



Event

“NFPs/NCPs National and European networks: challenges for the creation of synergies on health among European programmes”

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The ME-WE project: Psychosocial Support for Promoting Mental Health and Well-being among Adolescent Young Carers in Europe

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Who are (adolescent) young carers?

Young carers: children and young people **under 18** who provide or intend to **provide care, assistance, or support to a family member or a friend, who has a chronic illness, disability, frailty or addiction.**

They carry out, significant or substantial caring tasks, often on a regular basis, and assume a **level of responsibility** which would **usually** be **associated with an adult** (Becker, 2000).

Adolescent young carers (AYCs): young carers aged 15-17 (key, transitional phase: moving from childhood into adulthood).

Across Europe, approximately 7% of children have caring responsibilities.

Yet, they are still too often **invisible** to policy makers and service providers.

Potential negative impacts of caring

Mental health and wellbeing

There are some positive impacts related to caring (self-esteem, empathy, maturity). Yet, having to reconcile the challenges of adolescent life with caring responsibilities can be overwhelming. Pressure associated with caring is considered as a **risk factor for mental ill-health**.

Education

Caring can have a negative impact on young carers' education (under-achievement, absence and **drop-outs**) → **low employability**

Social Life

Young carers may have less time for personal development and leisure. They can also become victims of social stigma and bullying
→ **social exclusion**

The ME-WE Project

Project duration: January 2018 – June 2021

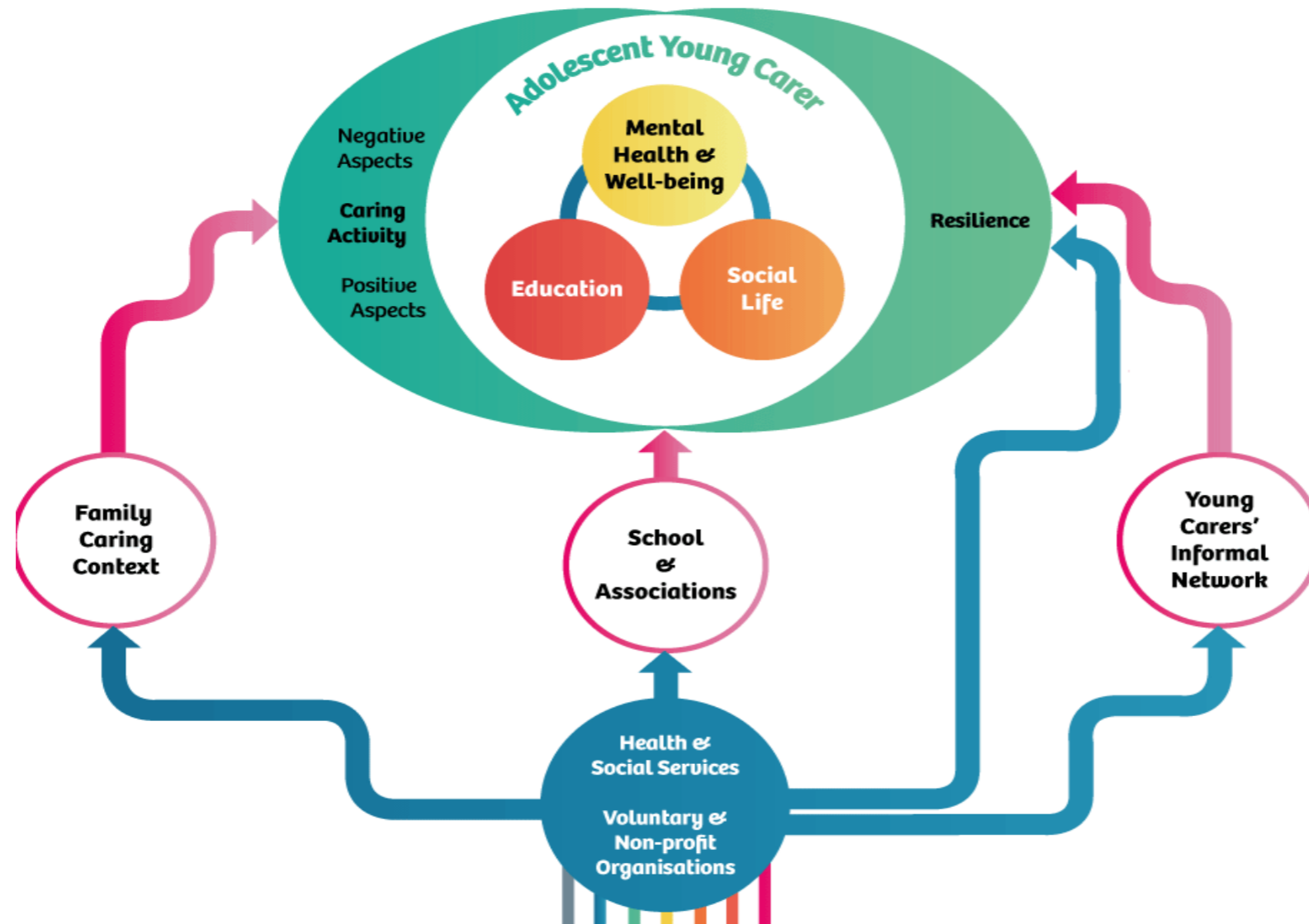
Project consortium: research institutes and civil society organisations from six European countries (at different levels of awareness and support for young carers*) + Eurocarers



*Classification of in-country awareness and policy responses to 'young carers' (Leu & Becker, 2016)

An ambitious project

Overall goal: to mitigate the risk factor of being an adolescent young carer by empowering the young with **improved resilience** and **enhanced social support** (from family, schools, peers, services).



Resilience: the process of positive adaptation within the context of significant adversity

The project objectives & activities

Objective 1: Systematise knowledge on AYC's (M1-12)

Profiles, needs and preferences of AYC's (WP1)

National policy, legal and service frameworks (WP2)

Good practices, social innovations & evidence (WP3)

Objective 2: Co-design, develop and test with AYC's an effective framework of interventions

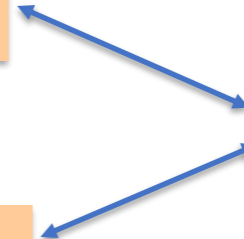
Participatory co-design (WP4, M1-42)

Implementation (WP5, M7-42)

Evaluation and impact (WP6, M1-42)

Objective 3: Carry out wide knowledge translation actions (M1-39)

Dissemination & translation of research into practice (WP7, M1-42)



WP1 Online Survey (2018-2019) [1]

9,427 participants

7,146 aged 15-17

2,099 AYC's aged 15-17

70% female

27% male

Who receives care?

- **69% care for family member**
[mum, dad, grandparents, siblings]
- **16% care for >1 family member**
- **53% care for close friend**
- **22% care for family AND friend**

Family's health conditions

- Physical disabilities 46%
- Mental illness 40% [57% UK cf 18% Italy]
- Cognitive impairments 26%
- Addiction 10%

WP1 Online Survey [2]

General findings

- Amount of caring (MACA) varies between countries
- Female AYC's do significantly more caring in Netherlands and UK
- Both positive and negative adaptation is found
- AYC's have lower state of wellbeing (Kidscreen) than non-carers [females have lowest]
- Higher levels of caring are associated with > school difficulties, bullying, mental health

Impacts from caring

- **36%** say their own **mental health** has deteriorated [country range 18-56%]
- **19%** say **school performance** negatively affected [country range 12-41%]
- **17%** report being **bullied** [41% in UK]
- **16%** say they have thought about **hurting themselves** [range 9-31%]
- **7%** say they have thought about **hurting others** [inc. person they care for] [range 4-13%]

Policy

- * **EDUCATION SECTOR**
- * **MENTAL HEALTH SERVICES**

- * **ASSESSMENTS**
- * **LONG-TERM CARE**

Objectives of the intervention

1- Reducing Impact of Risk: promoting good mental health and wellbeing enhances resilience, then YCs are more likely to cope positively and avoid more serious problems.

2- Reducing Negative Chain Reactions: Intervening early enough when YCs start to talk about how they are feeling, or act out how they feel, can instill some coping strategies and give them space to work out what is going on and who or what they need to put in place to help.



3- Promoting Self Esteem and Self Efficacy: Helping YCs to find coping strategies can promote positive self-concept.

4- Providing Opportunities: Chances to be involved in new positive experiences are important in promoting and aiding resilience. YCs can be mentored to become aware of life opportunities and help them figure out which resources best suit their needs.

5- Promoting the development of a social network.

6- Providing a safe space for relief from caring activities through their participation in the sessions.

Structure of the intervention

- **Seven weekly group sessions** of approximately 2 hours each, plus a follow up session.
 - Target groups of **AYCs 15 years – 17 years** of age.
 - All sessions can be delivered using two different approaches: **fully face-to-face or blended** (alternating face-to-face with sessions which are delivered online via the ME-WE App).
 - During the COVID-19 pandemic, an additional type of delivery, replacing face-to-face sessions with **video-conferences** was also implemented.
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- Both approaches work on the **same processes and have the same goals** and are based on similar exercises and activities.
 - However, they respond to **different national / regional characteristics** in terms of inclination of the target groups, to the use of Information and Communication Technology, as well as in the degree of awareness of young carers' related issues.



WP6 – Evaluation and impact

- The **primary RQ** of our study was: ***Does the ME-WE intervention promote favorable changes in AYC's mental health and well-being outcomes compared to a control group?***
- The **secondary RQ** was: ***Does the ME-WE intervention leads to greater improvements in educational or vocational outcomes than a control group?***
- The research design was a **two-armed, parallel group cluster RCT** carried out in **six European countries** (Italy, Slovenia, Sweden, Switzerland, the Netherlands and United Kingdom).
- Evaluation design was a robust **mixed methods evaluation design**, with three evaluation points (baseline (T0), post-intervention (T1) and 3 months post-intervention (T29) and delivered in web-based evaluation questionnaire, complemented with paper-and-pencil mode when needed.

Help and support from the intervention

At T1 AYCs from all five countries expressed **positive experiences and effects** as a result of participating in the intervention. The most common subcategory mentioned in these countries seems to be “**dealing with stressful thoughts and feelings**” and “**to know more about myself**”.

Help and support from the intervention	IT	NL	SE	SI	UK
<i>Subcategories</i>					
Dealing with stressful thoughts and feelings	x	x	x	x	x
To know more about myself	x	x	x	x	
To be kind to myself	x	x	x	x	
To find meaning, energy, and power	x		x	x	
Other: Safe and friendly place/group, peer support	x		x	x	x

Overall project impacts

- The ME-WE project is the **first cross-national EU study on AYC**s, increasing knowledge (WP1) and having a **direct impact on AYC**s participating in the intervention (WP6).
- ME-WE built a **network** of universities, research institutes, civil society and carers' organisations across Europe and started a fruitful dialogue on the topic that is continuing beyond the project lifetime.
- The consortium produced **more than 20 scientific papers** on cross-national and national data.
- The recruitment in WP1 and WP6 was a chance for **raising awareness** among teachers, care workers and young people on the phenomenon of caring in young age.



Thank you!



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