When children seek help in non-face-to-face settings: what do we know?

A review of the literature

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Foreword

Children and young people are seeking help in non-face-to-face settings in increasing numbers and by using diverse and changing technologies (Best, Manktelow & Taylor, 2016b; Leech, Dorstyn & Li, 2019; James, 2020). Understanding how, when, and why children and young people access non-face-to-face support is key to ensuring appropriate and accessible sources of support are provided to them.

The literature reviewed explores the influencing factors in relation to how, when, and why children and young people access non-face-to-face support. As part of this review, a total of 32 journal articles, industry publications and reports were identified and considered. Although the research is limited in areas, especially in relation to ethnicity, disability, sexuality and gender identity, there are several common key themes and practice suggestions. There is little research about the experiences of children and young people from minoritised and marginalised backgrounds; this is particularly stark when considering a child or young person’s ethnicity. Other findings reveal that the separation between help-seeking in non-face-to-face settings and help-seeking in face-to-face settings is an artificial one; in the literature reviewed, most children and young people are able to access support in both virtual and physical settings and move fluidly between the two when necessary (Haner & Pepler, 2016; Rickwood et al, 2015).

The findings of this review should be considered as a call to action for all researchers, professionals and organisations involved in help-seeking in non-face-to-face settings. We all must do better to ensure these modern services are available, accessible, and effective for all children and young people who need them, not just those who fit a certain profile.

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1 The term ‘minoritised’ recognises that individuals have been minoritised through social processes of power and domination, rather than just existing in distinct statistical minorities; it also better reflects the fact that minoritised ethnic groups that are minorities in the UK are majorities in the global population.
1. Introduction

1.1 The review

The NSPCC commissioned Listen Up to review the available research and literature, exploring how and why children and young people seek help in non-face-to-face settings. This included an analysis of the possible motivators and deterrents that may influence this form of help-seeking. Additionally, the NSPCC wanted to understand if and to what extent a child or young person’s identity, including the intersections of race and ethnicity, gender, sexuality, and disability and other characteristics, feature in understanding how and why children and young people access and seek support in non-face-to-face settings. These supplementary questions are included in the review. However, it is important to note that, upon analysing the literature, it became clear that outside of age and gender there is a lack of research exploring the needs and experiences of minoritised and marginalised children and young people. Therefore, while this review aims to address the overarching research question, there are notable gaps. To address this lack of evidence, reflective questions have been included in each section of the review to encourage individuals, services, and organisations to constantly consider the needs and experiences of children and young people who are not represented in the existing literature.

The literature review has indicated that, although children and young people may prefer to retain some face-to-face contact with their support services, some preferred receiving support online or via the phone. Some children particularly prefer to take their first help-seeking steps in a non-face-to-face setting. At this point in the help-seeking journey, non-face-to-face settings are appealing for several reasons, including:

1. The availability of services (how a child or young person may access support may also be influenced by the availability and visibility of online non-face-to-face services).
2. The accessibility of services (how does the service offer appeal to children and young people, and how do non-face-to-face services recognise children’s intersecting identities and experiences and meet their needs accordingly?).
3. The autonomy services afford children and young people (how do non-face-to-face services promote choice, self-determination and decision making?).

1.2 Aims and objectives

The key objective of this review is to therefore understand how and why children and young people seek help in non-face-to-face settings and what may motivate or deter them from doing so.

Particular attention is also paid to the experiences of minoritised children and young people as there is limited data recorded in literature.
The review aimed to meet the objective by addressing the following three key questions:

1. How and why do children and young people seek help and advice via non-face-to-face settings (online, telephone, website support)?

2. What factors influence how children and young people seek help in non-face-to-face settings? What motivates and deters them, and how does an intersectional lens develop our understanding of these factors?

**Question 2 includes the following four supplementary questions:**

1. How do personal characteristics (e.g., age, gender, ethnicity, religion, special educational needs [SEN]) influence help-seeking behaviours, barriers, and enablers in non-face-to-face settings? For instance, do children and young people aged under 19 years and young people aged 19–24 years seek help in a similar or dissimilar manner?

2. How does the type of need, or issue a child or young person is facing, influence their help-seeking behaviours, barriers, and enablers in non-face-to-face settings?

3. How do children and young people’s previous experiences of seeking help and advice (both in face-to-face and non-face-to-face settings) influence their help-seeking in non-face-to-face settings?

4. How do wider structural and contextual factors (e.g., bias/discrimination, digital exclusion\(^3\)), rural/urban settings, socio-economic factors) influence if and how children and young people seek help and advice in non-face-to-face settings?

3. Where are there gaps and inconsistencies in the evidence?

1.3 Limitations of study

While the review aimed to be as robust as possible, there are several limitations. Notably, there was limited research available about how COVID-19 affected non-face-to-face help-seeking. While some studies include information highlighting the pandemic, other research may not have been published in academic journals or available in database searches at the time this review was undertaken. In addition, the search keywords applied for this review may have unintentionally excluded other useful information within broader research studies.

Last, the review highlights the significant gap of literature exploring the experiences of minoritised and marginalised children and young people. As such, the findings from this review may not be representative of all children and young people’s experiences.

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\(^2\) ‘Intersectional lens’ refers to the understanding that people’s identities and interactions with the world are layered and multifaceted — and that forms of discrimination like racism, sexism, ableism, classism, and homophobia can be experienced simultaneously.

\(^3\) Digital exclusion in this case refers to children not being equipped with the necessary skills, connectivity, and/or accessible technology to access services and resources online.
1.4 Methods

The aim of a literature review is to review and synthesis the available literature, drawing out themes and identifying gaps in knowledge. This review included both prominent grey literature and relevant academic journal articles that met the agreed inclusion criteria (see Appendix A). The review was conducted in two parts – the search for grey literature was completed by the NSPCC’s Knowledge and Information Service; this was then followed by an iterative search on the relevant databases.

To ensure the best possible chance of the applicable literature being identified and included in the review, a selection criterion was agreed. The criterion was designed to be broad enough to capture all appropriate contemporary literature, but also included a definitive cut-off date of 2009. The agreed parameter of the year 2009 was to help manage the volume of text identified and to ensure that the scale and scope of the literature was in keeping with the remit and timeframe allotted. The agreed date (2009) aligns with the NSPCC’s launch of Childline online. This was a watershed moment for children and young people to be able to seek help in non-face-to-face settings in the UK.

The total number of papers identified via both search strategies was 11 research papers and reports from the NSPCC’s search, and 21 journal articles from the database searches. A total of 32 journal articles, reports, and grey literature have been included in this review (see Appendix A for a detailed overview of the literature review methodology).

1.5 Review structure

The review is structured into three sections:

- **Section 1: Introduction, Research Questions, Methodology and Glossary of Terms** – This section introduces the reader to the headline findings from the literature review – how and why children and young people seek non-face-to-face support.

- **Section 2: Literature Review Findings** – This section explores how and why children and young people seek help and advice via non-face-to-face settings (online, telephone, website support), and if and what influences or deters a child or young person in seeking non-face-to-face support. This section also includes the four supplementary questions.

- **Section 3: Discussion: Gaps and Inconsistencies, Conclusion and Practice Considerations** – This closing section concludes the review with an overview of the findings, points of reflection and several practice-based recommendations.

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4 Grey literature includes research that is published but not in an academic journal.
1.6 Glossary of terms

<table>
<thead>
<tr>
<th>Term used</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help-seeking</td>
<td>For the purposes of this study, Listen Up has applied Best et al’s (2016b) definition of help-seeking where help-seeking is, “viewed as twofold, involving both formal and informal practices. Informal help-seeking is more common and usually occurs between family and friends. Formal help-seeking is less common and usually involves some sort of professional intervention.”</td>
</tr>
<tr>
<td>Non-face-to-face support</td>
<td>Non-face-to-face support includes the following communication mechanisms: phone support; text messaging services; online via virtual meetings; online messaging boards; and social media apps.</td>
</tr>
<tr>
<td>Children and young people</td>
<td>The term ‘children’ refers to those aged 11 years and younger. The term ‘young people’ refers to those who are between the ages of 12 and 18 years. These terms are only used in relation to research that utilises this language, to reflect how the literature describes children.</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>Listen Up has applied the NSPCC’s definition of safeguarding for this review: “Safeguarding: the action that is taken to promote the welfare of children and protect them from harm. • Protecting children from abuse and maltreatment • Preventing harm to children’s health or development • Ensuring children grow up with the provision of safe and effective care • Taking action to enable all children and young people to have the best outcomes.”</td>
</tr>
<tr>
<td>Intersectionality</td>
<td>The term ‘intersectionality’ relates to the intersecting and compounding nature of a person’s identity. Intersectionality acknowledges that a person’s interactions with the world are not solely based on just one aspect of their identity but are layered and multifaceted; interactions in which racism, sexism, ableism, classism, and homophobia are experienced simultaneously.</td>
</tr>
<tr>
<td>Marginalised</td>
<td>The term ‘marginalised’ describes the process and conditions that prevent individuals and/or groups of individuals from fully participating in social, economic, and political life.</td>
</tr>
<tr>
<td>Minoritised</td>
<td>The term ‘minoritised’ acknowledges the process of minoritisation through the lens of structural inequality (Gunaratnam, 2003) and indicates issues of inequality and marginalisation beyond those implied through the terms ‘BAME’ or ‘BME’, the commonly used terminology in the literature.</td>
</tr>
<tr>
<td>BAME/BME</td>
<td>The acronyms ‘BAME’ and ‘BME’ stand for ‘Black, Asian and minority ethnic’ and ‘Black and minority ethnic’. This terminology is only used in relation to research that utilises this language.</td>
</tr>
<tr>
<td>LGB/LGBTQ/LGBT+</td>
<td>The acronyms stand for ‘Lesbian, Gay and Bisexual’/‘Lesbian, Gay, Bisexual, Transgender and Questioning/Queer’. The terminology is only used in relation to research that utilises this language. However, Listen Up applies the term ‘Lesbian, Gay, Bisexual and Transgender plus’ when sharing reflections.</td>
</tr>
<tr>
<td>Non-heterosexual</td>
<td>The term ‘non-heterosexual’ refers to people who do not identify as heterosexual – the terminology is only used in relation to research that utilises this language.</td>
</tr>
<tr>
<td>Cultural competence</td>
<td>This is the process by which individuals and systems respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognises, affirms, and values the worth of individuals, families, and communities, and protects and deserves the dignity of each (NASW, 2016).</td>
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2. Findings of literature reviewed

2.1 Research question 1: How and why do children and young people seek help and advice via non-face-to-face settings (online, telephone, website support)?

2.1.1 Key findings

- Non-face-to-face provision provides opportunities for children and young people to access support where face-to-face services may be unavailable or inaccessible.
- Children and young people frequently access multiple digital technology platforms for advice and support.
- Non-face-to-face services complement face-to-face provision and as such require more collaboration between the two approaches.
- Providers of support in non-face-to-face settings should make use of web-based technical knowledge to optimise service visibility and availability, eg by using searchable terms.
- An improved understanding of the routes children and young people take to access non-face-to-face support services may help services identify what is working well in relation to service availability and accessibility.

When considering the technologies children and young people use and how they utilise them, the literature includes some commentary on the breadth of avenues to help-seeking in non-face-to-face settings. One of the potential limitations of the literature is that most of the research reviewed specifically focuses on help-seeking and mental health and does not address other worries children and young people may have. While acknowledging this limitation, there remains insightful and transferrable findings for practitioners and organisations to consider.

2.1.2 There is considerable variety, and increasing choice, for children and young people seeking help

Over time, more and more children and young people appear to be seeking and accessing information, support and help via non-face-to-face means (Best, Manktelow & Taylor, 2016b; Leech, Dorstyn & Li, 2019; James, 2020). This includes making use of technologies such as: telephone services; mobile phones; text messaging; apps; online via email; One-to-One Chat and online forums (Dogaru, Bond & Palmer, 2017).

The increased amount and variety of non-face-to-face support available is to be welcomed; as Dogaru, Bond and Palmer (2017) explain, this ensures children and young people can access the help and information they need. For example, children and young people who are experiencing short-term or unstable accommodation or those who are homeless are still able to access free and consistent support either online or via a free-phone number (Dogaru, Bond & Palmer, 2017).
Digital technologies are also becoming increasingly important considering the COVID-19 pandemic, and the impact of social distancing and national lockdowns seen around the world, including the UK. The impact of COVID-19 has signified a watershed moment in digital technology, as evidenced in findings from Mental Health Innovations (2021), which recorded “unprecedented numbers of conversations with texters in need of support” during this time (p.3). These findings suggest access to digital technology is a significant factor for help-seeking.

Text-based services are seen as a popular alternative to communicating verbally over the telephone (Haner & Pepler, 2016; Best et al, 2016a; Mental Health Innovations, 2021). Webber and Moors’ (2015) study of young people, *Engaging in Cyberspace: Seeking help for sexual assault*, shares findings from an analysis of Yahoo! Answers (an online community where members can ask and answer questions on any topic). The study focused on sexual assault, comparing answers supplied by counsellors who work at a sexual assault centre with those posted by other, non-professional, Yahoo community members. Despite the relatively narrow focus of this study, it holds potential insights regarding the quality of and potential harm from support in non-face-to-face settings. Webber and Moors (2015) found that when individuals seek peer support via online public forums and message boards, ‘peer’ support can be “…varied and have the potential to be both helpful and harmful” (p.46). The study concludes with several recommendations for organisations to consider when providing open peer-led forums. These include suggestions to help protect young people from abuse and harassment when accessing such peer-to-peer online support.

Actions included: managing and monitoring comments and questions by ‘trolls’, responding to questions where it appears an Asker is ‘at risk’, and deciding under what circumstances URLs would be reported to police or child protection agencies (Webber & Moors, 2015, p.47).

2.1.3 Non-face-to-face support and face-to-face support often work together

It is important to note that when children and young people seek support in non-face-to-face settings, most young people (aged 12–18 years old) would have already spoken to a friend, sibling or an adult family member prior to contacting online services (Haner & Pepler, 2016). Early face-to-face discussions with family members and friends have also been noted elsewhere, although less of a distinction is made between online and offline help-seeking (Collin et al, 2011; Best et al, 2016a; Best et al, 2014; Rickwood et al, 2015; Spears et al, 2015). Some children and young people may seek support simultaneously and with the same peer group both online and offline (Best et al, 2016a; Spears et al, 2015). It is, therefore, possibly more appropriate to consider non-face-to-face and face-to-face supports as complementary to one another, and as ‘both/and’ not ‘either/or’.

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5 Mental Health Innovations is a charity that uses digital innovation, data-driven analysis and the experience of clinical experts to improve the mental health of the UK population through the provision of digital tools, support and resources (Mental Health Innovations, 2021).

6 Though this study had an explicit interest in young people and the average age of those who took part was recorded to be 16, however, due to the nature of this research (data collection from online sources), the reporting of age should be treated with a degree of caution (Webber & Moors, 2015).
2.1.4 Children and young people value having multiple avenues of support

Children and young people appear to value the availability of support in non-face-to-face settings (Haner & Pepler, 2016; Best et al, 2016a; Mental Health Innovations, 2021; Webber & Moors, 2015), and use search engines, social media and other web-based technologies to gain access to information and support.

There also appears to be some preference for text-based support (including live chat), as opposed to support via the telephone (Haner & Pepler, 2016; Best et al, 2016a). This is especially true when discussing sensitive topics, as highlighted in the quote below:

“...if you had to tell someone something really serious offline, you might get put off by the way they reacted or something... I don’t know... but if you’re telling them [online] you don’t have to worry about any of that, you just look at a computer.”

Young male focus group participant; Best et al, 2016a, p.1,072
2.1.5 With so much out there, children and young people do not always look for support in the right places

A practical point to bear in mind is that, when individuals are assessing what help is available online, they are unlikely to search through numerous websites and usually click on the first website provided by search engines like Google (Best et al, 2016a). Though this finding is from a single study, it raises several important points for consideration: first, that the availability of the non-face-to-face support needs to be highly visible and accessible for children and young people seeking help; and, second, that the ‘landing’ page of any website needs to be appealing, easy to navigate, and clear in what the service provides. Finally, it points towards a need for reputable and trusted organisations to consider and respond to the routes in which children and young people seek and access support in non-face-to-face settings.

The literature suggests practitioners and organisations who provide support in non-face-to-face settings may need to reconsider what is deemed as ‘trusted’ and ‘quality’ information for children and younger people in the digital age. Research by Best et al (2014), which focused on the online help-seeking and mental wellbeing of adolescent males, found that over half the young males who took part in this questionnaire used search engines like Google to retrieve health information. In general, the young males completing the questionnaire placed importance on receiving trusted and quality information; however, almost half accessed their information via social networking sites and less than a quarter stated they were likely to use NHS or local government websites.

Childline’s availability – a small-scale case study

Considering the above findings regarding accessibility, a small-scale case study was conducted, using Childline as an example, to better understand the extent of the availability of a non-face-to-face service. Details about the case study can be found in Appendix B.

Searches were carried out on a number of topics to determine where Childline showed up in the search list. The searches demonstrated that Childline appeared on the first page for some issues but appeared in much later pages or not at all for other issues. This was particularly the case for mental health support and for children who may have experienced racial bullying. Information on disability was also less visible online for Childline services. Keeping in mind that children and young people are most likely to select a service from the first two pages of a search, children seeking online support in these areas may be unlikely to connect with Childline.

Reflective questions

- What topics do Childline want children to be accessing their services for?
- Is Childline prominent enough in searches with different search engines on the most important topics?
2.2 Research question 2: What factors influence how children and young people seek help in non-face-to-face settings? What motivates and deters them, and how does an intersectional lens develop our understanding of these factors?

2.2.1 Key findings

- Children and young people show a greater preference for accessing support that is less intrusive and less time consuming.
- Having autonomy and control over what information is shared allows children and young people to define their individual needs.
- Some non-face-to-face services presume all children use verbal communication or have the required literacy skills to access the breadth of services available, but this is not the case. Similarly, non-face-to-face support may not be accessible to children and young people living in socio-economic deprivation, where they have limited or no access to digital technology.
- For LGBTQ+ children and young people, being able to access support services anonymously allows a safer space, particularly where there may be a lack of safety and confidentiality in their home environment. This may hold true for other groups, though this was not identified within the literature reviewed.

From the research reviewed, the motivating and deterring factors can be divided into two categories – accessibility and autonomy:

1. **Accessibility** relates to the flexibility services provide children and young people in relation to where, when and how non-face-to-face support is accessed (Rickwood et al, 2015).

2. **Autonomy** relates to the freedom non-face-to-face support provides children and young people to engage, disengage and re-engage with support on their terms and only sharing information they feel comfortable with sharing (Radez et al, 2021).

2.2.2 Accessibility

One of the motivating factors for children and young people help-seeking in non-face-to-face settings is the flexibility of this type of support (Spears et al, 2015; Webber & Moors, 2015; Lerman et al, 2016; Maloney et al, 2020; James, 2020; Payne et al, 2020). From the literature reviewed, high levels of accessibility are an important feature.

Accessibility can be considered in two ways:

1. Accessibility in terms of **how** children and young people engage with support. This may include support provided over the telephone, app-based support, text-based support and accessing community/peer-based online question and answer sites, including YouTube and social media private groups (Webber & Moors, 2015; Lerman et al, 2016).
2. Accessibility in terms of **when and where** children and young people engage with non-face-to-face support. Children and young people who have access to a mobile telephone or a smart device can access the support they want, when they want it. This contrasts with the restricted availability of face-to-face services (Maloney et al, 2020; James, 2020; Payne et al, 2020).

Accessibility in terms of **how** (which mode of communication) children and young people are using to engage with non-face-to-face support is not explored as a principal topic in the literature reviewed; it is more frequently discussed in relation to the type of concern (mental health or type of abuse) or the characteristics of the children and young people who are seeking help (Haner & Pepler, 2016; Best et al, 2016a; Webber & Moors, 2015; Ellis et al, 2012). However, the approach used to access support in non-face-to-face settings remains a consistent feature across a variety of publications (Webber & Moors, 2015; Lerman et al, 2016; Young Minds, 2014; Navarro et al, 2019; Best et al, 2016a; Fish et al, 2020; James, 2020).

As highlighted previously in Research Question 1, children and young people use a variety of methods to access support. How they choose this support can be influenced by type of need and the urgency of a particular need.
2.2.3 Choosing non-face-to-face support as a stopgap when face-to-face support is not available

Non-face-to-face services may act as an interim support mechanism while children and young people await face-to-face support, which may be delayed due to long waiting lists and referral thresholds (Young Minds, 2014).

For some children and young people, non-face-to-face support is not a preferred choice, with the available research identifying several concerns children and young people hold about non-face-to-face support:

“Online counselling wouldn’t really work because anybody could be a counsellor on the internet so if you go out to get help and it’s just a bunch of kids mucking around, they could make you feel worse.”

Educational settings attendee; Young Minds, 2014, p.31

James (2020) also highlights research indicating that when accessing telephone or online chat support, young people were not always guaranteed access to support at their preferred time, which may compound feelings of depression (King et al, 2006). Other concerns relate to the quality and trustworthiness of information found online, and the absence of a trusted central point of information for young people (Young Minds, 2014). These concerns highlight the tension between the high levels of availability and accessibility that non-face-to-face support provides and the unregulated nature of online spaces.

A further concern in relation to non-face-to-face support is that the high levels of accessibility of non-face-to-face sources can result in high levels of demand, resulting in waiting lists for finite resources (such as access to live chat or online counselling). Where this is an issue, young people suggested that online peer-led chat rooms may be helpful (James, 2020).

2.2.4 Non-face-to-face support as an alternative to verbal communication

When using non-face-to-face support, children and young people can choose whether to verbally communicate or use text-based services. The option of a non-verbal form of communication is particularly important for D/deaf people:

“As a deaf person who relies on text and sign language, the provision of a text support service is invaluable; it allows deaf people some access for support, and further, all texters the ability to ask for support without having to verbally talk about it.”

Mental Health Innovations, 2021, p.7
Text-based services are also used frequently by children and young people who may find it difficult or too painful to verbally articulate their feelings, thoughts and experiences. For example, a study by Haner and Pepler (2016) found that, among their sample (which was disproportionately among girls), ‘Chatters’ (those who use text-based services) were more likely than ‘Callers’ (those who use telephone-based services) to share more weighty problems, including discussions on mental health and suicide. Research by Best et al (2016a), which focused solely on the experiences of males, found similar results, with the authors suggesting that a link between a preference for text-based support and constraints associated with notions of masculinity:

“Stereotypically we are the tough ones....”

Young male focus group participant; Best et al, p.1071

One young person explained that accessing support online and via text was easier than accessing helplines, as having to verbally communicate you have a problem might be too difficult:

“It’s difficult for people to do something about it like phone up Childline or something like that. To actually say they have problems, it might be difficult to get it out.”

Young male focus group participant; Best et al, p.1071

7 Of the 230 Chatters who responded to the gender question, 24 identified as male, 201 as female, and five outside of the gender binary (Haner and Pepler, 2016)
2.2.5 Limitations in the accessibility of non-face-to-face support

Non-face-to-face support may be less accessible for those who cannot afford digital devices or do not have access to the internet (Payne et al, 2020). Additionally, non-face-to-face support may prove inaccessible for younger children and those with learning disabilities, ADHD or hearing and visual problems (Payne et al, 2020). This theme is addressed more thoroughly when exploring the influence of personal characteristics on help-seeking in non-face-to-face settings (see section 2.3).

2.2.6 Autonomy

A common theme throughout the literature is an argument suggesting that children and young people access non-face-to-face support because it promotes high levels of self-efficacy, confidentiality and anonymity when compared with face-to-face support (Radez et al, 2021; James, 2020; Young Minds, 2014).

2.2.7 Children and young people prefer to have a sense of self-efficacy when seeking help

There is a relatively small but growing body of research that suggest that young people hold self-efficacy in high regard when it comes to seeking help (Plaistow et al, 2014; Rickwood et al, 2015; Dinh et al, 2016; Pretorius et al, 2019; James, 2020).

Persson et al (2017) found that children and young people show high levels of preference for self-determination and independence when seeking help. When considering self-efficacy and help-seeking in non-face-to-face settings, the study drew attention to the context in which the support is provided and its relationship to engagement and outcomes for children and young people. It pointed out that referrals to Child and Adolescent Mental Health Services (CAMHS) are typically instigated by an adult (parents or teachers) and not by the child or young person. This contrasts with how most adults seek mental health support and what the research informs us about improving outcomes (Persson et al, 2017).

While children and young people appear to be increasingly seeking help in non-face-to-face settings, a survey of 430 parents conducted by Young Minds (2014) indicated that parents have a clear preference for services to be delivered face-to-face rather than online. One parent stated, "...I am cautious of the support online as not all health websites are well run or well regulated" (Young Minds, 2014, p.33). The same research also highlighted that, of 967 young people who completed the survey, the top three sources of information and support cited were:

1. Friends
2. Online mental health apps or websites
3. Social media
Though the findings from the Young Minds survey date back to 2014, and the use of technology and social media has significantly changed since then, they are useful in drawing attention to parental concerns about the unregulated nature of online information and support, and children and young people’s preference to seek help away from adult supervision (as indicated by the top three preferred sources of information and support). These insights underline the importance for trusted organisations who provide non-face-to-face support to design their offer in a way that promotes a young person’s self-efficacy. They need to address both the preferred routes in which children and young people access support and the need to appease the concerns of parents/carers in relation to the unregulated nature of online spaces.

2.2.8 Children and young people value confidentiality and anonymity when seeking help

There are a variety of reasons why children and young people may wish to remain anonymous when accessing informal support. These may include not having to reveal their identity or any other personal details about their family or their situation; managing feelings of embarrassment and stigma (particularly around mental health) or a fear of the potential implications of their help-seeking behaviours upon family members and family dynamics (Radez et al, 2021; James, 2020). In addition, for some young people, the option to anonymously explore what support can be provided prior to making contact can increase feelings of safety, choice, and confidentiality (Dinh et al, 2016; Payne et al, 2020).

By maintaining confidentiality, non-face-to-face services can remove the stigma some young people experience when seeking help for mental health and wellbeing (Radez et al, 2021; Maloney et al, 2020; James, 2020; Young Minds, 2014). This may be of particular relevance for boys and young men, with Best et al (2014, p.5) arguing that online “support services may serve to reduce the potential emasculating consequences of stigmatising face-to-face help-seeking, thus appealing to males in particular.”

Tackling social stigma, embarrassment and negative perceptions of mental health was a common feature in a variety of studies (Radez et al, 2021; Maloney et al, 2020; Ellis et al, 2012; Webber & Moors, 2015; Magee et al, 2012; James, 2020; Young Minds, 2014). These studies found that stigma and social perceptions of mental health were the most common reasons for not seeking help. Based on this, the confidentiality and anonymity of non-face-to-face support could be a significant factor in influencing help-seeking.
Reflective activity

When accessing services anonymously, there are several preconditions that need to be met for a young person to feel assured that their anonymity and confidentiality is going to be upheld and protected. This is both in regard to the service being provided and within their day-to-day lives (Haner & Pepler, 2016).

The following case study highlights the significance of accessibility and anonymity for young people.

Jay’s case study

Jay is a 15-year-old Black British Caribbean boy. Jay is confused about his sexuality. Jay’s family are religious and have previously made derogatory comments about gay people. Jay does not know what to do. He has a good group of friends in school, but he is scared to tell anyone in case it gets out and back to his parents. Jay feels he needs to talk about his feelings to someone. Jay has contacted an online LGBTQ+ charity messenger service. Although the people he ‘talks’ to are very supportive, he still does not want his parents knowing that he might be gay. He only contacts the messenger service when alone in his bedroom and while his family are sleeping. Being able to contact the messenger service whenever he needs to has been very helpful and using the text-based messenger service ensures no one can overhear his conversations.

Reflective questions

- As a non-face-to-face service, how could the LGBTQ+ messenger service ensure they consider Jay’s intersecting identities?
- As a non-face-to-face service, how could the LGBTQ+ messenger service extend their support for young people like Jay and ensure that they are taking every precautionary measure to maintain the young person’s anonymity and confidentiality?
- Jay has been fortunate enough to find support from a legitimate organisation. To support safeguarding in the field of digital technologies, what measures and activities does your organisation take to promote its non-face-to-face services for children and young people from marginalised and minoritised backgrounds?
- If Jay was neurodiverse, how might a service like a text-messaging provision meet his needs?
2.3 Supplementary questions

This section addresses the four supplementary questions in turn. It is important to note that the information available relating to the last three questions is limited.

This section focuses on the following questions:

1. How do personal characteristics (e.g., age, gender, ethnicity, religion, special educational needs [SEN]) influence help-seeking behaviours, barriers, and enablers in non-face-to-face settings? For instance, do children and young people aged under 19 years and young people aged 19–24 years seek help in a similar or dissimilar manner?

2. How does the type of need, or issue a child or young person is facing, influence their help-seeking behaviours, barriers, and enablers in non-face-to-face settings?

3. How do children and young people’s previous experiences of seeking help and advice (both in face-to-face and non-face-to-face settings) influence their help-seeking in non-face-to-face settings?

4. How do wider structural and contextual factors (e.g., bias/discrimination, digital exclusion, rural/urban settings, socio-economic factors) influence if and how children and young people seek help and advice in non-face-to-face settings?

2.3.1 Key findings

- Data about service user characteristics from non-face-to-face services is inconsistent, and largely limited to age and gender.
- There are no large-scale studies that definitively show if help-seeking changes with age or whether gender influences trends.
- Some children and young people access non-face-to-face support because of the stigma associated with mental health and wellbeing.
- Socio-economic deprivation is rarely discussed in the literature reviewed, and there is an assumption that most children and young people have access to digital technology, which overlooks those who do not.
- A child or young person’s ethnicity, outside of those from white backgrounds, was the most under-researched demographic across this review.
2.3.2 Supplementary question 1: How do personal characteristics (e.g., age, gender, ethnicity, religion, special educational needs [SEN]) influence help-seeking behaviours, barriers, and enablers in non-face-to-face settings? For instance, do children and young people aged under 19 years and young people aged 19–24 years seek help in a similar or dissimilar manner?

Introduction

Following the introduction to supplementary question 1, this section is divided into four sub-sections:

1. Age and gender
2. Sexuality
3. Disability
4. Ethnicity

Little is known about the accessibility of non-face-to-face services for marginalised children and young people, and those in minority groups. This is due to a limitation on what data is captured when children and young people are accessing such services. For example, due to the confidential nature of how Childline services are set up, data sets relating to the children and young people who use various Childline services remains limited to a person’s gender, age, and the country the contact is being made from. This data tells us that in 2018–2019, 65 per cent of counselling sessions were provided to girls, 16 per cent to boys, and 1 per cent to children and young people who identify as transgender (in 18 per cent, the gender was unknown). In relation to age, children and young people aged 12–15 were the most common age group (44 per cent of all counselling sessions provided), followed by 16–18-year-olds (29 per cent) and then children aged 11 and under (8 per cent). In 19 per cent of counselling sessions, the age of the young person was not recorded. The counselling sessions were provided across all four UK nations in a broadly representative manner of the individual populations (NSPCC, 2019).

The absence of detailed demographic data in service provision is also mirrored in research relating to this area. The chief finding in relation to how personal characteristics may influence help-seeking behaviours in non-face-to-face settings is that, with the exception of gender and age, very little is known or reported on. Furthermore, only nine of the papers reviewed (out of a total of 32) recorded demographic characteristics in addition to age and gender. Two only recorded sexuality, and a further two studies were only able to cautiously consider demographics as they accessed secondary data via web-based private and community interactions (Facebook and Yahoo! Answers).

Notably, the absence of demographic data also extends to when researchers have undertaken primary research and directly interacted with research participants either face-to-face or virtually (questionnaires and surveys). For example, Best et al (2016a) held eight semi-structured focus groups with 56 males aged 14–15 years when conducting research on Conceptualizing the Online Help-Seeking Process Among Adolescent Males. The only data recorded related to the participants’ age and gender. This illustrates a potential missed opportunity to better understand the influence and interactions of other personal characteristics (such as a young person’s ethnicity, sexuality and socio-economic status) in relation to help-seeking in non-face-to-face settings.
Where diversity is explored in the literature, this tends to focus on singular and specific aspects of a child’s or young person’s identity (such as their age, or their gender, or their sexuality) rather than seeking to understand the interconnected and overlapping nature of a child and young person’s identities.

In terms of recorded demographic data, age and gender were the most commonly reported. The following sections explore what the research tells us about demographic data and help-seeking in non-face-to-face settings.

**Age and gender**

Across the literature, there are some indications that the age and gender of the child may influence how they seek help in non-face-to-face settings. According to the NSPCC (2019), most young people aged 12–18 years who accessed Childline services preferred the online chat function over telephone support. However, for children aged 11 years and under, there was a slight preference for telephone support.

Children and young people’s characteristics, such as their gender and age, may also influence how they engage with digital health services. For example, a review into the use of digital technologies across the global north showed that girls and older adolescents are more likely to search the internet to identify and access support, whereas younger children are more likely to confide in a trusted adult (Lupton, 2021). Similar findings in relation to age and text-based support (live chat, messaging, social media and internet-based searches) were obtained in studies exploring age and help-seeking in non-face-to-face settings (Young Minds, 2014; Haner & Pepler, 2016).

The majority of users of interactive non-face-to-face support, such as live chats, messaging services and telephone support, appear to be female (Lupton, 2021; Haner & Pepler, 2016; NSPCC, 2019). It appears that males use interactive platforms less, and so their help-seeking is less well-understood – this could explain why a number of studies that explored help-seeking in non-face-to-face settings, and focused on gender, mainly reported on males and the influence of masculinity (Best et al, 2016a; Best et al, 2014; Ellis et al, 2012). The findings from these studies provide insights into how males seek help in online spaces. This includes young males identifying a reliance on searching for support and information in non-face-to-face settings via Google and usually clicking on the first website (Best et al, 2016a):

> “Yeah, first one is usually the best for a reason, like 'cause everyone has actually used it or give it good reviews.”

Young male research participant; Best et al, 2016a, p.1,071

The above quote highlights the importance of reputable online support services being easily available and visible to young people help-seeking in non-face-to-face settings (see the small-scale case study in Appendix B).
The findings of a survey by Ellis et al (2012), which had 1,038 respondents (male and female aged 16–24 years) found that males were more drawn to action-based websites as opposed to information and talk-based sites. The authors suggest that the adoption of these formats for online support services could improve relevancy for young men and their engagement, but they caution that any developments in this area must be informed by young men and their views and uses of technology.

**Sexuality**

Haner and Pepler (2016) found that ‘non-heterosexual’ young people were overrepresented in accessing anonymous live chats and telephone services. This research suggests that ‘non-heterosexual’ young people may find live chats more appropriate than telephone support. This is due to LGBTQ+ young people who may have concerns disclosing information over the telephone about their sexuality where family members or peers may be in close proximity.

With the emergence of COVID-19, which led to the closure of potential support hubs for LGBTQ+ children and young people, the need for non-face-to-face support is of greater significance, where non-invasive and confidential support is accessible (Mental Health Innovations, 2021).

These sentiments are also reinforced by Fish et al (2020) whose research focused on LGBTQ Youths’ Experiences With COVID-19 and the Importance of Online Support. Fish et al (2020) report that many young people are relying on non-face-to-face support, with one young person sharing, “…text thing is a game changer for folks who don’t want to be overheard” (Fish et al, 2020, p.451). The report goes on to describe how the pandemic potentially temporarily shielded some LGBTQ youth from external harm, while acknowledging that some young people will still experience abuse and discrimination within home environments, especially if they live with homophobic or transphobic adults (Fish et al, 2020):

> “I mean [a]t least we don’t have to deal with transphobic and homophobic people in real life for a while. I mean unless anybody lives with bigoted people.”
> 
> Fish et al, 2020, p.452

The study also shared the importance of online accessible support spaces for LGBTQ+ young people, particularly where COVID-19 had limited in-person contact and peer support:

> “My queer youth center [sic] near me also has been great. They always do a check-in with your name, pronouns, highlight and lowlight of the day. They closed – they have been doing that on Instagram stories and reposting ones that the youth post. So that has really helped.”
>
> Fish et al, 2020, p.452

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8 ‘Action-based websites’ is the term used by Ellis et al (2012) to describe websites that their study found males are more attracted to. This includes websites that have video and music content and/or facilitate the playing of computer games.
The value the above young person attaches to their “queer youth center” adopting non-face-to-face technologies is clear. This quote indicates the dynamic nature in which young people and services can connect by viewing non-face-to-face and face-to-face support as a continuum.

**Non-face-to-face support for children with disabilities**

Some non-face-to-face services provide specialist support for children and young people who have accessibility needs linked with a disability. Mental Health Innovations (2021) provide a sign text service for D/deaf people, while Childline has specific content within their online services that has information and support targeted towards D/deaf children and young people. This includes Deaf Zone, a page developed to acknowledge the specific difficulties some D/deaf children and young people may encounter when accessing non-face-to-face support settings. While this is a much-needed service for D/deaf children and young people to be able to access non-face-to-face support, Childline’s last annual review did not refer to Deaf Zone, its reach or effectiveness (NSPCC, 2019).

Available data about the users of these services does not disaggregate intersectional identities. However, the take-up of these services underlines the importance of diversifying non-face-to-face support services where phone services may not always be a viable option for D/deaf children and young people. Further research is urgently needed regarding the accessibility of non-face-to-face support for disabled children and young people and those with specific learning needs.

**Ethnicity**

Ethnicity was the most under-researched demographic across this review. Though one research paper did directly attempt to address the potential ability of services to reach young people from minoritised backgrounds, the findings were still limited. In their research, Haner and Pepler (2016) asked all 462 participants to share details of their individual characteristics via a questionnaire. The researchers found that children and young people from ethnic minoritised backgrounds were more likely to use text-based support than verbal support (over the telephone). They did not offer an explanation for this but proposed, on the basis of this finding, that there was a need for cultural competence training among all live chat counsellors.

As shown in several reviews, there is a particular lack of representation from ethnic minoritised groups. In the Young Minds (2014) study, 87 per cent of the children and young people who took part described themselves as “White English/Scottish/Welsh/Northern Irish/UK” and “Any Other White” as the second highest ethnic group at 3 per cent. While this study shared the characteristics of the participants, there was a lack of acknowledgement of how this may impact findings, in terms of whose voices and experiences were amplified and whose were marginalised or indeed missing altogether.
The lack of reporting suggests an apparent lack of interest in relation to the experiences of children and young people from minoritised backgrounds accessing support in non-face-to-face settings. Further research is urgently needed. Without such research, organisations remain unable to confidently gauge the reach and effectiveness of their service among children and young people from minoritised backgrounds.

**Summary: personal characteristics and intersecting identities**

The literature demonstrates that there is currently a lack of interest in whether non-face-to-face help-seeking varies by users’ personal characteristics and intersecting identities. Most research on this topic (22 of the 32 reviewed) explicitly relates to the mental health and wellbeing of children and young people and pays little attention to characteristics like ethnic background, disability, or sexuality. Such studies often fail to consider structural and systemic influences and interactions that may affect children and young people’s mental and emotional wellbeing, such as the potential impact of discrimination, racism and social inequality.

This paper is not the first to highlight the obvious paucity of demographic data. Plaistow et al (2014) highlighted this issue in a literature review focusing on young people’s views on UK mental health services (not specifically non-face-to-face). They noted that most studies (18 of the 32 reviewed) did not provide information about the ethnicity of participants and two of the studies only had white British participants. They also questioned the underrepresentation of participants from minority ethnic backgrounds, and the fact that wider diversity was completely absent.

Furthermore, on the rare occasion where demographic data is reported and analysed, it lacks nuance and sophistication and no obvious attempts to consider intersectional experiences. For example, Fish et al’s (2020) study highlighted the importance of understanding LGBTQ youth experiences of accessing text-based support during the COVID-19 pandemic. However, there was no consideration of the extent to which other aspects of an LGBTQ young person’s identity compounded feelings of isolation – such as the influence of a young person’s ethnicity and/or disability. There was also no analysis of the 13–19 years age range of participants and whether findings differed depending on the age group. Furthermore, the findings framed LGBTQ+ young people as one homogenous group and did not go far enough to make distinctions between LGBTQ+ experiences of help-seeking.
2.3.3 Supplementary question 2: How does the type of need, or issue a child or young person is facing, influence their help-seeking behaviours, barriers, and enablers in non-face-to-face settings?

There is not enough literature to draw definitive conclusions on whether type of need has any clear bearing on help-seeking in non-face-to-face settings. However, some insight can be gleaned from studies that found that children and young people with a particular type of need tended to access non-face-to-face support.

Research by Van Meter et al. (2019) found that participants reported seeking help and/or information at the onset of their mental health symptoms (as opposed to early indicators or preventative measures), and that the majority (81 per cent) sought this help and/or information via the internet. Similar findings were reported by Best et al. (2016a) in relation to adolescent boys seeking support online via search engines like Google.

As previously discussed in Section 2.1, Haner and Pepler (2016) found that young people tended to use text-based services to discuss weighty problems like mental health and suicide. The authors suggested that the more ‘ambiguous’ nature of text-based services perhaps facilitates this level of disclosure (Haner & Pepler, 2016, p.142). The same study also explored the links between text-based services and LGBTQ+ young people (although Haner and Pepler [2016] primarily use the term ‘non-heterosexual’). As with Fish et al. (2020), this research highlights the potential importance of text-based services ensuring confidentiality by reducing opportunities to be overheard by others.

Webber and Moors (2015) found that many young people used online community-based networks (e.g., Facebook, Yahoo! Answers) to access information, advice and counselling in relation to sexual assaults. The research did not suggest that this was necessarily a preferred method, only that it is one avenue of many that are open to young people in a digital age.

2.3.4 Supplementary question 3: How do children and young people’s previous experiences of seeking help and advice (both in face-to-face and non-face-to-face settings) influence their help-seeking in non-face-to-face settings?

As highlighted in the introduction to this section, there is a limited amount of research available to answer the above question. Some studies made observations about young people’s previous experience of mental health but did not link previous experiences of mental health and help-seeking in non-face-to-face settings (Kaess et al., 2019; Collin et al., 2011; Radez et al., 2021). For example, Kaess et al. (2019) highlights that young people’s beliefs that they do not need care services support or a preferring to deal with the problems themselves are key barriers to accessing support. However, they did not explore how previous experiences of support may influence help-seeking in non-face-to-face settings. This reinforces the findings from Van Meter et al. (2019) in relation to participants only seeking support for mental health when experiencing mental health difficulties and not as a preventative measure.
2.3.5 Supplementary question 4: How do wider structural and contextual factors (eg bias/discrimination, digital exclusion, rural/urban settings, socio-economic factors) influence if and how children and young people seek help and advice in non-face-to-face settings?

This review found little research about the influence of wider structural factors and help-seeking in non-face-to-face settings (Radez et al, 2021; Maloney et al, 2020). However, this may be due to this review focusing on reasons for seeking help using non-face-to-face methods. Examples of studies citing wider structural and contextual factors include Maloney et al (2020), which highlights societal barriers and stigma as greater obstacles to accessing non-face-to-face support than practical barriers like digital exclusion. And, although Maloney et al’s (2020) research was conducted in Jamaica, this finding may be transferrable to the UK context and relates to or extends the notion of digital exclusion. The study explicitly highlights that, while smart phone ownership is high among the youth population, the costs of maintaining a mobile data allowance means that access to online support may be out of some young people’s reach. Therefore, digital exclusion is not as simple as who has access to smart devices or the internet, but also who can afford to conduct their lives online when they need to.

Radez et al (2021) also lightly touches on this point and the potential digital divide/digital exclusion as a contextual factor. The authors suggest that financial barriers should be removed to support help-seeking when using digital tools. They also report that encouragement and positive attitudes from young people’s support networks are frequently reported as facilitators to accessing support. This obviously depends on the child or young person’s individual context, and if and to what extent their support network is aware of the concern.

Reflective questions

- How can organisations who provide non-face-to-face support evaluate the reach and effectiveness of their services for children and young people from marginalised and minoritised backgrounds?
- What learning and development have your services provided to its workforce in relation to cultural competence? And how is its effectiveness measured?
2.4 Research question 3: Where are there gaps and inconsistencies in the evidence?

There are significant gaps in the knowledge base when considering help-seeking and non-face-to-face settings from an intersectional perspective. This is a gap that requires future research to better understand how a child’s or young person’s intersecting identities (outside of gender and age) influence non-face-to-face help-seeking.

From our analysis, the gaps in the literature become increasingly pronounced when attempting to apply an intersectional perspective to the research findings and the review more broadly. This is due to the limitations of the studies reviewed, which tend to focus almost exclusively on gender and age, and far less on sexuality and disability (with some notable exceptions, eg Fish et al, 2020; Mental Health Innovations9 (2021)). The most under-researched topic was on the experiences of children and young people from minoritised and marginalised backgrounds, with none of the reviews explicitly drawing attention to the needs of these groups. Unfortunately, the only study in this area we identified (Time to change, 2012) was excluded from the present review, as it focused more broadly on help-seeking rather than non-face-to-face help-seeking. The lack of research exploring non-face-to-face help-seeking for minoritised and marginalised children and young people is profound.

When characteristics, such as LGBTQ+, featured in the research reviewed, these were explored in isolation and not as intersecting experiences. This lack of analysis is further shown in James’ (2020) rapid review exploring non-face-to-face help-seeking behaviours across 50 studies and over nine countries, where the personal characteristics of children and young people rarely featured. This is similar to Dogaru et al's (2017) evaluation of the European regionally-harmonised child helpline number 116 11 across five countries, where age and gender were the only characteristics referenced.

The overall observations of text reviewed suggests that, outside of the basic demographic data of age and gender, there is little known about the children and young people accessing services, such as ethnicity, sexuality, disability, or faith. In addition, the lack of discussion surrounding ethnicity and the unquestioning culture that appears to lose sight of ethnicity leaves a presumption that the ‘norm’ and understandings of non-face-to-face help-seeking is centred within the experiences of children and young people from white ethnic backgrounds.

2.4.1 Inconsistencies in non-face-to-face preferences for children, young people, parents/carers and practitioners

The literature suggests that there are contrasting opinions whether children and young people prefer non-face-to-face over traditional face-to-face approaches (Webber & Moors, 2015; James, 2020; Ranney et al, 2013). James (2020) found that young people stated a preference for text-based interventions over telephone conversations because of worries of being overheard by family members. Though this is a helpful point to draw out from the

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9 Mental Health Innovations is a charity that uses digital innovation, data-driven analysis and the experience of clinical experts to improve the mental health of the UK population through the provision of digital tools, support and resources (Mental Health Innovations, 2021).
review of evidence, it could be argued that the findings do not delve into sufficient detail. This is possibly due to the broad aims of the research. This leaves questions like the following:

- Do all young people prefer text-based interventions over telephone calls?
- How inclusive is this finding?
- Does this finding relate to all mental health interventions?
- And what is meant by ‘text-based’ interventions?

Therefore, when considering the available text as a body of research, the non-face-to-face versus face-to-face debate is possibly an unhelpful framing of help-seeking behaviours. It is perhaps more useful to consider the help-seeking of children and young people as a continuum that includes both non-face-to-face and face-to-face settings and where individuals move around with deftness and fluidity. This may include speaking to friends, siblings, family members and other helping professionals (Haner & Pepler, 2016; Rickwood et al, 2015).
3. Discussion

3.1 Conclusion: A call to action

This review should be considered as a call to action. The lack of research and literature focused on the experiences of minoritised and marginalised children and young people – in particular ethnicity and disability – requires urgent attention. With such limited data (outside of age and gender) and an overwhelming lack of exploration highlighting intersectional experiences, the literature reviewed appears to consider children and young people as a homogenous group. This logic is not only unhelpful when trying to understand different experiences, it further marginalises already lesser heard voices and experiences.

This presents an opportunity for individuals, services, and organisations to reflect and review their provisions on the basis of the findings from this review. For instance, more research is needed to identify the extent to which children and young people’s needs and experiences from minoritised and marginalised children are considered throughout their services. Additionally, to ensure non-face-to-face services are inclusive, culturally competent, and accessible to all children and young people.

The findings of this review illustrate the importance of non-face-to-face services, where children and young people can access support as and when they need, on their terms and in the spaces they feel most safe.

This can be conceptualised in terms of three As: availability, accessibility and autonomy.

3.1.1 Availability

Why a child or young person may contact a non-face-to-face service can be linked to how reachable and readily available these services are – this includes the speed to which a service can be found online, which can influence the support routes taken. Therefore, key words and search terms explored online may direct children and young people to a specific service or website. This suggests that if immediate support is going to be provided non-face-to-face, they must ensure they have an online presence. As such, having an understanding of the search terms a child or young person might use to access help-seeking services may potentially increase service take up. In addition, due to the availability of unregulated and informal non-face-to-face support and information available online, it is incumbent on trusted and reputable organisations to be highly visible and accessible for children and young people seeking non-face-to-face support.

The factors influencing help-seeking are dependent on the extent to which children and young people perceive these services to be accessible to their needs.

3.1.2 Accessibility

The review identified that help-seeking can be influenced by one or more of the following features: the flexibility of service provision where children and young people are able to access them as and when they need, as such a non-face-to-face service provides more flexibility to access support. For children and young people who may require immediate support, non-face-to-face services provide more accessibility when compared with face-
to-face services where advice and support may be delayed due to extensive waiting lists. The anonymity that non-face-to-face services provide is also one of the motivating factors as to how and why a child or young person may seek help online. However, for children and young people with no access to digital technology or where they do not have access to their own personal devices, these services may feel out of reach and, therefore, inaccessible. This highlights the importance of face-to-face provision. Furthermore, it is in recognition that children and young people use non-face-to-face and face-to-face settings with fluidity, such as communicating with family members, friends, online communities and non-face-to-face services.

3.1.3 Autonomy

The choice and control that non-face-to-face services offer provides children and young people with autonomy to decide how, when, and why they access support. The technological aspect of some non-face-to-face services allows for a more interactive experience, which may feel less intrusive and give children and young people more autonomy to engage, disengage and re-engage when desired. Furthermore, when non-face-to-face support is accessed, children and young people have control over what and how much information they share – this element of control is an important consideration into what might motivate children and young people to use this form of service provision. Depending on the factors that might lead a child or young person to seek non-face-to-face support, a sense of control may act as a process of re-empowerment when control has not been afforded elsewhere.

3.2 Recommendations for future research and practice considerations

The following practice considerations have been identified based on the literature reviewed and the reviewing authors’ observations.

3.2.1 Minoritised and marginalised children and young people

1. Research focused on the experiences of non-face-to-face help-seeking for minoritised and marginalised children and young people.

Further research is required to understand the needs and experiences of minoritised and marginalised children and young people. A focus on the demographic of non-face-to-face employees and volunteers should also be considered to understand how cultural competence is enacted within these services.

2. Review and reconsider the framing of minoritised and marginalised children and young people when reporting data.

Non-face-to-face services should consider replacing any homogenous language, such as BAME/BME/LGBTQ, to ensure they do not unintentionally conflate experiences of diverse children and young people when reporting experiences.

3. Increase and improve the accessibility of non-face-to-face services.

Work with specialist organisations who focus on minoritised and marginalised children and young people – to identify potential ways to improve reachability. The might including revisiting text-messaging apps to ensure they do not exclude neurodiverse children and young people.
4. **Provide all team members with high quality and up-to-date learning and development in relation to cultural competence.**

   Ensure that all team members access frequent high-quality training relating to cultural competence, including other aspects of Equality, Diversity and Inclusion (EDI), such as disability. The learning outcomes of this training should be strengthened by embedding relevant learning in formal processes thus increasing accountability. This may include supervision policies and quality assurance processes.

### 3.2.2 Online presence

1. **Ensure that services are easily identifiable via online search engines.**
   
   It may be beneficial for non-face-to-face services to explore methods to improve their standings in internet searches for key terms with which they wish to be synonymous with. It may worth considering investing in advertisements to ensure the relevant non-face-to-face services are one of the first results when certain key terms are searched. These services may also want to consider exploring how advertising may improve reach in relation to specific issues minoritised and marginalised children and young people may be at an increased risk of experiencing, such as racism, ableism, and homophobia.

2. **Research exploring the online presence of non-face-to-face services.**
   
   Undertake primary research with children and young people exploring what search terms they employ for seeking help online and the routes they take to access non-face-to-face support. This may help how best to improve service reach in lieu of demographic data.

3. **Research exploring what is considered as a trusted and quality source of information in the digital age.**
   
   Undertake primary research with children and young people exploring what is deemed to be ‘trusted’ and ‘quality’ sources of information when seeking help in non-face-to-face settings in the digital age.

### 3.2.3 Online safety, safeguarding and governance

1. **Robust mechanisms to respond to safeguarding concerns if, or when, they arise.**
   
   Explore the robustness of non-face-to-face services and consider whether if and to what extent professionals are confident with the current safeguarding reporting structures. This might include undertaking a service evaluation focused on professional perspectives of safeguarding concerns and staff responsiveness. This may provide non-face-to-face services with an understanding of the gaps, promising practice, and challenges, including staff confidence to hold and manage risk accordingly.

2. **Review the quality of data collected in non-face-to-face services.**
   
   To sensitively address any aspects that may need improving or clarity (not homogenising experiences) to better understand who is accessing support services and who is missing, while acknowledging the limitations to collecting data due to the anonymity of these service provisions.
Bibliography


Available online at: https://www.jmir.org/2021/1/e18286/ (Accessed 28 May 2021)


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Appendices

Appendix A: Methodology

The aim of a literature review is to review and synthesise the available literature, drawing out themes and identifying gaps in knowledge (Paré & Kitsiou, 2017). This review included both prominent grey literature and relevant academic journal articles that met the agreed inclusion criteria. The review was conducted in two parts: the search for grey literature was completed by the NSPCC’s Knowledge and Information Service; this was followed by an iterative search on the relevant databases.

To ensure the best possible chance of the applicable literature being identified and included in the review, the selection criteria was agreed (as set out below). The criteria were designed to be broad enough to capture all appropriate contemporary literature, but also included a definitive cut-off date of 2009. The agreed parameter of the year 2009 was to help manage the volume of text identified and to ensure that the scale and scope of the literature was in-keeping with the remit and timeframe allotted. The agreed date (2009) aligns with the NSPCC’s launch of Childline online. This was a watershed moment for children and young people to be able to seek help in non-face-to-face settings in the UK.

Selection criteria

Inclusion criteria

- Literature that relates to help-seeking behaviours in non-face-to-face settings.
- Literature that considers the needs of children and young people.
- Research where sample populations are under the age of 19 years old.
- Research that specifies other demographic information about the sample population (e.g., age, ethnicity, gender, disability, sexuality, faith, class, and sex).
- Literature written in English.
- Literature and research published in recognised academic journals.
- Grey literature published by established and reputable organisations.
- Literature published by smaller organisations.
- Only literature dating back to 2009 will be included in this review.

Exclusion criteria

- Literature that relates specifically to help-seeking behaviours of adults or in person.
- Literature published before 2009.
The following databases were searched in May 2021:

- Scopus
- EBSCO
- JSTOR
- EBSCO PsycARTICLES
- Google Scholar
- SCIE
- ScienceDirect
- Social Care Online

**Search terms**

The following search terms were used using a Boolean search:

- Help seeking • non-face-to-face support • children and young people help seeking/support • online/telephone support for children and young people • barriers to support • child abuse/harm and interventions and children and young people disclosures • Helplines/online support for Black/Asian / BME /BAME/ children and young people/ disabled / LGBTQ+/deaf • intersectionality and children and young people

**Grey literature**

The above inclusion and exclusion criteria were also provided to the NSPCC’s Knowledge and Information Service, who searched their databases for grey literature. In total, 33 documents were identified. The document titles and abstracts were then reviewed for relevance – this resulted in a total of 17 documents read in full, with a total of 11 documents included in the final literature review.

**Database search**

The same process was undertaken for each database. The first database searched was Scopus, which returned 175 articles. This number was reduced further when limiting the criteria to only academic and peer-reviewed text and only text that was written in English. This resulted in 133 documents. The titles and abstracts were then reviewed for relevance – this resulted in a total of 18 documents, which were read in more detail including methods, sample population and conclusion. After thoroughly reading all 18 documents, a further five were excluded due to falling outside of the inclusion criteria. Using a research snowballing tool within Scopus, all other research papers on the database that had cited any of the final 13 papers were also reviewed. This new search initially returned 59 papers, which after the initial scan of titles and abstracts was reduced to five articles, all of which were included in the final review.
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The searches on the other databases followed the same sequence with only Social Care Online returning a single unique paper. Searching Google Scholar required a slightly modified approach as the search function of Google appears less sophisticated than other formal academic databases and the return rates are significantly higher. Google Scholar initially returned 16,500 documents. Reading the brief synopsis provided by Google on each return identified that most of the text were irrelevant and therefore a decision was made to lightly review the first 10 pages. This equated to 100 identified texts, including books, book chapters and articles; of these, a further two articles were included in the final review.

Papers included

The total number of papers identified (n=32) via both search strategies totalled 11 research papers and reports from the NSPCC’s search and 21 journal articles from the database searches.
Appendix B: Childline’s availability – a small-scale case study

Considering the findings of the review, a small-scale case study was conducted using Childline as an example to better understand the extent of the availability of a non-face-to-face service. Childline is a reputable and recognised national service.

This case study is not intended to be an extensive or scientific review of Childline’s availability. The case study is designed more to provide a point of reflection as well as potentially highlighting areas for further research.

The case study followed the process outlined below:

1. Identifying and recording terminology from Childline’s website, and variations of some of these terms, which relates to its online services.
2. Using the identified terminology to search the internet via the Google search engine to explore Childline’s availability, noting that Google accounts for over 80 per cent of internet searches in the UK (Statista, 2021).
3. Recording the findings from the search to indicate the apparent availability of Childline’s website and online services.

Reflective case study: The online reach of Childline services

The table below illustrates the reach, presence, and availability of Childline online based on the search terms used. Childline uses various terminology across its web pages, which were used as the starting point for the Google search – these words are those that Childline may expect children and young people to adopt when seeking help online. The search was conducted using the Google search engine as it is one of the most popular search engines in the UK and, therefore, most likely the tool used by children and young people to conduct their own searches.

Where Childline availability was not visible, variations of these terms were used to enhance the search and locate Childline’s online presence. Although this involved some guestimates regarding what a child or young person may use as search terms, it is a recommendation of the review that children and young people themselves are directly asked about the types of phrases they would employ when seeking help online, to better assess Childline’s reach.

Five key terms were used from Childline’s home page and five key terms from its pages reflecting issues impacting minoritised and marginalised children and young people. Once the terms were entered into Google, the following was noted:

1. The Google page upon which Childline appeared. It is unlikely that individuals would search through too many pages so only the first five pages were examined.
2. If Childline did appear on a Google page, its position was noted.
3. Where the NSPCC website appeared before the Childline website in the search findings, this was noted, again including the page and the position.
### Table 1: Google search for Childline

<table>
<thead>
<tr>
<th>Terms on Childline’s frontpage that relate to reasons why a child or young person may seek help</th>
<th>Terms rephrased to suit a Google search</th>
<th>On what page does Childline appear on Google search?</th>
<th>Where does Childline appear in the list on this Google page?</th>
<th>Which Childline page does this link direct users to?</th>
<th>Does the NSPCC page appear earlier and if yes, where?</th>
<th>Which NSPCC page does this link direct users to?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexual abuse</strong></td>
<td>I want help about sexual abuse</td>
<td>1</td>
<td>4th</td>
<td>‘Sexual abuse’</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Peer pressure</strong></td>
<td>I feel worried about peer pressure</td>
<td>1</td>
<td>6th</td>
<td>‘Peer pressure’</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td>My mum/dad drink too much</td>
<td>1</td>
<td>7th</td>
<td>‘Parents and alcohol’</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Online bullying</strong></td>
<td>I am worried about online bullying</td>
<td>1</td>
<td>8th</td>
<td>‘Bullying and cyberbullying’</td>
<td>Yes</td>
<td>1st page 3rd in list</td>
</tr>
<tr>
<td><strong>Worried/depressed</strong></td>
<td>I need help for my feelings</td>
<td>3</td>
<td>9th</td>
<td>‘Your feelings’</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Worried/depressed</strong></td>
<td>I feel depressed</td>
<td>4</td>
<td>10th</td>
<td>‘Depression and feeling sad’</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Terms rephrased to suit a Google search</th>
<th>On what page does Childline appear on Google search?</th>
<th>Where does Childline appear in the list on this Google page?</th>
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<th>Does the NSPCC page appear earlier and if yes, where?</th>
<th>Which NSPCC page does this link direct users to?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Types of bullying</strong></td>
<td>Bullied because of my faith</td>
<td>1</td>
<td>2nd</td>
<td>‘Faith and religious bullying’</td>
<td>No</td>
</tr>
<tr>
<td><strong>Types of bullying</strong></td>
<td>Bullied because of my sexuality</td>
<td>1</td>
<td>4th</td>
<td>‘Homophobic and transphobic bullying’</td>
<td>No</td>
</tr>
<tr>
<td><strong>Types of bullying</strong></td>
<td>Bullied because of my race</td>
<td>3</td>
<td>6th</td>
<td>‘Faith and religious bullying’</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Types of bullying</strong></td>
<td>Bullied because of a disability</td>
<td>Not available</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
</tr>
</tbody>
</table>
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Analysis of case study

The search demonstrated that Childline appeared on the first page for some issues but appeared in much later pages or not at all for other issues. This was particularly the case for mental health support and for children and young people who may be experiencing racial bullying. Information on disability was also less visible online for Childline’s services. Therefore, when children and young people are seeking online support in these areas, it is unlikely that a standard internet search will always connect them to Childline’s services.

Reflective questions

Considering the above case study, below are three reflective questions that relate to online presence for support services in non-face-to-face settings:

1. How does your service monitor its online presence?

2. To what extent is your service accessible to all children and how does it monitor its reach to children and young people from marginalised and minoritised backgrounds?

3. How can your service improve its reach across different technological platforms?
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