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Noise Solution – Spirit of 2012: External impact report

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Executive summary

Noise Solution, a social enterprise pairing marginalised people with professional musicians, partnered with Suffolk Family Carers to deliver a programme specially designed for young carers and funded by Spirit of 2012. The programme included group as well as one-to-one sessions with professional musicians, during which young carers were taught music-making techniques and were encouraged to be creative in a wide range of ways (e.g. videos, drawings, etc). The programme was delivered between November 2019 and February 2021.

A mix of quantitative and qualitative data was used to evaluate the impact of the programme around three main outcomes of interest: social connectedness, wellbeing and self-esteem / sense of potential. Data quality was affected by the successive lockdowns due to COVID-19, which caused delays in programme delivery and challenges in data collection. This results in a greater reliance on qualitative data than originally anticipated.

Based on data collected for this evaluation, we can conclude that the programme had a positive impact on at least two of the key outcomes of interest: social connectedness and self-esteem / sense of potential. The programme was successful at providing young carers with opportunities to develop social connections with their peers, as well as increasing confidence in social settings and in their potential. The group sessions and one-to-one were not evaluated separately, but qualitative data indicate that the former contributed to increasing confidence in social settings and connectedness more than one-to-one sessions, while the latter was more important to gaining music-making skills.

While existing data shows encouraging signs that the programme might have had a positive impact on participants' wellbeing, we are not able to conclude that this effect was statistically significant. It is important to consider those results in the context of the coronavirus crisis and successive lockdowns, which are likely to have impacted participants' mental health according to existing research. It is also important to note that prior to lockdown, Noise Solution had recorded 3 years of highly statistically significant impact on well-being within its 1:1 programme.

The question of the impact of the move to online delivery during the first lockdown, especially on the group sessions, was also addressed by this evaluation. We found that remote delivery did not prevent the development of social connections and group dynamics, although it might have made it more difficult, and participants would have preferred in-person sessions. Due to small sample sizes, we were not able to conduct a systematic comparison of wellbeing or other measures between the first cohort (delivered in-person) and other cohorts.

The last section of this report offers a brief overview of learnings from the programme. Apart from challenges around transition to online delivery, the team learned a lot from the uniqueness

of group sessions and how they can be combined with one-to-ones. These learnings will be implemented in Noise Solution's future work with groups of young people.

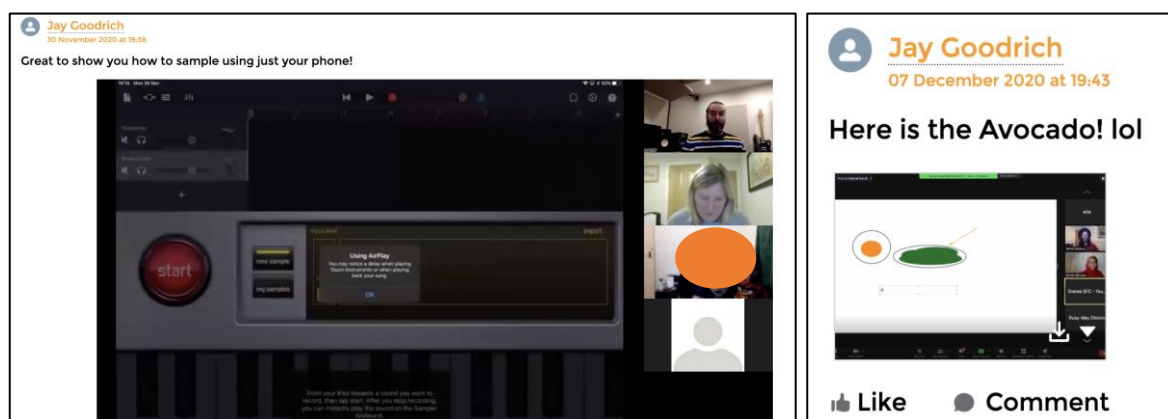
Context

A. About the programme

Noise Solution – Spirit of 2012 is a programme aiming at increasing wellbeing, social connectedness and empowering young women (or non-binary) carers through music making. The programme was delivered in two main ways: one to one and group work sessions. Participants could start by joining one-to-one or group sessions depending on their needs and had the option to switch later on. In addition to regular group or one-to-one session, participants had access to Noise Solution platform, on which they were able to share videos or texts with the rest of the group.

Group sessions were led by Noise Solution's musicians who taught participants music-making techniques, but also encouraged them to be creative in other ways (e.g. producing videos) and created a friendly and fun atmosphere where participants could share their creations, express themselves freely and connect with other participants. One-to-one sessions, on the other hand, were more focused on increasing participants' skills and confidence in areas of music-making in which they are most interested. One-to-one sessions sometimes functioned as a gateway to group sessions, as they provided participants with key skills and confidence to participate as part of a group.

The group feeds (hosted on Noise Solution platform) contained mostly videos and posts from facilitators - to illustrate / celebrate what they did in the last session. Occasionally, participants also posted videos, pictures and texts. The posts served as way of celebrating achievements made by the group and to make important excerpts of the sessions available to participants (e.g. when sharing technical skills). Participants can interact with the post via likes or comments. Some examples of blog posts are included below:




Jay Goodrich
02 November 2020 at 19:47

Bruna's Choice

Song Review Time

Bruna - powerful!
 Sheree - Eerie
 Ellie - I don't like it 🤔🤔
 Frances - upbeat but weird
 Brogan - think it's a bop 🤔
 Danielle - tiktok


Royal & the Serpent - Overwhelmed (Lyrics)
Download Royal & the Serpent - Overwhelmed (Lyrics): <https://royalandtheserpent.link.to/OverwhelmedID>
<https://www.youtube.com/watch?v=kGn13Apz8Tg>

 Like
  Comment


Caroline Dearing
Edited 08 December 2020 at 21:19
 Like
  Comment

1 comment · 5 views

The programme is a partnership between Noise Solution and Suffolk Family Carers. While Noise Solution was in charge of delivering the session, Suffolk Family Carers recruited participants, liaised with them and participated in the sessions. The programme took place between November 2019 and March 2021.

B. Impact of COVID-19

Each of the four cohorts was originally planned to be delivered in person and run over a 12-week period. However, due to the successive national lockdowns, only the first cohort – which took place from November to February 2020 – was delivered according to plans. The second cohort was interrupted by the first lockdown just three weeks after it started and was moved online in April 2020. The two last cohorts were delivered online over a period of seven weeks.

Restrictions during lockdowns had a significant impact on the programme delivery and participant recruitment. Although Noise Solution managed to move the delivery online in a relatively short time span, musicians and facilitators had to adapt the content to new restrictions and find ways to make up for the lack of in-person contact. Participant recruitment was also negatively affected, as Suffolk Family Carers primarily relied on reaching out to potential participant through visits in schools, which was impossible during lockdown. Online recruitment proved less effective, but still allowed Suffolk Family Carers and Noise Solution to find enough participants to continue the programme.

It is also important to situate participants' experiences of the programme within a context of general anxiety and stress caused by the pandemic. We will see later in this report how the

programme helped participants in these difficult times, but we should not forget that the mental wellbeing impact of COVID-19 is likely to have an effect on the findings of this evaluation.

Methodology

A. Impact of COVID-19 and research limitations

The evaluation was originally scheduled to take place between November 2019 and January 2021. Because of delays caused by COVID-19, the evaluation period was extended until the 5th of March 2021.

The impact of COVID-19 on the delivery and recruitment created two types of challenges for the impact evaluation:

- (1) negative effects on the quantity and quality of quantitative data, as it became harder to organise data collection without in-person contact, which resulted in lower response rates especially for post-intervention surveys.
- (2) limited options to collect qualitative data, as it became impossible to conduct in-person focus groups and visits.

The lack of quantitative data – and in particular post-intervention surveys – impacted the statistical analysis of the data, since small sample sizes do not allow us to draw conclusions on statistical significance (with 95% confidence). Therefore, quantitative data in this report will be presented using descriptive data analysis.

These negative effects were mitigated by adopting a flexible approach to evaluation and increasing qualitative data capture when possible. Instead of in-person focus groups, TSIC conducted an online focus group and individual interviews with participants. To make up for the lack of in-person engagement with participants, Noise Solution provided recordings of the session to TSIC and access to the platform on which participants shared videos and other types of content in-between sessions. Finally, in order to capture learnings from the programme, TSIC organised two learning workshops with Noise Solution staff and one interview with Suffolk Family Carers.

In addition to complications caused by the national lockdowns, other challenges included difficulties related to data collection with young people and young carers in particular. In a context where the element of trust is key, it was sometimes difficult for external evaluators to conduct one-to-one interviews with participants. This is why staff members from delivery partner were present during the online focus group and conducted two interviews with participants who preferred to talk to a person they already knew and trusted. While this approach introduced a higher risk of bias into the research, it was mitigated by the fact that interview recordings and transcripts were shared with TSIC.

The biggest challenge in terms of data collection was the completion rate, and the fact that in order to properly analyse standardised scales such as the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), it is essential to have both the baseline and endline survey filled by each participant. There is also little information as to why some participants drop out or do not complete the forms.

B. Outcomes measured

The table below outlines the three main outcome areas capture by this evaluation and how they relate to outcomes of interest for the Carers's Music Fund and Spirit of 2012:

Impact areas	Spirit of 2012 outcomes	Carers's Music Fund
Wellbeing	Increase wellbeing of participants	Increase the wellbeing of participants through active music-making
Social connectedness	Social connectedness	Reduce isolation and / or loneliness amongst carers
Self-esteem, confidence and autonomy	Empowering young people	Increase self-esteem and / or carers' sense of potential

In addition to the outcomes outlined below, this evaluation considered the following learning questions:

- Does group work yield the same outcomes as one to one sessions? Are there any key differences in outcomes? If so, what are they?
- How did participants experience online delivery? What was the impact on the programme?

C. Data collection methods

The evaluation is based on a mix-method approach combining qualitative data from interviews and programme outputs (e.g. videos recordings) and quantitative data from surveys filled in by participants. Data from interviews, focus groups and surveys cover the three main impact areas under evaluation and allow for comparison in findings from each of these data sources.

This table indicates how data collection tools and standardised scales were used to measure outcomes of interest:

Data Collection Tools	Standardised scales (TBC) and questions	Outcome(s) addressed

Questionnaires (paper-based or on Noise Solution platform)	Wellbeing and loneliness measures, ONS4	Wellbeing
Group feed ¹	N/A	Increase self-esteem and sense of potential Social connectedness (reduced isolation)
Session recordings (excerpts and 2 full sessions)	N/A	
30-minute semi-guided interviews	Questions created by TSIC, based on existing research	Increase self-esteem and sense of potential; Social connectedness (reduced isolation)
1-hour focus group	Questions created by TSIC, based on existing research	Increase self-esteem and sense of potential; Social connectedness (reduced isolation)
Interview with Suffolk Family Carers	Questions from TSIC	Learnings
Focus groups with Noise Solution team	Questions from TSIC	

D. Sample sizes

Although data collection processes were set up to reach 100% coverage through surveys (to achieve 95% confidence interval), this goal was not achieved due to a certain number of participants not filling in the surveys. The lack of in-person contacts made it more difficult to encourage participants to fill in survey and supervise data collection.

However, the evaluation achieved a relatively good coverage of participants for qualitative data, which compensates the lack of quantitative data:

The total number of participants (excluding participants who dropped out after the first session) is 72. The coverage for qualitative (number of participants who provided data for the evaluation) data is at around 20%, and between 10 and 35% for quantitative data.

¹ The group feed is accessible to participants of a group and typically contains about 25 posts (text, videos, photos). Most of the posts are from facilitators posting recordings of the sessions, but some participants also post pictures or songs.

Data collection methods for participants	% coverage
Qualitative	19.5%
Quantitative	Between 10 and 36%

The table below outline the sample size for each of the different data collection methods used:

Qualitative data from participants	Sample size
Focus group – in-person	6
Focus group – online	3
Interviews conducted by TSIC - online	3
Interviews conducted by Suffolk Family Carers	2

Quantitative data from participants	Sample size
Referral survey	Up to 70 (some participants did not complete all the questions)
Pre-intervention survey	Up to 26 (some participants did not complete all the questions)
Post-intervention survey	Up to 11

E. Analysis

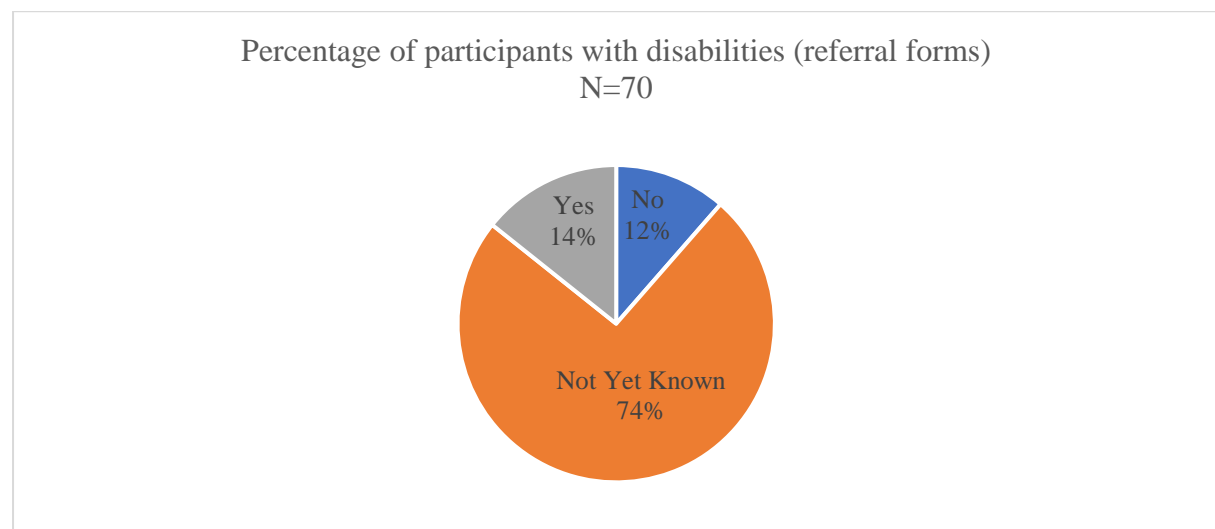
The analysis of qualitative data (focus group, interviews and group feed) was conducted using in vivo coding (inductive), which was then compared to the outcomes of interest (mostly social connectedness and self-esteem). Some examples of tags are presented below:

Tag	Outcome tag
Formed friendship group	Social connectedness
People in similar situations (as young carers)	
Feel more confident talking to people	Self-esteem
Trying new things	Sense of potential

Quantitative data was analysed using descriptive statistics and statistical tests, such as student t-test and Mann-Whitney U test. However, analysis of statistical significance was hindered due to the small sample size and lack of paired data.

Key demographics

Almost all the participants defined themselves as female, and the average age of participants is 17 years old, with the majority of participants between 15-17 years old. The percentage of participants with a known disability was 14%, which is relatively close to the proportion of disabled people in the working age population (16%, but 6% for children)².



Impact on social connectedness and loneliness

There is evidence to show that the programme – and in particular the group sessions - enabled participants to connect with young people going through similar experiences, therefore reducing isolation. Available data indicate that participants were able to build friendships and that the opportunity to do something as part of a group was a key element of the programme for a majority of participants. Emerging evidence also shows that participants attending the same school have shown a willingness to support each other and keep in contact. Data from quantitative measure focused on the feeling of loneliness and isolation present a more nuanced picture, although findings were not statistically significant.

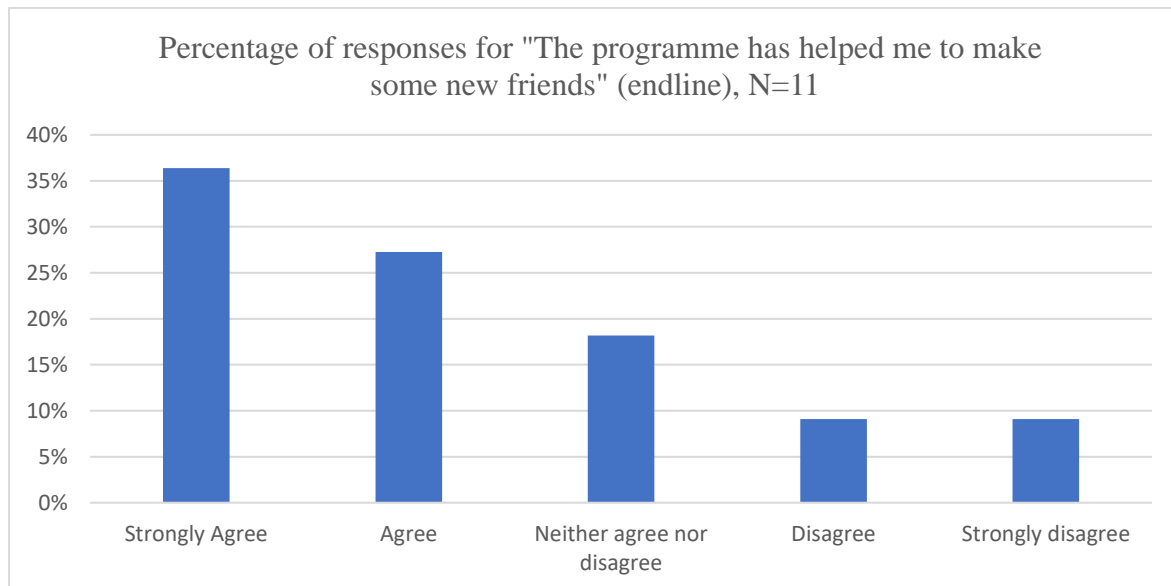
Even though some participants shared that it was more difficult to build friendship and nurture group dynamics online, it is interesting to note that facilitators managed to create a group atmosphere and develop bonds between participants despite having to deliver group sessions online.

Connecting with other young carers

Qualitative data from the focus groups and interviews clearly show that participants developed social bonds with each other during group sessions. Almost all of the participants in interviews and focus groups (13/14 participants) reported that one of the takeaways of the programme was “making new friends” and “meeting new people”.

² <https://www.gov.uk/government/statistics/disability-facts-and-figures/disability-facts-and-figures>

This finding is also reflected in quantitative data, with most survey respondents (63%, combining “strongly Agree” and “Agree”) also shared that the programme helped them make some new friends, and 64% of survey respondents thought that the “opportunity to do something as part of a group” was the aspect of the programme that had the biggest impact on them (N=11).



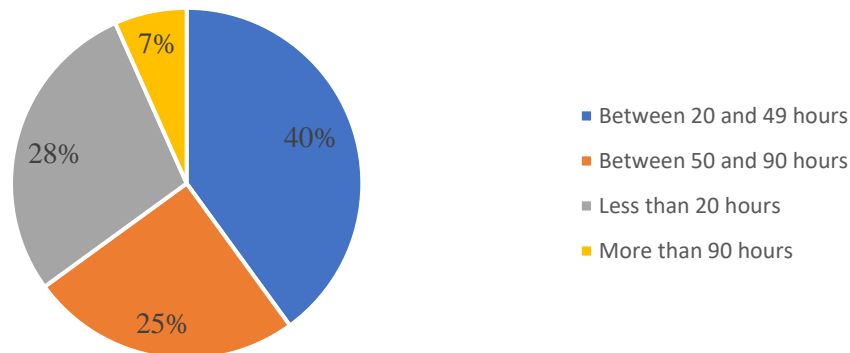
The fact that participants shared similar experiences as young carers made the development of social bonds easier and allowed for the sessions to become a safe space for participants. In the two focus groups, young carers emphasized the importance of everyone being in the same situation, as it proved easier to find empathy and understanding in this setting than it was with their peers at school.

“We all got similar situations. And things like that. and you know we might not know how this person is feeling in that exact moment, but we can kinda figure out a bit more than others might. Which I really like.” (Focus group from Bury St Edmunds)

This resonated again with survey data, with 55% of survey respondents reporting that “*spending time with others who experience similar things to me*” was the aspect of the programme that had the biggest impact on them (N=11).

The fact that young carers were able to connect with each other and develop friendships is even more important when considering that a majority of participants reported spending more than 20 hours caring for a parent or sibling— among them 25% spent between 50 to 90 hours – which, according to focus group participants, makes it harder for them to connect with other young people.

Time that participant spent caring weekly, percentage
N=60



Existing qualitative evidence also indicates that the programme has the potential to be a platform to develop sustainable support groups. Participants at St Edmunds have set up a Whatsapp group that they are using to keep in touch between the sessions and are likely to use after the programme ends. They also mentioned that they would like to continue practicing music together at the end of the programme. In cohort 3 and 4, participants created similar Whatsapp groups and were using social media (e.g. Instagram) to keep in touch with each other.

"Now we formed like a good friendship group. We even have a WhatsApp group" (Focus group from Bury St Edmunds)

It is interesting to note that there are signs of support networks developing between participants in group sessions, which might be reinforced by the fact that they usually attend the same school. For example, participants in the online focus group mentioned that they will be able to help each other at school. And when one participant shared about her anxiety about returning to school early March, others suggested to reach out to specific teachers. Participants in the first focus group (in-person) also mentioned supporting each other at school. It is also a behaviour that can be observed during online group sessions, as participants show support, regularly share encouragements before or after someone shares what they have done (in terms of music or other activities). This "peer support" element is one aspect that makes group sessions unique, according to most participants in the online focus group and interviews (12/14 participants).

The social aspect of group sessions was also mentioned by some interviewees (6/14 participants) as particularly important during lockdown. As young carers had to spend their days at home with family, the opportunity to relax and share a moment with other young women in similar situations.

“The social aspect of it – being in lockdown – having a regular thing with people. Because it is a group and not one person.” (online group session participant)

Interviews with Suffolk Family Carers and Noise Solution staff supported this finding, as they noted that they could feel the need, especially during the first months of lockdown, for participants to unwind. In this context, group sessions became less about music-making, and more about other creative activities (e.g. cooking, costumes, videos, etc.) that supported participants’ wellbeing and allowed them to connect with each other.

The fact that the programme managed to create a space where many participants could develop friendships and feel supported is a remarkable achievement considering that existing research shows that young carers tend to experience challenges when engaging with others.

“Some young carers experienced difficulties engaging with others in a young carers’ project. For some young people it took many months to feel comfortable opening up within a group of young carers. Engagement and enjoyment of projects were largely dependent on good relationships being made with the staff and other young carers.”³

Social anxiety was also mentioned as a barrier to group work by delivery partner staff.

Social connectedness metrics

A series of questions used in the survey aimed at measuring social connectedness metrics⁴. Because of the size of the sample, we cannot conclude that the programme had a positive or negative impact on the participants in terms of reducing loneliness.

We can see that a 24% increase in the percentage of respondents saying that they can really count on “More than one person” as opposed to “One person” is an indication of positive impact (but is not statistically significant).

³ The lives of young carers in England Qualitative report to DfE. Young Carers Research Group, Loughborough University. February 2016. P. 56.

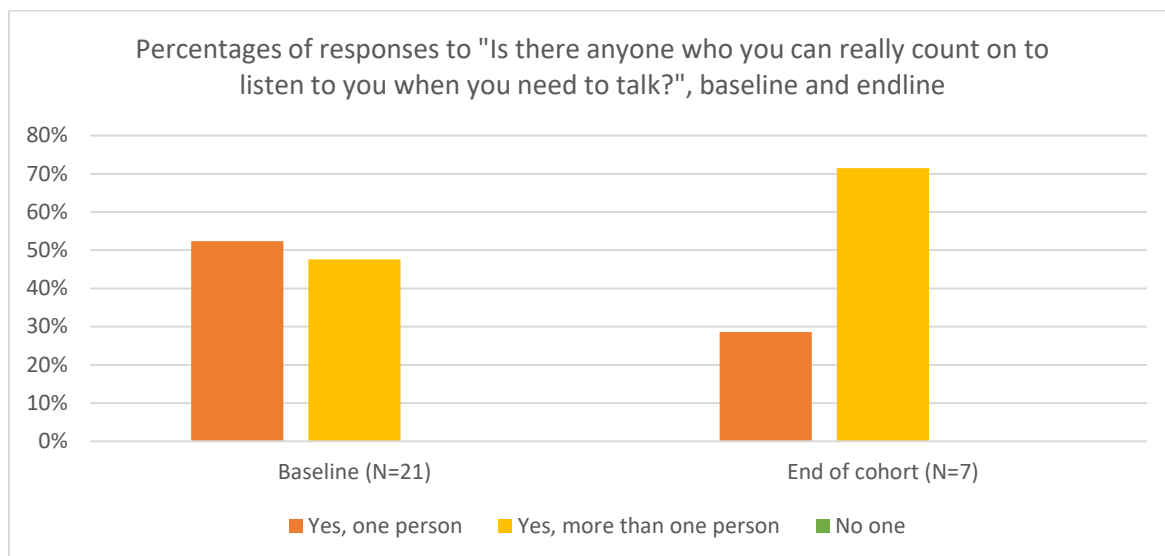
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/498115/DFE-RR499_The_lives_of_young_carers_in_England.pdf

⁴ Social connectedness metrics were measured through the following questions (the two first and the last questions have different scales):

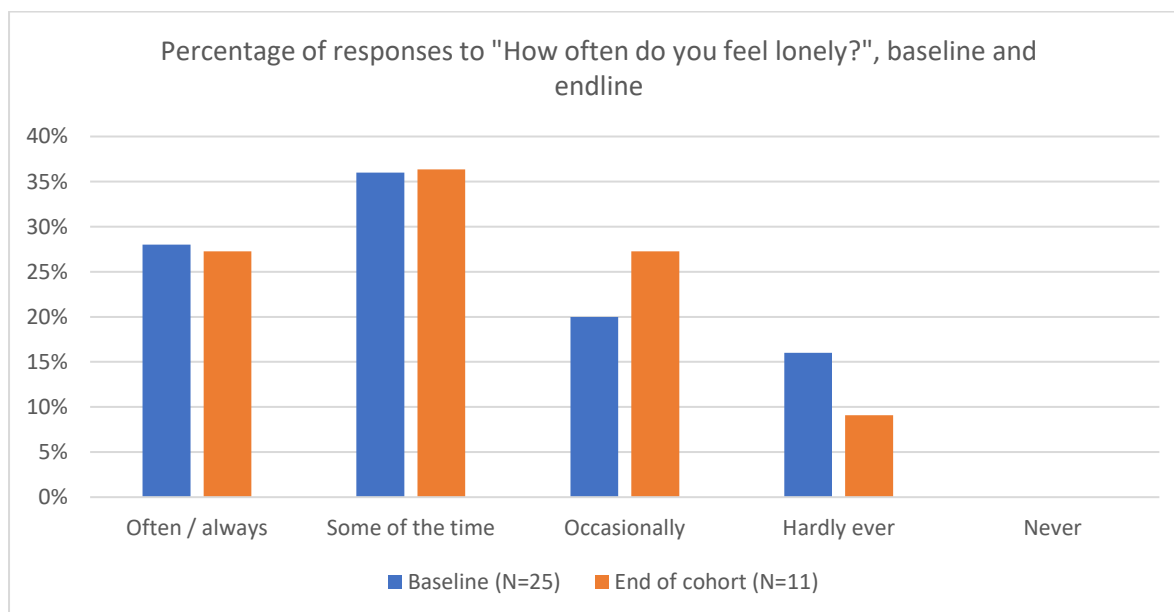
If I need help, there are people who would be there for me (Likert scale)

If I wanted company or to socialize, there are people I can call on (Likert scale)

Is there anyone who you can really count on to listen to you when you need to talk?



However, other findings do not clearly support the conclusion that the programme had a positive impact on reducing loneliness. For example, the proportion of participants reporting feeling lonely “often/always” or “sometimes” did not change before and after the intervention. However, the percentage of participants feeling “occasionally” lonely increased by 7 points while the proportion of those feeling lonely “hardly ever” decreased. Given the small sample size, especially for post-intervention survey (11 responses), it is difficult to draw conclusions and we cannot conclude that the programme helped reduce participants’ feeling of loneliness.



Impact on wellbeing

Given the lack of quantitative data, and in particular paired quantitative data, we are not able to support the conclusion that the programme helped or did not help increase the wellbeing of participants with statistical evidence. However, we can observe that the programme seemed to have a positive impact on some participants and that a majority of them feel a bit better about their future after the programme.

It is helpful to situate the data available within the wider COVID-19 context that affected most of the cohorts in this programme. According to a report from YoungMinds based on data collected from 2,036 young people aged 13-25, 81% of respondents indicated that the coronavirus crisis had made their mental health worse or much worse⁵. Although other studies suggest that young people have coped relatively well, they also found that young people with certain characteristics were more likely to be negatively affected in their mental health and wellbeing, including girls and young women, those who are disadvantaged economically and those with pre-existing mental health problems⁶.

When it comes to young carers in particular, a report from the Carers Trust⁷, focusing on young people aged between 12 and 25 and their experiences of caring during the pandemic, found that for many young people the time spent on caring had increased and/or that they had to care for more people. The report also describes a decline in mental health for the majority of the 961 research participants, with 67% of young carers feeling more worried about the future since coronavirus and 69% feeling less connected to others than they did before the pandemic. Interestingly, the report also notes that the main coping mechanism used by young carers during that period was listening to music and talk to friends and family.

As most measures of wellbeing used in this research are general questions about mental health (as opposed to questions directly related to the programme), we can expect the results to be affected by the coronavirus crisis.

ONS4 Personal Wellbeing metrics

The four questions from the personal wellbeing metrics, developed by the Office for National Statistics (ONS), were used to measure changes in wellbeing.

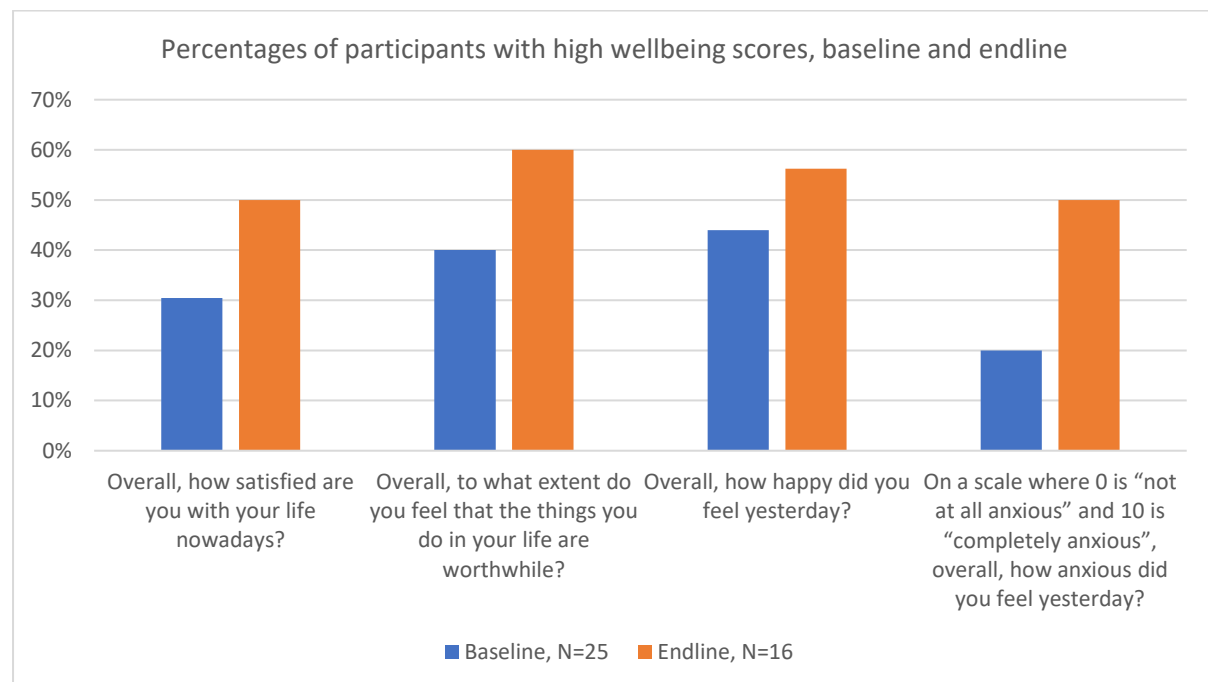
⁵ Coronavirus: Impact on young people with mental health needs Survey 2: Summer 2020. YoungMinds. <https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf>

⁶ COVID-19: mental health and wellbeing surveillance report, Chapter 7. Public Health England. <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people#references>

⁷ My Future, My Feelings, My Family. How Coronavirus is affecting Young Carers and Young Adult Carers. The Carers Trust. July 2020. <https://carers.org/downloads/what-we-do-section/my-future-my-feelings-my-family.pdf>

Although it appears that the programme had a positive impact on wellbeing, with a higher percentage of participants with high wellbeing scores⁸ after the programme than before, we are not able to reach final conclusions on whether the programme improved the wellbeing of participants. The small sample size and the number paired responses (8) does not allow for statistical significance and for paired t-test.

It is interesting to observe, however, that available data indicates that the biggest impact of the programme in terms of wellbeing might have been to reduce anxiety levels.



Short Warwick Edinburg Mental Wellbeing Scores

The baseline and endline surveys also included the seven questions from the Short Warwick Edinburg Mental Wellbeing Scores (SWEMWS). However, due to a lack of data, we are not able to reach conclusions on the impact of the programme on wellbeing based on the SWEMWS.

To be able to calculate wellbeing scores and analyse the impact of the intervention, we need participants to reply to the seven questions before and after the intervention. As only seven participants provided answers for the SWEMWS in the baseline and endline survey, we are not able to analyse the statistical significance of the change in wellbeing created by the programme.

When looking at changes at individual level (for each of the seven participants), after conversation of the scores according to the SWEMWS methodology, we see that one participant experienced an increase of 4 points, and others between 2 and -1.5 points.

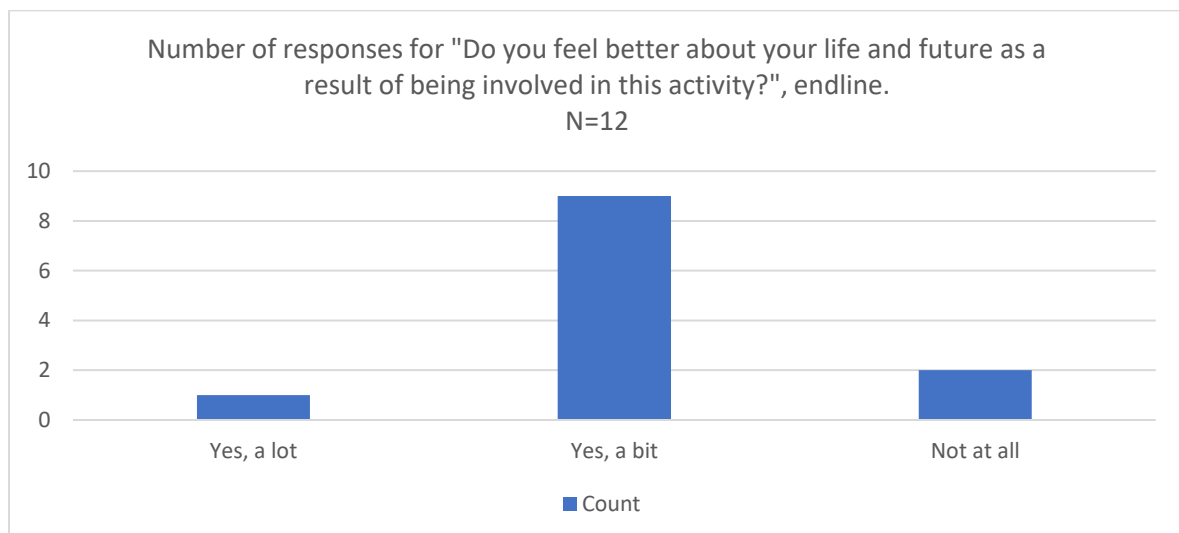
⁸ Defined by scores between 7-10 for wellbeing and 0-3 for anxiety measure.

According to the ChaMPs, over a 3-point increase would constitute a meaningful positive change⁹.

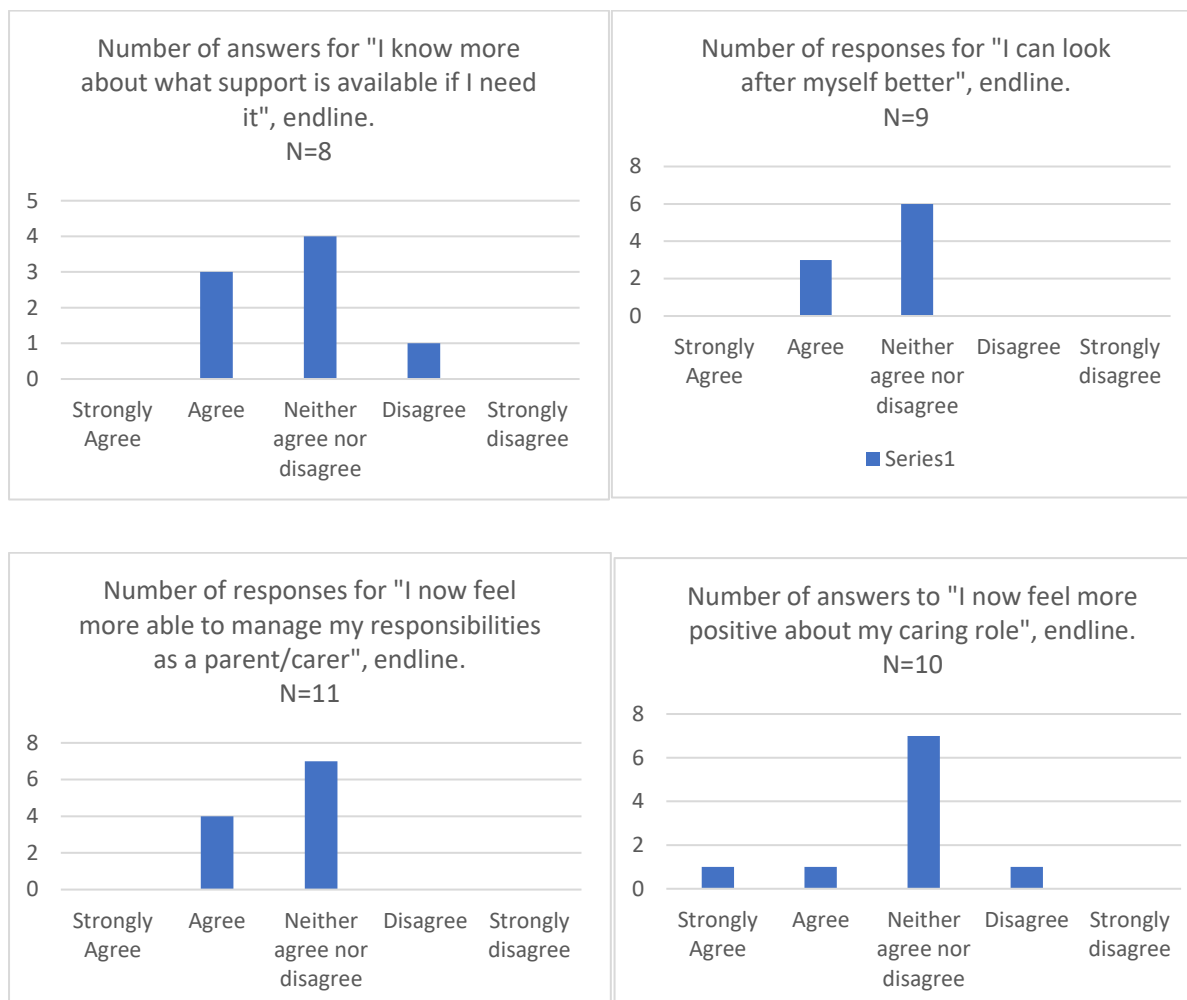
Other wellbeing measures

Other measures of wellbeing included in the survey provide a nuance picture of the impact of the programme.

The majority of participants who completed the endline survey reported that they felt better about their life and future as a result of the programme, and some of them also shared that they felt more able to manage their caring responsibilities and were better able to take care of themselves. However, in many cases, a majority of participants could not clearly identify an impact or no impact on their wellbeing as a result of the programme (“neither agree nor disagree”).



⁹ ChaMPs (2013), “Using and analysing WEMWBS to measure the impact of interventions in improving mental wellbeing”,
<http://www.champspublichealth.com/writedir/c145WEMWBS%20workshop%20workbook%20FINAL.pdf>



Impact on self-esteem and sense of potential

Qualitative data available shows that the programme – both group and one-to-one sessions – helped some participants feel more confident and discover their potential. For most of the participants interviewed and in the focus group (11/14), gaining more confidence was one of the first learnings they got out of the programme. In this context, participants seemed to understand confidence in two ways:

- (1) in relationship to the group – being confident to do what they want within the group. This type of confidence is strongly linked with group sessions (as opposed to one-to-one sessions);
- (2) confidence in their ability to achieve their goals (or sense of potential).

The sample sizes for quantitative data, on the other hand, is not sufficient to allow us to reach any final conclusion regarding the impact of the programme.

Confidence in social settings

Some of the participants interviewed spoke about the difficulties they face when connecting with other people. At least seven of them saw the programme as beneficial to break isolation and help them overcome their shyness (this was also mentioned by other participants in the two focus groups).

"We've also come out like out of our shells from the first few sessions. In the beginning it was all quiet and no one spoke to each other. And now we don't care what we say in front of each other." (Focus group from Bury St Edmunds)

"My confidence increased – I am much better at expressing myself. Before I would become very nervous. Now I have a way of pushing it out. I am more confident about talking to people". (participant from cohort 4)

"Like with my college mate's, I would never put my hair in bunches, like I did earlier. But with these guys I don't care. I am more confident and comfortable around you guys than I do with anyone from school. God this feels so weird (laughs)" (Focus group from Bury St Edmunds)


"I have learned that I can talk to people that I don't know" (participant, cohort 4)

"With the group I was able to build friendship and help social anxiety and learned how to work in a group; we all got a chance to share our own experiences. (..) it (the sessions) helped me relax and helped me think about something else, it was a safe place for me." (participant, cohort 2)

One of the participants at Lowestoft said that the achievement she was the proudest of after the sessions was being able to sing in front of people after just a few sessions, which helped her interact with a stranger (such as the taxi driver). Before this, this kind of activities would have caused issues because of her anxiety.

The growing confidence with which participants interact with each other and with facilitators in the sessions is also observable in session recordings and on some of the group blogs. While facilitators often need to encourage participants to share their opinions, we can observe that participants tend to be more incline to share music and to engage after a few sessions. Here are some examples of participants sharing their favorite songs:

One of my favourite songs 🥰 it has a really nice beat to it, it can be quite relaxing aswell 🥰



VACATIONS - Young
<https://vacationsfanclub.bandcamp.com/>
<https://www.youtube.com/watch?v=NM-VWHP-cWk>

👍 Like 💬 Comment

#2 Thank god in not you - Himalayas

both are bops, and this one has attitude which I love, and Achilles come down i love the orchestra ness and his voice is nice to listen too. plus there are villian-y songs hahaha lol



Thank God I'm Not You

Provided to YouTube by TuneCore
<https://www.youtube.com/watch?v=kkwD0ByqbKg>

Like Comment

Sense of potential and self-esteem

There is evidence from interviews and focus groups showing that the programme allowed participants to grow more confident in their ability to achieve new goals.

A certain number of the young careers in interviews and focus groups weren't familiar with music making (or had limited experience) before starting the programme and being able to learn gave them the confidence that they could achieve what they set their mind to. When asked about their favorite moments in the programme, participants were often proud to refer to the songs or videos they created.

"We created some tunes and that was cool. I learned how to use new programmes. We did songs cover and songs that I liked. They are very cool."

When asked *"From the things you have learned, are there some that you will use in the future?"* most participants from interviews and focus groups (9/14) answered that they would like do more of was to try out new things:

"Take new chances or new opportunitie, because I didn't do music before that. So now in the future I am gonna be like "Ok, I never done it before. I am going to give it a go." (Focus group from Bury St Edmunds)

"To try new things I think would be something. I was not particular a musical person." (interview participant, cohort 4)

"Personally, I have faith in my skills. Even when I am not particular creative on that day, I can still do this and be proud of what I made." (Focus group from Bury St Edmunds)

"I feel like it made me a bit more creative than anything else. Because I used to kinda struggle with creativity." (interview participant, cohort 4)

"Have the confidence to talk to others and be myself; the confidence to stay true to myself. It was a good self-building exercice" (interview participant, cohort 2)

One participant from Lowestoft also described how the programme impacted her perception of her potential:

“And that's why I like this (the programme). It showed me that even though I feel like I can't even do it and even though I say to people I can't do it (performing in front of other people), I can always do it. And I proved to myself that I can do it. Which this really helped me to do that.”

Learnings

Online versus in-person delivery

In March 2020, lockdown forced the programme to move delivery online. Therefore, only one cohort – the first one – was delivered in-person. Apart from technical challenges, the nature of some activities such as one-to-one didn't change significantly when conducted online (via Zoom and online platform). Group work, by contrast, was expected to be impacted if participants are not physically together, as a lot of discussions and socialisation happen during breaks, before and after the course. As a result, it was important for this evaluation, and for Noise Solution's future work to understand the impact of online delivery on participants. Although we do not have sufficient data from surveys to be able to perform a comparative analysis of wellbeing scores, for example, we gathered data about participants' experience of online delivery through interviews and focus group.

The first conclusion we were able to make is that the majority of group sessions participants would have preferred in-person delivery (over online delivery). This was very clear for participants of cohort 2, who had their first sessions in person before being interrupted by the first lockdown. They felt it was harder to get to know people in the group when sessions were online, and for some of them it was easier to attend the sessions when they were organised through school. Participants from the second and third cohort noted that online sessions were not ideal for music-making, as they didn't have access to instruments or music creation software.

“Face-to face would have been better technology-wise. Maybe we could have done more music with the groups” (participant from cohort 2)

It is important to note that, after a “reactive” period during which Noise Solution had to adapt to moving group work online and the group work for the second cohort became more about providing support and positive activities, the organisation was able to shift to a more proactive mode to make sure the online activities were more engaging. One of the first tasks was to replace the music creation software – normally installed on local devices – with a browser-based one accessible via logins. The online recording studio that allowed participants to communicate and create in one place was seen as a game changer by the team, especially in

one-to-one sessions. While group sessions and one-to-one participants from cohorts 3 and 4 also preferred in-person over online sessions, they were felt less limited by technological challenges compared to cohort 2.

Participants also noted some advantages associated with online sessions: (1) not having to travel anywhere (an advantage for those living in remote areas; (2) some participants (5 of them) felt that interactions through Zoom were less stressful and anxiety-inducing than in-person interactions, and that it was easier to feel confident and speak in front of a group in this context. It is also important to note that in cohort 2, 3 and 4, participants reported that they kept on contact with each other via social media, which shows that group cohesion and the creation of social bonds can be developed remotely.

The blog seems to have played a bigger role for online cohorts compared to the first one. It was mentioned by some focus group and interview participants from the third and fourth cohort (8/14) as being a useful platform for exchanging with the group, keeping updated about what was done in the last sessions.

Group work and one-to-one sessions

As the programme made use of both group work and individual sessions with trainers, there was an interest in measuring the impact of those two modes of delivery or understanding how they complement each other. The fact that many participants experienced both made it hard to analyse the impact of the group and of the one-to-one sessions separately, but we were able to collect insights on how participants perceived those two different parts of the delivery.

Most participants who attended both one-to-one and group sessions said they enjoyed both types of session equally. For many of them (5/14), however, group sessions were more about exchanging with others, becoming more confident to express themselves in front of a group, while one-to-one were more about learning music skills.

“One-to-one you do what you want. I got more music (skills). While the group sessions was more about confidence. We had a laugh and a chat and that was nice. I think the music was more important in the one-to-one.”

The fact that group sessions took the form of a “meeting space” and became more fluid than one-to-one is also acknowledged by music trainers and staff from Suffolk Family Carers. As noted above, this is especially true for the second cohort, when Noise Solution was still in the process of adapting to the new situation. It is also important to note that music making was also part of the group sessions, although it was done in a more playful way (e.g. capturing sounds of the group).

Given that a certain number of participants mentioned struggling with social anxieties – which was also a challenge identified by delivery partner staff – the impact of the group work should

not be underestimated. Even though group sessions were less focused on the most technical aspects of music making, they still provided a space for participants to exchange, unwind and be creative (through music making, videos making, drawing, etc.).

Learnings from the team and key improvements

In January and March 2021, we organised a learning session with the team at Noise Solution to reflect on the learnings from the programme. Available data collected for the evaluation up to that point was used to inform this reflection.

The first challenge identified by the team was to encourage participants to engage during the group sessions and encourage them to share on the blog. The team noted that it was difficult to juggle the different levels of experience and skills, but also to adapt to the devices and tools that participants have at hand. A few solutions were proposed:

- Starting each cohort with a one-to-one session with each participant, to bring them up to speed in terms of music creation and to make sure they can use the tools;
- Sharing more material with partner organisation and support them in preparing participants for the sessions (e.g. making sure that they have Zoom accounts, find solutions if they don't have the devices that support tools used in the sessions).
- Making the uploading of videos and other content seamless and more instinctive.
- Keeping group small – up to 4 participants was mentioned as a good number by facilitators.
- Putting more emphasis on sharing tools that are readily available to participants (tools for video-editing, music making, pictures, etc) and empower them to use those tools outside of the sessions, but also to share the tools they would like to use. This will increase the co-creation, participant-led aspect of the group work.

The team also indicated that the group work, which was new to Noise Solution at the time, provided them with precious insights to develop the online platform. Learnings from the group work funded by Spirit of 2021 will have a lasting impact in the way Noise Solution delivers group work.

Another challenge identified by the team and delivery partner was around participant recruitment. Many reasons were mentioned to explain this challenge:

- As the group work was new to Noise Solution and Suffolk Family Carers, there was no well-tested way of communicating about the sessions at the beginning of the programme. This changed by the end of the programme, and Noise Solution developed communication material.
- Not being able to recruit participants through school – because of lockdown – reduced the number of potential participants that the delivery partner had access to.
- The fact that many participants were anxious to join groups with people they did not know made the recruitment harder for group sessions.

To try to address the group session recruitment problem, delivery partner suggested focusing, when possible, on recruiting groups of young carers who already know each other or at least attend the same school.

Finally, the combination of group and one-to-one sessions was considered a very positive aspect of the programme by participants and staff. Participants were able to transition from one-to-one to group sessions and vice versa, or to combine both. The process of transitioning from one to the other delivery mode was very fluid and allowed for an individualised approach which corresponds to the needs of young carers.

Conclusion

Based on the data collected so far, we can conclude that the programme had a positive impact on at least two key outcomes of interest for the Carer Fund and Spirit of 2012. Compelling evidence – mostly qualitative– show that the programme, a mix of group and one-to-one sessions, was successful at providing young carers with opportunities to develop social connections with their peers and increase their sense of potential. Data on wellbeing is still lacking to assess the impact of the programme against standardised measures.

The table below summarises available evidence presented in this report for each area of impact.

Area of impact	Evidence from qualitative data	Evidence from quantitative data
Social connectedness	Yes, strong evidence to prove positive impact	Encouraging, but not statistically significant
Wellbeing	N/A	Encouraging, but not statistically significant
Self-esteem and sense of potential	Yes, strong evidence to prove positive impact	Lack of data

As noted in the report, it is important to contextualise the relative success of the intervention. The negative impact of COVID-19 on young people – and to a greater extent on young carers – means that standardised measures are not necessarily suited to capture the positive impact of the programme and how it supported young carers through challenging times.

Other challenges linked to the situation of young carers in general, such as the difficulty to get involved in projects because of caring responsibilities or to engage with peers¹⁰, should also be considered when assessing the impact of the intervention. The fact that the programme was

¹⁰ The lives of young carers in England Qualitative report to DfE. Young Carers Research Group, Loughborough University. February 2016.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/498115/DFE-RR499_The_lives_of_young_carers_in_England.pdf

successful at developing peer relationships between participants was not an easy task and should not be taken for granted.

Moving forward, we suggest the following action items to improve the quality of impact evaluation in relation to the group work with young carers:

- Reduce the overall number of questions in the survey to increase completion rate (for example, focus on SWEMWS and social connectedness measures).
- Continue to collect qualitative data when possible, especially around self-esteem and sense of potential (as it is more difficult to collect quantitative data through standardised scales for this dimension).
- Encourage participants to fill in baseline and endline surveys.
- Engage parents and families in data collection, when possible (this was not possible for this research due to COVID-19)

Annex 1 – Focus group and interview script

Focus group script

1. What did you like the most about the programme? What is your favourite moment?
2. What have you learned during the programme (apart from music)? Prompt: Do you feel you have changed?
3. From the things you have learned, are there some that you will use in the future? (that can include music)
4. If you had to describe this group in just a few words, what would they be?
5. Do you want to continue seeing each other after this session? Prompt: what would you need to collaborate more easily after the programme?
6. Is there something you would like to change about the programme? Prompt: what about the blog? How did you find using it?
7. What did you think of having the sessions online? How was that for you?

Interview script

1. What did you like the most about the programme? What were your favourite moments?
2. What have you learned during the programme (apart from music)? Prompt: Do you feel you have changed?
3. Is there something you have done during the programme that you are really proud of?
4. From the things you have learned, are there some that you will use in the future? (that can include music) Prompt: will you continue playing music? Why?
5. ONLY IF GROUP SESSIONS: If you had to describe this group in just a few words, what would they be?
6. FOR ONE-TO-ONE: If you had to describe the sessions you had in just a few words, what would they be?
7. How did you find sharing your music and videos with other people (your parents, friends, people invited on the platform)?

8. Is there something you would like to change about the programme? Prompt: is there something you didn't like?