Time to Talk

Evaluation Report



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Executive Summary

Time to Talk (TtT) was a six-month project (September 2020-February 2021) aimed at providing 16–25-year-olds in England with Special Educational Needs and Disabilities (SEND) free, strength-based support online to counter social isolation and provide motivation to make plans.

The project was created in response to the COVID-19 pandemic, which is known to have caused higher levels of anxiety and uncertainty for young people with SEND and their families than in many other groups (Ofsted, 2020). It was funded by the Government's Coronavirus Community Support Fund, distributed by the National Lottery Community Fund and delivered by NDTi and CONTACT.

TtT was advertised across NDTi's networks in the Autumn of 2020 and was quickly over-subscribed. A total of 56 individuals requested support from the project, either for themselves (14) or by someone else (42). Of this number, 51 engaged with the support offered, including three individuals who received extended periods of support due to their circumstances and needs.

This report shares the findings of the evaluation undertaken to measure the impact of TtT on the young people who received support from the project and their families. A total of 44 young people agreed to take part in the evaluation, along with 12 family members, six professionals and the project team.

Data for the evaluation was collected via Request for Support forms (44); post support surveys by young people (25), family members (9), and professionals (6); conversations with young people (2) and family members (3); written feedback from young people, family members and professionals and reflections, notes and meetings with project team members.

What did we find out?

Data from across these sources suggests that TtT had a positive impact on the young people who received support from the project. For example, young people reported reduced levels of anxiety, higher levels of confidence, having more plans for the future and feeling more likely to go out once COVID-19 restrictions allow, as a result of the support they received.

The project also had a positive impact on the families of young people who received support. Many family members shared details of the positive effects the entire family experienced as a result of TtT, as well as the individual support they received from the project team. For example, family members describe feeling heard for the first time by a 'professional', getting advice to help deal with complex health and social care situations, being effectively signposted to services they had not been aware of before, and in some cases, supported with initial introductions to support positive engagement from the outset.

TtT is seen by the young people who received support, their families and professionals as a project that was much needed and should continue in the months and years to come, especially as the COVID-19 pandemic and its impact on daily life continues in England (as in much of the world). Families in particular felt that TtT filled an important gap in the services offered by LAs and the NHS by providing a safe space for young people to share and reflect on what is important to them and make plans for their future.

Recommendations

- NDTi (Time to Talk) should continue to provide more young people (16-25) with SEND, free, strength-based support to counter social isolation and provide motivation to make plans for the future.
- In addition to the work done by the project team to define the remit of TtT (introductory videos, website information and leaflet) the purpose of the project and where it could fit within a young person's other support relationships, should be formally outlined to all young people and/or their families at their first support session.
- The amount of support offered by TtT should be increased for all young people. A minimum of 6 hours was recommended by young people, families, and professionals.
- The process for receiving support should continue to utilise the 'Request for Support' form and not incorporate a more formal referral process.
- Action planning should be incorporated into the support each young person receives to ensure there is a clear focus for all sessions and a defined end point that allows future plans to be sustained.

- A series of small group sessions should be rolled out for those who have received support from the project so far to help create a peer support network with the potential for supporting more young people in the future.
- Support for the family members of young people supported by TtT should be offered either on a 1:1 or group basis.
- The findings from Time to Talk should be widely disseminated to assist
 mainstream schools support young people with SEND in England,
 particularly with the implementation of Preparing for Adult. In addition, the
 findings from Time to Talk, should be used to inform conversations and the
 development of new streams of work across NDTi and its partners.
- The evaluation team should review its data collection methods in work with children and young people to ensure they are appropriate and have minimal impact on the delivery of projects.
- NDTi should carry out a review of its policies and procedures to further support the shift to direct delivery of support to young people.

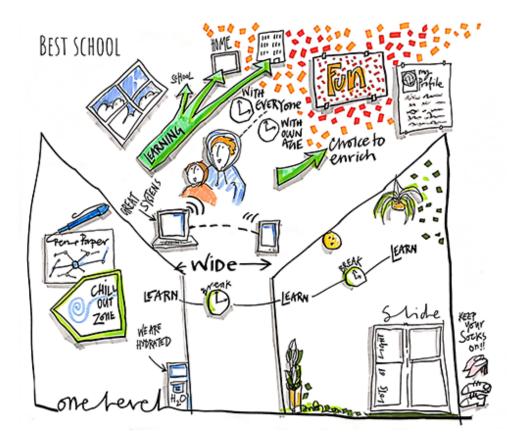




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The NDTi delivery team was made up of four experienced and highly skilled staff members and associates (see <u>Appendix 1</u> and <u>Chapter 2</u>) who used a variety of tailored approaches, person-centred tools, and guided conversation activities to help build emotional resilience, develop a sense of self and, where possible, make plans for the future (such as 'What Matters Island', <u>Appendix 2</u>).



This support offered to young people was either a series of 1:1 or small group support sessions online (Zoom, Teams, Skype) or over the phone (traditional phone calls or text/WhatsApp messages/calls). A total of four hours of support was available for each young person, offered either as four one-hour sessions or a higher number of shorter sessions, over a period of weeks.

The delivery team also offered support to family members where appropriate and with the full consent of the young person being supported by the project. This support consisted of online or telephone conversations where staff took time to listen to individual issues and signpost effectively to relevant services, particularly CONTACT's '<u>Listening Ear'</u> phoneline, and direct support to engage with other health and social care services.

Aims and Outcomes

The aim of TtT was to ensure that young people with SEND in England did not become NEET (Not in Education, Employment or Training) as a result of the COVID-19 pandemic. To achieve this, the overarching outcomes for the project, as defined by the project team before delivery commenced, were:



Outcomes

Outcome 1: To support young people to develop aspirations and build

emotional resilience.

Outcome 2: To provide young people and/or family members with

practical tools and resources to help plan for the future.

Who was involved in Time to Talk?

Time to Talk was promoted via NDTi's networks in the Autumn of 2020. Young people, their families and/or professionals were able to fill out an online 'Request for Support form' to request support from the project. A total of 56 forms were received – 14 from young people themselves, 28 from family members and 14 from professionals.

Based on:

- why they were requesting support
- whether they had a place in education for September 2020
- whether they had any plans for the future
- whether they had someone to help them plan their next steps
- how anxious they were feeling
- individual access requirements
- if they had access to technology at home or to talk online

All 56 indivduals were offered support either immediatly or via a short waiting list system. A total of 51 young people engaged with the support offered to them by TtT, with three of these receiving an extended period of support (more than 4 hours support) due to their personal circumstances and needs. Five individuals did not fully engage with the support being offered by the project for a variety of reasons, including:

- misunderstanding what support the project was offering (1)
- illness or other commitments having to take priority (1)
- not being reachable on the contact details provided (3)



• A total of 44 young people agreed to take part in the evaluation of the project,



12 family members,



6 professionals and the delivery team.

Data presented in this report is based on information provided by each of these sources.

What we did - Evaluation

Data for the evaluation was collected via:



 Request for Support forms completed by young people, family members and professionals (demographic information, scores for anxiety, and details listed in the summary above) (44)



• Surveys for young people (25), family members (9), and professionals (6)



• Conversations with young people (2) and family members (3)



Written feedback from young people, family members and professional



Reflections, notes and meetings with project team members



Project delivery: How was it done and what was Learnt?

Time to Talk was run by a team of seven highly skilled and experienced NDTi staff members and associates. Four team members delivered the project directly to young people and/or their families (<u>Appendix 1</u>), with three team members overseeing the project and providing administrative support.

TtT was a departure from NDTi's usual remit of <u>work</u> – health and social services consultancy and improvement – to direct delivery, although it clearly sits within the organisation's priorities of promoting People's Voices and Equal Life Chances.



This move in a new direction for NDTi has been overwhelmingly successful due to the experience and skills of the project team. The team's previous roles working directly with young people and their families meant they were able to utilise a variety of approaches (such as coaching, trauma informed approaches, art, games and music), person-centred tools (such as 'What Matters Island', Appendix 2) and guided conversation activities to foster relationships and

facilitate conversations that focused on the project outcomes – building resilience, developing aspirations, and making plans for the future.

Throughout the lifespan of TtT, the project team held regular online meetings to share learning, explore ideas and overcome challenges; as well as being in contact with one another via email, text, and phone call in the interim. The evaluator attended several of the team meetings to share information and capture learning for the evaluation; as well as receiving emails and having a number of conversations with the team to help inform this report. The remainder of this chapter will focus on exploring the issues and learning garnered from these sources to further understand the delivery of the TtT project.

What worked well?



We have tried to keep away from being a service - we decided not use referral, talking about cases or discharge, signpost etc.... our intention was to connect with the young person, we are not starting from a deficit place - often needed to get a service. We do not need to go through the commissioning hoops of assessment, panel, referral /allocation meetings. We are quick and we do not make decisions based on critical need, but we start from what matters.

Project team member

Quick and easy access to support

From the outset, TtT was created to sit outside the statutory services/support offered by LAs and the NHS to young people with SEND in England. As such, it did not operate a traditional referral

based system to access support, but rather a short 'Request for Support' form was all that was needed and this could be completed by the <u>young person</u> themself, a <u>family member or professional</u>. This form did not ask people to define themselves by any labels they might have been given (i.e. learning disabled, autistic, etc.), their needs, or whether they had an Education Health and Care Plan (EHCP), but rather allowed them to state the reason for needing support in their own terms along with any access needs. This helped establish an assetbased approach to support from the start; the young people were people first, not a diagnosis. Please refer to this <u>vlog series</u> created by the delivery team to explain more about the request for support and eligibility criteria for TtT.

The project team believe this non-systems-based approach to access support was fundamental to the success of TtT. They said it is likely to have encouraged a more diverse group of young people/families to come forward who might otherwise have been put off by long referral processes that reflected past experiences of statutory services. The TtT approach also allowed the time from requesting support to being offered it to take place within four weeks, and for all those who wanted support to start their first session within 12 weeks. This is far quicker than the average wait time of 14 weeks from referral to first assessment within statutory support services of this nature (Mind, 2020). This aspect of TtT was felt to be of particular importance during the COVID-19 pandemic.

The time from requesting support to being offered it:



Feedback from family members and professionals supported the delivery team's belief that this approach to accessing support was important to the success of the project. The process was described as smooth, efficient, and well managed, with the appropriate amount of communication about whether support was going to be offered.

Really straightforward referral form, was kept in touch, good communication.

(Professional)

Was quick to respond and very helpful regarding support available. Not what I am used to.

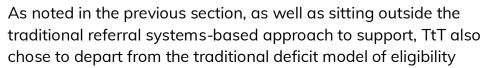
(Family member)

Such a positive step! I was finding it challenging to move forward with [young person], but finding this gave both of us a boost, especially as it all came together so quickly.

(Professional)

Young people were not asked directly how they found accessing support from TtT and none of them mentioned it in either their support sessions, evaluation survey or conversation with the evaluator.





criteria for access. Rather than requiring a young person seeking support to highlight all their personal problems, limitations and 'deficits', it asked them to explain why they would like support in their own words (or those of their family/professional) as well as:

- whether they had a place in education for September 2020
- whether they had any plans for the future
- whether they had someone to help them plan their next steps
- how anxious they were feeling
- individual access requirements
- if they had access to technology at home or to talk online

Asking for this information in this way enabled learning about the young person in context; where they were now, where they will be in 6-months, where they might like to be in 6-months and what support they might need to get there. It did

not ask for a list of 'problems' that needed 'fixing' by the project, but rather saw individuals as people with hopes, dreams and aspirations for their transition into adulthood that needed supporting during a pandemic.

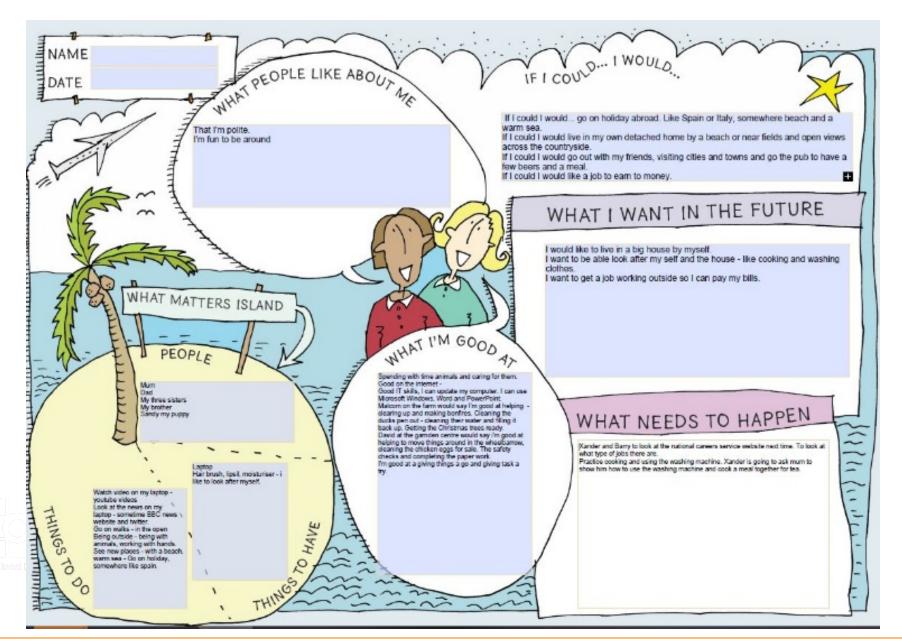
It was completely tailored to my daughter's needs/what was important for her rather than it being to someone else's agenda.

(Family member)

Flexible and creative delivery

The asset-based and person-centred approach to support continued throughout each young person's journey with TtT. The delivery team used a variety of creative tools such as the 'What

Matters Island' (<u>Appendix 1</u> and below) to help young people focus on their lives and what they want for the future.



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In addition to specific tools, there were also adaptions to delivery to meet the young people's needs. For example, the session delivery was adapted to ensure individuals were comfortable (WhatsApp, text, phone call, Zoom/Teams with camera on, Zoom/Teams with cameras off, Zoom/Teams only using chat function etc.). The length of sessions reduced from four one-hour sessions to shorter more frequent sessions totalling four hours. Young people/families in exceptional need were offered more than four hours of support. Session times were altered to fit around young peoples' lives at school, college, work or at home.

Whilst this flexible and creative approach to delivery was overwhelming positive for the delivery team, young people and their families, it was noted by the project team that NDTi's policies, procedures and processes for working out of office hours didn't fully support this way of working. As previously noted, direct delivery of support is a new area of work for NDTi, and this project has highlighted that some focused discussion needs to take place to develop organisational practices that will support work of this nature in the future. Addressing these matters may also prove beneficial for the more usual areas of NDTi's work in light of the ongoing impact of the COVID-19 pandemic on many working practices in the health and social services arenas.



Connections and relationship building

Being able to work in an asset based and person-centred way allowed 'genuine connections' to be built between the delivery team and the young people and/or families they were supporting.

Connections were made over mutual interests including sport, music, cooking, and crafting. These led to conversations about emotional resilience, confidence and planning for a

future filled with things that mattered to the young

person.

...was very upbeat and positive and understood me (Young person)

In the past he has had various support offered, but in all cases they gave up with him after visit 2 or 3 as he either wouldn't speak to them, wouldn't want to be in the same room and in 1 case, he hid in the wardrobe and wouldn't come out until they had left the house. [delivery team] was able to connect with my son very early on and keep that connection. He really enjoyed the sessions and as I mention later, he was always logged on at least 5mins early – he is never early!

(Family member)

In addition to the positive impact building relationships had on the young people supported, there was a positive impact on the project team. Throughout the lifespan of TtT, the project team expressed how much they enjoyed it, especially working with young people directly, how much they looked forward to catching up with them each week and learning from them.

It's brilliant being back with them [young people] again, I've missed it.

(Project team member)

I can't believe this is my job! I get to spend an hour listening to music and chatting about things that matter to [young person] and me. It's great. I have to remind myself I'm working.

(Project team member)

From this discussion, it is clear that having a project underpinned by a non-systems-based, asset focused and person-centred approach to support, allowed trusting relationships to develop that led to meaningful conversations about what mattered to young people and their future. Young people themselves, their families and professionals highlighted how important the relationships built during the support offered by TtT was in helping young people reach their goals.

However, this model of working was not without its challenges.

Role and remit Time available Challenges Boundaries

Role and remit

As noted already, TtT was not a traditional service for young people and/or their families; it did not offer counselling, brokerage or provide ongoing support. Instead, it was a time limited project that focused on emotional resilience and future planning for 16–25-year-olds in England with SEND. The need for support was defined by those requesting it, and the process

for achieving the outcomes were individual in nature. Whilst this was positive for many young people, understanding the purpose of the project was difficult for some, especially those who had a lot of experience with statutory services.

We had to do sessions on my work equipment. [project team] tried to see if the Local Authority could help. We had a conversation but had no information or updates from them [Local Authority]. Not sure what will happen now the support has finished.

(Family member)

I would have preferred that the worker did not advise the family that the LA would fund an iPad as this is not the case and opened up the LA for criticism.

(Professional)

The delivery team were diligent in outlining the purpose of the project and its time limited nature in all the promotional material (leaflet, website information, and introductory videos) and during first support sessions where permissions and consent forms were completed. However, in future, it may be beneficial to provide this more

formally defined details of the project's role, especially in relation to how it sits with or alongside statutory services to both young people, their families and professionals.

In addition, the project team have reflected that due to the short nature of the support offered by TtT, it is important that future work of this nature includes clear guidance on the ending of the support, focusing on closure for the young person and sustaining their plans once the sessions have ended.

Paperwork

Working outside a traditional systems-based approach to support also makes completing documentation, such as permissions, consent forms, and evaluation tools, (such as measures for anxiety and confidence), problematic. Project staff frequently discussed in team meetings how difficult it was to find the right time in the first session with young people to complete permissions, consent forms and anxiety measures, due to the informal nature of the conversations taking place. The skilled and experienced nature of the staff meant they were able to work around these problems to ensure the forms and measures were completed, but the format and way these forms are presented in future work of this kind needs to be reviewed by both the project and evaluation team.

Boundaries

Finally, this way of working can make setting relational boundaries difficult. Not being bound by supporter-supportee rules set out in more traditional support services has been of great benefit to the TtT project. However, without clear guidelines around boundaries/this way of working defined in the project set up or in NDTi's policies and procedures, the delivery staff had to navigate this process individually. Again, due to the experienced and skilled nature of the delivery team in working with young people and/or their families, they were well equipped to assess how to manage relationship

boundaries that worked for them; however, it was noted by the delivery team that this should be addressed in NDTi's policies and procedures for both staff and associates as well as considered more thoroughly in the set-up of future projects.

In three exceptional circumstances, young people and their families were offered

Time available

Another challenge TtT faced was the limited amount of time available to provide support to young people and/or their families.

more than four hours of support from the project, but due to the funding available this was not the case for all young people. Young people, their families, professionals, and the delivery team all told the evaluation that they would like to see future work of this kind to offer more time to each young person and/or

...was good but don't think it was long enough. Needed more.

(Young person)

More sessions! I felt they were just getting started when it came to an end...ideally weekly, then twice a month, then monthly, so maybe 6 or 8.

(Family member)

their family:

Would have been lovely if there were more sessions, maybe 6, but I do appreciate you want to support as many people as possible, even those few sessions made a real difference.

(Professional)

However, when discussing the issue of time in team meetings, the project team felt it important to ensure that whilst more time should be offered to individuals as a matter of course, a definite end point should also be defined so as not to create dependency.

This section has highlighted that TtT was a unique project both to NDTi and within the wider arena of support for children and young people with SEND. As with any innovative project, there were a number of challenges faced along the way, but the highly experienced project team utilised their knowledge and reflective practice skills to address and learn from these in the short and longer term by contributing to this evaluation. The remainder of this report will explore who received support from TtT and provide evidence towards the project's outcomes.



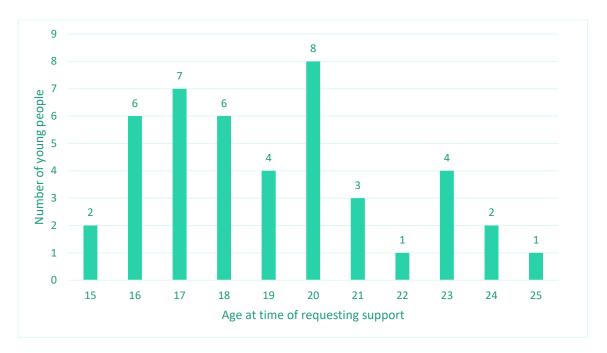
Who took part in the evaluation of Time to Talk?

Young people

A total of 44 young people agreed to take part in the evaluation of TtT. Ten of these individuals requested support for themselves, 26 had support requested for them by their parents and eight by professionals.

At the time of requesting support, 14 young people identified as female, 29 as male and one as transgender. All were aged between 15 and 25.

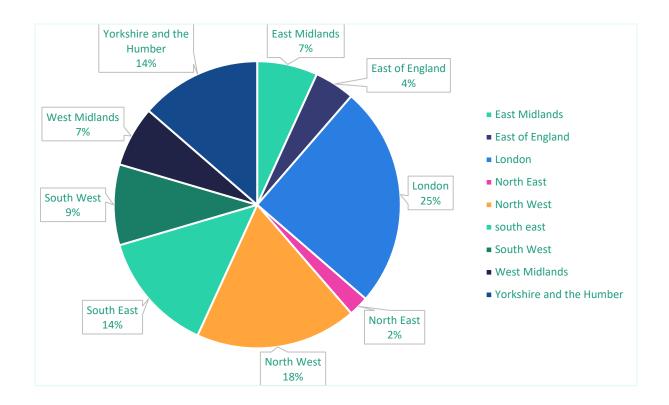
Figure 1. Age at time of request for support



The majority of those receiving support identified as White (34), with four Asian/Asian British, two Black/African/Caribbean/Black British, two Mixed/Multiple ethnic, one other ethnic group and one who preferred not to say.

Young people were supported by TtT from all nine regions in England:

Figure 2. Region



Families

Twelve family members contributed to this evaluation. Nine completed the online evaluation survey and three had conversations with the evaluator. In addition, a series of emails from family members have also informed the evaluation. Full consent was gained from the young people supported by TtT before approaching family members to take part.

No demographic information was collected from family members, only evidence towards the outcomes.

Professionals

Due to the non-systems-based approach to the delivery of TtT, professionals involved in the lives of young people were not necessarily aware of or engaged with the project and the support it was providing the young people they work with. Professionals did not have to refer young people for support, nor did the project team have to share details with them (although they did where appropriate and with the consent of the young person).

Six professionals agreed to take part in the evaluation by completing the online evaluation survey sent to them. Additional information provided by professionals via email has also informed this evaluation.

As with family members, no demographic data was collected from professionals, only evidence towards outcomes.

Reasons for requesting support

On the Request for Support form, all those requesting support (<u>young people</u>, <u>family members and professionals</u>) were asked to provide a reason, in their own words, for requesting support from TtT either for themselves or a young person. A wide variety of reasons were given for needing support, and a full anonymised list can be found in <u>Appendix 3</u>. For the purpose of this report these have been analysed and grouped below:

- To help manage levels of anxiety
- To help overcome isolation, in many instances made worse by COVID-19
- To help find motivation and direction for the future
- To help think about next steps now COVID-19 has changed what is available or what was planned
- To have someone to talk to about worries and concerns. Particularly COVID-19, the vaccine, lockdowns and other people's behaviour

In addition, at the time of requesting support, 26 young people had a place in education in September 2020 and 18 did not. Twenty-four had someone who could help them with their next steps, whilst 20 did not.



Evidence towards outcomes

This section explores the evidence towards TtT's stated project outcomes:



Outcomes

Outcome 1: To support young people to develop aspirations and build

emotional resilience.

Outcome 2: To provide young people and/or family members with

practical tools and resources to help plan for the future.

Before presenting this information, it is first important to highlight that 94% of young people surveyed for the evaluation thought TtT was either 'good' or 'very good' for them along with 100% of family members surveyed.

What did you think of Time to Talk?





Reasons given for these high scores include:

I felt like I was always listened to and was not judged.

(Young person)

Having some time for us and some contact outside our 'normal' has been so useful when we've been even more isolated than usual.

(Family member)

It's been an absolute pleasure and I feel emotional that I have had this opportunity to talk about how I feel.

(Young person)

It gave my son the chance to speak freely to a listening adult and express concerns/worries.

(Family member)



Outcome 1: To support young people to develop aspirations and build emotional resilience.

Young people's emotional resilience and mental health has been working its way up the national agenda in England (as in most of the UK) over the last decade (LGA, 2020), rapidly increasing in prominence during the COVID-19 pandemic. A series of high-profile campaigns raising awareness (such as Every Mind Matters), and policy developments in education, health and social care have all contributed to the national focus on the issue. This is a positive development, but, by the time many young people with SEND reach their teenage years they have often been through the 'emotional wringer', perhaps due to not having fitted in at school, not having many friends, or feeling a 'failure' in the eyes of others (Kelly, 2014).

For many young people with SEND, the support they need around emotional resilience differs somewhat to the mainstream. This was evident for the young people engaged with TtT who gave a range of reasons for needing support from the project.

He has Autism with demand avoidance traits, so he has found school difficult in the past and has a negative outlook about achieving anything in the future.

(Family member)

...over the past five months ever since it started, I've been soo very emotional and at times overwhelmed.

...she is isolated, has no friends and no social life.

(Professional)

In these circumstances building emotional resilience can seem challenging for young people, but it can be done with the support of projects like TtT which was seen as filling a gap in provision.

There is a gap in services for young people from 16 to 25 years old, that is crucial then for them preparing for adult hood. There is no such platform for our young people, just to listen to them...Time to Talk has filled some of that gap.

(Family member)

The following elements of emotional resilience were identified in this evaluation as important areas of impact for the TtT project:

Anxiety

For many young people with SEND their emotional experiences can manifest as 'challenging behaviour' and/or high levels of anxiety. This was particularly true of the young people engaged in TtT, who widely cited 'anxiety' as a reason for

requesting support from the project:

My sons' anxiety and depression has got worse since lockdown and he has no placement to go to post 16.

(Family member)

She is struggling to manage her anxiety. She attended a mainstream school and college but had poor attendance due to this...she needs support to manage her anxiety before she can move forward...she is at home without mum's support for most of the day which is causing her to become more anxious.

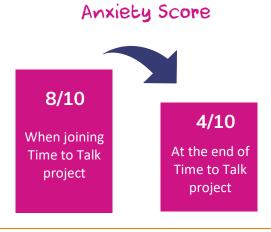
(Professional)

Severe OCD and anxiety have been preventing me from going to college... I really need some support to get back on track because my education is important to me and I want to go to university.

(Young person)

When asked to rate their anxiety level at the time of requesting support from the project, the average score was eight out of 10. There was no significant difference in scores for those requesting support for themselves or by a family member or professional, or by gender or age. However, in future work of this kind, it would be useful for young people who were referred to the project by someone else to rate their own level of anxiety at their first support session for a comparison of scores to be made. This was intended for this evaluation, but for various practical delivery reasons (discussed in section3) this was not possible.

At the end of their involvement with the project, young people who completed the evaluation survey were asked to rate their anxiety level. On average this rating was four out of 10 (again there was no significant difference by age or gender). This is a significant reduction in anxiety rating as a result of their involvement with TtT.



This reduction is supported by comments made by young people, family members, professionals, and the delivery team about anxiety levels:

...it's helped so much. Having someone to talk to who heard me and listened to my opinions, I feel seen and, well, less anxious.

Knowing that what I want matters, it means a lot, you know.

...They gave me something else to focus on than what is happening in the world, it calmed my mind to think about something else.

(Young person)

When the sessions were happening his anxiety reduced, it has gone back a bit now they have stopped, but it helped a lot at the time.

(Family member)

Severe OCD and anxiety have been preventing me from going to college... I really need some support to get back on track because my education is important to me and I want to go to university.

(Young person)

A couple of weeks ago B was in a high state of anxiety and felt unable to progress his plans. I have been looking for contact at Uni's to discuss support for autistic students and have sent him links and information on equal access and reasonable adjustments. He has managed 2 interviews so far; he seems less anxious, and his confidence seems to have improved.

(Project team staff)

It seems to have made a big difference. He has so less anxious now.

(Professional)

Whilst the overall reduction in anxiety for young people as a result of TtT is evidence of the project supporting young people with their emotional resilience, the quote from the family member above highlights an important point. Due to the nature of the project and this evaluation, it was not possible to follow up with those who took part other than immediately after the end of their sessions. If work of this nature is to be undertaken again, it would be beneficial to factor in evaluation data collection at least three months after the end of support.

In addition, it is important to note that the reduction in scores was an average and for some young people their anxiety was not reduced as significantly. The reasons for this are aptly put by this young person who explains that the context in which they were receiving this support played an important part in their levels of anxiety:

The support was good but doing it in lockdown has made it hard. I don't believe things will change; I feel anxious.

(Young person)

Confidence

As noted in the section above (quote from project team), the reduction in young people's anxiety as a result of TtT led to an increase in confidence for some young people. At the time of requesting support, young people, families, and professionals were not asked to rate levels of confidence, but many said they wanted to increase their confidence:

To meet new people and to build confidence and to find out what I want to do in the future.

(Young person)

Needs to build confidence.

Desperately wants friends but doesn't know how to go about it.

(Professional)

When asked as part of the evaluation about how confident they were feeling about their future as well as being able to go out, young people widely stated that they felt more confident than they had previously. This was supported by family members, professionals, and the project team:

I would like to thank you again for helping me gain some confidence these past few weeks... I've managed to send in my CV..., so fingers crossed. I was able to play a football match last Sunday and whilst that was a bit scary, after finally playing again, I felt a bit more confident about going out further from home. I will keep in mind your words in regard to what I've done and what I can do, and try to keep momentum!

(Young person)

Once I can, because of COVID, you know, I really feel like I want to do more, to meet new people.

Doing stuff online is OK, but it is hard to really get to know someone, I want to meet real-life people. I think I can do that now; I wasn't sure before.

(Young person)

She had her last session last night and it has been a joy to see her confidence grow in those sessions, and for her to start thinking about and recognising what she might need to do before she can think about moving out, if this is still what she wants to do at 18. [delivery team member] has been skilled at working out the right pace to go and has built her confidence along the way.

(Family member)

My son would not go out of the house without me, but after a couple of sessions, he went for a walk to the corner shop and back, on his own! He carried on doing this every day and then it became twice a day and even more. He has got into a routine now and will go for at least 1 walk around the block on his own, then myself and usually my daughter will join him for a second walk. This is HUGE! For someone who essentially has been self-isolating for a few years, he is now happy to leave the house on his own. It's wonderful to see him so confident.

(Family member)

Since Time to Talk, [he] has since been on a train independently with a friend and been into town with a friend. They have decided they do want a bank account now, which they were dreading before. This is a big step towards managing money more effectively.

(Family member)

They were able to see things from a different perspective and was able to support YP to build on their skills. I have seen my YP grow in confidence.

(Professional)

He has been out of school for a long time and today told me that he thinks he is ready to start challenging himself a bit more. He has asked his sister to cut his hair and decided he will aim to have a shower every other day.

(Project team)

Loneliness

Many of the young people who engaged with TtT were lonely and isolated at the point of requesting support:

I struggle socially and don't have any friends.

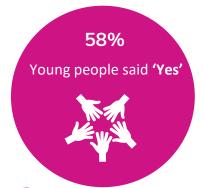
(Young person)

He is quite isolated from any peers and he has been home during covid 19 for nearly 6 months which has made the isolation worse. He is so lonely.

(Professional)

We were told that this situation impacted on young peoples' emotional wellbeing and resilience as they did not have a support network available to discuss problems, share passions or make plans with. When asked at the end of their support, if they felt less lonely as a result of TtT, 58% of all young people said 'Yes':

Do you feel less lonely?



Really enjoyed it, having someone who saw and heard me made me feel less alone with it all.

(Young person)

Knowing someone wanted to know how I was each week, made me feel important and not, well, not on my own. I am on my own all the time, it's hard to remember people do want to know you. This really helped with that.

(Young person)

The data provided for the evaluation suggests that TtT has been successful in achieving its outcome of supporting young people to build emotional resilience. The positive impact it has had on young people's levels of anxiety, confidence and loneliness provides them with the foundation stones on which to build greater resilience in the future, especially with the practical tools and resources provided by the project.



Outcome 2: To provide young people and/or family members with practical tools and resources to help plan for the future.

In addition to helping young people build their emotional resilience, the TtT project recognised the importance of providing young people and their families with practical tools and resources to plan for their futures, as there is a dearth of information available (noted in evidence towards outcome 1).

Plans for the future

Before receiving support from TtT, 89% of young people were said to have either no or only some plans for the future, but after receiving support and completing the evaluation survey 66% of young people felt that they had more ideas about what they wanted to do in the future:

Plans for the future 89% 66% No plans for More ideas future when about future joining Time after joining to Talk the project It was good to just have someone Was very helpful as I now to talk it all through with. COVID have a idea of what I can do has made everything upside down, to help proceed into work. I thought I knew where I was going, but now I have no idea. (Young person) (Young person)

This shift in young people's focus for the future, was also observed by family members, professionals, and project staff:

She grew in confidence during the sessions, and she found it useful to start thinking about her next steps. She is now showing a greater awareness that to achieve some of her dreams and aspirations, certain steps or foundations need to be in place. She is recognising that she needs to develop and practice certain skills e.g., chores at home, to be able to live (semi-) independently in the future. Without Time to Talk, this would not have happened as she did not want to listen to us when we told her this, but instead through Time to Talk she was supported and coached to work some of it out herself.

(Family member)

She has said it was interesting to talk to you about how to become more independent and what she needs to get it.

(Professionals)

Over the course of 5 sessions he has talked about his aspiration to go to University to study performing arts and his apprehension about whether this would be possible in light of his disabilities. He talked through how these things affect his life and the things that he needs to support him. He used all these ideas to develop a personal profile and he also used his sessions to practice online interviews for University. In the past few weeks, he has been invited for several interviews.

(Project staff)

Practical tools and resources

Project staff provided young people with a variety of practical resources and tools during their sessions and 'homework' tasks to be completed. We were told that these were useful for young people, and families.

Plenty of helpful confidence building and support documents are useful - it was great to have someone to discuss this with.

(Young person)

We are following up about setting up a bank account- ... She is still quite anxious about this, but we hope to sort it soon. When you are midst supporting someone get through one day at a time, you can forget to look at the next steps to support independence, even for practical things like managing finance. So it was really useful to think what will help support her independence. It is good to help her think about normal things for growing up.

(Family member)

From this discussion it is clear that TtT has gone a long way to providing young people and their families with the practical tools and resources to plan for their

future. This, combined with the building blocks of emotional resilience, were all identified as positive in this evaluation for the young people engaged. The approach and delivery of TtT appeared to enable a shift for people who felt stuck, as described by this professional:

We were really struggling before, but with new ideas and a fresh perspective, I am thinking about the support he needs differently and will be looking into some of the more creative services out there that I hadn't thought of before. Thank you!

(Professional)

In addition, it is clear that the project has impacted the family members of the young people involved in the project. This is discussed in more detail in the next chapter.



Other Lessons Learnt

In addition to the evidence towards identified outcomes, the evaluation has captured learning about the impact of TtT on young people and their families more widely, alongside thoughts and reflection on how the project could be developed for more young people in the future.

Impact on families

As previously highlighted, the impact on family members of young people supported by TtT has been greater than they expected. Data collected from

family members for the evaluation highlighted the enormous impact of their young person becoming more confident, less anxious, and more able to go out on the whole family:

It is like a huge weight has been lifted off our family. The whole house is different. We aren't on eggshells anymore. Don't get me wrong, things aren't easy, far from it, but it is easier and that's better.

As well as how much of an impact the support they received had on them as individuals:

It was like taking off a cement overcoat the first time I talked. I hadn't realised how heavy the load, even though I see a therapist. Knowing that there was someone with knowledge and experience who had reached out to us, was a huge comfort. Also, someone who is willing to talk to me as a parent, to hear me and not judge.

To just have someone to talk to, to see us and hear us as a family, not judge us or try to tell us what to do just to listen. That doesn't happen, it's never happened to us. It's been life changing. It's given me hope, things can be different.

Especially when that support involved providing them with resources and signposting them to other services:

Or supporting them to attend meetings with other services/support providers to get the support they needed for their family:

Knowing so much has helped me feel less overwhelmed and more empowered. There is a way...

As a parent you do need someone to rally for you. To give you some credence with these people, they don't take you seriously, but Time to Talk has given us that.

Filling a gap

As noted in the previous chapter, there is a gap in statutory services for young people and families to talk about the future as they approach their transition to adulthood. This was discussed by many family members in the evaluation in a way that highlights the unique way that TtT is filling this gap.

She has Down syndrome and attends a local mainstream secondary school. As a result, she has not had access to the same support and quality/quantity of information about 'next steps' that she might have done if she was in a specialist setting. Her mainstream school only really know about local colleges offering A-level and BTEC courses and not courses suitable for young adults with learning disabilities. They did not start any PfA discussions in Year 9 because they did not have the experience, knowledge or resources to do so, and the Local authority did not support this either. Everything has been left to us as her parents. There is a massive gap in support and information here. There should be more support like this [Time to Talk].

We have no experience of other activities/services that support this much needed area of his life...Time to Talk did not complement anything else he was receiving, as he has not had any support for planning for his future, this is the only support he has had about this and it's been invaluable.

¹ <u>Preparing for Adulthood</u> – a programme to ensure young people with SEND achieve paid employment, independent living and housing options, good health, friendships, relationships and community inclusion as they move into adulthood.

We wanted a space for her to be supported to think about what she wants for her future, in a way that is not influenced by our own aspirations or what we think is or is not possible. We wanted to enable her to think these things through for herself, with support, Time to Talk is the only support that we have found offering this. I just wish it had been longer as I felt she was just starting the process at the end of the six sessions and probably could have done with another six either straight after or with a short gap, to fully benefit from the approach.

This finding, alongside the challenge of defining for young people, their families and professionals how TtT sits alongside statutory services (Chapter 3), speaks to a wider need for the findings of this evaluation to inform national conversations about young people with SEND in England, their needs and how mainstream schools need support to implement Preparing for Adulthood.

Things that could be done better

Whilst responses from young people, families, professionals, and the project team about TtT were overwhelmingly positive, there were some areas where suggestions were made about how this and future projects could be improved (not in priority order):

- Make sure more young people who need it are offered Time to Talk support
- Support the creation of a network of peers made up of young people who
 received support from TtT. This could help these young people sustain their
 plans, learn from one another, forge friendships, and possibly, mentor other
 young people in the future
- Offer workshops for parents about how to support young people to develop independence
- Develop 'action plans' for the sessions offered by TtT, to ensure everyone is clear about the purpose of the sessions, to provide a focus, and to ensure the work is embedded and sustainable in the young person's life and support networks



Discussion

Time to Talk was a unique programme of support offering 16-25-year-olds in England with SEND free, strength-based support online to counter social isolation and provide motivation to make plans. The project was not only unique in the support it was offering young people, but also to NDTi who until now have not been direct support providers.

The project aimed, through non-systems, asset based, person centred support, to:



Outcomes

Outcome 1: To support young people to develop aspirations and build

emotional resilience.

Outcome 2: To provide young people and/or family members with

practical tools and resources to help plan for the future.

Evidence captured in this evaluation suggests that the project has been successful in achieving these outcomes and more. Young people have seen a significant decrease in their levels of anxiety, feel more confident about the future and their ability to go out once the COVID-19 pandemic restrictions allow. They feel less isolated than they did before receiving the support. These findings imply the building blocks for emotional resilience have been developed and bolstered by TtT, in a way that was not being done by statutory services or other support.

In addition, Time to Talk has offered young people and their family's practical resources and tools for planning for the future. It also provided family members with much needed support and advice at a time of great uncertainty and in the absence of support from statutory services.

The project's successes can, in part, be explained by the flexible, non-systems, asset-based approach to support from the first point of contact with the young person. Each young person and their family were seen as individuals with hopes, dreams and plans for the future that needed some support to achieve during a pandemic. Seeing young people as people first, allowed genuine connections to be built, and meaningful conversations on sometimes difficult subjects to be

undertaken. Another important feature of the project's success can be put down to the skills and expertise of the project team and the young people themselves who were open and willing to work to reach their goals.

The project and this evaluation were not without their challenges, but these were addressed throughout the lifespan of the project and in the recommendations that follow.





Recommendations

Based on the evidence collected and reviewed in this evaluation, the following recommendations have been made for the delivery and future of the project, and for NDTi as an organisation:

- NDTi (Time to Talk) should continue to provide more young people (16-25) with SEND, free, strength-based support to counter social isolation and provide motivation to make plans for the future.
- In addition to the work done by the project team to define the remit of TtT (introductory videos, website information and leaflet) the purpose of the project and where it could fit within a young person's other support relationships, should be formally outlined to all young people and/or their families/professional at their first support session.
- The amount of support offered by TtT should be increased for all young people. A minimum of 6 hours was recommended by young people, families, and professionals.
- The process for receiving support should continue to utilise the Request for Support form and not incorporate a more formal referral process
- Action planning should be incorporated into the support of each individual to ensure there is a clear focus for all sessions and a defined end point that allows future plans to be sustained.
- A series of small group sessions should be rolled out for those who have received support from the project so far, in a bid to help create a peer support network with the potential for supporting more young people in the future
- Support for the family members of young people supported by TtT should be offered either on a 1:1 or group basis.
- The findings from Time to Talk should be widely disseminated to assist
 mainstream schools support young people with SEND in England,
 particularly with the implementation of Preparing for Adult. In addition, the
 findings from Time to Talk should be used to inform conversations and the
 development of new streams of work across NDTi and its partners.
- The evaluation team should review its data collection methods in work with children and young people to ensure they are appropriate and have minimal impact on the delivery of projects.
- NDTi should carry out a review of its policies and procedures to further support the shift to direct delivery of support to young people.

Appendix 1. Time to Talk Team

Time to Talk

Meet the Team

Alice McColl



Hi, I'm Alice.

I live with my two sons and my husband in the South West of England. I like singing, listening to music, and spending time with my friends.

During lockdown I got a bit fitter as I did lots of walking in

the countryside with my dog Roma. I learnt to run and I can now run for 30 minutes without stopping.

My favorites food is fish and pasta and ice cream (not together of course!). My perfect day is being on a windy sunny beach with my family and then watching a movie together after a day outdoors.

I have worked on lots of different projects for children and young people and I am really looking forward to meeting new people through Time to Talk.



Barry Jones



Hello, my name is Barry.

I live with my wife, Jo and my two daughters, Lauren and Rose, our dog, Bronwyn (Bron for short), Dibdab the rabbit and our 6 chickens.

I love to swim in lakes, rivers and the sea all year round. One day I am going to try and swim the English Chanel and swim to France. My favourite things to

watch on TV at the moment is 'Cobra Kai' and 'Forged in Fire'. A good friend taught me to surf about 10 years ago, I've missed not surfing during lockdown and am really looking forward to getting back in the water.

I'm excited to meet you and work together on the Time to Talk project.

P.S My youngest daughter Rose, is the photographer in the house and thought the shed we made together would make a good background.



Jackie Claxton-Ruddock



Hi, my name is Jackie.

I live in Leeds West Yorkshire with my husband and daughter. I have two children and four grandchildren to keep me busy!

My daughter is often getting me to join her in playing computer games even though the controls seem to work differently every time I play!

I'm often teaching my grandson how to play football which I think keeps me fit! The greatest fun is taking my grandchildren out on day trips.

I have worked with children and young people for many years and particularly enjoyed my time working with older young people helping them achieve their goals.

I look forward to meeting and talking to you.





Jon Ralphs



Hi, my name is Jon.

I live with my wife, Jane and my daughter Georgie.

I love to play and listen to music. My favourite things to watch on TV are Marvel movies and The Umbrella Company.

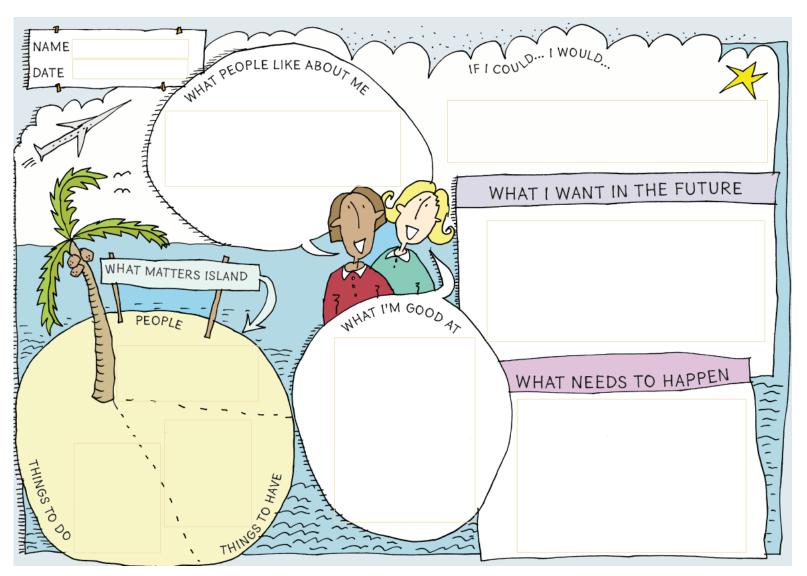
I run 5 days a week in the countryside I've seen a kingfisher on one of my runs.

I support Northampton Saints rugby team and watch with three other family members. We all have season tickets.

I've trained to be an artist and a Manager in the NHS and now use both to help people have good lives.



Appendix 2. What Matters Island



Time to Talk | Evaluation Report | May 2021

Appendix 3. Reason for requesting support

- I am really keen to join this course and to try and get my life back on track. During lockdown I really struggled with being isolated and had an inpatient stay which derailed my lifeand my expectations about what I can achieve. I am autistic. I didn't get the grades I wantedfor GCSE and I am unsure of my future and whether I will be able to achieve the A levelresults I was expecting to. I am due to start 6th form and a new school and don't know if it isthe right thing. I have had time out from school before and I don't want to be left at homedoing nothing. This course would be perfect to help me think through my choices movingforwards to become the best me.
- I was diagnosed only in Dec 2019, age 19 and need as much support from people who understand my challenges. I struggle socially and don't have any friends. I have 2 a levels and 6 gcse and am about to restart the second year of an HND in Public Services having had a year out. This is a new college which is scary and I would like help getting some work experience within the public service sector. I am particularly interested in the police, Ministry of Justice, Homeland security type of work.
- Because I don't know what do to if I want to stay at Drama Group for the BAs or do I want toleave home and go into supporting living like my girlfriend
- I would like some help with motivation and direction. I've been at home since lockdownstarted and need help to find a job.
- The reason why I'm requesting support is because of this ongoing situation over thepandemic. I fear of it lasting for a very long time, even years and I also fear of not seeing avaccine anytime soon. I'm so afraid of having a future of my very own, I can't seem to move on very well, not unless there's a vaccine involved. I wanted to become a screen writer, Iwanted to write, I really did, but over the past five months ever since it started I've been sooverly emotional and at times overwhelmed. Did you know that most of the films of thisyear had to be constantly pushed back due to the rest of the world not being safe, and I fearthat if this carries on, this could cause a huge impact on each and every one of them and myfuture with it. This was my big plan you know! I still want to become a screen writer and mycreation being placed on a big screen. Please tell me that VOD isn't going to replacecinemas in the near future just because we had to watch the news one that were suppose tobe released on the big screen in our own homes. I worry about being closed down because of this.
 - I am visually impaired and feel low

- She is aged 16, Covid has meant she lost some important learning time to build on herindependence and friendship skills whilst still at school. I feel this support would benefit herincredibly to prepare her for adulthood.
- Needs to build confidence. Desperately wants friends but doesn't know how to go about it. Anxious about Covid, his future and life in general.
- I have known A for 4 years since he left college in 2016. He has a diagnosis of Aspergersand Dyspraxia. Initially he attended Specialist Autism Services, but left after ayear and since then he has been very difficult to engage and any suggestions made to himabout projects and organisations he could be involved with, he struggles to initiate andfollow through. He wants to volunteer and hopefully get employment in the future in ITwhich he has a level 3 qualification in, but struggles with his confidence and anxiety. He nolonger meets the criteria for our team and will need some ongoing support to assist him tolook at his future goals and aspirations
- My son has lost his job due to the pandemic, and he seems to have become
 increasinglyanxious over the pandemic period and says that he feels
 desperately isolated and hasn't gotany friends of his own age. His normal
 happy-go-lucky personality seems to be changinginto something much
 more depressive and he is showing a lot of compulsive behaviour
- He is wonderful young man. He is keen to develop his skills in college and work, he worksvery hard but sometimes his disabilities feel overwhelming and he worries about his future. He has a diagnosis of ASD, Dyslexia, and Dyspraxia. This impacts on his self esteem and confidence and he longs to develop his social skills. He has worked very hard to make somefriendships. He often asks directly for more support with socialising and developing hisopportunities. He is also exploring his identity and discovering who he is and how he feelsabout relationships. This would be a great support to him.
- He Aspergers and has just reentered mainstream education at sixth form college. He isreally anxious at the moment and is trying really hard to adapt. There is no support at themoment as it is all such a mess because of Covid 19.
- Was recommended this through CTPLD as my sons anxiety and depression has got worsesince lockdown and he has no placement to go to post 16
- He has just turned 16 and he has just started in 6th form. He has autism and Tourette's and he has a EHCP too. He is not receiving any support from anywhere other than from ourselves as his parents and the wider family- he is quite isolated from any peers and he has been home during covid 19 for nearly 6 months which has made the isolation worse as before covid he use to go to boxing club at the weekends and be with young people. He is very passionate about Opera, Movies, History and watches

the news a lot also so has an interest in world affairs. As parents we need support to put a plan in place for him moving into adulthood and this plan needs to include jobs that is capable of doing within the interests he has. We would love for him to be more confident in joining new clubs and giving them a try as everyone we have tried apart of the boxing he does not want to return too. He has no respite from ourselves as parents and we do not get direct payments or support. I think we would all benefit as a family in him getting a person centred plan and moving forward in trying to improve his social skills, meet new friends who have like minded interests and perhaps helping us with funding to secure getting him some support to go out independently without his parents being with him.

- She has asked me to complete this application on her behalf. She is a 19 year old youngperson who is struggling to manage her anxiety. She attended a mainstream school and college but had poor attendance due to this. Currently, apart from going for a short walkwith mum and her dog she does not leave the house so has been NEET for approximately two years. She feels that she may have Autism and is currently waiting for an Autismassessment. She was referred to our team to support her with engaging in her localcommunity and building on self help/independence skill, s but at the moment she agrees with me that she needs support to manage her anxiety before she can move forward (alsocurrent Covid restrictions have prevented me from working in the home with her to supportwith cooking etc.) Mum has now been successful in getting a job which means that she isat home without mums support for most of the day which is causing her to become moreanxious. If you need to contact her she has requested that you ring after 3pm when mumgets home from work so that you can initially speak to mum.
- She has been very isolated for some time now, which has been heightened due to lockdown and she has also unfortunately had negative experiences with education, which has meant that she has disengaged from it. This project would be an amazing source of support for her and would hopefully provide her with the ability to discuss what she wants to do now lockdown is hopefully coming to an end and create some functional and achievable goals.
- Her and her family are all ASD, The family are struggling with the younger sons behaviourand this along with Covid and lockdown has had a major impact on her, she is isolated, hasno friends and no social life.
- She has ASC and is NEET. She struggles to engage Face to Face and would not meetthe Targeted Youth Support worker allocated but did engage online. She is expressing a wishto join the police and wants support with this which will be about working with her anxiety
- He is trying to get a place in college but may not be able to gain a place this year. He hasAutism with demand avoidance traits so he has found

- school difficult in the past and has an egative outlook about achieving anything in the future. He is very good at film making and is creative. He needs inspiration from positive people to go forward in his life. He is very isolated at home as he is an only child.
- Due to difficult times she has had and anxieties she has. The feeling of being useless and notsure where or want she will be able to do in the future. Has a history of self harm which washigh prior to Changing to her current setting and increased during lock down. She has cpdepligia and epilepsy vns and gastric feed unable to toilet or do things independently.
- He was diagnosed with ADHD & ODD in Jan 2014, so has always struggled with school. In2018 his step dad died and along with a change to the school lesson times and structure hewas unable to cope. He was diagnosed with severe depression in 2019. Although out ofschool for over 1 year, he managed to get his maths GCSE. I/we have no idea what to donow, he is quite isolated and doesn't leave the house very much at all.
- does not have any friends although she will state that she has friends at college. She has been making inappropriate and concerning friendships with adults online who she feels are her friends, she is adamant that they are her real friends and even with her sister (her guardian)explains that they are not she does not seem to be able to understand this. She is aged 22 but has a developmental age of 16> i feel with agreement from her sister that this kind of service would really benefit her in so many ways
- I have talked with my Son about 'Time to Talk' and tried to explain what it's about in a way he can comprehend. He does not fully understand although, has agreed to try as long as I am with him and, he can stop the sessions at any point. My Son has Autism, SPD and Anxiety. He has been (and still is) Home Educated from the age of 14 due to School (Mainstream and SEN) being an absolutely awful experience for him and his needs not being met. (School specific Anxiety was extreme) He is too afraid to try college in case it might be like School and has no real understanding of what having a career/ employment entails.
- has anxiety and many social issues and has had Talk to at his residential
 college where he was for 3 years this really helped him cope and have an
 opportunity to talk through some of his issues, he has recently come back
 home to live and he will always have his difficulties and would like him to
 talk through things with someone who is qualified to do so
- Severe OCD and anxiety has been preventing me from going to college due to worriesabout Covid-19. I really need some support to get back on track because my education isimportant to me and I want to go to university.
- Over the past few years i've suffered both health and depression/anxiety issues and havebeen home educated since I was 16. Since lockdown, these issues have been heightenedbecause i'm limited to being at home most of the time and my mental health is noweffecting my education.

- To meet new people and to build confidence and to find out what I want to do in the future
- Profound depression and PTSD significant anxiety high functioning ADHD and autismAgoraphobic and stuck at home for 5 years with difficulty with digestion and eating. She isinterested in writing, fantasy films, art fashion, highly creative. Highly isolated
- Has a diagnosis of Autistic Spectrum Disorder, a learning disability and PDA-Pathological Demand Avoidance and these conditions have an impact on how He manages his daily living activities At present he is not attending school or dayopportunities due to his high anxiety around the COVID pandemic and he lost hisGrandmother to COVID very early on in the lockdown and he requires support to re entersociety and online sessions would be a great way of lifting. His isolation.
- She has been isolated since leaving college in 2019. The Covid situation
 has made thiseven worse as she is finding things difficult. She would like
 to take part in the Time to Talkcourse that you are organizing
- He is 17 with existing diagnoses of 1. Attention Deficit Hyperactivity Disorder 2. AutismSpectrum Disorder 3. Tourette's Syndrome He lives with his mother and stepfatherrelationships are strained particularly with his stepfather who would like him to leave thefamily home, he has recently started at college which he has found a difficult adjustment ashe wanted to stay in the 6th form where he had been since year 7. He was not copingwith 6th form and despite receiving a lot of support from school staff had to leave. He has few friends and feels very lonely, he constantly gets confused in social interactions withpeers and gets very distressed
- Since lockdown he has become withdrawn, anxious and losing motivation to fulfil hispotential. He has autism and ADHD. He did want to go to Uni but this has changed. Heexperienced panic attacks during lock down. He is socially isolated.
- He has ASD and is not in employment. He has anxiety and other difficulties. His supportedwork placement, in an allotment with Autism Ventures, was suspended due to Covidsituation. Any support for Joe would be welcome. As a parent and carer of him, now a youngadult with Autism, I have a constant worry and concern about his well being and future. Thank you
- Mother informs that he has a diagnoses for Ticks and Turret, Learning
 Difficulty, Dyslexia and Sclerosis of the Spine. is awaiting Autism
 assessment by the GP. He haslimited verbal communication, and poor
 social skills and struggles with social relations. Hewill refuse to have
 conversation and makes no effort to sustain it. He is currentlyat home not
 in education or employment. He would like to explore future aspiration.
 Hepreviously was employed by Hermes delivery service. However this

- ended due to transportissues. He would like to explore that again or any other simpler service that could be available.
- he is on the autism spectrum, high functioning. going back to year 13 at mainstream collegeand needs help with organisation. also looking to go to university in sept 2021 so will needsupport. he also has epilepsy and is estranged from his father.
- To encourage him to think about what he wants to get out of inclusive learning at collegenext year, part time work
- struggles to talk and very deep just thought this might help him
- My daughter has a learning disability (Down syndrome). She has received very little supportor guidance from her mainstream school about moving towards adulthood. She has chosena college and course she wants to do next (a foundation studies course with animal care) but also continually talks about moving out at 18. This is not because she is unhappy, butbecause in her mind when you are an adult you leave home and have your own place. Obviously this is a huge step and we are supportive of what is right and best for her, but this will take a fair bit of support and planning, and I feel she does not really understand that (however much we try). She is excited about an independent future but she does not thinkabout how she needs to get there. She seems to assume she will move out on her 18th, andwill have somewhere to live and an income. We do not want to limit her, and we love herambition, but we obviously need to support her to achieve her goals and help herunderstand what is realistic. Her school have no experience of this sort of thing, and socialcare are unwilling to get involved as they do not think she has complex needs.
- In the past few years, and especially the last two, I've found it a huge struggle to navigatethe world as my anxiety and depression pose a huge obstacle. I feel like some more "bespoke" support would help me make the path forward a little clearer.
- He is an outward going young lad, confident when he is in a familiar place, with a passionfor drama, theatre & films. He found lockdown hard missing college and his friends. the continued restrictions frustrate him resulting in angry outbursts and unhappiness. He is inhis last year of college so will have to make plans for the next step soon.
- He has Cerebral Palsy with associated learning difficulties, speech impairments andphysical needs. He also excludes himself from situations that he feels he does not want toparticipate in. He will need someone to sit alongside him, purely to support him to try andparticipate.
- This support was recommended for her by her Education SEND coordinator.
- Difficult communication at home, selective mutism for years, situation getting worse andchild becom8ng more isolated
- Feeling a bit wobbly and not myself