

Exploring the Impact of Social Media on Care-Experienced
Young People's Self-View and Mental Wellbeing: Implications for
Social Media Design and Policy

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Abstract

Social media platforms are becoming almost unavoidable for many young people today due to their prominence in daily life. With usage statistics rising annually, along with increased use following the Covid-19 pandemic, it is critical to explore how regular social media use affects the mental wellbeing of young people. While previous research has conveyed mixed findings and largely focused on the general population, this research looks at diverse lived experiences to explore how care experience may affect the impact of social media on wellbeing and self-view. Care-experienced young people are more susceptible to developing mental health issues and it is therefore imperative to research factors that may influence their mental wellbeing, such as social media use. This multidisciplinary research explores the antecedents to more severe, diagnosable mental health issues, looking at the impact of social media on aspects of self-view such as self-esteem, self-worth, and identity, and how this is influenced by lived experience of the care system.

A qualitative approach was adopted across three studies to explore the relationships between social media use, mental wellbeing, and care experience, to examine implications for social media design and policy. The first study, a think-aloud protocol session with young people from the general population and young people who are care-experienced, conveyed the differing emotional effects of social media and outlined specific social media design features that were beneficial or harmful to mental wellbeing. Participants described design features of social media that acted as protectors against developing wellbeing-related issues or low mood, as well as providing suggestions on how to improve social media. Differences transpired between the two groups, showing that lived experiences of care can result in differing online needs, illustrating that these needs should be accounted for in social media design and policy.

A second study with similar participants consisted of semi-structured interviews exploring the broader impact of social media on young people's self-view and wellbeing. Similar themes were developed via reflexive thematic analysis, outlining

the ways social media can have both positive and negative effects on wellbeing. New themes were additionally found, with the young people emphasising the importance of age and emotional maturity. Other themes on the impact of the Covid-19 pandemic and care experience specifically were presented, again highlighting that care-experienced young people are affected by social media platforms in different ways compared to the general population. Therefore, by extension, much of the existing academic literature across these topics may not be applicable to the care-experienced population.

The third study consisted of semi-structured interviews with social care professionals. This was to gain an additional viewpoint on how social media impacts upon the self-view and wellbeing of care-experienced young people. Multiple new themes emerged from this study, including a theme surrounding social media supervision and guidance, suggestions for existing policies, and how social media could be improved. Likewise, further information was gained regarding the impact of social media on care-experienced young people's wellbeing, as well as the impact of the Covid-19 pandemic on both young people's wellbeing and social media use.

The findings presented in this research demonstrate the numerous effects social media can have on the wellbeing and self-view of young people, whilst conveying the unique needs of care-experienced young people. These findings have important implications for the design of social media and future policies surrounding digital mental health. The practicable recommendations produced from this research include the need for more digital literacy training and mental health education, implementing new social media design features, and providing more support for young people who are more susceptible to developing mental health issues.

Therefore, it is concluded that this research uniquely contributes rich, multidisciplinary data about how social media can affect young people and, more specifically, care-experienced young people. This information can be utilised by young people, caregivers, social work teams, educators, the technology sector, and policymakers to inform practice and encourage collaborative working to improve the psychological impact of social media.

Abbreviations

AADC – Age Appropriate Design Code

ACE – Adverse childhood experience

AREA – Anticipate, Reflect, Engage, Act

ASN – Additional support needs

CAMHS – Children and Adolescent Mental Health Services

CE – Care-experienced

CEYP – Care-experienced young people

Covid-19 – Coronavirus disease 2019

CYP – Children and young people

DSM – Diagnostic and Statistical Manual

EDI – Equality, Diversity and Inclusion

EPSRC – Engineering and Physical Sciences Research Council

EU – European Union

FoMO – Fear of missing out

GDPR – General Data Protection Regulation

HCI – Human computer interaction

ICO – Information Commissioner's Office

ICT – Information and communication technology

ITU – International Telecommunications Union

NHS – National Health Service

OECD – The Organisation for Economic Cooperation and Development

ORBIT – The Observatory for Responsible Research and Innovation in ICT

QR – Quick response

RQ – Research question

RRI – Responsible research and innovation

RTA – Reflexive thematic analysis

S1 – Study 1, when used to show which study a participant quote is from

S2 – Study 2, when used to show which study a participant quote is from

S3 – Study 3, when used to show which study a participant quote is from

SCP – Social care professional

SDQ – Strengths and difficulties questionnaire

TAP – Think-aloud protocol

UK – United Kingdom

UKCCIS – UK Council for Child Internet Safety

UKSIC – UK Safer Internet Centre

UNCRC – United Nations Convention on the Rights of the Child

YP – Young people

Please note, the abbreviations used to refer to groups of young people, such as CE and CEYP, are in no way intended to disrespect or diminish the views of these groups but are simply to aid readability due to the frequency in which these terms are used throughout this thesis.

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Chapter 1. Introduction

1.1: Research Overview and Scope

The increasing annual usage of social media platforms among young people (YP) and the impact this could have on their mental health and wellbeing is resulting in growing concerns worldwide (5Rights Foundation, 2023; The U.S. Surgeon General's Advisory, 2023). Recent research has shown that 91-97% of 12–17-year-olds use social media in the UK (Ofcom, 2022) and the use of social media is growing rapidly each year (Datareportal, 2022). With this growing use of social media among YP—exacerbated even more so due to the Covid-19 pandemic (Hamilton et al., 2022)—it is crucial to explore how YP's mental wellbeing is affected by this increased digital exposure.

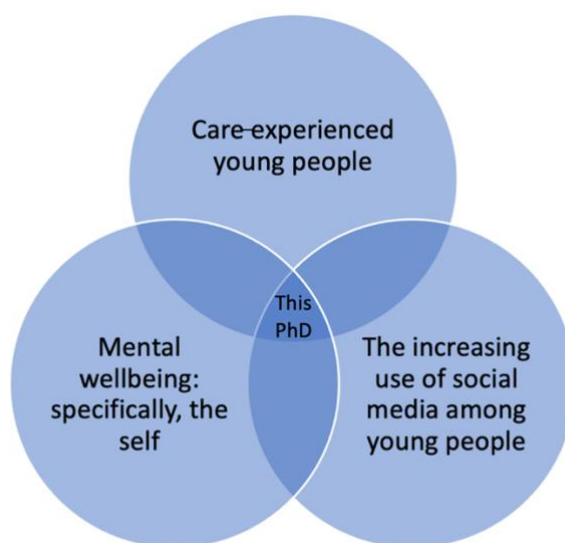
When exploring the impact of social media on mental wellbeing, mixed results have been found so far and research has generally been conducted with the general population (Best, Manktelow & Taylor, 2014; Valkenburg, Peter & Schouten, 2006). This study focuses on contributing to a gap in the existing knowledge by exploring the impact of social media on an underrepresented population who are known to be more susceptible to mental health issues: care-experienced young people (CEYP) (York & Jones, 2017). Care-experienced (CE), also referred to as 'looked-after' in the literature, describes people who have been in the care of their local authority for more than 24 hours at some point throughout their childhood (NSPCC, 2023). CEYP and care leavers are thought to be more susceptible to developing mental health

issues due to the severe adversity, trauma, and other deprivation they may have experienced (Wade et al., 1998; York & Jones, 2017). So, considering that social media use is increasing annually among YP, there is a need to explore how this affects the mental wellbeing of a population who are notably characterised as more vulnerable.

The research presented in this thesis explores the relationships between three key aspects: wellbeing and self-view (aspects like self-esteem, self-worth, and identity), CEYP, and regular social media use (see Figure 1 below). As a qualitative, exploratory research project, the scope of the research was largely directed by participant voices and lived experiences, however the scope aimed to remain within these three, key research topics.

Figure 1

A Venn Diagram Outlining the Three Key Pillars of this Research Project.



1.2: Research Gaps

It is vital to research the impact social media is having on YP's mental wellbeing and self-view, with even more urgency to research an underrepresented and vulnerable group such as CEYP. This novel topic is therefore both important and relevant to research. The justification for this research project is the urgent need for more research involving CEYP due to their vulnerability (Department of Health, 2016), especially with the growing concern around the impact increased social media use is having on YP's mental wellbeing. This has been exaggerated further by the Covid-19 pandemic, as both mental health has suffered and social media use has increased (Creswell et al., 2021; Hamilton et al., 2022). Furthermore, adolescence is a key period for psychological and social change and heightens vulnerability to mental illness (Dahl et al., 2018; Paus, Keshavan & Giedd, 2008), which is the rationale for studying YP aged 13-25 years.

There are multiple gaps in the research surrounding these three, key areas. Some of the most relevant gaps consist of the following:

- Recent systematic reviews (Keles, McCrae & Grealish, 2020; Vesal & Rahimi, 2021) highlight the need for more qualitative studies on social media and mental wellbeing. It is also important for research to focus on the '*What can be done?*' and not just '*What are the problems?*', as highlighted by Petticrew et al. (2008). So, this research will therefore use qualitative methodology and explore relating aspects such as self-view, creating rich data that can inform policy on how to improve the emotional impact of social media on YP.

- Most existing research in this area examines diagnosable mental health issues such as anxiety and depression (Keles, McCrae & Grealish, 2020; Vesal & Rahimi, 2021) and fails to look at alternative facets of mental wellness that may be affected by social media use. Consequently, this research is focusing on general wellbeing and aspects of self-view, which are known to be problematic for CEYP and have important life satisfaction and health outcomes (Arsandaux, Galéra & Salamon, 2020; NICE Guidelines, 2021).
- Likewise, most of the research on social media and mental wellbeing is gathered from the general population and neglects CEYP. This is likely because they are a hard-to-reach population and struggle to trust outsiders enough to partake in research (McLeod, 2007). It is hoped that by including CEYP in these studies, they feel empowered to make change and contribute to research. Gathering data from an underrepresented population will also be beneficial to the literature in developing our knowledge of CEYP's lived experiences and can potentially be used to inform policymaking and design interventions (Vallejos et al., 2019).

Despite these gaps in the existing literature, it is important to note that this research follows the notion that qualitative research should not aim to fill a gap as such, but rather contribute to the *“rich tapestry of understanding that we and others are collectively working on, in different places, spaces and times”* (Braun & Clarke, 2022, p.120). Hence, this research aims to contribute to the current understanding of CEYP's mental wellbeing and social media use— which is arguably limited, as seen from the literature gaps— rather than aiming to fill a specific gap in the literature.

1.3: Research Objectives

This research has multiple objectives, but broadly aims to make a positive societal impact for vulnerable YP and encourage safe and emotionally positive social media use. More specific aims include: to give CEYP a voice in research to empower and promote agency; to explore the impact of social media design features on mental wellbeing; to gather rich, descriptive accounts of lived experiences from YP, CEYP, and social care professionals; and to start to understand the impact of the Covid-19 pandemic on the mental wellbeing and social media use of YP. Also, by exploring two groups of YP (CE and non-CE), there is a further aim of investigating whether there are any differences in experiences of using social media and the subsequent effects on mental wellbeing between YP who have and have not experienced the care system. Likewise, gaining SCPs' viewpoints adds another level of insight into how social media is impacting the mental wellbeing and self-view of CEYP. These objectives resulted in the selection of qualitative methods that allowed for rich data collection and questions that ask '*why?*', rather than quantitative methods that allow for limited interpretation and lack the ability to gain detailed accounts of lived experience.

1.4: Contributions

The findings from this research can be made into useful resources, such as posters, brochures, and social media guides. These resources will ideally be utilised by

everybody (YP, caregivers, educators, policymakers, social media companies etc.) to achieve the broad aim of encouraging safer and more positive social media use among YP by raising awareness, informing policy, showing examples of lived experiences, and empowering YP to reflect and consider the impact social media is having on their wellbeing.

This research project also has positive societal contributions that benefit multiple stakeholders, including empowering YP by giving them the opportunity to contribute to research and share their voice, and raising awareness of an important topic among YP and social care professionals. Other contributions include educational contributions such as the development of resources that could be used to inform training and policy, raise awareness and understanding, and potentially contribute to changes in educational curricula surrounding mental health and social media use.

The research additionally contributes to academia, by exploring the intersection between three novel research areas, ultimately contributing to existing research and adding to the *“rich tapestry of understanding that we and others are collectively working on, in different places, spaces and times”* (Braun & Clarke, 2022, p.120) as highlighted earlier. Moreover, there are implications for policymakers and social media companies more broadly, as this research can be used as evidence towards the promotion of positive, necessary change in both policy and social media design.

1.5: Chapter Summaries

Chapter 1 has introduced the research area, giving a broad overview of the three, key pillars that underlie this thesis. Current gaps in the existing literature are highlighted, examining how this research contributes to this gap and why this research project is important, and contributions of the project are introduced.

Chapter 2 consists of a rapid, scoping review that was completed to identify the current strategies that are commonly used to protect vulnerable people online. The findings were used to form some of the interview questions and to ensure an appropriate scope was being considered for the research.

A more comprehensive literature review is presented in **Chapter 3**, drawing on and critiquing literature from all three of the key research areas: wellbeing and self-view, CEYP, and social media use. This allowed for justification of the research project, identification of research gaps, and development of appropriate research questions.

This research took a responsible, ethical, and anticipatory approach, which is explained in **Chapter 4**. Following this, **Chapter 5** discusses the methodological approach taken throughout the research. This includes the researcher's epistemological stance, methods used, the participants, and the analysis technique utilised for all three studies.

Chapter 6 presents the findings of the research. It briefly explains the three studies conducted and illustrates the separate analyses of these studies. Then, a cross-case analysis is presented, in which findings are conveyed in a combined approach so that the reader can see where results overlap between studies and participant groups.

The studies were followed up with an adapted version of member-checking that focused more on member-reflection, which is detailed in **Chapter 7**. This chapter also includes details regarding an enrichment activity that was organised with CEYP to broaden horizons, demystify myths about higher education, and inspire the YP.

Chapter 8 consists of the general discussion, which explores the findings from all three studies and the cross-case analysis presented in Chapter 6 and relates the findings to existing literature. The study findings are also reviewed in light of the research questions and the implications of these findings are discussed. Limitations, strengths, and future applicability of the research are then highlighted. This is followed by **Chapter 9**, which presents the impacts and contributions of the research project, showcasing examples of outputs that can be created from the findings.

Chapter 10 concludes the thesis, summarising what has been learned from the research and the take-away messages. **Chapters 11** and **12** include the bibliography and appendices respectively.

Chapter 2. A Rapid, Scoping Review: Current Strategies that Aim to Protect Vulnerable Children and Young People Online

2.1: Introduction

The digital world is growing rapidly, and today's children and young people (CYP) spend a considerable amount of time online in all facets of life. Children have been shown to be increasingly connected online, with half of ten-year-olds now owning a smartphone and, for CYP aged between five and fifteen years old, smartphone ownership has increased 10%, from 35% in 2015 to 45% in 2019 (Ofcom, 2020). Young people of today have also been found to browse social media sites for around three hours each day, which is an hour longer than browsing times found for the average millennial (World Economic Forum, 2019). With the Covid-19 pandemic, subsequent time spent indoors at home due to lockdown restrictions, and an increase in digital learning, online screen-time and technology usage has also increased even more so (Wiederhold, 2020). This highlights the ever-growing importance and need for online harm prevention strategies to keep CYP safe when online.

While the digital world offers bountiful benefits and opportunities, such as being a tool for education and creativity, offering emotional support, building communities, developing self-expression, and maintaining friendships (OECD, 2011; Royal Society

for Public Health and Youth Health Movement, 2017), there are also significant risks to being online. Children are being exposed to more harmful and risky content online and parents are more concerned about the risks online compared to previous years (Ofcom, 2020). The Organisation for Economic Cooperation and Development (OECD) grouped online risks for CYP into three primary categories: risks for CYP as internet users, risks for CYP as online consumers, and privacy and security risks (OECD, 2011). The first category includes both content and contact risks, such as harmful content, cyberbullying, and cybergrooming. As consumers, CYP are open to risky and unethical online marketing and fraudulent transactions. Lastly, information privacy and security are significant risks online and can include anything from personal data being collected from children to commercial spyware (OECD, 2011). Despite the present generation of children being considered digital natives (UNICEF, 2017), it does not mean that CYP can navigate the online world without education, guidance and support (Teimouri et al., 2018). Therefore, with statistics and accounts of CYP's online activity growing annually, it is becoming more important to develop policies and prevention strategies that help to protect CYP from these risks and online harms, whilst maintaining the opportunities and advantages that the digital world offers.

Children are considered more vulnerable than adults online due to multiple, complex factors. Livingstone and Palmer (2012) highlight that risks online occur at different stages of a child's development and so vulnerability to these risks is ever-changing and evolving. Consequently, emotional, psychological, and physical developmental factors in a child's life need to be considered when determining vulnerability

(Livingstone & Palmer, 2012), hence the complexity of defining vulnerability online for CYP. Despite this complexity, it is still important to continue researching in this area to develop prevention policies and strategies to protect CYP online, including those who may be more vulnerable to risk.

There are multiple factors that have been found to increase CYP's vulnerability. The UK Council for Child Internet Safety (UKCCIS) Vulnerable Champions Group (2010, as cited in Munro, 2011) define categories of vulnerability *offline*, including children who experience family difficulties, children who have challenging upbringings, children with disabilities, children with behavioural difficulties, and children who are unable to access services. Although it may be logical to deem CYP who are vulnerable offline to equally be vulnerable online, there are other factors to take into consideration (Livingstone & Palmer, 2012). When reviewing research on online vulnerability, children with low self-esteem, psychological difficulties, and problematic parental relationships are deemed more vulnerable (Vandoninck et al., 2013). As well as this, children with parents who lack digital skills and knowledge are understandably more vulnerable to online risk, as they do not gain the safety skills and parental support needed to protect themselves online (EU Kids Online as cited in Livingstone & Palmer, 2012). Compared to these children, disabled and minority children have more digital skills, but are still considered vulnerable online due to aspects like a lack of peer support (EU Kids Online as cited in Livingstone & Palmer, 2012).

In terms of developmental stages, research seems to show that children start becoming vulnerable online at the pre-pubescent stage, at around 11 to 12-years-old (Livingstone & Palmer, 2012). This implies that prevention strategies to protect vulnerable CYP online need to be implemented at the end of primary school or from the start of secondary school. Therefore, there is no simple definition as to what makes a child or young person vulnerable online, but instead several, complex factors that occur at different stages of development, under individual circumstances, and with unique consequences (Livingstone & Palmer, 2012).

This rapid review was conducted to scope this research area by bringing together the current and varying prevention strategies employed by stakeholders that aim to protect CYP online. To the author's knowledge, a rapid review of this type has not yet been conducted (as of February 2021) and would be beneficial to compare and review the differing strategies simultaneously. From this, the researcher aims to develop understanding and lay the groundwork for this doctoral thesis.

2.2: Method

A rapid, scoping review was selected to identify what is known about existing strategies that aim to protect vulnerable CYP online as it is considered an efficient yet effective method. The Covid-19 pandemic impacted the evolution of the research project significantly as the pandemic was constantly evolving during the research planning stage and the restrictions in place surrounding human contact were limiting. So, this method was also selected as a desk-based initial approach to scope the research landscape because the exploratory methods were being kept in a

state of limbo while the pandemic was evolving. A literature search was conducted on 16th February 2021 on the PsycINFO database. The search terms used are listed in Table 1. As well as the database search, websites such as the United Kingdom (UK) Government and organisations such as the UK Safer Internet Centre (UKSIC), the UK Council for Child Internet Safety (UKCCIS), and the Information Commissioner’s Office (ICO) were also searched on the same day.

Table 1

Search Terms used on PsycINFO.

Child*.ti,ab. OR “Young People”.ti,ab. OR Vulnerable.ti,ab. OR Risk.ti,ab.	AND	Online.ti,ab. OR “Social Media”.ti,ab.	AND	Strateg*.ti,ab. OR Protect*.ti,ab.
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The following protocol outlines the exclusion criteria that were adopted due to the rapid nature of this review:

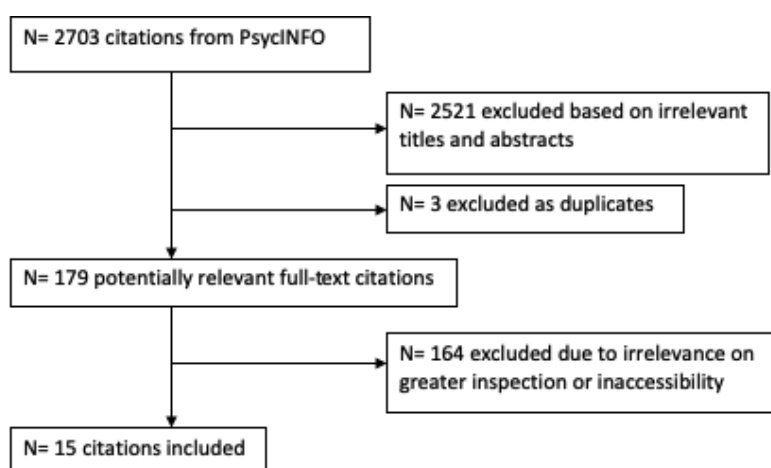
- Only one database was searched (PsycINFO).
- The date of the search was limited to the last ten years, from 2011 to 2021.
- Language was limited to English only.
- Only papers that recruited CYP (below 18-years-old) or parents of that population as participants, or studies based on outcomes for CYP specifically, were included. Studies including and targeting older age groups such as university students were excluded.

- Papers referring to policy or legislation should include data from the UK only or have sections including UK data/policy due to policies differing worldwide.
- To control for quality, only papers from the literature search that had been peer reviewed were included. There was no restriction on design.
- Full books were excluded due to the time constraint of the review.
- Only papers that were fully accessible to the author were included.

The database literature search revealed 2,703 items that were screened according to the title and abstracts using EndNote X9. This led to 179 papers that were broadly related to the topic of the review, which were then screened in more detail. After further screening following the above protocol and removing duplicates, 15 academic papers were included in the review (see Figure 2). The online search of UK Government and organisation websites yielded 10 results. A narrative summary will be used to display the findings.

Figure 2

Flow Chart of the Literature Search.



2.3: Discussion

From both the literature search and the internet search, the existing strategies fall under several broad categories in which each will be discussed below. For a full summary of each item reviewed, please refer to Tables 2 and 3 respectively below.

Table 2

Summary of Information from the Literature Database Search.

Source	Sample	Method	Strategies Explored	Summary of Results
Baldry et al. (2019)	4,390 young people aged 13-20 years	Questionnaires	Parental mediation techniques	The authors found significant gender differences. Boys reported more incidents of cyberbullying. Girls who reported more victimization online were more likely to receive higher levels of parental supervision.
Bannon et al. (2015)	36 young people with Additional Support Needs (ASN) aged 13-18 years	Focus groups	Technology design features; digital literacy levels	Young people with ASN have a healthy awareness of online risks and have developed their own strategies to manage them.
Bernard-Wills (2012)	UK schools, CYP between 5-18 years	Discourse analysis of e-safety material	Digital literacy; shared responsibility	Surveillance and privacy within the material was a prominent finding. Responsibility was central in the material and stems from both parents/guardians and the government. While CYP are given the responsibility to protect themselves from online threats, adults are given more responsibility in preparing the child to be safe online.
Boniel-Nissim et al. (2020)	1,070 Israeli parents of 10-14 year olds	Questionnaires	Parental techniques	Both authoritarian and permissive parents were found to have more dysfunctional communication skills regarding pornography, thus were more likely to be less active in their mediation, compared to authoritative parents. Consistent with past literature in that positive relationships, authoritative strategies, and active mediation are all important to create responsible online activity and prevent risks.
Chen & Chng (2016)	3,079 children aged 8-11 years old in the first year	Questionnaires	Parental techniques	Child-reported measures of parental mediation strategies declined during the study. The correlational results suggested that active and restrictive mediation tend to be practiced together.

Chng et al. (2014)	1,084 students aged 10-17 years old	Questionnaires	Parental techniques	Parental mediation strategies both reduced over time; thus, parents begin to reduce online mediation as their children get older. The more rapid the decline in parental mediation, the more likely that boys engaged in cyberbullying behaviours.
Cohen-Almagor (2013)	Internet experts and senior law-enforcement officers	Explanatory review; interviews	Technology design features; digital literacy; shared responsibility	Online child sex offenders and paedophiles tend to create virtual communities to share and trade material, as well as using the communities to groom children. Part of the online grooming process is normalising online sexual activity with CYP and lowering inhibitions.
Desimpelaere et al. (2020)	Two experiments (N=214 and N= 366) of children aged 9-13 years old	Two controlled experiments	Digital literacy training	The authors found that privacy literacy training improved children's understanding of online data handling and their ability to protect their own privacy. The learning curve for the programme is greater for younger children, possibly due to the lack of existing knowledge on data management and online risks.
Elsaesser et al. (2017)	---	Systematic review	Parental techniques	Authoritative parenting was related to a lower likelihood of cyberbullying perpetration. Parents who work together with their child to behave safely online, as well as those who have an open and warm relationship, are more likely to protect against cyberbullying, compared to parent-focused restrictions.
Ioannou et al. (2018)	---	Cross-discipline review	Technology design features	The authors suggest that combining intelligence techniques with web technology features can produce effective prevention of cyberbullying. It is suggested that disciplines need to work together to protect from online harm, including expertise from human-computer interaction, psychology, sociology, and computer science.

Khurana et al. (2015)	629 adolescents aged 12-17 years and their parents	Questionnaires	Parental techniques	The findings conveyed that parental awareness and involvement in their children's lives in a more general sense may be more effective in preventing online harassment compared to solely restricting online behaviours. The fact that internet technology is becoming more mobile is highlighted, therefore parental mediation and supervision strategies will need to evolve also.
Livingstone et al. (2017)	6,400 parents of 6-14 year olds	Surveys via computer-assisted interviews	Parental techniques	Enabling mediation created more opportunities for the CYP, although more risks came with this. Restrictive mediation alternatively offers less opportunities and risks and tends to be used by those with less digital skills. There was a country effect in that the United Kingdom was found to be in the middle of the two strategies.
Navarro et al. (2013)	1,068 children aged 1-12 years	Questionnaires	Technology design features; parental mediation techniques	Findings conveyed that several techniques helped in reducing the likelihood of online victimization, including monitoring software on computer and co-creating parent-child rules regarding online behaviour (time spent online and personal information shared).
Nikken & Schols (2015)	896 parents with children aged 0-7 years	Questionnaires	Digital literacy; parental techniques	Findings showed that a child's digital skill was a key predictor of the parent's mediation techniques. The researchers suggested that age does not always correspond with level of digital skill. Therefore, children at the same age may have different levels of skill online and thus prompt different parental mediation strategies.
Sasson & Mesch (2017)	495 children aged 10-18 years old	Questionnaires	Parental mediation techniques	In terms of parental mediation, the authors surprisingly found that victims of cyberbullying tended to have parents who supervised their online activity more. They suggested the reason for this could be due to parents sensing something is wrong or upsetting the child, so check the child's online activity to confirm their thoughts.

Table 3

Summary of Papers from the Internet Search.

Source	Format	Comments
Livingstone & Palmer (2012)	Report of a UK Council for Child Internet Safety (UKCCIS) seminar	The report suggests answers to the question “What protects children?” and proposes several answers such as friendship networks, engaged and supportive parents/guardians, parents’ online skills, accessible information regarding age appropriate online activity, and access to authorities. The authors highlight that global recognition is needed to provide full protection for CYP online. The report discusses the importance of needing to identify which children may be more vulnerable online, so we can target and tailor resources to their specific needs, as well as the need to discover which conditions may contribute to increasing vulnerability.
UK Safer Internet Centre (2021)	Website- Social Media Guides	This website highlights social media safety advice, tools/features on the platforms that can be used to protect CYP online, links to terms and conditions of the platform, and information about age requirements.
OECD (2011)	Online Paper	[Please note, this paper refers to international policy information, but only policy information regarding the UK will be considered in this review.] This paper outlines three categories of risks for CYP online. The report highlights that these online risks are ever evolving and, to tackle them effectively, we need a blend of approaches including legislative, co-regulatory, technical, educational measures, and child safety zones.
Munro (2011)	Grey literature scoping review	This review describes vulnerability definitions and then reviews evidence regarding contact and content risks. The review reinforces that vulnerability does not refer to a static group, but instead depends on a child’s resilience to challenging life events, developmental needs, and family factors. The review concludes that further research is needed to increase understanding on characteristics or circumstances that contribute to making some CYP more vulnerable online.
Information Commissioner’s Office (2020)	Website; explanation of a code of practice	The aim of the Children’s Code is to create a safe and transparent space for CYP to play, learn and explore online. The code came into force on 2 nd September 2020 and has a 12-month transition period.
Department of Health and Social Care (2019)	UK Government commentary	This commentary notes three primary issues/risks around screen time and CYP’s mental health: screen-time, internet content, and persuasive design. The commentary outlines several pieces of advice for parents and carers, such as: agreeing boundaries with CYP around their screen-time; adults leading by example by not displaying excessive screen-time; being aware of the child’s

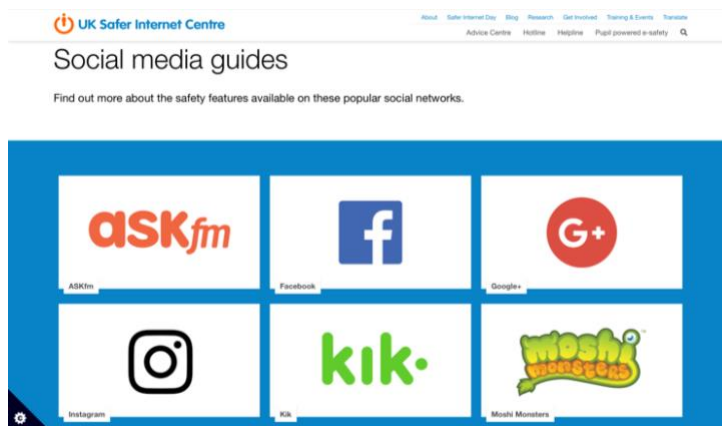
UK Council for Internet Safety (2020)	Framework	<p>school policy on screen-time and following it; and talking with CYP openly about their online activity and how they are feeling.</p> <p>This framework is a tool for anyone who works with CYP, helping to educate, guide and support them to live safely in a digital world. The framework has guidance on 8 areas of the digital world. The authors recommend that the framework can be used to develop school curricula, evaluate existing safety educational material, improve engagement across wider school networks, and to develop effective training for staff, governors and board members.</p>
Children's Commissioner (2018)	Report	<p>This report summarised findings from a focus group study with children aged 8-12 years. The findings showed that parents and schools had taught the children about how to stay safe online from risks such as strangers or predators. However, the children had less awareness of how to protect themselves from the risks that had a negative effect on their wellbeing. The Children's Commissioner recommends that we need to broaden digital literacy education for CYP to improve knowledge and awareness of the digital world.</p>
Kidron & Rudkin (2017)	Report	<p>This report contains recommendations to make the digital environment suitable for CYP. To summarise these recommendations, the authors describe three main points: the need for a child to meet their developmental needs and milestones is of the utmost importance and therefore must inform research, policy and practice; digital habits start in childhood and impact adulthood so should be carefully monitored; and industry and government must make the digital and online world suitable for CYP rather than relying on the resilience of children.</p>
Royal Society for Public Health and Youth Health Movement (2017)	Report	<p>The report highlights that adolescence is a crucial and vulnerable period for social and emotional development, so the impact of the digital world is important. The report discusses both positive and negative effects of social media on wellbeing and then makes recommendations based on research with CYP.</p>

2.3.1: Technology Design Features

A key strategy mentioned in the sources reviewed was the use of technology design features to protect CYP from online harm, mostly used by the children themselves or by parents and guardians. Bannon et al. (2015) studied CYP with additional support needs and found that they used technology features to protect themselves online. Some examples of the features they used include reporting problems online and deleting history on computers, both of which made them feel safer online. This is consistent with advice from pages such as the UK Safer Internet Centre (2021), who offer social media guides with information about the tools and features of online platforms that can be used to feel safe online (see Figure 3). Like the techniques used by the CYP in Bannon et al.'s (2015) study, the guides outline design features such as reporting, blocking, flagging content, content moderation, and privacy settings. These technology features can be helpful in reducing the risk for CYP online, given that they know how to use them (this will be discussed later under the digital literacy heading).

Figure 3

Social Media Guide Homepage from the UK Safer Internet Centre (2021).



Literature on cyberbullying suggests that there are technology features that could potentially reduce the likelihood of online victimisation (Ioannou et al., 2018; Navarro et al., 2013). Research has suggested that combining intelligence techniques with online technology features may help to protect CYP online, as well as emphasising the importance of different disciplines— such as information technology, computer science, psychology, and sociology — working together to protect CYP from online harms (Ioannou et al., 2018). Likewise, other research has found that monitoring software on computers was found to be effective in reducing online victimisation (Navarro et al., 2013). In terms of cybergrooming, Cohen-Almagor (2013) highlights the use of anti-grooming engines, such as the Engine for Relationship Analysis. These engines function by monitoring, analysing, and assessing online relationships through the language used in online messaging, producing alerts when they detect potential risks. So, these engines have the potential to offer parents and guardians a way to protect their children. This suggests that there are potential and existing technology features that have been found to be useful in protecting CYP from being targeted online.

Despite the effectiveness of existing software and online features, there is still significant work to be done in this area. The Chief Medical Officer (Department of Health and Social Care, 2019) advises that the technology industry should address how they will safeguard CYP thoroughly online and implement this in their services, including features that are age-appropriate, removing persuasive features, and stopping any normalisation of harmful behaviours online. Along with this, it is agreed that social media companies need to work harder to recognise the needs of CYP under 13-years-old and incorporate them into the design of online platforms (Children's Commissioner, 2018). Research with CYP has produced suggestions for technology companies to implement to improve the effects of online risks on mental health. The Royal Society for Public Health and Youth Health Movement (2017) found that CYP wanted features such as the ability to highlight when photos have been manipulated online, and 71% of CYP in the report thought that social media platforms should use heavy usage warnings to control for excessive screen-time. Some responsibility therefore lies with the technology industry to work harder and follow the recommendations from research and policymakers to make the internet a safer and more suitable place for CYP, rather than relying on children's resilience (Kidron & Rudkin, 2017).

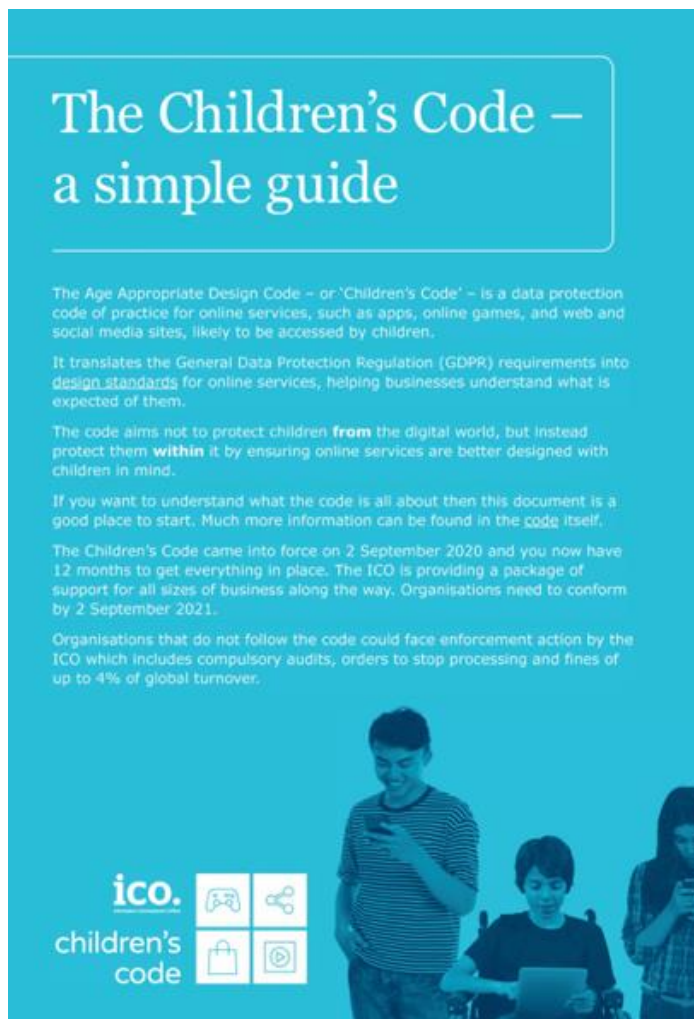
2.3.2: Policy

This brings the discussion onto the impact of UK policy on making the digital world a safe place for CYP. The OECD (2011) infers that the UK can be considered as more advanced in devising national strategies to protect CYP online, however the report recognises that there are several challenges that the UK Government face with the

evolution of policies. It is also important to note that the health and social care system is separated in the UK when considering policy, as England and Wales are considered together but are separate to Scotland and Northern Ireland. A fundamental code of practice that protects CYP online is the Age Appropriate Design Code (AADC), also called The Children's Code (see Figure 4), which is a code of practice for online services that use CYP's personal data (Information Commissioner's Office, 2020). It is rooted in both data protection laws in the UK and the United Nations Convention on the Rights of the Child (UNCRC), with the aim of creating a safe and transparent place for children to learn, play, and explore in the digital world. The Information Commissioner's Office (ICO) describe the code as necessary, achievable, and likely to make a difference in the ability to protect CYP online (Information Commissioner's Office, 2020). As professionals highlight, the responsibilities given to children must be both developmentally and age-appropriate for the child to be safe online (Kidron & Rudkin, 2017), thus the AADC is fundamental in achieving this and moving toward a safer digital environment for CYP.

Figure 4

A Screenshot of The Children's Code Simple Guide (Information Commissioner's Office, 2020).



2.3.3: Digital Literacy Education

Digital literacy training was a key strategy that was unveiled from the review search.

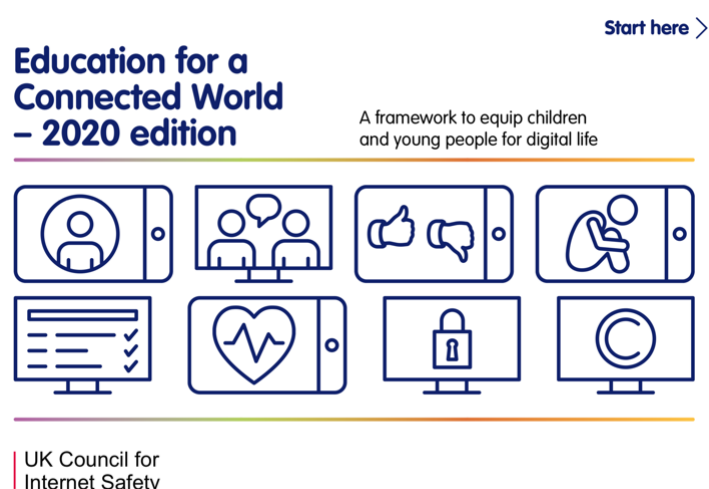
Educating both caregivers and children and improving digital skills increases the child's ability to protect themselves online against risk (UNICEF, 2017). As highlighted previously, some CYP may be aware of the technology features that prevent online harm but do not know how to implement these strategies online, which was supported by Bannon et al.'s (2015) research findings. Similarly, some CYP may not understand why these protection strategies are important within the digital economy environment, e.g., the impact of third-party personal data sharing. This

indicates that more effective digital literacy training is needed to mitigate these obstacles in staying safe online.

While the OECD (2011) implies that the UK considers the importance of digital literacy in protecting children online, others have noticed a significant lack of education; specifically, in privacy (Bernard-Wills, 2012). The importance of digital literacy training has been highlighted in Livingstone and Palmer's (2012) report, in which findings have shown that parents with less digital skill or knowledge tend to have children who also lack digital safety skills and receive less parental support. Thus, this creates a concern as the child does not learn from the parent the necessary digital skills to protect themselves online, suggesting that digital literacy training and education should be provided from other avenues as well, such as schools and the government, and that parents and guardians may benefit from receiving training in this area. The Royal Society for Public Health and Youth Health Movement (2017) supports this, recommending that there should be increased social media training for all professionals who work with CYP, as well as teaching safe internet and social media use in schools. To aid this and address recommendations, a thorough framework was created by UKCIS (UK Council for Internet Safety, 2020) that can be used to develop school digital literacy training programmes and to develop effective staff training (see Figure 5). This is a promising step in the right direction to improving the accessibility and effectiveness of digital literacy training.

Figure 5

A Screenshot of the UKCIS Framework (UK Council for Internet Safety, 2020).



Research examining digital literacy training for CYP has found positive results, such as improved understanding of data handling and privacy protection (Desimpelaere et al., 2020). This research suggested age is an important factor in implementing digital literacy training due to a steep learning curve found for younger children with less existing digital knowledge impacting effectiveness. Desimpelaere and colleagues (2020) recommend that the training should be implemented in early adolescence, which is consistent with Livingstone and Palmer's (2012) suggestion in that CYP start to become vulnerable online during the pre-pubescent stage of 11 to 12-years-old.

In terms of content, the Children's Commissioner (2018) recommends that we need to broaden the training and education for CYP to improve their knowledge and awareness of the online environment. Bernard-Wills (2012) suggests that e-safety educational programmes may benefit from having an element focused on social skill development, as this would help CYP gain a deeper understanding of privacy

preferences. In addition, research on cybergrooming highlights that it is important to teach CYP that sexual feelings and urges are normal and should not be stigmatised (Cohen-Almagor, 2013), as a lack of this could lead to feelings of guilt or suppression that may then be expressed online. Therefore, digital literacy could be made broader in many senses but could be tailored to age or context-specific situations.

2.3.4: Parental Mediation and Support

Parental mediation was the most common strategy used to protect CYP online that appeared in the literature search results. Parental mediation theory suggests that parents and guardians use multiple, varying strategies to guide their child's online activity (Clark, 2011). Despite several strategies existing in the literature, two strategies receive the most recognition: active and restrictive (Chen & Chng, 2016). Active mediation is guidance from parents and guardians through active discussions and communication with the child about the child's internet activity (Chen & Chng, 2016) and can involve direct parental supervision in which the parent sits with or nearby the child when they are online (Duerager & Livingstone, 2012 as cited in Chen & Chng, 2016). Comparatively, restrictive mediation is the regulation of children's internet use using rules, generally relating to time spent online, content suitable to view, and activities they can and cannot do (Chen & Chng, 2016).

A longitudinal study by Chen and Chng (2016) found that parents used fewer mediation strategies as children get older and develop, which was consistent with previous research (Chng et al., 2014). The authors suggested that this may be due to developing trust and the child's growing social and cognitive development. Chen and

Chng (2016) also found that active and restrictive mediation strategies were used together, with parents often setting limits whilst also having conversations with their children about online activity. This was found to be effective for both the children's psychological growth and online protection. Likewise, children who have clear boundaries set by parents were found to develop stronger self-regulatory skills (Chng et al., 2014). As a result of these findings, it can be assumed that using active and restrictive mediation strategies together is an effective way to keep CYP safe online.

Alternatively, Livingstone et al. (2017) outlined two different key parental mediation strategies: enabling mediation and restrictive mediation. Although similar to active mediation, enabling mediation is more complex and incorporates active strategies, safety techniques, and some restrictive techniques. Livingstone and colleagues discovered that enabling mediation created more opportunities for the CYP, but more risks came with this too. This strategy was used when both child and parent digital skill level was considerable and was used more often by younger parents and children. On the other hand, restrictive mediation was found to offer less opportunity for the CYP, but also less risk, and tends to be used by parents with lower digital skill levels. While this is beneficial in protecting vulnerable CYP online, it also reduces digital inclusion (Livingstone et al., 2017). These findings convey potential in encouraging parents with lower confidence and digital skill to take part in training programmes to develop their skills, and to offer more online inclusion and opportunity while still protecting their children from online risk (Livingstone et al.,

2017). Thus, this suggestion supports the previous recommendation for policy to improve digital literacy training for both children and their caregivers.

Also linking to the previous heading of digital literacy, study findings have shown a child's level of digital skill to be a key predictor of parental mediation strategy (Nikken & Schols, 2015). Interestingly, these researchers also found that age did not always correspond with digital literacy. Therefore, this research implies that, although children may be the same age, they may have varying levels of digital skill and thus prompt different parental mediation techniques. This is an important distinction as it suggests that guidelines should not be solely based on age but also level of digital competence because children develop rapidly and at different rates (Nikken & Schols, 2015).

Other findings from the papers on parental mediation techniques in this review include significant gender differences. Baldry et al. (2019) discovered that boys reported more cyberbullying incidents compared to girls and that the boys' parents were less likely to educate them about the digital world or control their activity. This suggests that boys receive less information of online risks and how to manage and prevent them. Similarly, other research found more parental mediation occurred with girls (Chng et al., 2014), with the longitudinal design showing that the more rapid the decline of parental mediation techniques over time, the more likely boys were to engage in cyberbullying behaviours, suggesting that parental mediation needs to be decreased gradually to prevent this. While research by Khurana et al. (2015) highlights that girls have a higher likelihood of being victimised online and

they spend more time on social networking sites (hence suggesting that girls should be targeted more in prevention strategies), it seems from other research that boys are perhaps being neglected in the process. Consequently, it is important to consider research findings regarding both genders and address them equally in the strategies to help promote inclusion and to protect all vulnerable CYP online.

Among the research in this area lies literature on other aspects of parenting, as several items that were included in the review considered parenting styles as well as mediation techniques. Due to this, a brief description of parenting styles will be given. Elsaesser et al. (2017) describe four parenting styles in terms of the balance of control and warmth: authoritarian (high control and low warmth), authoritative (high control and warmth), permissive (low control but high warmth), and neglecting (low control and warmth) (Maccoby & Martin, 1983 as cited in Elsaesser et al., 2017). Findings from Elsaesser et al.'s (2017) systematic review discovered that authoritative parenting (high warmth and control) was related to a lower likelihood of cyberbullying, suggesting that authoritative parenting provides a protective element online for CYP. Equally, others found that authoritative parenting styles were linked to all three parental mediation strategies (restrictive, active and co-use), authoritarian parenting styles were linked to restrictive mediation, and permissive parenting styles were related to co-use mediation (Boniel-Nissim et al., 2020). Boniel-Nissim and colleagues concluded that authoritative parenting styles, along with active mediation and positive parent-child relationships, are all important in preventing risk for CYP online.

Following from this, the influence of parent-child relationships on protecting CYP online will be reviewed. It has been shown from research that children who have an open and warm relationship with their parents and those who work together with their parents to discuss mediation strategies are protected more against online risks such as cyberbullying (Elsaesser et al., 2017). Moreover, similar findings have shown that parental awareness, involvement, and trusting communication improve both the safety of CYP online and their willingness to disclose their online activity (Khurana et al., 2015; Navarro et al., 2013).

As the importance of open and trusting parent-child conversation has been shown from research, it could be incorporated into intervention programmes that teach parents and guardians how to build an open dialogue around internet activity (Elsaesser et al., 2017), thus building trust and the increased likelihood of online protection. This recommendation is one of several in this area, including advice for parents from the Department of Health and Social Care (2019). They offer recommendations to parents such as talking openly with children about their online activity, how they are feeling, and agreeing boundaries with CYP around their online activity (see Figure 6). It is therefore suggested that caregivers are offered advice and support on the matters discussed in this review, so they are well-equipped to protect their children from online risk.

Figure 6

A Screenshot of the Advice from the Department of Health and Social Care (2019).



2.3.5: Shared Responsibility

As well as discussing parental mediation, the responsibility given to parents and guardians to educate their children and mediate their online activity effectively was a common theme in the literature. Adults are given significant responsibility to prepare their child to be safe online and to ensure the security of their personal data, which itself assumes a level of technology understanding and knowledge (Bernard-Wills, 2012). Along with this responsibility, parents also need to consider their own internet activity, as highlighted by the Children's Commissioner (2018). This report discovered that children were often influenced by how much their parents were on social media and their smartphones. Children were regularly allowed on parents' phones which posed further risk due to the likely exposure of unsuitable content for CYP. As a result of this, parents face pressure and

responsibility to not only protect their children online, but also to monitor their own media usage around their children. Accordingly, support for parents should be offered so that they can provide their children with the necessary knowledge to stay safe online effectively.

Despite recommending that support should be given to parents and guardians so that they are able to mediate activity and educate their children, it was highlighted in the literature that responsibility lies within multiple stakeholders and industries to keep CYP safe online and should not be solely placed on caregivers. Research reinforces that to successfully protect CYP online, responsibility needs to be shared between multiple stakeholders, including parents/guardians, internet service providers, legal enforcement, and the community (Cohen-Almagor, 2013). In support of this, other papers outline the responsibility of the technology industry and the UK government in keeping CYP safe from online harms and making the digital world an appropriate place for CYP (Bernard-Wills, 2012; Kidron & Rudkin, 2017).

2.3.6: Limitations and Areas for Improvement

A limitation of this scoping, rapid review could be that the literature was only searched by one person. As this is part of a doctoral thesis, the review was understandably only completed by a sole author. Although, this presents potential issues as to the decisions regarding which items were included in the review, as they were based on the subjective opinions of one individual and were therefore open to a degree of bias. Also, having only one author increases the chance of human error in selecting appropriate literature for the review.

Therefore, the review could benefit from multiple adaptations, such as having more than one reviewer, searching more than one database, using snowball techniques to explore references to extend the reach, including older sources rather than just the last ten years, and using a more detailed and effective method to control for quality. However, more time and resources would be needed to complete the review if these changes were applied. Despite this, it is important to note that this review is scoping and rapid in nature, thus it does not need to be extensive in the ways listed. So, this review can be considered satisfactory in fulfilling its aim in summarising the information available and scoping the existing area of research.

2.4: Summary

In conclusion, this rapid, scoping review narratively summarised strategies that aim to protect CYP online, identified from both a literature database and an online search. This review contributes to the literature by bringing the varying strategies together into one summary, under thematic headings. The findings suggested distinctive categories of existing strategies, including technological features, UK policy and codes of practice, digital literacy training, parental techniques such as mediation and support, and shared responsibility. These categories convey that online harm prevention strategies stem from multiple industries and disciplines, ranging from the technology sector to the UK government. Therefore, this is consistent with recommendations in that all sectors need to work together and take

responsibility to do their utmost to protect vulnerable CYP online and make the digital world a safe place for the younger generation (Kidron & Rudkin, 2017).

Chapter 3. Literature Review

3.1: Introduction

This chapter draws on literature from multiple disciplines, such as psychology, sociology, and computer science and communication fields, to outline the importance of the impact social media can have on the mental health and wellbeing of vulnerable young people (YP). A balanced approach was used when selecting literature and theories from the different disciplines, with the foundation being psychology and sociology (due to the research topic and the researcher's background), but with a heavy influence from human computer interaction (HCI) due to the researcher's Centre for Doctoral Training being placed in computer science. This balanced approach took time and practice to achieve, with feedback from annual reviews and supervisors being helpful in determining how to conduct this successfully. As the research project developed, the theories selected from the balanced, multidisciplinary approach helped to form the literature review, the research questions and methodology, and subsequently the research tools used in the three studies.

This research project can be seen as a combination of different factors that overlap (see Figure 1 in *Chapter 1*), which guide the structure of this chapter. Firstly, the population of YP this research focuses on — care-experienced young people (CEYP)— will be introduced, looking specifically at their susceptibility to developing mental health issues. Following this, an outline of the mental wellbeing facets

explored in this research is presented, along with the rationale for choosing to examine self-view and broad mental wellbeing rather than specific mental health conditions, linking back to the care-experienced (CE) population when appropriate. Factors that contribute to and encourage YP's social media use are then reviewed, with a further section describing how these three parts interlink and the impact of Covid-19 (Coronavirus Disease 2019). The chapter concludes by recognising gaps in the existing research and conveys how the three qualitative studies in this thesis can contribute to advancing our knowledge on this multidisciplinary topic.

3.1.1: Definitions

It should be noted that throughout this research, the term 'mental health and wellbeing' is used as an umbrella term to describe all aspects that relate to mental wellness, despite mental wellbeing and mental health having varying meanings. This was done as to not restrict the definition of wellbeing, which can be challenging to define simply and fluctuates for YP from different cultural backgrounds (Crivello et al., 2009). Wellbeing can be split into multiple definitions, such as subjective wellbeing, psychological wellbeing, and social wellbeing, which conveys why it can be difficult to define in simple terms to YP. Keyes (2006) argues that subjective wellbeing is not simply equal to happiness but can be broken down into hedonic wellbeing (one's feelings towards life) and eudaimonic wellbeing (focuses on human potential and functioning in life). Eudaimonic wellbeing has been measured further in terms of psychological (Ryff, 1989) and social (Keyes, 1998) wellbeing, which again convey a measure of one's potential and functioning in life. According to Ryff's (1989; Ryff & Keyes, 1995) model, psychological wellbeing consists of six dimensions

that communicate the individual barriers to self-realisation and maximum functionality, which are: self-acceptance, personal growth, purpose in life, positive relations with others, autonomy, and environmental mastery. Whereas social wellbeing, as put forward via the multi-dimensional model by Keyes (1998), is made up of five dimensions that refer to social functioning: social integration, social contribution, social coherence, social actualisation, and social acceptance.

Consequently, as seen above, the varying definitions of wellbeing can likely be considered complex and confusing to YP. The questions asked in this research regarding mental health and wellbeing were purposefully kept broad to avoid confusion and so the participants themselves could expand further if they felt comfortable doing so, whilst expressing their own definition of mental wellness through their answers. While most participants went on to discuss aspects such as self-esteem, self-acceptance and purpose in life, which could fall under the category of mental wellbeing as discussed above, others discussed anxiety, depression, and eating disorders, which could fall under the category of mental health as diagnosable conditions. A risk of keeping the terms vague and not introducing a definition has potential issues in interpretation by participants, as well as issues when deducing the meaning of the qualitative data. However, this was thought to be preferable compared to forcing a narrative or definition onto the participants, which may have restricted their answers or level of comfort in being able to express themselves freely.

Mental health conditions were also not specifically studied in this thesis due to the prevalence of this in existing research (namely examining depression and anxiety [Keles, McCrae & Grealish, 2020; Vesal & Rahimi, 2021]) and due to difficulties with restricting recruitment criteria. This would have introduced limitations regarding diagnoses and further fairness and ethical issues that surround mental health diagnoses. These issues include the ability to or likelihood of receiving psychological help due to differing social class, and poor assumptions regarding diagnoses, such as the important distinction that the absence of a mental health diagnosis does not necessarily mean the individual is mentally healthy (Keyes, 2006). To avoid these issues, this research focused on three key aspects of the self that are crucial for wellbeing and have been known to be problematic for CEYP: self-esteem, self-worth, and identity. Moreover, as Vesal and Rahimi (2021) and Keles, McCrae and Grealish (2020) highlight in their respective systematic reviews, there is a need to investigate moderating factors, such as emotional wellbeing, using qualitative studies to explore the relationship between social media use and mental health and wellbeing, rather than inferring from quantitative data. Thus, this explains the broad use of the terms 'mental health and wellbeing' and conveys that the chosen aspects of self-esteem, self-worth, and identity are justifiably important to discuss and explore using qualitative methodology.

The definition of social media has also been debated in the literature and a single, widely accepted definition is lacking (Aichner et al., 2021), so its use in this thesis will be clarified here. Throughout this research, social media is defined by an electronic platform that allows users to opportunistically connect, interact, and communicate

with others. This definition was, again, purposefully kept broad to avoid limiting discussions with the participants or making them feel restricted in any way.

Another definition that needs clarifying is the term ‘looked-after’, which is used for children and adolescents who are under the care of the local authority, often in kinship, foster, residential, or secure care (NSPCC, 2023). Children can become looked-after in several ways: they can be accommodated and placed into care due to family breakdown or a parent no longer managing to care for the child; through an Interim Care Order, which is a temporary measure while the child’s safety is considered by professionals; or through a Care Order, in which the child is taken into care under a legal order for their own protection and safety (White, 2007). While ‘looked-after’ is the academic term used most frequently for this population, after speaking to the YP throughout the recruitment process and during the whole research project (see *Chapter 6*), many preferred the term ‘care-experienced’ as it feels more positive and humanised, whereas ‘looked-after’ can feel belittling and condescending. Therefore, the term ‘care-experienced’ will be used throughout this thesis to echo and respect the preferences of the population, despite the meaning between the two terms being interchangeable.

3.2: Care-Experienced Young People (CEYP)

3.2.1: CEYP and their relationship with mental health and wellbeing

When considering mental health, CEYP encounter more mental health difficulties compared to the general population, which has been evidenced in many studies

(Egelund & Lausten, 2009; Ford et al., 2007; Lehmann et al., 2013; Tarren-Sweeney, 2008a; York & Jones, 2017). McAuley and Davis (2009) found the percentage of the general population struggling with mental health difficulties was around 10%, whereas the percentage of CEYP was 45% (with even more of the population having undiagnosed mental health issues that are approaching clinical level, which is thought to be around 15-25% [Tarren-Sweeney, 2008a]). More recently, CEYP were found to be approximately four times more likely to have a mental health disorder compared to YP who live with their birth family (NSPCC, 2015). Care leavers were also surveyed, with findings showing that 46% conveyed mental health needs, while 65% of them were not receiving any statutory support (The Care Leavers' Association, 2017; Social Market Foundation, 2018). This has been evidenced from studies worldwide, including North America, Europe and Australia, all of which reinforce and increase the generalisability of the findings that children placed in out-of-home care have increasing levels of mental health problems (Oswald, Heil & Goldbeck, 2010; Pecora et al., 2009). The mental health difficulties in CEYP are also thought to be chronic for most of the population, often disabling their everyday lives (Blower et al., 2004).

British authorities use mean scores from a measure called the Strengths and Difficulties Questionnaire (SDQ), completed by parents or carers, to assess and monitor the mental health of CEYP (aged 5-16 years). Goodman and Goodman (2012) examined the SDQ and found that it was a valid and reliable measure of mental health, supporting previous research and implying strong validity (Goodman et al., 2004; Marquis & Flynn, 2009). For treatment of mental health issues in the

United Kingdom (UK), there is a UK-wide service called CAMHS (Child and Adolescent Mental Health Services). However, this service is strained and there is delayed support and long waiting times for the specialist services needed to treat individual, complex issues that CEYP face, as well as difficulty in getting referrals (NICE Guidelines, 2021; York & Jones, 2017). It is also important to note that policies within health and social care may differ within the UK, as England and Wales are considered together whereas Scotland and Northern Ireland are both separate and thus have different policies relating to social care. So, this needs to be considered when exploring the existing policies within this landscape.

McAuley and Davis (2009) argue that early interventions are best for CEYP, if possible, with interdisciplinary and holistic approaches of treatment, such as multi-systemic therapy which includes intensive intervention, family therapy, and cognitive behavioural therapy (Henggeler et al., 1998). Similarly, recent research has shown that treatment duration and younger age at referral positively correlated with positive outcomes and SDQ improvements with both direct and indirect interventions (Deuchar & Majumder, 2021). While this is excellent in theory, realistically there are long waiting times and accessibility issues as mentioned.

Other barriers as to why CEYP are not seeking help regarding mental health include stigma, embarrassment, self-reliance, and a lack of information around the help available (Fargas-Malet & McSherry, 2018). Therefore, these difficulties call for everyday platforms, like social media, to take responsibility and adapt so they either help CEYP by maintaining beneficial aspects or put an end to or monitor processes

that are having a negative effect on mental health. This thesis will explore these features, with the aim of developing knowledge and awareness around social media's influence on a vulnerable group's mental wellbeing and self-view.

3.2.2: Theoretical Underpinnings

Theoretically, there is thought to be a robust reason as to why there are more mental health issues within CEYP, despite the issues being complex. The primary hypothesis as to why this occurs is due to the extreme adversity and social and emotional deprivation within birth families suffered by the CEYP (Wade et al., 1998). When these adverse events occur early in life during sensitive social, emotional, and physiological periods of development, the impact on mental health is persistent and lasting (Mather et al., 1997; Zeanah et al., 2011). While animal studies have supported this theory (Bennett et al., 1964), the evidence in human studies has been difficult to obtain due to the obvious ethical issues of exposing children to deprivation experimentally (Kumsta et al., 2016). Therefore, we are fortunate to be able to research the impact on CEYP with their consent, although there are issues with observing and inferring feelings and there are several important individual differences that can influence the data, such as timing, severity of deprivation, and individual diversity (Rutter et al., 2012). So, these need to be considered in research and transparently expressed as limiting factors if necessary.

Despite these difficulties, there has been research that supports this theory as to why mental health issues are more prevalent in CEYP. Sonuga-Barke et al. (2017) conducted a longitudinal natural experiment and found that the longer the early

deprivation in CE children lasted, the longer and more profound the deteriorating effects on mental health. Furthermore, this study also found that these effects after extensive deprivation were then insusceptible to optimal care conditions, such as nurture, stability, and support. This finding was consistent with past research (Kay & Green, 2016; Levin et al., 2015) and is fundamentally important because it suggests the trauma and attachment issues that come from deprivation cause lasting emotional problems, which often emerge in adolescence. While Sonuga-Barke and colleagues agreed that these findings were consistent with the theory mentioned, they also suggested the mental health effects could be due to stress system sensitisation due to long-term vulnerability, which is likewise expressed in adolescence. Similarly, Kumsta et al. (2010a) found that after six months of childhood deprivation, participants suffered from a significant impairment in both social and cognitive functioning, which again persisted into adolescence, and Colvert et al. (2008) found that emotional issues from deprivation tend to emerge later in adolescence also. These mental health effects have also been found in research that studied participants who suffered from less severe deprivation (Merz & McCall, 2010; Wiik et al., 2011), suggesting deprivation of any kind can have a lasting and significant impact on mental wellbeing. Likewise, this body of research indicates the importance of adolescence in youth mental health and wellbeing.

Alternatively, more general reasons for why mental health difficulties are more prevalent in CEYP have been put forward by Richardson and Lelliott (2003). These risk factors during childhood include abuse, neglect, family dysfunction, acute stress within the family unit, and socioeconomic factors (poverty, homelessness etc.).

When compared to the general population, these risk factors occur more frequently in the CE population (Berridge & Brodie, 1998) and therefore could be assumed to be the causes that predispose CEYP to mental health issues. White (2007) agrees with this, stating that CEYP are more vulnerable to mental health difficulties due to a combination of the factors discussed by Richardson and Lelliott.

However, White additionally suggests that the high levels of mental health difficulties in CEYP are due not only to the risk factors, but the secondary effects of being in the care system. Some of these effects can be described as frequent moves in care, placement breakdowns, and placement disruption (Minty, 1999; Stanley, 2007). As well as this, some research has shown that children's mental health deteriorates when they are in care, as older children in care have reported higher rates of mental health issues compared to younger children (Armsden et al., 2000). Nonetheless, this may be due to an age effect if the child has experienced greater exposure to maltreatment before entering care at an older age (Tarren-Sweeney, 2008b), rather than a result of being in care itself.

Another facet to consider is the literature around ACEs (adverse childhood experiences). Although this does not consider CEYP alone, it is useful to examine the literature as the CE population experience several ACEs during development. The original ACE study (Felitti et al., 1998) examined the relationship between chronic childhood stress and adult health outcomes. The ACEs associated with childhood stress levels included psychological, physical, or sexual abuse; violence against mother; or living with substance abusers, imprisoned, mentally ill, or suicidal

individuals. A strong relationship was found between the number of ACEs (implied severity of childhood stress) and negative health and mental health outcomes. When considering CEYP, it is likely that they have suffered toxic and prolonged stress during childhood, which has been evidenced to impact brain development and structure (Reading, 2006; Shonkoff & Garner, 2012). Despite this, resilience is possible through protective and healthy social relationships and experiences, which can in turn mitigate the impact of ACEs and result in better health outcomes (Bethell et al., 2014). One key aspect of healthy social relationships is creating stable and nurturing relationships with not only other people but with oneself too (Sege & Linkenbach, 2014), which is further support towards this thesis exploring how one views oneself and the impact social media use has on this.

In terms of the mental wellbeing aspects that this thesis will be exploring, it is important to discuss attachment within CEYP. Bowlby (1969-82) put forward an attachment theory that is now well-established within psychology, which proposes that children who experience trauma, neglect, and other poor socioeconomic factors during crucial stages of development in childhood consequently often have a lack of secure attachments in adulthood. This is because childhood is known to be a vital stage in which attachments are formed, and if there is neglect or abuse in the birth family, the child is unable to form secure attachments which eventually leads to a lack of secure attachments and trust in later life (Howe, 1995).

Alternatively, if a child is raised in a caring environment, this signals to the child that they are worthy of love, thus the child learns self-worth and can form trusting

attachments (Ainsworth, 1989). Therefore, as many CEYP experience some level of trauma or neglect that disturbs the formation of their attachments, they can lack a source of support and encouragement in these crucial periods. This can lead to poor acknowledgment of the child's sense of identity, value or self, leading to self-neglect, low self-worth and low self-esteem in adulthood (NICE Guidelines, 2015). This evidence is thereby the motivation behind focusing on the three chosen aspects of mental wellbeing that contribute to the self: self-esteem, self-worth, and identity.

When considering age, adolescence is a vulnerable part of a child's developmental trajectory, involving significant physical, cognitive, and emotional changes (Zimmermann, Richardson & Baker, 2019). This stage of development is a key period of increased vulnerability for low self-esteem and thus the onset of anxiety and depression (Felton et al., 2019; McLaughlin & King, 2015; Orth, Maes & Schmitt, 2015). This is due to the social and developmental processes that occur during adolescence, like heightened salience of social norms, importance placed on friendships, peer feedback and approval, identity development, and increased self-consciousness (Brechwald & Prinstein, 2011; Choukas-Bradley et al., 2022; Dahl et al., 2018; Erikson, 1968; Harter, Stocker & Robinson, 1996). Therefore, adolescence is an imperative developmental period to explore as it highlights questions regarding YP's emotional vulnerability during this time, and how this is impacted further by regular social media use which can intensify the social and developmental processes discussed (Choukas-Bradley et al., 2022). Poor mental health during this time can also have profound effects in later life (Papamichail & Sharma, 2019). Anxiety disorders that emerge during this period are more concerning to professionals

because they demand more resources compared to those emerging in adulthood (Lee et al., 2014), thus again reinforcing the importance of studying this age group and the potential effects of social media on self-view.

3.2.3: Contradictory Literature

While most of the research has found evidence to suggest that mental health difficulties are more prevalent in CEYP and that being in care can worsen these mental health issues, some findings contradict this. In Sonuga-Barke et al.'s (2017) study, although they found a significant and strong link between deprivation and mental health, they also found that not all CEYP encountered mental health issues. A minority of participants in the study who suffered substantial deprivation (longer than six months) had no mental health difficulties and the longitudinal research found positive young adult outcomes. So, while mental health issues may well be more prevalent in children who suffer deprivation, there are some CEYP who are not affected by the deprivation they experience in terms of mental health. The reason for this is unclear and there is ongoing research to find out whether it is due to genetics, certain individual differences, or different factors (Kumsta et al., 2010b).

Further research that found conflicting results was Tarren-Sweeney (2017), who examined carer-reported scores for the mental health of CEYP in long-term care. It was found that more than 60% sustained or improved their mental health while being in care, and less than 25% showed deterioration; thereby suggesting that being in care may be beneficial for some CEYP's mental health. This contradicts previous research mentioned that suggests being in care and secondary effects of

the care process may contribute to negative mental health effects. This study did however have a high sample attrition which may have compromised the validity of the findings, although the author argues the results are still generalisable despite this (Tarren-Sweeney, 2017).

Furthermore, it could be argued that carer-reported scores may be biased and may not be a true reflection of the young person's mental state, so these conclusions may lack validity. Despite these contradictions, Tarren-Sweeney (2017) draws important conclusions in that CEYP have very different mental health trajectories and that being in care can result in differing mental health outcomes. For example, being in care may offer the opportunity for the child to feel loved and secure, resulting in stability or recovery, or being in care may compromise the child's wellbeing if placements are unstable and frequent. Therefore, there are multiple and complex factors that contribute to the mental health and wellbeing of CEYP.

3.3: The Self

As mentioned in the introduction, three key aspects of mental wellbeing which relatedly contribute to the formation and maintenance of one's self-concept have been identified and chosen for exploration in this research project: self-esteem, self-worth, and identity. These three aspects are explored in this thesis as they are known to be particularly challenging for CEYP due to the adversity and lack of parental guidance and support they have often experienced (Bartholomew & Horowitz, 1991; NICE Guidelines, 2015; Verschueren, 1996) and are all important in promoting positive mental health outcomes for CEYP (Arsandaux, Galera & Salamon,

2020). All three of the aspects related to self-view and concept are also influenced by social media, and thus are highly relevant to this thesis.

When reviewing the different theories of self-concept, the multidisciplinary approach needed to be considered. Hence, theories were considered from the multiple academic disciplines highlighted previously (psychology, sociology, and computer science). The dominant theories in the thesis regarding identity and self-concept are Erikson's (1968) psychoanalytic theory of identity, Tajfel and Turner's social identity perspective (1979, cited in Seering et al., 2018), Festinger's (1954) social comparison theory, and Goffman's (1959) self-presentation theory. While these theories primarily stem from psychological and sociological backgrounds, the theories are additionally explored through a digital lens in order to consider the computer science discipline. More on these theories will be highlighted in this section and the literature surrounding the three factors relating to self-view will now be discussed.

3.3.1: Self-Esteem and Self-Worth

While self-esteem has been extensively studied, its definition is still debatable. It can be divided into global or domain-specific definitions, with global considering self-esteem as a total evaluation of one's worth, whereas domain-specific definitions are based around self-evaluations on certain aspects, for example intelligence or appearance (Jordan, Zeigler-Hill & Cameron 2015). Despite these two distinct categories, Brown et al. (2001) infer that domain-specific self-esteem is largely covered by global self-esteem, as those with higher self-esteem view their attributes

more positively due to their high self-esteem. Contingent self-worth is a related but separate construct from self-esteem (Lopez & Polletta, 2021), which instead relates to people's perceptions of how they need to act or be to attain value and worth as an individual (Crocker & Knight, 2005).

It is important to study self-esteem and self-worth because low levels of these in adolescence have been found to predict higher rates of criminal behaviour, poorer health, and limited economic prospects, compared to those with higher levels (Trzesniewski et al., 2006). More recently, a longitudinal study examining high-school students by Arsandaux, Galéra and Salamon (2020) found that a high level of self-esteem in adolescence predicted better self-rated health, fewer symptoms of depression, and a higher likelihood of meeting long-term goals. When the participants were young adults ten years later, high self-esteem predicted better life satisfaction and better self-rated mental health. This research also found that the period of life when self-esteem difficulties were present had a significant effect on outcomes. Poor self-esteem in young adults was most highly linked to negative life outcomes, such as life satisfaction and health outcomes. As a result of this, the researchers suggest that self-esteem interventions should be considered across the life span (Arsandaux, Galéra & Salamon, 2020). Therefore, studying YP aged 13-25 is important for this research project, but research also suggests that the effect of social media on mental wellbeing needs to be examined across the life span when possible.

When specifically looking at the CE population, self-esteem and self-worth issues often persist into adulthood and can lead to risk-taking behaviours such as unsafe sex, self-harm, and substance abuse (Department of Health, 2003). The Care Leavers' Association (2017) found that 87% of CEYP experienced low self-esteem, with 83% experiencing low self-esteem after leaving care. Consequently, self-esteem is an important factor that needs to be researched and improved upon to reduce the likelihood of these outcomes, as well as needing to be considered throughout the life span as research has suggested. Despite this, there have been mixed views on the importance of self-esteem. This research will take a similar stance to the following authors: that people have a desire to believe that they are worthy, and their lives have value, which subsequently drives their behaviour (Pyszczynski et al., 2004). Crocker and Knight (2005) suggest that an important factor of self-esteem is what people believe they need or must do to have self-value and self-worth, which they call contingencies of self-worth. Accordingly, it is important to examine the online behaviours of those whose self-esteem and self-worth may be low (in this case, CEYP).

Additionally, self-worth can be discussed using a psychological approach that is based on Bowlby's (1969-82) theory of attachment: the internal working model of attachment. This model describes one's development of mental representations throughout attachment but focuses on self-worth and expectations of how others may react to the self (Verschuere, 1996). The amount of self-worth one feels is usually the result of interactions with primary caregivers, which is automatic and

internalised (Verschuere, 1996), thus explaining why CEYP may have low self-worth due to the likelihood of a lack of care and support from birth families or caregivers.

To contextualise this, parents who reject a child's need for care and attention show the child that close relationships should be avoided, so the child will most likely form maladaptive attachment styles in later life. Therefore, internal working models are representations of self-worth, resulting from experiences between the child and the attachment figure (Sherman, Rice & Cassidy, 2015). These experiences are broken down into responsiveness and accessibility of the parent and the worthiness to be loved and supported (Bartholomew & Horowitz, 1991), which are often sparse with CEYP due to the neglect and trauma they have likely experienced. Consequently, CEYP often have low self-worth, a negative self-view, and a negative view of others.

Along with this, as a protective mechanism, those with maladaptive attachment styles often construct defence mechanisms to protect themselves from rejection, resulting in avoidance of intimacy and a lack of trust (Bartholomew & Horowitz, 1991). On the other hand, a caregiver who is responsive, loving, and supportive creates a positive internal working model and results in high self-worth and a positive view of the self and others (Bretherton, 1991). A healthy internal working model is also gained when attachment is secure and proximity to the caregiver has been stable in times of threat or danger (Bartholomew & Horowitz, 1991), which is often not the case for CEYP as they may have been exposed to trauma, abuse, or neglect, or prone to frequent care placements and relocation.

This all speaks to the mental wellbeing aspect of self-worth, as these internalised representations of the self, attachment abilities, and relationships are all due to experiences with primary caregivers (Karavasilis, Doyle & Markiewicz, 2003). So, if these processes are negative, which is likely common among CEYP, it influences their expectations of relationships, self-worth, and self-esteem. This literature is therefore further justification for exploring social media's effect on self-worth, as we can see that self-worth may be especially low in CEYP and it is important to understand how social media is impacting upon this.

3.3.2: Identity

Another facet of mental wellbeing that this project will be exploring is sense of identity. Achieving identity is an important predictor of wellbeing in adolescence and early adulthood (Karaś et al., 2015 cited in Ekłym & Ecieciuch, 2015), so is essential to research. Erikson's (1968) stages of psychosocial development suggest that a key part of development in adolescence is identity formation, which is largely influenced by social relationships (Moshman, 1999 cited in Best, Manktelow & Taylor, 2014). Erikson's theories imply that identity is formed through life stage 'crises' in which identity clashes with confusion, and successful transitions are required to form a stable identity. Thus, a key period of instability occurs before adolescents form their identity, which causes vulnerability due to constant psychological and physiological changes (Frydenberg, 2008). As a result of this, any threats or stressors during this period of development can have worsened effects on identity (Manago, Taylor & Greenfield, 2012). This can thereby be related to the CE population who face stressors during childhood.

Identity is often thought of as a protective mechanism used by CEYP, in which they use different identities to avoid dealing with past trauma (McMurray et al., 2011). McMurray and colleagues found a main theme with identity in their research: CEYP used family and social relationships to define themselves. However, these relationships were rarely certain or stable as they fluctuated regularly, so the CEYP's sense of identity was unstable. The researchers also found that some CEYP felt they could only be their true self around close friends, as friends were thought to be more stable than family members, suggesting peer attachment is important.

Additionally, some participants rejected their identity as it would label and stigmatise them as a CE child and not a typical child. The conclusion from this research (McMurray et al., 2011) conveyed that positive social and emotional connections are crucial in the formation of a secure identity, similar to that of attachments and self-esteem, which can again be difficult for CEYP as trauma often results in a lack of trust and unstable lives due to moving regularly and placement breakdowns. It is important, however, to acknowledge that a small sample size (13 YP and their social workers) was used by McMurray and colleagues, so these results may be limited in their generalisability to a wider population. Therefore, this thesis will aim to examine identity in depth to better understand its relationship with social media use and which aspects of social media CEYP consider beneficial or detrimental to their sense of identity and subsequent self-view.

3.4: Social Media and Mental Health and Wellbeing

Social media platforms are a prominent part of many people's lives; some may even say they are unavoidable. Social media platforms, such as Facebook, Snapchat, TikTok, X (formerly Twitter), and Instagram, have become a significant interactive tool for YP (Berryman, Ferguson & Negy, 2017), but the popularity of these platforms fluctuates regularly and has a varying appeal to different age groups (Statista, 2022). When this research project began in 2019, there were 3.5 billion social media users worldwide (Emarsys, 2019). In just a few years, this number now lies at 4.95 billion social media users in October 2023 (Datareportal, 2023). Recent research has shown that 91-97% of 12–17-year-olds use social media in the UK (Ofcom, 2022) with 25% of children aged 3-4-years having their own social media profiles, showing that exposure to social media platforms starts very early in childhood (Statista, 2022). TikTok has been a social media platform that has risen significantly in popularity since its launch, with an average use of 97 minutes per day by YP in the UK (Statista, 2022). With YP spending so much time on social media, exacerbated even more so due to the Covid-19 pandemic (Hamilton et al., 2022), it is essential to research the effects that this increased digital exposure can have on mental health and wellbeing.

To determine how social media is impacting upon YP's mental health and wellbeing, it is helpful to explore the specific design features of social media and how these may directly impact upon wellbeing. When this is explored, it enables researchers to assess not only the effectiveness of a design feature, but also acknowledge how it may be affecting YP's mental health and thus if it needs to be altered in any way to

prevent emotional distress. Most of the commonly used social media platforms among YP (Instagram, Snapchat, TikTok, Facebook, and X [formerly Twitter]) have features and standard activity types that include liking, following, tagging, and sharing. Social media also uses algorithms to determine everyone's social media feed (content that is presented to a user) via these activities, which play a fundamental role in user interaction (Alaimo & Kallinikos, 2017). This algorithmic decision-making prompts questions regarding YP's privacy, transparency, and personal data handling (Perez Vallejos et al., 2021), which may likely have further effects on wellbeing.

Moreover, social media design also encompasses aspects such as nudges and notifications. The design of social media has been intentionally created to be addictive (Alutaybi et al., 2019), exploiting human psychology to keep the attention of the user and entice them to constantly check for updates and notifications (Fogg, 2002 cited in Kidron, Evans & Afia, 2018; Purohit, Barclay & Holzer, 2020). This is particularly concerning when considering young users of social media, as habits formed before 9-years-old can take significant intervention to change (Doidge, 2007 cited in Kidron, Evans & Afia, 2018) and children tend to seek immediate gratification, resulting in an increased susceptibility to forming these habits (Kidron, Evans & Afia, 2018). The over-engagement type of behaviour encouraged by this persuasive design can also lead to the development of FoMO (fear of missing out) for YP, in which users become emotionally invested in social media and consequently begin to feel anxious about what they may be missing online when they are offline (Beyens, Frison & Eggermont, 2016). Therefore, it is imperative to research how the design features of social media, such as those mentioned, are affecting the mental

wellbeing of YP, and if and how lived experience of the care system has any further impact on this.

3.4.1: Policy and the Age Appropriate Design Code

As social media use among YP grows rapidly, the need to protect these YP from harm is growing. Multiple laws and governmental policies currently exist in the UK to protect children and YP from online harm, such as section 103 of the Digital Economy Act 2017 and the UK Government's Online Harms White Paper (NSPCC, 2022). Organisations in the UK, such as the UK Council for Internet Safety (UKCIS), the 5Rights Foundation, and the International Telecommunications Union (ITU), have produced digital resilience and child protection guidelines that are widely available online and provide resources for the technology industry, policymakers, parents and carers, and children themselves (NSPCC, 2022). Website hosts, including social media platforms, also have legal responsibilities to protect YP from harm, as well as having individual policies and guidelines regarding mental health specifically.

The Age Appropriate Design Code (AADC), also known as The Children's Code, is particularly important to introduce when considering the context of this research. The Information Commissioner's Office (ICO) produced a code of practice for online services that use children's personal data, rooted in current data protection laws and grounded in the United Nations Convention on the Rights of the Child (Information Commissioner's Office, 2020). The goal of the AADC is to ultimately create a safe, open and transparent space for children to play, learn, and explore online, rather than deterring children from online services. The core principles of the AADC outline

that online services, such as social media platforms, should complete data protection impact assessments to ensure age-appropriate application and reflection across all age ranges, while ensuring the child's data is minimised (not gathering excess data) and not used in detrimental ways to wellbeing (Information Commissioner's Office, 2020). The AADC is imperative to reflect on when introducing this research because age-appropriate content is significantly important when considering the vulnerability of CEYP's mental wellbeing online and is a crucial component in how social media platforms may impact the mental wellbeing of YP.

Despite the implementation of the AADC in September 2020 (Information Commissioner's Office, 2020), new research is constantly required to provide up-to-date recommendations for policies and guidelines. Cheswick et al. (2019) highlight how YP's voices are often neglected when discussing how the internet impacts them, finding that YP aged 13-17 often feel disempowered and resigned when discussing their online experiences. Therefore, Cheswick and colleagues encourage the importance of YP being involved in research and *"playing an instrumental role in shaping the digital world"* (Cheswick et al., 2019). These laws and codes of practice are also not specific to CEYP, with many policies surrounding CEYP being separate from the general policies for YP. So, this research will contribute to the gap in knowledge of this underrepresented population by exploring the lived experiences of this group and gaining further insight from the SCPs who work closely with them.

Furthermore, the Departments of Health and Education strongly encourage CEYP to be involved in their own care, and they conclude in a 2016 report that there is an

urgent need for more research into the mental wellbeing of CEYP (Department of Health, 2016). Throuvala and colleagues (2019) also emphasise the importance of engaging YP in the research process so researchers have the opportunity to hear their voice and lived experiences of what it is like as a young person to use social media platforms, which can consequently be used to inform policymaking and design interventions (Vallejos et al., 2019). Therefore, these encouragements support this research and convey the importance of exploring how social media impacts the mental wellbeing of CEYP through actively listening to lived experiences and young voices.

3.4.2: The Psychological Driving Forces Behind Social Media Use

Social media is unique and different to other internet uses due to the pressure that comes with it to be constantly socially available so one can respond to messages quickly (Thomée et al., 2010). YP use social media regularly to confirm their role and position in friendship groups (Livingstone, 2008) and if access to social media is restricted, it is likely to produce anxiety in adolescents (Skierkowski & Wood, 2012). This is thought to occur mainly due to a phenomenon called FoMO (fear of missing out). FoMO is thought to be one of the biggest driving forces behind greater use of social media and is when adolescents become emotionally invested in social media and consequently begin to feel anxious about what they may be missing online when they are offline (Beyens, Frison & Eggermont, 2016). This results in increasing reliance on social media and often leads to a higher likelihood of developing anxiety and depressive symptoms (Woods & Scott, 2016).

Beyens and colleagues also found that increased FoMO was linked to more stress-related use of social media, and that more social media use was related to feeling the need to belong. However, this research emerged from studying the general population, so its generalisability to the CE population might be limited, especially because CEYP may have existing issues with identity and belongingness. Whether this is beneficial or not for mental health is yet to be found, however the dependency on social media and anxiety felt when restricted from it conveys that it may be a concern for those who may be susceptible to mental health issues such as anxiety.

A study by Barry et al. (2017) looked at both adolescents and their parents and found that more social media use was moderately positively correlated with parent-reported DSM-5 (Diagnostic and Statistical Manual-5) symptoms of inattention, hyperactivity, impulsivity, anxiety, and depressive symptoms. Also, adolescents were found to report more FoMO and higher levels of loneliness when using social media more, and when adolescents had more social media accounts, they were more likely to report anxiety, depressive symptoms, and FoMO.

Similarly, Woods and Scott (2016) found that adolescents who used social media more and those who were more emotionally invested in social media had poorer sleep quality, lower self-esteem, and higher reported levels of anxiety and depressive symptoms. These findings are consistent with the argument put forward by Bauman (1997), who believed that consumerism and technology are destroying humans' sense of responsibility for other people and hence the ability to form

intimate relationships. In relation to CEYP, we know from research mentioned previously that these YP already have difficulty forming attachments and relationships, so any internet platform that makes this even harder may consequently hinder their mental wellbeing.

As well as FoMO, another driving force behind the use of social media among adolescents is social approval. With social approval being difficult to measure quantitatively, Sherman et al. (2016) developed a novel fMRI (functional magnetic resonance imaging) paradigm that simulated an Instagram experience. It measured adolescents' behavioural and neural responses to 'likes', which were used as a quantifiable measure of social approval. Their findings conveyed that more likes generated greater activity in neural regions associated with reward, social cognition, and attention. Thus, they concluded that likes can be used as a quantifiable measure for social approval and that likes are indeed a powerful motivator and driving force for posting content on social media and maintaining a social profile.

Research consistent with this is Chua and Chang's (2016) work, which found girls in particular place high importance on likes and usually expect a certain number of likes before posting the content. Girls were also found to compare and compete with their peers' number of likes and set themselves a baseline measure for their number of likes or comments based on this. Therefore, this research supports the idea that likes act as a measure for social approval and may influence mental health if a certain measure is not achieved. This could have worrying applications to CEYP, as attachment theories (Bowlby, 1969-82) imply that many CEYP will be craving

attention well into later life due to the lack of devoted attention from a primary caregiver during crucial stages of development. As these vital attachments are often absent or maladaptive in this population, CEYP may have prevailing issues with attention-seeking because they did not receive this attention during childhood. Therefore, if social media is increasing the need for social approval, this could be a mental health concern for CEYP specifically due to possible issues around the increased desire for approval and attention-seeking.

Another relevant and significant driving force behind social media use among YP is the high level of accessibility and the persuasive design of technology. Most YP use smartphones or tablets when using social media, making the platforms highly accessible and creating 'hyper-connectivity' (Robinson & Smith, 2020). Along with high accessibility, social media is designed to grab the user's attention, keep them online, and entice them to keep checking for updates and notifications. This has been named 'persuasive design' (Fogg, 2002 cited in Kidron, Evans & Afia, 2018) and can be compared to addiction, in that this type of design can create psychological cravings due to the feeling of reward gained when receiving feedback on a post. This feeling of reward is due to a dopamine rush in the brain (Berridge & Robinson, 1998), which then triggers online behaviour to become habitual in nature. For YP, this is concerning as habits formed before the age of 9 can take significant intervention to change (Doidge, 2007 cited in Kidron, Evans & Afia, 2018) and children tend to seek immediate gratification, resulting in an increased susceptibility to forming these habits (Kidron, Evans and Afia, 2018).

The difficulty in controlling YP's social media use can thereby be associated with the habitual nature of social media use as outlined above (Throuvala et al., 2019), as the constant and automatic stream of information YP receive via social media reinforces the behaviour (Griffiths, 2018). Many factors sit within this driving force, all of which contribute to increasing the need and desire to be present online for YP. These include individual, social, and environmental factors, such as peer pressure and design characteristics, that impact the level of engagement YP have with social media platforms (Griffiths et al., 2018). Therefore, the highly accessible and persuasive design of social media platforms creates significant concern when considering the impact of social media on the mental health and wellbeing of children and YP; specifically, those who may be more susceptible, such as CEYP.

On the other hand, there are positive psychological drivers behind social media use, such as using social media as a form of entertainment or as an escape from reality. These drivers have been found repeatedly in academic literature (Lee et al., 2015; Whiting & Williams, 2013), but are often outweighed by the concerns that these temporary gratifications contribute to problematic use of social media and habit-forming behaviour (Brailovskaia, Schillack & Jürgen, 2020). So, while these concerns should not be ignored, it is important to consider both sides of the argument and acknowledge that some YP may simply use social media to enhance their mood and wellbeing, despite the impermanence of this behaviour.

3.4.3: Social Media and the Self

3.4.3.1: Social media and Self-Esteem

In research studying YP in the general population, some findings have conveyed a relationship between social media use and low self-esteem (Kelly et al., 2018; Orth, Maes & Schmitt, 2015). Kelly et al. (2018) found that these links were stronger for females compared to males, suggesting there is a gender difference in this relationship. While Kelly et al.'s research can be considered generalisable due to the large population size, it is important to remember that caution is needed when interpreting these findings due to the cross-sectional design. As well as this, research on the general population may not be generalisable to CEYP.

Another recent study, again with the general population, also found that feedback is important to adolescents on social media. Li et al. (2018) tested a large sample of female students aged 12-18-years-old and examined selfie-posting behaviours on Instagram, and the importance of receiving peer feedback on these selfies (self-photographs). Their findings showed that girls who relied on and placed higher importance on peer feedback (number of likes and positive comments) tended to have more of a depressed mood and lower self-esteem, which is consistent with previous research (Jong & Drummond, 2016; Sherman et al., 2016). As a result of this, it was concluded that peer feedback can be labelled as a key performance indicator of selfie-posting behaviours for adolescent females, linking to the driving force of social approval as mentioned previously.

Other research has investigated gender differences too, with Ehrenreich and Underwood (2016) looking at both boys and girls and how social media influences their self-esteem and general mental health. They found significant gender differences in their results, with findings showing that girls who internalised symptoms like depression, anxiety, and loneliness predicted the use of social media in a certain manner, for example sharing negative affect, somatic (physical appearance/body image) complaints, and stimulating support from peer groups. However, the boys who internalised negative psychological symptoms did not predict any specific social media behaviour. The conclusion was therefore that girls who are prone to internalising depressive and anxious symptoms use social media in ways similar to co-rumination, which consequently has negative effects on self-esteem and general mental wellbeing (Ehrenreich & Underwood, 2016). It is important to consider, though, that this was not longitudinal data so whether these effects are long-term or not is questionable. Again, this poses concerns when considering the vulnerability of CEYP, as many of these YP already experience poor mental health and low self-esteem before the effects of social media are considered.

When looking at self-esteem specifically, it is important to remember what was mentioned previously: that adolescence is a key stage in vulnerability for low self-esteem (McLaughlin & King, 2015; Orth, Maes & Schmitt, 2015). More research that has found negative effects on self-esteem after using social media includes a study by Vogel et al. (2014), who found more frequent Facebook use can lead to lower self-esteem. A possible reason for why self-esteem can be hindered by social media has been put forward by Gonzales and Hancock (2011), who suggested lower self-

esteem relating to more social media use may be due to the increased exposure to other individual's carefully constructed profiles that only emphasise positive characteristics and experiences. In other words, people have biased social media profiles that only show the positive side of their life (Reinecke & Trepte, 2014), thus comparing oneself to other people's 'highlight reel' can often result in reduced self-esteem, self-worth, and general wellbeing.

This relates to two well-established psychological theories: self-presentation theory (Goffman, 1959) and social comparison theory (Festinger, 1954). Self-presentation theory is central in one's identity and describes how people are constantly working to control their impression management in social situations, concerned with how they are presenting themselves to minimise embarrassment and to maximise positive impressions (Goffman, 1959). With the introduction of social media platforms, the ability to present a more controlled (or 'perfect') version of oneself is arguably easier, thus skewing the reality of oneself (Reinecke & Trepte, 2014). As Gonzales and Hancock (2011) suggest, this can likely have detrimental effects on self-esteem as the standard to which YP compare themselves to is unrealistically 'perfect'.

Social comparison theory (Festinger, 1954) alternatively outlines how people value their own achievements and abilities through comparisons to others, which can be upwards (comparing oneself to someone superior [Wheeler, 1966]) or downwards (comparing oneself to somebody perceived as inferior [Wills, 1981]). De Vries et al. (2018) proposed two theories as to what happens when someone sees a stranger's

positive post on Instagram: either a social comparison leading to negative affect, or an emotional contagion response leading to positive affect. De Vries and colleagues found that those who tended to compare themselves to others led to negative affect when seeing positive posts on Instagram, and those who do not tend to compare themselves to others led to positive affect (consistent with both proposed theories). Therefore, de Vries et al. (2018) concluded that individual differences play a large role in the impact of social media on wellbeing.

Consistent with this, Park and Baek (2018) found that social comparison orientation (ability, opinion, upwards, or downwards) affected whether one would feel positive or negative after looking at social media posts. Jiang and Ngien (2020) also found that social comparison and self-esteem were significant mediating factors in the effect of social media on social anxiety. A Canadian review paper by Abi-Jaoude, Naylor and Pignatiello (2020) gathered substantial evidence that suggested social media can have a direct impact on the self-view of adolescents via social comparison, with girls being impacted more negatively. So, research supports the argument that individual differences play an important role in the impact of social media on the wellbeing of YP, and thus need to be considered in this research.

Examining social comparison further, Nesi and Prinstein (2015) found that technology-based social comparison was linked to higher reported depressive symptoms among adolescents, as well as finding the participants were actively seeking feedback from their peers on social media. When looking at Instagram specifically, Stapleton, Luiz and Chatwin (2017) found that Instagram did not directly

affect self-esteem, however findings also suggested that intensity of Instagram use was influential on self-worth when the individual felt their self-worth was dependent on other people's approval. This may be problematic when considering CEYP, as it is likely that they often failed to receive approval or attention when they were growing up due to potential trauma or neglect, so they may seek it in later life via social media. When comparing to the results found by Stapleton and colleagues, this may suggest that CEYP may be at risk of social media causing negative effects on self-esteem if they depend on others for approval.

While research has shown that social media can result in negative effects on self-esteem and general mental wellbeing, some research has found factors that mitigate this risk. A qualitative study with adolescent girls found that high confidence, high media literacy, and an appreciation of our individual differences all protected the participants from negative impact (Burnette, Kwitowski & Mazzeo, 2017). Perhaps the most insightful finding for this research was that the participants expressed that these protective aspects flourished most when in a nurturing home and supportive school environment. This is a key finding to relate to this research because CEYP are more likely to have lacked a nurturing home compared to non-CEYP, thus they may lack the protective characteristics discussed in Burnette and colleagues' research.

Other research has found evidence for social media both aiding self-esteem as well as hindering it, or generally mixed results. Valkenburg, Peter and Schouten (2006) found that receiving either positive or negative feedback on social media can impact self-esteem in both ways. Likewise, a systematic review found mixed results on

whether social media impacts psychological wellbeing positively or negatively (Seabrook, Kern & Rickard, 2016). Furthermore, Best, Manktelow and Taylor (2014) completed a review on social media's influence on mental wellbeing and findings conveyed both benefits and harmful effects. The benefits included increased self-esteem, social support, and self-identity experimentation. Therefore, this is an important contradiction to the research discussed that found social media had only negative effects on self-esteem. Despite this, Best and colleagues also found negative, harmful effects, such as increased exposure to harm, social isolation, depression, and cyberbullying. These findings are concerning when relating to CEYP, as CEYP have been found to be more prone to these aspects anyway; thereby with social media increasing the risk further, they may be increasingly susceptible to mental health issues.

Alternatively, other research has more positive views of social media and its influence on self-esteem, such as Forest and Wood (2012), who put forward a contradictory argument suggesting that people who already have low self-esteem think of social media as a safe place that makes maintaining social relationships easier due to the lack of social pressure and more control over how one is presented (compared to meeting in person). Thus, Forest and Wood believe social media can provide a controlled environment for people with low self-esteem and allow them to gain support and attention from peers that may boost self-esteem.

Interestingly, Mackson, Brochu and Schneider (2019) looked at users and non-users of Instagram and their psychological wellbeing and found that Instagram users had

lower anxiety, lower depressive symptoms, and lower levels of loneliness, as well as higher self-esteem compared to non-users. When looking at users specifically, any anxiety or depressive symptoms were predicted by Instagram anxiety (a term used for feeling anxious about the number of likes received or comments) and social comparison. Therefore, these findings suggest that social media can produce positive effects on mental health due to providing support that enhances the fundamental need to belong (Keep & Amon, 2017). This again links to CEYP and the possible lack of belongingness due to moving around residential care homes and other factors mentioned previously, thus suggesting social media may be beneficial for CEYP as it could provide support and a sense of belonging.

3.4.3.2: Social Media and Self-Worth

While there is a lot of overlap between self-esteem and self-worth research, there is some research that focuses more on self-worth measures. Most research that examines self-worth and social media use also links back to social comparison and body image. Prieler, Choi and Lee (2021) explored the role of self-worth contingency on others' approval (a domain from Crocker et al.'s [2003] self-worth contingency scale) when using social media. They found a negative effect on adolescent girls' body esteem— and hence mental wellbeing— across multiple countries. This is consistent with previous research that has found body image issues within adolescent girls is primarily caused by exposure to idealised body images conveyed through mass media (Hargreaves & Tiggemann, 2004), which is particularly concerning when considering the popularity of social media among YP in the current climate. Perloff (2014) emphasises the importance of acknowledging the unrealistic

images of female beauty on social media due to the negative impact it is having on young females, especially as social media platforms provide more (and constant) opportunities for negative social comparison when compared to traditional media such as television or magazines.

Along with these unrealistic beauty standards that are portrayed on social media, recent research by Ryding and Kuss (2020) suggests that YP, particularly females, are internalising a thin beauty ideal that will consequently have negative effects on mental wellbeing and self-worth if these ideals are not met. Social media is thought to be more unrealistic when compared to other mediums due to the positively skewed self-presentation, in that people on social media present the best possible version of themselves and their lives (Barash et al., 2010; Lee et al., 2014), thus providing an unrealistic standard of living, beauty, and other lifestyle aspects. Therefore, levels of self-worth are particularly concerning for the mental wellbeing of young females when examining social media use because of the increased likelihood of negative social comparison against an unrealistic ideal (Haferkamp et al., 2012; Prieler, Choi & Lee, 2021). As Prieler and colleagues argue, this evidence base is an important starting point for interventions that highlight the unrealism of social media in order to reduce appearance comparisons and risks to the wellbeing of young girls.

Likewise, Lopez and Polletta (2021) examined self-regulation on social media and found that the more socially anxious an individual is, the more Instagram contingent self-worth they feel. The latter concept describes how people can base their self-

worth depending on feedback, recognition, and approval from other Instagram users. Although a broad age range was studied, young adults were included so it can be argued the results are valid for this age range also. It was concluded that people who may struggle with social anxiety most likely tie their self-worth to recognition on social media, which may have harmful effects on wellbeing if recognition is low. Research by Sabik, Falat and Magagnos (2019) also suggested that the more dependent young females are on social media for self-worth, the more at risk they are for poor wellbeing. More dependence was linked to lower levels of resilience and self-kindness, and higher levels of stress and depressive symptoms. Therefore, these findings may be more concerning for vulnerable populations who may be prone to developing anxiety and basing self-worth on external factors, such as CEYP, which again supports the importance of this research.

In comparison, there is limited research that has found positive impacts on self-worth from social media use. Zhai (2019) studied undergraduate students and found that those who use social media to send and distribute information to extend their social network can acquire more social support, which results in improved self-worth. This may be apt for marginalised and underrepresented groups such as CEYP, as they may look for others who have had similar life experiences via social media to gain a support network, thus suggesting that social media can have beneficial effects on self-worth. Despite this, most of the existing research suggests social media has negative effects on self-worth.

3.4.3.3: Social Media and Identity

Both millennials and Generation Z came of age with social media, so it has been suggested that their identity formation is in the shadow of social media and the reality that it has created for YP (Kay, 2018). It has also been argued that social media use is an important component in the developmental process for YP due to the level of interaction and the formation of online identities (Subrahmanyam & Šmahel, 2011, cited in Berryman et al., 2017). This is particularly fitting for adolescents, as this is a key period of vulnerability, and they are open to new ‘crises’ and extreme changes (Erikson, 1968) while experiencing this kind of technology. Therefore, social media can potentially play a substantial role in influencing identity during this period of development. Additionally, by researching emotional and sensitive topics such as mental health and wellbeing, it is important to acknowledge that the researcher may possibly play a role in influencing identity by addressing the design of social media, which can have positive and negative effects (Branham et al., 2014). These two points clearly convey the ethical importance of vulnerability and identity influence, both of which need to be carefully considered in this research.

On social media and online spaces in general, social identities have been found to be both fluid and complex (Seering et al., 2018). The original principles of social identity theory stem back to Tajfel and Turner’s (1979, cited in Seering et al., 2018) research into intergroup relations. Since then, the broader social identity perspective has drawn on how people organise themselves into and within groups, as well as how they treat others. Social identity also examines group behaviours and factors that influence attachment to and identification with groups, with implications that

psychosocial mechanisms on both a group-level and an individual-level are important for healthy development (Seering et al., 2018). Earlier models have suggested the self is stable, whereas the social identity perspective argues the self is made up of various and fluid social identities that are used when they are deemed the most appropriate for a situation (Turner, 1999, cited in Seering et al., 2018). Therefore, Seering and colleagues argue that identity is context-dependent and hence this self-categorisation of identity can vary and shift when using different technological platforms. This is important when considering the context of this research, as we can explore which contexts may trigger psychologically positive or negative versions of the self and examine the implications this may have for mental wellbeing.

When looking at research that has explored identity and social media use, Taber and Whittaker (2018) looked at self-perception and identity in young adults and found that different social media platforms encouraged different personality traits. For example, Facebook produced lower self-reported measures of neuroticism, openness and agreeableness, whereas Snapchat produced higher measures of extraversion and more openness when compared to Facebook. This was explored further qualitatively, and the researchers found that the fleetingness of some social media platforms, such as Snapchat, were the reasons for increased extraversion and openness. Therefore, participants were exploiting the control they had over the social media platform to create and post content that would display a particular identity or self.

This is consistent with previous research that has shown a concern for how we are perceived online (Hogan, 2010) due to our social media profile being considered as an exhibition of ourselves. YP also have the tendency to self-edit online due to the availability to do so via editing, filters, or deleting content, whereas the ability to do so in life offline is not possible (Taber & Whittaker, 2018). This supports the high importance of self-presentation on social media as there is more pressure to make one's social media more impressive.

Research in this area also suggests there are factors to social media design that reduce the anxiety around judgement and the pressure to portray a certain identity, and hence are beneficial for mental wellbeing. These factors include social media features that are more ephemeral and fleeting, such as Snapchat or 'stories' on social media platforms, and social media platforms that show or provide fewer feedback mechanisms, such as likes, views, and commenting, as this reduces the accessibility of numbers that may be judged or compared against (Taber & Whittaker, 2018). Participants in research by Bayer et al. (2015) also mentioned that they enjoyed the ephemerality of Snapchat as it allowed them to be their true selves, again supporting the concept that particular features of social media design, such as fleetingness, may be beneficial for identity and subsequent wellbeing. This, along with prior work (Bayer et al., 2015; Ellison, Heino & Gibbs, 2006; Ellison & Vitak, 2015; Utz, Tanis & Vermeulen, 2012), confirms the argument that some social media assets can have direct effects on self-presentation, which in turn can influence mental health and wellbeing.

3.4.4: Critiques of Social Media Research

There have been critiques of the existing research around social media and mental health that need to be considered. Shaw and Gant (2002) suggest adolescents involved in current research may already have depressive symptoms, anxiety, and low self-esteem which may not be due to social media activity but other factors instead. Hence, data that suggests social media as a cause of these issues may be invalid and include incorrect assumptions. Similarly, another factor to consider is that individuals with pre-existing mental health issues may prefer online interactions through indirect formats rather than in-person interactions because it reduces the social pressure associated with face-to-face interactions (Shaw & Gant, 2002). This may therefore be worth considering when designing this research project.

Other researchers have emphasised the importance of focusing on specific social media activities when completing research on psychological affect because the contradictory findings so far could be due to different social media activities leading to different psychological outcomes (Frison & Eggermont, 2016). Park and Baek (2018) also point out that there is a research bias in this field: most research focuses on people who make upward comparisons to superiors which mainly leads to lower self-esteem or mixed results, with most research neglecting to study the people who make downward comparisons which can increase self-esteem. Therefore, there are several issues with the research in this area that need to be considered before reflecting on or generalising the findings to other populations like CEYP.

3.4.5: Impact of the Covid-19 Pandemic

The global Covid-19 pandemic has created widespread concern regarding YP's mental health and increasing social media use and is therefore timely and relevant to discuss in this thesis. One study that has explored the mental health of YP throughout the pandemic is the Co-SPACE study. This longitudinal study gathered data from more than 8,700 families from a range of living circumstances and found significant patterns in the data. There were clear increases in parent and adolescent-reported behavioural, emotional, and attentional difficulties when lockdown restrictions were at their highest, whereas these levels dropped again when restrictions eased and schools re-opened (Creswell et al., 2021; Shum et al., 2021). Greater changes were seen among children aged 4-10 years, while a more stable pattern emerged for those aged 11-16 years. This was thought mostly to be due to isolation from friends and stress (Creswell et al., 2021).

Findings from the Co-SPACE study also suggest that some subgroups of YP are less likely to recover from the negative emotional effects of the pandemic, such as YP with special educational needs, neurodevelopmental disorders, and those living on low family incomes (Creswell et al., 2021). Similarly, Ellis, Dumas & Forbes (2020) highlight that the stress of the pandemic is heightened for adolescents as an age group especially due to developmental characteristics and the desire to maintain social connections with their peers. This conveys further importance of studying this age group, as they may be vulnerable to developing negative mental health effects from the Covid-19 pandemic due to the level of isolation from peers that occurred throughout lockdown restrictions.

On the other hand, some research has shown mixed effects of the Covid-19 pandemic on mental health. An online ethnographic study showed that depression, anxiety, and suicidality increased due to, or were exacerbated by, school closures, isolation, lost opportunities, or tension in home environments (Winter & Lavis, 2022). Despite these findings, some positive findings also emerged. Winter and Lavis found that some YP described improvements to their mental wellbeing, with some explaining that this was due to being away from stressors such as school. This is consistent with other findings that have found improvements to mental wellbeing among YP because of the pandemic (Every-Palmer et al., 2020; Mansfield, Jindra & Fazel, 2020). Therefore, research so far is mixed and suggests that the impact of Covid-19 and subsequent lockdowns on YP's mental health is complex and contextual (Winter & Lavis, 2022).

When discussing the impact of Covid-19 on YP's mental health, it is also important to discuss the mediating effect that social media use may have. Social media use has increased among YP since the pandemic began (Ellis, Dumas & Forbes, 2020; Francisco et al., 2020; Hamilton et al., 2022). As a result of this, it is important to see how this increased usage impacts the mental wellbeing of YP. A meta-analysis of cross-sectional studies has shown that excessive time on social media during the pandemic was linked to a greater likelihood of developing anxiety and depressive symptoms (Lee et al., 2022), although this research had multiple limitations such as issues with inferring causality from quantitative data and high inter-study heterogeneity. Hamilton, Nesi and Choukas-Bradley (2022) outline further ways

social media can be harmful to YP during the pandemic, such as the promotion of misinformation, issues around body image and self-esteem, increases in anxiety, and sleep implications.

As stated previously, adolescence is a time of significant psychological, biological and social change, typically characterised by increased self-consciousness, increased importance and complexity of friendships, and increased autonomy (Dahl et al., 2018; Kumsta 2010b; Steinberg & Morris, 2001). YP during adolescence also rely on their peers for their self-concept and identity development (Harter, Stocker & Robinson, 1996), and thus being isolated from friends during lockdown restrictions may have had worrying implications on self-development. Adolescence is also a period of development in which mental health disorders, such as anxiety and affective disorders, increase significantly (Paus, Keshavan & Giedd, 2008).

Moreover, certain subgroups of adolescents may be more vulnerable to the negative effects of social media, such as those with low self-esteem, those with tendencies for risky or impulsive behaviour, and those with mental health symptoms (Valkenburg & Peter, 2013). As aforementioned, CEYP are prone to all three of these factors (Department of Health, 2003; NICE Guidelines, 2015; NSPCC, 2015), which magnifies the concern regarding their mental health during the pandemic, with social media use being an important variable to consider. Therefore, it is essential to explore how the Covid-19 pandemic has impacted upon the mental health of YP (especially CEYP), and how social media has mediated this.

Despite these suggested harmful effects, it is vital to remember that YP have been brought up with social media and thus have the unique skills— when compared to older generations— to stay socially connected during the pandemic (Hamilton, Nesi & Choukas-Bradley, 2022). Consequently, there are a multitude of ways social media could have a positive impact on mental wellbeing, such as providing important information and resources surrounding Covid-19, enabling social connection, and promoting creative self-expression (Hamilton, Nesi & Choukas-Bradley, 2022). It is important for research to remain open-minded and unbiased, reporting both the positive and negative findings when exploring the impact of Covid-19 on YP's mental health.

3.5: The Role of Social Media in the Care-Experienced Population

3.5.1: How CEYP Use Social Media

For CEYP specifically, social media use can be both beneficial and concerning, however the concern is high due to their vulnerability and higher likelihood of developing mental health issues (Papamichail & Sharma, 2019). There is no clarity in the literature yet on the effects of social media on mental wellbeing, and research on CEYP is sparse due to the challenges in accessing the population for research purposes. There is also little guidance for SCPs (social care professionals) and confusion on how to manage and monitor CEYP's social media use and, in turn, whether to use social media to monitor their wellbeing (Cooner et al., 2019). Despite some researchers arguing that ethical policies do exist around social workers'

monitoring of YP's social media, they are not enough to provide guidance on fairness and ethical practices (Sage & Sage, 2016). Therefore, there is a great need to understand the role of social media more in this population.

Simpson (2013) highlights the difficulty social workers have in safeguarding CEYP online, with a specific focus on the inability of individual SCPs to identify and pre-empt all possible risks that may occur via social media (Smith, 2008, cited in Simpson, 2013). What hinders this inability further is the rapidly changing relationship of authority and power with digital technology. Buckingham (2007) remarks on this crisis in the age of digital culture, in that YP can access and produce content while being gatekeepers of this information, whereas the parent or carer are not always able to view this content due to it being on a personalised device. Thus, there is a lack of control for the carer and the power lies with the young person. This is particularly difficult when considering the power balance between SCPs and YP in care, as it is no longer a parent-child relationship which can bring further challenges and conflict.

Despite these challenges, monitoring and filtering software can be used by SCPs and carers (Fursland, 2011) to assist in protecting the young person from online harm such as grooming, bullying, and fraud. Simpson (2013) also comments on the importance of having clear policies and guidelines for SCPs to make informed choices when monitoring YP's social media use and argues that genuine debates and meetings are needed to know how to respond both personally and professionally to an individual child's social media use. However, while this is ideal in theory, this

comes with multiple complexities. Simpson also states that SCPs should train to become competent in multiple social media platforms but neglects the practicalities of this, such as gaps in media literacy and the rapid speed at which new social media apps are produced. Therefore, monitoring CEYP's social media use comes with a wealth of ethical and practical challenges.

3.5.2: The Impact of Social Media on Mental Health and Wellbeing

On the one hand, some researchers suggest technology use and social media can be beneficial for CEYP. Hammond and Cooper (2013) have found that technology is beneficial for adolescents in trusting SCPs, as it helps to create coherent life stories. Furthermore, CEYP often feel isolated when they leave care (Stein, 2012) which can hinder their formation of relationships. With their past likely involving placement breakdowns in care as well, CEYP face many barriers to forming secure and trusting relationships with people outside of the care system. Technology and social media can therefore be thought of as positive and useful in providing CEYP with a platform for online social interaction and support (Valkenburg & Peter, 2007). Valkenburg and Peter (2007) and Fursland (2011) suggest that social media can also be beneficial in the development of friendships, helping the CE individual feel part of a community and helping to maintain contact with relatives.

However, this leads to challenges as CEYP often behave differently due to their lived experiences. For example, they can have a lack of appropriate communication skills, meaning their usage of social media and potential unmediated contact with birth families can cause professional anxiety (Fursland, 2011). Livingstone and Palmer

(2012) surface concerns as to whether online vulnerability is the same as offline vulnerability though, conveying that research thus far does not support the idea that CEYP are at a greater risk online just because of their care experience, but rather because they are more susceptible and likely to encounter mental health issues. More research is required to determine the vulnerability differences and to clarify it further (Sen, 2016).

Other concerns that researchers have found around CEYP's social media use is that these YP, of whom many have experienced abuse offline, are more at risk of online grooming (May-Chahal et al., 2012). The risk of online grooming is far greater for CEYP compared to YP from the general population, as Webster et al. (2010a; 2010b, cited in May-Chahal et al., 2012) explains that vulnerability to online grooming is increased (i) if the young person has sexual naivety, (ii) if they have been sexually abused previously, (iii) if they have low self-esteem, (iv) and if they are isolated, lonely, or have had problematic parental relationships. Accordingly, this is a high concern when considering the dangers and risks surrounding online grooming for CEYP, as social media platforms may act as a catalyst in which the online grooming may occur.

When considering mental health in CEYP in this research, as well as social media, the following study is insightful to how the three factors may link. In a 2-year qualitative study by Wilson (2016), CE individuals from Scotland were asked to take pictures of their favourite and least favourite objects, spaces, and sounds to explore the role of digital technologies in self-care, identity, and belonging. It was found that some

participants' possessions allowed them to feel they belonged and had a place in the community, as well as feeling they were then worthy of care and love. Wilson also found that using possessions and technology to self-identify could help the CE individuals separate themselves from the stigma of being CE. Despite these insightful findings, their possessions did not completely mitigate their feelings of loneliness. Therefore, it was concluded that technology such as social media can be used as a tool to get through difficult times or times of low social contact by helping to form a sense of identity, although it does not mitigate feelings of loneliness completely. As similarly highlighted by McCabe et al. (2021), CEYP value the importance of 'home' and the need to belong immensely, despite this being ever-changing for many CEYP.

These findings are particularly apt in the current climate due to the Covid-19 pandemic, as the lockdowns forced low social contact. This will be discussed in more detail under the next subheading. Thereby, the motivation behind this research is to help clarify and add understanding to social media's influence on the mental wellbeing and self-view of CEYP, as the existing research is scarce and, so far, contradictory.

3.7: Rationale and Literature Gaps

The justification for this research is the urgent need for more research involving CEYP due to their vulnerability and additional life challenges (Department of Health, 2016; Papamichail & Sharma, 2019), especially with the growing concern around the impact increased social media use is having on YP's mental wellbeing. This has been

exaggerated further by the Covid-19 pandemic, as both mental health has suffered and social media use has increased further (Creswell et al., 2021; Hamilton et al., 2022). As discussed, adolescence is a key period for psychological and social change and heightens vulnerability to mental illness (Dahl et al., 2018; Paus, Keshavan & Giedd, 2008), which is the rationale for studying YP aged 13-25 years. Therefore, this multidisciplinary research is exploring the unique combination of CEYP, social media use, and self-view and mental wellbeing.

Gaps in the literature have been highlighted throughout this literature review but can be summarised as follows:

- Recent systematic reviews (Keles, McCrae & Grealish, 2020; Vesal & Rahimi, 2021) highlight the need for more qualitative studies on social media and mental wellbeing, as well as the need to explore more 'moderating' variables. Much of the social media research has also found mixed effects on mental health (Best, Manktelow & Taylor, 2014), suggesting more exploration is necessary. So, this research will therefore use qualitative methodology and explore 'moderating' variables (i.e., differing aspects that relate the key concepts) such as the self-view components discussed: self-esteem, self-worth, and identity.
- Most existing research in this area examines diagnosable mental health issues such as anxiety and depression (Keles, McCrae & Grealish, 2020; Vesal & Rahimi, 2021) and fails to look at moderating aspects or alternative facets of mental wellness that may be affected by social media use. Consequently, this research is focusing on what can be argued as moderating factors or pre-

cursors for more serious mental health issues, which, in this case, are aspects of the self. These chosen aspects are important to explore as they are known to be problematic for CEYP and have important life satisfaction and health outcomes (Arsandaux, Galéra & Salamon, 2020; NICE Guidelines, 2015).

- Finally, most research on social media and mental wellbeing is gathered from the general population and excludes CEYP (Papamichail & Sharma, 2019).

This is most likely because they are a hard-to-reach population and struggle to trust outsiders enough to partake in research (McLeod, 2007). It is hoped that by including CEYP in this research, they feel empowered to make change and know that they have contributed to research. Gathering data from an underrepresented population will also be beneficial to the academic literature in developing our knowledge of CEYP's lived experiences and can potentially be used to inform policymaking and design interventions (Vallejos et al., 2019).

Despite these gaps in the existing literature helping to guide the design of this doctoral research, it is important to note that this research follows the notion that qualitative research should not aim to fill a gap as such, but rather contribute to the *“rich tapestry of understanding that we and others are collectively working on, in different places, spaces and times”* (Braun & Clarke, 2022, p.120). Hence, this research aims to contribute to the current understanding of CEYP's mental wellbeing and social media use— which is arguably limited, as seen from the literature gaps— rather than aiming to fill a specific gap in the literature.

3.8: Summary

To summarise, this chapter has introduced and reviewed the literature on the three key topics that make up the pillars of this research: CEYP, social media use, and mental wellbeing (specifically looking at self-view). This literature review has explored the psychological theories behind why CEYP may be more vulnerable to developing mental health issues, including literature that contradicts this, and practical issues with this population such as access and trust. Findings from research on YP's self-esteem, self-worth, and identity have been discussed and critiqued, linking to the CE population where possible. A wealth of social media and mental health research has been presented, looking at specific impacts on the three aspects of the self as mentioned previously, and drawing on policy and other impactful events such as Covid-19. Finally, the limited literature that connects the three niche pillars of the research are examined and literature gaps are highlighted.

Chapter 4. Responsible Research and Innovation

4.1: Introduction

Responsible research and innovation (RRI) considerations were of utmost importance in this research project. During the design stage of this research and iteratively throughout, RRI has been considered carefully to prepare for and help to react to potential risk, to responsibly consider how this research may impact others, and to maximise benefit for the potential users of the data. This chapter will outline the resources used to reflect on RRI and the consequent activities or processes utilised to produce responsible and ethical research. For example, while most research projects solely require an ethics application process through the university ethics committee, this project needed to incorporate more detailed ethics procedures and safeguarding. In addition, collaborations with social services, local councils, and safeguarding experts were established to enhance public involvement and to improve the responsible approach to this research project. This chapter will highlight all RRI considerations undertaken in this research that aimed to make participants feel safe, respected, and comfortable in order to discuss the sensitive topics that are care experience and mental wellbeing.

4.2: Responsible Research and Innovation

An RRI framework was adopted by the European Commission (2011) and encourages researchers to design research that is anticipatory, inclusive, responsible, and

sustainable, with a focus on a collective effort to align the research with societal values and needs (Owen & Pansera, 2019; Stahl et al., 2021). RRI also focuses on the responsibility of a researcher being proactive rather than reactive, using anticipatory thinking and reflection iteratively throughout the research process to ensure the research aligns with socially desirable goals (Stahl et al., 2021). A further framework was developed by the UK EPSRC (Engineering and Physical Science Research Council) for RRI (UK Research and Innovation, 2022), named the AREA framework (Anticipate, Reflect, Engage, and Act). This was advanced by Jirotko et al. (2017) by incorporating existing approaches in ICT (information and communication technology), creating an AREA Plus framework, with the plus referring to four Ps: Purpose, Product, People, and Process. This creates a matrix of the eight terms and allows for researchers to reflect deeply on many aspects of RRI, keeping discourse about responsible research at the forefront.

To maintain RRI and a high ethical standard in this research project, regular reflection was required throughout. The primary resource used for this reflection was the RRI Prompts and Practice cards (Greenhalgh et al., 2022). The cards are based on the AREA Plus framework (Jirotko et al., 2017) and can be used both physically and online to explore and reflect on RRI in a research project, to plan RRI activities, and to facilitate discussions around RRI. This comprehensive resource, along with other self-reflection RRI tools online such as ORBIT's (the Observatory for Responsible Research and Innovation in ICT) self-assessment tool, was used iteratively throughout the project to reflect on RRI practice, such as identifying ethical issues and considering real-world impact. The next four subheadings will

outline some of the RRI reflections and activities that occurred during this research as a result of using the RRI Prompts and Practice cards (Greenhalgh et al., 2022).

4.2.1: Anticipate

The following RRI reflections speak to four Prompts and Practice cards: Purpose, Socially Desirable Product, People Affected, and Research Conduct (Greenhalgh et al., 2022). As this research project lasted for four years, there was a significant amount of time dedicated to thoroughly considering the design of the research and hence the purpose behind it and anticipating how it may influence the world. Additionally, research questions and the purpose of the research project were reflected on frequently, with societal impact and stakeholder involvement being a large focus of the research.

Other anticipatory actions included gaining insight from Nottingham City Council, a key stakeholder of the research. From the start of this research project in 2019, connections were made via one of the supervisors, Elvira Perez Vallejos, to contacts at Nottingham City Council. The primary contacts were Catherine Underwood (Corporate Director for People) and Kay Sutt (Service Manager, Residential and Targeted Support). A proposal for the research was created and sent to these contacts. After multiple meetings and rounds of editing the proposal (including the interview guides), Nottingham City Council were happy to collaborate with the research and help with the recruitment of the care-experienced young people (CEYP) and the social care professionals (SCPs). This collaboration included regular contact throughout the project to keep the council updated on the progress of the research.

In this research, gaining external input during the design stage was important due to the ethical complexities of studying a sensitive topic and recruiting a population characterised as vulnerable. Staff from Nottingham City Council helped to co-create the interview guides and questions that were asked during the research. This input was invaluable to ensure the questions were appropriate for CEYP. Additionally, once a CE young person had been recruited for the research, the staff member who cared for the young person in the residential home was asked if any of the questions would make the young person feel uncomfortable or upset, as the carer had knowledge of their emotional wellbeing and any triggers that may result in upset. These steps were essential in anticipatory thinking for RRI, in attempting to make the participants in this research as comfortable as possible and to minimise any risk of distress.

Including stakeholders in the design of the research was also important in this project for many other reasons. Primarily, the council's input enhanced the project quality and enabled valuable public engagement. This engagement was crucial to gain a better understanding of the council's needs and concerns. An example of this is that there was originally very little focus on the Coronavirus pandemic in the interview guides, but the council expressed an interest in learning how their social care staff and the YP in their care were affected by the pandemic and subsequent lockdowns.

The final Prompt and Practice card for the Anticipate category is Research Conduct. This involves reflecting on ethical practices. To have a fully ethical and responsible research project, more than the standard ethical approval was necessary for this research. As discussed in the *Literature Review* of this thesis, CEYP can be characterised as highly vulnerable and have existing trauma that researchers must be sensitive to. As this research also recruited YP who were under 16 years old, the vulnerability of minors needed to be considered. Discussing mental health and wellbeing in any capacity can be triggering, upsetting, or uncomfortable for some people. Together, these factors made the research project significant in risk.

As a result of this risk, a considerable amount of time was dedicated to developing ethics documents for the whole project, with input from stakeholders as mentioned. Informed consent forms were crucial in this research due to the vulnerable nature of the participants and the sensitive topics discussed. Parent/carer forms were also created for under 16s and CEYP who were still in residential care. Parents and guardians of participants under 16 years old, and the participants themselves, were also asked if they would like the parent or guardian to be present during the research, as an added option of security or comfort for the participants. Study information sheets were provided to all participants that summarised the study details, provided important information about how participants' data would be stored and used, and reminded participants of their right to withdraw at any stage without having to give a reason. Scripts were also prepared for recruitment material, pre-study briefs, and post-study debriefs.

As well as the standard ethical forms that are necessary for human research, further ethical procedures were generated due to the highly sensitive nature of this research. An example of this was a safeguarding document, which was co-created with an academic contact, Mark Ball, a lecturer in social and community studies from the University of Derby with additional experience in social care. The document outlined a plan of action if a participant were to become distressed or uncomfortable at any point during the research. In addition, an information sheet detailing contacts for mental health support services was created to distribute if necessary. This was important to prepare and have in anticipation in case any participants became distressed through the discussion of mental wellbeing or care experience. For the YP in residential care, in-person meetings were also arranged (when possible due to the pandemic restrictions) to build a rapport and a level of trust, in the hope that the YP would feel comfortable talking to an outsider. After documents were prepared for the whole research project, they were submitted to the Faculty of Medicine and Health Sciences Ethics Committee at the University of Nottingham. Full approval was granted in February 2021 (ethics reference number: FMHS 137-1220).

4.2.2: Reflect

The most fitting Prompts and Practice cards that relate to this research project in the Reflect category are the Unintended Consequences, Means of Reflection, and Equality, Diversity & Inclusion cards (Greenhalgh et al., 2022). Firstly, it was important in this project to reflect on any unintended consequences, mainly surrounding risk or psychological harm to participants. To avoid and minimise this

risk, the ethical considerations and safeguards described in the Anticipate subheading were put into action. Other possible unintended consequences were reflected on with the stakeholders via multiple meetings and discussions, until it was agreed that the research was suitable.

Regular meetings with the key stakeholders were scheduled, as well as regular supervisory meetings, which speaks to the Means of Reflection RRI Prompt card because it allowed for regular communication and reflection of the research project. Reflection was also appropriate for the interview guides, and it is important to note that, with further consideration, the interview guides perceive the YP as ‘victims’ rather than teenagers who may simply do things online that they later regret. For example, the guides ask about their experiences, but fail to address whether the participants themselves have behaved regrettably online. This may impact the data produced and highlight YP as ‘victims’, thus potentially overshadowing any data pertaining to bullying or other negative behaviour.

An equality, diversity, and inclusion (EDI) plan was created originally, but was affected significantly by the Covid-19 pandemic and the difficulty of recruiting a hard-to-reach population. Due to the pandemic occurring soon after the research was designed, recruitment of participants was extremely challenging. In addition to this, CEYP are difficult to recruit due to access issues and issues with trust (for more information, see the *Literature Review*). Therefore, despite having the intention to i) co-create interview questions with the YP themselves, and ii) fulfil an EDI plan to maximise the research’s fairness in this area, these were unfortunately unachievable

in the time frame of the doctoral research due to the struggle in recruiting even the bare minimum number of participants for the research during the Covid-19 pandemic. Therefore, recruitment resulted in a slight gender bias as more females volunteered to take part and resulted in a lack of diversity in other areas. This is consequently an aspect of the research that could be improved.

4.2.3: Engage

Public engagements and stakeholder involvement was a strong point of this research, strengthened by regular reflection on these matters using the RRI Prompts and Practice cards (Greenhalgh et al., 2022). The researcher presented the research at multiple public engagements, including presentations to councils, safeguarding experts, police officers, schools, charities, and children's residential homes. These presentations were conducted to aid public dialogue and science education, as well as to spread awareness of the research itself. As discussed, Nottingham City Council gave valued input in the research design, which strengthened stakeholder input. The collaboration with Nottingham City Council was also beneficial for making realistic impact plans and disseminating the research findings due to the increased pool of contacts and the reach that was possible via a City Council (more on this is discussed in *Chapter 9*). Moreover, a human-centred approach was taken throughout the research methodology, and thus encouraged engagement and personal expression throughout.

Another strength of this research was the opportunity to express the diverse and underrepresented voices of CEYP. By managing to engage with this hard-to-reach

population, RRI was enhanced through the inclusivity and encouragement of these YP to take part in research. However, as the research occurred online due to Covid-19 restrictions and advertisement and recruitment was shared primarily online, it is important to consider that there will be some YP who may have missed out on the opportunity to take part due to digital poverty, i.e., people who do not have access to online services or technological devices. To minimise this where possible, the option to take part over the telephone was offered, but it is still important to reflect that this may have excluded some people from taking part in the research.

4.2.4: Act

The RRI Prompts and Practice cards (Greenhalgh et al., 2022) in the Act category that most relate to this research are Shaping Policy, Open Science, Training, and Science Education. The researcher engaged in impact modules at the University of Nottingham, in which presentations regarding research impact plans were completed. Therefore, the potential to shape policy has been comprehensively considered. This will hopefully be done by spreading awareness of the research via public engagements, presenting at both academic and non-academic conferences, and open access publishing. For example, the public engagements with Nottingham City Council sparked an interest in the findings informing existing training and policy around social media and mental wellbeing in residential children's homes, which conveys the potential impact this research can have. Engagements with schools have occurred as discussed previously, which not only involved knowledge transfer and information about this research, but also about higher education. Findings and resources will also be shared widely, both with colleagues at the University of

Nottingham and online via social media platforms, to encourage accessibility of information and education.

4.3: Summary

This chapter details the steps taken to consider RRI throughout the research project, using the RRI Prompts and Practice cards (Greenhalgh et al., 2022) as guidance.

Some of the main steps taken to maximise RRI included stakeholder involvement, in-depth ethical considerations, creating a public dialogue via public engagements, and encouraging underrepresented voices. RRI was reflected upon iteratively throughout the research project, with the aim of maximising RRI where possible, mitigating risk, and creating a safe environment in which participants felt comfortable discussing sensitive topics.

Chapter 5. Methodology

5.1: Introduction

This chapter describes the qualitative methodology undertaken in this thesis to explore how social media affects the self-view and mental wellbeing of care-experienced young people (CEYP). A qualitative, conceptual framework is presented along with the researcher's theoretical stance, which conveys a clear rationale for adopting the chosen qualitative approach. Additionally, the methodological procedure, recruitment, and data collection will be explained for all three studies in this chapter. Finally, a breakdown of the analysis technique— inductive reflexive thematic analysis (RTA)— will be presented, explaining the individual steps and process used to analyse the qualitative data for the three studies that contribute to this doctoral research project.

5.2: Context of the Research and Methodological Stance

This research is multidisciplinary in nature as the key concepts stem from multiple fields: psychology (mental wellbeing and self-concept), sociology and social work (human social behaviour and care experience), and computer science and communication fields (social media). As seen from the *Literature Review*, this research area is incredibly important to explore due to the growing concern around the impact of social media on mental health and wellbeing, and due to the vulnerability of CEYP. It is hoped that by researching the impact on self-view and more general mental wellness, we can act on the findings to prevent mental

wellbeing declining further to the point of severe mental health issues for both young people (YP) in general and CEYP. This would, in turn, be beneficial to society in improving quality of life for YP, but it would also be advantageous for broader stakeholders such as the National Health Service (NHS) and the economy due to potentially reducing the strain on services such as CAMHS (Children and Adolescent Mental Health Services). The multidisciplinary theories considered in the *Literature Review* chapter have thus contributed to shaping the research questions and subsequent interview guides used in the studies, which therefore consider the three aspects of self-view (self-esteem, self-worth, and identity).

In terms of epistemology and ontology, the researcher's personal research paradigm is an interpretivist perspective rooted in a relativist ontology with a subjectivist epistemology. This is because the author believes that the researcher can shape the interaction, the researcher and participant co-create understanding, and that there are numerous possible truths that exist, with the research exploring only one of those possibilities (Denzin & Lincoln, 2005; Mayan, 2009; Moon & Blackman, 2014). It is important that this research is methodologically coherent, as Mayan (2009) emphasises, because this is fundamental in designing thorough qualitative research. This stance will therefore have consequences on the research questions, methods used, and data analysis technique. For example, an interpretivist perspective would avoid allowing *a priori* assumptions to guide conversation in an interview because the aim would be to develop understanding of the individual's experiences rather than aiming to test a theory (Merriam, 2009). As a result, exploratory and participant-led methods will be considered for this project because they allow the

researcher to explore and develop an understanding of the lived experiences of the participants.

After the comprehensive *Literature Review* in this thesis and gathering ideas based on the research area and practicalities, a qualitative, conceptual framework was developed (see Table 4). The framework draws on Figure 1, as seen in *Chapter 1* and discussed in the *Literature Review*, as it focuses around the three key concepts of the research. The conceptual framework conveys the researcher's assumptions about why particular theories and concepts drive the research, which methodology is used to conduct the research, and how the knowledge is constructed (Saldana & Omasta, 2021). Despite the use of this conceptual framework to guide the research questions and design of the research, analysis of the data will be inductive and not theory-driven due to the researcher's epistemological stance and qualitative approach.

Table 4

The Qualitative, Conceptual Framework Adopted in this Research Project.

Theoretical Premises	Methodological Premises	Epistemological Premises
<p>Psychological theories: social comparison (Festinger, 1954), self-presentation theory (Goffman, 1959), and social identity theory (Tajfel & Turner, 1979 cited in Seering et al., 2018).</p> <p>Mixed empirical findings on the relationship between social media and mental wellbeing (Best, Manktelow & Taylor, 2014), primarily with the general population only.</p> <p>Significant findings suggesting care experienced young people are more susceptible to developing mental health issues, including issues with self-esteem, self-worth, and identity (NICE Guidelines, 2015), as well as studies and findings regarding ACEs (Felitti et al., 1998; Reading, 2006; Shonkoff & Garner, 2012).</p>	<p>Using qualitative methodology to gather rich, descriptive accounts of lived experiences from young people and social care professionals regarding how they feel social media affects the self-view and mental wellbeing of young people.</p>	<p>Using an interpretivist approach and reflexive thematic analysis to interpret the results. Analysis will be inductive and bottom-up, although it is important to note the prior knowledge of social comparison, self-presentation, and social identity theories, and other empirical findings, may have an impact on the analysis.</p>

5.3: Research Questions

This research will comprise of three studies, two of which will take place with two groups of YP (care-experienced [CE] and non-CE, to see how differing lived experiences affect the data), and the third which will take place with social care professionals (SCPs) to gain an additional point of view. As a result, there are three sets of research questions (RQs) for each study, with some overlap between them to gather additional data for the same questions. Using more than one method to explore a RQ is known as triangulation and is a way to make qualitative research more robust (Carter et al., 2014), thus strengthening this research and the consequent findings. Nottingham City Council, who contributed to the development of and recruitment during this project, expressed a particular interest in the impact of Covid-19 on wellbeing and social media use. Questions regarding the pandemic were originally not included in the RQs, however after this expression of interest

from the council and with the ongoing length of the pandemic and lockdown restrictions, these questions were subsequently added.

The RQs for **Study 1** are as follows:

1. How does regular social media use impact the mental wellbeing and self-view of YP and how does this vary between YP who have and have not experienced the care system?
2. (a) How are the features of social media affecting YP's wellbeing and self-view?
(b) How could we address these effects and seek to change the negatives?

The RQs for **Study 2** are as follows:

1. How does regular social media use impact the mental wellbeing and self-view of YP and how does this vary between YP who have and have not experienced the care system?
2. How do adverse childhood experiences impact resilience to the effects of social media on the mental wellbeing of CEYP?
3. How have the Covid-19 pandemic and subsequent lockdowns impacted upon the mental wellbeing and social media use of YP?

The RQs for **Study 3** are as follows:

1. From a SCP's viewpoint: how does regular social media use impact the mental wellbeing and self-view of CEYP?

2. From a SCP's viewpoint:
 - (a) how are the features of social media affecting CEYP's wellbeing and self-view?
 - (b) how could we address these effects and seek to change the negatives?
3. From a SCP's viewpoint: how have the Covid-19 pandemic and subsequent lockdowns impacted upon the mental wellbeing and social media use of CEYP?

5.4: Methodological Procedure

5.4.1: Evolution of the Methodology and Changes due to Covid-19

Throughout the design of this research, the researcher prioritised an anticipatory thinking style regarding design, ethics, and external input from stakeholders, to best align the research with responsible research and innovation (RRI) principles (as highlighted in *Chapter 4*). The evolution of this research project was impacted significantly by the Covid-19 pandemic. As a result, the chosen methods went through multiple stages of revision due to the restrictions in place at the time. This was challenging and had further impact on the number of participants recruited and time available for analysis and write-up. These changes will be highlighted in this section.

At the start of this research project, the chosen methodology was mixed methods, with the aim of gathering both quantitative and qualitative data through a range of methods. However, after reflecting on what the quantitative data would convey, it was decided that a fully qualitative approach was preferable and the best way to

explore the *'how'* and inferred *'why'* RQs. It was concluded that quantitative data gained through questionnaire methods would not be enough to provide in-depth explanations of behaviour or the impact of social media on mental wellbeing, which was the type of data needed to answer the RQs for this thesis.

As a fully qualitative approach was decided upon, a key factor in qualitative methodology, known as reflexivity, was crucial to reflect upon. Reflexivity is drawing on your own personal experiences, assumptions, and perspectives to improve the understanding that all qualitative research is somewhat biased as a result of analysing the data through your own personal lens, and this should be considered a benefit of the research rather than a limitation (Braun & Clarke, 2013). Braun and Clarke (2013, 2022) recommend using a reflexive diary as a place to write down and increase our own awareness of how our personal assumptions and experiences may influence the data analysis (which they term 'personal reflexivity') and how the data analysis process may influence the data ('functional reflexivity'). Braun and Clarke (2019, 2022) also recommend deep reflection and engagement with the data to improve reflexivity further. This was done to the best of the researcher's ability throughout the project and a reflexive diary was kept and referred to on multiple occasions when thought necessary (see Figure 7 below for excerpts from the researcher's reflexive diary).

Figure 7

Extracts from the Researcher's Reflexive Diary.

<p>Reflecting on my first interview</p> <p>I felt the interview went well overall and I gained some high quality information. I feel a bit concerned because the participant seemed to pre-empt and answer a lot of the questions before I'd even asked them, so I'm worrying the questions are maybe too predictable? I'm also finding it a bit difficult to steer the conversation back to the topic when it goes off-track. I think I'll get better at this with practice though.</p>	<p>Reflecting on the analysis process for Study One</p> <p>I have tried completing the analysis using pens and paper. I used the computer to go through the transcripts and type the initial codes out, but I struggled with the grouping stage on the computer as I couldn't visualise the groups. So, I wrote out every code on a post-it note and laid them all out on the floor. This helped me visualise the groups much better, but I lost track of which code referred to which participant and it ended up quite messy. I persevered though and ended up with some themes, despite not feeling good about them.</p> <p>After some discussion with one of my supervisors, we both agreed that I had overanalysed the data and tried too hard to fit everything into neat boxes. I went home and had a little cry, feeling like I'd failed. I really struggled with the lack of having somebody else to discuss this with, as none of my family or friends understood. So, I took a long break from the analysis.</p> <p>From another, separate research project, I learned a different technique to thematic analysis, using Microsoft Excel and an index system to keep track of which participant said what. This prompted me to try again with the analysis and I felt much better about the grouping this time. I think both the different technique and the space from the analysis helped a lot. I think the impact on the data overall was positive, as I was *so* familiar with the data and what the participants were saying. I think 'failing' the first attempt at analysis actually made me feel more confident in how I approached the data too.</p>
<p>Reflecting on my subjectivity</p> <p>I can see that poor self-esteem from self-comparison on social media is really coming through as a strong theme already, even though I'm yet to analyse the data. I'm surprised at how much I can relate to this and I think my own personal interest was sparked when this was mentioned, often leading me to ask them more unplanned questions about this. I also shared some of my own experiences with participants regarding the use of filters on Snapchat affecting my own self-esteem, and having to work on accepting myself to build my self-esteem back up.</p> <p>On the one hand, I feel like I should remain more impartial if this is brought up again, in case I'm influencing participants in any way. On the other hand, I think confiding in the participants helped with our rapport and minimised any potential power-imbalance participants may have felt. So, I'm unsure how to handle this in future interviews. I think I will try and stick to the planned questions, while also trying to share stories and make the participant feel at ease if I feel the timing is appropriate.</p>	

After deep consideration of the qualitative methodology and RQs, two methods were decided upon. For Study 1, a method stemming from human computer interaction (HCI) called think-aloud protocol (TAP) was thought to be the best option as it allowed for the study to be participant-led and involved the actual, real-time usage of multiple social media platforms, while producing in-depth qualitative data that could be analysed in line with the RQs. For the other two studies, semi-structured interviews were chosen as the method to guide conversation so that it remained on-topic, while allowing the freedom for participants to discuss other related aspects or expand where necessary. This method would also produce

detailed qualitative data that would help to achieve a developed understanding of lived experiences. Due to the Covid-19 pandemic restrictions, both methods were completed online over Microsoft Teams. Both methods are methodologically coherent — which is fundamental for robust qualitative research (Mayan, 2009) — with the researcher's epistemological stance (interpretivist perspective with a subjectivist epistemology), in that they are either participant-led or loosely structured. This conveys the desire to explore and understand participants' personal experiences, which is consistent with interpretivism (Merriam, 2009).

Despite the wealth of benefits of using the proposed methods, including the ability to explore the phenomena in detail, the encouragement of discussion, and the flexibility (Galletta & Cross, 2013), there are some limitations to these methods that need consideration. These limitations include sample size and bias. Qualitative methods commonly have small sample sizes, especially when compared to quantitative research, which can be considered a weakness due to limited transferability (the applicability to other contexts, situations, and groups [Denzin & Lincoln, 2011]). Biases such as social desirability bias can also occur in the proposed methods, with participants displaying the tendency to provide answers that paint them in the best possible light to avoid embarrassment or admission of behaviours viewed as 'undesirable' (Ford & Rubin, 1970). However, this bias may also be present in alternative quantitative methods, such as questionnaires, so can be considered an issue with research regardless of the method employed. To try and minimise this limitation, a rapport was built with participants at the start of the studies, with the

researcher explaining that there would be no judgement, that data was anonymous, and there were no wrong or right answers.

There is a common misconception that qualitative research is traditionally flawed due to the bias from the researcher when analysing the data, however this research agrees with the argument put forward by Braun and Clarke (2022), in that researcher subjectivity is key in qualitative analysis (particularly for RTA, which is the analysis technique used for the data in this thesis). They argue that subjectivity should not be controlled or dismissed, but instead should be used as a resource for doing the analysis (Gough & Madill, 2012 cited in Braun & Clarke, 2022) and to increase understanding, as the production of knowledge is “*inherently subjective and situated*” (Braun & Clarke, 2022, p. 8). Therefore, to increase one’s own understanding of subjectivity and influence on the data, the researcher took part in regular reflexivity practice as previously mentioned.

It is also important to note the changes to the research methods that occurred throughout the development of this thesis. The two reasons for these changes were the reflection on the research approach, and the Covid-19 pandemic. As discussed, a mixed methods research approach was considered at first, proposing the use of a questionnaire and semi-structured interviews. However, after some reflection it was concluded that a purely qualitative methodology was most suitable for the research questions, as quantitative data would not be sufficient for the exploratory RQs. The next method considered was participatory design workshops, which would have involved workshop sessions with groups of YP, SCPs, and social media designers,

involving discussions around mental wellbeing and social media and working together to pitch ideas for mentally positive designs of social media. These workshops were thoroughly considered and planned to completion by the researcher, but then the Covid-19 pandemic began, throwing many research projects into disarray.

After waiting to gauge the gravity of the pandemic and the realisation that it was a long-term situation, it was decided that these workshops would not be fully effective over an online medium such as Microsoft Teams. This was for several reasons, but primarily due to the discussion of sensitive topics such as care experience and mental wellbeing, which would likely be more difficult in groups online due to the level of impersonality. Diary studies were also considered due to the wealth of detailed data that method would provide, however that was dismissed due to concerns over a lack of engagement from the YP without being able to meet in person to encourage diary entries. Finally, the TAP and semi-structured interviews were decided on as they still incorporated multidisciplinary aspects of computer science and psychology, while allowing for in-depth engagement online, methodological coherence, and the subsequent production of rich, detailed qualitative data. Full ethical approval for all three studies was granted by the Faculty of Medicine and Health Sciences Research Ethics Committee, University of Nottingham (Appendix A).

5.4.2: Think-Aloud Protocol

Think-aloud protocol (TAP) is a method that stems from the HCI field of study and involves participants verbalising their experiences, thoughts, and feelings while using the technology in question (Alhadreti & Mayhew, 2018). Although it is a method often used when exploring the usability of technology, it is well-suited to this research project as it can give direct insight into the cognitive processes occurring when YP view social media platforms. Unlike interviews, think-aloud methods reduce the likelihood of participants rationalising or having to justify their thoughts or feelings, as it happens in real-time by tapping into the content of working memory (Van de Wiel, 2017). Think-aloud methods were originally developed from a theoretical framework by two cognitive psychologists, Ericsson and Simon (1980). These psychologists outlined two initial think-aloud methods: concurrent and retrospective. Concurrent think-aloud involves participants thinking aloud at the same time as undertaking a task, while retrospective think-aloud involves participants verbalising their thoughts after the task has been completed (Ericsson & Simon, 1984).

The researcher decided that concurrent think-aloud would be most suitable for the RQs in Study 1 and was therefore chosen as the method. The primary benefit of concurrent think-aloud includes gaining an insight and accurate representation of real-world use of technology (Alhadreti & Mayhew, 2018; Ericsson & Simon, 1984) and, in this case especially, the impact this technology has on self-view and mental wellbeing. The downside of concurrent think-aloud is the possibility of participants feeling uneasy or uncomfortable when asked to think-aloud, thus potentially

changing behaviour and participants' answers, and consequently decreasing validity. This has been termed reactivity (Zhao & McDonald, 2010), although it has not been found consistently in research (Alhadreti & Mayhew, 2018). Ericsson and Simon (1993) suggest that a hybrid approach of both concurrent and retrospective think-aloud is most valid as it combines the strength of real-time cognitive processes and the higher validity of retrospective methods. Despite this suggestion, concurrent think-aloud was still used as the method for Study 1 because retrospective questions about social media use and mental wellbeing were asked in the semi-structured interviews in Study 2, thus it was felt that these bases were being covered while using these methods, nonetheless. In line with this decision and throughout the design of this research, deep reflection, engagement (primarily with schools and social care teams), and anticipatory thinking were adopted by the researcher to ensure the research aligned with RRI principles (as discussed in *Chapter 4*).

For Study 1, concurrent TAP was used with two groups of YP (CE and non-CE), resulting in participant-led sessions via Microsoft Teams due to the in-person restrictions of the Covid-19 pandemic and geographical restrictions. Sessions occurred between June 2021 and May 2022, lasted around 20-40 minutes, and were recorded using Microsoft Teams. During recruitment, participants (and guardians/carers if participants were under 16 or in residential care) were given information sheets and informed consent forms, the latter of which needed to be signed before the study began. In Study 1, CEYP and YP under the age of 16 years were given the opportunity for a parent, carer or guardian to be present during the

study if they wished. After the studies had been organised, participants were sent a link to a Teams meeting via email.

When a session began, participants were firstly briefed about the method, assured that no judgement would take place, reminded of their right to withdraw, and encouraged to be as honest as possible. The YP were asked to scroll through multiple social media apps they currently used on whichever device they used most regularly while 'thinking aloud' about any emotional or psychological impact this was having, be it positive or negative. For example, a participant could be scrolling through Instagram and mention that the content from an influencer who is open and transparent about their mental health struggles helps them feel better about their own wellbeing. Alternatively, a participant could be scrolling through Instagram and see an advert with a slim model that they perceive as 'perfect', which could have a consequential negative impact on their mental wellbeing and self-view due to negative social comparison.

If at any time participants appeared to struggle or look uncomfortable, the researcher would remind them that it was okay if indifference was felt or would encourage them with prompts. These prompts or probes would involve asking them to develop their previous answers further, asking what they thought of social media design features, or simply encouraging them not to worry and continue with the activity. The method ended with a debrief in which participants were thanked, questions were answered, and an Amazon voucher was sent via email as a thank you for taking part. Continued communication was offered to all participants in all three

studies of this research via email to offer the opportunity for any further questions or signposting to mental health services if required. No guides were created to aid the researcher in Study 1, as this method was purposefully participant-led. Each session was recorded and the researcher made notes when appropriate.

This method was particularly beneficial for the participants as it created a relaxed atmosphere and allowed them to feel comfortable and free from judgement, which often resulted in the participants expressing themselves in their own language and using swear words, for example. However, there was also difficulty as an interviewer in deciding how to encourage openness by relating to feelings while not dwelling on difficult issues. But overall, participants enjoyed the unusual method and seemed to find it freeing, which resulted in high quality insights into their thoughts and feelings.

5.4.3: Semi-Structured Interviews

Semi-structured interviews are a qualitative method that involve a flexible set of questions and prompts (more structured than unstructured interviews) but allow for participants to expand on answers or discuss new but related topics if they desire (offering more flexibility than structured interviews [Galletta & Cross, 2013]). This method is methodologically coherent with the researcher's epistemology as knowledge is seen as situated, interactional, and contextual, and acknowledges that the researcher has a social influence on the data produced (Mason, 2002) and thus reflexivity is incredibly important. This method was chosen as the researcher strongly believes that this qualitative method enhances the potential for participants to have their own voices heard and have their views and lived experiences inform

the research. Semi-structured interviews allow deep, meaningful data production on an individual level, but also allow for a holistic overview to be created, resulting in the possibility of data that can be used to inform policy and the wider society (Mason, 2002). Likewise, for SCPs, a method that was timely and flexible was required due to their busy schedules, so semi-structured interviews were an appropriate choice.

A second reason why semi-structured interviews were chosen specifically, compared to focus groups for example, was the discussion of sensitive topics such as care experience and mental wellbeing. A one-on-one environment, with a rapport built initially, is more likely to allow for participants to feel comfortable in sharing personal information. Whereas in more complex social situations such as focus groups, participants may be less inclined to discuss these topics honestly. Honest and open discussion was crucial for this research, so choosing a method that enabled this was an important step in the research process.

As a result, separate semi-structured interview guides were co-created with Nottingham City Council for Study 2 and 3 (see Appendices B and C) to ensure that the questions were non-leading and appropriate, and additionally to sustain the responsibility principles discussed in *Chapter 4*. The guides were created around the RQs, including main questions and then several prompts for each question. The researcher had experience of interviewing and volunteering with YP before conducting the interviews. Like Study 1, recruitment and organisation of the study occurred via email beforehand, and CEYP and YP under the age of 16 years were

given the opportunity for a parent, carer or guardian to be present during the interviews if they wished.

Studies occurred online over Microsoft Teams, again due to pandemic restrictions. For Study 2 and 3, sessions occurred between June 2021 and May 2022 and lasted around 30-60 minutes. All interviews began with a brief introduction to build rapport and introduce the research, as well as to remind the participant of their right to withdraw and that there were no correct answers to the questions. The interview guides were used to direct the interview, but the order of questions was not strictly adhered to if the participant wanted to expand on a topic. If that did occur, or if participants went off-track, the researcher would steer them back on course by referring to the interview guide. All questions were open, with the researcher avoiding leading questions to the best of their ability. When the interviews were over, participants were debriefed and thanked for their time. Each session was recorded and the researcher made notes when appropriate. For all methods, the option to take part over the phone was offered to enhance fairness and inclusion for the people who wanted to take part but did not have internet access or a device to conduct a video call.

In Study 2, twenty-two semi-structured interviews were conducted with the same two-group design as Study 1, with CE and non-CEYP aged between 13-25 taking part. Many of the participants recruited for Study 1 also volunteered to take part in Study 2. For Study 3, ten interviews were conducted with SCPs.

5.5: Participants and Data Collection

5.5.1: Participant Groups

There were three participant groups for the whole research project. For Study 1 and 2, participants fell into either a group of YP aged 13-25 years from the general population or a group of YP aged 13-25 years who had experienced the care system in some way. Examples of care experience included experience of adoption, fostering, residential care, estrangement, and kinship care. Some of the CE participants were still in care, but most had since left care and were thus considered care leavers. For Study 3, a group of SCPs were recruited, which described professionals who currently work in social care, including managers of residential children's homes, assistant managers, residential support workers, and social workers. While gathering information from the YP themselves is crucial (as was done in Study 1 and 2), gaining SCP's viewpoints on the impact of social media on CEYP is also important as this offers new insight from an additional viewpoint, whilst further providing insight that the YP may not want to offer themselves. It is essential to note that this does not equate to the professionals speaking for the YP to diminish their voice, but rather adds another dimension of insight into the effects of social media on the mental wellbeing of CEYP.

Participant demographics for each study can be seen below in tables 5, 6 and 7.

Table 5

Participant Demographics for Study 1.

	General Population	Care-Experienced
Age range (<i>years</i>)	13-25	15-24
Mean age	17.1	20.1
Gender (<i>n</i>)		
Female	8	7
Male	2	3
Non-binary	-	-
Ethnicity (<i>n</i>)		
Asian, Asian British or Asian Welsh	-	1
Black, Black British, Black Welsh, Caribbean or African	-	-
Mixed or Multiple	1	-
White	5	7
Other ethnic group	4	2

Table 6

Participant Demographics for Study 2.

	General Population	Care-Experienced
Age range (<i>years</i>)	13-25	14-24
Mean age	17	19.5
Gender (<i>n</i>)		
Female	8	7
Male	3	4
Non-binary	-	-
Ethnicity (<i>n</i>)		
Asian, Asian British or Asian Welsh	1	1
Black, Black British, Black Welsh, Caribbean or African	-	-
Mixed or Multiple	1	-
White	5	8
Other ethnic group	4	2

Table 7

Participant Demographics for Study 3.

Social Care Professionals	
Age range (years)	24-54
Mean age	41.8
Gender (n)	
Female	9
Male	1
Non-binary	-
Ethnicity (n)	
Asian, Asian British or Asian Welsh	1
Black, Black British, Black Welsh, Caribbean or African	1
Mixed or Multiple	-
White	7
Other ethnic group	1

Although social class was not measured formally, it is likely that most participants were working class due to the locations and schools they were recruited from being in low-income areas. However, these factors are only informal indicators and thus this may be an incorrect assumption. It is also important to note that the YP from the general population were not seen as ‘controls’ and the CE group were not seen as ‘experimental’ as this would be highly unethical. Instead, this research can be seen as having a two-group design to see how differing lived experiences (care and non-care experience) affect the impact of social media on mental wellbeing. Also, it is worth noting that the original age range for the groups of YP was 13-18 years, however this had to be increased to 13-25 due to difficulty with recruitment during the pandemic.

As this research recruited minors and those with care experience, the two participant groups of YP can be characterised as vulnerable. Therefore, detailed

ethics procedures were crucial in this research to mitigate risk or potential psychological harm. Additionally, anticipatory thinking and deep reflection were adopted throughout the research project, so RRI was kept at the forefront of the research. More information on the ethics process and safeguards can be found in *Chapter 4: Responsible Research and Innovation*. The researcher was mindful of contributing to the pathologisation (unfairly considering someone or something as a problem) of differences between these two groups too, as described by Wilson (2014b). So, any differences referred to throughout this thesis are not to say that CEYP are problematic in any way, but rather have different lived experiences that can result in different psychological and behavioural outcomes.

Moreover, when involving the population group of CEYP in research, there are further important aspects to consider. The reasons that children enter the care system can differ extremely and are often very complex (Richardson & Lelliott, 2003), so comparing one child's mental health to another can be difficult and have low generalisability. Therefore, this research argues that mental wellbeing should not be compared due to significant individual differences. Instead, the focus should be on the features of social media that are prompting collective, emotional change (rather than individual mental health and unique lived experiences), and how we seek to recognise this.

There are obstacles in accessing the CE population that require consideration, such as practical obstacles like confidentiality and safeguarding issues, as the population can be characterised as highly vulnerable. YP in care cannot simply be approached

like other, less vulnerable populations. Instead, there are multiple barriers to go through for access, such as local authorities, specific council sectors, individual residential homes or carers, and the YP themselves. Researchers who work with this population also need to consider confidentiality carefully and may often be asked by local authorities to pass safeguards such as a Disclosure and Barring Service (DBS) check to ensure the researcher is suitable to work with vulnerable groups.

In addition to this, CEYP often fail to trust outsiders due to past trauma and neglect (McLeod, 2007) and so recruiting this population for research that discusses personal matters can be extremely difficult. McLeod suggests that in current studies, researchers should be patient and take time listening to CEYP, as they may appear protective or aggressive initially due to their lack of trust. Therefore, these difficulties were considered carefully throughout the design of the research methodology and will continually be considered throughout the conduct and data analysis.

5.5.2: Recruitment

Recruitment was primarily done through snowball sampling with colleagues, charities, schools, the University of Nottingham, and Nottingham City Council. As mentioned above, recruitment was slow and very challenging, especially for the CE group, primarily due to the Covid-19 pandemic and CEYP being a hard-to-reach group. To tackle this, the age range was increased, and alternative recruitment methods were utilised. Twitter (now X) was used to recruit care leavers after extending the age range through searching the hashtag '#CEP' (which stands for

‘care-experienced people’) and private messaging potential participants who fit the new age range (13-25 years). A recruitment poster was also shared via the author’s Twitter (now X) and a webpage was created to easily share the study information sheets and consent forms (see Appendices D-M).

When considering participant numbers, data saturation is a debateable topic in qualitative research. Data saturation is a term used to describe when enough data is gained, that further data will not return new information (Morse, 1995). When looking at thematic analysis especially, Fusch and Ness (2015) suggest that saturation is reached when a replication of the research would produce similar themes. However, this is difficult to apply to qualitative doctoral research as it occurs in a limited time frame which would not allow for replication. Moreover, it could be argued that researcher subjectivity plays a significant role in RTA, as put forward by Braun and Clarke (2022), resulting in varying themes from different researchers regardless.

Morse (2020) also highlights that searching for data saturation (or adequacy) in qualitative research may result in giving more attention to new themes, and thus more in-depth and iterative analysis of the existing themes may suffer. Therefore, the researcher took a balanced stance in this research and allowed sufficient attention to all themes at all stages of analyses, considering both the amount and depth of data whilst also considering that a deeper analysis of existing data is still important and that participant numbers do not necessarily equate to a higher quality

of data or analysis. So, a target of 8-12 participants was aimed for in each study, however the depth and quality of data was considered more important.

For Study 1, data saturation was fulfilled when the interviews reached $n = 10$ for both groups and after many topics had been discussed from a variety of viewpoints, despite this being decided for each group separately. For Study 2, this was fulfilled when $n = 11$ for both groups, and for Study 3, when $n = 10$.

5.5.3: Data Collection

Data collection from all three studies were via recordings on Microsoft Teams, with transcripts being created automatically by Microsoft Stream. Written notes were taken by the researcher but did not contain any personally identifiable information. Any references in the transcripts that would enable identification were removed. Data gathered from member-checking was also anonymous. A comprehensive data management plan was created before the studies took place and all data captured during the study (personal and research data) was stored in accordance with the Data Protection Act and University of Nottingham's policies. A unique identification letter was assigned to each participant at the beginning of the study, therefore preventing participants from being personally identified.

It is important to note that considerations occurred regarding whether anonymisation was necessary, as prompted by Wilson (2018) questioning whether the anonymisation of participants in academic research takes away their voice. This needed deep consideration because a key aim of the research was to share and

represent the voices of CEYP. However, anonymisation was decided on due to ethical and security reasons, and so it did not act as a barrier to sensitive data inclusion. This was not done in any way to diminish autonomy or participant voice. On reflection, the researcher believes this choice was justified as many of the CEYP went on to discuss the importance of privacy and anonymity for safety reasons in the research, suggesting anonymity of participants was a sensible choice.

5.6: Data Analysis

5.6.1: Inductive Reflexive Thematic Analysis

The exploratory nature of this research and the researcher's epistemological stance (as highlighted earlier in this chapter) translates into using a data analysis technique that avoids *a priori* assumptions influencing data and instead aims to develop an understanding of individual, lived experiences and the meaning behind them (Merriam, 2009). Due to these factors, inductive RTA (Braun & Clarke, 2006, 2022) was chosen for the data analysis method for all three studies as it allowed flexible engagement with the data. An experiential qualitative framework was adopted to explore participants' own perspectives (Braun & Clarke, 2022, p. 10) and coding was done inductively. Inductive refers to taking a bottom-up approach to the data, as it begins with specific instances (in this case: lived experiences of care, social media, and mental wellbeing) and leads to general conclusions. An inductive approach was taken in this research because the participant voice was fundamental and, for the research questions to be answered, individual instances of lived experiences needed to be heard.

RTA builds on the original thematic analysis method from Braun and Clarke (2006) by describing the approach to the analysis (reflexive), which is recognising the researcher's subjectivity and awareness. Reflexivity is key in RTA, which, as mentioned previously, is the practice of critical reflection of what the researcher does, how and why they do it, and the impact this may have on the data (Braun & Clarke, 2019, 2022). This data analysis method therefore focuses on text and meaning, which is ideal for the purpose of this research. As explained in Braun and Clarke's (2022, p. 8) recent book on thematic analysis, RTA is not just a process but a method. Thus, to conduct a strong RTA, the researcher needs to value and harness their subjectivity as a tool, immerse themselves in the data through systematic engagement, and strive to understand their own perspectives and impact on the data (i.e., reflexivity). The researcher consequently fully engaged with the data from all three studies and kept a reflexive diary throughout.

The method was also highly iterative. An example of this was trying different analysis techniques (for example, manually conducting the analysis using paper and Post-it notes first, and then trying the analysis on Microsoft Excel [which was preferred]). Another example involved the researcher coming to the realisation that one of the first analyses had been 'over-analysed', in that the meaning had been lost due to the researcher's desire to fit the pieces together neatly. The analysis was stripped back and began again. This was, however, all part of the iterative process and made the data analysis more robust. The researcher also gave the analysis some distance, as

advised by Braun and Clarke (2022), by taking regular breaks from the process to think deeply about the meaning of the data and for reflexive purposes.

The analytic process of thematic analysis follows six flexible stages (Braun & Clarke, 2006, 2022). These phases will be explained below, followed by the specific way this phase was followed in this research. Codebooks were not used in the analyses as they can restrict the reflexivity of the coding process (Braun & Clarke, 2019).

1. **Data familiarisation:** This involves deep engagement with the data to maximise familiarisation. In this research, this was achieved by being present in the studies, taking notes, and thoroughly editing, checking, and re-reading each transcript to ensure quality was high.
2. **Initial data coding:** This involves systematically coding interesting features of the data across the whole data set. In this research, transcripts were transferred into Microsoft Excel and an index system was used. The whole process was completed using Microsoft Excel, using an index system to track each code generated and to allow the corresponding raw data and participant to be easily located after the transcript had been copied to individual spreadsheets (for example, a code created that referred to line 10 of the transcript from participant A would be assigned the index A10). Initial codes were generated this way, considering both semantic and latent meaning, that briefly summarised relevant data throughout the whole data set.
3. **Initial theme generation:** This phase consists of collating codes into groups, which then begin to form themes. In these analyses, all initial codes were

transferred into a new Excel spreadsheet and then copied and pasted into groups that were generated from aiming to understand meaning. Related groups were further grouped together, leading to the generation of initial themes and subthemes. Subthemes refer to groups that lie within a theme in a hierarchical manner and capture shared topics (Braun & Clarke, 2019). If at any time the researcher needed to check what was said by the participant to verify the code, the index could be used to find the original quote in the transcript.

4. **Theme development and review:** This phase considers whether the themes work with the entire data set. For this research, thematic maps were hand drawn, concept maps were developed, and themes were colour-coordinated in Excel to review them clearly. This, as with the whole process, was iterative in nature and involved editing and reorganising themes, subthemes, and groups.
5. **Theme refining, defining and naming:** This penultimate stage consists of refining the themes and the overall story the analysis tells, concluding with naming each theme. In this research, the story of the data, and the meaning behind the data, was considered at length. A break from analysis was usually taken before this phase was completed, so that the researcher could take some time to reflect on what the data means and how this should be conveyed through theme names. For Study 1 and 2, phases 1-4 were completed separately for each group, so separate analyses were completed for the general population group and the CE group. It was at this stage that the two analyses were compared to see how the generated themes varied.

Theme names were given deep thought and developed so that they were explanatory and conveyed the essence of the theme, rather than allocating one-word or short names that do not do so (Braun & Clarke, 2022).

6. **Writing up:** The final stage in the thematic analysis process involves selecting compelling transcript abstracts to back up the themes and producing a report that links back to the research questions and existing literature. This last phase was completed by the researcher for each study, using the index system in Excel to easily locate appropriate and compelling quotes from a balanced selection of participants (the number of quotes used from individual participants was tracked, so representation was balanced and fair across all participants).

5.6.2: Ensuring Quality

There are multiple strategies for ensuring quality in qualitative research, and more specifically, thematic analysis. Braun and Clarke developed a checklist for good RTA (2006, 2022) that should not be used as a strict guide, but rather aims to ensure the researcher considers all aspects of RTA carefully and systematically. As a result, this checklist was referred to throughout the research to ensure all facets of RTA were being considered and none were forgotten or ignored. Firstly, reflexivity, as detailed throughout this chapter, was considered deeply during the research project and is marked as an activity that increases confirmability and the quality of RTA (Braun & Clarke, 2022). The researcher kept a reflexive diary throughout the project, but also discussed the analyses in detail with the experienced academic supervisors for this research, as well as with colleagues and friends. In addition to this, reflection on the

researcher's own views as well as the whole research project also contributed to the practice of RRI (see *Chapter 4*).

Gaining insight and support from others during the RTA process is also suggested to improve quality, as engagement with others adds something to the analysis each time, be it validation for the researcher or considering different ideas regarding the analysis (Braun & Clarke, 2022). Therefore, with supervisors and colleagues reviewing the analysis throughout multiple stages and offering feedback, the quality of the analyses improved. Analyses were also presented formally to stakeholders, as mentioned in *Chapter 4*, and at academic conferences, which was useful for further analytical development (Braun & Clarke, 2022).

As also stated previously, allowing significant breaks between phases of analysis is important for quality (Braun & Clarke, 2022), and was something that the researcher utilised often. Breaks for analyses were planned in the timescale of the research, as this was known to be important for reflexivity and quality. Furthermore, when there was an overlap of studies exploring the same research questions, as was the case for Study 1 and 2, significant time (4 months minimum) was allowed between analyses to avoid any recall bias that may have influenced the researcher to duplicate themes and to ensure the separate analyses received individual attention.

Another way the quality of the data analysis was improved was through producing an electronic trail, which increases the dependability of the research (Denzin & Lincoln, 2011). An audit trail was created from the beginning of the analysis,

documenting the entire process to maximise understanding of the process from others' perspectives. This was not only useful to provide for others to show that the research is systematic and rigorous (Braun & Clarke, 2022), but was also invaluable to the researcher because the RTA method was incredibly iterative and non-linear, hence a clear electronic trail was essential.

More generic quality standards were likewise considered. As there is an overlap within the RQs for Study 1 and 2, it could be argued that this is research triangulation (using multiple sources of data to strengthen conclusions [Campbell & Fiske, 1959, as cited in Denzin & Lincoln, 2011]). However, as Braun and Clarke (2022) highlight, a more appropriate way to view this is to use Tracey's (2010) metaphor of 'crystallisation', as this rids the realist implications of triangulation (which implies a singular reality) and instead focuses on the aim of capturing a richer understanding of a phenomenon. Therefore, it can still be argued that using two methods to explore the same RQ strengthens the quality of the research, but it is important to remain methodologically coherent with qualitative methodology and the researcher's own epistemological paradigm.

Similarly, member-checking is widely known as a quality strategy in qualitative research as it increases credibility (Elliott, Fischer & Rennie, 1999; Smith & McGannon, 2018). However, member-checking largely depends on how the data is presented back to participants and thus how it has been analysed (semantically or latently). Equally, if participants disagree or get offended by the data, that does not necessarily equate to a poor-quality analysis, and vice versa (Braun & Clarke, 2022).

Therefore, the researcher debated this and decided that this process would involve creating posters of the RTA and sending each participant an online form with the posters summarising the findings and a short questionnaire asking their thoughts on the data. This was decided because it was thought that the data presented was not likely to offend anybody, as coding was primarily semantic and therefore was not likely to shock participants. This way of member-checking/reflection (sending participants a form with posters of the findings on) was first discussed with a key stakeholder of the project, Nottingham City Council, who agreed it was the optimal and most practical way for participants to review the findings. Additional methods were used for credibility too, such as presenting the analyses to stakeholders. More information on the member-checking exercise is referred to in *Chapter 7*.

5.7: Summary

Overall, this chapter describes the qualitative approach to the research and the rationale for this methodology. The epistemological stance of the researcher was highlighted while discussing a qualitative, conceptual framework that was used to develop the research methodology. RQs for each of the three studies were listed, which were co-created with a collaborator of the research, Nottingham City Council. Throughout the research, the methodology understandably evolved and adapted, primarily due to the Covid-19 pandemic. These changes are described in this chapter, along with the presentation and evaluation of the two chosen methods. Participant groups are described, including demographics and how they were recruited. Then, the data analysis method used throughout the research was

presented, outlining the steps of the analytic process and what was done to ensure quality.

Chapter 6. Findings from Study 1, 2 and 3

6.1: Introduction

This chapter will present the findings from all three qualitative studies completed for this research project. Study 1 consisted of think-aloud protocol sessions with young people (YP) who were care-experienced (CE) and non-CE, aged 13-25 years-old.

Likewise, Study 2 explored the same populations in a two-group design, but utilised semi-structured interviews. Finally, Study 3 also utilised semi-structured interviews but with social care professionals (SCPs). All studies had the broad aim of exploring the impact of social media on YP's mental wellbeing and self-view, while aiming to see if lived experiences of the care system impacted upon this in any way. As the reader may see from the three different population groups, another aim was to gain insight from three different groups to gather rich, detailed data from a variety of viewpoints. This chapter will briefly introduce the reflexive thematic analysis (RTA) conducted for each study — which were conducted separately — and then present a cross-case analysis of the three studies, wherein the findings from all three studies will be illustrated in combination to allow the rich data to be conveyed.

6.2: The Individual Studies

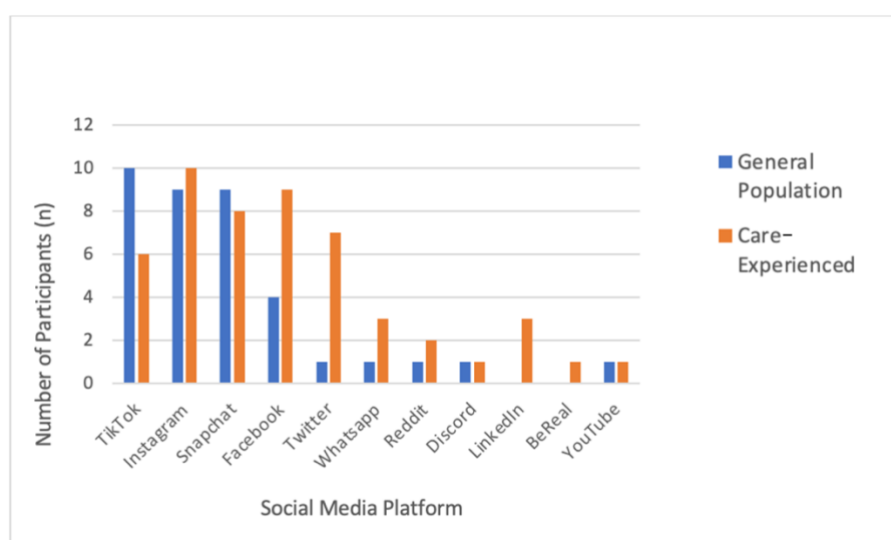
6.2.1: Social media demographics

At the beginning of Study 2, demographic details regarding basic social media use were gathered before the interview began from participants (CEYP and YP from non-

CE backgrounds), both to gather data and to act as an icebreaker to create a comfortable rapport. Open questions were asked to all participants in Study 2 regarding social media platforms used (Figure 8), frequency of social media use, favourite and least favourite platforms, and reasons for use.

Figure 8

A Bar Chart Showing the Different Social Media Platforms used Regularly by the Participants in Study 2.



All participants in Study 2 reported using social media every day. Various platforms were selected as favourites from participants. Four participants from the general population group chose TikTok as their favourite, while four chose Instagram, citing the reasons for this being entertainment and messaging friends. On the other hand, only one participant from the CE group chose TikTok; eight chose Instagram; two chose Snapchat; and four chose Twitter (which has since been renamed X). Similar reasons were given for these choices, with the addition of Twitter/X being a

favourite social media platform due to its ability to enhance the feeling of community for CE people. Alternatively, the two groups provided varied responses regarding their least favourite social media platform, with focus primarily on Snapchat, Facebook, Instagram, and TikTok. The respective reasons given for these choices included limited functionality, the platform being suited to older users, too much pressure regarding beauty standards, and issues with over-engagement.

The final demographic data gathered was surrounding reasons for social media use. As seen from Figures 9 and 10 below, the two participant groups had similarities in their reasons for social media use, such as messaging friends, entertainment, and family contact. However, other reasons did emerge from the two groups. While the general population mentioned the use of platforms such as Discord for gaming and messaging friends specifically for this purpose, other participants from the CE group reported using social media for the CE community, keeping up to date with news, and for professional, work, or academic purposes.

Figure 9

A Pie Chart Demonstrating the Reported Reasons for Social Media Use from the General Population Participant Group in Study 2.

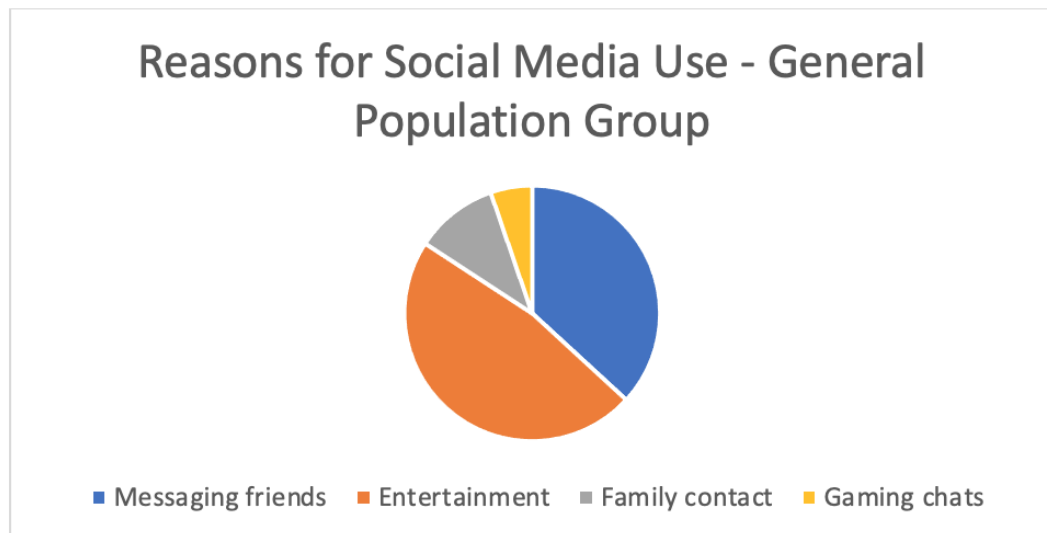


Figure 10

A Pie Chart Demonstrating the Reported Reasons for Social Media Use from the Care-Experienced Participant Group in Study 2.



6.2.2: The reflexive thematic analyses from the three studies

As previously outlined, the reflexive thematic analyses were conducted separately for each study and each participant group. For Study 1 and Study 2, the analyses for both participant groups (CEYP and non-CEYP) were combined at the theming stage

to form a joint analysis. This section will illustrate the individual analyses of each study, before a cross-case analysis is presented.

Study 1 findings produced four overarching themes in total. In addition, four overarching subthemes, two general population (non-CE) group-specific subthemes, and three CE group-specific subthemes were developed. A graphic representing the themes can be seen in Figure 11 and a conceptual map showing the links between subthemes can be seen in Figure 12.

In Study 2, five overarching themes and one group-specific theme were developed from the RTA in total. In addition, eight subthemes and twelve group-specific subthemes were developed. A graphic representing the themes can be seen in Figure 13 and a conceptual map showing the links is displayed in Figure 14.

In Study 3, five themes and sixteen subthemes were developed in total from the RTA. A table representing the analysis can be seen in Table 8 and a conceptual map showing how the themes and subthemes link is displayed in Figure 15.

Figure 11

Themes Found in Study 1, Representing Overarching Themes and Subthemes (Boxes that Spread Horizontally over Both Groups) as well as Group-Specific Subthemes (Boxes that Remain under One Group Only) (CEYP refers to Care-Experienced Young People).

General Population

Care-Experienced

Theme 1: Social media can have a positive impact on mental health and wellbeing by entertaining, motivating, and promoting body positivity

Group-Specific Subtheme: Belongingness and community are an important part of social media for CEYP

Theme 2: Negative mental health effects felt from general social media usage and the negative implications of social media design

Subtheme: The design of social media is persuasive and encourages negative self-comparison against an unattainable and unrealistic ideal, resulting in negative effects on mental health and wellbeing

Subtheme: Algorithms are found to be disturbing and can have negative mental health effects if they tailor content incorrectly

Group-Specific Subtheme: Social media creates a societal pressure to fit in with the norm

Group-Specific Subtheme: Negative mental health effects felt from social media usage include exacerbating poor mental health or bad mood, fear of missing out and feeling unworthy, and overwhelmingness

Theme 3: Protective factors that improve social media's impact on mental health

Subtheme: Personal characteristics that protect mental health on social media include self-awareness, self-acceptance, and reflection on usage

Subtheme: Social media design features that protect mental health on social media include reducing visibility of likes and comments, tailoring content, private accounts, and honest and transparent content

Theme 4: Suggestions on how to make social media a safer, more positive place for young people

Subtheme: Young people should be taught more about the mental health effects of social media to improve education and awareness and to protect young people's mental health

Group-Specific Subtheme: Improvements in social media design and advanced technology to remove harmful content quicker

Group-Specific Subtheme: Stakeholder responsibility

Figure 12

A Conceptual Map of the Themes and Subthemes Found in Study 1 (CEYP refers to Care-Experienced Young People and GP refers to the General Population group).

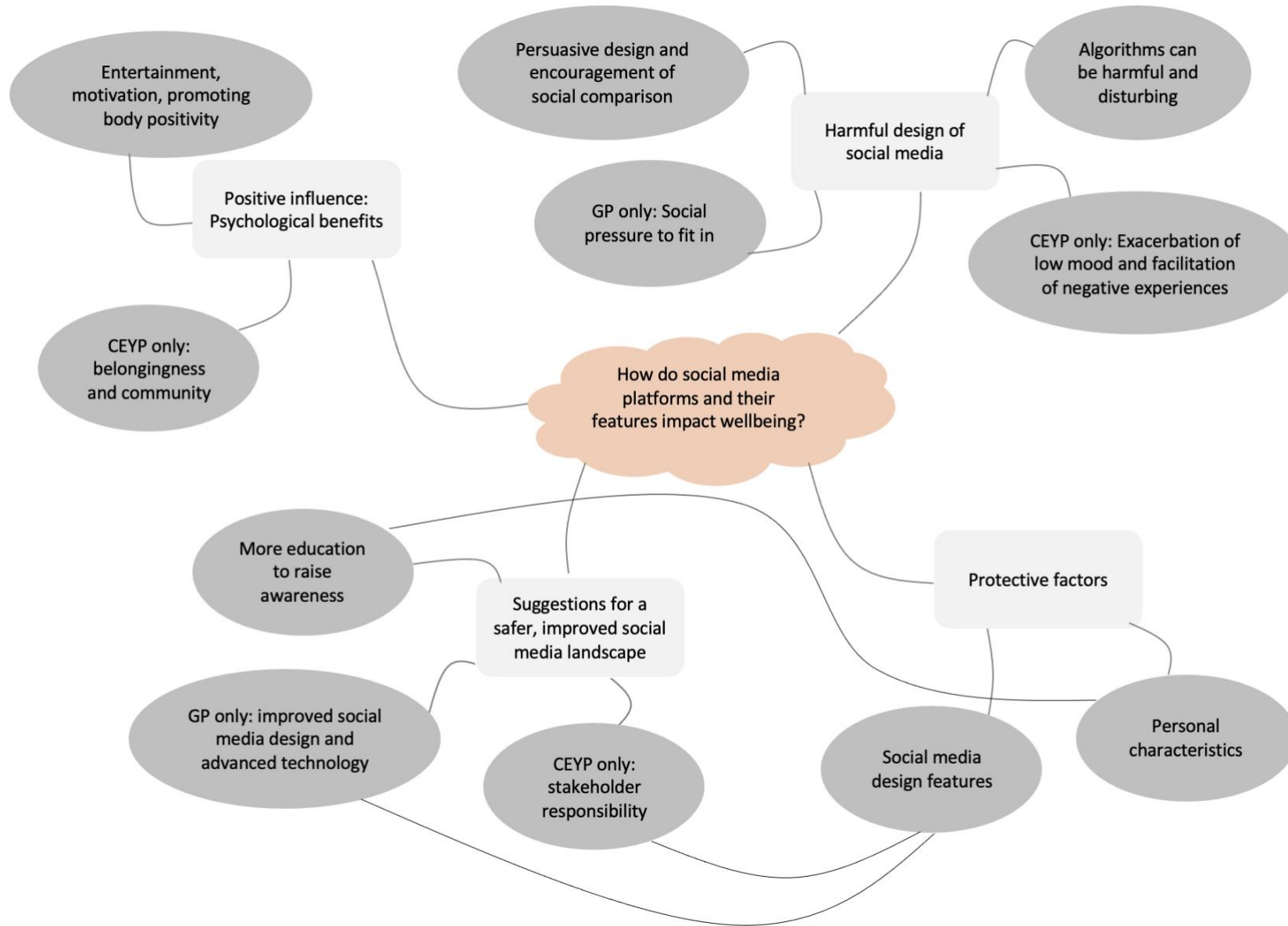


Figure 13

Themes Found in Study 2, Representing Overarching Themes and Subthemes (Boxes that Spread Horizontally over Both Groups) as well as Group-Specific Subthemes (Boxes that Remain under One Group Only) (CEYP refers to Care-Experienced Young People and FoMO refers to Fear of Missing Out).

General Population

Care-Experienced

Theme 1: Social media can be beneficial for mental wellbeing through inspiration, entertainment, and escapism

Group-Specific Subtheme: Community and belongingness on social media have a positive impact on the wellbeing of CEYP

Theme 2: The design of social media is harmful to young people's self-view and mental health

Subtheme: The design of social media encourages FoMO and negative self-comparison against an unattainable and unrealistic ideal, resulting in negative effects on mental health and wellbeing

Subtheme: Social media creates a pressure for young people to fit in and seek approval, thus impacting identity

Subtheme: Social media is persuasive by design

Group-Specific Subtheme: Social media can exacerbate poor mental wellbeing or bad mood

Group-Specific Subtheme: Social media can exacerbate poor mental wellbeing or bad mood and can facilitate negativity, cyberbullying, and ignorance

Theme 3: The importance of age and emotional maturity in the effect of social media on young people's mental health and wellbeing

Subtheme: Younger users are more vulnerable to the mental health effects of social media due to the increase in social media use and may not realise the subconscious impact of social media until late adolescence

Subtheme: Age limits and the Age Appropriate Design Code on social media need to be re-assessed and better enforced due to the ease of young people seeing inappropriate and harmful content

Theme 4: Protective factors against negative emotional effects of social media

Subtheme: Personal characteristics that protect mental wellbeing on social media include self-regulation, high self-esteem, confidence, and self-awareness

Subtheme: Social media design features that protect mental wellbeing include hiding likes, tailoring content, private accounts, and removing harmful content

Group-Specific Subtheme: The roles of schools and educators

Group-Specific Subtheme: The role of educators, social care, and policy makers

General Population

Care-Experienced

Theme 5: Effects of Covid-19 and subsequent lockdowns

Group-Specific Subtheme: Mixed effects on wellbeing

Group-Specific Subtheme: Negative effects on wellbeing due to Covid-19 and subsequent increased social media use

Subtheme: Positive effects on wellbeing due to Covid-19 and subsequent increased social media use

Theme 6: How care experience directly affects social media use and mental health and wellbeing

Subtheme: Care experience begins with increased vulnerability, but ends in more resilience and validation of experiences or trauma

Subtheme: CEYP's strict social media monitoring has advantages, such as safety and less obsession with social media, and disadvantages, such as exacerbating the feeling of being different

Subtheme: Care-specific positive effects of social media include the importance of social media for belongingness and community, contact, validation, and privacy features for safety

Subtheme: Care-specific negative effects of social media include increased vulnerability and exacerbation of existing mental health issues, heightened FoMO and self-comparison, and increased pressure to find an identity

Subtheme: CEYP should be educated and supported more around social media use, with open communication and a balance between safety and opportunities

Figure 14

A Conceptual Map of the Themes and Subthemes Found in Study 2 (CEYP refers to Care-Experienced Young People and GP refers to the General Population group).

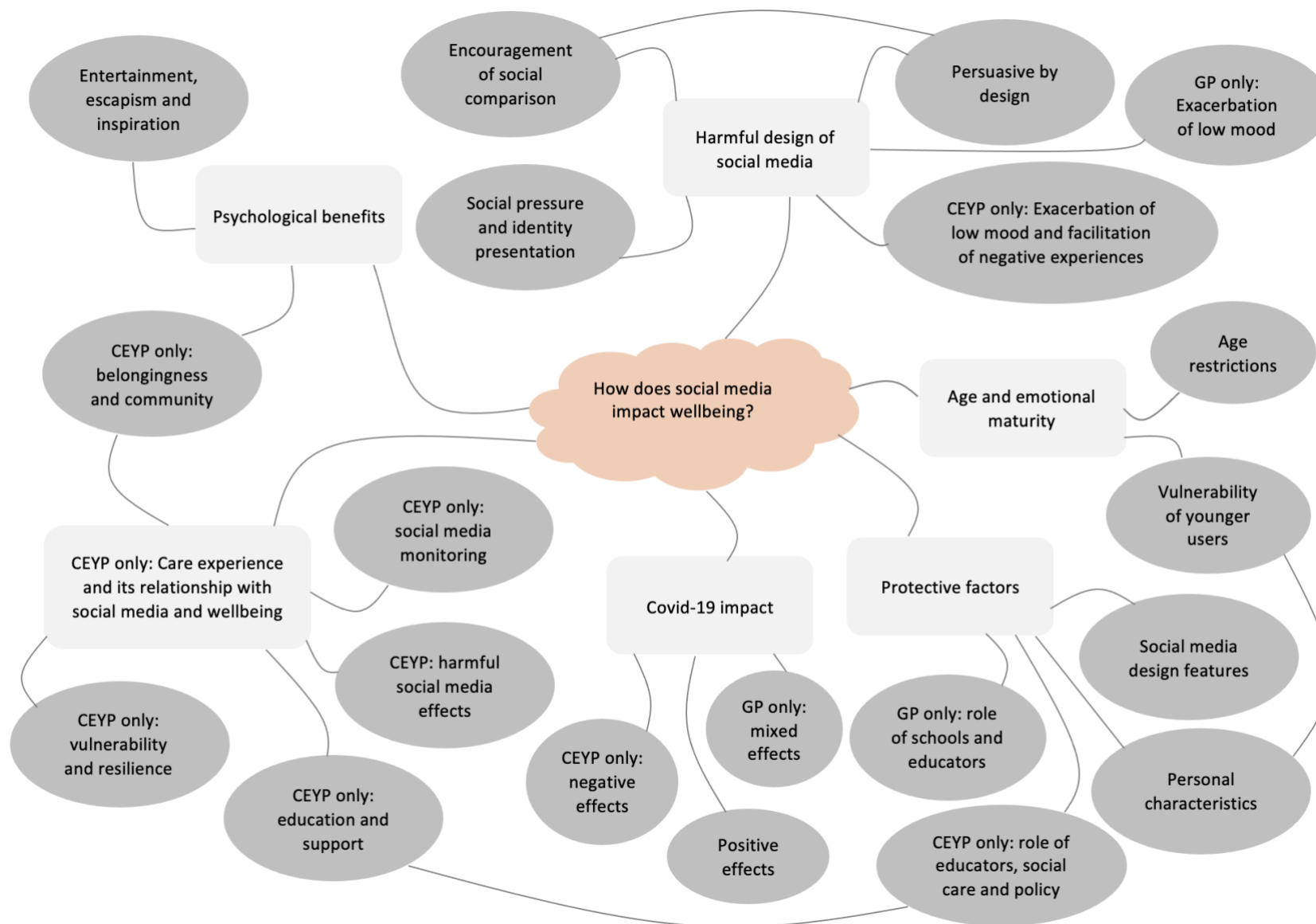


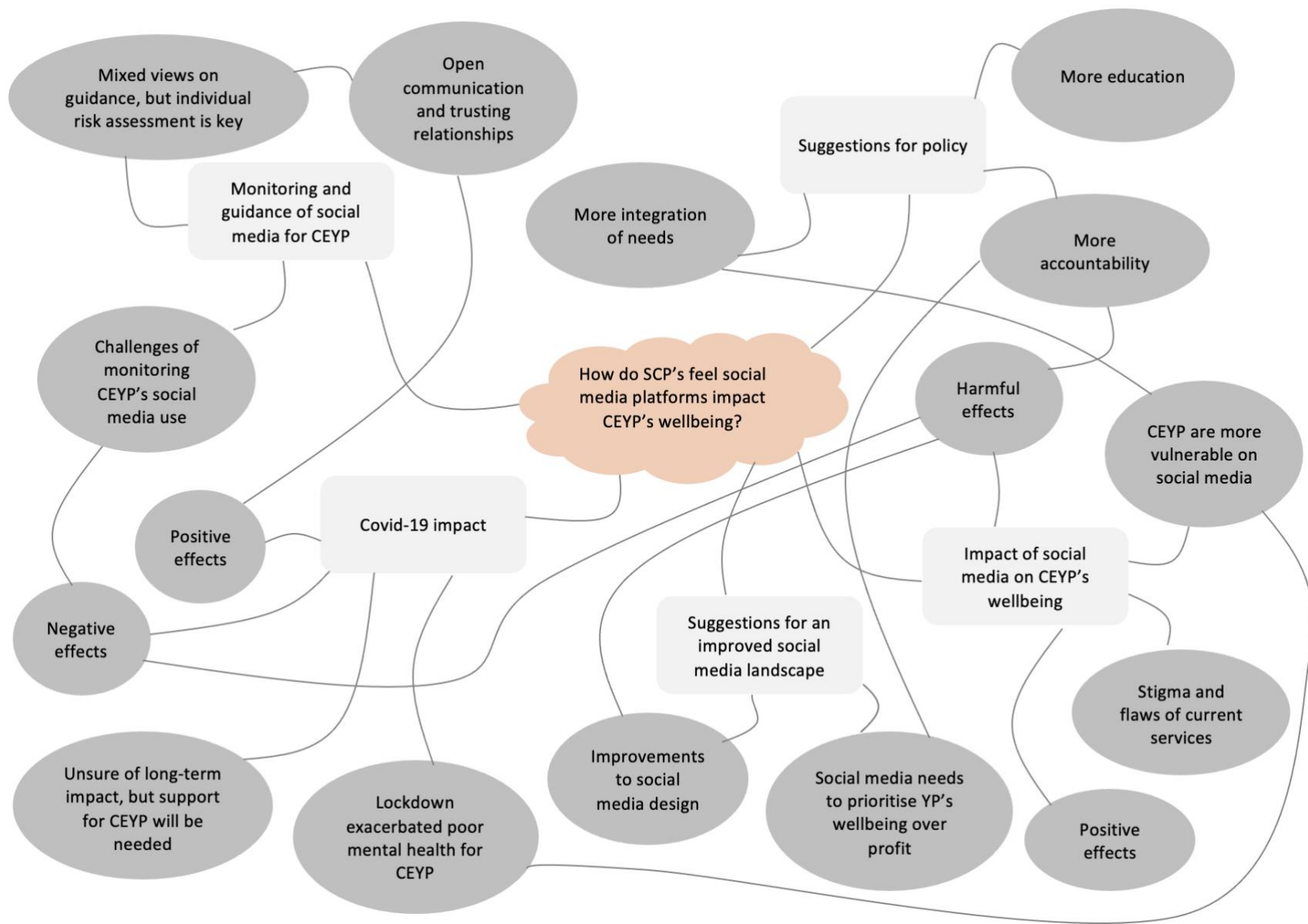
Table 8

A Summary of the Themes and Subthemes Found in Study 3 (CEYP refers to Care-Experienced Young People, YP refers to Young People, and SCP refers to Social Care Professional).

Theme	Subtheme
Monitoring and guidance for CEYP's social media use	Mixed views on guidance received as a SCP, although it is important that guidance is individualised and based off risk assessment, considering the young person's mental maturity
	Monitoring CEYP's social media use presents challenges, such as a lack of control outside of the home, conflict, the moral struggle of respecting privacy versus keeping them safe, and the gap in knowledge of social media between SCPs and CEYP
	Open communication and a trusting relationship between SCPs and CEYP are crucial for disclosure of issues with social media and mental health, with the aim of teaching CEYP how to use social media safely
Suggestions to improve social media and mental health policy	More education is needed on social media and potential mental health effects
	More integration of needs
	More accountability is needed to promote positive and safe social media use
The impact of social media on CEYP's mental health and wellbeing	Social media shows potentially harmful content and the design of social media is persuasive, resulting in a significant negative effect on YP's self-esteem, self-worth, and mental wellbeing
	CEYP are more vulnerable on social media due to experiencing trauma, feeling different, and wanting to be loved and accepted
	There is a stigma around mental health labels that are embarrassing for CEYP and there are issues with current mental health services, resulting in a lack of long-term support
	Social media can have a positive effect on CEYP by enabling contact with family (if monitored carefully), preparing for independence, and improving confidence by promoting accessible functionality
How social media could be improved for YP	Social media has a responsibility to keep YP safe but are failing because they are profit-focused, so they need to focus more on the wellbeing of YP
	Improvements to social media design, including enforcing and verifying age limits, better security, faster detection and removal of harmful content, and more user accountability
The impact of Covid-19 lockdowns on CEYP	Positive effects of lockdown, including using social media for entertainment, contact, education, strengthening relationships in homes, and removing stressors such as school and social interactions
	Negative effects of lockdown, including stress and anxiety, isolation, increases in negative behaviour, and the difficulty of limiting screen time and social media after a new norm had been established
	Lockdown exacerbated mental health issues within CEYP
	Mixed views on the long-term effect of lockdown, but YP need support to cope with the post-Covid transition from all parties, including the government, schools, and social care

Figure 15

A Conceptual Map of the Themes and Subthemes Found in Study 3 (CEYP refers to Care-Experienced Young People, YP refers to Young People, and SCP refers to Social Care Professionals).



6.3: A Cross-Case Analysis of all three Studies

This section of the findings chapter brings together all analyses from the three studies. Themes have been subsequently rearranged into summary sections to draw upon how the study analyses relate and connect across the three qualitative studies, but some themes may still be referred to by number, as referenced in the figures in section 6.2.2. Quotes are provided throughout to demonstrate lived experience and the participants' own voices, with S1 referring to Study 1 participants, S2 to Study 2 participants, and so on.

6.3.1: The positive impact of social media upon wellbeing and self-view

6.3.1.1: General positive effects

Participants from all three studies discussed positive effects from social media use. In Study 1 and 2, the primary mental benefit of social media was entertainment, in which both TikTok and Instagram were mentioned most. Viewing content that was funny and relatable provided a boost in mood for the YP, resulting in improved wellbeing. Likewise in Study 2, both participant groups agreed that social media can have positive effects on wellbeing through entertainment and inspiration, as illustrated by participant J-S2 in the quote below. Social media was described as funny and uplifting and was used to communicate and joke with friends, all of which had a positive impact on mood.

"Yeah, I find it entertaining and sometimes inspirational, like you can see quotes on there." – Participant J-S2 (care-experienced).

Some social media content acted as motivation for the YP in both groups in Study 1 and 2, especially content that was inspiring as a result of positive, downward comparisons. This content mainly surrounded lifestyle goals, hobbies, and occupation, which participants found to be motivating to succeed in their own lives. Moreover, social media content that promoted body positivity and transparency regarding body image and mental health was found to be particularly beneficial for the participants. This was because the transparency decreased the stigma around mental health, reduced the pressure of living up to beauty stereotypes that are encouraged in society, and broke down the façade of perfection that is shown on social media. This is demonstrated by participant L below:

“I follow quite a few people who are about like body positivity and um, just like feeling good about yourself and kind of breaking down those stereotypes of what you should look like and what looks nice and what doesn't. So that's quite... that's nice to see that when it comes up.” – Participant L-S1 (general population).

Participants in Study 1 and 2 also reported using social media as a form of escapism from everyday life, using it to improve their mood and to avoid or distract themselves from the general stressors or mundane feeling of life. Others discussed the positive impact of receiving supportive and complimentary comments from friends and family on social media, particularly on photos of themselves or posts about their achievements, which would boost their self-esteem. This is conveyed below in this quote from participant O-S2:

“With me and my friends... we all kind of like comment on each other's posts like what we've been doing. It's like, oh “well done” like if someone's achieved something, it kind of gives you that confidence boost.” – Participant O-S2 (general population).

Participants in Study 3 also described the positive influences social media can have on CEYP from SCPs' perspectives. As is consistent with the findings described above, it was highlighted by participant B-S3 and others that body positivity and mental health awareness content on social media were beneficial to YP's mental wellbeing, as well as being generally entertaining and enabling communication with friends and family. However, SCPs did mention caution and concerns over CEYP using social media to contact birth families, so this must be carefully monitored. Accessibility features on social media were also beneficial in improving some YP's confidence, especially those who may struggle to use less accessible technology. Also, the importance of social media in preparing CEYP for independence in life offline was discussed by participants, such as participant D-S3 in the quote below.

“We had these groups that one of our YP just follow, that is quite positive, sharing mental health, thinking positive, like positivity basically, which is obviously good for mental health.” – Participant B-S3.

“Because, you know, we can't keep social media from her forever because it would be a case of, she'll turn 18, she'll have no knowledge of it and she'll go into it... and you know something could maybe go wrong. She's not had that education, so we thought, while she's here and she is being supported, it's

best to do that work with her now and prepare her for when she becomes independent.” – Participant D-S3.

6.3.1.2: Belongingness, community, and identity for CEYP

An important subsection of this finding of beneficial psychological impact is the CEYP-specific subtheme of utilising social media platforms to find a community in which they feel they belong, which subsequently benefitted identity and wellbeing. In Study 1 and 2, participants who have experienced the care system found the sense of belongingness and community to be very important on social media, which can be seen in the quote from participant AB-S1 below. This sense of community was gained primarily via X (formerly Twitter), through which CE people can connect with others who have been through care, gain support and friendship with those who have been through similar experiences, and take part in activism and advocacy for CE people’s rights (as portrayed below by the quote from participant AI-S2).

“I think like- social media, I think, serves the CE community really well in terms of connecting with other CE people which often social services due to safeguarding barriers have prevented, especially- so I speak to a lot of older CE people who are in the 50s, 60s and 70s who never had social media. And now that they do, they’ve found themselves- They found a community. They found their identity, and they’ve also connected with other CEP who’ve had that specific experience of care... So, I think that in itself is invaluable. Definitely invaluable.” – Participant AB-S1 (care-experienced).

“The communities on Reddit really helped me out because sometimes I post about, let's say, just a story or anecdote, and people will tell their own stories that are similar, and we'll just all bond over that. It's quite nice to see there's others with the same experiences.” – Participant AI-S2 (care-experienced).

Moreover, seeing relatable content from others who were care-experienced (CE) and seeing similar, validating experiences had a positive effect on participants' wellbeing. This online experience resulted in the YP feeling like they had somewhere to belong, as well as having a support network of other people who had been through similar life experiences. The care leavers (aged 18 and above) were the only participants that discussed this, as they discovered the online communities after leaving the care system. CEYP were found to look to social media to feel part of something, which participants reported feeling very grateful for (see the quote below from participant AB-S2). Some participants also reflected upon this belongingness via social media and reported that the CE community often acted as motivation to keep going on days when their mental health was suffering.

“I've found Twitter to be really good for my self-esteem, it's boosted it loads. With the care experience community, it's really helped me find a community I can relate to. I like seeing people who I have that in common with and being able to see them do well... Just joining Twitter and being part of the care-experienced community has had a hugely positive effect on me, it's like empowered me. I found loads of people who have something in common- care experience- and it's so nice to have that community and sense of

belongingness. Like peer support and representation of this group, it's so empowering." – Participant AB-S2 (care-experienced).

Thus, by combining these findings from all three studies, it is apparent that this theme of positive impact from social media use is robust and comes through from all three perspectives.

6.3.2: The negative impact of social media upon wellbeing and self-view

6.3.2.1: Social comparison – feedback metrics, body image, lifestyle, and popularity

Participants in all three studies highlighted that the design of social media encourages YP to negatively compare themselves to others on social media against multiple aspects, such as the ones listed in the subheading. This comparison occurs through feedback metrics such as likes, comments, and followers, resulting in low mood, decreased self-esteem, and decreased self-worth. The SCPs often found that YP compare the number of likes they receive and have become reliant on likes for feelings of self-worth (as illustrated by participant T-S3 below). This reliance therefore results in negative mental health effects if the desired number of likes are not achieved on a social media post, which can be especially concerning for YP who are more prone to developing mental health issues, such as CEYP.

"Because YP are very reliant [on social media] ... because they don't go out as much now. They are very reliant and what we find is the more likes they get, the more friends they think they have... going back to the likes and stuff, I think it, around that feeling of self-worth and confidence, that can have a real detrimental effect." – Participant T-S3.

Participants described the illusion of perfection on social media, in that every user tends to post positive content only. This encourages the user to reflect on their own lives and self-presentation and compare themselves negatively to content they see online. This resulted in feelings of FoMO (fear of missing out), which had negative implications for mental wellbeing. This is highlighted here by participant AC-S2:

“Yeah, the obvious one I think is just Instagram, for example. Twitter as well [...] Sometimes you just compare yourself and go ‘I wish I was out and I wish I was doing that really cool thing’. Yeah, ‘cause the self-esteem issue just kind of [makes you] wonder if you’re, let’s say, as high up in the social ranking as they are.” – Participant AC-S2 (care-experienced).

In Study 1 and 2, YP described negative self/social comparisons occurring against body image and beauty standards especially, with participants feeling frustrated and angered by the unrealistic and unattainable beauty standards promoted on social media, only being emphasised by the filters used (and arguably encouraged) to enhance appearance. This had negative effects on the YP’s self-esteem and self-worth, as seen in the quote from participant O-S1 below, because they felt inferior and imperfect when compared to the ideal that is presented so often on social media. Although this happened more often in the female participants, there was a male participant who discussed the male beauty standard present on social media too (see the quote from participant AD-S1 below), thus showing this type of social comparison is not solely gender specific.

“...Another one's got like the beauty filter in. It's like, they shouldn't really be calling it a beauty filter, it should just be like, I don't know what they would call it, but don't say beauty 'cause it kind of like again, it gives you that stereotype of ‘this is what you should be looking like. You should use this because look at this person’. So again, it's all about influencing and kinda like this stereotypical idea of beauty.” – Participant O-S1 (general population).

“And then loads of these, basically gym guys come up, doing weights and stuff. All of them have got six packs, so that just makes me feel like ‘you're not looking like them’ [...] And then I've got one of another gym guy with a six pack [...] and seems like he's popular.” – Participant AD-S1 (care-experienced).

Participants in Study 1 and 2 considered social media to be fake (as demonstrated by participant AE-S2 below) because of the high control over the level of self-presentation, especially with the rising use of filters that change your facial structure and appearance. Some participants, such as participant L-S2 whose quote is detailed below, felt that filters were toxic and extremely harmful to self-esteem and wellbeing due to adding to the existing, toxic beauty standards that exist online, against which YP often make negative, self-destructive comparisons. Along with existing high beauty standards on social media to compare to, social media therefore presents a world that is unrealistic and standards that are unattainable due to the extraordinarily high level of control over self-presentation, including the ability to alter one's appearance without others knowing.

“I just think it makes you a bit weight conscious, I think. But then you don’t know what’s real and you don’t know what’s fake.” – Participant AE-S2 (general population).

“But I think um, when filters change what you actually look like, your natural appearance, like maybe making your nose smaller or something that, I think that can be quite damaging for, especially YP, because it's telling you that you need to look a certain way and that the way you are already isn't good enough.” – Participant L-S2 (general population).

The SCPs also highlighted in Study 3 that this illusion of perfection online consequently has negative effects when the YP feel their life is not as perfect, which regularly occurs with CEYP due to their non-traditional upbringing (see the quote from participant G-S3). Likewise, some participants (shown by participant D-S3’s quote below) mentioned that issues surrounding self-view and self-esteem can manifest into more substantial mental health issues, which supports the rationale for this research focusing on self-view aspects.

“I think people present a very perfect world via social media don't they, and that impacts massively on YP's mental health and self-esteem because they think that everybody else's life is perfect... so I think it [the impact] is huge.” – Participant G-S3.

“So, issues that might come from social media like self-esteem or confidence issues...they are quite big issues for YP, and they can manifest into other issues as well.” – Participant D-S3.

This also links to the YP in Study 1 and 2 comparing negatively against the lifestyles of others, including travel, family life, and possessions, which seemed exacerbated for CEYP due to their non-traditional upbringing (as was also highlighted by the SCPs above). Some CEYP mentioned their lack of financial means as one barrier to achieving the optimal lifestyles and possessions of others online, which made their chances of achieving the same lifestyle seem more unrealistic, as seen in the quote below from participant AA-S1.

“You can always see what your friends are up to or people you're not so close with, but you know from years past or whatever... you see that they're doing things like going on holidays or going to really fancy places.” – Participant AC-S2 (care-experienced).

“There's also like families, happy families. You'll find like family [social media] accounts or you know, people, their parents. I'm sometimes a bit envious of them.” – Participant AI-S2 (care-experienced).

“I always have people who've got really cool tattoos and stuff and like all these big gaming setups and, again, I just feel like, 'oh, I wish I had money, like I wish I wasn't in this situation' [...] And it makes you want things more, so like, well at the moment... Like I have so many like images of you know, like

Gamer Girl setups and it's all like pink and they put all their like little figures, just because I follow a few people who have them. And then it makes me want to have one and then makes me like, yeah, it's just that thing of like 'oh I don't have money for this or whatever', but then it's not really something that I've ever wanted before. So, like why do I want it now?" – Participant AA-S1 (care-experienced).

The non-CEYP still regularly made negative comparisons against lifestyle too. Both groups of YP frequently made references to seeing people go on luxurious holidays and buying expensive, designer possessions, which made them envious and often feel like their lifestyles were not good enough in comparison.

"I mean sometimes, like, if I see someone wearing like some clothes, but I don't have them because they're like, sometimes they can be quite expensive. Or, like I'll not be able to pull it off because I'm still like 13 and stuff. But yeah, I guess I sometimes feel like 'oh I wish I had that T shirt or something because it's really cool.'" – Participant C-S1 (general population).

"Like you see a lot of people and they like dress up really nicely and I don't tend to dress up very nicely. I like to just kind of like, be comfy, I guess. Yeah, sometimes it feels like it makes me feel like, oh maybe I should be doing more." – Participant AI-S1 (care-experienced).

Another aspect that the YP negatively compared themselves against on social media was popularity with friends and peers. This could often result in decreased wellbeing

and self-worth (this is illustrated in the quotes below from participants L-S1 and N-S2), with participants worrying they were not popular enough or worthy enough to have a large group of friends.

“Or like someone posted like a photo of all their friends. Sometimes you can, if there’s a lot of people in a friend group, you can kind of start comparing you and your friends to them and you’re like “oh, I don’t have that many friends”. Yeah, you can, you know it’s like the FoMO again- fear of missing out. It kind of just makes you feel down and sometimes like I’m, like I have a great group of friends, but sometimes you can look at someone else’s friendship group and realize that they have a lot of friends and then it makes you think “oh, why don’t I have that many friends? You know, like is it normal to have like that many friends and have that big of a friendship group?”” – Participant L-S1 (general population).

“I guess when it’s people’s birthdays and you go on social media, and you see like you know, really long, lovely messages and lots of photos and lots of memories. And I suppose you sort of, you sort of think to yourself, “I’m so envious, that this person has built such a positive, compatible, strong friendship with this other person. I wish I had those sorts of relationships in my life”. You know, self-worth, I guess that comes in with relationships because I think that’s where we find our self-worth. When we’ve been in a friendship with people, supporting them, and I think sometimes social media can highlight actually the extent to the relationships you have with people because of the, you know, the complete emphasis and drowning of “I love you

*so much” basically, not in a romantic way, you know, in a friendship way...
you know what I mean?” – Participant N-S2 (general population).*

6.3.2.2: Persuasive design

Similarly, all three participant groups commented on the design of social media being persuasive. In Study 2 especially, this was mentioned so frequently by participants that it warranted a separate theme, whereas it was mentioned in more general terms in Study 1 and was thus considered in a general theme. Participants felt that the design of social media was harmful to YP, as it is designed to keep users online constantly, which encourages excessive engagement (or as participants termed it “*addictive*”) and fear of missing out (FoMO). Both participant groups (CEYP and non-CEYP) in Study 1 and 2 agreed that social media was purposefully designed to be persuasive for all users, but particularly for YP due to the peer pressure they face to fit in, linking to one of the subthemes in Study 2. Participants highlighted that social media provides a constant stream of content which makes it easy to scroll endlessly (as discussed by participant AI-S2 below), as well as pushing adverts and content that are tailored to your interests, thus facilitating habitual and continuous use. Mixed with the FoMO felt by participants, this resulted in addictive-like behaviour for many of the participants. This had a negative impact on general wellbeing, making participants feel tired, unproductive, and like they lacked control over their social media use. This effect is illustrated by participant H-S2 below, who likens social media feeds to “*a huge rabbit hole*”.

“The way TikTok is built is it makes you addicted to it because it's all these really short videos. Obviously, it's made that way on purpose, but it can be

very addicting and I can imagine it being even harder for someone like a teenager to disconnect from TikTok after scrolling for like an hour.” –

Participant AI-S2 (care-experienced).

“Like when I see it [content] on Reddit, you can go down like a huge rabbit hole, so it can be quite tiring and exhausting to read all of it.” – Participant H-S2 (general population).

“I don't think it's helpful [the design of social media]. I think it makes it more addictive... And it makes you want things more. So, like, I have so many like images of Gamer Girl setups...and then it makes me want to have one and then makes me like, yeah, it's just that thing of like ‘oh I don't have money for this or whatever’, but then it's not really something that I've ever wanted before. So, like, why do I want it now?” – Participant AA-S1, (care-experienced), when asked about the design of social media.

Moreover, SCPs also discussed the persuasive features of social media (expressed well by participant I-S3 below), with some participants again expressing concern for CEYP especially due to addictive-like behaviours being more dangerous for YP who already struggle with boundaries and self-control. Another SCP also explained how one of the YP in their residential home does not have a social media account for some apps, but other apps encourage and push users to download or watch content from another social media site, which was considered intrusive and wrong. This is demonstrated by participant W-S3 within the quotes below.

“It's um, the inability to kind of like control her use of YouTube and Snapchat like she... the contract had to be drawn because we knew that perhaps we'd have some difficulties in like getting her settled for bed or getting her to go out and do some activities because she'd want to probably use it 24/7.” –

Participant I-S3.

“And he's not even on TikTok, but if you go on other things, it pushes you towards it, doesn't it? It will show you and then before you know it, you're on there. He's not actually signed up and [hasn't] got his own account.” –

Participant W-S3.

6.3.2.3: Social pressure to fit in

A feeling of pressure to fit in with peers was expressed by the young people in both Study 1 and 2, as well as being commented on by the SCPs in Study 3. Interestingly, social pressure was only described by both participant groups (CEYP and non-CEYP) in Study 2, perhaps suggesting that when the CEYP had time to reflect on the topic (as they had in the interview, compared to the real-time method of think-aloud protocol), they expressed that they did indeed feel social pressure from social media.

In Study 1, the general population group described the negative impact of social media on mental wellness due to societal pressure. Participants felt the perfectionism and unrealistic nature of social media forced a pressure on younger generations to fit in with popular trends that were seen and advertised on social media platforms, namely Instagram and TikTok. Although participants expressed

uncertainty as to whether social media influenced their identity, they did refer to the pressure they felt from social media when considering fashion, hobbies, and even professions. This pressure resulted in the YP feeling inferior and caused them to reflect on whether their own looks, personality, lifestyle, and hobbies (in other words, their identity and self-presentation) were good enough to fit in with their peers and wider society. In the case of participant AF below, who was an author using Instagram to advertise their books, comparing the successes of others on Instagram made them feel inferior and pressured to succeed.

“I think if I go on to like my one [author profile]- my stuff that's more like about what I do, then I feel more pressured. When I see other authors doing, like getting more likes or being bigger than me, that feels more stressful seeing that. Like that's why I only follow them on my work Instagram one, so then I'm not seeing that as regularly because I find that more pressuring.” –

Participant AF-S1 (general population).

Likewise in Study 2, YP reportedly felt feeling a pressure from social media to fit in and seek approval through likes and other feedback mechanisms. The YP reported feeling pressure to use filters like others to live up to the beauty standards online, which results in lowered self-esteem and self-view due to not feeling good enough without a filter enhancing their appearance. As participant C-S2 explains here, approval on social media was important to prevent being judged negatively by peers:

“I guess [approval on social media is important] because you don't really wanna be judged that much.” – Participant C-S2 (general population).

For the CE group especially, identity was discussed, including pondering how societal pressure via social media impacts upon identity formation for this population.

Approval was seen as especially important on social media for CE people so they were not further considered an outcast. This was a worry for some participants because they already felt different due to their care experience, so fitting in on social media was important for them. Likewise, CE participants mentioned that they can struggle with identity and that social media does not help this struggle, but instead complicates it further (as highlighted by participant AD-S2 below). This was mainly due to social media rapidly changing, with the trends constantly evolving, making identity formation complicated and subject to repeated and never-ending change. This is illustrated well by participant AA-S2 below.

“It did affect me quite a lot... like I was trying to fit in with all this, all this stuff on Instagram. Which is why I don't...which is why I don't really use it much... I rarely go on it because it did affect my life and made me want to be this person that I really wasn't and actually.... I felt like it was wrong, I just thought it was just really wrong.” – Participant AD-S2 (care-experienced).

“I just never know who I am because I think now, especially with the Internet, everything is so accessible and there's just so many like different trends and different ways of being a person. Yeah, and I'm like, ‘oh I like that’, ‘I like this’... but you can't be everything and it's always changing as well, like how people present themselves and what's on trend... I do feel like I'm having an identity crisis a bit.” – Participant AA-S2 (care-experienced).

6.3.2.4: Perception of social media algorithms

This finding was only discovered in Study 1. Overall, both groups of YP saw algorithms on social media as ‘creepy’ and participants found it disturbing that social media seemed to listen to conversations and bring up corresponding content (as demonstrated by participant AG-S1 below). Multiple participants reported that this had happened to them before, which felt like a violation of privacy and concerned them. Furthermore, if the algorithm was poor or incorrect and showed irrelevant content, this was found to be generally annoying, upsetting, or even triggering to some YP, particularly for those who had experienced the care system and past trauma, or for those who had mental health difficulties such as eating disorders. As a result, the way social media apps are designed using algorithmic decision-making can have negative implications for the mental wellbeing of YP due to causing upset or triggering existing mental health issues.

“And sometimes when I’m like speaking about a topic or something and then later I go on Instagram and it’s like it’s been listening... it’s really weird, I don’t like it.” – Participant AG-S1 (care-experienced).

6.3.2.5: Exacerbation and facilitation of negative impact

This finding was evident in all three studies. In Study 1, only the CEYP discussed how social media exacerbated poor mental health or low mood, FoMO, feeling unworthy, and overwhelmingness. Participants in this group felt that negative effects from social media were heightened for CEYP due to their background and lived experiences. The CEYP discussed the challenges they face as CE people, such as financial insecurity, lack of family support, and geographical restrictions due to social

care requirements or otherwise. This is portrayed below in this quote from participant AB-S1:

“Sometimes, in a way, it's just like ‘Oh my God I would die to do that’. So, like my biggest, biggest like goal in life is just to go traveling. But obviously as a CE person that is very restricted and like... But it does make me feel like, ‘Oh my God, I wish I could do that’ and sometimes it does feel like ‘I wish I could just escape and do something like that’ and it does annoy me sometimes... Sometimes it feels unrealistic, and that's a bit sad.” – Participant AB-S1 (care-experienced).

The YP argued that these obstacles all emphasised the effects of social comparison and FoMO for CE people due to the lower likelihood of achieving the perfectionism seen on social media (i.e., the more challenges they faced in life, the further away the ideal presented on social media seemed). Social media also exacerbated existing mental health issues for some participants. This could occur with self-esteem issues or depressed mood, as the negative effects of general social media use would be heightened if the participant was already in a bad mood or experiencing low mental state beforehand. An example of this can be seen below, in which participant AJ-S1 discussed their experiences with eating disorders and struggling with body image, so when models were advertised on social media platforms, it was triggering for their mental wellbeing and self-view.

“I don't really care to see models on my page, I can't lie. Maybe, maybe it's because of the way I see myself, but I just don't think I can look at it.” -

Participant AJ-S1 (care-experienced).

In Study 2, however, both groups of YP described how social media can exacerbate low mood, but only CEYP discussed how social media can act as a facilitator in negative behaviours from others. When asked if social media was used to facilitate self-care, many participants in the general population group expressed that social media use did the opposite and instead made them feel worse if they were already in a bad mood or were struggling with their mental wellbeing. This was primarily because of the negative effects social media had on mental wellbeing, such as negative comparison against beauty standards and likes, which, if felt during an existing low mood, would only exacerbate the negative feelings, as explained by participant AF-S2 here:

“I don't know if I necessarily would go to it [social media] if I was feeling really down... I feel like I would be more inclined to feel badly if I was going on my social media, if I was already in a bad mood.” – Participant AF-S2 (general population).

The CE group agreed that social media use exacerbated low mood or mental health struggles, so was often not chosen as a form of self-care. Along with this, the CE participant group found that social media facilitated and provided a platform for other negative behaviour, namely general negativity or trolling, cyberbullying (as shown below in a quote from participant AH-S2), and ignorance about social class or people from disadvantaged backgrounds. The CEYP felt that social media contributed to societal negativity by allowing users to post disrespectful content. Some participants mentioned feeling stigmatised after reading content regarding

care experience (as demonstrated by participant AC-S2 below), or often anger from reading ignorant and insensitive social media posts about marginalised groups such as CE people. All these factors collectively increased the negative impact social media has on the mental wellbeing of this group of YP.

“I know there's been times where I felt stigmatised when I read things about care experience that've really got to me.” – Participant AC-S2 (care-experienced).

“That's one of the reasons I tried to stay off social media because I think, even to this day, I stay very anonymous because I think I realised... the internet started this [bullying]... But I think that was one of the reasons I've realised, if I wanna go on social media, even if I was very anonymous... if they found me, they could target me, even with lots of privacy settings.” – Participant AH-S2 (care-experienced).

The SCPs in Study 3 also noted how CEYP were more vulnerable to negativity online. Participants expressed their concerns and anger around how social media can show harmful content, such as videos on how to commit suicide or self-harm (as expressed by participant S-S3 below), which has a direct and negative effect on YP, especially those who are already vulnerable such as CEYP.

“I can see, from somebody who works with kids who self-harm and have suicidal ideations... How can you have or be allowed to Google, allow a site saying the best ways to kill yourself? Or even things that encourage people to do it?!” – Participant S-S3.

The significance of social media was also highlighted by SCP participants, who reflected that adolescence is a key stage of development and identity formation for YP, and therefore the impact of social media on their mental health and development is hugely important. SCPs in this research discussed their experiences with children in care and how the YP have been negatively affected by social media, which included cyberbullying (which occurs more frequently online due to a lack of accountability). All SCPs conveyed the significance of CEYP being more vulnerable online than children from the general population, which has important consequences for their social media usage. SCPs expressed multiple professional concerns, including that social media can be a more dangerous place for CEYP due to issues with safety surrounding birth families. Thus, contacting birth families via social media is a concern SCPs have with the YP in residential children's homes as this could have negative implications for their safety and wellbeing (as seen below in the participant quotes).

"Things like, because one of the issues that cropped up with this young person when we were getting a tablet for the home, was wherever she might try and add parents or family on social media and try and get in contact with them."

– Participant D-S3.

"You either have a parent that doesn't engage with the children or the professionals, or you have a parent that doesn't want to give you consent to do anything. But then that parent will control through buying top-up for their child or one, you know, will get them a £300 phone because the child's kind of

reunited with them in the sense that they've come back to them, knocked on parent's door and then parent doesn't really know how to manage or control that. So, they will then gift them a new mobile phone if that's what that child is demanding, to try and kind of rebuild a relationship in an unhealthy way." – Participant A-S3.

As many CEYP feel different due to being in care, this can add to the deep-rooted desire to be loved and accepted due to not receiving this attention during their early childhood. Therefore, a further professional risk expressed by the SCPs was that the YP are significantly more vulnerable to online grooming and cyberbullying due to this need for love and acceptance. Participants discussed this deep-rooted need that was seen among many CEYP, and which is often expressed through an eagerness online to make friendships and connections. This then puts the CEYP at risk of being exploited and taken advantage of.

"People don't-, you get groomed for a reason. These [CE] kids get groomed because they're looking for something they're not getting in their own life, don't they? So, say somebody can be really nice, some handsome boy who can give you gifts." – Participant S-S3.

Some other SCPs also suggested that CEYP are more vulnerable to conflict online because of the way the YP process their trauma, in that some suppress it which can result in self-harm and mental health issues, or they can process it externally which results in anger. Furthermore, the persuasive features of social media exacerbate

CEYP's vulnerability and risk online by increasing screen time for the YP and increasing the chance of harm. This is conveyed clearly in these two quotes:

"Yeah, so I think their vulnerability is a huge one. All looked-after children are very, very vulnerable, not only to kind of like online grooming and things like that, but also to being bullied. You know, they're different, they see that, you know. They're seen as different. You know, very often looked-after children feel different as well because they're not living with their birth families. Yeah, so I think all of those factors and then obviously whatever they've been exposed to at home makes them kind of more vulnerable, most definitely, yeah." – Participant G-S3.

"CEYP are always all at risk of mental health because of their upbringing, their lifestyles and things. So, I think they're all even at more risk of having mental health issues through social media, compared maybe to a young person that hasn't had any of those negative life experiences and has quite positive mental health." – Participant D-S3.

6.3.2.6: The stigma of mental health issues

This last subheading in this section was found only in Study 3 from the SCPs, in which they discussed the stigma around the labels given to those who experience mental health issues and the flaws of the mental health service CAMHS (Children and Adolescent Mental Health Service) and how this can be exacerbated by social media. Participants expressed caution around labelling CEYP with mental health issues online, if possible, because the stigma around this causes further embarrassment to

the young person, who may be embarrassed already by being in care and being 'different'. Likewise, more SCPs criticised CAMHS for several reasons. Firstly, there is the issue of CAMHS having a high threshold for admission to the services, thus YP who suffer with self-esteem, or less severe issues, do not receive any help until the issue gets serious. This was often referred to as *"too late"* by participants. Getting support from these services was also reported to be a long process, with the services often failing to provide the long-term care or support that is needed. Overall, these issues are thought to act as another barrier to YP in talking openly about their mental health and any effects they may feel from social media.

"If I have mental health concerns around a young person, actually getting to the right organisations and getting that young person the assistance they need, or support, is a lengthy process. And a lot of the time, not on offer." – Participant T-S3.

6.3.3: Protective factors

6.3.3.1: Personal characteristics

In both Study 1 and 2, both CE and non-CEYP described personal characteristics that helped protect them from the negative mental health effects of social media. To clarify, personal characteristics refers to demographic and psychological characteristics such as age, gender, confidence, and self-awareness. A prominent discussion point for the YP in the research was the importance of self-awareness and self-regulation, and how this can help prevent negative effects on mood and mental wellness when seeing negative or triggering social media content. This included a variety of things for different participants, such as: being self-aware when social

media use is becoming too compelling and removing themselves from the platform or deleting it altogether (as seen below in the quote from participant AH-S1); actively deleting content (as demonstrated in the quote below from participant AA-S2); knowing that they can only go on social media if they are in a good mental health space beforehand; and regularly having to 'check' themselves when they are in a rut of negative social comparison, which was used to describe the action of stopping their negative behaviour and taking a moment to reflect. Interestingly, some CE participants struggled to self-regulate due to their past trauma, which in turn exacerbated the negative impact of social media.

"So, I think that's a negative impact sometimes [social media can have]. But I'm very aware of that and that's why sometimes I will just take a break or do something else." - Participant AH-S1 (care-experienced).

"I used to use TikTok- well, I say use. I never used to post anything, but I had to delete it 'cause it was just addictive. [...] I've not been very well, so I've had to stay in recovering, so I've not really been able to go out and stuff... all I could do is lay in bed. I was just scrolling through social media and I just- it was making me so depressed because I just saw everyone you know, going out and doing things and I think it kind of made me feel like how I did in the pandemic... But it was like everyone just sort of, you know, living their life and I was stuck at home. And that's when I ended up actually deleting TikTok, 'cause I was just so miserable about it in the end." – Participant AA-S2 (care-experienced).

There were other personal characteristics that helped to protect wellbeing too, with participants highlighting that high levels of confidence, self-awareness and acceptance of one's own body image and identity (as demonstrated below in the quote from participant M-S1), self-esteem, and self-worth all act as protective factors. This was because the YP with these characteristics primarily felt the effects of social media on a surface-level and, due to their strong self-concept, did not feel they were psychologically impacted negatively by social media. Furthermore, general awareness that social media was not an accurate portrayal of life was also highlighted as a protective feature, as the tendency to make social comparisons against unrealistic or unattainable ideals was lessened.

“And sometimes there are selfies [participant compares themselves against], but again, like I said, it's almost that I know I'm me...And then, there's no way that I'm gonna become them. So, I should just kinda stay happy with who I am.” – Participant M-S1 (general population).

In Study 2, age as a protective personal characteristic was highlighted. Both CE and non-CE participants discussed in the interviews that the younger generation are now growing up with social media and face pressure to use it regularly and constantly, leading to conversations around the importance of age. The participants aged 18 and above reflected on their social media use during their adolescent years and concluded that they felt more vulnerable when they were younger towards the mental health effects of social media. These social media effects included feeling pressure to fit in with peers, negatively comparing themselves more to others, feeling a need to receive likes and approval due to peer pressure, and having a

strong influence on identity. Some YP compared this to what they see now in younger siblings or friends, who are considered more impressionable and vulnerable on social media during their adolescence.

Moreover, participants expressed further concern over the rising use of social media among very young users because they themselves only realised the detrimental effects of social media after they had aged and became more self-aware. So, being older was found to be a protective factor against the negative effects of social media as self-awareness, reflection on usage, and confidence increase with age. Some YP felt their sense of identity solidified as they got older, leading to feeling less pressure to change themselves or how they present online. This subtheme can be portrayed through the two quotes here:

“I think it's very much like what you see is what's going to go back into your subconscious mind. So, it's yeah, even if you think consciously, you're not really gonna absorb it, it's gonna be there. I think in the recent years as I got older, I've realised that more, and say for Instagram, I just sort of like unfollow certain figures or people or whatever now if I feel it's not going to do me any good and if it's going to create some sort of insecurities or anything like that.” – Participant AG-S2 (care-experienced).

“And I think we're at that weird age now where we're kind of like, we're more aware of it and how like social media, with the likes, how that affects people. But like for our age, like all my friends say they don't care like who likes it or how many, it's just what they want to put on there for their... but for like

probably like 13 to 15, that kind of age bracket, I think they're a lot more... like how I was, I think they're a lot more like aware, they're more aware of how many likes they have and they can like track them and they like things like that. I see how they get like that." – Participant O-S2 (general population).

There were signs of a gender effect from the analyses in Study 1 and 2, in that participants who identified as female were more likely to negatively compare themselves to others and ruminate, but the contributing data was not robust enough to form a complete theme. This may have been due to a lack of gender representative data due to the bias in sampling, and thus is something to be improved upon if the research was conducted again or explored further.

6.3.3.2: Social media design features

Again, participants from both groups of YP in both Study 1 and 2 discussed the current social media design features that act as protective factors, including the ability to privatise your account to protect oneself from negativity or mentally triggering content, being able to block or report to remove harmful content, honest and transparent content, and being able to tailor content to your interests, as seen in these quotes:

"I like it how they put that you can turn your account on private and stuff like that." – Participant Q-S1 (care-experienced).

“I find it [tailoring content] a good thing because they actually show you content that you might be interested in, and obviously with TikTok you could, like, if you're not interested in it, you can click ‘not interested’ and then it takes the video away.” – Participant V-S1 (general population).

“See I prefer looking at the like ‘for you’ page because I find that more interesting.” – Participant AC-S1 (care-experienced).

All these features protected the YP from the negative effects on wellbeing by enabling privacy (and by extension, increasing feelings of safety) and reducing the natural tendency to negatively compare oneself to other people’s successes. Less common design features that participants felt protected their mental health included transparency of filter use and hiding likes (as seen below in the quote from participant AJ-S2). Participants felt that seeing social media posts that break down the façade of perfectionism on social media by using honesty and transparency was beneficial but rare on social media. Both of these features were felt to relieve the pressure of having to live up to high, unrealistic expectations that so often contributed to low self-esteem and self-worth.

“Ever since they introduced the, you know, the posting photos where you don't necessarily get to see how many people have liked it. You can- the function where you can take that off- I love that so much because I feel like it takes the pressure off it.” – Participant AJ-S2 (care-experienced).

6.3.4: Suggestions on how to improve social media design, policy, and its impact on the mental wellbeing of YP

6.3.4.1: Improvements to social media design

Participants from all three studies made suggestions regarding the improvement of social media design so that the platforms ultimately create a more positive experience for YP and have a more positive impact on their wellbeing and self-view.

The YP in both Study 1 and 2 expressed the wish that social media companies and designers would invest more in advanced technology that can detect and remove harmful content quicker than the current technology, as YP today can easily be exposed to negative content. By investing in advanced and improved technology, this would act as an additional protective factor against the negative emotional effects of social media for YP, which is arguably the responsibility of social media companies to promote and prioritise. Other suggestions included increasing accessible features to improve diversity, using trigger warnings on sensitive content, and reducing the persuasive design of social media, e.g. limiting screen time for YP. The YP in this research felt that if social media designers incorporated these suggestions, then social media would be less likely to have a negative psychological effect on young users due to increasing the chances of protection from possible harm.

“I suppose, in order to make it, to make the combat towards it more effective, there possibly needs to be better technology advancements.” – Participant N-S1 (general population).

“I think I think, urm, definitely that [rules should be stricter]. There should be more of a control on, like bad comments and hate comments.” – Participant C-S2 (general population).

“And all the like glamorisation of self-harm and stuff like that. I mean I get why the YP do it, it’s a coping mechanism, but it’s social media’s responsibility to take that stuff down. They should be better at detecting this harmful stuff and taking it down faster. You know what’s been really good for me, I find trigger warnings really useful but again that’s not social media policy is that the users discretion. I just think social media has a lot to answer for.” – Participant AB-S2 (care-experienced).

Likewise, the SCPs in Study 3 expressed the desire for social media companies to improve the technology used to aid the detection of harmful content, along with increasing the speed that it is removed. The SCPs believed that this could be possible but social media companies were too profit-focused to spend money trying to rectify this issue. Similar ideas arose around increased security, especially during the setting-up of accounts on social media. This was because participants believed that having accountability on social media accounts would help to prevent any abuse or cyberbullying online, as it would remove the anonymity of users. These two points are illustrated well here:

“I think they need to have more... they need to have more checks and remove content quicker. Then they need to be able to ban people quicker. I don't

know how on Earth if they could check ages, but obviously I don't know how they would possibly do that.” – Participant S-S3.

“I think people can just open unlimited emails, so then they can open unlimited social media accounts and I think there should be some regulation around that. Because that might then prevent like the trolling and things like that which is on the increase as well... And I think that's a bit worrying, because you could make multiple accounts and YP are very aware of this, they're very clever and lots of YP I've worked with have multiple different email addresses. And I think if it was, if you were linked to one email address and it was all linked to you, then you might think twice about what people might be putting out on social media.” – Participant D-S3.

Another salient discussion point in the research was age limits on social media platforms and the suggestion of encouraging more age-appropriate content for YP. The YP in this research possessed little knowledge of social media policies or rules except age limits and general data protection regulation (GDPR). As part of the interview process, the researcher described key policies like the Age Appropriate Design Code (AADC) which prompted conversations around these policies. Participants agreed that social media was not abiding by these rules because it was considered easy to see inappropriate and harmful content as a young person. It was also believed by participants that social media platforms need to do better at both enforcing the AADC and targeting and removing harmful content, as conveyed by participant AE-S2:

“Well, TikTok’s awful, they don’t do anything on there I don’t think. My little brother and sister are on there and she has an account but it’s like private, so people don’t see her videos but it doesn’t stop her seeing stuff that I see, and I’m nearly 25 and she’s 11... Yeah and then there’s stuff on there that people my age post that’s appropriate for our age, and then that gets taken down because it’s inappropriate- because they look young, but then they’re actually not, they’re actually able to be doing that stuff. So, they just seem to take the wrong things off.” – Participant AE-S2 (general population).

In addition, participants felt strongly that age limits on social media need to be re-assessed and better enforced (as seen in the quote below from participant J-S2).

While it was agreed among all participants that age limits are important in protecting YP online, the participants explained that it is easy to enter a different date of birth when creating a social media account, rendering age limits useless. Despite many of the YP admitting they have entered incorrect dates of birth in social media platforms before, they went on to discuss the importance of age limits due to the negative and subconscious impact of social media on YP’s mental wellbeing. This suggests a level of hypocrisy or conflict among YP between thinking about what is right or protective versus the actions decided upon.

“I think for some social media platforms that [age limits] should be enforced better because you wouldn’t want like a 12-year-old on there 'cause there’s some weird stuff on there. Yeah, that’s the same for Instagram as well 'cause that might affect their mental health in some way as well... It should be like

14 in my opinion 'cause we get more mature around that age." – Participant J-S2 (care-experienced).

When considering the re-assessment and enforcement of age limits, some participants felt age verification or parental approval could be used to improve the safety of YP. However, others felt this was controlling and not the correct solution to resolve the issue. Some participants also felt that emotional maturity and development was important to consider when re-evaluating age limits (as above in the quote from participant J-S2), as YP mature emotionally at different rates. Thus, an umbrella age limit would not suffice because it would not consider individual developmental or emotional maturity, and the consequent significant effect social media could have on mental health and wellbeing.

Similarly, the SCPs discussed the ease of YP circumventing age restrictions on social media (as shown by the quote below from participant G-S3), which led to the idea of having to verify or enforce age restrictions on social media. As age restrictions are important and necessary for YP's developmental stages, this was a particular concern for vulnerable YP such as CEYP because many children in care tend to be delayed in cognitive development and maturity and thus are more vulnerable to online content.

"Yes, I mean I think the age thing is a big thing as well, because that's not monitored at all, is it? You know, I know a lot of them say you've got to be a certain age. Well, they just allow younger...and kind of, you know, [allow] the ability to sort of set up different accounts and things. I don't know whether

there is a way that social media platforms could kind of monitor that, but that is... that's a big concern, I think.” – Participant G-S3.

6.3.4.2: Stakeholder responsibility

Interestingly, participants from all three studies discussed stakeholder responsibility in keeping YP safe online, yet all three participant groups had varying views on who the primary responsibility lies with. The SCPs in Study 3 felt that policies from the government need to be more inclusive and integrate the needs of CEYP because the current policies are generalised to YP and fail to include or integrate the needs of marginalised, vulnerable groups such as CEYP. This could include subsections of policies that refer specifically to more vulnerable YP who may be prone to mental health issues, for example. Participant I-S3 expressed their thoughts on this topic, as shown here:

“It's quite generalised how they're addressing the topic of mental health and social media use, and they're not looking at particular populations or communities. So, I think more research needs to be done looking into those particular different types of groups.” – Participant I-S3.

Furthermore, it was felt by the SCPs that social media companies and the government should take more accountability for improving education and awareness around the mental health impact of social media (which will be discussed later in this section), as well as enforcing stricter policies to make social media a safer place for YP. Some SCPs (such as participant R-S3, as expressed below) felt that too much pressure was placed upon parents and not equally shared among those

responsible for the effects of social media; thus, stakeholders should share the responsibility to safeguard YP and take more accountability.

“If it's lacking in general, for children in care, it's just highlighted how ridiculous [policies are], but not necessarily children in care. Just, it could be any vulnerable young person or adult if they struggle with mental health...And I feel that it puts too much accountability on the parents.” –

Participant R-S3.

The SCPs in Study 3 believed overall that social media companies have a responsibility to keep YP safe and they expressed frustration and anger towards technology companies who are failing at this. The participants suggested that many social media companies already know how to make social media safer for YP but are refusing to make it safer due to being profit focused. Therefore, SCP participants called for social media companies to reorient their priorities and realise their responsibility in keeping YP safe online, rather than profiting off poor body image, low self-esteem, and other mental health issues encouraged by social media sites. The two quotes below clearly convey this finding:

“But that’s a responsibility of those social media, sort of, people that manage them, to be able to make sure it’s done safely. I don’t think it’s safe at all.” -

Participant A-S3.

“There has got to be these techy people that will know these answers already [to protect mental health] and that's what I hate - they know these answers

already and what they can do, but they're not doing it. They're not doing it.” –

Participant R-S3.

The YP in Study 1 and 2 had some overlapping but also some differing views on responsibility. Similarly in Study 1, the CE group of YP discussed the need for social media companies and the government to take more responsibility in protecting YP online, which they felt should be a priority considering the number of YP struggling with mental health. The CE participants believed these stakeholders are currently failing to do this because YP can still easily see harmful and negative content. Also, like the views of the SCPs, it was highlighted that social media prioritises monetisation and profit over the mental health and wellbeing of YP and users in general— as demonstrated in the quote below from participant AC-S1— which is unacceptable and needs to change going forward. Therefore, CEYP suggest that for social media to have more of a positive mental health effect on YP, social media companies and wider stakeholders such as the government need to take more responsibility and reflect on how their services are currently impacting upon YP. With this reflection, priorities should be reconsidered so that YP’s mental wellbeing is above monetisation and other aspects that are used for profit.

“I’ve only just gone on the ordering of settings...How is monetisation before privacy and safety, accessibility and even notifications?!... Actually, why is that more important about making money than accessibility or privacy?” –

Participant AC-S1 (care-experienced).

Study 2 found subthemes split by view of responsibility. Non-CE participants felt that education was essential to improve the impact of social media on the wellbeing of YP. Participants felt that this education was the responsibility of educators, like the government and schools. Alternatively, the CEYP felt that social media companies and the government need to improve current policies to keep YP safe because they are currently failing at this. The CEYP also felt that very little is being done from social care to protect YP online and that social media companies and the government need to take more accountability and responsibility for YP's mental health, through both education and improving the design of social media platforms. This is shown clearly by the quotes below from participants AD-S2 and AJ-S2. Furthermore, the CEYP thought that more funding and resources are needed for YP's mental health, although this would still present challenges as social media companies are profit-focused and unwilling to spend money on design improvements that could help YP's mental health. Therefore, the YP recommended that social media companies need to reflect on their priorities and focus more on protecting the mental health of young generations.

"I sometimes feel as though they [social media policies] are not fit for practice really. Social media companies should be held more accountable too, you know... for example, Snapchat, Instagram, they give you the filters to put on, you're actually given that, they actually provide them. So, it's not like you're having to go to another app to get that filter and then upload it to your snap. You can just do it on the actual platform. I think it's wrong. Yeah, it shouldn't, they shouldn't be allowing that to happen." – Participant AD-S2 (care-experienced).

“I don't feel like there is enough awareness. I don't feel like there's enough awareness about the damage that social media does. [...] It's really difficult... I wanna say it's like a government policy that needs to be put in place, or maybe just... I don't know, re-education. It would be kind of helpful if they had it in schools to be fair.” – Participant AJ-S2 (care-experienced).

6.3.4.3: Education and digital literacy

Again, participants across all three studies mentioned this finding: that more education and awareness surrounding the emotional impact of social media is needed for YP and digital literacy training is needed for those who work with YP, such as SCPs. YP from both participant groups in Study 1 agreed this was a necessary and important step moving forward to protect YP's digital mental health. The YP discussed how the current school curricula focused on teaching YP how to use social media for employment benefits, how to be cautious about what to post due to future employment, and the importance of privacy settings for physical safety. While participants acknowledged the importance of this existing curricula, they also believed that education and awareness about the potential psychological effects of social media is a crucial step in teaching YP how to use social media safely and to manage and self-regulate their emotional wellbeing. This subtheme is conveyed well in these quotes from participants O-S1, N-S2 and O-S2:

“I do remember a few years ago we had one video showing... that was more about the privacy... it kind of taught you what happens if you don't have your account on private and what that might do [...] It was like the type of thing

with “your employees are able to check what you've done on social media”. But nothing to do with like, I don't think we've really spoken about it in terms of mental health, which again, I think we should do more of...now obviously people are getting phones when they're like 10/11. And obviously they, they're wanting to have social media cause it's like the norm now. So, I do think in schools they should be doing more of a, like making more of an awareness of it.” – Participant O-S1 (general population).

“I think we're told [in school] more about, uhm, what we, about the consequences of using social media in a negative way. So, for example... going to future employers. They'll look at your social media page. Are you being responsible on that? Are you posting appropriate stuff? I think we're told more about that as opposed to how we could be protected in a positive way on social media... I think there should be more taught about the protection rules on social media as opposed to just the other side of it, in terms of the, you know, how we should conduct ourselves on social media.” – Participant N-S2 (general population).

“I think it should be made more aware like in school, they should get that, like have that message put across saying “look, it doesn't matter... you can't make someone like your post”.” – Participant O-S2 (general population).

Participants thought this was a missed opportunity and felt that YP would benefit significantly from learning about how social media can influence mental wellness,

how to recognise any negative effects, and how to protect oneself against negative effects. Some participants also reflected on how they believed that removing likes and other design features of social media was not simply the answer in making social media a more mentally positive space, despite the positive and protective impact these design features can have. Instead, the YP suggested that the answer is educating YP, so they feel more prepared to deal with the world of social media and its possible impact on mental wellness. This is demonstrated clearly by this quote:

“I don't think the removal of filters is the idea. I think what should happen is more education and awareness about the imperfect beauty standards and what beauty standards mean. That's the responsibility of schools, policies, and government, and I feel like this should be [taught]... We know that is a contributor to mental health and body image and all that sort of stuff.” – Participant AB-S1 (care-experienced).

To support this further, YP in both Study 1 and 2 had a limited knowledge of social media policies and guidelines, with awareness limited to age restrictions and GDPR. As a result, the YP believed that more education on social media, mental health policies, and any potential psychological effects of social media was crucial. So, if the YP were educated on these aspects, they would feel more self-aware and more protected, and thus less likely to experience any negative emotional effects.

Correspondingly, SCPs felt that more education for YP about the mental health effects of social media was crucial to raise societal and individual awareness and help protect YP from negative effects. SCP participants believed that education on

this topic is currently lacking, and thus YP are often faced with new challenges on social media and are unequipped to deal with the psychological impact of these challenges. This is illustrated by participant B-S3 here:

“So more of actually educating them, it definitely would be something I think that needs to be done.” – Participant B-S3.

Regarding digital literacy training for SCPs, this participant group discussed the notable challenge of the gap in knowledge and digital literacy between YP and adults regarding social media. This was noted by both older and younger SCPs, in that CEYP and YP in general are very “*tech savvy*” and can get around rules and blocks and delete content before the SCPs see it. Younger SCP participants who were new to the social care profession felt it was easier to monitor the CEYP because they knew more about social media but noted that their older colleagues struggled to keep up with new social media platforms, such as TikTok, which made monitoring difficult. SCPs also felt that there was a general challenge in that social media evolves so rapidly and constantly, that they found it hard to stay up to date themselves, whilst also considering it difficult for guidance to stay up to date. This led to a discussion about how to deal with these challenges, with many SCPs suggesting more training and resources are needed for SCPs to stay up to date with current, popular social media platforms, along with training for both the YP and adults on how to recognise the risks and potential mental health effects of each social media platform. These challenges are illustrated well by participants G-S3 and A-S3:

“YP are very tech savvy, aren't they? And very often, you know, foster carers, social workers, are older. Maybe not as much in-touch with what YP are

currently using. And if you're not familiar with the way things work, it can be quite difficult to kind of monitor that, can't it? And be aware of what YP are up to.” – Participant G-S3.

“I think there should be more available than online training for the staff team to have a really good understanding on the impact that social media and other technology platforms can have on YP when they are vulnerable and seeking out to be loved or to have friends, and then their vulnerabilities are very paramount there that they don't recognise. So sometimes the YP don't recognise, but also sometimes the staff don't have that experience to recognise those risks quite quickly until these things escalate.” – Participant A-S3.

6.3.5: The impact of Covid-19

The findings from the three studies produced mixed results related to the Covid-19 pandemic both within and across studies. Both the YP in Study 2 and the SCPs in Study 3 found positive effects from the pandemic. Positive effects for the CEYP and non-CEYP included using social media to keep in contact with friends and family, removing stressors such as school and exams, and creating more opportunities via online mediums. Many participants stressed the importance of having access to computers and social media, as keeping in touch with friends and family during the lockdowns was essential for their mental health and was advantageous compared to being completely isolated. As well as this, increased social media use resulted in more of the positive effects of social media too, such as feelings of community and

belongingness for the CE group. Participant AH-S2 noted that lockdown was beneficial for individuals with mental health issues, neurodiversities, or those who struggled with their people skills:

“Those systems [lockdown and working from home] really worked for me and probably a lot of neurodiverse people, disabled people, and people who suffer with their mental health.” – Participant AH-S2 (care-experienced).

“I think having that interaction [via social media] was better than not having any interaction at all.” – Participant H-S2 (general population).

The SCPs also noted some similar positive effects of the pandemic and subsequent lockdowns, including the removal of stressors for CEYP. Participants revealed that school and social interactions were a cause of stress and anxiety for many of the CEYP in their care; when lockdown removed these stressors, the YP thrived, and their mental health improved. Social media was also found to be beneficial and useful over the pandemic lockdowns to entertain YP, as lockdown limited activities significantly, which helped to combat against loneliness (as seen below in the quote from participant I-S3). In addition, social media was needed to maintain contact with friends and family over lockdowns when visiting people was restricted, and for educational purposes when schools were closed.

“I think that's one of the benefits of social media throughout the lockdown. It allowed people to stay connected even if we weren't connected face to face or like being outdoors. Like how TikTok blew up in the pandemic, it was, it was crazy. Like a lot of people enjoyed it and connected with their families

using that...I think it really helped with those that perhaps suffered with loneliness.” – Participant I-S3.

SCP participants also expressed how lockdown broke down professional boundaries, which brought both challenges and advantages. An advantage was the creation of stronger relationships between SCPs and the CEYP in residential children’s homes, as well as between foster carers and CEYP, due to having more time to bond and generally spending more time together when lockdown restrictions were in place. This is expressed below in the quotes from SCP participants, in which they highlight how the SCPs and CEYP started to feel more like a family due to the greater intensity of relationships. As we saw in another theme from Study 3, relationships between the staff and CEYP are crucial in creating an open dialogue around mental health, so this is an important revelation.

“Yeah [the relationships grew stronger] because you had to become everybody, didn't you? You had not only become their carers, you were their teacher as well, and then you were their family as well - you're the only person that they're seeing. So yeah, yeah that's a good bond.” – Participant W-S3.

“So, we did actually have some positive kind of like relationship building in this time and they kind of got that actually, this is really scary for us too. So, we said “you're our work family, we need to work through this together as a family and this is tough. And we've got it tough too”, you know. And they were they were good about that, especially when we were depleted like we

are now. It's like, you know, seeing the same face coming in over and over again is, they kind of get it, that actually we're here for the long haul for them.” – Participant R-S3.

“I mean probably in a positive, I would say the relationships between the staff and the young people became stronger because we were spending more time with each other.” – Participant U-S3.

There were also negative effects on wellbeing from the Covid-19 pandemic expressed by both CEYP and the SCPs. These negative effects included frustration, isolation (as evidenced by participant AG-S2 below), difficulty maintaining friendships, anxiety, and mental fatigue from the increased screen time. Participants also mentioned that the first, stricter lockdowns were worse for their mental wellbeing due to the strict restrictions on contact and going out of the house. For the CEYP who were estranged or in difficult or tense living situations, the frustration and isolation was exacerbated. In addition, lockdowns exacerbated the negative mental health effects of social media. This included heightened FoMO, more pressure to solidify and find one’s identity, and more feelings of reliant social media usage.

“But after like, let's say 2 weeks, it started to get quite boring in lockdown. Especially since I was staying in the flat at the time, so it's like quite an enclosed space. So that affected me greatly. I was bored and frustrated quite a lot. It was like more of a chore to try and keep myself happy because I was just inside all the time. So yeah, really isolated.” – Participant AG-S2 (care-experienced).

Negative effects of lockdown were discussed by SCP participants and were consistent across many of the residential children's homes. The lockdowns were found to be stressful and anxiety-inducing for both the SCPs and the CEYP. For the CEYP especially from the SCPs' viewpoints, understanding the reasons for the lockdown restrictions and the changes in routine were difficult and had negative implications for mental wellbeing, as expressed by participant B-S3 below. Others also found that the difficulties of lockdown were exhibited through an increase in challenging and harmful behaviour, such as more self-harming or aggression.

"I feel like it's had a negative effect on some of our YP, not being able to go out and just have to stay in the house a lot of the time, especially the ones that we've got that are quite active and like to go out in the community and things like that. I think it's made them not want to go out now. Now it's become scary." – Participant B-S3.

There was a significant increase in screen time and social media use among all YP, and SCPs described how a new norm of increased screen time was established over lockdown. SCPs found this difficult to limit due to its necessity at times and the broken-down professional boundaries highlighted previously. Regarding the latter, SCPs let restrictions around screen time limits slip during lockdown both due to the unenforceability of this during the pandemic and due to empathy (mostly due to boredom and isolation). Subsequently, SCPs have found it very difficult to reduce screen time post-lockdown, as illustrated by participants below, and this breakdown

of professional boundaries led to further changes in the dynamics between SCPs and CEYPs (see the quote from participant A-S3).

“And obviously so “you can only do that for an hour a day” [restricting screen time] when basically, they're locked in house. So, and I think that's been harder to get back because we had to let them on it more [...] and that's been harder to reverse and it... even in my own house though, it's like I could just say I did a little study on my teenager, my own child and I've never got that back [the increased screentime].” – Participant S-S3.

“I suppose they feel like it's a punishment 'cause you're taking the screen time off and making them, you know, [stop] doing stuff they were doing before, but it's hard to get them back into that routine again, isn't it? Cause it was over a year it was going on.” – Participant W-S3.

“You know I always did control screen time, as in a set amount per day and I had to rip that rulebook up. You know, that's what lockdown did [...] Screens became a way of living, and how do you pull that back? It's really hard.” – Participant R-S3.

“I think with lockdown and children's homes, I think children have been able to build more relationships with the staff because they've spent so much time within the home. But then we've found those children that have moved on have found it difficult, because they, almost like they've got a relationship here, which they have anyway, but they've had more or less nothing else. So,

they've got this bubble that they're now finding hard to move on with." –

Participant A-S3.

Likewise, the SCPs in this research articulated that mental health issues will always be a concern for CEYP, and increased social media use exacerbates this concern and the likelihood of issues developing. To support this, SCP participants found that more frequent social media use among the YP in their residential homes resulted in more mental health issues than usual, which happened particularly with the YP who already had existing mental health and wellbeing struggles. This is explained in the quote here from participant U-S3:

"They're spending a lot more time on their phones. So, the time on it is probably increased dramatically and then they're viewing more, aren't they? So, if they've got, if they've got some self-esteem issues and confidence issues and things like that, that's just gonna make them a lot worse. If they're used to spending two or three hours on it, now they're spending eight." –

Participant U-S3.

In addition to these binary effects of the Covid-19 pandemic on YP's wellbeing and social media use, there were mixed views too. The non-CEYP group expressed mainly neutral effects on wellbeing. This may suggest that the differences in living conditions, familial aspects, and access to facilities between CEYP and non-CEYP resulted in varying impacts of the pandemic for the YP. Some non-CEYP described negative effects on mental well-being as a result of the pandemic, such as feelings of boredom, missing friends, tiredness from increased screen time, and feelings of

isolation. However, the consensus among this group of non-CEYP was that the lockdowns and pandemic resulted in mixed and neutral feelings. Some YP, as showcased by participant M-S2 below, conveyed a counter-balanced mental health effect due to the increased social media use during the pandemic, as they were experiencing both positive and negative effects, and thus the overall effect was neutral.

“I think it [mental wellbeing] stayed pretty much the same because although it was increased time on social media, I was flicking between more apps than I do now. So, for every bad thing that happened, there was almost two good things.” – Participant M-S2 (general population).

Another finding that was mixed was the SCP’s opinions on whether the impact of the pandemic on YP would be long-term. While some SCPs believed the effects were substantial enough to last, others expressed that the resilient nature of CEYP being used to change and ‘bouncing back’ would cause the effects to be short-lived. Despite these mixed opinions, participants agreed that the government, schools, social care, and others involved in YP’s lives need to take responsibility and work with YP to rebuild their confidence and help them cope with the transition back to post-Covid-19 life. For example, some SCPs communicated that CEYP have experienced anxiety returning to large groups of people and the increased screen time post-lockdown has made social interaction more difficult for many CEYP. Therefore, there lies a responsibility with adults to help YP deal with the effects of the pandemic and prepare them for the future. This is illustrated clearly here by participant A-S3:

“I think funding from the government for extra after school clubs and youth clubs and get back to community roots really. So, there’s things there for children you know, not just the general youth club with football, but other things that YP can get involved in... cause sometimes we can’t afford to take them on trips because they’re so expensive. So, offer that out - school activities, so it’s the schools’ responsibilities, social care’s responsibility, which then goes back to the government where funding’s made available. Maybe you know, for children to at least have a funding where you can apply for a bike, if they wanted to go out skating you could get their kit for them, if they wanted to do drumming... all of that’s not available. So, it makes it very difficult for us to get them to engage in certain hobbies that they might be interested in. All of that is part of them engaging with human beings again.”

– Participant A-S3.

6.3.6: Group differences

6.3.6.1: Experiences of the SCPs regarding social media monitoring and guidance

This finding explores the first theme in Study 3, which encapsulates the SCP’s views on how they monitor CEYP’s social media use and their views on the guidance they receive to do so. The care workers discussed the challenges they face when monitoring YP’s social media use and ways these challenges could be lessened if possible. There was a mix of opinions on whether an adequate amount of guidance is given to SCPs regarding monitoring the YP’s social media use, with some professionals explaining that they use their own initiative in some circumstances, as one would with your own child. One key factor was the importance of guidance

being highly individualised and based off risk assessment and the mental maturity of each young person. Mental maturity was thought to be a significant factor in the young person's vulnerability, and thus directly impacts their social media use and how this is monitored by SCPs. These points are illustrated by the two quotes below:

"We know that YP can be very vulnerable... our YP should I say- looked-after YP can be very vulnerable and so guidance for all of the YP is different." –

Participant R-S3.

"We risk assess whether that young person has the capacity to have a mobile phone and to use it correctly" – Participant U-S3.

SCP participants also described the challenges they often face when monitoring CEYP's social media use. These professional challenges included CEYP using multiple devices or accounts to evade restrictions (shown by the quote from participant S-S3), as well as SCPs struggling to control usage outside of the residential home. This was because methods used to monitor, such as internet filtering and blocking systems, can only be used when devices are connected to the home's Wi-Fi. This was a concern to some SCPs because YP could connect to Wi-Fi outside of the home and use social media unsupervised, hence being more vulnerable to online risk – conveyed below by participant T-S3.

"It's sort of random, but you know, I've known young people to have a profile on Snapchat, but then have another one." – Participant S-S3.

“And they do get access to Wi-Fi. You can go on a bus these days, stand at a bus stop [and get Wi-Fi], so we're restricted on what we can do. Within the home, yes, we can monitor, we can block.” – Participant T-S3.

As well as this, SCPs are often met with conflict from CEYP when asked to monitor their social media use due to privacy and trust issues. This links to the third challenge discussed by participants, which is the struggle of balancing the young person's right to privacy versus having a duty to care for and protect the young person's safety (as demonstrated by participant S-S3 below). SCPs mentioned the moral struggle they experience when needing to check the young person's social media content to keep them safe due to invading their privacy but maintained that it was important and necessary to keep the young person out of danger or from engaging in any risky behaviours online.

“I would say it's difficult cause you know, it would be great to be able to look at YP's mobile phones and check what they're doing, but most YP come with the phone, and then won't let us look at them. So, and it's quite a tricky one about, you know, their human rights, privacy...” – Participant S-S3.

The next finding describes the importance of relationships between SCPs and CEYP, especially in residential children's homes. SCP participants conveyed that open communication and trust-building are of huge importance with YP in care, not just in general, but for any communication around issues with mental health and/or social media. Conversations about safe social media use with the YP and SCPs were also thought to be very important to keep an open dialogue about the young person's

social media use and any content that may pose a risk or harm to them. The professionals discussed that their aim was not to stop the young person's social media use altogether, but rather to teach YP how to use it safely and feel comfortable enough to disclose and discuss any issues they may face while online. Therefore, there is a necessity to teach YP how to use social media platforms safely and to maintain openness about mental health and how social media can impact this.

"People do feel trust and come to you and show you what they've received." –

Participant A-S3.

"But again, you know you can't take that [social media] away from them as a right if they want to have it. It's about teaching them how to use that social media." – Participant U-S3.

6.3.6.2: The unique lived experiences of CEYP

This finding refers to Theme 6 in Study 2, which was a result of asking the CEYP only about the relationship between their care experience, social media use, and mental wellbeing and self-view, and thus how their experiences differ from non-CEYP. The first finding relates to the ACEs literature and the question of resilience. CE participants explained that vulnerability starts at a high level for those who have experienced the care system due to the trauma and difficult life situations they have been through. However, this vulnerability made participants feel more resilient to life challenges over time (expressed by participants Z-S2 and AD-S2 below). While some participants expressed that their increased resilience was due to general

developments in time, experience, and age, others felt it was due to the care experience specifically. For example, moving homes frequently in care made the YP feel more resilient and capable of surviving change. Some of the CEYP felt validation from their experience of the care system when regarding their experiences with birth families and other trauma. One participant admitted that the stability they had experienced in foster care was considered rare, but it allowed them to feel safe enough to find and establish their identity which was beneficial for both their wellbeing and resilience.

“Just experiences and stuff just make you stronger, I guess... It just helps getting older too.” – Participant Z-S2 (care-experienced).

“I would definitely say it [care experience] made me vulnerable, which then made me tougher. But by being vulnerable, it made me come out on top and be tougher.” – Participant AD-S2 (care-experienced).

Moreover, the effect of the CEYP’s social media use being strictly monitored or completely restricted throughout their childhood by carers or residential staff was highlighted in Study 2, conveying how different this experience can be for CEYP and YP who are not CE. CE participants reflected on both advantages and disadvantages of this experience. The advantages of strict social media monitoring included feeling safer and less at risk from dangerous behaviour, feeling protected from the negative effects social media can have on mental wellbeing, and feeling less obsessed with the need to be on social media all the time. Some CEYP who had strictly monitored

social media use reflected on a further positive, in that they believed they were less fixated than their peers on approval from likes and other social media features.

Alternatively, there were numerous disadvantages of having a strictly monitored childhood. The advantages and disadvantages are highlighted well by participant AG-S2 below. A significant disadvantage was the frustration caused by the exacerbation of feeling different and missing out on a regular childhood. Participants expressed that it was already difficult to lead a 'normal' childhood whilst in care, so the strict monitoring of social media and mobile phone use made it even harder to fit in with their peers. While participants admitted the importance of monitoring CEYP's social media for safety reasons, they were frustrated that this was necessary in the first place because it resulted in them feeling like an outcast.

"Children that are in care much earlier and at a much earlier age and then are restricted from social media- there are pros and cons to that. Being disconnected from friends for example, and then being disconnected from what's going on around the world... and also opportunities. A pro is that it can save you a lot of like grief from affecting your mental health and like body image or personality, the way you develop." – Participant AG-S2 (care-experienced).

Another subtheme in Theme 6 of Study 2 echoes the findings described previously, in that the feeling of belongingness, community, and support gained from social media use had a significantly positive impact on the mental health and wellbeing of the CEYP. Social media allowed the YP to find CE communities and relate to other

people, which had a positive impact on their self-esteem, identity, and general wellbeing. Participants highlighted that care experience often involves moving around due to unstable family placements and therefore it is important to maintain contact with foster carers, siblings, or other people they formed a close bond with. As a result, social media can be considered useful when wanting to maintain contact.

The CEYP in this research also gained validation from social media through connecting with other CE people online, which consequently helped to validate some participants' experiences with care and trauma. The importance of private accounts for safety reasons was also highlighted by participants (as seen in the quote below), with the YP reflecting that this social media feature is more important for people who have suffered trauma or have a complicated family background to protect their safety. Participant AI-S2 was estranged from their birth family and mentioned how they use social media and privacy settings to 'hide' online from family members. This is therefore another difference between the two groups of YP, as this is likely an unnecessary requirement for non-CEYP.

"One thing, yeah, this is more linked to my estrangement, but because of everything that happened I like to keep all my social media quite private. I don't really like letting people know where I am unless it's my close friends. Just for my own safety." – Participant AI-S2 (care-experienced).

Another advantage of social media use for CEYP included using social media to advocate for and raise awareness of care experience, and as a source of information about care experience. The ability to do this easily and accessibly via social media

has had a positive impact on the YP's mental health and identity. It has also been an outlet for some of the participants to share their care experience with the intention of helping others (as seen from the quote below from participant AB-S2).

"I think for me, the use of social media for activism and advocacy has been massively impactful on my mental health. I guess like when you're in the care system, I felt completely fed up with the world. I thought everybody in the world was evil and like I'm just gonna be traumatised for the rest of my life. And, you know, there might be a good point, but soon enough someone's gonna come along and do something horrific to you. Or you'll have to leave. You know, all them sort of feelings and I guess like being empowered by other care-experienced people online, seeing what they're doing to help others in the community, empowered me to get into activism and advocacy. And that is genuinely, I've got to say, it's probably one of the biggest drivers in getting my mental health to stay stable for the first time ever. And the reason is, is it gives me that control back and that ability to go actually "that's not OK" and kind of fight for something and it gives you purpose to get up in the morning and, you know, times where I do feel like I'm slipping back into the depression, I feel like I can't almost because I have somebody to fight for now that doesn't have a voice. That's been hugely impactful on my mental health."

– Participant AB-S2 (care-experienced).

Further differences between participant groups were conveyed when CEYP discussed the negative impact of care experience and subsequent social media use. Participants highlighted that care experience had made them more vulnerable,

especially when younger, which they felt subsequently increased and exacerbated their vulnerability to the generic negative effects that were illustrated in other themes. The YP also acknowledged that CEYP are highly susceptible to developing mental health issues, or likewise may already have mental health concerns themselves, so the heightened vulnerability mixed with the social pressure to use social media regularly is concerning when considering how social media can have a subconscious, negative impact on self-view and wellbeing.

Moreover, participants argued that avoiding mental health triggers in life offline was mostly achievable through avoidance behaviours and actions, whereas this was difficult on social media due to the lack of control over the content that is suggested to the user. Older participants reflected on their own struggle to self-regulate their emotions due to their trauma and lived experiences, which they recognised in other CE people online. This struggle heightened their online vulnerability and the CEYP felt that the risk of revealing too much or getting into dangerous situations was higher than that of the average population. Furthermore, some CE participants felt the reason that they were more vulnerable when faced with emotional or social challenges on social media was because they lacked the parental reassurance or support and comfort from loved ones during childhood that other YP from a more traditional family background likely receive from parents. Social media use therefore further exacerbated the identity issues some CEYP faced, as demonstrated by participant AA-S2 here:

“Uhm, I feel like it's the same for a lot of [CE] YP. I do think it's hard, 'cause I do feel like, because I've never really felt like I've fitted in, I do feel like maybe

there's something in that. And maybe I feel like, I feel like I have to fit in some way and I need to find my group of people.” – Participant AA-S2 (care-experienced).

The CEYP in this research discussed how they often felt different to the average young person due to having different family lives compared to their peers, which was exacerbated when comparing oneself to others on social media. The CEYP had already experienced many life obstacles that are specific to YP who experience the care system, and felt that, when compared to other YP online, that their life was not worthy or exciting enough to share. This group of YP also thought that their experience of FoMO was more severe than non-CEYP, as CEYP must grow up very quickly in care and they lack a traditional upbringing, instead becoming burdened with everything that comes with that adversity. Participants similarly explained that social media expectations are even more unrealistic for CE people due to the obstacles they face, such as a lack of financial stability, a lack of familial support, and general limiting personal circumstances. Overall, the CEYP participants felt that emotional effects of social media were exacerbated for them when compared to non-CEYP, due to their vulnerability and the obstacles they are set against as a CE person, which is illustrated in the two quotes below.

“I had this goal in my head for so many years that I would get to university and that was my goal. And it was so unattainable for like a care leaver, I don't know a single care leaver who's gone to university unless I found them through Twitter like I know, probably two or three girls out the whole of the UK.” – Participant AJ-S2 (care-experienced).

"I've had to grow up really quickly and it's that feeling of like I'm missing out on things and I think it's probably a bit harder because I had to move out at 17 and then when I went to uni, I had to stay local. Because, you know, I had a flat and it's just that's all like, I couldn't just like go out, go to London and do what I really wanted to do and have the university experience and all of that. And like now, I'm in my first like graduate job and like. I just, you know, I can basically just support to live and I see a lot of my friends. You know, they live at home or whatever, or they just don't have as many responsibilities. So they can go out, they can go on holidays. They can do all this stuff and I do feel like I'm missing out just because just not being in the situation that I can do those things and yeah, so I definitely think that's probably linked to growing up in care. And as well, I think when I was younger, I was probably exposed to like a lot of stuff on social media that, yeah, made things a lot worse for my mental health. I already had bad mental health 'cause the things that were going on and I think I sought out that content and people that weren't good for me, which then has an effect." – Participant AA-S2 (care-experienced).

The final care-specific negative effect of social media on self-view and wellbeing revolved around the pressure to find or create a stable identity. CE participants detailed that being in care often resulted in an insecure identity and a lack of belongingness, which was made worse when comparing to other, non-CE people's 'perfect' lives on social media, so it was generalised by participants that the CE population feel more pressure to find an identity in the era of regular and ubiquitous

social media use. While this could be beneficial if the young person found care communities to relate to on social media, it could also be considered harmful if a stable identity was not developed. For example, participant AD-S2 reflected on their unhealthy reliance on social media to find a purpose and sense of belonging in life because they do not receive that from their family:

“I know it [social media] does damage self-esteem. I've got friends that aren't care-experienced, right? And I know obviously it damages them. Although for us [CEP], I feel like it's going to be even more because we don't have that mother figure or that father figure, to constantly tell us every day “Oh, you look great. You look fine. You're absolutely fine” [...] I think it's made me rely on social media... like the purpose... that sense of belonging. Yeah, 'cause I haven't had parents, I haven't had... I haven't, I just haven't had, you know, that family life. So, relying on social media to essentially give me that is what I've been doing.” – Participant AD-S2 (care-experienced).

The final subtheme in Theme 6 of Study 2 was predominantly formed from the suggestions from older CEYP, with their age and experience being key factors in their reflection on this topic. The older participants reflected on their harmful social media use, such as seeking out negative content on social media for attention both before and during their care experience. The CEYP explained that they wished they had had more support from social care services and felt that CEYP should be taught to develop their emotional life skills and taught how to use social media safely, so they are more prepared to deal with the psychological challenges that come with regular social media use. Examples of these emotional life skills could include

working on emotion and self-regulation, so the YP can learn how to effectively deal with the flood of emotions that come with using social media during adolescence, as conveyed by participant AB-S2 here:

“And they, you know, we learn how to regulate our emotions from our parents, so therefore that's not been provided. Why aren't we learning about that when we enter care? Why aren't we learning about healthy relationships? How to use social media in a healthy way? How to deal with these difficult life transitions that our parents haven't taught us yet? The government and our corporate parent seem to fail at that again and again and it's just failure after failure after failure and the most vulnerable people in society just get the worst of it essentially.” – Participant AB-S2 (care-experienced).

Participants noted that the use of social media among YP is increasing, so social care services need to stay up to date with the latest platforms (see the quote below from participant AH-S2), work with it (rather than denying or restricting it), and help YP prepare for this, especially for when the YP leave care and have no immediate assistance to deal with any consequences that may arise. Participants believed that education and support around social media and mental wellbeing should ideally be balanced between keeping the YP safe whilst still granting them opportunities. Likewise, communication surrounding this education and support should be open, enable trust, and yet set boundaries to maximise comfort for everybody involved.

“This is why we have to reconsider... because we can't run from social media and I think that almost everyone's just put their heads in the sand... We

shouldn't really be restricting CE people to being anonymous online [...] You know, we need to consider contact, we need to consider support for birth family, better ways they can reach out later on in the child's life. [...] I think the care system needs to catch up with social media, it's getting more complex every day. It's becoming more of an integral part of people's day-to-day life, especially after lockdown. And actually, we're not going to be able to stop it. It's like a tsunami coming. It's like, you're either going to learn how to work with it or you're going to run. [...] You know, as really young adoptees and CE people, we're desperate to go on to social media." – Participant AH-S2 (care-experienced).

6.4: Summary

This chapter focuses on the comprehensive findings from the three qualitative studies completed in this doctoral research project. Findings from the individual studies are presented first, as each analysis was completed separately for each participant group in each study. Then, a cross-case analysis approach was taken to present the findings from all three studies together, drawing on similarities and differences between the three participant groups and the three studies. Several main sections were identified: positive impact, negative impact, protective factors, suggestions for improvement, the impact of the Covid-19 pandemic, and group differences.

Chapter 7. Follow-Up and Enrichment

7.1: Introduction

Chapter 6 has thoroughly demonstrated the findings from the qualitative research that contributes to this doctoral research project. Following up with the participants after the research data has been analysed is a valuable process to see if the data accurately presents something that participants can resonate with. Consequently, the researcher produced posters and other material to present to participants in a process called member-checking, which is a process that provides the researcher the opportunity to return the data back to participants, through which they can check the accuracy of the data (Creswell & Miller, 2000; Lincoln & Guba, 1986). However, this process was viewed somewhat differently and focused more broadly on participant reflection, which will be explained further in this chapter. Moreover, to continue public engagement and impact, enrichment activities were offered to young people (YP) in care within the local council area (Nottingham City Council). These activities had the aim of inspiring the YP by showing them exciting scientific research and answering questions regarding higher education to dispel myths or concerns about YP in care potentially going into higher education. This chapter will detail the follow-up process and enrichment activity that took place.

7.2: Follow-Up

After the three studies of this research project had been completed and the data had been analysed, the researcher wanted to find a way to verify the data with the

participants to see if it was an accurate portrayal of, or resonated with, their lived experiences. This is called member-checking or participant validation and is widely used to validate or assess the trustworthiness of qualitative data (Doyle, 2007), further adding credibility to the study (Creswell & Miller, 2000; Lincoln & Guba, 1986). Creswell (2005) describes the member-checking process as asking participants to check the accuracy of the presented findings, including asking additional questions such as whether the findings are realistic, complete, and representative. This process seemed valuable to the researcher in adding credibility to the studies and so was planned from the beginning of the research process, with the aid of the RRI (responsible research and innovation) Prompts and Practice cards (Greenhalgh et al., 2022) discussed in *Chapter 4*. Thus, deep reflection, engagement with key stakeholders, and an anticipatory thinking style were all used during the design of this activity.

Despite early planning, the member-checking process was not straightforward and needed deep consideration. This research was of a sensitive nature with vulnerable participant groups, so the ethics of returning the findings to participants was complex and required deep reflection. Not only this, but member-checking has also been argued to be a 'box-ticking' exercise in the discipline of qualitative research, with not much thought going into how this process may impact participants (Hallett, 2013). So, considering the impact of the member-checking process on the participants was key in this project.

There were multiple ethical conundrums when deliberating how to member-check in this research. Firstly, as Buchbinder (2011) highlights, member-checking may not improve the validity of the research due to the power dynamic between researcher and participant. This is because if a power dynamic falls into place, then participants may just agree with the findings to seem agreeable to the researcher, thus not adding to the validity of the research (Buchbinder, 2011). Although the researcher attempted to build rapport with participants in this research to minimise any power dynamic, this was still possible— and arguably likely— to occur with the YP due to the roles of researcher versus participant and moreover due to participant vulnerabilities. Hence, this was a factor that needed to be considered when designing the member-checking process.

Another key aspect to consider was the emotional impact of returning the synthesised data to participants. When returning analysed data, there is a possibility for potential distress, including if participants feel unheard and consequently feel isolated (Birt et al., 2016). So, it was important for the researcher to provide participants with opportunities to give feedback on the findings, while having safeguards in place if any participant were to feel distressed. As a result of this, significant thought was put into how the member-checking process was worded and presented, and similar safeguards to those used in the studies were in place. Likewise, if participants disagreed or were unhappy with the findings presented, there are no distinct guidelines around how or if to incorporate this into the results (Candela, 2019). So, the researcher needed to be prepared for participants to

potentially disagree or be unhappy with the presented findings and have a plan on how or if this would alter the results.

As well as ethical considerations with this follow-up process, there are also methodological considerations. As seen in *Chapter 5. Methodology*, the researcher's research paradigm is an interpretivist perspective rooted in a relativist ontology with a subjectivist epistemology. This is because the author believes that the researcher can shape the interaction, the researcher and participant co-create understanding, and that there are numerous possible truths that exist, with the research exploring only one of those possibilities (Denzin & Lincoln, 2005; Mayan, 2009; Moon & Blackman, 2014). As a result of this, the process and rationale of member-checking becomes complex because the researcher does not believe in one singular truth or 'correct' knowledge. Therefore, this limits the relevance of member-checking, unless it is framed and viewed differently so that it is theoretically and methodologically coherent (Braun & Clarke, 2022). As Braun and Clarke highlight, member-checking is only meaningful when the researcher has produced an interpretation of their findings that may be recognisable to participants (Braun & Clarke, 2022). This would mean that using other examples of member-checking, such as showing participants transcripts (Birt et al., 2016), would not be useful or meaningful in this type of qualitative research.

So, taking all these factors into consideration to produce coherent research, the researcher reframed the process of member-checking to better suit this research and the paradigm supporting it. Instead of using member-checking to 'verify' the

data (suggesting positivist undertones), this research focused more on the process of participant feedback and reflection. This is consistent with suggestions from King and Brooks (2018, as cited in Braun & Clarke, 2022), who view this follow-up process as an opportunity to gain further information that enriches the analysis. Similarly, Tracey (2010) terms this ‘member-reflections’, which is a wider concept than member-checking as it involves deeper participant reflection rather than being a tick-box exercise. Thus, the researcher took both the ethical and methodological aspects into consideration and planned the follow-up process as a broad, reflective exercise with the aim of enriching the data further and providing additional space to capture participant voices.

After the researcher’s self-reflection— which is encouraged by others in this process (Candela, 2019)— the participant feedback process was planned using Microsoft Sway forms and the creation of posters to display the research findings. As Birt et al. (2016) and Braun and Clarke (2022) discuss, when the member-checking process aims to explore whether findings have resonance with participants’ lived experiences, it is best to present an interpretation of the analysed findings from the whole sample. Consequently, the follow-up process occurred several months after data collection to allow time to complete the analyses and create the posters displaying the information. The posters were created to try and make the findings accessible to young audiences and those with differing needs, which was complex because the findings were so rich. However, the accessibility of the findings during the participant feedback session was of high importance (Birt et al., 2016), as this can impact how the participant feels about the findings and whether they take part

in the feedback process. So, the posters were created using accessible visuals and language to maximise engagement. Separate forms and posters were created for each participant group and for each study (see Appendices N-R), in which the process asked participants to reflect on the presented findings and consider the accuracy of them, if they resonated with their experiences, and an open question asking if there was anything else they would like to add.

Despite sending the follow-up forms to all participants who took part in Study 1, 2 and 3 via email (see Appendix S), there was a low follow-up rate with only 6 participants providing feedback. This consisted of 3 social care professionals and 3 YP. Although feedback was minimal, the feedback gained was all positive, conveying that participants felt the findings were representative of their experiences. Some examples of feedback are as follows:

“Being a social media user myself, I can resonate with a lot of the effects of social media which are on the poster and believe they are accurate” – Young person who took part in Study 2.

“I think all the information collected is accurate and shows some good information about how social media affects young people in care” – Social care professional who took part in Study 3.

“I found this very interesting and feel that it does represent what young people feel” – Social care professional who took part in Study 3.

Further to the feedback forms that were emailed to all participants, another form of participant reflection was planned for the social care professionals (SCPs). This involved creating summaries of all three study findings and presenting them at multiple in-person presentations to Nottingham City Council. This created another opportunity to gain informal feedback on the data and prompted discussion among SCPs about how they monitor social media use and how social media can impact care-experienced young people (CEYP). Likewise, feedback was positive, and the audience found the findings both interesting and useful; leading to requests for the findings to be displayed and used in children's residential care homes.

7.3: Enrichment

As well as preparing for participant reflections as a form of member-checking, the researcher also discussed enrichment activities with Nottingham City Council during the planning stages of the research. This would involve some sort of event that could inspire, educate, and demystify the stereotypes surrounding higher education for the CEYP. Consequently, after the three studies had been completed, including the participant reflections, an enrichment activity was planned. Again, this activity was planned with the RRI Prompts and Practice cards (Greenhalgh et al., 2022) in mind. After collaboration with the supervisory team, contacts at the University of Nottingham, and Nottingham City Council, an activity was organised that would include a tour of the University of Nottingham campus, a research showcase at the

Cobot Maker Space at the university, and an informal meal in which discussions about higher education and research could take place.

This event occurred in June 2023 and 3 YP from care-experienced (CE) backgrounds attended with their SCPs (6 were confirmed but only 3 YP attended). The aim of the outreach event was to entertain and broaden the horizons of those who may not think it possible or realistic to attend a higher education facility, such as CEYP, through open discussions, and to showcase exciting research to inspire YP. In addition to this, the event was also a thank you to the council for their collaboration with this research project and an opportunity for the professionals and the YP to discuss research. The activity was received well by the YP and their carers, with feedback from the SCPs mentioning that the event inspired and excited the YP about research and the latest robotic technology. The Cobot Maker Space also kindly gifted the YP with a small electronics kit, which led to further excitement among the YP in continuing their learning about computer science and robotics. Furthermore, the event prompted the Cobot Maker Space within the University of Nottingham to discuss further outreach activities with YP from disadvantaged backgrounds, such as after school clubs. Therefore, it can be concluded that the enrichment event was both successful and impactful.

7.4 Summary

This chapter outlined how the findings of the research were ‘checked’ by participants. Rather than using traditional member-checking to verify the findings —

as this does not align with the researcher's epistemological paradigm— the researcher viewed the process as an opportunity for further participant reflection, while also gaining feedback on whether participants viewed the findings as an accurate portrayal of their lived experiences. This process was conducted in an accessible way, using child-friendly language and colourful posters to encourage engagement and make the findings understandable for all participants involved. Despite this, follow-up rate was poor and only 6 participants provided feedback. However, all feedback received was positive and suggested that the research findings from studies 1, 2 and 3 were an accurate portrayal of participants' experiences. In addition to this, public engagements occurred in which informal feedback was gained from SCPs during presentations of the data. This chapter also described the enrichment activity that took place for the CEYP, which aimed to inspire, educate, and trigger discussions surrounding higher education and research.

Chapter 8. Discussion

8.1: Introduction

This chapter will discuss what has been found from the literature reviews and extensive studies completed for this thesis, illustrating the contributions to the multidisciplinary fields and relating to extant literature where appropriate. This research project aimed to explore how social media impacted upon the mental wellbeing and self-view of young people (YP) who have experienced the care system, and how this impact may differ compared to YP who have not experienced the care system. A rapid, scoping review was firstly completed to identify the strategies that are currently used to keep vulnerable YP safe from general online harms. The findings from this review helped to inform the questions asked in the following studies. A more in-depth literature review was then generated, highlighting the need for more qualitative research on social media and mental wellbeing, more research into moderating aspects of mental wellbeing rather than diagnosable conditions, and more research into the underrepresented and under-researched population of care-experienced young people (CEYP).

Two studies were then designed to explore how social media impacts the YP themselves, using think-aloud protocol and interview methods, with a third study gaining insight from social care professionals (SCPs) who have vast experience monitoring the social media use of, and generally caring for, CEYP. All studies were qualitative and detailed, gaining a wealth of lived experience data through reflexive

thematic analysis. This chapter will present a discussion of the findings and explore the implications of these findings for a variety of audiences. Moreover, the strengths and limitations of the work will be highlighted, along with how the research presented can be applied to future research.

8.2: General Discussion

8.2.1: The scoping and literature review

Firstly, the findings from the rapid, scoping review, as seen in *Chapter 2*, will be reviewed in light of the findings from this research. The strategies that aimed to protect YP from online harm were split into five categories and discussed. The first category was technological design features, such as reporting, blocking, content and comment moderation, and technological intelligence such as anti-grooming artificial intelligence software. This section of the review highlighted the advice of the Chief Medical Officer (Department of Health and Social Care, 2019) for social media platforms to improve age-appropriateness, remove persuasive features, and to stop the normalisation of harmful behaviours. Despite the implementation of the Age Appropriate Design Code (AADC) (Information Commissioner's Office, 2020) and new technology features such as screen time warnings (Keenan, 2023), the findings from the studies in this research project convey that YP still find social media to be persuasive in nature and harmful to mental wellbeing. Likewise, a recent report from the 5Rights Foundation similarly claims that the most common persuasive design features used are still being used by many social media companies (5Rights Foundation, 2023). Therefore, this highlights that more work needs to be done on

improving the technological features that aim to protect both the safety and mental wellbeing of YP.

The next categories described how policy, such as the AADC, aimed to keep YP safe online, as well as the use of digital literacy education. Research around digital literacy education was reviewed, which showed that the protection of children and YP online was strongly linked to digital skill knowledge of both the young person and their carer/guardian (Livingstone & Palmer, 2012; OECD, 2011; UNICEF, 2017).

Likewise, the review discussed that research has shown that digital literacy education would be most effective when implemented around early adolescence (Desimpelaere et al., 2020; Livingstone & Palmer, 2012). This was again consistent with findings from the three studies completed for this thesis.

The YP involved in this research project discussed their desire for improved enforcement of policies and more education on both policy and digital literacy. They also discussed how this would have been useful in early adolescence to prepare themselves for the psychological effects of social media. Thus, this research provides further support for the need for improved digital literacy training and education on policy, social media, and mental health to be implemented during early adolescence, as this research suggests that these factors would improve the mental wellbeing of YP.

The fourth category in the rapid, scoping review conveyed that parental mediation and support was a key strategy in keeping YP safe online, which was likewise linked

to and impacted by digital literacy level. It was found that open and warm relationships with trust and the ability to work together between child and guardian with clear boundaries in place were the most effective in protecting the young person's safety online (Chen & Chng, 2016; Chng et al., 2014; Elsaesser et al., 2017; Khurana et al., 2015; Navarro et al., 2013). This is consistent with findings from the second and third study in this research, in which CEYP specifically desired an openness and fair balance between themselves and SCPs when discussing how to monitor their social media use and keep themselves safe. The SCPs echoed this in Study 3 also, explaining that a trusting relationship is key when protecting vulnerable YP online because it creates a comfortable environment that the child feels safe in disclosing any issues they are facing.

Furthermore, the rapid review showed that digital literacy skill and parental mediation techniques did not always correspond to age specifically, but rather developmental stage (Nikken & Schols, 2015), thus suggesting that developmental stage does not always fall into distinct age categories and therefore needs to be heavily considered when keeping YP safe online. Again, this is consistent with findings from the research in this thesis, which conveyed that social and cognitive development, age, and emotional maturity are all significant in how social media impacts the mental wellbeing of YP.

The final category from the rapid, scoping review suggested that there is a shared responsibility among multiple stakeholders and industries to keep YP safe, although the weight of this responsibility is currently falling primarily on caregivers. This is

consistent with findings from Study 3 in this thesis, in which SCPs called for more accountability from social media companies and the government and highlighted that social media companies have the responsibility to keep YP safe but are currently failing to prioritise this. Similarly, Study 2 findings showed that the YP believed responsibility lies with schools, educators, social care, the social media industry, and policymakers to work together in protecting YP from online harm. This consistency between the literature and the findings shows that these strategies are indeed key in protecting vulnerable YP online, but the social media industry, the government, and other stakeholders still have much to do to make these strategies effective.

The extensive literature review in *Chapter 3* of this thesis critiqued current literature on this multidisciplinary research area and exposed the need for more qualitative research on social media and mental wellbeing, more research into moderating factors of mental wellbeing rather than diagnosable conditions, and more research into the underrepresented and under-researched population of CEYP. In light of this, the three studies within this thesis contribute to these literature gaps by adding insightful, rich data of real lived experiences to this research area, whilst also exploring an underrepresented population (CEYP) and moderating factors such as self-esteem and identity.

8.2.2: The three qualitative studies

8.2.2.1: Psychological benefits of social media

All three studies demonstrated that social media could have multiple benefits to mental health and self-view, through inspiration and motivation; entertainment and

escapism; and progressive content regarding body positivity and other aspects with stigma attached, such as being transparent about having mental health issues and openly seeking support; and, for the CEYP only, support and belongingness gained from an online community. These findings are consistent with some past literature and psychological theory, but also introduce some support for new concepts.

The YP in this research feeling inspired and motivated by social media content is an example of Festinger's (1954) social comparison theory, in which people can compare themselves to others' achievements and consequently feel either positive affect (e.g., inspiration) or negative affect (e.g., low self-esteem or unworthiness). In this case, the YP were making comparisons which resulted in feeling motivated to succeed or try something new. While this is consistent with Festinger's social comparison theory, most current research on this topic suggests that YP tend to make social comparisons on social media that result in negative affect and wellbeing, through feeling envy or unworthiness (Appel, Gerlach & Crusius, 2016; Nesi & Prinstein, 2015). Despite this research showing this to be a substantial finding in other themes, it was also found that social comparisons on social media platforms can result in positive affect such as inspiration.

This is consistent with a minority of the literature, such as Meier and Schäfer's (2018) research that found Instagram can result in inspiration and positive affect through social comparison. Therefore, to improve our understanding of how social media is affecting the mental wellbeing of YP further, these findings convey the importance of remaining open-minded and considering that social comparison

online can have various effects. This finding also emphasises the importance of individual differences on the impact of social media on mental wellness. YP with different comparison tendencies will thus be impacted differently, which is consistent with findings from de Vries et al. (2018) and Park and Baek (2018).

Another way social media had a positive emotional impact on the YP in this research was via entertainment and escapism. These reasons for and consequences of social media usage have been found consistently in previous literature (Lee et al., 2015; Whiting & Williams, 2013), but are often overshadowed due to the global concern around social media negatively impacting upon mental health. For example, this finding is often evaluated in the context of problematic internet use, in that the gratification felt from social media use, such as entertainment and escapism, contributes to habitual behaviour (Brailovskaia, Schillack & Jürgen, 2020). While this is a significant consideration that should not be neglected, it is also important to consider that these consequences of social media use (not just *reasons* for use) can be beneficial to mental wellbeing, if even for a short time.

Finding that YP use social media for escapism from daily stressors also relates to past literature that suggests individuals who lack social support offline are more likely to escape to the online world (Brailovskaia et al., 2019), and hence using social media can be considered as a coping strategy to deal with low mood and mental wellbeing. This is particularly apt when considering CEYP— especially care leavers who no longer have the support of a social worker— as they are more likely to lack social and familial support compared to children and YP who grow up in traditional family

units. Therefore, although these gratifications have been found to contribute to habitual online behaviour (Brailovskaia, Schillack & Jürgen, 2020), these findings also convey that these factors can be seen as a positive output of social media use by providing YP with the opportunity to temporarily remove themselves from offline stressors.

In addition, a key positive feature of social media and the content that the YP were engaging with was content that encouraged body positivity and was transparent about the use of filters or editing (disclaimer labels). This finding conveys that features of social media that break down the idea of perfectionism or an ideal standard of body image can be beneficial to YP's self-view and wellbeing as it likely decreases the tendency to compare oneself negatively to others. These findings were consistent with research that has shown body positivity content can have positive effects on self-esteem and body satisfaction (Davies, Turner & Udell, 2020; Stevens & Griffiths, 2020). However, these findings contradict previous literature that has found disclaimer labels were not effective in preventing the development of low self-esteem (Livingston, Holland & Fardouly, 2020) and that content encouraging body positivity can have no effect or conversely lead to more self-objectification (Cohen et al., 2019; Hendrickse & Clayton, 2021). Consequently, this suggests that more exploratory research needs to be completed to find out why this type of social media content is beneficial for some YP— as seen in this research— but has alternative effects on others. This need for further exploration is also expressed in a recent review by Vandenbosch, Fardouly and Tiggemann (2022).

Arguably the most common benefit was discussed by CEYP only, which was using social media to improve social connectedness, community, and belongingness. It is worth noting that, although this theme was significant in terms of how many codes contributed to its formation, this theme was formed only from the care leavers who were over the age of 18. This suggests that once the YP had left care, they turned to social media as a coping strategy and found strength in building an identity, communities, and friendships via social media. In particular, the platforms X (formerly Twitter) and Reddit were used by participants to seek out friendships and support from other CEYP. This finding therefore conveys the importance of social media for social and identity aspects of mental health and wellbeing, particularly for populations who may struggle with identity and belongingness, such as CEYP (McMurray et al., 2011; NICE Guidelines, 2015). This is consistent with other research that has also found the value of social media for social connectedness, belongingness, and identity development (Davis, 2012), and hence demonstrates how social media can be beneficial for vulnerable YP's mental wellbeing.

Other literature that is consistent with this finding includes research by Stein (2012) and Wilson (2014a), who found respectively that CEYP often feel isolated when they leave care due to no longer feeling part of a community and missing a 'home'. These findings may explain why only the older participants who were recent care leavers turned to social media as a form of support and community, with the aim of finding an identity and somewhere to belong. Moreover, research by Fursland (2011), Valkenburg and Peter (2007), and Wilson (2014a) all found that social media can be beneficial for CEYP as a source of social interaction, support, and helping the YP feel

belongingness as part of a community – all of which are echoed in this research. As a result of this, having a social media platform that can be used for building communities and offering support may be an important factor in boosting CEYP's mental wellbeing, especially once they have left the care system and no longer have the support of corporate parents or social workers, and thus develop struggles surrounding identity and belongingness.

For Study 3, SCPs also discussed some psychological benefits of social media for CEYP that should be highlighted. These positive effects included mediated family contact via social media and the mental benefits this can have for CEYP. This is relatable to findings from Fursland (2011), who reported concerns over this contact if it was unmediated. The SCPs in this research echoed the importance of this mediation for safety, but also felt it was important to note the positive impact this can have for CEYP. Thus, this emphasises the importance of considering both sides of online activity, and the importance of not simply ignoring or turning away technology because of the dangers. Similarly, SCPs discussed the usefulness of social media in preparing CEYP for independence once they leave the care system, whilst also aiding in growing their confidence. All these aspects convey that social media can indeed have psychological benefits for YP when used safely and when using the accessible and age-appropriate functions of social media.

8.2.2.2: The harmful design and consequences of social media

On the opposing side, all three studies (and thus from three different viewpoints) found that the design of social media platforms are considered profoundly harmful

by YP and SCPs, which is consistent with other reports (5Rights Foundation, 2023; The U.S. Surgeon General's Advisory, 2023). The participants in the research recalled social media causing significant harm to their self-view (including body image, self-esteem, self-worth, and identity) due to the nature of social media encouraging users to negatively compare themselves to others, both in terms of body image and lifestyle. This comparison was also thought to be worse than the general, natural desire to socially compare, as social media allows the use of filters, editing, and the unique opportunity to present oneself as 'perfect' by only presenting positive content (Gonzales & Hancock, 2011; Reinecke & Trepte, 2014). Therefore, the YP described these comparisons as inevitable and exhausting because the goal that was encouraged by social media was unattainable in life offline.

Comparisons made by the YP in both participant groups also occurred against numerous lifestyle factors, often resulting in FoMO (fear of missing out), which is consistent with findings from Beyens, Frison and Eggermont (2016). It is important to consider, however, that a gender difference was apparent in the analyses but was not significant enough to warrant a separate theme. Females were most likely to compare themselves negatively against beauty standards, as is consistent with the literature (Chua & Chang, 2016; Kelly et al., 2018), and other individual differences also impacted the likelihood of negative comparison, such as level of self-confidence and self-awareness.

The findings described from this research project are supported by the existing research, in that social media design encourages constant and compelling use, as

well as harmful social comparison. As highlighted in the *Literature Review* of this thesis, social media is highly accessible to YP on multiple technological devices, creating ‘hyper-connectivity’ (Robinson & Smith, 2020), and is designed to capture and maintain the user’s attention, using notifications to entice them to return frequently to the platform. This is called ‘persuasive design’ (Fogg, 2002 cited in Kidron, Evans & Afia, 2018) and can be linked to concerns regarding excessive engagement (Griffiths et al., 2018). Therefore, the concern regarding this design feature of social platforms is supported by the findings of this research, as the YP describe this design and go on to discuss the harmful impact it can have on mental wellbeing and their concerns for over- or excessive engagement (which participants themselves termed “*addictive*”).

Literature also supports the finding that social media encourages YP to negatively compare themselves to others. It is well-established that people have biased social media platforms that show positive and boastful content most of the time and that social media enables people to present a more controlled and ‘perfect’ version of themselves (MacIsaac, Gray & Kelly, 2023; Reinecke & Trepte, 2014). As some have suggested (Gonzales & Hancock, 2011; MacIsaac, Gray & Kelly, 2023), this can have disadvantageous effects on self-esteem and identity as the standard to which YP compare themselves to is unrealistically ‘perfect’ and YP can struggle to keep up appearances between online and offline self-presentation. This existing research is well-supported by the presented thesis findings, as the participants describe this phenomenon exactly, in that the comparisons on social media are biased to be negative due to the existence of filters and the seemingly perfect presentation of

others' lives. This finding is highly important as many of the participants explained that this was a key factor that resulted in feeling pressured to keep up with peers, low self-esteem, and overall reduced wellbeing, and thus needs to be addressed to protect the wellbeing of YP.

In addition to this, social media contains design features such as metrics (likes, views, followers etc.) that increase the likelihood of social comparison, all of which led to negative effects on wellbeing for the people involved in this research. Along with this argument that social media is designed to encourage negative social comparison, the participants in all three studies felt that the design of social media was significantly addictive and persuasive, which encourages excessive use and FoMO, both of which tend to result in low mood. These effects were found to be heightened further for CEYP due to their psychological vulnerability, which creates concern.

While there are things social media platforms can do to improve their design features to reduce this desire to compare negatively, there are other factors that need considering. This behaviour occurs more for YP who tend to make upward comparisons to others, thus leading to a negative impact on self-view and general wellbeing (de Vries et al., 2018; Festinger, 1954; Wheeler, 1966). So, individual differences play a significant role in the impact of social media on mental health and wellbeing (de Vries et al., 2018). As this research also demonstrates, the relationship between social media and mental wellbeing is complex and bidirectional, and individual differences and how YP feel before using social media apps can have a

significant impact on the emotional outcome of social media use. Therefore, social media companies can still make valuable changes to their design features, but some YP will still have a tendency to negatively compare themselves to others, resulting in negative affect. This suggests that a personalised approach may be required to address these implications and that more support should be offered for YP who have this psychological tendency, perhaps through caregivers or psychoeducation, as more self-awareness of this would empower the young person and reduce the likelihood of developing mental health issues due to persistent negative social comparison.

Another subtheme illustrated social media's use of algorithms and how the YP in this research found them to be creepy and disturbing. The participants discussed how they often felt that social media had 'listened' to their conversations and the algorithms had consequently showed relevant content on their social media.

Although privacy was not explicitly mentioned by participants, this suggests that YP feel concern over algorithmic decision-making on social media regarding their privacy and trust, which has consequences on their wellbeing as they then feel somewhat violated. This finding is highly consistent with research by Perez Vallejos et al. (2021) that found children and YP had similar concerns regarding the use of online algorithms. The YP in this doctoral research also discussed the flaws of algorithmic decision-making on social media, with content often being advertised that can trigger low self-esteem, such as influencers or models promoting a certain body type or appearance. This suggests that more work needs to be done on the accuracy of algorithmic decision-making to protect the wellbeing of YP. Like Perez

Vallejos and colleagues conclude, this study also suggests that these findings call for online platforms, such as social media apps, to acknowledge their responsibility to protect young users and reflect on the impact algorithmic decision-making can have on their wellbeing.

Further findings regarding negative impact on wellbeing included feeling social pressure to fit in with peers. Interestingly, while this was only found from non-CEYP in Study 1, it was found from both groups of YP in Study 2. This perhaps suggests that when the CEYP had time to reflect on the topic (as they had in the interview, compared to the real-time method of think-aloud protocol), they expressed that they did indeed feel social pressure from social media. This finding is consistent with literature that has found peer pressure is a key driving force of wanting to always be online (Griffiths et al., 2018) and that the ability to control self-presentation online may result in pressure to keep up appearances between online and offline identity presentations (MacIsaac, Gray & Kelly, 2023). This is also consistent when considering the developmental period of adolescence, as during this period there is a heightened salience of social norms and more importance placed on peer feedback (Brechwald & Prinstein, 2011).

CEYP felt social pressure in a different way compared to the other group, as they felt pressure to 'find' an identity when on social media. This is consistent with psychological theories regarding identity, such as Erikson's (1968) stages of psychosocial development that suggest identity is formed through life stage 'crises' in which identity clashes with confusion, and successful transitions are required to

form a stable identity. So, a fundamental period of instability occurs before adolescents form their identity, which causes vulnerability due to constant psychological and physiological changes (Frydenberg, 2008). As a result of this, any threats or stressors during this period of development can have problematic effects on identity formation (Manago, Taylor & Greenfield, 2012). Therefore, as CEYP are likely to have experienced threats like neglect or trauma during their childhood, they are likely to struggle with an unstable identity (NICE Guidelines, 2015). This research finding therefore supports this theory, further demonstrating that social media can exacerbate this struggle for CEYP.

A subtheme from Study 3 regarding another avenue of negative impact from social media conveyed that the stigma around mental health labels still very much exists for CEYP from SCPs' viewpoints. This is due to both the stigma around mental health issues and the additional layer of feeling different that many CEYP already feel. As well as this, SCPs felt that the current mental health services are struggling and do not provide the sufficient, long-term support that CEYP need, which is consistent with arguments from others (NICE Guidelines, 2021; York & Jones, 2017). Therefore, from these findings, it can be suggested that more work needs to be done on decreasing the public stigma attached to mental health through increased public awareness, education, and advocacy work, which is also encouraged by others (Craven & Simons, 2015). When comparing this to the other studies in this thesis, the value of this advocacy work was mentioned in Study 1, in that the YP benefited mentally from social media profiles that encouraged transparency and honesty

around mental health issues to reduce the stigma. Therefore, more of this content on social media would be beneficial and should be encouraged by platforms.

8.2.2.3: Protective factors

Themes in Study 1 and 2 conveyed that there are some protective factors that counteract against the negative impact of social media. These factors were split into two categories for the subthemes: protective factors that were personal in nature and protective factors that stemmed from the design of social media platforms.

Personal characteristics that were found to be protective against harmful effects of social media included self-awareness, confidence, high self-esteem, and self-reflection. In other words, having a strong self-concept seemed to protect the YP from taking part in behaviours or thinking styles that would contribute negatively to their emotional wellbeing.

This is consistent with a previous study by Burnette, Kwitowski and Mazzeo (2017), which found that adolescent girls with high confidence, high media literacy, and an appreciation of their individual, unique differences protected them against negative impact online. Although this finding was found in both participant groups, Burnette and colleagues found that these protective factors are more likely to be found in YP who have experienced a nurturing home and supportive school environment. Thus, this emphasises the importance of both establishing this in children as early as possible and teaching YP the self-confidence and awareness that may effectively protect them from psychological harm and reduced wellbeing. Consequently, this should be reinforced with policies and social media design features that promote

honesty and self-awareness, rather than features that encourage an unattainable standard to compare against.

Some social media features that the YP explicitly mentioned were found to protect their mental wellbeing. Some examples of these features were hiding likes; private accounts; tailoring content accurately via algorithmic decision-making; and transparent content surrounding filters used and breaking stigmas and stereotypes. All these factors have one aspect in common, which is the ability to reduce the pressure and likelihood of negative self-comparison. This finding conveys that there are some social media design features that counteract the negative effects described previously. Consequently, this suggests that social media designers should prioritise design features that have a positive impact on YP's wellbeing and try to minimise the features that encourage negative comparison such as beauty filters, editing, and metrics regarding likes, followers, and views, which is consistent with suggestions from Taber and Whittaker (2018).

8.2.2.4: The importance of age and development

Study 2 showed the significance of two further factors when considering the impact of social media on mental wellness: age and emotional development. The participants who were aged 16 and over reflected that when they were younger, they did not realise the harmful impact that social media was having on their self-view and wellbeing. To support this concept, the participants aged 15 years and under mainly reported positive effects of social media. It would be difficult to determine whether this is because the YP under the age of 16 were not impacted

negatively by social media, or whether any negative impacts were subconsciously occurring and would only be realised later, as the older participants had experienced. If the younger participants did discuss any negative effects, they reported being able to 'brush off' whatever the feeling was relatively quickly (i.e., the impact was fleeting). It is important to note that during the interviews, the researcher was not convinced that the younger participants were being truthful when this was discussed, as they highlighted the negative impact social media was having on their wellbeing, but then brushed it off to convey an air of nonchalance. Thus, this may suggest that social desirability bias may have occurred at some level and therefore impacted the degree of truth being expressed by the younger participants.

On the other hand, the older participants suggested social media can have a subconscious effect, as they had only come to recognise the harmful impact of social media on self-view once they were older and after it had happened. So, it may have been that the younger participants were not fully aware of the degree of impact social media was having on their wellbeing, too. Therefore, the significance of considering age and development (and subsequent vulnerability) when designing social media and creating policies and guidelines around social media use has been highlighted by this research. It was also discussed in the research by all three populations that age and development do not always progress at the same rate, especially for vulnerable YP with learning disabilities or mental health issues. As a result of this, both factors need to be considered to keep YP safe online.

Although some participants called for stricter enforcement of age restrictions on social media sites, this broader finding suggests that age restriction is not a particularly useful method when it comes to protecting YP online. Instead, the important factors are emotional state and social and psychological development, as every young person develops differently. As age restrictions have not worked so far in protecting YP in the digital world, this research is suggesting we need to replicate the social processes we use in life offline to protect YP online. While this is complex on a large scale, suggestions such as content filtering and improved online moderation are a starting point. In addition to this, there needs to be stricter enforcement of protective codes of practice, such as the AADC.

The finding of adolescent development being a key aspect in the psychological impact of social media also echoes what other researchers are discussing in recent times. For example, Orben and Blackmore (2023) comment on and discuss the importance of early adolescence as a period of vulnerability to the impact of social media. This is due to early adolescence being a period of significant physical, psychological, and social change, which overlaps with key aspects of life that social media can amplify, such as social feedback and self-view (Orben & Blackmore, 2023). As a result, adolescence is not only a time of sensitivity to developing mental health concerns, but it can also be considered a time of sensitivity to social media. This research therefore supports this consideration and argues for deeper consideration of developmental stage when exploring the impact of social media on mental health and wellbeing. Additionally, this supports the argument of implementing digital

education during early adolescence, to empower YP with improved knowledge and self-awareness at a crucial time of sensitivity.

8.2.2.5: The impact of the Covid-19 pandemic

In Study 2, the general population group expressed mixed feelings around the impact of the pandemic, suggesting that the impact was broad and may not be comparable for YP. There were many extraneous variables that led to different effects, such as differences in home life, personality, and location. This is consistent with some previous research, such as the work completed by Winter and Lavis (2022), which found mixed results and hence concluded that the impact of Covid-19 and subsequent lockdowns on YP's mental health can be considered complex and contextual.

On the other hand, the CEYP expressed more binary effects. These findings were consistent with the previous literature that has likewise found an increase in social media use (Ellis, Dumas & Forbes, 2020; Francisco et al., 2020; Hamilton et al., 2022), which has equally found consequent increases in anxiety and issues around self-esteem (Hamilton, Nesi & Choukas-Bradley, 2022; Lee et al., 2022). This is also logical considering that most CEYP do not have a traditional family unit, and so felt more isolation and an increased dependency on social media as a result of the pandemic.

Both CEYP and non-CEYP described similar positive outcomes because of the pandemic and subsequent lockdown restrictions, including more appreciation of friends and family, social media enabling social connection, and less stress and

anxiety due to having time away from daily stressors linked to school and exams. Again, this is consistent with existing research that found social media was crucial for social connection during the pandemic (Hamilton, Nesi & Choukas-Bradley, 2022), showing how valuable social media can be for connectedness among YP. Other research also found benefits to mental wellbeing due to being away from stressors such as school (Winter & Lavis, 2022), implying that having time away from daily stressors can be advantageous for YP's wellbeing. However, this does create some concern surrounding post-pandemic life, in which the YP will be exposed to these stressors again without the escape of the lockdown restrictions. So, this should be an area of future research, ideally focusing on those who found lockdown beneficial due to the escapism, as they may be more mentally vulnerable when this is no longer a viable option post-pandemic. Likewise, the pandemic resulting in over-reliance and increased social media use conveys further concerns surrounding over-engagement.

Like the YP in Study 2, the SCPs discussed the impact of Covid-19 at length due to the significance of the pandemic during the timing of the research. The positive effects of lockdown and increased social media use were discussed by participants, finding that social media was particularly beneficial for aiding education, contact, strengthening relationships, entertainment, and removing social stressors, and thus are consistent with the positive effects found by the YP in Study 2.

Also like the findings from the YP themselves in Study 2, the SCPs expressed that the pandemic and increased social media use had negative effects on the YP's mental

wellbeing such as an increase in isolation and anxiety, which is consistent with research by Hamilton, Nesi and Choukas-Bradley (2022) and Lee et al. (2022). However, by gaining information from another viewpoint (SCPs), new insight was gathered in that there were further negative effects. These included increases in damaging behaviour for CEYP, such as self-harm and aggression, which is concerning when thinking about the broader implications of the impact of Covid-19 and increased social media use. This has been found by others, although not specifically in CEYP and with findings suggesting that only females were impacted (Sara et al., 2022). Other effects discussed included struggling to limit the increased screen time that had been established as the new norm throughout lockdown, which implies that other parents and carers may struggle with this also. Therefore, excessive online engagement and sedentary behaviour among YP may be challenges for the younger generation who are now facing a new norm of increased screen time, with carers and parents struggling to decrease time spent on digital services to pre-Covid levels.

A noteworthy finding from SCPs was the recognition that lockdown had exacerbated mental health issues for CEYP. This is concerning as CEYP are characterised as vulnerable and are likely to struggle with their mental health due to the trauma and adverse experiences they have faced (Mather et al., 1997; White, 2007; Zeanah et al., 2011). So, if lockdown exacerbated this further, then the risk of CEYP developing serious mental health issues is significant. This was also highlighted by the CEYP themselves in Study 2, however more indirectly. This has implications for social care, schools, and the government to consider this increased risk within this population

and provide the appropriate aftercare and follow-up, as also suggested by others (Muratori & Ciacchini, 2020).

8.2.2.6: Suggestions for improved social media design and policy

The robust finding of social media's negative impact on YP's mental wellbeing suggests that significant changes in the design of social media need to be made to improve the psychological impact it is having on YP, which is consistent with suggestions from recent reports (5Rights Foundation, 2023). These changes could include improving transparency online regarding the use of filters and editing (which is supported by others [Royal Society for Public Health and Youth Health Movement, 2017]), and introducing other design features that reduce the desire to compare oneself in a negative manner, such as hiding likes. Some social media platforms, such as Instagram, have started introducing these features, which participants in this research found helpful in protecting their wellbeing. Other platforms should therefore recognise the positive impact these changes are having and similarly work towards implementing them.

Other improvements to social media platforms would be reducing the persuasive features. This was highlighted as harmful in both the rapid review and all three studies in this research project. Therefore, this has been a known issue of social media platforms for several years. While some platforms have recently introduced screen time warnings for under 18-year-olds (Keenan, 2023), showing that some action is beginning to occur, this research shows that YP and their carers are still finding the overall design of social media to be persuasive (as agreed by other

organisations in recent reports [5Rights Foundation, 2023]). This research conveys that users still believe social media encourages excessive use, which often results in low mood. Other improvements suggested by this research include investing in better and advanced technology to remove harmful content more effectively, while also improving algorithmic decision-making, both of which would improve the impact social media has on mental wellbeing.

Findings from the review and qualitative studies also indicate that policies surrounding social media, mental health, and YP (including CEYP) need to be more inclusive and increase accountability for social media companies who disobey rules and guidelines set by the policymakers. Likewise, the findings from this research convey the importance of communication and shared responsibility between all stakeholders involved in keeping YP safe online (both physically and psychologically). This includes the government and policymakers, schools, caregivers, and social care. Thus, as is also suggested in the rapid review in *Chapter 2*, all these parties need to collaborate in a cohesive manner to protect YP online.

8.2.2.7: Digital literacy and psychoeducation

Linking to the significance of age and development, another key finding of this research was the need for more digital literacy training and education for both adults (specifically SCPs) and YP, and the importance of when to implement this. All participant groups felt that more education and awareness surrounding the potential effects of social media on mental wellbeing was crucial (as is also echoed in the 2019 Barnardo's report on young people, social media and mental health

[Papamichail & Sharma, 2019]). While YP have a good technical knowledge of how to use many digital platforms, the participants in this research conveyed a desire to learn more about the potential psychological impact social media can have, which could be developed into a different branch of digital psychoeducation. It was highlighted that this is not currently taught in schools, as the focus remains on privacy and employment implications. Instead, YP would like more information on psychological aspects, as more information and awareness of these aspects would work to protect them from negative rumination and the development of mental health issues.

The YP in this research also suggested the need for more psychoeducation on the promotion of positive wellbeing, confidence, identity, and self-concept, again to protect themselves and other YP from negative online influence. Moreover, the older participants reflected that this would have been useful when they were younger for mental health protection, thus implying that psychoeducation should be implemented during early adolescence. The findings from the rapid review are consistent with this, with both Livingstone and Palmer (2012) and Desimpelaere et al. (2020) suggesting that early adolescence is a key period of vulnerability and the optimum time for implementing digital education. This finding is also consistent with other reports, which suggest that the earlier the better with education regarding social media and mental health, as well as suggesting that young voices and lived experiences should contribute to the development of this educational programme (Papamichail & Sharma, 2019).

For the CEYP specifically, a plea for more education and support was expressed by participants and is thought to be necessary for CEYP in order to raise awareness of potential mental wellness effects from regular social media use. Suggestions on how this education and support should be implemented were also put forward, in that these need to be carefully balanced between maintaining safety while not limiting opportunities. This is coherent with mediation suggestions from Livingstone et al. (2017), who suggest the need for more digital literacy training for both parents, carers, and YP themselves, to maximise online inclusion and opportunity whilst still increasing awareness of online risk. Ergo, this study conveys that the views, needs, and desires of YP who are often overlooked and underrepresented in research align with suggestions from leading academics too, thus showcasing that the voices of YP are valuable in research and need to be considered by every stakeholder involved in protecting YP from online harm.

For the adults and SCPs, the findings showed that there was a significant gap in digital knowledge between the professionals and YP. This had a subsequent impact on social media monitoring and thus the ability to keep CEYP safe online. Although the SCPs received social media training, the participants in this research discussed how this is ineffective due to social media platforms changing so rapidly, resulting in the training soon becoming outdated. So, this research highlights the need for more effective and continuous digital literacy training that is kept updated with the social media landscape. Similarly, knowledge of existing policies was low, for example none of the participants in this research had heard of the Online Safety Bill or the AADC, conveying that more awareness of these policies is needed among professionals.

8.2.2.8: Shared responsibility

Relating to shared responsibility and the need for more support, this research found that there were largely mixed responses to the Covid-19 pandemic, although it did support the well-established finding that social media use among YP increased substantially (Ellis, Dumas & Forbes, 2020; Francisco et al., 2020; Hamilton et al., 2022). The mixed findings suggest that the pandemic not only had differing effects on YP, but also that conducting the research between 2020-2022 (throughout the pandemic and the two following years) meant that it was too soon to explore any long-term effects on mental wellbeing. From this, it can be concluded that more longitudinal data is needed on the implications of increased social media use on mental wellbeing and the broader impact of the pandemic on mental wellbeing too. The findings did however show that the pandemic-associated lockdowns exacerbated mental health issues within CEYP, conveying the crucial need for support in this population, of which this responsibility again lies with multiple stakeholders and must be shared and communicated effectively.

Interestingly, all three populations of participants also had slightly varying views of who the responsibility lies with. Study 3 conveyed that SCPs felt responsibility lies with social media companies to keep their users safe, with children being the highest priority. Despite this responsibility, social media companies are failing at keeping YP safe. The reasons for this were not thought to be technological restrictions (meaning that the technology to protect YP does exist), but rather because social media companies were choosing profit over investing in the wellbeing of YP. Consequently,

SCPs believe social media companies need to re-evaluate their priorities and focus more on investing in technology and altering the design features of social media to protect YP from harm and make social media a more mentally positive online space. Others also support this proposal, such as Kidron and Rudkin (2017), who argue that all sectors need to take responsibility and do their utmost to protect YP online.

On the other hand, the non-CEYP focused on the role of schools and other educators to protect their mental wellbeing online, suggesting that more education and awareness in school curricula around the relationship between social media and mental wellbeing is needed. Alternatively, CEYP focused more on the responsibility of social care and policymakers, potentially due to their unique experiences with social workers, the law, and advocacy. Perhaps another reason for the CE group's focus on policymakers was due to the CEYP having an externally controlled upbringing, often led by social care professionals (SCPs) and enforced with strict rules and guidelines. Therefore, although the focus varies for each group due to their lived experiences and viewpoints of responsibility, this finding demonstrates that there is an important responsibility from everyone involved in a child's safety to protect them from online harm (which includes psychological and emotional harm). This finding consequently supports recent internet safety laws which recognise the responsibility of social media companies and other stakeholders to keep YP safe online, such as the AADC and the Online Safety Bill, which make social media companies legally responsible for online harm (GOV.UK, 2022; Information Commissioner's Office, 2020).

8.2.2.9: Group differences

The first part of the group differences section in Chapter 6 (*section 6.3.6.1*) described the unique professional challenges that SCPs face regarding guidance and the monitoring of social media among CEYP. These challenges support both the need for more digital literacy training for SCPs (as discussed earlier in *section 8.2.2.7*) and are consistent with extant literature. The challenges of CEYP being more vulnerable to grooming and cyberbullying online and the concerns for unmediated family contact are consistent with findings from existing research (EU Kids Online as cited in Livingstone & Palmer, 2012; Fursland, 2011; Livingstone & Palmer, 2012; May-Chahal et al., 2012; Webster et al., 2010a; 2010b, cited in May-Chahal et al., 2012), reinforcing the difference in needs and vulnerabilities between CEYP and non-CEYP.

Likewise, another challenge discussed by the SCPs in this research was the moral issue of wanting to keep the young person safe and thus having to strictly monitor their social media use versus wanting to respect their privacy and boundaries. This aspect is reflected in Anderson and Swanton's (2019) report and continues to be a difficult moral issue within social care. Another finding from this research could be a potential answer to this issue, in that maintaining open communication and building trusting relationships between SCPs and CEYP is vital in keeping YP safe online.

Consequently, this has links again to the rapid review findings in *Chapter 2* of this thesis, as this finding suggests that social media monitoring and guidance by parents and carers should be fundamentally based upon open and trusting communication, as this may result in the young person feeling psychologically safe enough to disclose concerns regarding social media and their wellbeing.

Regarding other group differences, all studies highlighted that CEYP have differing needs to YP from the general population. In Study 3, it was seen that SCPs believed that to be largely due to the trauma they have faced during childhood and, in turn, this can lead to CEYP having a prominent desire to be loved and accepted because they did not receive this during childhood, which often translates to higher risks of dangerous online behaviour such as grooming and exploitation (as seen above). As well as this, CEYP were thought to be more vulnerable online due to feeling different because of their care experience, which again can often lead to problematic behaviours online due to the pressure of wanting to feel normal. These suggestions are consistent with psychological theories and empirical findings from others (Kay & Green, 2016; Levin et al., 2015; Richardson and Lelliott, 2003; Sonuga-Barke et al., 2017), and hence pose concerns regarding CEYP's vulnerability on social media. So, these findings support the idea that CEYP indeed have differing needs, and these therefore need to be reflected in policies and design elements of social media platforms.

Studies 1 and 2 further showed that significant group differences can occur between YP from the general population and CEYP when considering social media and mental wellbeing. The findings revealed that CEYP's experiences of social media— both positive and negative— are heightened due to their lived experiences of care, trauma, and the unique barriers they have faced in life. This provides further support for the argument that CEYP have fundamentally different needs, as their lived experiences can intensify the impact of social media on mental wellbeing. The rapid,

scoping review in *Chapter 2* of this thesis highlights differing factors that increase vulnerability online (low self-esteem, psychological difficulties, problematic parental relationships etc. [Vandoninck et al., 2013]) and offline (challenging upbringings, inability to access services etc. [Munro, 2011]). CEYP fall into both categories, which is reflected by these research findings.

Despite this acknowledged vulnerability from the CEYP themselves (especially when younger and in the early stages of being in care), it is important to note that resilience was also discussed by CEYP. The YP expressed that, with time and experience, they had developed into more resilient individuals because of the trauma they had experienced and their lived experiences of the care system. This relates to the ACEs (adverse childhood experiences) literature, which suggests that traumatic or adverse events can make a young person more resilient through the development of healthy social relationships and experiences after surviving their individual trauma (Bethell et al., 2014). Another finding conveyed that some participants found that being in care had validated their lived experiences of trauma, which had helped them with their psychological recovery. This is a useful finding for the future of children's social care, as it implies that trauma-informed practice and the acknowledgement and validation of a young person's trauma can be beneficial to their wellbeing.

Study 2 also illustrated how differently CEYP's social media is monitored during their childhood compared to non-CEYP. Because CEYP are seldom brought up in a traditional family unit, their experiences with social media and technology-

monitoring by a caregiver differ considerably. Findings from this study showed that CEYP felt the strict social media monitoring by their social workers had both advantages and disadvantages, with the YP deciding that a balanced approach is needed in the future. This finding is consistent with a report by Anderson and Swanton (2019) of the Glasgow City Health and Social Care Partnership, in which similar issues are identified and complementary next steps are suggested. From this finding, it can be suggested that SCPs need to acknowledge the effect that strict monitoring is having on CEYP and work towards a more balanced approach to enhance and protect mental wellness. This approach could subsequently maintain the aspect of safety and boundaries, whilst working to minimise the monitoring strategies that make CEYP feel like an outcast.

So, this research has found that, with the heightened vulnerability of adolescence mixed with the increased vulnerability of CEYP, the impact of social media on self-view and wellbeing is exacerbated for CEYP. This creates concerns considering the YP from the general population discuss the level of harm and negative effects on mental health and wellbeing, as this is then exacerbated for YP who have experienced the care system and personal trauma. Therefore, this research encourages the need for more psychological support for CEYP when using social media, as they are evidently more susceptible to developing psychological issues from regular social media use. Despite this, the research also found that CEYP have high resilience due to their lived experiences. This is consistent with other literature that discusses the possibility of developing resilience despite experiencing ACEs (adverse childhood experiences) (Bethell et al., 2014). Hence, while this population should have significant

psychological support regarding social media use and mental wellbeing, it is also important to consider and acknowledge their resilience.

As well as group differences, individual differences were evident too, in that some non-CEYP also felt they were prone to exacerbated negative effects from social media due to their tendency to negatively compare themselves to others. These concerns correspond with a recent report from Choukas-Bradley et al. (2022), who outlined that social media design (such as the ‘perfect’ and idealised content and the quantifiable and comparable feedback such as ‘likes’) significantly overlaps with the social and developmental processes occurring in adolescence, such as salience of peer feedback, social pressure, and heightened self-consciousness. With gender pressures for girls to look an ideal way in addition to this alignment, these conditions create the “perfect storm” for exacerbating body image concerns, which may lead or contribute to other mental wellbeing struggles (Choukas-Bradley et al., 2022). Thus, this finding and the consistent academic literature demonstrate that social media design may be harmful for those who may be prone to certain detrimental social comparison styles or mental health issues, but perhaps particularly for young females due to the pressure of idealised body image.

8.2.3: Revisiting the research questions

To remind the reader, the research questions (RQs) are as follows:

Study 1 RQs:

1. How does regular social media use impact the mental wellbeing and self-view of YP and how does this vary between YP who have and have not experienced the care system?
2. (a) How are the features of social media affecting YP's wellbeing and self-view?

(b) How could we address these effects and seek to change the negatives?

Study 2 RQs:

1. How does regular social media use impact the mental wellbeing and self-view of YP and how does this vary between YP who have and have not experienced the care system?
2. How do adverse childhood experiences impact resilience to the effects of social media on the mental wellbeing of looked-after YP?
3. How have the Covid-19 pandemic and subsequent lockdowns impacted upon the mental wellbeing and social media use of YP?

Study 3 RQs:

1. From a SCP's viewpoint: how does regular social media use impact the mental wellbeing and self-view of CEYP?
2. From a SCP's viewpoint:

(a) how are the features of social media affecting CEYP's wellbeing and self-view?

(b) how could we address these effects and seek to change the negatives?

3. From a SCP's viewpoint: how have the Covid-19 pandemic and subsequent lockdowns impacted upon the mental wellbeing and social media use of CEYP?

This section of the discussion will revisit the RQs above, considering the findings from Studies 1, 2 and 3. For RQ1 in Studies 1 and 2, the findings show that social media has varying, bidirectional effects on YP's self-view and wellbeing. Specifically, it can be positive for mood by being entertaining and acting as an escape, as well as being significantly beneficial for YP who struggle with identity, such as CEYP, by acting as a community platform that enables social connectedness and enhances belongingness.

On the other hand, the findings additionally show how social media can negatively impact the wellbeing and self-view of YP. This occurs primarily through the design of social media platforms, as YP believe that it is persuasive and encourages one to negatively compare oneself to others' 'perfect' self-presentation in terms of appearance, lifestyle, and other comparable factors. This results in reduced general wellbeing, self-esteem, and self-worth, and challenges one's identity by causing YP to question if their lives are good enough. So, this research presents varying ways social media is impacting upon YP's wellbeing but offers clear rationales as to why this impact is occurring.

As for part two of RQ1, there were differences between CEYP and YP who have not experienced the care system. The primary difference was that CEYP felt that

everything on social media was exacerbated for them, in that positive effects were more positive and negative effects were more negative. Several reasons for this were suggested, but the YP themselves believed this to be a consequence of their psychological vulnerability, lived experiences of trauma, and obstacles they have faced in early life which other YP do not have to face.

Study 1 found multiple features of social media that have direct effects on mental wellbeing and self-view, thus answering RQ2 for Study 1. Examples of these include social media's use of filters, likes, and other comparable metrics having a direct effect on YP, encouraging them to socially compare themselves to others— often in a negative way— resulting in lowered self-esteem and wellbeing. Alternatively, there were social media design features that protected the YP from psychological harm, including hiding likes, tailoring content through accurate algorithms, and useful privacy settings.

The second part of this RQ was answered through suggestions from the YP themselves, who call for social media platforms to be made more accountable for their harmful content, with better technology that removes harmful content quicker and with more responsibility taken to protect YP's mental health. In addition to this, the YP recognised that having a strong sense of self-awareness and confidence was protective against the negative impact social media can have, so participants suggest that YP should be taught more about the potential psychological effects of social media to raise awareness and protect wellbeing.

With Study 2, RQ2 was addressed through interview questions. The CEYP discussed feeling more vulnerable when younger or at the start of their care experience, but often felt much more resilient when older and towards the end of their care experience. This suggests that experiencing ACEs, including the traumatic experiences CEYP often experience, can result in increased resilience. As well as this, care experience and other ACEs often led to feelings of validation for CEYP, which resulted in improved wellbeing.

The final RQ in Study 2, RQ3, was met with mixed results. As discussed, the Covid-19 pandemic and subsequent lockdowns had varying effects on YP but did result in an increase of social media use among all participants. While the varying findings were likely due to individual differences and differing personal circumstances, they also suggest that it may have been too early to reflect on the psychological impact of the pandemic. As a result, more longitudinal data on the psychological impact of Covid-19 on YP is needed.

For the RQs in Study 3, insight was gained from the viewpoints of SCPs who work closely with CEYP. From their point of view, social media has largely negative effects on CEYP through showing harmful content and encouraging addictive use and harmful comparisons. Interestingly, these findings are very similar to those from the YP's perspective. These findings also contribute to RQ2 of Study 3, as positive design features, such as privacy settings, and negative features, such as the misleading use of filters, were discussed. To answer part (b) of RQ2 for Study 3, SCPs call for multiple improvements in policy and social media platforms, including improving

accountability, education, social media design through better security and more age-appropriate content, and reprioritising YP's mental health over profit and monetisation.

The final RQ in Study 3, RQ3, aimed to explore SCP's views on how the Covid-19 pandemic affected the wellbeing and social media use of CEYP. Like the YP in this research and other findings (Ellis, Dumas & Forbes, 2020; Francisco et al., 2020; Hamilton et al., 2022), the SCPs saw a significant increase in social media use among YP due to the pandemic and having to stay at home. They also noted distinct positive effects from the pandemic, such as strengthening relationships in the children's homes and the removal of external stressors like school, and distinct negative effects, such as increases in anxiety, harmful behaviour, the exacerbation of mental health issues, and difficulty in reducing screen time among the CEYP. Therefore, all RQs had a variety of potential answers offered by the participants in this research, contributing to rich, qualitative data that represents the lived experiences of YP, CEYP, and SCPs.

8.3: Strengths and Limitations of the Work

The strengths of this doctoral research project lie mainly in the quality of the data. Significant time was spent planning the research, with collaboration with stakeholders and in-depth consideration of RRI (responsible research and innovation) principles, allowing valuable space to choose the most appropriate methodologies and form optimal interview questions. As an explorative, qualitative approach was taken in gathering the information, the results were a wealth of rich,

detailed data that enabled in-depth reflexive thematic analyses that captured the lived experiences of YP, CEYP, and SCPs well. This high-quality data also allowed for real expression of underrepresented voices in research, which allows this research to contribute by highlighting the lived experiences of those who are often unheard, and increasing research attention to this important, multidisciplinary topic.

On the other hand, there were some limitations of the research. Each sample can be considered quite small when considering how transferable the findings are to a wider population. Although the sample size was average for qualitative research, recruitment was extremely challenging during the Covid-19 pandemic and due to recruiting a hard-to-reach population (CEYP). This resulted in sample sizes that were quite small, so it could be argued that the data may not be fully transferable to wider populations.

The sample could also be considered gender-biased (with more females being recruited than males) due to a limited time for recruitment. Although this is typical of voluntary research and reflects an existing gender bias in the population of SCPs (Hicks, 2015), the aim to represent a fair balance of genders was not achieved and thus the results may not truly reflect the needs and experiences of those who identify as male. Moreover, there were signs of a gender effect from the analyses in Study 1 and 2, but the contributing data was not robust enough to form a complete theme. This may have been due to a lack of gender representative data due to the bias in sampling, and thus is something to be improved upon if the research was conducted again or explored further.

A further limitation is also sample-related, in that the recruitment method may have resulted in a biased sample. As outlined, Twitter (now X) was used to recruit older participants through the hashtag ‘#CEP’ (care-experienced people) when other recruitment options had been exhausted. Although this proved to be an effective way to recruit care leavers, many of the YP who used Twitter/X and the CEP hashtag were advocates for CE people’s rights and were active members of the CEP community. Therefore, it is predictable that a key finding of this research echoes the voice of this community, in that online connection and community is an important and beneficial use of social media for CEYP. While this may be true and transferable for others, it could be considered biased due to how the sample was recruited.

A final limitation of this research could be that all studies occurred over Microsoft Teams. Although this was the only option due to the in-person limits of the pandemic, it could be possible that rapport may have been compromised when compared to in-person research. If this was the case, then participants may have been less willing to disclose personal views and experiences, thus limiting the richness of the data. Despite this possibility, it was believed that this was not a significant limitation in this research due to the strong interpersonal skills of the researcher and their ability to quickly build rapport and create a comfortable atmosphere. This was evident through the rich data captured, suggesting that this limitation was not significant.

8.4: Future Applicability and Research

The findings of this research can be utilised in many ways. Firstly, when presenting the findings during public engagements with stakeholders, councils have shown interest in using the findings for education among SCPs and to display in residential children's homes. This could raise awareness of others' experiences and act as a conversation starter, as SCPs have discussed in this research how difficult it can be to begin an open dialogue about social media use and wellbeing with CEYP who are not interested in disclosing their personal information. So, these findings could be used to benefit SCPs' training and knowledge, while also providing resources to use in children's homes.

Furthermore, these research findings could be applied in education settings. For example, the YP in this research suggested making amendments to the current curricula, in that more psychoeducation is needed surrounding mental wellbeing in general and how this can be affected by the digital world and social media platforms. The YP noted that current school curricula focus on social media privacy settings and how to use social media to optimise employment opportunities. While this is useful, the YP felt that gaining information about the psychological side of social media and how it can impact their self-esteem and wellbeing would help to raise awareness and empower them. This was also echoed when YP discussed protective factors against the negative impact of social media, with one factor being strong self-awareness and confidence. Thus, if this is introduced into school curricula, YP will potentially feel less likely to be negatively emotionally impacted by social media

through improved self-awareness. This psychoeducation could be delivered through professionals at schools or via self-guided computer and internet-based resources, which may help to reduce the stigma attached to seeking help or guidance on mental health matters (Davies, Morriss & Glazebrook, 2014), and is recommended by other reports (Desimpelaere et al., 2020; Livingstone & Palmer, 2012) and the findings of this research to be implemented during early adolescence.

Other suggestions have been made throughout the research regarding policies and social media design, both of which could be applied or considered in life offline. These include feasible improvements such as increasing accountability for stakeholders involved in the protection of YP, integrating the needs of populations such as CEYP more effectively within varying policies, and improving education as mentioned above. In broader ways, the findings could also be utilised to help identify anxiety issues or early warning signs for YP regarding mental health issues. As discussed previously, some YP are more prone to compare themselves negatively on social media, resulting in low mood, reduced self-esteem, and reduced general wellbeing. Therefore, the YP who are prone to this behaviour may also be the YP who are prone to developing mental health issues such as depression and anxiety. Thus, by introducing education around talking openly about mental wellbeing and social media use, educators and caregivers may be able to refer or identify early warning signs that may indicate a young person's susceptibility to mental health issues.

While this research provides a starting point for these discussions, more exploratory research would be valuable to add to the rich tapestry of data that is beginning to form. It is important that future research honours underrepresented voices as this research has aimed to do, especially with populations such as CEYP who are so often spoken for, overlooked, and underutilised in research (Alderson et al., 2019; Carey, 2010). As also discussed previously, more longitudinal data would be a useful addition to the literature, to see if or how these effects change over time, especially with data exploring the impact of the Covid-19 pandemic.

8.5: Summary

This chapter presents the findings from the rapid, scoping review, the in-depth literature review, and the three studies contributing to this doctoral thesis, and discusses them in detail, relating to extant literature when appropriate. The implications of the findings were explored, including suggestions for improved social media design, policy, and education. Each research question was revisited in light of these new insights, drawing on the findings from each study. The strengths and weaknesses of the whole research project were then discussed, considering how this may impact upon the quality of the research. Finally, the applicability of the findings and suggestions for future research paths are highlighted, including more longitudinal data and research that values underrepresented voices and lived experiences.

Chapter 9. Impact and Outputs

9.1: Introduction

This chapter will look at the outputs of the research that can be used practically by others. These include recommendations for key stakeholders and visual aids and information sources that can be used in children's homes and social care training to develop learning and raise awareness about mental wellbeing and social media use.

This chapter will also outline how the research in this doctoral thesis has had an impact on the lives of others. Societal, educational, theoretical, and political impact factors will be discussed, drawing on how the research has impacted— and may go on to impact— the public and specific populations such as care-experienced young people (CEYP).

9.2: Public Engagements

Throughout this doctoral research project, the researcher has organised and taken part in multiple public engagements with both participants of the research and the public. These have included children's residential home visits; school visits; presentations to councils, children in care councils, and professional bodies; and organising enrichment activities for CEYP. This engagement was a key part of the RRI (responsible research and innovation) considerations that were listed in *Chapter 4*.

Liaising and collaborating with local councils and organising outreach and enrichment activities maximised the researcher's impact, whilst also providing an opportunity to share research findings and start important discussions in schools, councils, and among the general population. The impact these public engagements had also extends to empowerment and inspiration for young people (YP)— as heard through feedback from the YP themselves— because sharing research findings and taking part in the research itself reportedly inspired the YP to seek out more information on social media and mental wellbeing, take part in more research to share their voice, and reflect on how their own online behaviour influences their own wellbeing and others' wellbeing.

Likewise, feedback from the engagements with the council social care professionals (SCPs) showed that engaging with research and learning about the research findings from this project inspired them to put these findings into action themselves. For example, multiple SCPs demonstrated a desire to use the research findings from this project to improve their own residential policies regarding social media and mental health and use them to facilitate learning and inform practice. Therefore, the public engagements conducted throughout this research project have had a positive impact upon those involved, through inspiration, knowledge exchange, and prompting important discussions and self-reflection.

9.3: Research Outputs and Contributions

The overall, broad objective of this research was to share underrepresented voices and encourage safe and mentally positive social media use. This research has provided the opportunity and a platform for CEYP specifically to have their voices heard and share their lived experiences. So, this research contributes rich, valuable lived experiences of an underrepresented population on a significantly inconsistent and mixed research topic (the impact of social media on mental health and wellbeing).

The findings have been shared among participants of the research and those who the researcher collaborated with and will continue to be shared with the public once published. Through open publication, the researcher will make suggestions to improve school curricula, social care training, global and local policy, and social media design to protect YP from online harm and negative mental health effects, thus working to achieve the broad objective of this research. These recommendations will not only focus on what can be done to improve social media's impact on wellbeing, but also how these harmful circumstances can be prevented for YP, which is an important discussion point raised by Wilson (2014a). Although, it is important to realistically acknowledge the restricted influence of research on the policy process (Petticrew et al., 2008).

Regarding the creation of resources, the researcher aims to produce creative resources that can be displayed in children's homes and used in council meetings

and schools to raise awareness and share lived experiences, so YP do not feel alone in their experiences. The researcher also aims to share the findings not only via publication, but also through conferences, websites, and blog posts to, again, raise awareness and share the lived experiences of an underrepresented population. Therefore, these findings will ideally be utilised by everybody to achieve this broad aim of encouraging safer and more positive social media use among YP by raising awareness, showing examples of lived experiences, and empowering YP to reflect and consider the impact social media is having on their wellbeing. It is hoped that these findings will continue to be turned into positive, societal impact post-doctorate also.

9.3.1: Outputs of the research

It is important that the research findings of this project are turned into useful resources that can be utilised by YP, caregivers, educators, and professionals to fulfil the aims discussed above. Likewise, the dissemination of the research findings will also contribute to the RRI plans of encouraging knowledge exchange and contributing to education and training, as outlined in section 4.2.4 of this thesis.

After discussions with the SCPs during engagement sessions, it was decided that visual, accessible posters would be ideal to display in children's homes to start open discussions about social media and mental wellbeing, while increasing self-awareness too. As a result of this, posters can be created to display in residential children's homes or to use in discussions surrounding mental wellbeing and social media with CEYP. An example of what this could look like is pictured below in Figure

16, which is a visual poster with child-friendly language that summarises the findings from Study 1 and 2, including the specific care-experienced group findings.

Figure 16

An Example of a Poster that Could be Used to Display and Share the Research Findings.

SOCIAL MEDIA & MENTAL WELLBEING



Social media can have many different effects on our wellbeing and mental health. This poster shows some findings from research with young people who have experienced the care system. Can you relate to any of these findings?



Positive impacts on wellbeing

Social media can make us feel:

- **motivated** and inspired
- **entertained**
- more **positive** about our **self-esteem** by seeing profiles that discuss mental health and body positivity



Social media can make us feel like we **belong** when we find others who have been through similar experiences

Negative impacts on wellbeing

Social media can make us feel:

- like we must check it constantly or **addictively**, otherwise we might **miss out**
- **concerned about our body image** or abilities because it is easy to **compare ourselves to others** online
- **creeped out** because social media sites can seem like they listen to us



Social media can make us feel **pressured** to fit in with others

Social media can make it easier for **cyberbullies** to attack us and make **negative feelings worse**

Some things help to protect our wellbeing when we're on social media

Some of our **personal characteristics** can help us, like:

- working on our **self-awareness**
- building our **confidence**
- **reflecting** more on how our social media use might impact our mental wellbeing

Some social media **design features** can help us, like:

- **hiding likes**
- **privacy settings**
- **suggesting content** that is similar to our interests



How can social media be made safer for young people?

Social care, the government and social media companies **need to take more responsibility** in young people's mental health



Young people should be **taught more** about the mental health effects of social media to **improve education and awareness**

Younger users are more exposed to dangers online, so social media needs to be made more **age-appropriate**

How can care experience impact how we feel when using social media?

Being in care can make us feel **more vulnerable**, but also makes us **more resilient**



Strict **social media monitoring** for young people in care has **pros and cons**: increased safety, but it can make you feel even more different than usual

Positive effects of social media for care experienced young people specifically include:

- feelings of **belongingness**
- keeping in **contact** with family
- feelings of **validation**
- **privacy** features for safety

Negative effects of social media for care experienced young people specifically include:

- being more **vulnerable**
- making **mental health issues worse**
- feeling more **pressure** to find an identity



Care experienced young people should be **educated and supported** more with social media use

This research was done by Cecily Pepper (cecily.pepper@nottingham.ac.uk), with supervision from Elvira Perez Vallejos and Christopher Carter and in collaboration with Nottingham City Council

Sources of help:

- Kooth, an online mental wellbeing service: kooth.com
- Shout 85285 helpline: text SHOUT to 85285

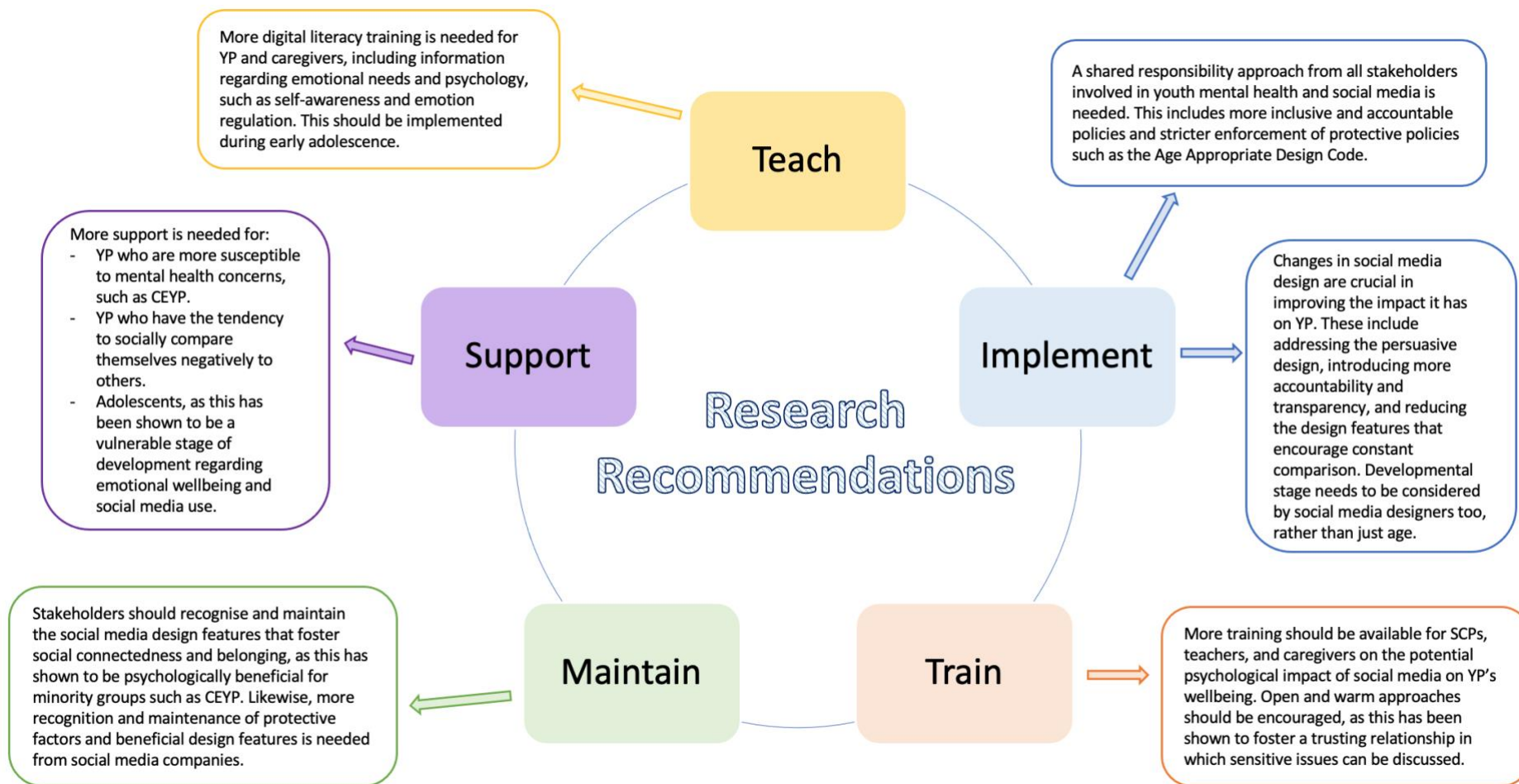


Likewise, brochures and posters could be used that summarise the research findings, like the posters used in the member-checking stage (see Appendices N-R), to share with SCPs and caregivers. The resources could be used to inform training and policies surrounding social media and mental health, whilst also acting as a conversation starter for positive change. Moreover, similar posters could be displayed in schools and other educational settings to raise awareness among educators and a broader population of YP. All these resources can be openly shared once this work is published.

In addition to this, the findings of the research can be put into practicable recommendations for stakeholders, as seen in Figure 17 below. The findings could potentially be incorporated into existing social media guides for YP, such as those from the UK Safer Internet Centre (UK Safer Internet Centre, 2023). These guides offer information and advice about popular social media platforms. The findings from this research project could be included in the form of posters, blog posts, or through links to published articles produced from the research. That way, accounts of actual lived experiences can be shared on a wide-reaching platform and have a positive impact on YP and other key stakeholders.

Figure 17

Practicable Recommendations from the Research (CEYP refers to Care-Experienced Young People, YP refers to Young People, and SCP refers to Social Care Professional).



9.3.2: Societal contributions

The societal contributions of this research are small in scale but rich in meaning. On a direct level, the YP involved in this research had the opportunity to contribute to research and share their voice and lived experiences. This can be a valuable experience for YP and can feel empowering. Likewise, talking to an outsider about the impact of social media on mental wellbeing and self-view was shown to be beneficial through participant feedback because these discussions increased self-awareness of their own actions and the consequences of these actions, as well as resulting in increased self-reflection regarding their social media use and mental health.

In general, this research also raised the important topic of social media and mental wellbeing among YP (and CEYP more specifically), SCPs, and any other person the research has been discussed with or presented to. Consequently, meaningful and important societal implications of this research project include an increase in understanding, sharing and highlighting (often underrepresented) voices and experiences, and increasing research attention towards an important, multidisciplinary topic.

This research also has some indirect socio-economic implications. By exploring the effects on pre-cursors to more serious mental health issues (low self-esteem, identity issues, body image issues etc.), this will hopefully reduce the development of more serious mental health issues that require National Health Service (NHS) treatment and reduce the strain on services such as CAMHS (Child and Adolescent

Mental Health Services). Moreover, by suggesting changes to policy and social media design and providing more information surrounding the impact of social media, the research will have an indirect impact on increasing understanding around the digital economy (patterns of consumption due to the impact of digital technology). Thus, this research can be considered impactful when also considering the broader, indirect contributions.

9.3.3: Educational contributions

When considering the educational influences of this research, there are clear contributors. The findings of this research can be used among council members and SCPs to inform policy and training, both of which have been suggested by SCPs themselves during public engagements and presentations of the research findings. Similarly, the findings can be utilised in professional social care meetings and in residential children's homes to support staff and improve their understanding of YP's experiences. For the CEYP, a visual display of the findings may make them feel like they are not alone in their feelings and that they can relate to others' experiences with social media and self-view (an in-person version of the beneficial social connectedness discussed in Studies 1 and 2), thus having a positive effect on their wellbeing whilst also increasing awareness and understanding.

While these findings can be used among SCPs, they can also be utilised in schools and educational settings. Again, the findings have the potential to contribute to curricula changes so that school curricula stay up to date with the digital world and how it is impacting YP. In addition to this, the findings could be displayed and

discussed in schools to increase awareness surrounding YP's experiences with social media and wellbeing (psychoeducation). As was found in the research, an increased awareness of this topic can act as a protective factor against the negative effects of social media and YP have a desire for more education and information on this topic too. Therefore, displaying this information in schools could act as a conversation-starter to put the desires expressed in this research into action, resulting in increased education and self-awareness of the potential psychological impact social media platforms can have.

9.3.4: Theoretical contributions

The theoretical contributions of this research are more minor than the contributions already discussed, yet still important. This research adds to the theoretical and academic literature by raising awareness and starting discussions about an underrepresented group in this research area. Referring back to the literature gaps mentioned in section 3.7: *Rationale and Literature Gaps* of this thesis, systematic reviews have called for more qualitative studies on mental wellbeing and social media, as well as a need to explore moderating aspects of wellbeing, such as self-esteem (Keles, McCrae & Grealish, 2020; Vesal & Rahimi, 2021). In this instance, this research has contributed to this gap in current literature by utilising qualitative methodology and exploring self-view as a moderating variable, both of which have resulted in rich data and analyses that contribute well to the existing literature. An example of this contribution is the publication of a condensed version of Study 2 in a Special Issue of the 'Youth' journal: 'Residential Care of Children and Young People' (Pepper, Perez Vallejos & Carter, 2023).

Additionally, as mentioned in the literature gaps section again, most research on social media and mental wellbeing is gathered from the general population and neglects CEYP. It is hoped that by including CEYP in this research, they feel empowered to make change and feel valued for contributing to research. Gathering data from an underrepresented population is also beneficial to the academic literature in developing our knowledge of CEYP's lived experiences and providing unique insight into this multidisciplinary research area. These insightful findings could also potentially be used to inform policymaking and design interventions (Vallejos et al., 2019).

9.3.5: Social media policy and design contributions

As explained above, the research findings from the three studies that make up this thesis could potentially be used to inform policymaking and design. These findings could contribute through increasing understanding, informing how current policy is understood, and highlighting whether any changes should be encouraged to ensure vulnerable YP are being considered. While it is understood that this research is small in terms of scale and generalisability, it offers valuable accounts of lived experiences and showcases how social media policy and design are impacting on real YP with and without lived experiences of the care system.

Equally, these findings can be applied to social media and technology designers by increasing understanding around which features of social media are having positive effects or negative effects on YP's mental health and wellbeing, thus potentially

contributing to changes in design, or at least suggesting changes that should occur. So, while again these contributions can be considered indirect in their nature, they are possible and encourage positive, contributory change to improve the wellbeing of YP.

9.4: Post-Research Impact Plans

Positive impact from the research findings will hopefully continue after this doctorate has been completed. The researcher plans to stay in touch with the stakeholders involved in this research project, such as Nottingham City Council, the Horizon Centre for Doctoral Training, and the eNurture Network. These contacts will assist in sharing and distributing the resources created from this research among their networks. Interaction with these resources could potentially be measured using QR (quick response) codes, public feedback, and sharing engagement via blog posts or posts on social media platforms. The resources could also be made downloadable and printable, which can again allow for interaction to be tracked and measured if needed.

Additionally, as school visits were conducted during the research for public engagement, these schools could be revisited where the resources could be shared and potentially displayed. As well as sharing the resources, the researcher will happily continue to meet with stakeholders about the research. For example, the researcher could facilitate learning from the material with the SCPs in council

meetings. Other impact-related actions could include liaising with artists, creators, or graphic designers to create more accessible and artistic visualisations of the findings.

9.5: Reflective Statement

I have learned many things throughout my doctoral journey and from the process of conducting a substantial research project from start to finish. Firstly, the most significant change has been my growth in adaptability and resilience. On a personal note, I tend to be a perfectionist who prefers to have a routine in place. So naturally, I found it very challenging having to complete a research project during a global pandemic when high levels of resilience were required. Although I had previous experience of research and was prepared to make changes to my research process, I struggled with the unpredictability of the pandemic and having to make significant changes constantly. As well as this, recruiting an already hard-to-reach population during the pandemic was very challenging and stressful. Despite this struggle, it helped to develop my resilience immensely. Now, I am much more aware of the importance of adaptability and accepting that changes during research are very likely to happen – and that this should be embraced and not dreaded.

Another development from this process has been my growth in discipline and self-management. Completing a doctorate over a long stretch of time with nobody forcing me to do the work resulted in having to develop my self-discipline considerably. This also included learning more about self-care and the balance between work and rest. Like many others, I went through stages of unhealthy

imbalances of too much work, and then the subsequent guilt that came with time away from work. While this was a complicated personal development and something that took a long time to master (and is still not perfect), it is an important experience to go through and a skill that will be invaluable when continuing with research projects or other employment in the future.

This doctorate also allowed ample time for self-reflection on how I view research and my positionality as a researcher. My thinking on the research topic flourished over time as I became more well-read and had time to reflect on the content and meaning. My positionality as a researcher developed from an initial reductive style of thinking to a more open-minded, constructive viewpoint. Once reading a lot about reflexivity in qualitative work, this also became a crucial part of my practice and conveyed the importance of transparency in research. As well as this, spending time listening to the lived experiences of CEYP had a significant impact on me and I felt proud that I had the opportunity to share these voices through this research project. And by doing so, I wanted to do these YP justice. I have thus become more mindful through reading and learning about different perspectives and lived experiences, whilst also reflecting on my own thinking and the way I interpret, analyse, and report data. Therefore, this doctoral journey has contributed considerably to my development and growth, both as a researcher and a person.

However, this journey has caused me to think more critically of the academic process. Like Wilson (2018) references, I have found it difficult to represent my research findings in a way that academics expect, i.e., in academic, peer-reviewed

journals. When reflecting on how I could share my findings, I found it very limiting to produce journal articles that summarised my qualitative, rich research; having to adhere to word limits and thus delete important information to meet these restrictions. Instead, I wanted to share the findings in more artistic, creative ways to broader audiences, although this was bound by academic pressures to produce publications and by the concern of sharing unpublished findings to wide audiences. So, this made me reflect and realise that in-depth, qualitative research is not always suited to academic journals, and the opportunities to represent these kinds of findings are limited.

9.6: Summary

This chapter detailed the outputs that have been and could be created as a result of the research in this doctorate. This includes visual aids and resources that can be used by YP, educators, caregivers, SCPs and so on. These outputs aim to encourage safer and healthier use of social media among YP by raising awareness and contributing information on how social media can impact YP's self-view and wellbeing. Then, contributions of the research were discussed, looking through multiple lenses such as societal, educational, and theoretical. Finally, post-research impact plans were highlighted, exploring different ways that positive impact could continue after the end of the research, and a short, reflective piece of writing from the researcher's perspective is presented.

Chapter 10. Conclusions

This thesis has presented novel findings that convey how social media use is impacting upon the mental health and wellbeing of both young people (YP) in general and care-experienced young people (CEYP). It provides initial insight into how this vulnerable group of YP are uniquely being affected by regular social use, and how we can protect their mental wellbeing. This thesis has presented evidence that social media can have bidirectional effects on YP's mental health, consistent with other, recent reports (5Rights Foundation, 2023; The U.S. Surgeon General's Advisory, 2023). Moreover, the findings have shown that these effects, in both cases of positive and negative effects, are exacerbated for CEYP. Therefore, this supports theoretical arguments that suggest this population are more vulnerable (Richardson & Lelliott, 2003; White, 2007), and further implies that this population may need additional psychological support when using social media. Other findings convey the impact of specific social media design features on mental wellbeing, protective factors that prevent or delay the occurrence of negative affect, the importance of age and development in this area, suggestions for improvement in policy and design, and an initial insight into the impact of Covid-19 on social media and wellbeing.

The comprehensive findings presented in this thesis have multiple, important implications. These include implications for the design of social media, specifically which design features are currently having positive or negative impacts upon YP's mental wellbeing and self-view and thus should be enhanced or improved. This implication aligns with a recent report by the 5Rights Foundation (2023), which

suggests that the government and the technology sector need to focus on the design of digital services such as social media, to ensure that these designs respect and recognise YP's rights. Additionally, there are implications for policies surrounding mental wellbeing and social media, as this research has shown the importance of age and development and suggests that changes need to be made regarding accountability, inclusivity, and shared responsibility.

Moreover, the research findings in this thesis demonstrate the desire for improved digital literacy education for both social care professionals (SCPs) and YP. Improved training material was suggested for SCPs, to bridge the knowledge gap between YP and older carers and to keep the professionals up to date with the ever-evolving social media platforms. In terms of education, the YP in this research reported a desire for more psychoeducation surrounding the potential psychological impact social media can have— compared to the current curricula which focuses on employment and privacy on social media — so they have an improved understanding and awareness of these areas to protect their own wellbeing. Likewise, the finding regarding the significance of age and developmental stage also influences this implication, as it suggests that this digital literacy education and psychoeducation should be implemented in early adolescence.

Therefore, this thesis makes numerous contributions through suggesting how social media design, policy, and education could be improved to better social media's impact on YP's mental health and wellbeing. This work has also contributed societally, by empowering YP through research and encouraging self-reflection.

Other contributions include educational, theoretical, and political, due to the academic contributions and suggestions that have been produced from the findings. There are practical contributions also, including the creation of resources for stakeholder and public use, which aim to start open conversations about YP's mental wellbeing and social media use, share underrepresented voices and lived experiences, and promote YP's agency.

Although this work can be considered an initial and important step in this research area towards including and understanding underrepresented voices, there is acknowledgement of the research limitations such as the small sample size and limited transferability. Consequently, there is a need for more exploratory and longitudinal studies in this area to add to these findings. Overall, this thesis contributes rich, detailed findings to a unique, multidisciplinary research area of mental wellbeing and self-view, social media use, and CEYP, that can be utilised by YP, caregivers, educators, social media companies, and policymakers, in the hope of making social media a more psychologically positive experience for YP.

Chapter 11. Bibliography

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Chapter 12. Appendices

Appendix A: Ethics approval letter.



**University of
Nottingham**
UK | CHINA | MALAYSIA

**Faculty of Medicine & Health Sciences
Research Ethics Committee**

Faculty Hub
Room E41, E Floor, Medical School
Queen's Medical Centre Campus
Nottingham University Hospitals
Nottingham, NG7 2UH
Email: FMHS-ResearchEthics@nottingham.ac.uk

17 February 2021

Cecily Pepper

Horizon CDT PhD Student
Division of Psychiatry and Applied Psychology
School of Medicine
Room B21, Yang Fujia Building
Jubilee Campus, Wollaton Road
Nottingham, NG8 1BB

Dear Cecily

Ethics Reference No: FMHS 137-1220 – please always quote	
Study Title: Social Media Study	
Chief Investigator/Supervisor: Dr Elvira Perez Vallejos, Associate Professor of Digital Technology and Mental Health, Digital Mental Health and Wellbeing, Psychiatry and Applied Psychology, Institute of Mental Health, School of Medicine.	
Lead Investigators/student: Cecily Pepper, Horizon CDT PhD Student, School of Medicine	
Other Key investigators: Dr Christopher Carter, Assistant Professor in Entrepreneurship and Innovation, Haydn Green Institute for Innovation and Entrepreneurship, Business School	
Proposed Start Date: 17/02/2021	Proposed End Date: 31/08/2022

Thank you for submitting the above application and the following documents were received:

- FMHS REC Application form and supporting documents version 1.0: 09.12.2020

These have been reviewed and are satisfactory and the project is approved.

Approval is given on the understanding that:

1. The protocol agreed is followed and the Committee is informed of any changes using a notice of amendment form (please request a form).
2. The Chair is informed of any serious or unexpected event.
3. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely

Dr John Williams, Associate Professor in Anaesthesia and Pain Medicine
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

Appendix B: Interview guide for Study 2

Interview Script for Study 2:

First, there will be an introduction from the researcher, saying something like this:
 “Hello, I am Cecily and this interview is part of a study I am doing about how social media makes us feel and how it may affect young people’s mental well-being. All your answers will be made private (anonymised), so no one will know they come from you, and you can stop the study at any time without any explanation if you ever feel uncomfortable. You can also skip questions if they make you feel uncomfortable too. There are no wrong or right answers, I am just interested in hearing your opinion and your experiences with using social media. Let’s agree to try and avoid saying your name and any other personal references, as that will help in keeping your interview private. But don’t worry too much if you say it by accident, I will just exclude that information when I process the data”.

Following this, there will be an icebreaker, where the researcher will ask the following questions:



	Questions
1	Do you use social media and how much?
2	What type of social media do you use?
3	Do you have a favourite and least favourite social media site?
4	Do you use different social media sites for different purposes? i.e. Instagram for photos, Twitter for news etc.

After this, the main part of the interview will start, with the following questions:

	Questions [Category]	Probes
1	How do you feel social media affects your self-esteem? [Self-esteem] - *might need to define-how you feel about yourself*	Do you feel it has a negative or positive effect?
2	Do you find yourself comparing yourself to others on social media? Is this in a negative or positive way? [Self-esteem and self-worth]	How does this make you feel about your own image and worthiness? Do you feel inspired when you compare, or do you feel less worthy?
3	Do you feel other people’s approval is important when posting things on social media? If so, why do you think this is? [Self-esteem and self-worth]	How do you feel when looking at feedback on your posts? How do you feel if you receive a lack of feedback or likes? Do you have a goal for the number of likes you receive? Would you

Social Media Study: Interview Script Study 2, version 1, Date: 09/12/2020

		consider taking down the post if it didn't meet these goals? What level of importance do 'likes' have for you?
4	How do you feel social media affects your identity and who you are as a person? [Identity]	Do comments or feedback ever make you feel like you should change your personality or what you wear or how you act? Do you ever adapt your personality or appearance to 'fit in' with what you see online? If so, why? Do you feel like you have a different personality or behave differently when you're online compared to offline/in-person?
5	Can you tell me a story about a time social media has made you feel unworthy or not good enough?	Why do you think it made you feel that way?
6	Can you tell me a story about a time social media has made you feel uplifted or positive about yourself?	Why do you think it made you feel that way?
7	Do you ever choose to use social media to help look after and improve your well-being? For example, if you're feeling low one day, do you use social media to help you feel better? If so, how? [Self-care]	Do you think social media could make this easier in any way? Or have any other features that would make this better?
Break (if participant would like one)		
8	Do you know any policies, guidelines or rules that are in place to make sure social media isn't having too much of a negative effect on young people's well-being? [Policy]	If they don't understand what a policy is, explain in simpler terms.
[After discussing current guidelines briefly and in simple terms]		
9	Do you feel like these are enough to make sure young people don't let social media make them feel bad about themselves to an extent where it's affecting their mental health? [Policy]	If not, do you have any ideas on how you would change them or new ones that you'd like to see?
10	How do you feel the lockdown has affected your emotional state and how you feel about yourself? [COVID impact]	Do you feel it has had a positive or negative effect? Why do you think this is? Do you think these effects will last a long time or do you think they will go when

		things “get back to normal”?
11	How do you feel the lockdown has affected your social media use? [COVID impact]	<p>Why do you think this has happened?</p> <p>How do you feel about any changes that have happened?</p> <p>Do you think these changes have affected your wellbeing during the lockdown and afterwards?</p>

For **looked after participants only**: [ACE resilience]

- How do you feel your childhood and being in care has affected your social media use?
- Do you think your personal experience has made you tougher and able to cope better with any negative effects? Or have your experiences made the negative effects of social media harder for you to deal with?
- Why do you think this is?

Finally, the researcher will thank the participant for their time, and ask if they have any further questions. The interview will then draw to a close.

Appendix C: Interview guide for Study 3

Interview Script for Study 3:

First, there will be an introduction from the researcher, saying something like this:
 “Hello, I am Cecily and this interview is part of a study I am doing about how social media may affect the mental well-being and self-view of vulnerable young people, and the effect of lockdown on these aspects too. All your answers will be anonymised, so no one will know they come from you, and you can withdraw at any time without any explanation if you ever feel uncomfortable. You can also skip questions if they make you feel uncomfortable too. There are no wrong or right answers, I am just interested in hearing your opinion and your experiences with looked after young people’s social media use. Let’s agree to try and avoid saying your name and any other personal references, as that will help in keeping your interview anonymous. But don’t worry too much if you say it by accident, I will just exclude that information when I process the data”.

	Questions	Probes
1	In your experience, what guidance have you noticed or been given around monitoring looked after young peoples’ social media use?	Do you feel there is a lack of guidance? Have you had to go with your instinct as a professional rather than having rules to follow? If you feel comfortable saying, can you describe how you have managed past experiences with looked after young peoples’ social media use? How has this come about? Were there concerns for their well-being so you felt the need to intercept?
2	Do you feel there needs to be more guidance on how, or even if, to monitor looked after young people’s social media use?	If so, do you have any suggestions on how this should be done?
3	How do you feel about current policies surrounding young people’s use of social media and mental health? *might differ depending on local authority- or dictated by court?	Do you feel they are adequate? Do you feel there is enough focus on vulnerable populations such as looked after young people?
4	How do you think social media impacts upon the self-view and mental well-being of looked after individuals?	Do you think there are both positive and negative aspects? If so, do you have any experience as to which social media features contribute to positive or negative outcomes?

Social Media Study: Interview Script Study 3, version 1, Date: 09/12/2020

5	Do you think social media platforms need to change their policies or designs in any way to ensure the well-being of vulnerable young people is being considered?	If so, do you have any ideas of the changes that could be made?
6	How do you feel lockdown has affected the mental health of looked after young people?	Do you feel it has had a positive or negative effect? Why do you think this is? Do you think these effects will last a long time or do you think they will go when things "get back to normal"?
7	How do you feel lockdown has affected the social media use of looked after young people?	Why do you think this has happened? How do you feel about any changes that have happened?
8	Do you think social media use and mental health are linked when considering the experience of lockdown?	If so, how?

Finally, the researcher will thank the participant for their time, and ask if they have any further questions. Remind them a voucher will follow via email. If you're interested in knowing the outcome of the research, please let me know and I will contact you. The timescales of completion haven't been finalised yet but I will email you when we have the results. The interview will then draw to a close.

Appendix D: Participant consent form for Study 1.

Participant Consent Form



About the Study

Researcher: Cecily Pepper

Supervisors: Dr Elvira Perez Vallejos & Dr Christopher Carter

This study explores how social media makes us feel about ourselves, including our self-esteem and sense of identity. Specifically, we want to find out if there are any features of social media platforms that are having either a positive or negative impact on how we see ourselves. The data collected from this study will hopefully help researchers to understand more about how social media affects our thoughts and feelings, so we can make sure social media is a happy and safe place for young people.

We need your consent before we can start the study. Please read through this form and the information sheet and ask any questions you have about the study, so you can be sure that you are happy to take part.

Consent

- ☒ I have read the Participant Information Sheet, I understand the study aims and what will happen, and I am happy to take part.
- ☐ I understand the purpose of the study and my involvement in it.
- ☐ I understand that I can withdraw from (stop taking part in) the study at any point without a reason and my information will then be deleted.
- ☐ I understand that things I say might be quoted and published in reports and presentations, but it will be anonymous, I will not be identified, and my personal details will be confidential.
- ☐ I understand that anything I say during the study will be kept confidential, unless I reveal something of concern that may put myself or anyone else at risk. It will then be necessary to report to the appropriate persons.

Social Media Study: Participant Consent Form for Study 1, version 1, Date: 09/12/2020

- ☐ I understand that what I say will need to be recorded, but any information that may be identifiable will be removed from the document produced from the recording.
- ☐ I understand that I will be discussing mental wellbeing and there is the potential that this may bring upsetting feelings.
- ☐ I understand that the information I provide may be reused for the sole purpose of future learning and research.
- ☐ I give permission for my information and things I say during this study to be used, copied, excerpted, annotated, displayed and distributed for presentations, academic reports, and publications.
- ☐ I understand that safeguards will be put in place to protect my identity and my information.
- ☐ I understand that information will be stored on secure computer systems with access restricted to the researchers only.
- ☐ I understand that no computer system is completely secure and that there is a risk that a third party could obtain a copy of my data.
- ☐ I understand that I can contact the researcher if I have any questions or worries, and that I can contact the University of Nottingham Faculty of Medicine & Health Sciences Research Ethics Committee if I want to make a complaint.

Opt-in:

- ☐ I am willing to be contacted in regard to participating in any related future studies.

Signed: Date:
(Participant)

Name: Age:

Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Ethnicity: ☐ Caucasian ☐ Black or African-American ☐ Latino or Hispanic
☐ Asian ☐ Other ☐ Prefer not to say

For the Researcher

I have supplied the participant and their carer/guardian with all the appropriate information and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

Signed: Date:
(Researcher)

Researcher details:

Name: Cecily Pepper

Email: cecily.pepper@nottingham.ac.uk

Appendix E: Guardian/Carer consent form for Study 1

Guardian/Carer Consent Form



About the Study

Researcher: Cecily Pepper

Supervisors: Dr Elvira Perez Vallejos & Dr Christopher Carter

This study explores how social media makes young people feel about themselves, including their self-esteem and sense of identity. Specifically, we want to find out if there are any features of social media platforms that are having either a positive or negative impact on how young people see themselves. The data collected from this study will hopefully help researchers to understand more about how social media affects young peoples' mental wellbeing and self-view, so we can make sure social media is a happy and safe place for young people.

We need your consent before we can start the study. Please read through this form and the information sheet and ask any questions you have about the study, so you can be sure that you are happy for the child to take part.

Consent

- ☒ I have read the Participant Information Sheet, I understand the study aims and what will happen, and I am happy for the child to take part.
- ☐ I understand the purpose of the study and the child's involvement in it.
- ☐ I understand that the child can withdraw from the study at any point without a reason and their information will then be deleted.
- ☐ I understand that things the child says might be quoted and published in reports and presentations, but it will be anonymous, they will not be identified, and their personal details will be confidential.

- ☐ I understand that anything the child says during the study will be kept confidential, unless they reveal something of concern that may put themselves or anyone else at risk. It will then be necessary to report to the appropriate persons.
- ☐ I understand that what the child says will need to be recorded, but any information that may be identifiable will be removed from the document produced from the recording.
- ☐ I understand that the child will be discussing mental wellbeing and there is the potential that this may bring upsetting feelings.
- ☐ I understand that the information the child provides may be reused for the sole purpose of future learning and research.
- ☐ I give permission for the child's data during this study to be used, copied, excerpted, annotated, displayed and distributed for presentations, academic reports, and publications.
- ☐ I understand that safeguards will be put in place to protect the child's identity and information.
- ☐ I understand that information will be stored on secure computer systems with access restricted to the researchers only.
- ☐ I understand that no computer system is completely secure and that there is a risk that a third party could obtain a copy of the child's data.
- ☐ I understand that I can contact the researcher if I have any questions or worries, and that I can contact the University of Nottingham Faculty of Medicine & Health Sciences Research Ethics Committee if I want to make a complaint.

Opt-in:

- ☐ I am willing for the child to be contacted in regard to participating in any related future studies.

Signed: Date:
(Guardian/Carer)

Name:

Name of child:

Social Media Study: Guardian/Carer Consent Form for Study 1, version 1, Date: 09/12/2020

For the Researcher

I have supplied the participant and their carer/guardian with all the appropriate information and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

Signed: Date:
(Researcher)

Researcher details:

Name: Cecily Pepper

Email: cecily.pepper@nottingham.ac.uk

Appendix F: Participant Information Sheet for Study 1

Participant Information Sheet



University of
Nottingham
UK | CHINA | MALAYSIA

About the Project

This project is a series of studies that will explore:

- How social media makes you feel about yourself and how it might affect your wellbeing
- What you think about the rules and guidelines that help to monitor how social media influences our thoughts and feelings
- How lockdown has affected your feelings and how often you use social media.

Why have I been invited to take part?

We have invited young people aged between 13 and 25 years old who use social media because we want to find out how you think social media might be affecting young people's thoughts and feelings, in either a positive or negative way. To find this out, we need to ask the young people who are actually using social media, rather than asking older people what they think about it.

Do I have to take part?

Participation in this project is voluntary, so you don't have to take part if you don't want to. You should read this information sheet carefully, so you feel you know enough about the project to decide whether you are happy to take part. Please ask questions to any member of the research team if you have any. |

Are there any possible risks of taking part?

There could be some risks in taking part in this project and it is important to think about these before deciding that you are happy to take part. While most people feel happy to talk about their thoughts and feelings, some people might struggle with this and find it embarrassing or upsetting. Please think about whether you would be happy to talk about how social media makes you feel about yourself, such as things like your self-esteem. If you feel like this would be upsetting for you, you do not have to take part in the project.

Are there any benefits of taking part?

There will be no direct benefit to you, but your contribution will be useful and valuable to the researchers who want to try and make sure social media is a safe place for young people from different backgrounds. You will be compensated for your time in the project with a £10 Amazon gift voucher for each study you take part in (maximum £20).

What will happen to me if I take part?

The project will take place online over video call. Once you have read the information sheet, are happy to continue, and consent forms have been signed, a date and time for the study will be arranged with yourself and you will receive an invite to the video call.

When the video call starts, the researcher will introduce herself and ask if you have any questions and still feel comfortable in taking part. The study will then begin, and you will be asked to log in to a social media platform of your choice while staying in the video call. You will be asked to browse through your social media and discuss, as it happens, which features of the platform are having a positive or negative impact on how you feel about yourself, specifically: your self-esteem, self-worth and your idea or sense of identity. You will be asked to freely think out-loud and try to be as honest as you can about how you are feeling while browsing your social media. You may be asked to browse several social media platforms if you use them frequently.

After 30 minutes (or when you feel there are not any more feelings to discuss from browsing, or no more material to browse), there will be a short interview to discuss what was said and to clarify any queries the participant or researcher have. There will be no wrong or right answer, and you can skip a question if it makes you feel uncomfortable in any way. If you feel like you need a break at any time you can do so, just let the researcher know. Or if you decide you no longer want to take part during the study, that is also fine, you would just have to let the researcher know.

You will then be thanked for your time. Once the video call is terminated, you can still ask any questions by getting in touch with the researcher. You will then receive your Amazon voucher after the interview electronically in an email.

What happens to the data (information) gathered in the project?

The things we discuss in the studies will be recorded and the researcher might take some notes while you are talking too. Everything you say will be anonymous, so nobody will be able to identify

Social Media Study: Information Sheet for Study 1, version 1, Date: 09/12/2020

you from what you have said. You will have the option to choose a fake-name to go by (within sensible reason!) which may then be used in reports if what you say is quoted.

Your data will be stored in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, on a password-protected server at the University of Nottingham. The data will be stored for a minimum of 7 years, its storage will be reviewed at the end of this research project and then every 2 years after the end of the project. Access will be restricted to include only those who are directly involved with the research. All your data (audio, notes, and personal information) will be stored not by using your name but with an anonymous identification number that cannot be directly traced back to you.

The project ultimately aims to publish its findings in academic journals and conferences. In the consent form, you will be given the option to consent to having anonymous quotes used in relevant scientific publications and presentations. If you decide to consent to this, the chosen quotes may be shown in scientific publications and presentations as example results. If you do not consent to this, your information will be used in our analysis, but they will not be shown or made public under any circumstance.

What will happen to the results of the research?

The results of this research may be published at relevant conference proceedings and/or scientific journals. The results will also become a part of a student thesis which upon successful submission will be deposited both in print and online in the University archives, to facilitate its use in future research.

What will happen if I don't want to carry on with the project?

You may withdraw your consent at any stage of the study. If you decide this, all of the information you've provided will be erased. However, this may have a limited effect if publication has already happened.

Who will know that I am taking part in this project?

Data will be used for research purposes only and in accordance with the General Data Protection Regulations. Any audio digital recordings and electronic data will be anonymised with a code as detailed above. All such data are kept on password-protected databases sitting on a restricted

access computer system and any paper notes the researcher takes will have no personal or identifiable information on and would only be accessed by the research team.

Under UK Data Protection laws the University is the Data Controller (legally responsible for the data security) and the Chief Investigator of this study is the Data Custodian (manages access to the data). This means we are responsible for looking after your information and using it properly. Your rights to access, change or move your information are limited as we need to manage your information in specific ways to comply with certain laws and for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personally-identifiable information possible. You can find out more about how we use your information and read our privacy notice at:

<https://www.nottingham.ac.uk/utilities/privacy.aspx/>

Designated individuals of the University of Nottingham may be given access to data for monitoring and/or audit of the study to ensure we are complying with guidelines.

With your consent, we will keep your personal information on a secure database in order to contact you for future studies.

Who has reviewed this project?

All research involving people is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Faculty of Medical and Health Sciences (FMHS) Research Ethics Committee.

Who is organising and funding the project?

The chief investigator of this study is Dr Elvira Perez Vallejos from the University of Nottingham. The project is being funded by the Horizon CDT, the Nottingham Biomedical Research Centre, and the Andrew and Virginia Rudd Centre for Adoption Research and Practice.

What if there is a problem?

If you have a concern about any aspect of this project, please speak to the researcher (Miss Cecily Pepper) who will do her best to answer your query. The researcher will acknowledge your concern and give you an indication of how she intends to deal with it. If you remain unhappy and wish to complain formally, you can do this by contacting the FMHS Research Ethics Committee Administrator via Email: FMHS-ResearchEthics@nottingham.ac.uk.

Contact details:

If you would like to discuss the research with someone beforehand, or if you have questions afterwards, please contact:

Cecily Pepper

Email: cecily.pepper@nottingham.ac.uk

Participant Consent Form



About the Study

Researcher: Cecily Pepper

Supervisors: Dr Elvira Perez Vallejos & Dr Christopher Carter

This study explores how social media makes us feel about ourselves, how we feel about the guidelines around social media and our wellbeing, and how we feel the lockdown has affected these things. The data collected from this study will hopefully help researchers to understand more about how social media affects our thoughts and feelings, so we can make sure social media is a happy and safe place for young people.

We need your consent before we can start the study. Please read through this form and the information sheet and ask any questions you have about the study, so you can be sure that you are happy to take part.

Consent

- ☒ I have read the Participant Information Sheet, I understand the study aims and what will happen, and I am happy to take part.
- ☐ I understand the purpose of the study and my involvement in it.
- ☐ I understand that I can withdraw from (stop taking part in) the study at any point without a reason and my information will then be deleted.
- ☐ I understand that things I say might be quoted and published in reports and presentations, but it will be anonymous, I will not be identified, and my personal details will be confidential.
- ☐ I understand that anything I say during the study will be kept confidential, unless I reveal something of concern that may put myself or anyone else at risk. It will then be necessary to report to the appropriate persons.

- ☐ I understand that what I say will need to be recorded, but any information that may be identifiable will be removed from the document produced from the recording.
- ☐ I understand that I will be discussing mental wellbeing and there is the potential that this may bring upsetting feelings.
- ☐ I understand that the information I provide may be reused for the sole purpose of future learning and research.
- ☐ I give permission for my information and things I say during this study to be used, copied, excerpted, annotated, displayed and distributed for presentations, academic reports, and publications.
- ☐ I understand that safeguards will be put in place to protect my identity and my information.
- ☐ I understand that information will be stored on secure computer systems with access restricted to the researchers only.
- ☐ I understand that no computer system is completely secure and that there is a risk that a third party could obtain a copy of my data.
- ☐ I understand that I can contact the researcher if I have any questions or worries, and that I can contact the University of Nottingham Faculty of Medicine & Health Sciences Research Ethics Committee if I want to make a complaint.

Opt-in:

- ☐ I am willing to be contacted in regard to participating in any related future studies.

Signed: Date:
(Participant)

Name: Age:

Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Ethnicity: ☐ Caucasian ☐ Black or African-American ☐ Latino or Hispanic
☐ Asian ☐ Other ☐ Prefer not to say

For the Researcher

I have supplied the participant and their carer/guardian with all the appropriate information and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

Signed: Date:
(Researcher)

Researcher details:

Name: Cecily Pepper

Email: cecily.pepper@nottingham.ac.uk

Appendix H: Guardian/carers consent form for Study 2

Guardian/Carer Consent Form



About the Study

Researcher: Cecily Pepper

Supervisors: Dr Elvira Perez Vallejos & Dr Christopher Carter

This study explores how social media makes young people feel about themselves, how they feel about the guidelines around social media and mental health, and how they feel the lockdown has impacted upon these aspects. The data collected from this study will hopefully help researchers to understand more about how social media affects young peoples' mental wellbeing and self-view, so we can make sure social media is a happy and safe place for young people.

We need your consent before we can start the study. Please read through this form and the information sheet and ask any questions you have about the study, so you can be sure that you are happy for the child to take part.

Consent

- ☒ I have read the Participant Information Sheet, I understand the study aims and what will happen, and I am happy for the child to take part.
- ☐ I understand the purpose of the study and the child's involvement in it.
- ☐ I understand that the child can withdraw from the study at any point without a reason and their information will then be deleted.
- ☐ I understand that things the child says might be quoted and published in reports and presentations, but it will be anonymous, they will not be identified, and their personal details will be confidential.
- ☐ I understand that anything the child says during the study will be kept confidential, unless they reveal something of concern that may put themselves or anyone else at risk. It will then be necessary to report to the appropriate persons.

Social Media Study: Guardian/Carer Consent Form for Study 2, version 1, Date: 09/12/2020

- ☐ I understand that what the child says will need to be recorded, but any information that may be identifiable will be removed from the document produced from the recording.
- ☐ I understand that the child will be discussing mental wellbeing and there is the potential that this may bring upsetting feelings.
- ☐ I understand that the information the child provides may be reused for the sole purpose of future learning and research.
- ☐ I give permission for the child's data during this study to be used, copied, excerpted, annotated, displayed and distributed for presentations, academic reports, and publications.
- ☐ I understand that safeguards will be put in place to protect the child's identity and information.
- ☐ I understand that information will be stored on secure computer systems with access restricted to the researchers only.
- ☐ I understand that no computer system is completely secure and that there is a risk that a third party could obtain a copy of the child's data.
- ☐ I understand that I can contact the researcher if I have any questions or worries, and that I can contact the University of Nottingham Faculty of Medicine & Health Sciences Research Ethics Committee if I want to make a complaint.

Opt-in:

- ☐ I am willing for the child to be contacted in regard to participating in any related future studies.

Signed: Date:
(Guardian/Carer)

Name:

Name of child:

For the Researcher

I have supplied the participant and their carer/guardian with all the appropriate information and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

Signed: Date:
(Researcher)

Researcher details:

Name: Cecily Pepper

Email: cecily.pepper@nottingham.ac.uk

Appendix I: Participant information sheet for Study 2

Participant Information Sheet



About the Project

This project is a series of studies that will explore:

- How social media makes you feel about yourself and how it might affect your wellbeing
- What you think about the rules and guidelines that help to monitor how social media influences our thoughts and feelings
- How lockdown has affected your feelings and how often you use social media.

Why have I been invited to take part?

We have invited young people aged between 13 and 25 years old who use social media because we want to find out how you think social media might be affecting young people's thoughts and feelings, in either a positive or negative way. To find this out, we need to ask the young people who are actually using social media, rather than asking older people what they think about it.

Do I have to take part?

Participation in this project is voluntary, so you don't have to take part if you don't want to. You should read this information sheet carefully, so you feel you know enough about the project to decide whether you are happy to take part. Please ask questions to any member of the research team if you have any.

Are there any possible risks of taking part?

There could be some risks in taking part in this project and it is important to think about these before deciding that you are happy to take part. While most people feel happy to talk about their thoughts and feelings, some people might struggle with this and find it embarrassing or upsetting. Please think about whether you would be happy to talk about how social media makes you feel about yourself, such as things like your self-esteem. If you feel like this would be upsetting for you, you do not have to take part in the project.

Are there any benefits of taking part?

There will be no direct benefit to you, but your contribution will be useful and valuable to the researchers who want to try and make sure social media is a safe place for young people from different backgrounds. You will be compensated for your time in the project with a £10 Amazon gift voucher for each study you take part in (maximum £20).

What will happen to me if I take part?

The project will take place online over video call. Once you have read the information sheet, are happy to continue, and consent forms have been signed, a date and time for the study will be arranged with yourself and you will receive an invite to the video call.

When the video call starts, the researcher will introduce herself and ask if you have any questions and still feel comfortable in taking part. The interview will then begin, and you will be asked questions all about how social media makes you feel about yourself, the rules on social media about wellbeing, and how you think lockdown might have affected your feelings and social media use. There will be no wrong or right answer, and you can skip a question if it makes you feel uncomfortable in any way. If you feel like you need a break at any time you can do so, just let the researcher know. Or if you decide you no longer want to take part during the study, that is also fine, you would just have to let the researcher know.

After the interview, you will be thanked for your time and have the opportunity to ask any questions. Once the video call is terminated, you can still ask any questions by getting in touch with the researcher. You will then receive your Amazon voucher after the interview electronically in an email.

What happens to the data (information) gathered in the project?

The things we discuss in the studies will be recorded and the researcher might take some notes while you are talking too. Everything you say will be anonymous, so nobody will be able to identify you from what you have said. You will have the option to choose a fake-name to go by (within sensible reason!) which may then be used in reports if what you say is quoted.

Your data will be stored in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, on a password-protected server at the University of Nottingham. The data will be stored for a minimum of 7 years, its storage will be reviewed at the end of this research

Social Media Study: Information Sheet for Study 2, version 1, Date: 09/12/2020

project and then every 2 years after the end of the project. Access will be restricted to include only those who are directly involved with the research. All your data (audio, notes, and personal information) will be stored not by using your name but with an anonymous identification number that cannot be directly traced back to you.

The project ultimately aims to publish its findings in academic journals and conferences. In the consent form, you will be given the option to consent to having anonymous quotes used in relevant scientific publications and presentations. If you decide to consent to this, the chosen quotes may be shown in scientific publications and presentations as example results. If you do not consent to this, your information will be used in our analysis, but they will not be shown or made public under any circumstance.

What will happen to the results of the research?

The results of this research may be published at relevant conference proceedings and/or scientific journals. The results will also become a part of a student thesis which upon successful submission will be deposited both in print and online in the University archives, to facilitate its use in future research.

What will happen if I don't want to carry on with the project?

You may withdraw your consent at any stage of the study. If you decide this, all of the information you've provided will be erased. However, this may have a limited effect if publication has already happened.

Who will know that I am taking part in this project?

Data will be used for research purposes only and in accordance with the General Data Protection Regulations. Any audio digital recordings and electronic data will be anonymised with a code as detailed above. All such data are kept on password-protected databases sitting on a restricted access computer system and any paper notes the researcher takes will have no personal or identifiable information on and would only be accessed by the research team.

Under UK Data Protection laws the University is the Data Controller (legally responsible for the data security) and the Chief Investigator of this study is the Data Custodian (manages access to the data). This means we are responsible for looking after your information and using it properly. Your rights to access, change or move your information are limited as we need to manage your information in specific ways to comply with certain laws and for the research to be reliable and accurate. To

Social Media Study: Information Sheet for Study 2, version 1, Date: 09/12/2020

safeguard your rights, we will use the minimum personally-identifiable information possible. You can find out more about how we use your information and read our privacy notice at:

<https://www.nottingham.ac.uk/utilities/privacy.aspx/>

Designated individuals of the University of Nottingham may be given access to data for monitoring and/or audit of the study to ensure we are complying with guidelines.

With your consent, we will keep your personal information on a secure database in order to contact you for future studies.

Who has reviewed this project?

All research involving people is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Faculty of Medical and Health Sciences (FMHS) Research Ethics Committee.

Who is organising and funding the project?

The chief investigator of this study is Dr Elvira Perez Vallejos from the University of Nottingham. The project is being funded by the Horizon CDT, the Nottingham Biomedical Research Centre, and the Andrew and Virginia Rudd Centre for Adoption Research and Practice.

What if there is a problem?

If you have a concern about any aspect of this project, please speak to the researcher (Miss Cecily Pepper) who will do her best to answer your query. The researcher will acknowledge your concern and give you an indication of how she intends to deal with it. If you remain unhappy and wish to complain formally, you can do this by contacting the FMHS Research Ethics Committee Administrator via Email: FMHS-ResearchEthics@nottingham.ac.uk.

Contact details:

If you would like to discuss the research with someone beforehand, or if you have questions afterwards, please contact:

Cecily Pepper

Email: cecily.pepper@nottingham.ac.uk

Appendix J: Signposting information

Just in case...

If anything we have talked about has triggered a sad or overwhelming feeling, TELL SOMEONE YOU TRUST. You may find it helpful to talk to an adult or a friend you trust about your thoughts. They may be concerned about you and welcome the opportunity to hear what you have to say. If this is not possible, you may prefer to talk to someone else you can trust, for example any professionals or carers that you may be working with.

You can find out more about friendships and how to tell your friends on the Mental Health Foundation [friendships page](#).

If you are concerned that you are developing a mental health problem you should [seek the advice and support of your GP](#) and tell an adult you trust as a matter of priority. If you are in distress and need immediate help, you should call [111](#). If you are unhappy with your own doctor, you can ask to see another doctor at the same practice or seek further information from the [NHS Choices](#) website. It may be useful to ask an adult you trust to help with this.

Below are details on services and organisations that offer help and support directly to people who are struggling to cope:

Talk to the Samaritans

Whatever you're facing, Samaritans are here to listen.

Call free, day or night, on [116 123](tel:116123)

Or email jo@samaritans.org.uk

Shout 85285 Helpline

[Shout 85258](#) is a free, confidential, 24/7 text message support service for anyone who is feeling overwhelmed or is struggling to cope. The service is staffed by trained volunteers who will work with you to take your next steps towards feeling better. They can help with issues such as stress, suicidal thoughts, anxiety, worry and relationship problems and are there to talk at any time of day or night.

Text SHOUT to 85258.

Talk with Kooth

Kooth are an online mental wellbeing service for adolescents. It's a 24/7 service that also provides crisis intervention. Follow the link to watch a video on how Kooth works [Home - Kooth](#)

Most of all, be kind to yourself. Remember things that you have done in the past when feeling low that helped to improve how you felt and try them again. It's ok to feel sadness, the world is often cruel, it's how we respond that counts.

Do You Use Social Media?

We are looking for young people to take part in online studies discussing how social media affects our mental wellbeing...



⇒ Are you aged 13-18?

⇒ Are you interested in discussing how social media can make us feel good or bad about ourselves?

⇒ Find out more information at: cecilypepper.co.uk

Amazon Voucher
offered for your
time!

Contact Cecily Pepper if you are
interested in taking part:
cecily.pepper@nottingham.ac.uk

Are you a **care-experienced young person** aged 13-25?

Do you use **social media** regularly?

Are you open to discussing your **mental health** and social media use?

We would like to hear about your **experiences and thoughts** on the impact of social media on mental health and how we could make social media a **safer and happier** place for young people

We are running an **interview discussion** followed by an **activity**, both **online**

We are **flexible** on time and dates, so please let us know when suits you best

Amazon vouchers are offered as a thank you for your time

More information and contact details:

 www.cecilypepper.co.uk

 cecily.pepper@nottingham.ac.uk

 @CecilyPepper_



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 The University of Nottingham
UNITED KINGDOM • CHINA • MALAYSIA

 **EPSRC**
Engineering and Physical Sciences Research Council

 **horizon**
CENTRE FOR DOCTORAL TRAINING

Appendix L: Participant consent form for Study 3

Participant Consent Form



About the Study

Researcher: Cecily Pepper

Supervisors: Dr Elvira Perez Vallejos & Dr Christopher Carter

This project explores how social media makes young, looked after people feel about themselves, including their self-esteem and sense of identity, and how the COVID-19 lockdown has affected this too. In this study, we want to explore how frontline social care professionals feel about the current policies surrounding social media use and mental wellbeing, and again how you feel the lockdown has affected both the mental health of looked after young people and their social media use. The data collected from this study will hopefully help researchers to understand more about how social media affects young peoples' mental state and self-view, so we can make sure social media is a happy and safe place for young people.

We need your consent before we can start the study. Please read through this form and the information sheet and ask any questions you have about the study, so you can be sure that you are happy to take part.

Consent

- ☐ I have read the Participant Information Sheet, I understand the study aims and what will happen, and I am happy to take part.
- ☐ I understand the purpose of the study and my involvement in it.
- ☐ I understand that I can withdraw from the study at any point without a reason. In this instance, all of my personal data will then be deleted. However, I understand that this may have limited effect if undertaken after results publication.

- ☐ I understand that things I say might be quoted and published in reports and presentations, but it will be anonymous, I will not be identified, and my personal details will be confidential.
- ☐ I understand that anything I say during the study will be kept confidential, unless I reveal something of concern that may put myself or anyone else at risk. It will then be necessary to report to the appropriate persons.
- ☐ I understand that what I say will need to be recorded, but any information that may be identifiable will be removed from the document produced from the recording.
- ☐ I understand that the data I provide may be reused for the sole purpose of future learning and research.
- ☐ I give permission for my data during this study to be used, copied, excerpted, annotated, displayed and distributed for presentations, academic reports, and publications.
- ☐ I understand that safeguards will be put in place to protect my identity and the data I provide.
- ☐ I understand that my data will be stored on secure computer systems with access restricted to the researchers only.
- ☐ I understand that no computer system is completely secure and that there is a risk that a third party could obtain a copy of my data.
- ☐ I understand that I can contact the researcher if I have any questions or worries, and that I can contact the University of Nottingham Faculty of Medicine & Health Sciences Research Ethics Committee if I want to make a complaint.

Opt-in:

- ☐ I am willing to be contacted in regard to participating in any related future studies.

Signed: _____ Date: _____
(Participant)

Name: _____ Age: _____

Gender: ☐ Male ☒ Female ☐ Other ☐ Prefer not to say

Ethnicity: ☐ Caucasian ☐ Black or African-American ☒ Latino or Hispanic
 ☒ Asian ☐ Other ☐ Prefer not to say

For the Researcher

I have supplied the participant and their carer/guardian with all the appropriate information and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

Signed: _____ Date: _____
 (Researcher)

Researcher details:

Name: Cecily Pepper

Email: cecily.pepper@nottingham.ac.uk

Appendix M: Participant information sheet for Study 3

Participant Information Sheet



University of
Nottingham
UK | CHINA | MALAYSIA

About the Project

This project is a series of studies that will explore:

- How social media affects the mental wellbeing of young people and how lockdown has impacted upon this, with a focus on looked after young people aged between 13 and 18 years old
- What you, as a frontline social care professional, think about the current policies and guidelines surrounding the mental health implications of social media, and how you feel the COVID-19 lockdown has affected young people in terms of mental wellbeing and social media use.

Why have I been invited to take part?

We have invited frontline social care professionals in order to hear your opinion on the current policies in place on social media platforms regarding the mental health of young people, especially vulnerable young people like those in care. We believe this is important as it seems there is confusion around how, and to what extent, to monitor care-users' social media use due to the impact on their safety and mental health.

Do I have to take part?

Participation in this project is voluntary, so you don't have to take part if you don't want to. You should read this information sheet carefully, so you feel you know enough about the project to decide whether you are happy to take part. Please ask questions to any member of the research team if you have any.

Are there any possible risks of taking part?

There are minimal risks involved in taking part in this project. While most people feel happy to talk about mental health and wellbeing as a topic, some people might struggle with this and worry it may bring up negative feelings around their own mental health. Please take some time to consider this so you can make an informed choice about whether you will be happy to take part in the project.

Are there any benefits of taking part?

There will be no direct benefit to you, but your contribution will be useful and valuable to the researchers who want to try and make sure social media is a safe place for young people from different and vulnerable backgrounds. You will be compensated for your time in the project with a £10 Amazon gift voucher.

What will happen to me if I take part?

The project will take place online over video call. Once you have read the information sheet, are happy to continue, and consent forms have been signed, a date and time for the study will be arranged with yourself and you will receive an invite to the video call.

When the video call starts, the researcher will introduce herself and ask if you have any questions and still feel comfortable in taking part. The interview will then begin, with the researcher asking a set of questions about how you feel regarding social media, mental wellbeing and the policies and guidelines surrounding these. You will also be asked about how you feel lockdown has affected both the mental health and social media use of young, looked after people. There will be no wrong or right answer, and you can skip a question if it makes you feel uncomfortable in any way. If you feel like you need a break at any time you can do so, just let the researcher know. Or if you decide you no longer want to take part during the study, that is also fine, you would just have to let the researcher know.

You will then be thanked for your time and asked if you have any questions. Once the video call is terminated, you can still ask any questions by getting in touch with the researcher. You will then receive your Amazon voucher after the interview electronically in an email.

What happens to the data gathered in the project?

The things we discuss in the studies will be recorded and the researcher might take some notes while you are talking too. Everything you say will be anonymous, so nobody will be able to identify you from what you have said. You will have the option to choose a pseudonym (fake-name) to go by which may then be used in reports if what you say is quoted.

Your data will be stored in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, on a password-protected server at the University of Nottingham. The data will be stored for a minimum of 7 years, its storage will be reviewed at the end of this research

project and then every 2 years after the end of the project. Access will be restricted to include only those who are directly involved with the research. All your data (audio, notes, and personal information) will be stored not by using your name but with an anonymous identification number that cannot be directly traced back to you.

The project ultimately aims to publish its findings in academic journals and conferences. In the consent form, you will be given the option to consent to having anonymous quotes used in relevant scientific publications and presentations. If you decide to consent to this, the chosen quotes may be shown in scientific publications and presentations as example results. If you do not consent to this, your information will be used in our analysis, but they will not be shown or made public under any circumstance.

What will happen to the results of the research?

The results of this research may be published at relevant conference proceedings and/or scientific journals. The results will also become a part of a student thesis which upon successful submission will be deposited both in print and online in the University archives, to facilitate its use in future research.

What will happen if I don't want to carry on with the project?

You may withdraw your consent at any stage of the study. If you decide this, all of the information you've provided will be erased. However, this may have a limited effect if publication has already happened.

Who will know that I am taking part in this project?

Data will be used for research purposes only and in accordance with the General Data Protection Regulations. Any audio digital recordings and electronic data will be anonymised with a code as detailed above. All such data are kept on password-protected databases sitting on a restricted access computer system and any paper notes the researcher takes will have no personal or identifiable information on and would only be accessed by the research team.

Under UK Data Protection laws the University is the Data Controller (legally responsible for the data security) and the Chief Investigator of this study is the Data Custodian (manages access to the data). This means we are responsible for looking after your information and using it properly. Your rights to access, change or move your information are limited as we need to manage your information in specific ways to comply with certain laws and for the research to be reliable and accurate. To

safeguard your rights, we will use the minimum personally-identifiable information possible. You can find out more about how we use your information and read our privacy notice at:

<https://www.nottingham.ac.uk/utilities/privacy.aspx/>

Designated individuals of the University of Nottingham may be given access to data for monitoring and/or audit of the study to ensure we are complying with guidelines.

With your consent, we will keep your personal information on a secure database in order to contact you for future studies.

Who has reviewed this project?

All research involving people is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Faculty of Medical and Health Sciences (FMHS) Research Ethics Committee.

Who is organising and funding the project?

The chief investigator of this study is Dr Elvira Perez Vallejos from the University of Nottingham. The project is being funded by the Horizon CDT, the Nottingham Biomedical Research Centre, and the Andrew and Virginia Rudd Centre for Adoption Research and Practice.

What if there is a problem?

If you have a concern about any aspect of this project, please speak to the researcher (Miss Cecily Pepper) who will do her best to answer your query. The researcher will acknowledge your concern and give you an indication of how she intends to deal with it. If you remain unhappy and wish to complain formally, you can do this by contacting the FMHS Research Ethics Committee Administrator via Email: FMHS-ResearchEthics@nottingham.ac.uk.

Contact details:

If you would like to discuss the research with someone beforehand, or if you have questions afterwards, please contact:

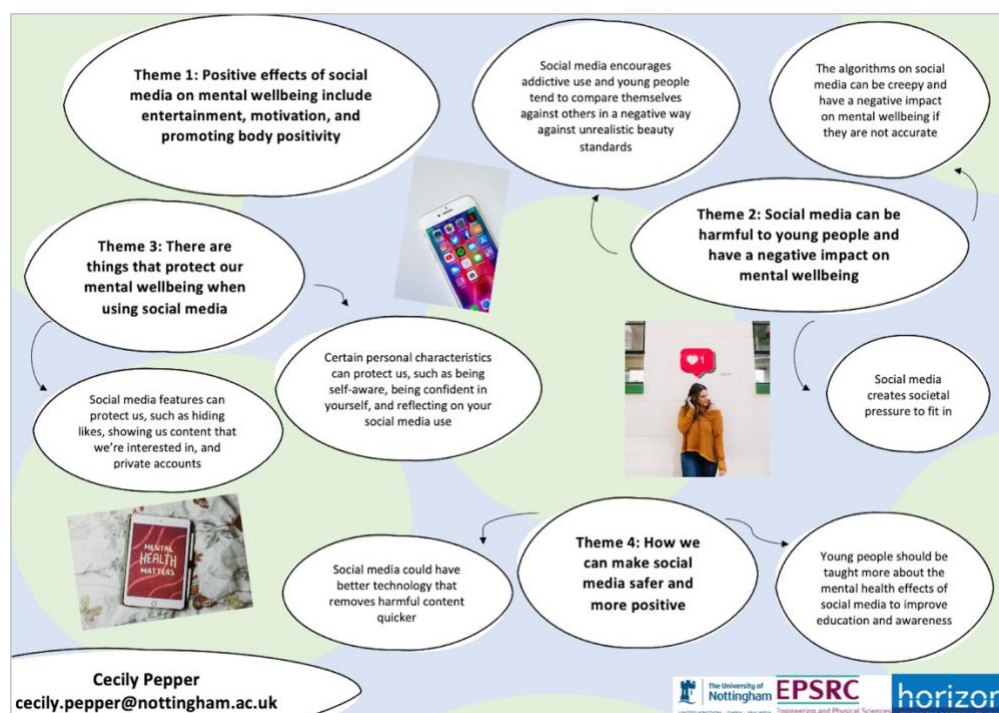
Cecily Pepper

Email: cecily.pepper@nottingham.ac.uk

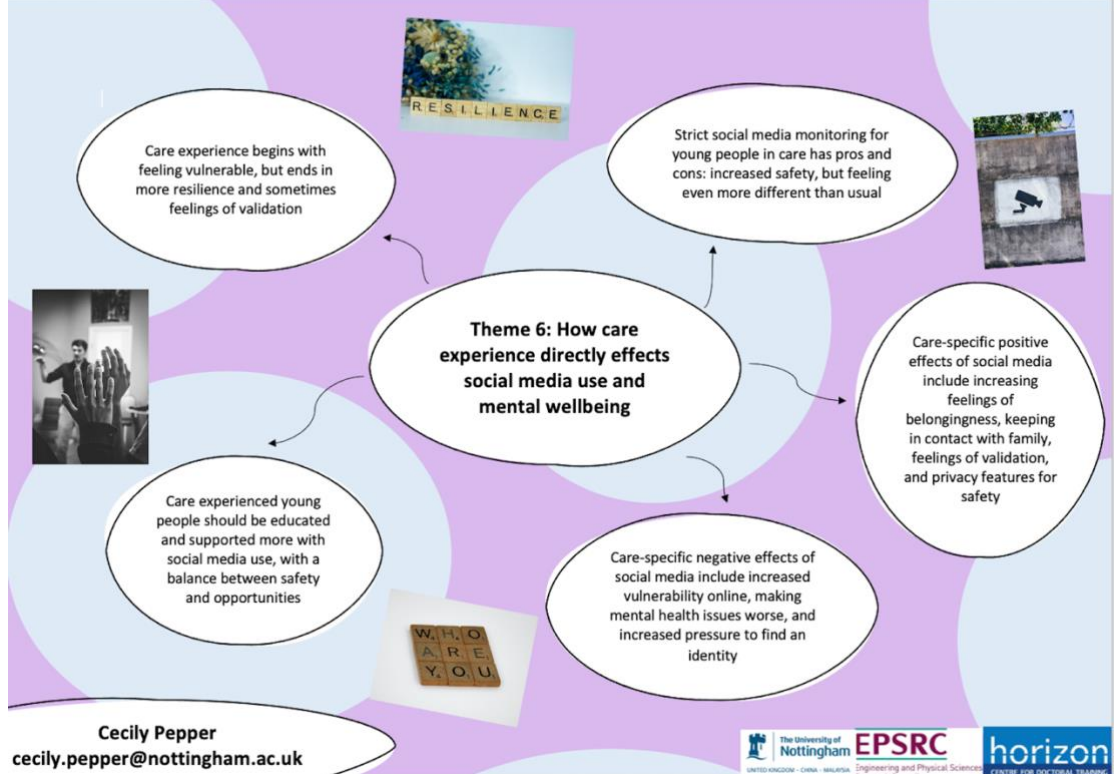
Appendix N: Study 1 member-checking poster for the care-experienced group



Appendix O: Study 1 member-checking poster for the general population group



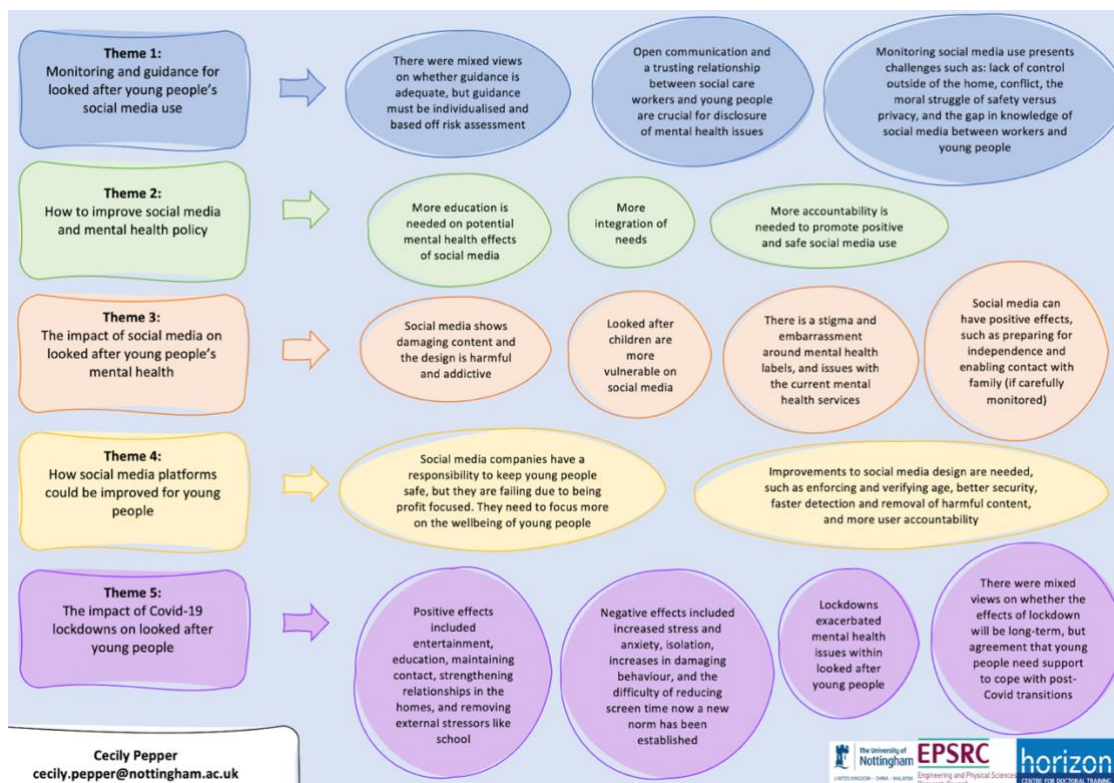
Appendix P: Study 2 member-checking posters for the care-experienced group



Appendix Q: Study 2 member-checking poster for the general population group



Appendix R: Study 3 member-checking poster



Appendix S: Member-checking email templates

Member-check email template for SCPs:

Subject: Feedback on research findings

Hi [name],

You may remember taking part in my research about social media and looked after young people's mental health and wellbeing. The findings from the study have now been analysed and I'd really appreciate any feedback you have on the data. If you'd like to give feedback and review the findings, please click on the link below and follow the instructions on the form. This is completely voluntary, so please don't feel pressured to do so. Please **do not share** the findings or posters to anybody else, as the findings have not been published yet. Form: <https://sway.office.com/UJ9U3jtfjWwH64eK?ref=Link>

If you have any questions about the data, please don't hesitate to email me.

Many thanks,
Cecily

Member-check email template for Gen Pop group: - adapt if px only took part in one study

Subject: Feedback on research findings

Hi [parent/carer name],

[if under 16 and sending to parents/carers: You may remember [name of child] taking part in my research about mental health and wellbeing. I am now in the stage of the research called member-checking, where participants are asked to reflect on the findings of the research. Please pass the message below onto [name of child] to see if they are interested in offering feedback. Thank you!]

Hi [px name],

You may remember taking part in my research about social media and young people's mental health and wellbeing. The findings from the studies have now been analysed and I'd really appreciate any feedback you have on the data. If you'd like to give feedback and review the findings, please click on the links below (one per study) and follow the instructions on the form. This is completely voluntary, so please don't feel pressured to do so. Please **do not share** the findings or posters to anybody else, as the findings have not been published yet.

Forms: <https://sway.office.com/GYUyA9fNpi0sqfby?ref=Link>
<https://sway.office.com/KQECZCFURulvzkRM?ref=Link>

If you have any questions about the data, please get in touch.

Many thanks,
Cecily

Member-check email template for CEP group: - adapt if px only took part in one study

Subject: Feedback on research findings

Hi [parent/carer name],

[if under 16 and sending to parents/carers: You may remember [name of child] taking part in my research about mental health and wellbeing. I am now in the stage of the research called member-checking, where participants are asked to reflect on the findings of the research. Please pass the message below onto [name of child] to see if they are interested in offering feedback. Thank you!]

Hi [px name],

You may remember taking part in my research about social media and young people's mental health and wellbeing. The findings from the studies have now been analysed and I'd really appreciate any feedback you have on the data. If you'd like to give feedback and review the findings, please click on the links below (one per study) and follow the instructions on the form. This is completely voluntary, so please don't feel pressured to do so. Please **do not share** the findings or posters to anybody else, as the findings have not been published yet.

Forms: <https://sway.office.com/9P0HK5OLHGyX8VjL?ref=Link>
<https://sway.office.com/GCmKLEooBCeCFCAG?ref=Link>

If you have any questions about the data, please get in touch.

Many thanks,
Cecily