

Final

Barnardo's SHR

Brief 2: Supporting young carers with isolation & loneliness

May 2021

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1 Introduction

1.1 Background and approach

This brief identifies learning and good practice principles for **supporting young carers with isolation and loneliness**. It is informed by data collected by the Barnardo's led See, Hear, Respond (SHR) programme which was commissioned by the Department for Education.

SHR was funded between June 2020 and March 2021. It brought together a consortium of national and community-based charities and other partners to provide assistance to over 100,000 vulnerable children, young people, and their families, who had been adversely affected by the COVID-19 pandemic.

The overarching evaluation found evidence that despite challenging circumstances **the programme was a success, reaching more children** than anticipated and **achieving positive outcomes** for most of the participants.

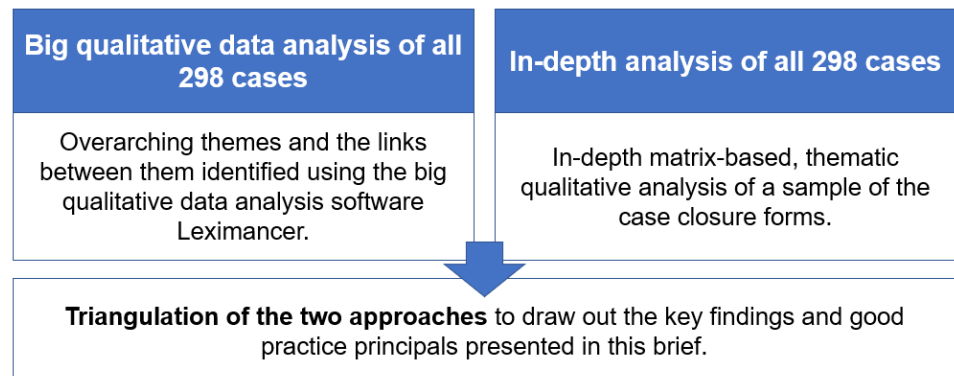
This brief is based on **case closure forms completed by SHR practitioners during phase 1 of the programme, i.e. between June and November 2021**. They completed open text answers describing:

1. **The work they undertook** with children, young people and families, i.e. the types of approach used to deliver support.
2. **Key areas of learning and outcomes** from the work they delivered with children and young people.

This brief is based on a **qualitative analysis of the case closure forms for 298¹ children and young people** who were identified by SHR as being in a core priority support group of "Young Carers" who were identified as having the support need "isolation and loneliness" by the programme. Figure 1 provides a summary of our approach to analysis that has informed this brief.

¹ A further 469 did not contain data and so are excluded from this figure (e.g. those stating 'N/A').

Figure 1: Summary of analysis approach



1.2 About this Brief

The following brief presents:

- Good practice principles for supporting young carers experiencing isolation and loneliness.
- Types of need experienced by young carers experiencing isolation and loneliness.
- Examples of support provided by SHR.
- Outcomes achieved by SHR for young carers.

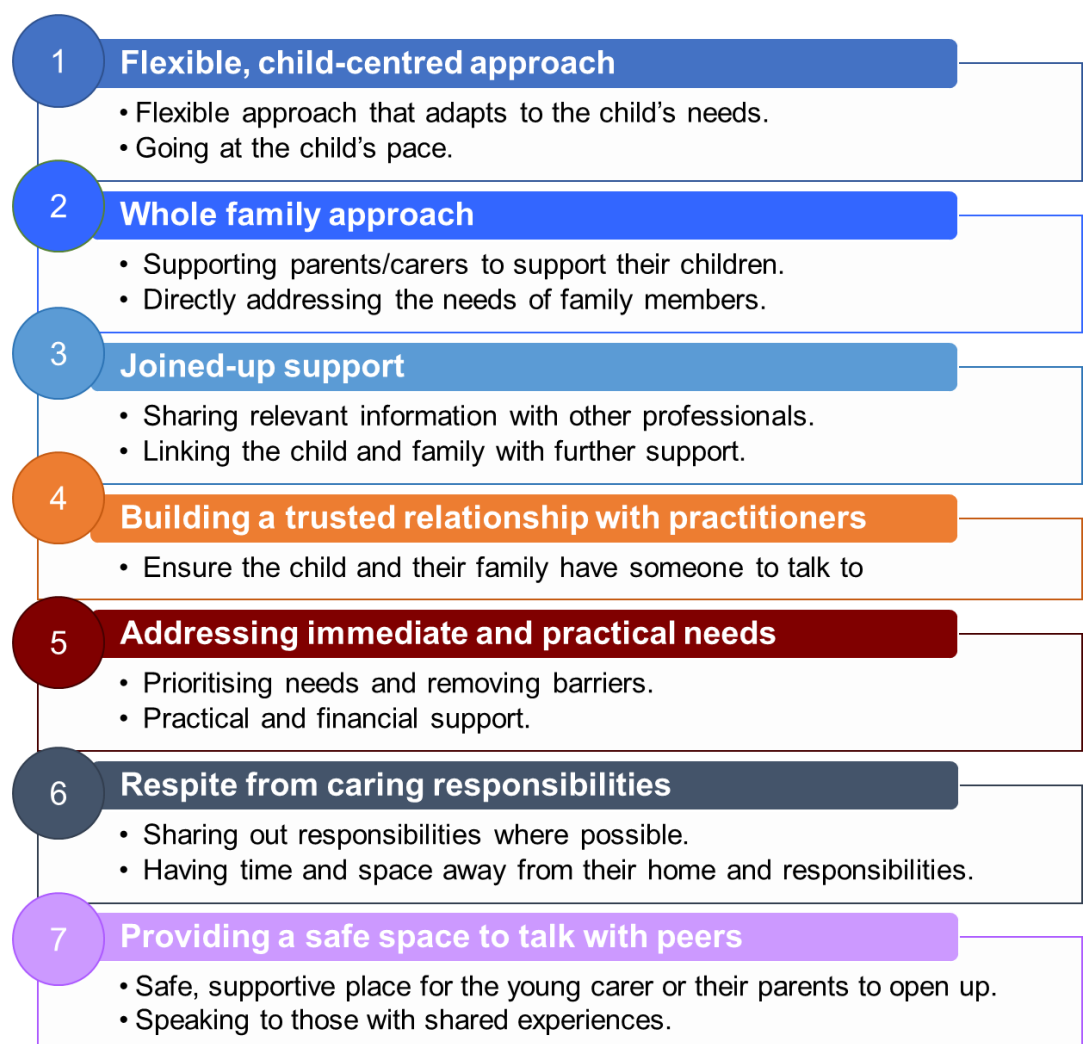
The findings in this report are illustrated with 'quotes' and case studies taken from the Practitioner case closure notes. In these quotes and case studies all names of parents, carers, children and young people have been changed to preserve their anonymity.

2 Good practice principles

2.1 Seven key good practice principles

The analysis of practitioners' case closure forms identified seven good practice principles for supporting young carers to address isolation and loneliness. These are summarised in Figure 2. More about each of these is set out in the following sections.

Figure 2: Seven good practice principles for supporting young carers to address isolation and loneliness



2.2 Flexible, child-centred approach

Practitioners' notes indicated how important it is to **understand the individual child and tailor the support to them**. For example, a few practitioners mentioning how the sessions were delivered **at the child's pace** and led by them:

'Young people advised on what they would find helpful and I devised and delivered these sessions.'

'Each session was led by what Bailey² and Ryan wanted to do. We would always take them to get some food then they could decide if they wanted to come back to [centre] or go to a local park.'

The young carers had **a range of needs**, not just isolation and loneliness. The support provided was often tailored around these additional needs. For example, some young carers had special educational needs, with one practitioner highlighting the importance of taking this into account when delivering support:

'The need to work creatively with young people on the spectrum who are also young carers.'

Some others suggested that their understanding of the needs of the young carer and their family changed as they got to know the family and consequently impacted on the support offered. One practitioner described how the **ability to be flexible** resulted in better tailored support:

'This was one of the early SHR respond referrals we received and was put through as a strand 3. However, on exploration with the parent they felt that they needed to talk through their concerns. Having discussed the packages with the SHR coordinator I feel as a service we are now clearer on what the expectations are regarding the packages of support and how we can change / add to this as required to suit the needs of the families.'

Case study: Samira's reintegration into education

Samira is 17 years old and a young carer and had been **struggling with education** and whether she wanted to continue onto her A Levels.

'Samira chose not to go back to school after receiving a "bad predictive grade". She lost enthusiasm since not receiving the grades she wanted or needed and felt COVID had messed up her chances of going to 6th form/college.'

² This name, and all subsequent names of parents, carers, children and young people, have been changed to preserve anonymity.

This was compounded by the fact **her Mum was discouraging her from attending college**, partly due to their challenges at home and how she had come to **rely on Samira's help with her siblings**.

'Her mum had started to rely on her to help care for her siblings whilst her school was on lockdown and she didn't feel she could go back. Her mum was not enthusiastic about Samira going back into education. She felt pressure to leave education earlier than she wanted.'

Samira was given the **space to talk through her worries and goals** during one-to-one in person meetings, helping her decide her next steps and giving her the confidence to go for them.

'Face to face meetings helped improve her confidence and encouraged her to talk to mum about returning to education.'

Support also involved her Mum and helped her think of long-term solutions to the family's care needs. Outcomes reported by the practitioner included improved family stability and increased awareness of support systems including childcare funding options.

2.3 Whole family approach

Tailoring to the individual child also meant **understanding and involving their families**:

'Working with the family demonstrated an importance of listening to the family and being led by their needs, which can be met by support systems that family might already have in place. Listening to the family's story enables more creative thinking and a better tailored intervention.'

An important part of this was **understanding the specific caring responsibilities of the child and their family members**, as this could vary significantly.

Other practitioner notes gave examples of **involving the young carer's family in the activities** they provided:

'After speaking to Mum and Cian, we thought they would both benefit from taking part in group activities that we have to offer. He wanted to take part in boxing, and football sessions. Mum came along and watched him play. These sessions were really beneficial for Cian, as he seemed to come out of his shell. He also made more friends during these sessions. He felt much happier as he was in a relaxed atmosphere. He also found this to be really mentally stimulating. Mum found this therapeutic to see her son in such a calm manner.'

Case study: Noah's whole family support to reduce tension

Noah is 14 years old and **helps care for his younger sister**. He lives with his parents and siblings, as well as his extended family who help look after Noah when his parents regularly take his sister to hospital. Noah 'doesn't get along with them' though and wishes he could spend more time with his immediate family. **Further tension is caused within the house due to lack of space.**

'He is currently struggling with a lot at home and doesn't know how to deal with any of it [...] Everyone in the house is always getting in each other's way, and this causes tension amongst one another.'

Noah's parents were **struggling to meet the needs of each of their children.**

'Both of his parents feel like they are neglecting their boys, but they don't know what to do [...].'

Support was also given to **help stop tension building within the house and ensure the family was spending quality time together regularly.**

'We spoke to mum and Noah and came up with strategies on how they can all make each other feel better. [...]

- *They should come up with plans as family to spend time with each other. Sometimes the boys can go with their mum and dad to [the hospital].*
- *We told them that the boys need to be doing more sport activities, even if it's in the garden or in the park. It controls their anger and helps with their frustration.*
- *Family bonding time needs to take place. They need to be playing more board games with one another.*
- *And they also need to sit down once a week or once every 2 weeks to discuss how they are feeling. This way everyone's emotions are not bottled up and everyone can advise one another.'*

The practitioner worked with the family to find an outdoor activity for Noah to participate in. This really helped Noah cope.

'He made a lot of friends during these group activities and he was happy to be out of his house [...]. Being part of boxing helped eliminate his isolation. It also helped with his frustration and anger.'

2.4 Joined-up support

Practitioners' case closure notes indicated that they took steps to **ensure support was sustainable long term**. This included both **working with the existing support systems the young carer had, such as their schools, and linking them and their families up with further support**.

For example, part of one practitioner's approach included:

'Liaising with a support worker who had a good relationship with the school to put a mentor in place to offer additional support.'

Whilst another described how they set up ongoing support for both the young carer and her Mum:

'Holistic approach was taken, we supported the whole family with the issues which were impacting them the most. Mum is feeling better due to the referrals made to additional support services (Women's Aid) and Dana is engaging well in afterschool positive activities.'

Even **simply knowing the support was out there and how to find it had a positive effect** on young carers and their families.

'The services available for young people helped Hilary to realise that he is not alone on his journey of self-discovery. He felt a sense of relief knowing that he can contact the services and find the right one for him.'

2.5 Building a trusted relationship with practitioners

Practitioners' notes indicated the importance of **having someone there the young carer and their family were happy to talk to and felt supported by**. This was aided by building rapport and a trusting relationship with the young carer.

'Lucy needs a point of contact. A person she trusts to keep her engaged.'

One-to-one work was a key part of this. This one-to-one support was sometimes provided within a group setting, with one practitioner noting:

'Although part of a group of peers, Billy really gels with the adult volunteer mentor who was able to offer him both physical and verbal assistance when he required, and allowed him time to talk and express his feelings if that's what he was inclined to do.'

Practitioners' relationships with the young carers' parents or carers were also important. Despite the short-term nature of the SHR support packages, many practitioners seemed to be able to achieve this.

2.6 Addressing immediate and practical needs

Identifying the priority of needs of children was described as an important step in delivering support. Before more long term or complex needs could be addressed, some **immediate, short term needs were identified and supported**.

This often took the form of **practical and financial support**, such as providing hot meals or hand sanitiser and face masks.

It helped improve young carers and their family's day to day lives, **reducing their worries** and allowing them to focus more on, for example, their emotional wellbeing.

Case study: Rini's support to become more confident

Rini, a young carer, moved into a new flat at the start of lockdown with her younger sister who has autism and mental health needs. She also recently became a single mum and has been **struggling with her own mental health**.

'Since lockdown and having the baby she has found herself struggling with her own mental health trying to look after her sister and her baby. She says she has very little sleep, feels stressed, low and isolated with having no friends or additional family to help support her or the sister.'

She has been **struggling financially to provide for her baby and sister** as 'her benefits go towards the household bills and then there is very little left', so immediate support was found to tackle this. Access to a local food bank was arranged and supplies for the baby were donated, but **larger and more long-term solutions were coordinated** as well.

'We have been able to access the crisis fund to do an Asda shop that would support them over a longer period and be an additional add-on to the food banks. We have supported the young person in making a claim to universal credit and investigated any additional benefits that could be available [...]. We have supported her to talk to her amenities providers to see if they can support or reduce her monthly bills.'

One-to-one support and advice were given to Rini to help her cope with her anxieties. This included addressing worries around COVID-19.

'Established safe and healthy relationships by offering 1-1 support to build confidence and self-esteem. Offered encouragement to communicate worries in a positive setting. Implemented strategies to maintain regular sleeping patterns, healthy diet and regular exercise. Offered explanation about

the ongoing changes to government guidelines to alleviate worry and stress.'

Rini is now feeling **more confident and supported** and has been linked with a local centre to get further guidance on being a new mum.

'Rini now feels more confident and in control of things and feels that she has a good balance with supporting her sister and looking after her baby.'

2.7 Respite from caring responsibilities

A key approach when working with young carers is ensuring they have **sufficient respite from their caring responsibilities where possible, something that became harder during lockdown**.

This can range from having a healthy routine at home so that responsibilities are spread out between family members where possible, to attending activities away from home. **Activities outside the home** gave the young carers a break, allowing them to have fun in a controlled, supportive environment.

'Accessing the activities was a good strategy for Kimiko as she enjoyed mixing with others again. She wasn't at home doing housework and she could go home and tell her mum and siblings what she had been doing. She really enjoyed this and it gave her something to get dressed for, something to look forward to.'

When families were included in activities, some practitioners noted the **importance of ensuring the young carer had a proper break**. A couple of practitioners described noticing the young carers being worried for and supporting their sibling, for example, when participating in activities.

'We separated her from her brothers wherever possible so that she had time to herself and didn't feel responsible for them, which worked well.'

2.8 Providing a safe space to talk with peers

Across both one-to-one and group approaches, practitioners' notes indicated that an important element of effective support was **providing a safe, supportive space for the young carer or their parent to open up**. One practitioner described the benefits of the group discussions they organised:

'Young people enjoy having their say in the decisions around topics but also a safe place to say things without judgement. [...] Young people like to have a safe place where they can be free to express themselves but also have fun and play whilst learning/talking about their feelings and things going on in the world.'

Another practitioner highlighted the importance of having **this space separate from their families**, especially during COVID-19 times, describing a key part of their approach being:

'Having someone to talk to and trust, on a routinely weekly basis, who is separate from family, during period of isolation where she can't speak to any friends.'

Having this safe space allowed young carers and their families to **open up about their feelings and worries**. For some this meant being able to talk about COVID-19 worries and the impact it has had, whilst a few mentioned major life events they had experienced, such as the loss of a loved one. Group sessions also gave an opportunity for young carers to **speak to those with shared experiences**, helping them feel less alone.

'Belinda shared her emotional story with the group and for the first time was able to speak openly about her loss and how hard it was for her to grieve in a household where she was a prime carer for her (late) grandma and continues to care for her aunty who has mental health issues.'

3 Needs of young carers

3.1 Summary of needs

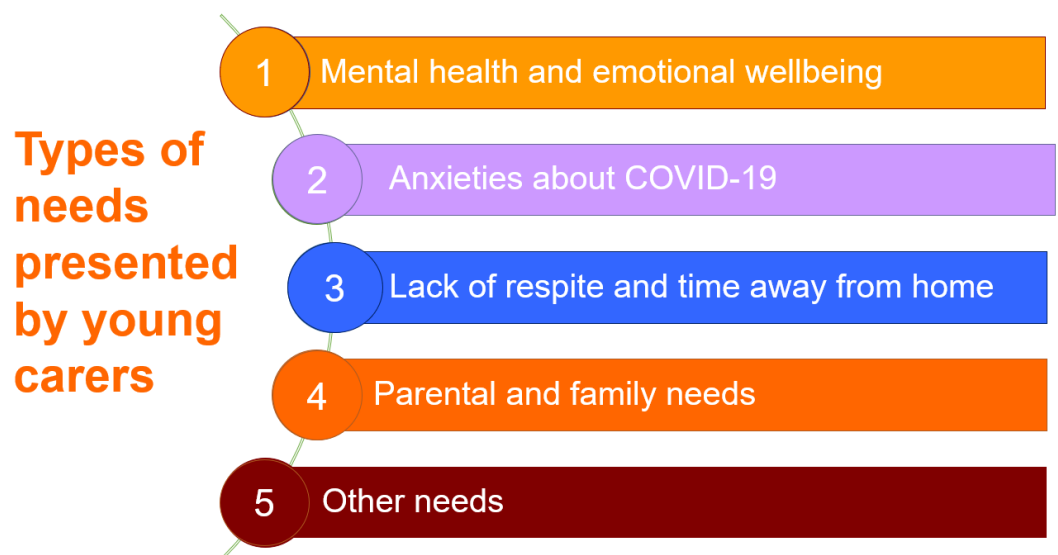
This brief focuses specifically on young carers supported by SHR who reported experiencing isolation and loneliness. This was the case for most of the young carers in the SHR programme (72%), and young carers were also more likely to present with this need than the overall cohort (51%)³.

These young carers presented with **a range of interlinked needs that affected both their school and personal lives**. Health was mentioned frequently in the notes with links to other medical concepts such as 'hospitals', 'patients' and 'care', reflecting this cohorts' caring responsibilities. However, a range of other concepts were found, indicating that support needs were broader than this.

Assessment of needs was done before the support was given. However, some practitioners described how **further needs, or changes to them, arose during delivery**.

This section presents the types of needs which were reported by practitioners in their notes, as outlined in Figure 3 below. It also explores how COVID-19 created or exacerbated some needs.

Figure 3: Key needs mentioned in practitioners' case closure forms

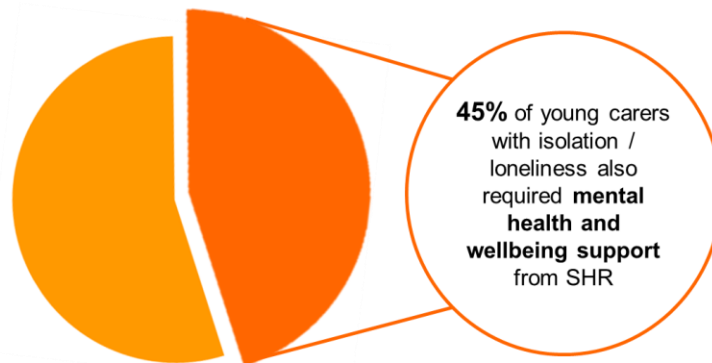


³ 72% of children and young people supported by SHR within the "young carers" core priority group had "isolation and loneliness" identified as a support need (base n=1,058), compared with 51% of all children supported by the programme for whom needs data was available (base n=14,448).

3.2 Mental health and emotional wellbeing

Figure 4 shows that nearly half of the young carers with isolation or loneliness who received support also fell within the core priority group "Children requiring mental health and wellbeing support".⁴

Figure 4: Young carers' mental health needs



Practitioners reported addressing specific needs such as:

- Anxiety
- Stress
- Poor emotional regulation
- Low confidence and self-esteem

A few practitioners' notes included how the young carer's anxiety was linked to **worries about the health of the family member they care for:**

'This young carer's mother is terminally ill. Her fear of further worsening Mum's condition is causing great anxiety.'

However, worries and emotional wellbeing issues mentioned in practitioners' notes encompassed a range of issues. For example, one practitioner mentioned helping a young carer access support for his Obsessive Compulsive Disorder (OCD), whilst another young carer had anxiety around returning to school:

'Previous bullying and the need to shield with Mum through the first lockdown had caused great anxiety around returning to school.'

⁴ Base n = 767 (all young carers with isolation and loneliness reported as a need, including those who had no information given in the two open response questions analysed for this brief).

3.3 Anxieties about COVID-19

Young carers have been affected in a range of ways by the COVID-19 pandemic and its associated restrictions. The concepts co-occurring with COVID-19 reflected how it **impacted on young people's feelings of isolation, as well as their caring responsibilities.**

Practitioners' notes revealed the specific ways COVID-19 has affected young carers. This included how **staying at home has meant changes to routines, as well as anxieties about leaving the house.** For example, some young carers were confused by the changing government guidelines, especially when returning to school.

'Young people have advised that the second lockdown has been difficult & confusing as it doesn't match what they are doing in schools. They find it confusing that they can be with all their friends at school but only 1 person outside of school.'

Specifically, for young carers COVID-19 has also meant **increased anxieties about the health of the family members they care for.**

'Jodie was terrified of bringing covid home after shielding with her family. She needed to feel in control at school and able to manage doing what she could do to protect her family.'

3.4 Lack of respite and time away from home

Practitioners indicated that **young carers are often isolated and need more opportunities to have a break from their responsibilities.** This issue has been compounded by the COVID-19 restrictions, resulting in opportunities for respite from caring responsibilities being reduced or lost completely.

Practitioners wrote about how this has contributed to young carers' loneliness and isolation, and often caused tension at home. Some of their normal support structures were disrupted or lost.

For example, a few practitioners described how **socialising at school had been an important outlet for the young carers:**

'Carrie has a lot of care responsibilities at home, and this excluded her from a social life, so used school as a place to socialise rather than to learn.'

For some the lack of respite has been **compounded by them needing to shield with their family**, and a few practitioners mentioned some parents were restricting their children's movements due to COVID-19 concerns.

'Mehreen doesn't want to go to school as she is scared of covid, and she doesn't like that she isn't able to mix with her friends. She hasn't been able to see her friends while she has been at home. This is due

to her Dad not letting her and siblings out of the house. This has made Mehreen feel very withdrawn and unhappy.'

3.5 Parental and family needs

In order to support young carers, practitioners described the importance of **addressing their family's needs as well**. This included **understanding the specific care situation and responsibilities of each family member**, as these could vary greatly. For example, some were helping their parents care for a sibling, whilst others were the sole carer of a parent or grandparent. One practitioner stated their key learning was:

'How much support is also needed for parents especially single parent households.'

Examples of the parental and family needs:

- Parent's own mental health affecting the child.
- Struggling to establish a routine at home that worked for everyone.
- Lack of quality time as a family.
- Conflict between parent and child.
- Guilt of parents who need caring support from their children.

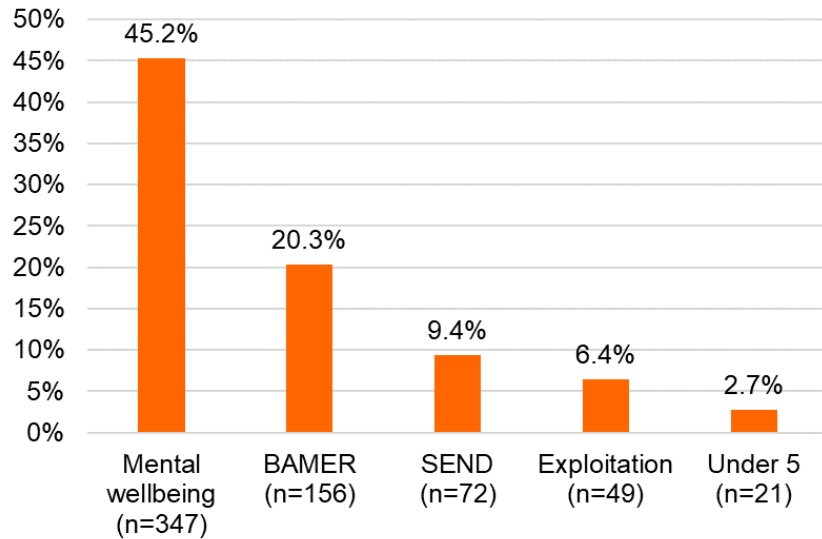
One practitioner described their work with a young carer as including:

'Understanding of the family background, and why the young person is living with her grandmother. Identifying the support networks which are in place for her grandma. Supporting the grandma to let the young person be independent whilst ensuring they are safe.'

3.6 Other needs

Some of the **young carers being supported with isolation and loneliness were also in other core priority groups for SHR, including** 'Children requiring mental health and wellbeing support' (as discussed in section 3.2 above) and/or being Black, Asian, Minority Ethnic and Refugee (BAMER):

Figure 5: Proportion of all young carers with isolation and loneliness as a need who are in other core priority groups (n = 767)



Other, less commonly occurring needs children required support for included:

- Domestic abuse.
- Substance misuse issues amongst the young people.
- Bullying.
- Bereavement. In relation to bereavement, one practitioner noted:

'She has lost her beloved grandma, is suffering with her own undiagnosed chronic illness, stressed with her education and future employment / training prospects and due to her being absent from education for long periods of time she has also lost vital connections with her peers. Therefore, her support network has decreased and she did not want to bother anyone else.'

4 Support provided to young carers

4.1 Summary of support

A range of practitioners with different support offers worked young carers and their families through the SHR programme. Figure 6 lists some of the ways they helped which are discussed within this section.

Figure 6: Key types and areas of support mentioned in practitioners' case closure forms



Practitioners supported young carers experiencing isolation and loneliness in a range of ways, both face-to-face and virtually, with methods including:

- One-to-one zoom calls.
- Phone calls with parents.
- Sports (e.g. boxing).
- Therapeutic counselling.

The importance of offering virtual support for young carers

One practitioner noted how virtual methods were essential for some in this cohort due to the **severity of their family member's health conditions** and the **impact catching COVID-19** would have:

'As a single parent household the impact of covid on [the] Mum's health would be catastrophic so the decision was that virtual learning at home was the in the best interest of this family.'

Another practitioner emphasised how **virtual group sessions were still worth doing if face-to-face ones were not possible:**

'If young people in the future are struggling to attend a physical group that they do respond well and get a lot from a virtual group.'

Provision of support often **involved the child's school and other support providers, as well as the young carer and their family.** The specific types of support provided are discussed in more detail below.

Some practitioners in their notes reported that a few **young carers did not end up receiving support** due to them, or their parents, not engaging despite multiple attempts. One practitioner noted that it is *'hard to engage family with no existing relationship'* and another commented:

'Attempted both 1:1 and group approaches to encourage the young person, but they preferred to remain in their classes.'

4.2 **Mental health and emotional wellbeing support**

As mentioned in section 3.2, almost half of this cohort were identified as having mental health and emotional wellbeing needs. These were addressed across the range of support provided. However, practitioners often mentioned more targeted approaches. This included **counselling as well as other less structured therapeutic discussions.**

Practitioners commonly mentioned equipping the young carers and their families with **copng strategies.**

Specific techniques of coping strategies included:

- Breathing techniques.
- Mindfulness and meditation.
- Distraction techniques.

'Tools to manage anxiety can make such a difference to a young person's mental health, it gives them back control.'

One practitioner also mentioned recommending a mindfulness app, Wysa, to a few young carers, showing another way young people can be given tools to cope and a way of doing this virtually:

'Jodie found the breathing exercises really useful and liked the Wysa app as it felt like having a chat with someone outside of their sessions who could give advice and ideas to distract themselves from worrying.'

Mental health and emotional wellbeing support were often given one-to-one but sometimes **involved the young carer's family**, for example one practitioner mentioned conducting a 'family workshop on anxiety' with a few families. Other times this support was **directed at the parents' needs** instead.

4.3 COVID-19 information and guidance

Worries around COVID-19 and its impact were discussed with the young carers and their families. Practitioners' notes mentioned that a few parents and young carers were so worried that they did not want to go back to school or leave the house.

Families were given **explanations about the government guidance and safety measures put in place**. Practical advice, and sometimes equipment such as masks, were also provided to families.

'Farhan was given a hygiene pack, which consisted of a face mask, wipes, and hand sanitiser. So, he was able to use essentials at school. This eliminated some of his fears. He was also given some additional information on how to stay safe throughout covid.'

Having a **space to talk about these worries** was important and practitioners used the time to ensure the young carers understood how to feel safe in their day to day lives. One practitioner described their work as covering:

'Topics included guidance on Covid restrictions & how to cope during a second lockdown by having a good support network and resources which can be free & used/played at home alone or with family.'

4.4 Building routines

Day to day routines were developed and implemented for young carers and their families to **help with mental wellbeing and counteract the disruption caused by COVID-19** restrictions.

Routines developed focussed on:

- Healthy eating.
- Sleeping.
- Exercise, such as regular walks.
- Chores and responsibilities.

Having a clear routine also helped some **spread caring responsibilities between family members.**

'We made Dad aware as well Zaid that getting back into a routine would be best for all of them. This way the children do not have to fully care for their mum who is struggling with mental health. Eating properly and having the proper amount of sleep will help you energize throughout the day. Suggested to create a schedule which works for all of them, by taking it in turns to care for mum, having a healthy balance and family time to help them all bond whether it being over a board game on a Friday night or watching films together.'

4.5 Practical activities

Having fun and getting out the house to take part in activities was a key part of a few provider's support.

Examples of practical activities included:

- Sports (e.g., boxing, surfing).
- Drama.
- Crafts.
- Volunteering.

To help the young carers get the most out of this time out of the house, these activities were often combined with **group discussions and wellbeing support.**

'Young people like to have a safe place where they can be free to express themselves but also have fun and play whilst learning/talking about their feelings & things going on in the world.'

Other times the activities were ones suggested for the family to **do together at home.** This was to help bring the family closer together by building in quality time, especially in families with multiple children.

4.6 Signposting and linking into further support

The needs of the young carers and their families sometimes **stretched beyond what could be addressed by the SHR support packages.** Therefore, practitioners listed other support sources they set up for the young carers or which they had signposted them to.

This included ensuring they had **long term support from young carer groups and services** when needed. A range of other services were mentioned though, which illustrates the complexity of this cohort's needs.

Examples of services young carers were signposted to:

- Support groups (LGBTQ+, Local parent and baby groups, refugees).
- Support services (Domestic violence trauma support, autism support).
- Statutory support (CAMHS, Housing support).

A few practitioners also indicated that they suggested or helped organise **support to take over some of the caring responsibilities**, giving the young carer more free time. One practitioner mentioned how this would help them when returning to school:

'We spoke about finding professional support for mum. This way Luka does not have to be stressed constantly caring for his mum when he can focus on his studies and socialising with his friends. He can focus on his future.'

4.7 **Liaising with the school**

In order to link all the support a young carer received together, practitioners sometimes worked with the child's school, often simply mentioning **'liaising with the school to ensure support in place'**.

Examples of support put in place in schools:

- Negotiating a part-time timetable.
- Setting up sessions with the school counsellor.
- Managing a successful transition to a new school.
- Communicating the young carer's routines to the school.
- Reinforcing the impact of caring responsibilities.

4.8 **Practical and financial support**

Practitioners' notes reflected that families often had **financial and practical issues that affected them all**. Typically, practitioners thought these issues needed to be addressed first, to ensure their support was effective.

A **common issue was access to food**, both for the young carer and their family.

Examples of supporting access to food:

- Crisis support put in place to ensure children received a hot meal.
- Referral for the family to the food response team.
- Arranging for the school to provide free school meals.
- Accessing the crisis fund to run cooking sessions and plan healthy meals.
- Delivering group sessions in half term to ensure access to a hot meal.

At times, this involved accessing other **sources of support beyond the practitioners' own resources**, such as COVID-specific grants, support available from schools or the local authority (such as housing support), and donations.

One practitioner described the support they provided to a young carer who was new to the UK, including:

'I supported Damon to access his admissions meeting at his new school, his English language assessment, to learn his new bus route to school, and prepare him for what to expect going into a UK school. I supported his parents to apply for free school meals, a funded bus pass and funding for school uniform and equipment, so that he could access the full curriculum.'

Other examples of practical and financial support:

- Designing an emergency contact list.
- Donating a board game to help the family spend time together.
- Organising a support letter from the school to help bid for housing.
- Help setting up bank accounts.
- Providing face masks and hand sanitiser.
- CV and job search advice.

5 Outcomes achieved for young carers

5.1 Summary of outcomes achieved

A mix of outcomes were reported by practitioners, relating to both the young carers and their families. These are outlined in Figure 7.

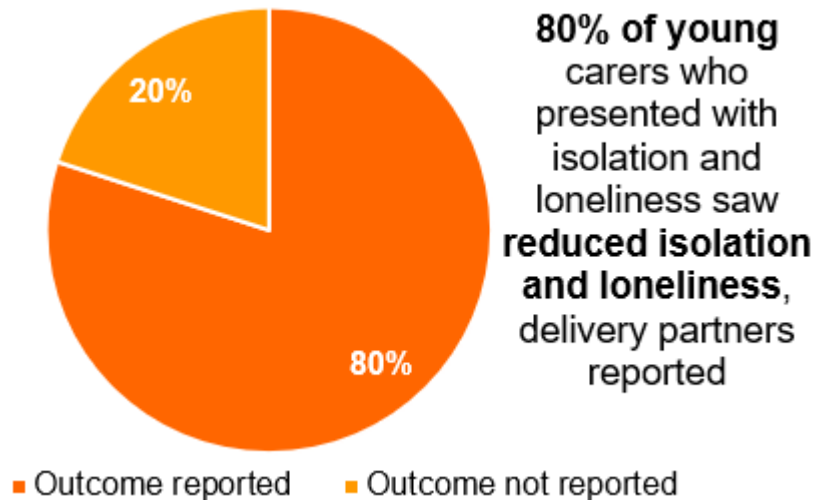
Figure 7: Key outcomes mentioned in practitioners' case closure forms



5.2 Reduced isolation and loneliness

Positively, the quantitative data from practitioners indicated that the **majority of young carers in the whole cohort were reported to have reduced isolation and loneliness (80%)**, as shown in Figure 8 below.

Figure 8: Breakdown of young carers who presented with isolation and loneliness for whom practitioners reported the outcome 'reduced isolation and loneliness' (n=714)⁵



Some practitioners expanded on this in their open text responses, mostly when describing the benefits of group activities. One practitioner, who provided a mix of fun and academic group activities, wrote:

'As a result of these methods, isolation and loneliness was reduced as the child was able to engage with other children which they have been unable to do for the last few months due to the lockdown. At the start of the programme this was something the child was anxious about, however it was evident that the child's anxiety had decreased.'

A few others wrote about how having a space to open up, **speaking to others with shared experiences and knowing where to go for support** also contributed to reduced feelings of isolation and loneliness.

5.3 Improved mental health and emotional wellbeing

Reflecting the fact that almost half of this cohort was also classed as part of the "Children requiring mental health and wellbeing support" core priority group, most were reported to see improvements in this area by practitioners (see Figure 9), and the majority of families who provided feedback agreed that the child was happier (see Figure 10).

⁵ This includes those who had no information given in the two open response questions analysed for this brief.

Figure 9: Breakdown of young carers who presented with isolation and loneliness for whom practitioners reported the outcome 'improved mental health and wellbeing' (n=714)⁶

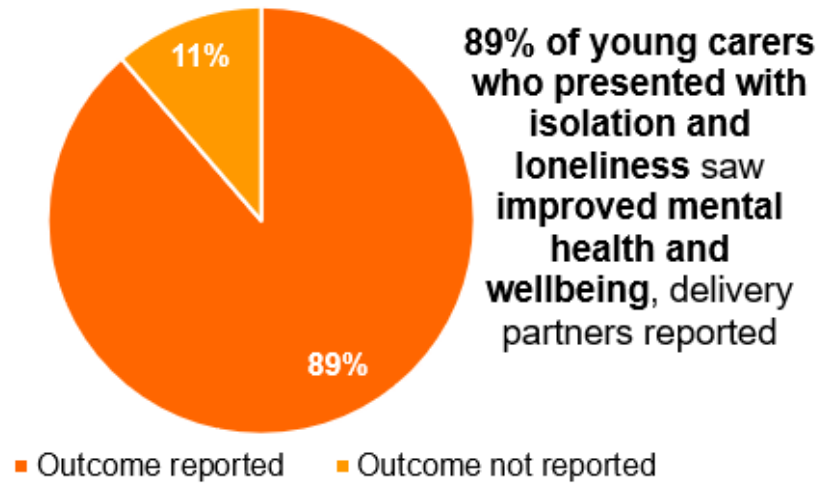
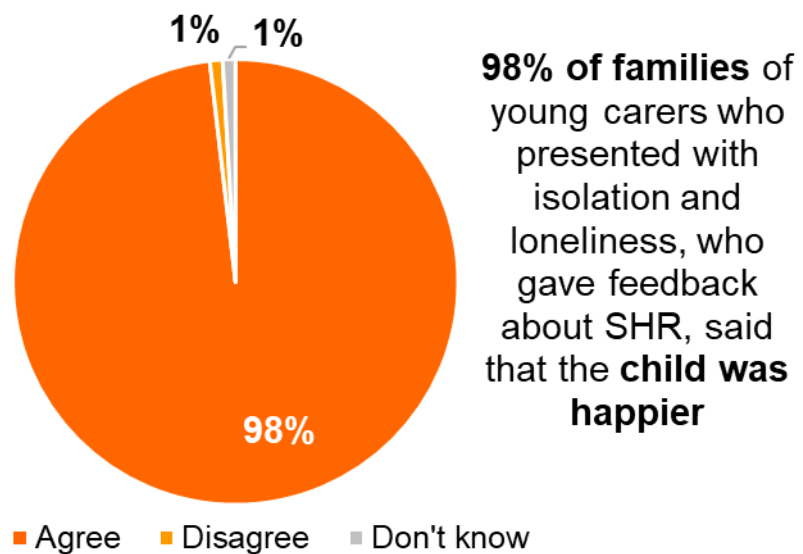


Figure 10: Breakdown of feedback from families of young carers who presented with isolation and loneliness, who either agreed, disagreed, or didn't know regarding the statement 'The child is happier' (n=108)⁷



Analysis of the open text responses showed this was evident across the range of support provided. One practitioner, who provided weekly **phone calls with 'light touch therapeutic support'**, stated that:

⁶ This includes those who had no information given in the two open response questions analysed for this brief.

⁷ This includes those who had no information given in the two open response questions analysed for this brief.

'Frankie can demonstrate better understanding of her emotions, identify and develop coping strategies to improve her own mental health, and I have successfully encouraged her to talk about how she is feeling. She has really opened up and benefitted from this outlet during a really stressful time.'

Other examples of mental health and wellbeing improvements:

- Benefitting from a space to talk through their anxiety.
- Young carer reporting feeling happier and less isolated after attending beach-based group activities.
- Reduced anxiety due to less exposure to the COVID-19 media / news.
- Establishing a healthy routine helped improve wellbeing and motivation.
- Understanding anxiety and its triggers helped increase family wellbeing.

5.4 Increased confidence and self-esteem

Linked to this improvement in mental and emotional wellbeing, a range of practitioners also reported in their notes that the **young carers showed improvements in their confidence levels and self-esteem**. Some reported this about group activities and sport, for example:

'Darla grew hugely in confidence throughout this experience. Darla cares for her brothers with her mum. She was initially shy but soon came out of her shell and was thriving chatting to others, surfing and enjoying beach games.'

Other practitioners wrote of the **benefits of one-to-one work**.

'The reason for the one-to-one sessions was to make sure that her mental health was stable and also for her to feel that she could talk about any of her worries and concerns. This helped improve her confidence and also allowed her to feel freer within herself.'

For a few this was described as **a work in progress**, but positive gains were made.

'Harry's therapy was a rollercoaster and there were lots of ups and downs but towards the end he demonstrated increased self-care and resilience.'

This increased confidence had positive effects in other aspects of their lives, with examples including:

- Improved social life and understanding of relationships with friends.

- More able to ask for support when needed.
- Confidence to speak to parents about returning to education.

5.5 Improved social skills and developed social network

Support provided through SHR often helped young carers have **time away from their responsibilities to socialise and have fun**: something which they particularly lacked during lockdown. This was reflected in practitioners' reports of young carers' **social skills improving and building new friendships**.

One practitioner mentioned the importance of young carers having **positive influences around them**:

'Support to socialise and make friends outside of school that have a positive impact on her so she has a new friendship group in school away from the negative influences.'

Another practitioner shared how a **peer support group provided a sense of belonging**:

'From start to finish the sessions went well and each young person could be seen to develop confidence within the group. Being a part of the group gave the young people a sense of belonging [...] They all got on well and enjoyed the peer support and engagement.'

5.6 Parents felt supported

As well as positive outcomes for the young carers, practitioners reported that parents had benefitted from the support. This was also reflected in quantitative outcomes data based on feedback from families, as shown in Figure 11, Figure 12, and Figure 13.

Figure 11: Breakdown of feedback from families of young carers who presented with isolation and loneliness, who either agreed, disagreed, or didn't know regarding the statement 'The parent feels happier' (n=93)⁸

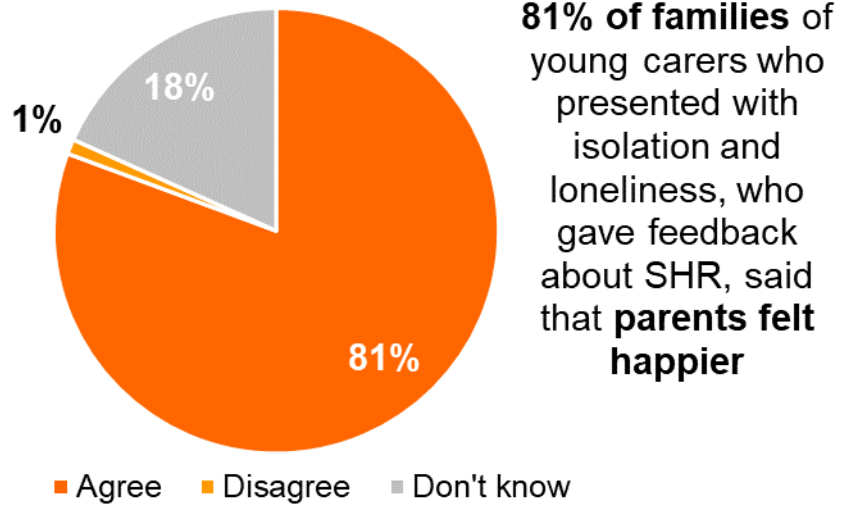
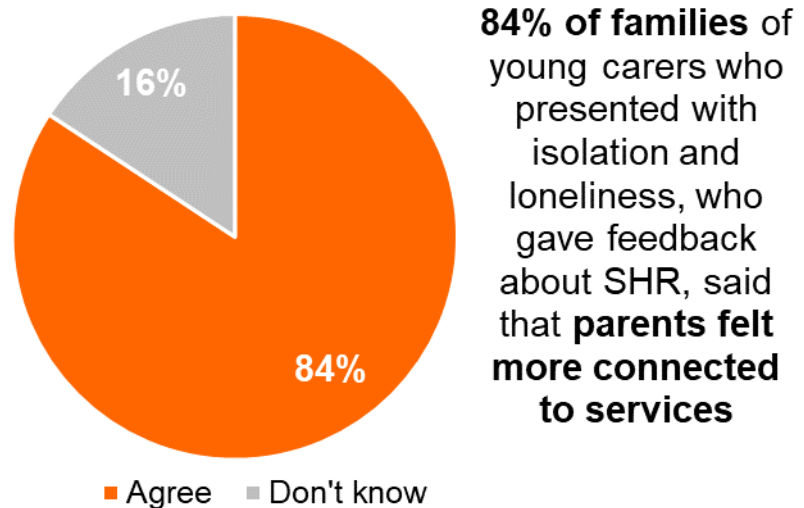


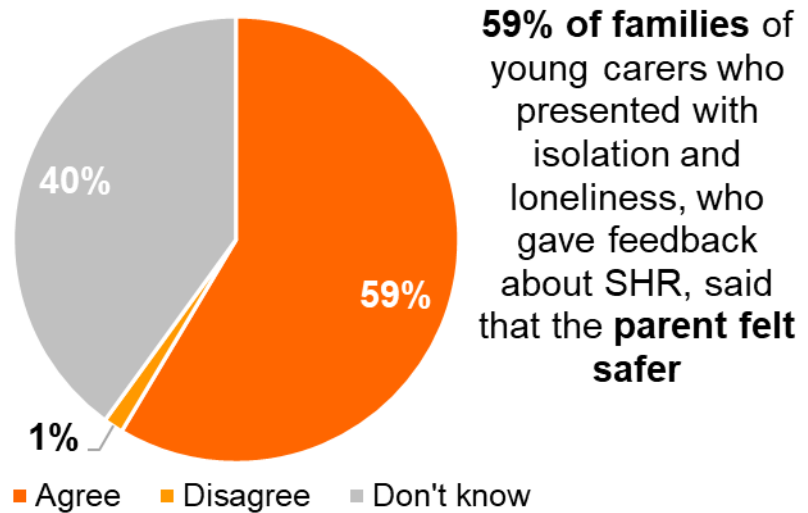
Figure 12: Breakdown of feedback from families of young carers who presented with isolation and loneliness, who either agreed, disagreed, or didn't know regarding the statement 'The parent feels more connected to services' (n=89)⁹



⁸ This includes those who had no information given in the two open response questions analysed for this brief.

⁹ This includes those who had no information given in the two open response questions analysed for this brief.

Figure 13: Breakdown of feedback from families of young carers who presented with isolation and loneliness, who either agreed, disagreed, or didn't know regarding the statement 'The parent feels safer' (n=70)¹⁰



This was both **due to direct support for them and through including them in support provided to their children.**

'Mum saw the support services that she had in place already for children and could identify with the proactive approach she had in parenting her children. Had a space to talk through her own diagnosis and identify what she wanted for herself going forward.'

A few practitioners wrote that support **brought the families closer together.**

'From speaking to mum and Claire it was apparent that their relationship was stronger now, and the help that was offered by family support services was really helping turn things around for them.'

5.7 Increased engagement with education

Practitioners' notes included how the support provided helped the young carers **engage at school and enjoy it more.** This was also reflected in quantitative outcomes data based on feedback from families, as shown in Figure 14 and Figure 15 below.

¹⁰ This includes those who had no information given in the two open response questions analysed for this brief.

Figure 14: Breakdown of feedback from families of young carers who presented with isolation and loneliness, who either agreed, disagreed, or didn't know regarding the statement 'The child is more settled at school' (n=93)¹¹

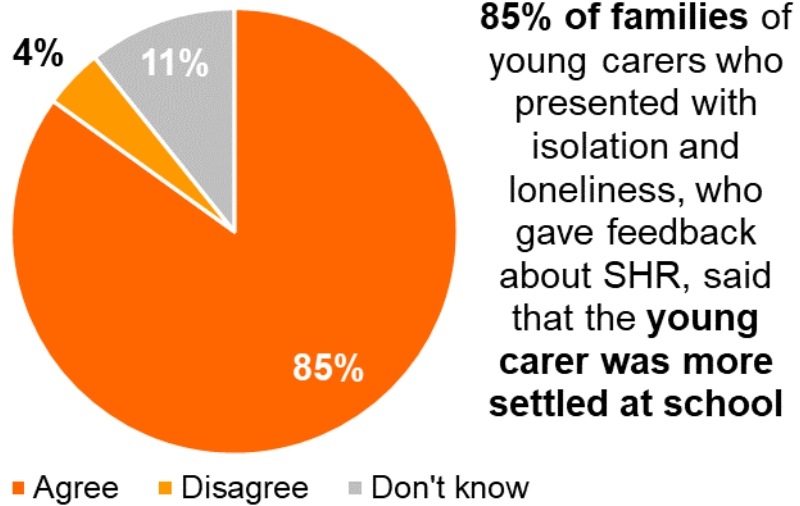
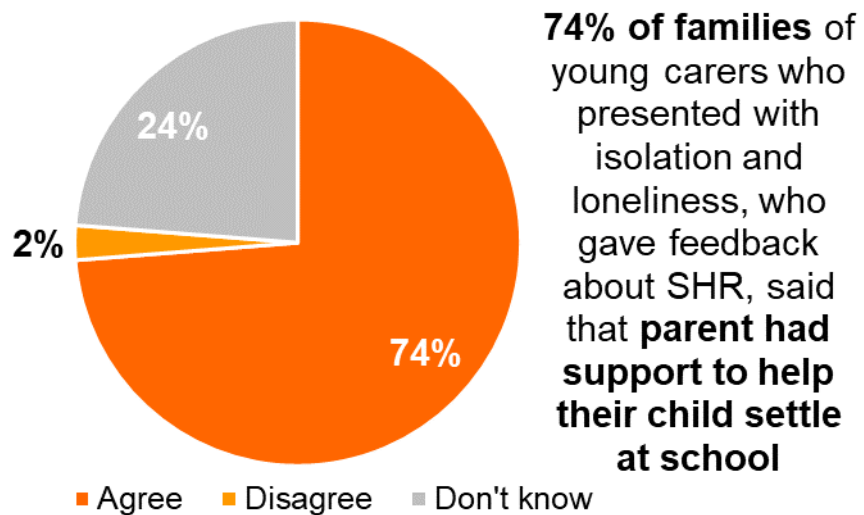


Figure 15: Breakdown of feedback from families of young carers who presented with isolation and loneliness, who either agreed, disagreed, or didn't know regarding the statement 'The parent had support to help the child settle at school' (n=80)¹²



¹¹ This includes those who had no information given in the two open response questions analysed for this brief.

¹² This includes those who had no information given in the two open response questions analysed for this brief.

This was associated with a mix of support types, including one-to-one therapy and outdoor activities.

'Sammy seemed to really enjoy the [beach activities] and he has reported feeling happier, less isolated and more settled at school.'

'Space to talk has helped Autumn feel more able to cope and manage their anxiety around returning to school.'

A few practitioners noted that engagement with education was not completely achieved yet. This could be due to further support needs and also the ongoing impact of COVID-19 restrictions. One practitioner described providing one-to-one therapy for a carer and advice to her Mum, resulting in some improvements:

'Naomi is showing signs of improvement and using coping strategies. Her anxiety around school is still high but she is attending school more than she was and has been able to identify things at home that don't help this.'

6 Find out more

You can find out more about the evaluation of See, Hear, Respond on our [website](#), including the [executive summary](#) of the Summative Evaluation Report as well as the [full report](#), and an [evidence review](#) about the impact of COVID-19 on the children's sector workforce.



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