

# **Cancer x Coronavirus: The impact on young people**

# INTRODUCTION



## **Coronavirus has disrupted the lives of all young people across the UK.**

Schools and universities have shut, interrupting education at a critical time. Family, friends and partners have been cut off, breaking social connections. Those taking their first steps into work have found the jobs market stalled.

Facing cancer on top of that feels unimaginably tough.

Many young people with cancer are also deemed to be in the group most vulnerable to coronavirus, whilst the current evidence suggests that the majority of people their age are generally at less risk – further setting young people with cancer apart from their peers.

Many have had to ‘shield’ – isolating themselves completely from others, for up to three months. They’ve told us how difficult this has been.

Even as schools start to return, rules about meeting others relax, and the rest of us slowly start to return to something approaching normality, young people with cancer face an uncertain future.

Living with cancer already puts young people’s lives on hold while their peers move on. Living during a global pandemic adds a further layer of uncertainty and isolation. We’re deeply concerned about the toll this period has taken on young people already going through one of the hardest times of their life.

We’ve adapted our own Teenage Cancer Trust services, staffed by specialist nurses and support teams, to the best of our ability to meet young people’s changing needs during the pandemic, including providing much more of our peer support online.

But we wanted to find out how far young people with cancer feel their care has been disrupted by coronavirus. I’d like to thank every young person who has shared their experiences for this project.

This report includes some clear recommendations for government and healthcare providers to take on board. We’re also reviewing our own services to see where we can do more to meet some of the clear needs this research has identified. Creativity, determination and going the extra mile have helped us to keep supporting young people – but we won’t stop there. As the situation evolves, so will our support so we can keep being there for young people through this crisis and beyond.

Cancer is tough enough on its own. If we don’t get the next steps right, the long-term impact on young people with cancer will be significant.

Kate Collins

Chief Executive  
Teenage Cancer Trust

# ACKNOWLEDGMENTS

## Report authors

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## With special thanks to

All the young people who took the time to respond to our survey and share their experiences during this difficult time

Dr Lorna Fern, for her work designing the survey and analysing the results

Teenage Cancer Trust's funded staff for their incredible work to support young people with cancer during the crisis

# SUMMARY

- 81% of respondents had been asked to shield, and of these, nearly all (91%) said they had been affected by shielding
- During the pandemic, young people with cancer found accessing a physiotherapist (69%) and psychologist (53%) more challenging than normal
- Of everyone in their treatment team, young people with cancer were most likely to see a Teenage Cancer Trust Youth Support Co-ordinator more often than they were before the pandemic
- Seeing friends and family (53%), accessing work or education (44%) and young people's mental (27%) and physical health (25%) were all areas that young people felt were difficult to manage during the pandemic

# 1. METHODS

## 1. Methods

### 1.1 Methods

**1.1.1.** Data were collected using an online survey, via an anonymous link on the Teenage Cancer Trust website, asking young people about the impact of COVID-19 on their life, wellbeing and cancer care. 118 individuals aged 13 - 30 years responded. Responses were summarised descriptively, and free text answers were analysed thematically.

**1.1.2.** The survey ran from 1 May 2020 to 15 May 2020

### 1.2 Exclusions

**1.2.1.** There were 120 survey responses in total. Two were excluded due to their being outside the cohort the charity supports.

## 2. FINDINGS

NB - Percentages to the nearest whole number

### 2.1. Demographics

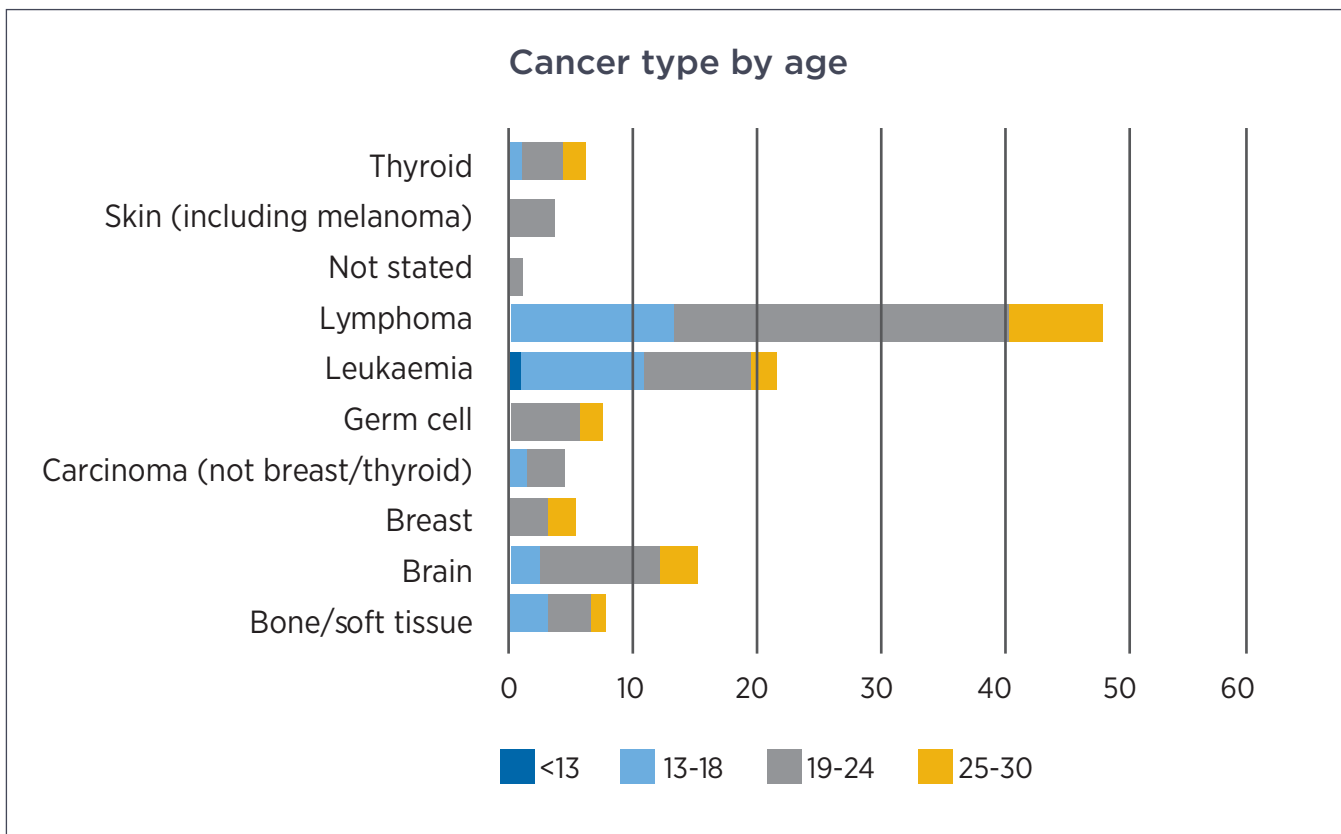
**2.1.1.** Participants reported their age, where they live, cancer diagnosis and whether they are currently receiving treatment or are recovering from cancer.

**2.1.2.** The highest proportion of participants by age was those aged 19-24 (55%), with 13-18 the next most common (29%) and then 25-30 (16%).<sup>1</sup>

**2.1.3.** Most respondents lived/received their treatment in England (80%), with Scotland the next most common (12%), Northern Ireland (7%) and Wales (2%).<sup>2</sup>

**2.1.4** Most respondents (61%) had a blood cancer, with lymphoma (42%) and leukaemia (19%) the two most common cancers among those who participated.<sup>3</sup>

**Figure 1**



**2.1.5** Just over half of respondents (57%) had completed their treatment, with the remainder (43%) currently having active treatment (including maintenance treatment).<sup>4</sup>

**2.1.6.** Around three quarters of the participants (76%) were supported by Teenage Cancer Trust. Of those that Teenage Cancer Trust supported, 82% of them were currently on treatment and 72% had completed treatment.<sup>5,6</sup>

<sup>1</sup>Appendix Table 1: Participants by age

<sup>2</sup>Appendix Table 2: Participants by region

<sup>3</sup>Appendix Table 3: Participants by cancer type

<sup>4</sup>Appendix Table 4: Treatment status

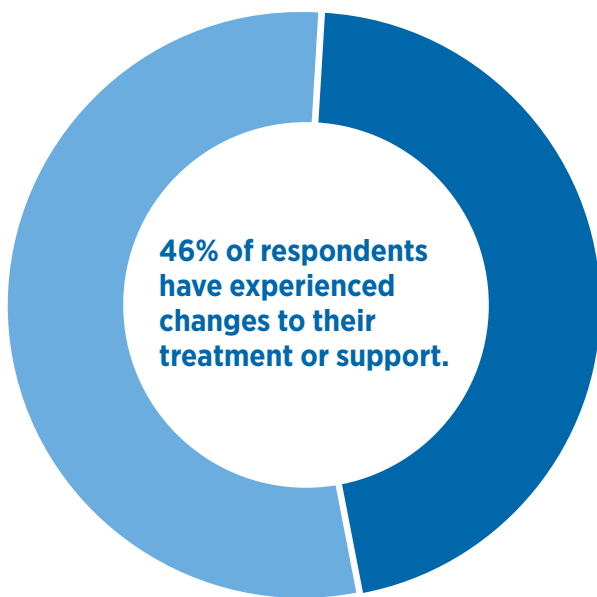
<sup>5</sup>Appendix Table 5: Support by Teenage Cancer Trust (all ages) by treatment status

<sup>6</sup>Appendix Table 6: Support by Teenage Cancer Trust by age

## 2.2 Impact on treatment and support

2.2.1. 46% of respondents have experienced changes to their treatment or support.<sup>7</sup>

Figure 2



“Treatment is a lot more difficult for me as my chemo is 5 days inpatient and I have to be completely alone. When I was diagnosed people tell you that you’re not alone and someone will be there every step of the way but now it feels like an incredibly isolating experience”

**Young person**

2.2.2. Of the people who had experienced changes in their treatment, 43% were on treatment currently (n=23), and 57% were not on active treatment (n=31).

2.2.3. Of those who had experienced changes in their treatment or support, most (72%) have experienced either one or two changes to their treatment or support.<sup>8</sup>

2.2.4. At the point of the survey closing (15 May 2020), 96% of respondents said they understood the information about why changes to their treatment or support were happening.<sup>9</sup>

2.2.5. The survey asked young people to consider how often they were able to see or speak to members of their treatment teams. If a particular member of the team was not applicable to them, their answer about changes in frequency was not considered in the percentage change.

2.2.6. The applicable responses to each member of the treatment teams show that the services proportionally most likely to have been reduced for a young person with cancer as a result of COVID-19 were: physiotherapists (69% saw them less than usual); psychologists (53% saw them less than usual); consultant/other doctor (39% saw them less than usual).

2.2.7. However, if you consider total numbers of respondents for each treatment team member, then the treatment team members most frequently ticked as being seen ‘Less than normal’ were: Consultant/other doctors (41 respondents saw them less than usual), clinical nurse specialist (33 saw them less than usual), and psychologists (31 saw them less than usual).

<sup>7</sup>Appendix Table 7: Changes to treatment/support and by on/off treatment

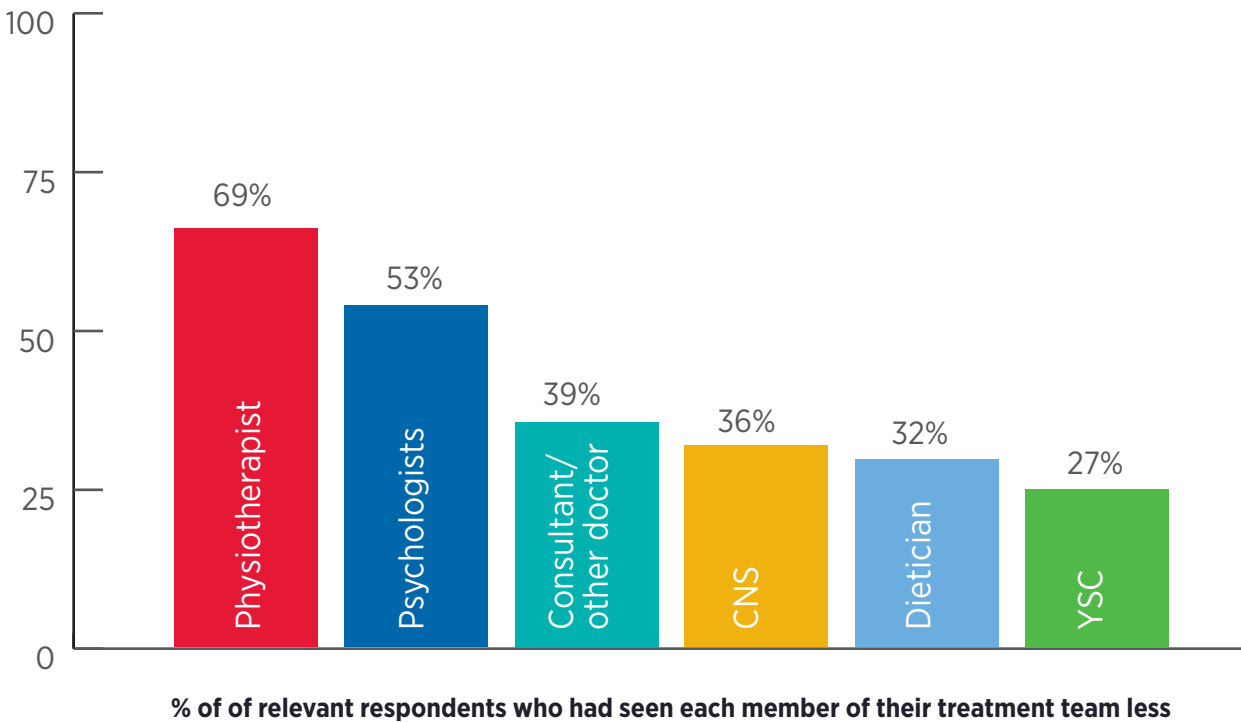
<sup>8</sup>Appendix Table 8: Number of changes to treatment/support

<sup>9</sup>Appendix Table 13: Understanding information (for those who said their treatment changed)

## 2.2 Impact on treatment and support continued

**2.2.8.** Teenage Cancer Trust Youth Support Co-ordinators were the treatment team members young people were least likely to see a reduction in support from, when compared to all the other roles. They were also the role young people were most likely to have had more contact with.

**Figure 3**



## 2.3. Shielding – impact on young people’s lives

“Because some people still don’t understand how vulnerable we are, how severe the situation would be if we became infected and how having to reiterate how sick we are to people close to us is incredibly stressful (they should already know) and can make us feel even more unsafe, upset and isolated.”

### Young person

**2.3.1.** Most respondents (81%) (n=95) had been asked to shield.

**2.3.2.** Of the group shielding, 91% (n=86) said they had been affected either a lot or somewhat by shielding.<sup>11</sup>

**2.3.3.** Only four participants had accessed the National Shielding Helpline or the National Volunteer Service for accessing food parcels, transport to hospital and help with delivery slot for groceries.<sup>12</sup>

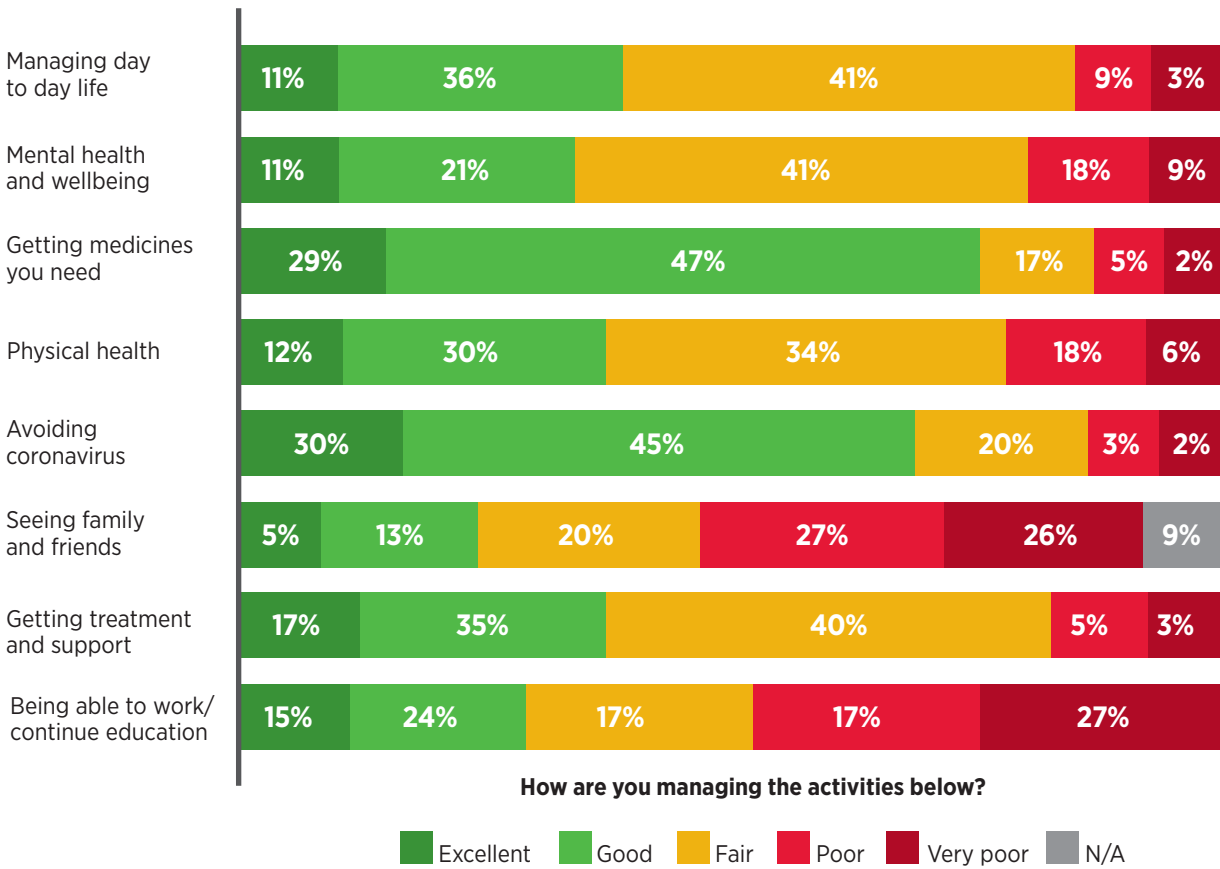
<sup>10</sup>Appendix Table 9: Since the coronavirus pandemic began how often are you able to see or speak to the following members of your team, tick all that apply?

<sup>11</sup>Appendix Table 10: Shielding

<sup>12</sup>Appendix Table 11: Shielding support services

**2.3.4.** Respondents were asked how they felt they were managing their physical and mental wellbeing alongside aspects of their day-to-day lives. The areas young people most frequently felt they were managing poorly or very poorly were seeing friends and family (53%), their work or education (44%), their mental health (27%) and their physical health (25%).<sup>13</sup>

**Figure 4**



### 3. Discussion

#### 3.1. The specific needs of young people with cancer

**3.1.1.** Young people with cancer are different from children and older adults with cancer.<sup>i</sup> They have specific emotional needs due to their stage of physical and emotional development. Coupled with a cancer diagnosis, this can present a set of unique challenges.

**3.1.2.** Young people are at a stage when their brain is still developing, which means that they will interpret and manage their diagnosis and treatment of cancer differently.<sup>ii</sup> Experiencing cancer at the same time as puberty can have an effect on the physical transformations that are taking place, while cancer can also have a number of unique psycho-social impacts on a young person – affecting the development of their identity, sense of self and body image. Cancer can disrupt young people’s attendance at schools, their romantic relationships and their interactions with peers at a crucial time in their development.<sup>iii</sup>

**3.1.3.** Most of us can’t even begin to imagine what it is like to manage a cancer diagnosis at this time of our life. Now a young person with cancer not only has to manage the numerous challenges that accompany a diagnosis, but they have to navigate the serious dangers, impact on everyday life and, for some, increased risk to their health brought about by the global COVID-19 pandemic.

<sup>13</sup>Appendix Table 12: How are you managing with the things listed below?

## 3.2 Cancer and COVID-19 – impact on young people

“It’s scary not knowing what’s in store, and having a surgery surrounded by covid wards is terrifying.”

### Young person

**3.2.1.** There is a clear parallel between the psycho-social impacts that a cancer diagnosis often has on young people in normal times, and the impacts of shielding young people reported in the survey.

**3.2.2.** It is clear from the survey that significant numbers of young people with or recovering from cancer are having to shield in order to keep themselves safe and that this is having a substantial impact on their lives in a number of areas – from seeing family and friends, attending work and education, and their physical and mental health needs.

**3.2.3.** It is an all too familiar story for young people with cancer. Cancer hits at a time in their lives when everyone else is busy socialising and stepping into exciting life choices, and it can so often make these young people feel isolated from their peers, and like they are unable to grasp their future plans. For many young people with cancer who are shielding right now, being stuck cut off from friends and family, with doubts about whether they can safely return to school or work, will be an all too familiar reminder of the impact of cancer on their lives.

**3.2.4.** For many of these young people – the impacts of COVID-19 and cancer together are a massive double whammy. For those in treatment, coronavirus has exacerbated what is an already horrible situation to be in – making it even more isolating, dangerous and scary. Whilst for those who are now at the end of treatment, coronavirus is extending some of the most difficult pressures of cancer treatment that they thought they were finally breaking clear from – such as missing friends, family and work/education - into their normal lives.

**3.2.5.** It’s crucial that shielding guidance is crystal clear as it continues to evolve, and that young people with cancer are supported to make the safe and correct choices for them when it comes to returning to school or work. Young people with cancer need to be absolutely assured by any future policy on shielding that they will never have to make a choice between their safety and their income or job security.

## 3.3 Cancer and COVID-19 – impact on services

“Having vital tests such as bone marrow biopsies delayed is scary and frustrating.”

### Young person

**3.3.1.** Services for young people with cancer have been very clearly disrupted by COVID-19. Looking at what young people have said was affected, we can see high numbers of respondents are having less contact with essential, clinical members of their treatment teams such as consultants, doctors and clinical nurse specialists – confirming that even the most core elements of cancer treatment are being hit at this time.

**3.3.2.** If we look at the proportional change in access to each treatment team member (actual numbers are much lower for some professions because for example not every young person will have access to a psychologist, or need a dietician, whereas most will have a consultant or clinical nurse specialist), then we see that the two therapies that are most hit are physiotherapy and psychotherapy. Clearly, the holistic parts of the treatment package have been stripped right back to deal with the challenges presented by COVID-19. These supportive therapies, crucial for the wellbeing and rehabilitation of so many young people with cancer, simply must be picked back up as soon as possible.



**3.3.3.** It is though not hugely surprising to see psychologists were one of the members of the treatment team most likely to see young people less during lockdown. We know that young people with cancer's absolute priority is to have better psychological support during and after their treatment<sup>iv</sup> – but that a lot of young people aren't getting this at the best of times, let alone during the COVID-19 pandemic. This survey shows that many young people were less likely to have a psychologist in the first place when compared with other members of the treatment team, which backs up previous Teenage Cancer Trust research - the Teenage Cancer Trust General Survey in 2018 showed that only 61% of young people said they had access to a psychologist or counsellor throughout their treatment for cancer and 44% after their treatment had finished.<sup>v</sup>

**3.3.4.** The draft Service Specifications for Teenage and Young Adult Cancer in England (where the majority of the respondents are from), which are due to be ratified this year, outline how every young person with cancer who needs it should be able to access psychological support during and after treatment. There is still considerable work to do.

**3.3.5.** This period has made Teenage Cancer Trust's Youth Support Co-ordinators more vital than ever, with many providing crucial emotional support and a lifeline for young people in these drastically changed circumstances. Of all the staff in the treatment team Youth Support Co-ordinators are the ones young people are most likely to have had some increase in contact with during lockdown. A recent Teenage Cancer Trust survey showed that 81% of young people with cancer used Youth Support Co-ordinators to speak about their feelings, with 71% talking about worries/stress (the joint first and third most common responses respectively).<sup>vi</sup> As we have been unable to offer our flagship peer support events, Youth Support Co-ordinators have had to offer more connection and support online. Examples of their work include:

- Psychological support groups
- Personalised 1:1 sessions
- Bereavement support
- Arts and crafts classes and activities
- Community support packs
- Further education classes

**3.3.6.** Teenage Cancer Trust has been a pioneer in establishing age-appropriate specialist care for young people with cancer across the UK. As well as funding almost all of the Youth Support Co-ordinator posts around the country, we also fund specialist teenage and young adult nurses and age-appropriate environments in our 28 hospital units. However, it is significant that from this survey that there are high numbers of young people who are seeing their consultants, doctors or clinical nurse specialists less than normal. A number of the nurses we fund have at times been redeployed to temporary responsibilities to meet the demands of the current crisis. A number of our funded units have also been adapted into emergency wards. Meanwhile, many of our lead nurses have been crucial in keeping cancer services functioning for young people with cancer. We have, of course, been fully supportive of these important steps, but we need to be assured that young people with cancer are always going to be able to access the age appropriate, specific cancer care that we help to fund going forward.

**3.3.7.** Through funding these services, we have contributed more than £60 million to NHS services over 30 years. COVID-19 has had a huge impact on our levels of income. We now need Government support to help us overcome this shortfall, to protect these crucial services for young people with cancer in the NHS – at the time where they are truly being hit from all angles, and when they need our support the most.

## **3.4. Communication**

“Some of the shielding advice was very confusing as I had a letter from the GP however my consultant said I didn't need to shield as I am 2.5 years in remission and so it was very confusing at first as there was a lot of mixed messages.”

**Young person**

**3.4.1.** It is no surprise that when young people have been given clear information on COVID-19 this has been well received. Young people with cancer consistently make it clear that it is important for them to have information about their condition, conveyed in appropriate language, so that they can understand their prognosis. However, we know that in general, when it comes to understanding their cancer, there is considerable room for improvement.

**3.4.2.** In the 2016 National Cancer Patient Experience Survey only 52% of those aged 16 to 24 reported understanding the explanation of what was wrong with them, compared with 77% of those aged 75 to 84. Two years on, the survey showed only 56% of 16 to 24 year olds reported understanding what was wrong with them, increasing by just 4%.<sup>vii</sup>

**3.4.3.** It is encouraging to see that when the survey for this report was conducted, one of the areas young people with cancer said they were clear about was the information on why COVID-19 is having an effect on their treatment and support.

**3.4.4.** When the UK first entered lockdown, advice was extremely simple and clear, as demonstrated by the results of this survey. However, anecdotal evidence from the young people we work with, as well as recent reports in the media, suggest that subsequent changes to both social distancing guidelines and shielding guidance, coupled with how these changes have been communicated, left people considerably more confused than they were previously.

**3.4.5.** Anecdotal evidence suggests that across the country, some people who are shielding received text messages communicating a change in advice about whether they should shield, without prior consultation from the GP or treatment team, with some of these messages sent in error. Similarly, previous changes to guidance on shielding in England were communicated to third sector organisations on a Saturday night, ahead of the change from the Sunday. This did not give organisations such as Teenage Cancer Trust the opportunity to assist in communicating such important messages to those who need them. Young people with cancer are already managing a great deal of anxiety and confusion with their diagnosis – going forward they need absolutely clear guidance about what they need to do to balance protecting themselves from COVID-19, while trying to retain some sense of normality and control over their lives.

## **4. Recommendations**

**4.4.1. Supporting young people with cancer's holistic needs – now and in the future** – the psycho-social impacts of a cancer diagnosis for young people are significant at the best of times. It is often young people with cancer's number one priority. This survey shows that at this time, young people's access to specialist psychological support is being affected. Every young person with cancer who needs it should have access to the psychological support they need. This isn't always happening, and it is even more crucial because of COVID-19.

**4.4.2. Confidence to make informed decisions about returning to school or work** – young people with cancer are of course affected by not being able to go to school or work. Going forward, young people need to know exactly what the appropriate criteria are for when they can return to school or work safely – if they want to. Equally, no young person with cancer should ever feel any pressure to return before they are ready, nor have their income or job status impacted due to continuing to shield.

**4.4.3. Clear communication and charity involvement** – a significant number of young people with cancer had been advised to shield, and previous changes to guidance undoubtedly caused confusion. Going forward the Government needs to provide absolute clarity to anyone considered extremely clinically vulnerable, about what they are advised to do, so that no one is left confused or in doubt about potentially life-saving decisions. Involving charities like Teenage Cancer Trust at the early stages of revising guidance, so that we can work with them to distribute messaging effectively to young people with cancer, is essential. It helps us respond and provide clear guidance for young people.

**4.4.4. Emergency funding for teenage and young adult cancer care** – teenagers and young adults with cancer have a unique set of physical and psycho-social needs during and after treatment. But COVID-19 means funding for specialist support is in doubt at the time the young people need it most. We have contributed more than £60 million to NHS services over 30 years, but coronavirus has had a huge impact on our levels of income. We now need Government support to help us overcome this shortfall, to protect these crucial services for young people with cancer in the NHS – at the time where they are truly being hit from all angles, and when they need support the most.

**4.4.5. Teenage and young adult specific recovery plans** – across the nations of the UK, the relevant commissioning bodies (such as the Clinical Reference Group for Children and Young Adult Cancer Care in England, or the Managed Service Network in Scotland) should produce nation specific teenage and young adult recovery plans to overcome the longer term impacts of COVID-19 and shielding for young people with cancer. This should include plans to improve timely and correct diagnosis, access to life saving clinical trials, and overcoming the backlog of people waiting for cervical screening.

## References

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<sup>i</sup> Smith S, et al. (2016) A Blueprint of Care for teenagers and young adults with cancer. London: Teenage Cancer Trust [https://www.teenagecancertrust.org/sites/default/files/BlueprintOfCare\\_2ndEdition.pdf](https://www.teenagecancertrust.org/sites/default/files/BlueprintOfCare_2ndEdition.pdf)

<sup>ii</sup> Kaye, E.C., Brinkman, T.M. & Baker, (2017) Development of depression in survivors of childhood and adolescent cancer: a multi-level life course conceptual framework. *Supportive Care in Cancer* 25(6), 2009–2017 <https://doi.org/10.1007/s00520-017-3659-y>

<sup>iii</sup> Reed-Berendt, R. et al (2019) Experiences of Low Mood in Young People With Cancer: A Qualitative Study. *Journal of Pediatric Oncology Nursing*, 36(6), 424–435. <https://doi.org/10.1177/1043454219844232>

*Journal of Pediatric Oncology Nursing*, 36(6), 424–435. <https://doi.org/10.1177/1043454219844232>

<sup>iv</sup> James Lind Alliance Teenage and Young Adult (TYA) Cancer Priority setting partnership – #1 What psychological support package improves psychological well-being, social functioning and mental health during and after treatment? <http://www.jla.nihr.ac.uk/priority-setting-partnerships/teenage-and-young-adultcancer/the-top-10-priorities.htm>

<sup>v</sup> Teenage Cancer Trust General Survey 2018

<sup>vi</sup> Teenage Cancer Trust General Survey 2017

<sup>vii</sup> National Cancer Patient's Experience Survey (NHS England) 2016 and 2018 - <https://www.ncpes.uk/pastresults/>

## Methods

Data were collected using an online survey, via an anonymous link on the Teenage Cancer Trust website, asking young people about the impact of COVID-19 on their life, wellbeing and cancer care. 118 individuals aged 13 - 30 years responded. Responses were summarised descriptively, and free text answers were analysed thematically.

The survey ran from 1 May 2020 to 15 May 2020

## Exclusions

There were 120 survey responses in total. Two were excluded due to their being outside the cohort the charity supports.

**Table 1: Participants by age**

Age group	Number	Proportions
13-18	34	28.8
19-24	65	55.1
25-30	19	16.1
Grand Total	118	100.0

**Table 2: Participants by region**

Region	Number	Proportions
England	95	79.8
Northern Ireland	8	6.7
Scotland	14	11.8
Wales	2	1.7
Grand Total	118	100.0

**Table 3: Participants by cancer type**

	Number	Proportions
Lymphoma	49	41.5
Leukaemia	22	18.6
Brain	15	12.7
Bone/soft tissue	8	6.8
Germ cell	6	5.1
Thyroid	5	4.2
Breast	5	4.2
Other carcinoma/melanoma (not breast/thyroid)	8	6.8
Grand Total	118	99.9

**Table 4: Treatment status**

Just over half had completed treatment.

	Total	Proportions
I am on treatment (including maintenance treatment)	51	43.2
I have completed treatment	67	56.8
Total	118	100.0

**Table 5: Supported by Teenage Cancer Trust (all ages) by treatment status**

	I am on treatment (including maintenance treatment)	I have completed treatment	Total	Proportions
I am being supported by a Teenage Cancer Trust nurse or Youth Support Coordinator	25	47	72	61.0
I am being treated in a Teenage Cancer Trust unit	17	1	18	15.3
I am not being supported by Teenage Cancer Trust	7	14	21	17.8
Other	2	5	7	5.9
Grand Total	51	67	118	100
% Total supported	82%	72%	76%	100%

**Table 6: Support by Teenage Cancer Trust by age**

Most young people across all ages were being supported by Teenage Cancer Trust, including 68% of 25-30 year olds.

	13-18		19-24		25-30		Total	Proportions
	n	%	n	%	n	%		
I am being supported by a Teenage Cancer Trust nurse or Youth Support Coordinator	22	64.7	39	60	11	57.9	72	61.0
I am being treated in a Teenage Cancer Trust unit	8	23.5	8	12.3	2	10.5	18	15.3
I am not being supported by Teenage Cancer Trust	2	5.9	14	21.5	5	26.3	21	17.8
Other	2	5.9	4	6.2	1	5.3	7	5.9
Grand Total	34	100	65	100	19	100	118	100

**Table 7: Changes to treatment/support and by on/off treatment**

Overall, 46% have had changes to treatment/support, 45% for those on treatment 46% for those off treatment. For those experiencing changes most had one or two changes (~71%; table 10) and most understood the information they received about the changes (96%; table 11).

Row Labels	I am on treatment (including maintenance treatment)	I have completed treatment	Total	Proportions
My treatment and/or support has changed in some way	23	31	54	45.8
My treatment and/or support hasn't changed at all.	28	36	64	54.2
Grand Total	51	67	118	100.0

**Table 8: Number of changes to treatment/support**

Number of changes	Sum of Count	Proportions
1	20	37.0
2	19	35.2
3	6	11.1
4	6	11.1
5	3	5.6
Grand Total	54	100.0

**Table 9: Since the coronavirus pandemic began how often are you able to see or speak to the following members of your team, tick all that apply?**

	About the same	Less than normal	More often than normal	n/a	Total	Relevant total	% deviance of relevant totals
Consultant/other doctors	60	40	3	15	118	103	Same (58%) less (39%) more (3%)
Dietician	12	6	1	99	118	19	Same (63%) less (32%) more (5%)
Physiotherapist	9	22	1	86	118	32	Same (28%) less (69%) more (3%)
Psychologist	26	31	2	59	118	59	Same (44%), less (53%), more (3%)
CNS	54	33	5	26	118	92	Same (58%), less (36%), more (5%)
YSC	43	21	14	40	118	78	Same (55%), less (27%), more (18%)

**Table 10: Shielding**

Shielding	Sum of Count	Proportions
It is affected me/us a lot	41	44.2
It is affecting me/us somewhat	42	46.3
It is not affecting me/us at all.	6	9.5
Total	95	100.0

**Table 11: Shielding support services**

Row Labels	Total	
No I have used none of these services	114	
Yes I have used either of these services	4	
Food parcels delivered weekly.	1	
Friendly volunteer have given me a lift to visit a far away hospital to do a scan	1	
N/A	1	
Tried to help get a grocery delivery slot with supermarket	1	
Grand Total	118	

**Table 12. How are you managing the things listed below?**

Stats for each question. n/a removed from each.

	T		Mental health and wellbeing		Getting the medicines you need		Physical health	
	n	%	n	%	n	%	n	%
Excellent	13	11.0	13	11.1	29	28.7	14	11.9
Good	42	35.6	24	20.5	48	47.5	35	29.7
Fair	48	40.7	48	41.0	17	16.8	40	33.9
Poor	11	9.3	21	17.9	5	5.0	22	18.6
Very poor	4	3.4	11	9.4	2	2.0	7	5.9
n/a		0.0		0.0			0	0
Total	118	100.0	117	100.0	101	100.0	118	100.0

	Avoiding coronavirus		Seeing family and friends		Getting treatment and support you need		Being able to work/continue education	
	n	%	n	%	n	%	n	%
Excellent	35	29.9	6	5.1	18	17.0	14	15.1
Good	53	45.3	15	12.7	37	34.9	22	23.7
Fair	23	19.7	24	20.3	43	40.6	16	17.2
Poor	4	3.4	32	27.1	5	4.7	16	17.2
Very poor	2	1.7	31	26.3	3	2.8	25	26.9
n/a		0.0	10	8.5		0.0	0	0
Total	117	100.0	118	100.0	106	100.0	93	100.0

**Table 13: Understanding information (for those who said their treatment changed)**

	Column Labels		
	No	Yes	Total
My treatment and/or support has changed in some way	2**	53	55
Total	2	53	55
Proportion	4%	96%	100%

\*\* confusion around whether scans will happen or not.  
Other entry not sure, not details given.





[www.teenagecancertrust.org](http://www.teenagecancertrust.org)   

Teenage Cancer Trust is a registered charity: 1062559 (England & Wales), SC039757 (Scotland)

