVID-19 lockdown on young people[23]. Multiple studies have shown that experiencing isolation is a risk factor for greater psychological distress symptoms[24 95 96 97]. For example, studies in Australia identified that children who were quarantined had post-traumatic stress scores that were four times higher than in children who had not been quarantined[24 96]. People who have experienced quarantine types of isolation have been documented as showing higher levels of acute or post-traumatic stress[98 99]; nervousness, sadness, and guilt[98]; depressive symptoms and low mood[30 100 101]; emotional disturbances[99]; irritability and insomnia[100]; anxiety-induced insomnia[102 103 104 105]; anger[104]; emotional exhaustion[106]; fear[25 97 98 101 102 107]; grief[108]; confusion[54 102 106]; and numbness[106].

Longer periods of quarantine (such as those longer than 10 days) are related to poorer mental health outcomes such as post-traumatic stress, avoidance behaviours, and anger[30 98]. However, the longer-term effects of such isolation have not been well studied[23]. One study showed that reported anxiety and anger symptoms of people who had been in quarantine decreased over a four to six month period[27]. One study found that for hospital staff working on the front line of the SARS outbreak, symptoms of depression and alcohol abuse or dependency were found in a minority

(9%) of respondents more than three years after the quarantine period[99]. People quarantined for suspected SARS contact noted that 54% who had been quarantined avoided people who were coughing or sneezing, 26% avoided crowded enclosed places, and 21% avoided all public spaces for weeks following the lifting of the quarantine[98]. Another study identified the following long-term behavioural changes after quarantine: vigilant handwashing and avoidance of crowds[102].

Aotearoa New Zealand has just experienced an Alert Level 4 that enforced a lockdown across almost all facets of society. Therefore, the impacts of significant isolation described above may be felt on a much wider scale than in a crisis situation where only a small portion of the population is directly affected.

Experiences of high stress reactions and mental illness

Young people are at a developmentally heightened time of vulnerability to mental illness, with 75% of mental illnesses first appearing before age 24[109]. The factors below have been identified as making young people more vulnerable to stress reactions following traumatic events: closer physical or emotional proximity to the traumatic event[110]; high stress levels[20]; exposure to multiple traumatic events[109]; lack of coping resources[109]; genetic factors and pre-existing mental illness[20,27,109]; personality traits[111]; lack of social support[20,109]; financial stress and poverty[16,109]; poor educational opportunities[109]; identifying as being female[16,112]; being a teenager or young adult as opposed to a younger adolescent[17,113]; parent and caregiver distress reactions[91,109].

2.1.5 Young people are concerned about living in toxic environments

The lockdown has been a stressful time which respondents noted had led to breakups, volatile flare ups, and feelings of no escape. Some young people in the Youthline survey felt trapped in a toxic bubble during the lockdown:

"I've pretty much just stayed in my room because me and my family don't get along."

"I have had to live with my parents again which places a massive strain on both our relationship as well as my own mental health."

"I'm finding it hard being stuck in the same house as my flatmates. Seeing them sit on their computers all day and complaining of being bored is somehow aggravating when there's still plenty of things they could do."

Young people are highly influenced by adults in their lives, and this effect is amplified in crisis situations. In crisis situations, adults not only serve as their safety net but they also role model coping skills, and help youth make sense of the situation, and to begin processing the crisis[109,114,115]. Research conducted after the 2013 Boston Marathon Bombing found that higher levels of caregiver distress and poor coping skills were associated with more negative youth outcomes[113]. Similar patterns were identified in post-Hurricane Katrina studies[116]. After the September 11 attacks, caregivers who promoted avoidance behaviour for their children, such as refusing to let them take public transportation, led to young people having higher perceptions of personal risk[16].

Intergenerational interactions post-disaster are important in youth wellbeing. Discussions of the 2013 Boston Marathon Bombing between caregivers and young people showed significant impacts on youth wellbeing two to six months after the disaster. According to research on family discussions surrounding the bombing, young people showed much better outcomes when:

- young people were told directly by their caregivers about the disaster (and not from other adults)
- caregivers expressed confidence in their security
- caregivers did not express concerns about their safety
- caregivers did not avoid family discussions about the events or prevent other adults from discussing the events with them[109].

2.1.6 Young people are concerned about family violence

Rates of family violence are high in Aotearoa New Zealand, and this is a heightened concern during a period of societal lockdown. Preliminary results of the MYD Youth COVID-19 Lockdown Pulse Survey found that 22% of young people reported feeling unsafe in their bubble at least some of the time and around one in three young people (34%) reported feeling not accepted or respected in their bubble at least some of the time:

"Being stuck in an abusive/emotionally unstable household with my parents undergoing divorce."

Around 35% of women in Aotearoa New Zealand experience intimate partner violence over the course of their lifetime, which increases to 55% of women when including the experience of psychological and emotional abuse at home[117]. According to police reports, there were 133,022 family harm investigations conducted in 2018[118]. A total of 86,000 reports of concern were made to Oranga Tamariki between September 2018 and September 2019[119].

The term family violence encompasses a wide range of violent and abusive experiences as defined by the New Zealand Family Violence Clearinghouse (NZFVC), including intimate partner violence, child abuse and neglect, elder abuse, violence against disabled people, and sexual abuse[120]. It is important to note that most statistics around family violence are based on administrative data related to family violence-related activity, such as police call outs or hospitalisations, and not from reported experience of family violence. Research has indicated that up to 87% of women who experience physical or sexual intimate partner violence do not report the violence to police[116].

Communities across Aotearoa New Zealand experience family violence at varying degrees. Reports of family violence are particularly high for Māori women (58%) and are particularly low for Asian women (12%), with Pasifika and European/Other women reporting around 33%[116]. Underreporting of family violence has been documented among New Zealand minority ethnic women groups, which could explain the very low reporting among Asian women in these statistics[121].

Young people who live in households with family violence often experience ongoing intimidation and fear, and have reported that this experience of psychological abuse can be just as distressing

as witnessing physical violence[122]. New Zealand secondary school students who had been exposed to family violence were more likely to exhibit symptoms of depression and to have attempted suicide compared to students who had not been exposed to family violence[123]. This was particularly significant for young women who had been exposed to family violence. They reported nearly double the reported figures as young men who had experienced family violence, with 26% reporting depressive symptoms (compared to 13% of men) and 13% reporting suicide attempts (compared to 7% of men).

Research has also found that young people exposed to family violence might not show serious adjustment problems outwardly but experience levels of distress internally, which puts them at a greater risk of psychological and interpersonal distress later in life[124][125]. The trauma of facing a disaster such as COVID-19 can further exacerbate these factors by adding to the accumulated stress, which impacts long-term development[126].

Community engagement is a recognised protective factor for mitigating the effects of family violence exposure for young people[127]. The closure of these places under various levels of lockdown further exacerbates the risk of detrimental effects on young people experiencing family violence in their 'bubbles'. Overall, this indicates that young people exposed to family violence or living in fear of family violence in their 'bubble' are significantly more vulnerable to poorer outcome trajectories after COVID-19.

2.1.7 Young people are expressing concerns about accessibility, discrimination, and the wellbeing of others

Some young people were struggling with the lack of service accessibility during the lockdown – a particularly salient point for members of the disability community:

"I can't do the things I usually do to keep myself busy and occupied as a disabled person who lives on a benefit…losing half my home help hours."

Others were concerned about digital access issues:

"Our internet doesn't work properly so I have missed out on lots of important emails and online discussions regarding school so I feel this could make me fall behind."

Discrimination was also noted by young people:

"Taking public transport, racism attacks."

Young people were concerned about the safety and wellbeing of essential workers:

"I worry about people I know who are in essential services."

Concerns about digital access

The digital divide – understood as a measure of inequalities in access to reliable technology and high-speed internet – is significant when digital devices are required for home learning[128][129]. There are around 100,000 young people in Aotearoa New Zealand who have no internet connection at

home, which severely impacts online learning[130]. Lack of home internet access can be a barrier to learning as access to home internet varies, with just over half of schools (52%) reporting that 25% or more of their students do not have internet access at home. There is a notable difference for students living in more deprived areas, with over 85% of decile 1-3 schools reporting that a quarter or more households do not have home internet access. Respondents commented that students without internet access at home are more likely to be left behind or under-served.

While tens of thousands of electronic devices have been ordered for young people to maintain their education digitally during lockdown, there is still concern that this will not fully meet the needs of young people impacted by the move to online learning. The mainstream education system as it stood was not built for Māori, and there is concern that the move to online education will only worsen cultural, educational, and social divides[131].

Others were concerned about vulnerable members of their community and essential workers. People also felt trapped by the constant news cycle.

Concerns about discrimination

A lot of literature shows increased stigma related to those quarantined, compared to those not quarantined[23]. For example, healthcare workers reported intra-household tension in the Ebola outbreak, with some people being unable to find jobs due to fear of their contagion[30]. Stigma of quarantine or disease can lead to disenfranchisement of groups such as those under quarantine or those of different ethnicities who were perceived to be more dangerous[25]. As stigma and discrimination are heavily related to mental health and wellbeing of youth, these factors need to be taken into account in youth recovery.

Concerns about essential workers

Healthcare workers and those involved in essential, front-line work deserve special attention in the post-crisis recovery phase[23]. One study of hospital staff working during the SARS epidemic found that staff were significantly more likely to report exhaustion, detachment from others, anxiety when dealing with other patients, irritability, insomnia, poor concentration and indecisiveness, poor work performance and reluctance to continue working[132].

In studies which reviewed the impact of hospital staff during epidemics, the closer essential workers work in high-risk situations, the higher their experience of negative behaviours[99 104], and the greater their need to feel supported by colleagues and friends[23]. Healthcare workers showed more severe symptoms of post-traumatic stress, greater stigmatisation, more avoidance behaviours, greater loss of income, reported more psychological distress (ie, anger, annoyance, fear, frustration, guilt, helplessness, isolation, loneliness, nervousness, sadness, worry) and also expressed more concerns about being infected by the virus and infecting others with the virus[98]. Those in isolation were more likely to fear infecting family members[131], and these fears continued for months after quarantine periods were lifted[27]. In particular, people most concerned with fear of infection included pregnant women and those living in households with pregnant women and/or young children[54].

2.2 HOW ARE YOUNG PEOPLE DEMONSTRATING RESILIENCE IN THE COVID-19 ENVIRONMENT?

2.2.1 Outcome trajectories for post-disaster wellbeing

Disasters can have wide reaching psychological consequences for large portions of the population[133]. There are four prototypical outcome trajectories for post-disaster wellbeing: resilience, recovery, chronic dysfunction, and delayed reaction[110]. People who fall into the *resilience* trajectory experience transient distress and are able to maintain healthy functioning after a crisis. People in the *recovery* trajectory will struggle with distress early on post-disaster, but eventually regain psychological wellbeing within the first few months to two or so years. A small portion of people will fall into the *chronic dysfunction* trajectory, where the impact of the disaster often exacerbates underlying psychological and/or emotional conditions and leads to chronic levels of distress. A very small portion of people will fall into the *delayed reaction* trajectory, where they exhibit resilience early on post-disaster, but deal with increased levels of distress months or years after the event.
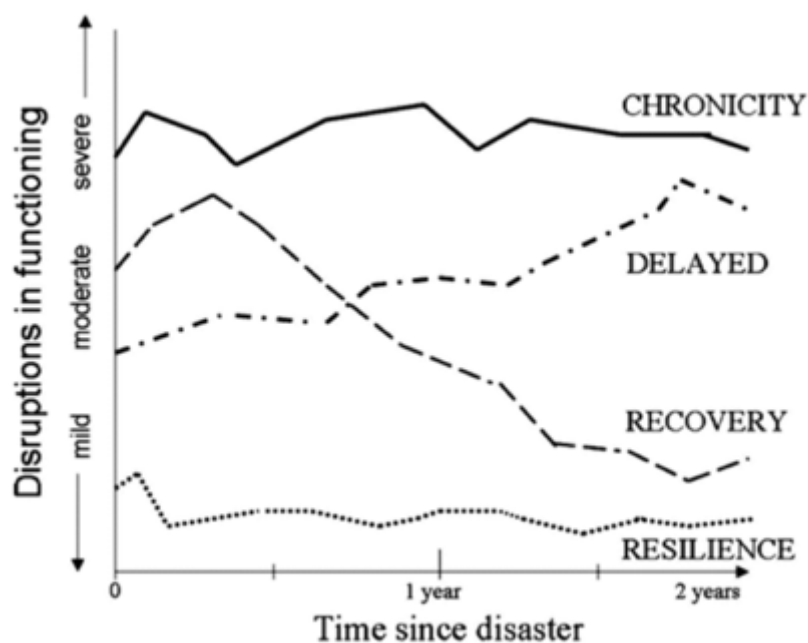

Figure 1. Prototypical trajectories of adjustment following a potentially traumatic event[110].

While researchers have found that many disasters cause serious distress to around 30% of people exposed to a crisis, the SARS epidemic had 42% fit the chronic dysfunction trajectory[110]. This finding was related to the fact that the "mysterious and enduring nature of the syndrome" most likely led to the high percentage of those suffering prolonged chronic distress[110]. As COVID-19 is known to be more contagious and has resulted in a significantly higher death toll than SARS, there may be a higher portion of the population who fall into the chronic dysfunction category than is typical for crisis situations, due to the unique nature of COVID-19.

Moderate to severe psychological distress as shown on Figure 1 can be expressed in a number of ways, including post-traumatic stress, grief, depression, anxiety, substance abuse, and suicidal

ideation. Children and youth are more vulnerable to developing post-traumatic stress following disasters[134]. For youth, elevated symptoms of distress are common in the early months following a disaster, but chronic levels do not tend to exceed 30% of the youth population[20].

Most youth who are exposed to traumatic situations continue to function remarkably well, and exhibit high levels of resilience post-disaster, despite being more vulnerable to developing distress[94 109 135]. The goal of this work is to ensure as many youth remain in the resilience trajectory as possible, and to provide as much support as necessary for youth who fall along the other three trajectories to move toward the most resilient trajectory. In order to do that, early intervention is essential to positive outcome trajectories. It is very important to identify these patterns of distress early in the post-disaster recovery period in order to inform screening and assessment efforts[94]. Earliest possible identification and intervention for children experiencing post-traumatic stress symptoms is critical to their wellbeing[134].

A person's outcome trajectory post-disaster is affected by a number of risk and resilience factors[110]. Most factors have small cumulative effects, and it is the combination of these risk and resilience factors that lead a person down one of the trajectories.

2.2.2 Youth-driven resiliency framework

In order to build resilience in a broad sense, young people need to understand their identity and what makes them unique, have expectations for the future, have whānau support, and be actively preparing for adulthood[136]. A youth-driven resiliency framework developed through workshops and focus groups of youth affected by disasters in the US and Canada identified three broad mechanisms underlying disaster recovery for youth: people, places, and activities[7].

Youth identified people as the primary source of disaster recovery support. This included a wide range of people, such as parents, caregivers, relatives, teachers, volunteers, peers, pets, and celebrities[7]. People provided youth instrumental support through the disaster recovery, including basic physical needs, such as food and clothing, and youth-specific resources and donations, such as celebrity-donated items. People provided youth emotional and psychological support by 'being there' for them and providing sensitive guidance and emotional support. Youth need this support from both adults and peers. People also provided youth companionship support by creating a shared sense of belonging and community. This is particularly powerful when providing a sense of identity and connection to others[7].

Youth identified place as another primary source of disaster recovery support[7]. Place referenced everything from home and school to youth-gathering places, natural environments, and recreation places. One important form of place was that which supported their physical and psychological needs. This includes youth-friendly spaces to socialise and private and quiet spaces of their own. Another important form of place held recovery symbolism. These forms of place are essential to evoking hope, renewal and stability for youth. These included built spaces, parks, and natural areas.

Youth also identified activities as primary sources of disaster recovery support[7]. Activities were essential to youth as they offered a means of expression, distraction, and fun. Activity through

storytelling was an important form of recovery. This allowed emotional cathartic release of trauma and experience through art, writing, performance, and music. Another form of activity vital for resilience building was for distractions and growth. Activities, particularly those which were hands-on, could offer respite or a return to normalcy were essential to disaster recovery.

2.2.3 Ways in which young people are exhibiting resilience in the COVID-19 crisis

Reconnecting with important people

Youthline respondents found family time to be incredibly valuable:

"Spending lots of time with my family. Making the effort to connect and communicate with friends and family outside of our bubble."

Young people also mentioned the lockdown as a valuable time to reconnect with partners, friends, and pets.

Promoting connectedness is a recognised and empirically-based trauma recovery principle[137]. The action of seeking social support is a key protective factor for post-disaster resilience[138] [139]. Seeking out social support helps improve resources by reducing feelings of isolation and loneliness[140]. A qualitative study found that trusted people played critical roles to young peoples' post-disaster recovery and resilience[7].

Young people reported that their post-disaster recoveries were aided through instrumental, emotional and companionship social support[7]. In particular, emotional and psychological support from safe adults and peers who could 'be there' for them, offer guidance, inspire hope, and allow them to express emotions in a safe environment to young people made a difference in their post-disaster resilience.

Young people also reported that having companionship with others through a shared sense of adversity and belonging benefitted their recovery. Peer support served as a protective factor against post-traumatic stress for young people after living through Hurricane Katrina[134] [141]. A review of post-disaster studies found having peer social support was a protective factor for young people from developing chronic distress trajectories[94].

Young people are engaging in self-care, slowing down and taking stock

For 35% of Youthline survey respondents, the lockdown afforded them an opportunity to think about their own wellbeing:

"Given me time to organise my stuff, catch up on schoolwork, and get some odd jobs done. Having a break has also helped my mental health by giving me some time for myself."

The opportunity to exercise, establish new routines, get better sleep, and relax were newfound freedoms for people during the lockdown:

> *"I'm spending my time well and I'm happier than I've ever been. I do miss friends a lot but I've been getting creative and I've been productive at home. I've painted, baked, cooked, and I've handstitched many things which I am so proud of and so excited to wear and use."*

Young people also found that the lockdown was an opportune time to slow down and take stock:

> *"It's given me a chance to stop racing around doing things for other people and just spend time on me."*

> *"For myself personally, it's been a time of self-reflection. It's made me take a step back from my life and realise what I'm happy with and what I need to work on within myself."*

Self-care practices such as getting exercise, eating well, having a good routine, and getting enough sleep, have been widely recognised as an essential part of post-disaster recovery and resilience building[142]. Studies have found that engaging in alternative interventions such as mindfulness, yoga, meditation, acupuncture, and animal-assisted therapy can serve as post-crisis protective factors[56][143]. An analytic review found practicing mindfulness to be a promising intervention for treating anxiety and depression symptoms[144]; even when delivered digitally[145]. Promoting calm is a recognised and empirically-based trauma recovery principle[136].

Keeping busy and learning new skills

> Some young people in the Youthline survey reported that the lockdown presented an opportunity to keep themselves occupied with tasks that they otherwise wouldn't have time to do:
>
> *"I was able to spend some time learning some things I've been wanting to learn from the internet and reading books I was interested in."*
>
> They also took up the opportunity to get fit, get housework and gardening done, and spend time in the kitchen:
>
> *"Learning and working more with domestic skills like baking and cooking."*

Promoting self-efficacy is a recognised and empirically-based trauma recovery principle[136]. While there was little literature for young people specifically, studies have indicated that keeping busy is an overall protective factor in post-traumatic instances[135][146].

Feeling secure in the government's response

> Respondents recognised the hard work of the government – particularly in how Prime Minister Ardern has handled the pandemic:
>
> *"The great communications from our PM and Ministry of Health. So good and calming and positive."*
>
> Respondents also reported feeling safe and were grateful to receive financial support and benefits:

> *"I have been able to spend more time with my family, and I am getting a paycheck each week despite not being able to work thanks to the government scheme."*

Trust in the Aotearoa New Zealand Government has risen dramatically with the COVID-19 crisis, with an online Colmar Brunton poll finding peoples' trust in the Government to deal with national problems and make the right decisions with COVID-19 at both over 80% support[147]. Current trust in the Aotearoa New Zealand Government related to COVID-19 is the highest across the G7 countries[148]. Promoting a sense of safety is a recognised and empirically-based trauma recovery principle[136]. Trust has been identified as a building block of resilience for young people[149].

Young people are seeing a positive environmental impact

> A small but vocal minority of young people in the Youthline survey revelled in the significant increase in wildlife post-lockdown:
>
> *"The best part of all this is seeing the native wildlife coming into the city such as fantails."*
>
> Others were glad to see a reduction in pollution, traffic, petrol, and noise:
>
> *"I'm very happy that I can see a positive change in pollution levels due to there being no cars on the road all around the world."*

The impacts of lockdown due to COVID-19 have globally led to a reduction in pollution and greenhouse gas emissions[150]. While there are concerns about the positive environmental impacts of COVID-19 not lasting[151], the promotion of hope in face of adversity is a recognised and empirically-based trauma recovery principle[136].

2.2.4 Key populations in recovery and resilience

Specific population findings

While analysis in this area is ongoing, it is crucial to point out where communities are in need of extra support during this time. For example, while 22% of respondents overall reported not managing well during lockdown, this figure more than doubled for disabled young people (46%). Other groups who reported not managing well were Rainbow young people (41%) and young people who felt unsafe in their bubble (41%). It is important to note that there are cohorts of the youth population who are of particular focus due to their pre-COVID-19 vulnerability. This includes a range of priority groups as identified in the draft *Youth Plan 2020-2021: Turning Voice into Action[152]*.

Young people may be part of multiple vulnerable populations, which can heighten their vulnerability even further. In addition, each vulnerable cohort will be experiencing one of the four trajectories detailed on pages 22 to 24, which will require specific, nuanced and ongoing support.

These cohorts (2.2.5 to 2.2.11) are summarised from *Ngā Tikanga Whānaketanga – He Arotake Tuhinga: A Review of Aotearoa New Zealand Youth Development Research*[153].

2.2.5 Rangatahi Māori

The wellbeing of rangatahi Māori has improved considerably in the past two decades, with fewer young Māori engaging in high risk behaviours (such as substance abuse) and experiencing physical and sexual violence[152]. However, many young Māori struggle to find part-time employment and almost half of rangatahi Māori still live in high deprivation areas[154]. The impacts of colonisation and historical trauma on the mental health of rangatahi Māori is likely to be compounded for these when coupled with other minority identities, particularly LGBTIQ[155].

2.2.6 Pasifika

Pasifika young people are a significantly more youthful population compared to the rest of Aotearoa New Zealand ethnicities, with more than 40% under the age of 15[152 156]. They are more likely to experience violence, negative mental health (self-harm and suicidality) and engage in risk behaviours when compared to their Pākehā peers[152]. Pasifika young people experience higher rates of economic deprivation, including barriers in accessing health and dental care, and food scarcity[154]. Pasifika young people are more likely to live in overcrowded homes or move home more frequently than Pākehā young people.

2.2.7 Ethnic minorities/immigrants

Refugee and migrant young people are more likely to develop issues related to mental and physical trauma as a result of experiencing conflict in their country of origin[152]. Lacking English language skills (or parents/caregivers who lack these skills), negatively influences the ease and ability by which these young people can negotiate accessing services, and can contribute to feelings of social isolation. Many migrant and refugee young people experience high levels of discrimination and racism, and as a result, struggle to feel accepted/included in Aotearoa New Zealand society[157]. The 2019 terror attack in Christchurch is likely to have exacerbated these feelings, especially for Muslim young people (many of whom are migrants and refugees)[152].

2.2.8 Rainbow young people

Rainbow young people experience significant disparities in health and wellbeing outcomes, including higher rates of bullying, violence, homelessness and depressive symptoms such as self-harm and suicidality[152]. These young people are more likely to lack access to support to manage their emotional wellbeing, and appropriate health care (particularly transgender young people), often as a result of systemic oppression, homophobia, biphobia and transphobia. There is also a compounded impact of colonisation and historical trauma for rangatahi takatāpui (Māori with diverse genders, sexualities and sex characteristics)[158]. These struggles are compounded when sexuality intersects with other identities (such as those identified in this section) and the lack of national level strategy and best practice guidelines has been critiqued as deficient by many organisations in the rainbow support sector[152].

2.2.9 Regionally isolated young people

Young people living in rural or geographically isolated areas are more likely to report feeling anxious and uncertain about their future, that their perspective is ignored, or not feeling like fully valued citizens[152]. Whilst some of these young people feel a deep connection to their communities, others report a strong desire to escape. Young people in rural areas are more likely to be cynical of

traditional models of youth development, including concerns of confidentiality breaches and instead have developed alternative strategies for coping with complex family and community issues. School closures, limited transport options and access to the digital world due to poor mobile phone coverage and slow internet connections, all impact the connectivity of young people in rural areas[159] [160] [161].

2.2.10   Disabled young people

Young people with disabilities, and their families, face many barriers to accessing the health, education and support services necessary for their wellbeing[152]. These young people are disproportionately affected by family violence, and many are living in low-income or benefit-dependent households[158]. These young people experience significant discrimination, including lack of resources, issues enrolling in schools, and accessing transportation. Young people with disabilities are more likely to be bullied at school and leave school without a qualification at almost twice the rate of other young people. These obstacles are understood to increase when disability intersects with other marginalised identities.

2.2.11   Young women

Young women are less likely to feel that their opinions are heard and considered, or that they have access to equal opportunities in contrast to their male counterparts[162]. Young women are twice as likely to experience sexual violence and harassment[163]. Whilst girls are more likely to complete high school, and achieve higher rates of bachelors' qualifications, demands of domestic labour including unplanned and teenage pregnancies pose a barrier to education for some young women[164]. Gender may be understood to intensify the experiences of other identities outlined in this section.

Note: the following two groups were not identified as a priority group in the draft *Youth Plan 2020-2021: Turning Voice into Action*, but have been added here due to the nature of the COVID-19 environment.

2.2.12   Socially isolated young people / young people in unsafe households

Many young people who experience levels of social isolation, disconnection and loneliness are likely to be adversely affected by the COVID-19 environment. Research suggests that only engaging in online interaction is likely to intensify feelings of isolation for some[165], as the brain has to work harder to detect and process the physical and emotional cues experienced in face-to-face interaction[166]. Young people who feel that they have few people to connect with are likely to experience greater negative mental health challenges, including depressive symptoms. COVID-19 lockdown is also understood to exacerbate the struggles of young people living in households that are unsafe, as evidenced by the increasing rates of domestic violence and reports of young people breaking lockdown to escape unsafe situations[167].

2.2.13   Digitally isolated young people

Digitally isolated young people and their whānau are significantly disadvantaged in the COVID-19 environment, and experts point out that the digital divide largely mirrors the social and economic inequality in our society. The Department of Internal Affairs estimates that more than one in five

Aotearoa New Zealanders experience digital exclusion, and the Ministry of Education estimates that between 100,000 to 150,000 students do not have internet access at home[168]. The Government supplied 2000 modems to families in need during Alert Level 4, but anecdotal feedback suggests that some families do not understand how to install them, and this has created further distress. It is important to note that these young people live in both urban and rural areas of Aotearoa New Zealand. For example, anecdotal feedback from an Auckland school suggests only 3% of the students had access to the internet at home, pre-COVID-19.

3.   CONCLUSION

3.1   POLICY IMPLICATIONS

The COVID-19 lockdown saw an unprecedented time in Aotearoa New Zealand. The recovery period provides opportunities for disruption and new models in contexts as varied as family connectedness, working environments and economic pillars.

From a policy perspective, agencies worked hard and at speed to support Aotearoa New Zealand through the COVID-19 environment to date. This agility and the accompanying innovations in service delivery must continue. In the youth context specifically, agencies now have the opportunity to adapt the draft *Youth Plan 2020-2021: Turning Voice Into Action* so that it meets the needs of the COVID-19 recovery environment while still working towards the goals of the Child and Youth Wellbeing Strategy.

Like any population group, young people are not a single analogous classification. They are diverse in many ways including demographically (e.g. age, gender, ethnicity, sexual orientation, geographic location) and psychographically (e.g. shared personality traits, beliefs, values, attitudes, interests, and lifestyles). Government agencies have already recognised this to some degree in their pre-COVID-19 work by identifying 'vulnerable cohorts or 'priority groups', as detailed on pages 27 to 30. However, our current situation now requires another layer of segmentation; the post-COVID-19 outcome trajectories, as detailed in 2.2.1. This multi-layered segmentation is complex and time consuming but must be considered by all agencies when creating or revising programmes of work to support young people. This is represented using the diagram below:
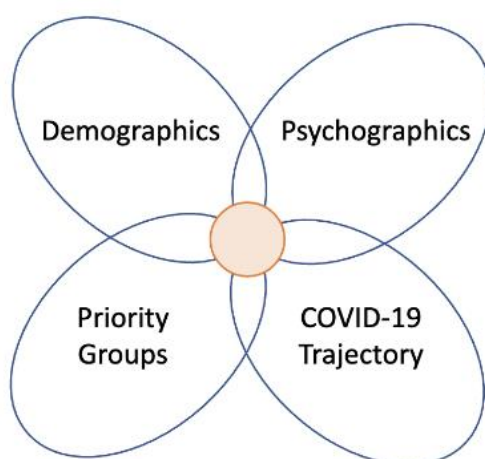
Agencies need to carefully consider all four elements when defining target audiences for each piece of work.

3.2 OPPORTUNITIES

There are a number of opportunities for system and process change which will further support young people. These include:

- **Aligning and coordinating recovery activities, and proactively identifying opportunities for collaboration:** While the response to COVID-19 during February and March 2020 was rightly driven by public health priorities, there are now a multitude of organisations (public, private and non-profit) working to support many population groups, including young people. These organisations have the potential for significant collective impact, but that requires a lead who can identify collaboration opportunities. The authors suggest that the Ministry of Youth Development (MYD) – Te Manatū Whakahiato Taiohi is best placed to provide strategic leadership for this work.

- **Establishing and/or enhancing systems that value and embed youth voice:** As noted earlier in this report, young people often feel unable to participate fully in society, and this feeling is amplified when recovering from disasters. One of the most significant ways to support young people through this period is to enable them to share their thoughts, feelings and suggestions/solutions. This recognises and normalises any distress felt by young people; provides agencies with critical insight; and shows young people that agencies respect and value their contributions. There are already some systems in place that work towards this goal such as Future Leaders and The Hive, but these can be enhanced and/or amplified.

- **Ensuring sustainability of key youth helpseeking services:** The economic downturn resulting from COVID-19 will have a significant impact on the non-profit sector, as corporate sponsorship and philanthropy revenue declines. Many charitable organisations are already forecasting a 30 to 70% loss in income due to COVID-19. Agencies and the philanthropic sectors should collaborate to identify key helpseeking services and ensure their sustainability through the next two years. This could include both government services (e.g. Youth One Stop Shops and School-Based Health Services) and private/non-profit services (e.g. Youthline and RainbowYOUTH).

- **Supporting young people to understand their role(s) in the recovery process:** Young people respond best to significant and disruptive events such as COVID-19 when they have agency and improved decision-making options. Young people with higher rates of agency are less likely to experience the negative health and social outcomes that are associated with such events. Government, community and philanthropy sectors all need to highlight and value the role that young people have played, and can play, in the COVID-19 recovery.

- **Promoting the value and impact of connectedness:** Connectedness forms a key pillar in almost every model of wellbeing, social and youth development. This includes connection to people, place, culture and activities. The impact of connectedness is significant, yet it is often viewed as a by-product, rather than a driver of programmes of action. Our traditional models of connection were significantly disrupted by Alert Level 4, and work will be required

to re-establish existing models and create new ones as we move through the recovery period.

- **Continuing to improve education, training, retraining and job creation opportunities:** The employment situation for young people looks particularly precarious, with the International Labour Organisation suggesting young people will be among those hit hardest by COVID-19. Research consistently demonstrates that unemployment at an early age can negatively affect future earnings and increase the likelihood of later joblessness. In addition, initial low-paying jobs and delayed entry into the workforce limit lifetime earning potential. Significant and sustained focus is needed in this area, and this will only be successful if young people are directly involved in planning for these changes.

- **Developing and improving mechanisms that focus on protective factors:** There is ample evidence of the role that protective factors play in positive youth health, wellbeing and development. The impact of these factors is amplified during a situation such as COVID-19. The faster young people can resume familiar routines, the greater the reduction of trauma-related symptoms. Therefore, programmes and initiatives which explicitly focus on the growth of protective factors (e.g. positive attitudes, values or beliefs; conflict resolution skills; positive self-esteem; strong social supports; community engagement; problem-solving skills; positive adult role models) are needed.

3.3   FINAL THOUGHTS

Although this evidence brief has been prepared at speed, the authors hope that all organisations working with and for young people will find it useful. We hope that youth organisations will find it reflective of their current conversations with young people, and that government agencies will use this as an evidence base to reshape their policies, practices and services. Ultimately, the goal of this evidence brief (and its future iterations) is to inform and improve both policy and practice. If that occurs, the likely outcomes are improvements in youth health and wellbeing, and decreases in social inequities. Speed, agility, collaboration and transformative change must be key drivers within agencies to ensure young people achieve the equity they deserve.

Aotearoa New Zealand has worked collaboratively to achieve elimination of COVID-19, and our public health leadership is being applauded across the world. This unique environment provides the opportunity for a significant reset of our economy and ecology, which will support this Government's stated ambition of being the best place in the world for children and young people. MYD is committed to leading this work for young people, and Te Hiringa Hauora can support other agencies as they adjust their operations to include a greater focus on wellbeing.

Whāia te iti kahurangi ki te tūohu koe me he maunga teitei.

Seek the treasure you value most dearly: if you bow your head, let it be to a lofty mountain.

4. APPENDICES

4.1 APPENDIX 1 - KEY PRELIMINARY FINDINGS FROM THE MYD COVID-19 LOCKDOWN PULSE CHECK

MYD has created an ongoing pulse check survey to better understand how youth are managing the COVID-19 lockdown. The survey began on 18 April and the data presented here was collected on 22 April. There were a total of 797 respondents (data collected only for ages 12 to 24) who had taken part at the time of this initial data analysis.

Overall, 53% of respondents reported managing well (all responses above neutral) during the lockdown and 22% reported not managing well (all responses below neutral). The vast majority of respondents (86%) found the government's lockdown guidelines to be easy to understand and follow. A total of 65% of respondents found youth-specific information and updates related to COVID-19 to be helpful. Over half of respondents reported having the right amount of contact with friends (55%) and family/whanau (51%) outside their bubble.

Watching TV/YouTube was the most frequently reported activity, followed by exercise, completing school work, and having family time. The most frequently used online platforms were Instagram, messenger, and snapchat.

In terms of safety, 22% of respondents reported feeling unsafe in their bubble at least some of the time. Around one in three respondents (34%) reported feeling not accepted or respected in their bubble at least some of the time.

In terms of digital and technological access, 17% reported having difficulties accessing a device, while 25% reported having difficulties accessing WiFi, and 30% reported having difficulties accessing data. This is a significant finding, as this information was entirely collected online, which means that these respondents had some connectivity and access to devices. It is highly likely there is a higher proportion of youth not captured in this survey who are struggling with digital access.

Education was a major factor for respondents. Nearly two thirds (61%) of respondents reported having difficulty continuing their education, and 76% of respondents reported that getting back to their education would be the most helpful support for them right now. Nearly half (49%) of respondents reported not looking for information on financial support, while 35% reported having difficulty continuing their job, training or employment.

Just under half (47%) have engaged with external support services (eg, youth worker, social worker, youth mentor etc) during Alert Level 4. Some 13% have had contact with such services, but do not feel they have had enough contact. For youth who are engaged with support services, respondents found connecting with their support people and engaging in online workshops and events to be the most helpful.

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