Reaching out

Children and young people's views of mental health support

November 2019
Introduction

One in eight children and young people aged 5 to 19 in England had a mental health difficulty in 2017.\(^1\) For many young people, getting support with their mental health is challenging, with long waiting times and high thresholds for NHS Children and Young People’s Adolescent Mental Health Services (CYPMHS) being the norm.

Our recent briefing, *Finding Help*, focused on the processes parents and carers go through when they decide that they need to seek help with their child’s mental health. We found that around a third of parents surveyed had concerns about their child’s mental health.\(^2\) Where they had concerns, parents’ preferred source of support was their local GP, who would most likely make a referral to NHS CYPMHS.

For this briefing, we wanted to better understand where children themselves would go for help, if they had concerns about their feelings or behaviours. Reaching out and talking to someone about their concerns will in many cases be the first and most important step on a young person’s journey to mental health support. So, *who would they talk to if they were concerned about their feelings and behaviour? Where do they go to get help? How do they feel about the support they receive?*

Method

To do this, we worked with a small group of children to develop a set of questions that they told us they could answer and would not find distressing. Instead of using the phrase ‘mental health’, they told us they would be happier being asked about their ‘feelings and behaviour’. While this may not align with formal definitions of mental ill-health, it ensured that the information collected focussed on feelings and behaviours that were of concern to children themselves. The questions that were developed also focussed on where children would go for support and what support, if any, they had received (rather than asking about specific symptoms). The final set of questions was incorporated in The Children’s Society’s annual household survey, which was completed in June–July 2019, and covers children aged 10 to 17 from almost 2,400 households in England, Scotland and Wales.

We have also included quotes from young people throughout the briefing, which are taken from qualitative interviews we carried out between December 2017 and April 2018 with young people aged 11–21 years old. These interviews are part of a wider piece of research exploring young people’s experiences of accessing, and moving through NHS CYPMHS. This research is due to be published later this year.

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Summary of findings

Key findings include:

- Children completing the questions most frequently rated close family as the source they were most likely to go to get help if they were worried about their feelings or behaviour.

- Almost nine in ten children chose their parents/siblings as one of their three most likely sources of help, with formal sources of support being picked much less frequently.

- Over half (58%) of children indicated they had worries about their feelings and behaviour and had sought help from one or more source.

- We found there were some statistically significant differences in both the types of support obtained and the proportion of children who sought help based on their characteristics. For example, girls were significantly more likely to seek help, and boys to say they had no concerns.

- Over 8% of children indicated that they had worries about their feelings or behaviour but had not sought help. Applying this proportion to population estimates for 10-17 year olds, we estimate that over 464,000 children of this age in Great Britain may have worries about their feelings and behaviour but have not sought help.

- When we asked children to indicate on a scale of 0 to 10 how happy they were overall with the support they received (where 0 is not happy at all and 10 is very happy), 88% of children gave a score above the midpoint (i.e. between 6 and 10 out of 10) suggesting a generally positive experience.

- Further research is required to understand what makes children feel both happy and unhappy with the support they receive, and how this can be translated into support services.
Help-seeking behaviour

We wanted to find out where children were most likely to go to get help if they were worried about their feelings or behaviour, and asked children completing our annual household survey to indicate their top three preferences for support. Figure 1 shows the sources children rated as their first, second and third most likely choice for help.³

Figure 1: Sources of support children ranked (1st to third) most likely to go to get help

We found that, amongst those completing the question, children most frequently rated close family as the source they were most likely to go to to get help, followed by their friends and an adult at school. Friends and wider family were popular as children’s second choice, while an adult at school was most frequently chosen as children’s third choice.

This suggests that many children and young people prefer asking for help from those they already have a trusted relationship with, instead of reaching out to other more formal sources of support that they may not know much about.

We also looked at the order (1-9) of those options selected as first, second and third by a range of different characteristics, including gender, age group (10 to 13 versus 14 to 17), whether or not the child had low or high well-being, and whether or not the child was in poverty (see Annex A for further details). Across groups, the order of children’s first, second and third choices were remarkably similar. The most substantial differences were for those with low well-being in relation to their second and third choice (see Annex A for further details).

³ Almost 99% of those completing the survey fully completed this question.
Figure 2 presents the overall percentage of children that selected each source of support (i.e. aggregating those children who selected the source as their first, second or third choice).

**Figure 2: Total proportion of children who selected source as one of the top three they would be most likely to go to for help**

<table>
<thead>
<tr>
<th>Source</th>
<th>Proportion</th>
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</thead>
<tbody>
<tr>
<td>Close family (e.g. parents, brothers, sisters)</td>
<td>89%</td>
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<tr>
<td>Friends</td>
<td>61%</td>
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<tr>
<td>An adult at my school (e.g. teacher, head teacher, teaching assistant)</td>
<td>56%</td>
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<tr>
<td>Wider family (e.g. grandparents, aunties, uncles, cousins)</td>
<td>48%</td>
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<tr>
<td>Someone who works in health (e.g. your GP surgery, health visitor, a nurse, a hospital</td>
<td>17%</td>
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<tr>
<td>Telephone help line (e.g. childline)</td>
<td>15%</td>
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<tr>
<td>Someone who works in the emergency services (e.g. Police, Fire service)</td>
<td>6%</td>
</tr>
<tr>
<td>Mental health charity/organisation (e.g. Mind, Young Minds, Heads Together)</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: The Children’s Society’s household survey, Wave 18, June–July 2019, 10 to 17 year olds, Great Britain. Equally weighted by age and gender. Note: Percentages are based on those completing the question and not the whole sample. As children could select multiple sources, they do not sum to 100%.

Figure 2 highlights that almost nine in ten children chose their parents/siblings as one of their three most likely sources of help, with formal sources of support being selected much less frequently.

These findings highlight how family is an important source of support for children and young people who are worried about their feelings and behaviour. Indeed, young people we spoke to as part of our qualitative research placed great value in their family members helping them to get support.

‘*I have realised that my mum…if she hadn’t supported me with it then I probably would’ve been in a worse state.*’ **Young person, 17**

‘*My mum, she’s fought for me no matter what.*’ **Young person, 18**

Much of the current reform on NHS CYPMH services focuses on the NHS and schools, with little consideration of the support that can be provided beyond this. Parents, and wider family members, can play a key role in helping their children when they are worried. The recent announcement that the public health campaign, ‘Every Mind Matters’ will have an upcoming focus on parents should go some way in providing much needed support. But further consideration needs to be given on how best to reach parents and what support can be provided in public spaces such as children’s centres, their local GP, and through social care.
The support sought

We also asked children completing our annual household survey whether they had ever sought help (and, if so, which type/s) because of worries about their feelings and behaviour.\textsuperscript{4}

Thirty four percent of children who answered the question said that they had not got help and had no worries about their feelings or behaviour, while 8% said that, although they had not get help, they did have worries.\textsuperscript{5}

Table 1: Responses to the question ‘Have you ever got help from any of the following because of worries about your feelings or behaviour?’

<table>
<thead>
<tr>
<th>Weighted Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1,373</td>
</tr>
<tr>
<td>No, but I do have worries about my feelings or behaviour</td>
<td>196</td>
</tr>
<tr>
<td>No, I have no worries about my feelings or behaviour</td>
<td>798</td>
</tr>
</tbody>
</table>

Figure 3: Sources of help received by children because of worries about their feelings or behaviour

Source: The Children’s Society’s household survey, Wave 18, June–July 2019, 10 to 17 year olds, Great Britain. Equally weighted by age and gender. Note: Percentages are based on those completing the question and not the whole sample. As children could select multiple sources, they do not sum to 100%.

\textsuperscript{4} Responses relate to those children who indicated they had received support only.

\textsuperscript{5} Over 99% of children completing our household survey fully responded to this question, although it was not compulsory.
Over half (58%) of the children who answered this question had got help from one or more source. Among those who received help (see Figure 3), close family was the most common source, followed by friends, and an adult at the child’s school. Again, the proportion who indicated they had gone to close family was substantially greater than the proportion going to any of the other categories.

A very small proportion (1%) of children completing our survey who had sought help, indicated that they had got help from an ‘other’ source. These included counsellors, NHS CYPMHS, social workers, church, online help, a Children and Young People Service, an autism specialist and a hypnotherapist.

It is interesting that a small proportion of young people included NHS CYPMHS and counsellors within the ‘other’ category, rather than in the categories associated with mental health support (i.e. ‘someone who works in mental health’ or ‘mental health charity/organisation’). Within our qualitative interviews, we found that some young people had low levels of awareness that formal services exist to support them with their mental health.

‘I think a lot of kids don’t know what CAMHS is in my school or unless you have a mental health problem then you don’t know it.’ Young person, 17

‘It’s just because I never really knew about this kind of stuff. Like I never knew CAMHS existed for like 17 years of my life. I never even knew about it.’ Young person, 17

Taken together, these findings suggest that more work is needed to increase mental health literacy and to communicate to young people the support services that are available to help them.

The responses to our survey also revealed some statistically significant differences in both the types of support obtained and the proportion of children who sought help based on their characteristics (Figure 4). Girls were, for example, significantly more likely to seek help, and boys to say they had no concerns. Amongst those seeking help, a higher proportion of girls (than boys) went to adults at their school and friends, and, while less frequent sources of support for both genders, a higher proportion of boys (than girls) went to people working in mental health, a telephone helpline or someone working in the emergency services. While there were no significant differences in whether or not children sought help by age, a larger proportion of those aged 14 to 17 years got help from friends and someone who works in health/mental health and from mental health charities/organisations than in the younger age group.

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6 At 0.01 significance level.
Figure 4: Sources of help received by gender, age group, and child poverty status

- Close family (e.g. parents, brothers, sisters)
  - Girls: 79%
  - Boys: 74%

- Friends
  - Girls: 45%
  - Boys: 32%

- An adult at my school (e.g. teacher, head teacher, teaching assistant)
  - Girls: 40%
  - Boys: 32%

- Wider family (e.g. grandparents, aunts, uncles, cousins)
  - Girls: 28%
  - Boys: 27%

- Someone who works in health (e.g. your GP surgery, health visitor, a nurse, a hospital)
  - Girls: 16%
  - Boys: 16%

- Someone who works in mental health
  - Girls: 10%
  - Boys: 15%

- Telephone help line
  - Girls: 4%
  - Boys: 8%

- Someone who works in the emergency services (e.g. Police, Fire Service)
  - Girls: 4%
  - Boys: 7%

- Mental health charity/organisation (e.g. Mind, YoungMinds, heads Together)
  - Girls: 7%
  - Boys: 4%

- Other
  - Girls: 1%
  - Boys: 1%

- 10 to 13 year olds
  - Girls: 79%
  - Boys: 75%

- 14 to 17 year olds
  - Girls: 34%
  - Boys: 43%

- Child poverty
  - Girls: 36%
  - Boys: 39%

- Not in child poverty
  - Girls: 35%
  - Boys: 37%

Source: The Children’s Society’s household survey, Wave 18, June–July 2019, 10 to 17 year olds, Great Britain. Equally weighted by age and gender. Note: Percentages are based on those completing the question and not the whole sample. As children could select multiple sources, they do not sum to 100%. The weighted N’s for the above are Girls (728), Boys (644); 10-13 year olds (704), 14 to 17 year olds (669); child in poverty (366), child not in poverty (964).
Children who had worries but had not sought help

As noted above, over 8% of children completing our household survey indicated that they had worries about their feelings or behaviour but had not sought help. Applying this proportion to the ONS 2018 mid-year population estimates for 10 to 17 year olds, we estimate that over 464,000 children of this age in Great Britain may have worries about their feelings and behaviour but have not sought help.

We explored the characteristics of this group of children who had worries but did not seek help, and found that, while slightly more of these children had low well-being (17% compared to 11% in the rest of the sample), and were in the older age group (56% were aged 14 to 17 versus 49% in the rest of the sample), these differences were not statistically significant.

There may be many reasons why a young person may not choose to seek help when they are worried about their feelings and behaviour. Young people we spoke to as part of our qualitative research also highlighted that they did not want to ask for help, instead keeping their concerns to themselves.

I used to self-harm before, and it was like a way of me getting out the emotions because I never used to ask people for help...I thought it was something wrong with me so like I wouldn’t want to ask for help.' Young person, 17

‘Because, like, I feel like inside…someone’s head they’re probably laughing at me. So that’s why I don’t really open up to someone.’ Young person, 15

‘It’s like for me I didn’t really ask for support because I held everything in but it was hard to talk to people and talk about everything that has happened.’ Young person, 14

A fear of stigma and judgement, and a lack of knowledge about both mental health and the support services available, are some of the many reasons that can contribute to young people not wanting to ask for help with their mental health.

Satisfaction with help received

We wanted to find out how young people felt about the help they received, and asked them to indicate on a scale of 0 to 10 how happy they were overall with the support they received (where 0 is not at all happy and 10 is very happy).7

The vast majority of children who answered this question (88%) gave a score between 6 and 10 which indicated that they were happy, 7% suggested they were neither happy nor unhappy, and only 4% of children gave a score below the midpoint (i.e. 0 to 4) indicating that they were unhappy.8 Further research is required in order to understand what makes children feel both happy and unhappy with the support they received, and how this can translated into support services.

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7 One question was asked regardless of the number of sources of help sought to minimise the time children spent on these questions
8 Over 99% of those who reported receiving help completed this question.
What needs to change?

Over recent years, there has been an increased focus from the Government on the mental health of children and young people, and on improving the services designed to support this. Increased access to NHS CYPMHS, more support available in schools through Mental Health Support Teams and increased investment in services will all help to ensure that children get the support they need.9 10 The Department for Health and Social Care’s Prevention Green Paper also emphasises the importance of mental health prevention, and recognises the need to provide advice to parents on supporting their children’s mental health and well-being, which will be achieved through the Public Health campaign, ‘Every Mind Matters’.11 Whilst these reforms are welcome, they are mainly focused on NHS and school settings, with little consideration of the support that can be provided to children and young people beyond this.

National measurement of children’s well-being

Responses to our annual household survey identified a group of young people who are concerned about their feelings and behaviour (which is likely to include those with issues relating to mental health) but do not want to ask for help. There are many barriers that may prevent young people from asking for help, but, for many, the fear of stigma and judgement can be the biggest barrier of all. More work needs to take place to help tackle the mental health stigma that young people experience and the government reforms should go some way in helping with this. But, longer-term societal change is really needed, if work to tackle stigma is to be truly effective. This poses the question, what can we do now to identify and support those who are worried about their mental health but have not asked for help?

We see that measuring children and young people’s subjective well-being is a non-stigmatising and unobtrusive way of identifying children and young people in need of support. Whilst mental health and well-being are not the same, they are closely linked and low well-being can be indicative of a young person who needs help, whether this is from mental health support services, social care or additional support in education. As well as identifying children in need of support, measuring children’s well-being also has wider benefits. It can provide an evidence base for interventions, allows the identification of trends and allows us to track any progress made, so that we can understand if the changes we make are resulting in improvements.

Data about children’s subjective well-being is an important policy tool, yet no mechanism exists to collect it comprehensively. Instead children’s well-being is currently measured in an ad hoc manner. Adult’s well-being is already comprehensively measured with a quarterly survey of over 150,000 people and this data is used to inform decision and policy making at both a local and national level. If this can be achieved for adults, we should expect the same for children and young people.

We believe that the best way of achieving comprehensive measurement of children’s well-being is to collect data through schools. This could be achieved through using the National

10 https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/
Pupil Database as a lever for collecting widespread data about children’s subjective well-being between the ages of 11 and 16. Whilst some schools do already conduct some regular survey work to understand the lives of pupils, this is not consistently carried out across the country, with the findings not being used to inform change for children.

Asking children how they feel, once a year, and working with them in response is a simple and effective way to start addressing concerns and improving children’s well-being.

Supporting parents

Our findings highlight that children and young people place great value in those closest to them to support them with their mental and emotional health. It is perhaps unsurprising that parents/siblings are the first port of call when young people are worried, yet there is little emphasis on the important role they have to play within the reform agenda. Parents and other family members need to feel confident in responding when their child comes to them with concerns about their feelings and behaviour, including their mental health, and should feel supported to do so.

The national ‘Every Mind Matters’ campaign will go some way in reaching parents with messaging on mental health. Whilst this campaign is a positive step, it does not target the specific needs of parents. Further consideration therefore needs to be given on how to reach parents with key messages about how to respond to emotional problems and how to support children and young people to have positive mental health. We know that when parents are worried about their child’s mental health, they will most likely go to their local GP for support, closely followed by their child’s school. Providing targeted information in spaces that parents occupy, such as the local GP and their workplace, would be an effective way to ensure that parents have the information they need. Further work will therefore need to take to place to understand the specific needs of parents in supporting their children.

More mental health support in the community

Our findings suggest that many young people are unaware of more formal mental health support services, with them more likely to turn to someone they trust for support with concerns about their feelings or behaviour. It therefore needs to be ensured that support goes beyond schools and the NHS, to reach young people and their families more widely. We see that this can be achieved by increasing the availability of mental health support in local communities. Support in the community has two key benefits: firstly, it makes mental health support more accessible to young people and their family by locating it in areas close to them. Secondly, it will increase the visibility of mental health support services so that children, young people and their families know where to go if they need to access support.

We believe open access services have an important role to play in increasing the mental health support that is available in communities. The Children’s Society runs a range of open access, drop-in mental health hubs for children and young people. These hubs aim to prevent the escalation of mental health difficulties with timely support, whilst reducing the numbers of avoidable referrals to specialist services. The drop-in nature of these hubs means there are no waiting lists so young people are able to access the support on offer whenever they feel ready. The support on offer is flexible from providing resources, a variety of groups/workshops

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and peer support networks, to guided self-help, and brief interventions. What is more, parents and professionals are also able to access these hubs for advice, support and information.

Other key areas to consider within the community include the roll out of specific mental health first aid to youth clubs, uniformed groups and other important community groups like churches, mosques, sport centres and libraries, and how these organisations signpost and support children and young people to get the help they need.

**Next steps**

Children and young people have clear ideas about how a service should work for them and it is important that these views are gathered and listened to. Further work is therefore required to understand from children and young people themselves what they want from mental health support to ensure that services are designed to fit their needs. Additional work is also needed to understand the concept asked about (feelings and behaviours) compared to asking about mental health.
Recommendations

- Our findings highlight that parents and other family members are an important source of support for children and young people. Local Public Health officials must prioritise work with parents in their local area to communicate key messages about how to support children’s mental health.

- The majority of parents and carers prefer to seek help from their GP when they have a concern about their child's mental health. CCGs and GP surgeries should consult with parents and with children and young people to identify the strengths and weaknesses of GP support on offer in their area and respond accordingly.

- More mental health support needs to be made available in local communities. We recommend that open access community services are made available to ensure that all young people can have timely access to low level mental health support.

- Local partners should work together, across the local authority, CCG and with wider organisations to ensure that youth workers, sports coaches, uniformed group leaders, faith and community leaders are all properly trained in mental health first aid for children and young people.

- It is important that children in need of support are identified in an un-stigmatising and unobtrusive way. We recommend national measurement of children’s subjective well-being should be introduced.
Annex A: Ranking of sources children said they would be most likely to go to for help if they were worried about their feelings or behaviour.

<table>
<thead>
<tr>
<th>Total rank (accumulative score across 1st, 2nd &amp; 3rd)</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
<th>10 to 13</th>
<th>14 to 17</th>
<th>Low well-being</th>
<th>Not LWB</th>
<th>Child Poverty</th>
<th>Not in child poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close family (e.g. parents, brothers, sisters)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Friends</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td>An adult at my school (e.g. teacher, head teacher, teaching assistant)</td>
<td>3</td>
<td>2</td>
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</tr>
<tr>
<td>Wider family (e.g. grandparents, aunties, uncles, cousins)</td>
<td>4</td>
<td>4</td>
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<td>4</td>
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<tr>
<td>Someone who works in health (e.g. your GP surgery, health visitor, a nurse, a hospital)</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
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<tr>
<td>Telephone help line (e.g. childline)</td>
<td>6</td>
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<tr>
<td>Someone who works in the emergency services (e.g. Police, Fire Service)</td>
<td>7</td>
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<tr>
<td>Mental health charity/organisation (e.g. Mind, Young Minds, Heads Together)</td>
<td>8</td>
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<tr>
<td>Other* qualitative</td>
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<tr>
<td>1st choice rank</td>
<td>Overall</td>
<td>Boys</td>
<td>Girls</td>
<td>10 to 13</td>
<td>14 to 17</td>
<td>Low well-being</td>
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<td>Not in child poverty</td>
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<td>Close family (e.g. parents, brothers, sisters)</td>
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<tr>
<td>Friends</td>
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<tr>
<td>An adult at my school (e.g. teacher, head teacher, teaching assistant)</td>
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<td>Someone who works in health (e.g. your GP surgery, health visitor, a nurse, a hospital)</td>
<td>5</td>
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<tr>
<td>Wider family (e.g. grandparents, aunties, uncles, cousins)</td>
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The Children’s Society and our supporters have been there for vulnerable children and young people for more than 130 years.

We believe that every young person should have the support they need in order to enjoy a safe, happy childhood.

That’s why we run services and campaigns to make children’s lives better and change the systems that are placing them in danger.

Together with our supporters, we’re improving the lives of children today and long into the future.

For more information on this study, or to sign up to receive regular updates, please email policy@childsoc.org.uk

Photo: Laura McCluskey
Charity Registration No. 221124
INS00027/1019