## Report Supplementary Material 1

## Summary of study mapped against the Standards for Reporting Qualitative Research (SRQR)

The following table maps the contents of main report against each standard in the Standards for Reporting Qualitative Research (SRQR)<sup>143</sup>

Standard No.	Торіс	Description
S1	Title	Reducing Barriers and Increasing Access to Support for Young Carers (REBIAS-YC)
S2	Abstract	See pages 2-3
S3	Problem formulation	Providing care can negatively impact children and young people's education, employment, health, and social participation, with associated costs to individuals and government. Recent years have seen improved legal rights for young carers. However, there was previously substantial knowledge gaps regarding how best to support young carers in the current service and rights context and from the perspective of young carers and the people they care for. Our study sought to address this gap
S4	Purpose or research question	<ol> <li>What types, components or features of services and other support are seen as helpful, valued, and acceptable to young people who look after someone at home and the people they support? Conversely, what is found to be less or unhelpful?</li> <li>What additional support is perceived as needed?</li> <li>What are the barriers experienced by young and young adult carers in seeking and accessing services for themselves or the person they support?</li> <li>What are the barriers and facilitators for practitioners in providing support and services perceived as valued, helpful, and needed by young and young adult carers and the people they support?</li> </ol>
S5	Qualitative approach and research paradigm	In-depth qualitative methodology using focus groups, in-depth semi-structured interviews and workshops in four localities in England. The theoretical and conceptual frameworks used to inform the study included Twigg and Atkin's 'dual perspective': that caring takes place in a relationship, that there is a multiplicity of needs, and that needs sometimes conflict and Purcal et al's 2012 analytical framework which classifies three different possible aims of service support

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S6	Researcher characteristics and reflexivity	The research team varied in terms of age, gender, and caring experience. It was experienced in working with vulnerable adults and children and learnt further skills from the social care practitioner team member who had extensive experience in working specifically with the study target groups. Although none of the research team had direct experience of being a young carer, it was assisted by a Young Carers Advisory Group and a Study Steering Group.
S7	Context	We recruited participants in four localities in England, representing different young carer and marginalised groups and different geographical and socio- demographic areas
S8	Sampling strategy	The study sought to obtain the views of young carers, care recipients supported by a young carer and practitioners. Recruitment was assisted by young carers project workers in the study areas
S9	Ethical issues	Ethics approval was granted by LSE Ethics on 21 May 2021 (Ref. 1247). The study measures were selected based on our experience of conducting research on potentially sensitive subjects and were refined in conjunction with young carer advisors and with input from Health Research Authority (HRA) Research Ethics. Focus group facilitators/interviewers had extensive experience and expertise in this area. Experienced support workers were available during and after focus groups and interviews in case anything came up that the young people needed to discuss or wanted additional support with. Researchers carrying out the focus groups and interviews were Disclosure and Barring Service (DBS) checked and had training and experience in conducting research with vulnerable adults and children. Project and support workers also had DBS checks
S10	Data collection methods	Our study used in-depth qualitative methods including focus groups and semi-structured interviews with young and young adult carers aged 9-25 and parent care recipients; and workshops with practitioners. We were flexible about timing of focus groups and interviews. We arranged accessible focus group and interview venues (with options for interviews online or by phone) and arranged transport as needed

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S11	Data collection instruments and technologies	Topic guides for the focus groups and interviews were co-developed with the Young Carers Advisory Group and structured to explore perceptions of: what is helpful, unhelpful or could be improved about existing services; what additional support is needed and what needs would it cover; and barriers to accessing support. Data collection methods in focus groups included group and paired discussions, use of flipchart and stickers, drawing, writing and annotation. We aimed to ensure that process, format and content of focus groups/interviews were as inclusive as possible
S12	Units of study	The study participants included 133 carers aged 9-25 with a range of caring and life circumstances and socio-demographic characteristics; 17 adult care recipients (parents) with a range of physical and/or mental health care and support needs and 19 practitioners from schools, colleges, young carers organisations, voluntary sector services, mental health, NHS, adult social care, early help, and commissioning. The inclusion criteria for young carers were being aged between 9 and 25 and providing unpaid care; and for care recipients, being aged 16 or older and cared for by a young carer (not necessarily a young carer involved in our study). Participants were recruited through young carer organisations, schools and colleges in the four localities. Workshops were held with practitioners from each locality, recruited through partner organisations and their networks
S13	Data processing	Data included audio recordings, fieldnotes and other written and drawn material and annotations. Audio recordings of interviews and focus groups were transcribed by a professional transcription service

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S14	Data analysis	Data were analysed using deductive and inductive thematic analysis with the aid of NVivo software. After initial familiarisation with the data, an initial coding framework was developed structured around the conceptual framework and the research question. The initial coding frame had the following overarching themes and sub-themes: (i) individual barriers; sub-themes: material circumstances; competing priorities; self-determination; and psychosocial; (ii) contextual barriers; sub-themes: care policy and care financing; and care organisation. We then collated all data relevant to each theme, including counter-examples and exceptions. Themes and sub-themes were adapted as required. Workshop discussions were transcribed verbatim and entered into an NVivo database. The transcripts were coded thematically in three ways. One researcher coded the three transcripts inductively, considering emergent themes. A second researcher coded the transcripts specifically to look for recommendations for practice. A third researcher interrogated the project, using both sets of coding and the original transcripts to develop themes in response to the five highlighted themes from the analysis of young carer and cared for parent focus groups and interviews, which had guided the practitioners workshops, and other themes relating to the overall research question around which the practitioners workshops were devised: 'What are the barriers and facilitators for practitioners in providing support and services perceived as acceptable and appropriate by young carers and the people they support?
S15	Techniques to enhance trustworthiness	As described above, data analysis was undertaken iteratively and involving different researchers. Attention was paid to identifying counter-examples and exceptions. Analysis of the focus groups and interviews with carers and care recipients took place prior to the practitioner workshops, so that preliminary results could be discussed with our advisory groups and used to inform workshop discussions. The findings were shared with the Young Carers Advisory Group and the Study Steering Group before the report was written

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S16	Synthesis and interpretation	Existing published research fails to capture the service landscape for young carers in the UK from the perspective of young carers themselves. In-depth listening to young and young adult carers and their families has shown the types, aspects and range of support that young and young adult carers need, and value when received. Our study shows much unmet need for support, and variation in type and quality of support received, including geographically. Many of the valued and needed aspects of support are already recognised and embedded in current legislation. Action is now needed to implement this legislation and to sustain and extend the areas of good practice that currently exist. Other aspects of good and needed support we identified are not currently reflected in legal rights, and are not consistently reflected in commissioning, service tenders or practice
S17	Links to empirical data	Anonymised quotations from participants and summaries of workshop discussions are embedded throughout the report
S18	Integration with prior work, implications, transferability, and contribution(s) to the field	Our findings add to the previously very limited body of research on how to best support young carers and the people they care for. Our study adds to previous evidence on support for young carers and updates these findings to the period after the implementation of new rights for young carers and the increase in young carer voluntary sector support organisations in England. It thus reflects what support is offered, valued, and missing in the current service and policy landscape. Crucially, our study provides evidence on what support is needed and valued and how current services can be improved and augmented from the perspective of the potential receivers of support: young and young adult carers and the people they care for. The perspectives of commissioners and deliverers of support also contributed to this picture

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S19	Limitations	Potential limitations are that we were not able to engage with, or recruit, young carers from some intended sub-groups meaning some perspectives are missing. Partly because of COVID-19 measures during the study, we mainly recruited through young carers organisations and their family projects, although this was balanced by recruitment through schools and extensive outreach and engagement by the collaborating organisations prior to our project starting.
S20	Conflicts of interest	None
S21	Funding	NIHR Health Service Health and Social Care Delivery Research (HSDR NIHR129645). The funders were not involved in data collection, interpretation and reporting