

**AN ACTION RESEARCH ENQUIRY IN ONE UNITARY LOCAL AUTHORITY  
ABOUT HOW TO SUPPORT YOUNG CARERS IN SCHOOLS USING  
RECOMMENDED GUIDELINES FOR GOOD PRACTICE**

**By**

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## **ABSTRACT**

Young carers are young people under the age of eighteen who provide substantial amounts of care on a regular basis to another family member. Over the past ten years there has been a growing awareness within societal agendas about the potential vulnerability of this group in terms of educational, emotional and social outcomes, and recommended guidelines for good practice with young carers have been produced for schools (e.g. Frank 2002).

This thesis is an account of an episode of action research, undertaken by an educational psychologist in her employing local authority, which explores the perceptions of key stakeholders (adults in schools, children and young people and young carers) about selected recommendations for good practice and how they can be implemented in schools. The thesis considers the salutogenic aspects of the recommendations and the findings indicate that all stakeholder groups are broadly positive about the guidelines and their value in fostering mechanisms for social support for young carers.

The thesis also considers the role of the educational psychologist as an external change agent and the efficacy of “one-off” training in schools regarding this topic. The findings suggest that whilst the training may have prompted further action within the majority of schools, the good practice guidelines need to become part of a school’s “organisational architecture” (Senge et al 2000) in order to become embedded in a school’s procedures.

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## LIST OF ABBREVIATIONS

<b>CAF</b>	Common Assessment Framework
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CPD</b>	Continuing professional development
<b>CYP</b>	Children and Young People
<b>DfEE</b>	Department for Education and Employment
<b>DfES</b>	Department for Education and Skills
<b>DOH</b>	Department of Health
<b>INSET</b>	In-service training
<b>EP</b>	Educational Psychologist
<b>EPS</b>	Educational Psychology Service
<b>HMIE</b>	Her Majesty's Inspectorate of Education
<b>LA</b>	Local Authority
<b>NAPEP</b>	National Association of Principal Educational Psychologists
<b>OFSTED</b>	Office for Standards in Education, Children's Services and Skills
<b>PEP</b>	Principal Educational Psychologist
<b>PSHE</b>	Personal, Social and Health Education
<b>SENCo</b>	Special Educational Needs Co-ordinator

## **CHAPTER ONE: INTRODUCTION**

### **1.1 Introduction**

The Carers (Recognition and Services) Act 1995 offers a legal definition of a carer as someone who provides, or intends to provide, substantial amounts of care on a regular basis to another family member. The person receiving that care could be a parent or a sibling who may be disabled, physically or mentally unwell or have a substance dependency (Department of Health 1999). The research literature highlights that young carers (i.e. children and young people under eighteen) are vulnerable to adverse outcomes, both short-term and long-term, in relation to physical, psychological and social effects (e.g. Dearden and Becker 2003, Morgan 2006, and Aldridge 2008).

Based on census data supplied by the Office for National Statistics, there are estimated to be 175 000 young carers in the UK (Peasah 2009) and this figure is often quoted in the literature (e.g. Fox et al 2007, Warren 2008). Nearly ten years ago, the Department for Education and Employment (DfEE) estimated that there may be up to thirty young carers in a typical secondary school (DfEE 1999). In view of the growing awareness of young carers as a potentially vulnerable group, this thesis explores how young carers can be supported in schools in light of selected recommended guidelines for good practice such as those jointly produced by The Children's Society and The Princess Royal Trust for Carers (Frank 2002) and endorsed by the Government.

## **1.2 The focus of the research**

This thesis is an account of an episode of social research, set in the real world (a small unitary local authority in the south of England), created out of a real life problem, which the study attempts to understand and find ways to solve. The real life problem, according to the perception of a senior officer within the target local authority (hereafter called the LA), was that schools were not aware of the local voluntary support agency for young carers, suggesting that this potentially vulnerable group may not have been primed to access a possible route for support. This also perhaps indicated deeper concerns that young carers and their needs were being overlooked by adults in schools. Furthermore, the local voluntary agency's perception was that it was difficult for its youth officer to access schools and highlight her work.

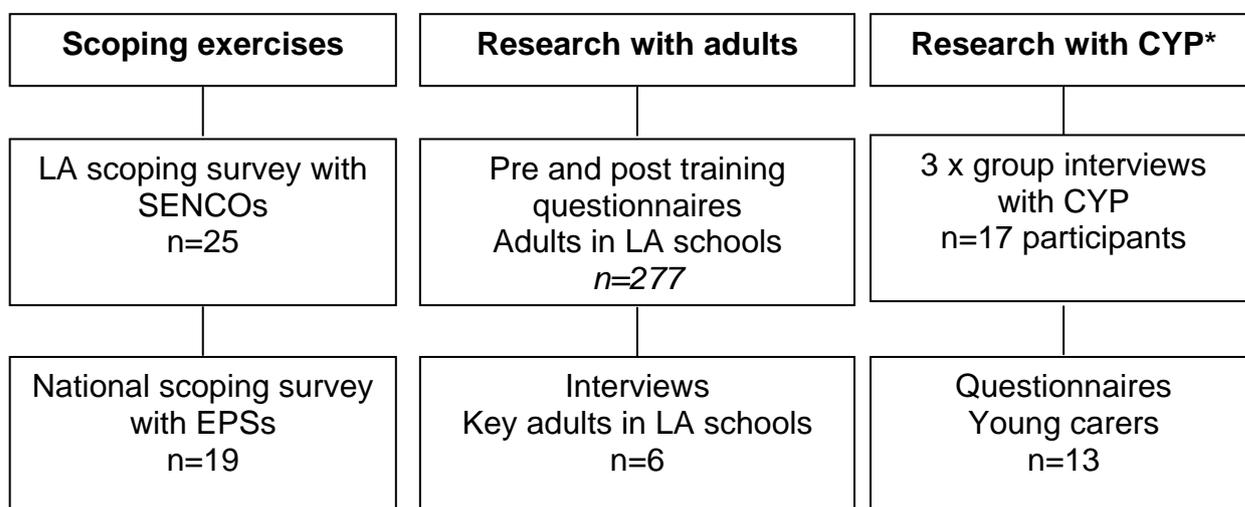
In order to address this concern, it was decided by the senior LA officer that the educational psychology service (EPS) would devise and deliver a "one-off" training session to every school in the LA. A fellow educational psychologist (EP) and I were asked to undertake this work. As one of the EPs with a lead role in taking forward the young carers project in the LA, I acknowledge the duality of my role, as both the researcher and the researched; the experience of being both researcher and project worker is considered throughout the thesis as the two roles are interwoven and impact upon the design of the research.

The underlying aim of the project was to raise awareness of adults who work in schools about the needs of young carers, with the ultimate consequence of achieving better outcomes for young carers. The research focussed on

adults' and young people's perceptions of some of the proposed methods to support young carers in schools such as those suggested by Frank (2002).

The planning phase of the project began in Autumn 2005, with school training under way by Spring 2006. The project is still ongoing, and this thesis documents work to Autumn 2008. The research comprised three strands as shown in Figure 1.1.

**Figure 1.1: Summary of participants in the research enquiry**



CYP = children and young people

Two scoping exercises took place which informed and shaped the project and the subsequent lines of enquiry. The local scoping exercise aimed to establish a baseline of information from Special Educational Needs Coordinators (SENCOs) in schools within the target LA about their levels of awareness of young carers and available support. The national scoping exercise took the form of a questionnaire-based survey emailed to all EPSs in England, Wales and Northern Ireland, via the National Association of Principal Educational Psychologists (NAPEP). The aim of this questionnaire was to

gather information about the work of other EPSs regarding young carers. The results of both scoping exercises are presented in Chapter Four.

Another strand of the research explored the perceptions and understanding of the needs of young carers with adults who work in schools in the target LA. The research also charts the action taken in order to raise the awareness of adults who work in schools about young carers, namely a training presentation about young carers which was offered to all schools. As Figure 1.1 illustrates, the research with adults had two parts and involved the use of a pre- and post- questionnaire with a sample of over 200 adults in schools, all of whom attended a training presentation in their own school. In addition to the 200 questionnaires, six face-to-face interviews were carried out with key adults in some selected schools. This strand of the research is presented in Chapters Five and Six.

The third strand of the research (presented in Chapters Seven and Eight) considered the views of children and young people. This strand centred on three group interviews with children and young people in primary and secondary schools. Children and young people known to be young carers were also invited to take part in the research by means of a questionnaire.

### **1.3 The national context of the research**

Bibby and Becker (2000) suggest that almost 3 million children in the UK live in households where a family member is affected by at least one of the following: mental illness; physical illness; or substance dependency. Although not all children and young people in these households are primary carers, it is

likely that they may receive diminished attention from their parents or guardians due to their family's circumstances. Even if the young person is not the primary carer, it is likely that they may provide some form of back-up care for the main carer. The literature suggests there are large numbers of children living in very challenging circumstances [see Figure 1.2].

**Figure 1.2: Information about challenging familial circumstances**

It is estimated that:

- 2.5 million children in the UK are affected by parental mental health problems (Tunnard 2004);
- between 780,000 and 1.3 million children are affected by parental alcohol problems (Prime Minister's Strategy Unit 2004); and that
- 250, 000 to 350, 000 children under 16 in the UK have parents who are drug users (Advisory Council on the Misuse of Drugs 2003).

A child taking on additional responsibilities to care for family members is not a new phenomenon. Indeed, Aldridge and Becker (1993a) suggest that there have been child carers for centuries, and consider examples of children in this role both in literature and social history dating back to the eleventh century. Banks et al (2002) note that current concerns about young carers as a vulnerable group have been growing since the mid 1980s.

A project by the Carers National Association, funded by the Department of Health in the 1990s, is considered by Aldridge and Becker (1993a) to be the trigger for raising awareness of young carers by building on the work of the small-scale studies that took place in local authorities such as Sandwell and Tameside. A rapid increase in interest in the topic followed and this growing impetus is reflected in the number of books, reports and articles published during the 1990s. For example, the topic of young carers was the focus of a

Highlight Fact Sheet produced by the National Children's Bureau (Reed 1995), which gave some indication of the growing awareness and concern about this group.

Other evidence that reflects the increasing prominence given to young carers as a vulnerable group and the need to prioritise them on the societal agenda includes the recognition of young carers in the Department for Education and Employment's guidance document about pupil attendance (DfEE 1999). In this document young carers were specifically mentioned and identified as a vulnerable group at risk of social exclusion. A policy briefing from The Education Network (TEN 2006) illustrated that the Government still intended to keep young carers on the national agenda. In 2006, the former Department for Education and Skills (DfES) also published guidance for schools and local authorities about managing the behaviour and attendance of children considered to be at risk, citing young carers as a vulnerable group.

That "young caring" has remained a policy concern for over twenty years also reflects the complexity of the phenomenon and the fact that it is not something that can be easily fixed or remedied. Dearden and Becker (2005:254) amongst many other commentators, are in no doubt about the long term impact of young caring, asserting that the "social exclusion and detachment" that young carers often face can "cast a long shadow forward and exacerbate young carers' vulnerability to social exclusion throughout the life cycle". Notably, there are several well-established national organisations involved in raising awareness of the needs of young carers as well as providing direct

support and action. These include: The Children's Society; The Princess Royal Trust for Carers; The Young Carers Research Group at Loughborough University; Barnardo's; NCH/Action for Children; Crossroads for Carers; and Carers UK. Research and work undertaken by these organisations has led to the development of recommendations, protocols and a range of documentation and guidance for local authorities and schools to use and implement (e.g. Frank 2002).

The year 2008 also saw the launch of the new national Carers Strategy, which set out the Government's commitment to improving the circumstances of young carers. The strategy is underpinned by funding, and a pilot scheme called Family Pathfinders for Young Carers is under way which promises a substantial amount of money in order to support the selected LAs in finding better ways of supporting young carers. This reflects one of the strategy's core messages that the circumstances that lead to children and young people taking on caring roles are complex and should be seen in terms of the whole family, which often require a multi-agency approach to support and intervention.

Undoubtedly, the topic of young carers continues to gather impetus and attention at a national and societal level. For example, the focus of the Sunday Times Christmas Appeal in 2007 was young carers. The 2008 Sport Relief campaign also featured young carers as a vulnerable group in its fundraising scheme and teaching materials were produced as part of the campaign for schools to use to raise awareness. Even more recently, Comic

Relief in March 2009 focussed on young carers as a target group requiring funding and support. Currently, there are numerous regional young carers' projects that operate across the UK, funded by either the voluntary or local authority sectors. Olsen, writing in 2000, estimated that they were over one hundred young carer projects in the UK, whilst Dearden and Becker, writing in 2004, identified 232 projects.

#### **1.4 The key research questions**

The study was triggered by an initial problem concerning how a local voluntary organisation in my own employing LA could raise its profile in local schools. This initial problem instigated a much broader set of research questions that centred on how schools within the LA currently support young carers and what further systems could be put in place.

Reading the literature, summarised in Chapter Two, led to my development of the following list of questions to clarify the research objectives [Figure 1.3].

#### **Figure 1.3: Questions to clarify the research objectives**

- What do adults in school understand by the term young carer?
- What do children and young people understand by the term young carer?
- What school systems are in place to support children and young people who might also be young carers?
- How much is the topic of young carers a priority for schools?
- How willing are schools to implement some of the recommended good practice guidelines (e.g. Frank 2002, Dearden and Becker 2003) and what are the barriers to this?
- What do children and young people think about the good practice guidelines?
- What do young carers think about the good practice guidelines?

Clearly, these questions focus on practical aims about understanding what is already taking place and considering what other actions could happen. But there was also a subsidiary question that had a far more personal focus: what is my role as an EP in raising adults' awareness of the needs of young carers in schools and in encouraging them to implement mechanisms of support? This question led me to consider the role of the EP as an external change agent in terms of school organisational development.

#### **1.4.1 The research design**

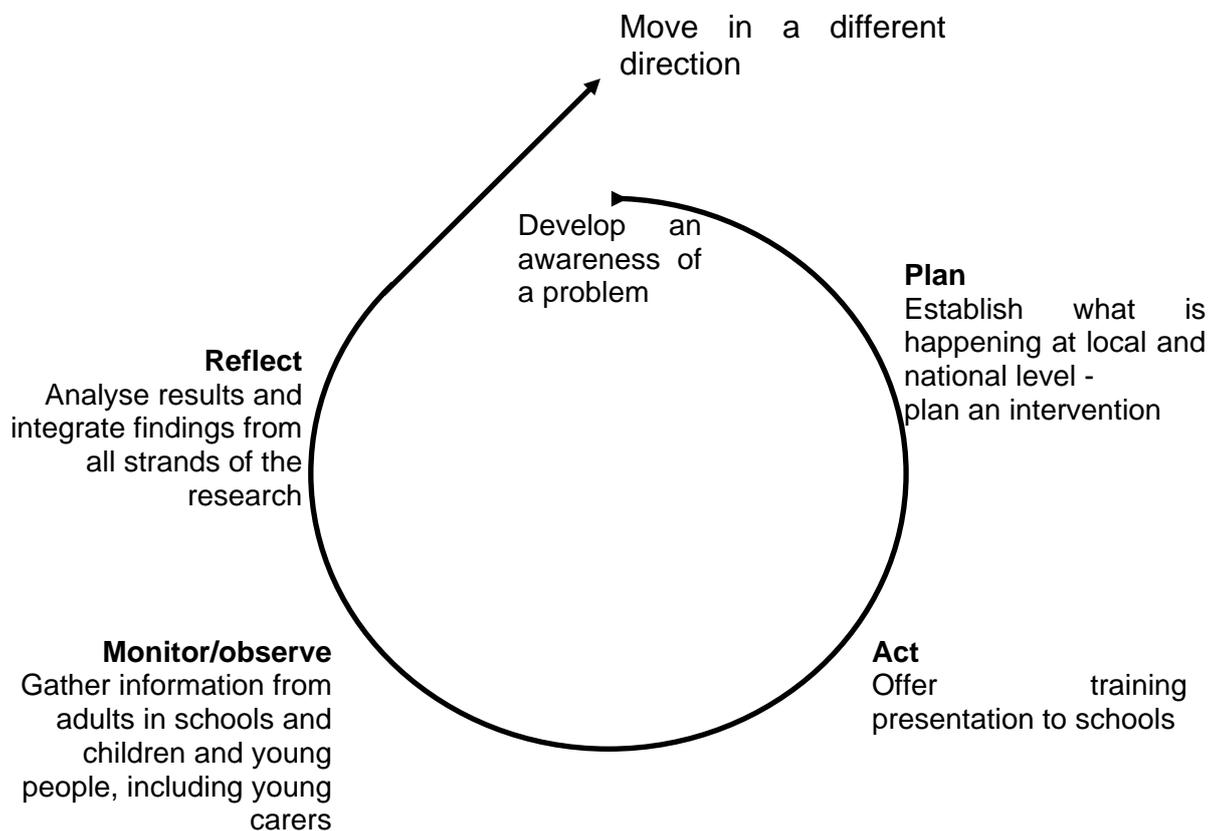
The research project was action-orientated and solution-focussed and its intention was to bring about positive change for young carers in the target LA through collaboration with adults and children and young people. This positioned the study as a piece of social research. In addition, the research had a personal element in view of my dual role as both a project officer and a researcher. A pragmatic stance was adopted in that a variety of qualitative and quantitative data collection and analysis methods were used (Denscombe 2007).

In view of this, I employed an action research methodology based on four principal characteristics defined by Reason and Bradbury (2001:2): "practical issues"; "participation and democracy"; "human flourishing"; and "knowledge-in-action". Knowledge-in-action reflects the emergent nature of action research which is based on cycles of action and reflection with each phase influencing the next. Inviting key stakeholders such as adults in schools, children and young people and young carers to take part in the study reflects the participatory and democratic nature of the enquiry. In addition, action

research often has a social emancipatory component which Reason and Bradbury (2001) illustrate by their term “human flourishing”. McNiff (2002) and Whitehead (1989) also suggest that action research can benefit the individual researcher, leading to personal development and learning, which in turn, benefits others as the researcher’s professional practice is enhanced.

The study rests on an action research approach and the thesis presents “one turn” of the plan, act, observe and reflect cycle. Figure 1.4 below presents the different elements of the study in terms of the cycle of the research.

**Figure 1.4: The action research cycle**



**1.4.2 Theoretical underpinnings of the research**

The research project is problem-driven and the intervention strategies employed are influenced by a range of psychological theories and approaches. For example, the good practice guidelines for young carers (Frank 2002) are viewed from a salutogenic perspective (i.e. factors that

maintain health and well-being, Antonovsky 1979) whilst considering the contribution of ecological systems to child development (Bronfenbrenner 1979). Concepts about the effectiveness of “one-off” school training and the importance of school organisation were integral to the design of the research and the subsequent interpretation of the findings (Georgiades and Phillimore 1975, Stoll 1999, Argyris 1999, and Senge et al 2000). These ideas are further explored in Chapters Two, Three and Nine.

### **1.5 Structure of the thesis**

The thesis is structured to reflect the emergent design of the research and is narrative in nature as described by Herr and Anderson (2005) and, as such, deviates from the “traditional” structure of a thesis as defined by Denscombe (2007).

Chapter One, (i.e. this chapter) provides an introduction to the study and sets out the relevance of the research in terms of the national context and the literature. An overview of the research process is given, highlighting that it is based on an action research methodology. The chapter provides a summary of the underlying research questions and also indicates that the research comprised a series of interconnected strands using a variety of research methods with a variety of participants.

Chapter Two provides a review of the literature. For the most part, this considers literature relating to young carers, but also summarises some of the main debates about the role of school training, the role of the external change agent, and both individual and school organisational factors that bring about, or inhibit, long term change and development.

Chapter Three discusses the methodological approach adopted and considers the epistemological and theoretical bases upon which the research is positioned. A rationale for the decisions made is given along with a description of the research plan. An overview is presented regarding the ethical guidelines and how the design was planned and implemented to ensure ethical integrity and compliance.

Chapter Four is a small chapter and provides a description and the results of the two scoping exercises that relate to a survey at local level with a sample of SENCOs in the LA's schools and a survey at national level with EPSs in the UK. This chapter helps to set the scene for the more substantive fieldwork components of the research.

Chapters Five and Six relate to the research with adults in schools. Chapter Five provides an account of the research with adults in schools where the presentation was delivered. It describes the development of the research instruments (pre- and post- training questionnaires), their administration and findings. This chapter also provides a critique of the method chosen as well as reflecting upon ethical considerations, and how these were addressed.

Chapter Six presents the actions, findings and reflections upon the face-to-face interviews with key adults in six schools. Three schools which had accepted the offer of the training presentation were selected and the three adults interviewed from these schools were intending to take the strategic lead in their school for young carers. The other three schools had not accepted the offer of the presentation and the adults interviewed in these settings were SENCOs. As with Chapter Five, the generation of the research instruments,

their administration, together with the findings are presented here, along with a critique of the method used and reflections upon any ethical matters that arose.

The research with children and young people, is presented in Chapters Seven and Eight. Chapter Seven presents the data gathered with children and young people in three of the schools where the training presentation took place. In fact, the three schools were the same settings described above where key adults who were willing to take on the role of lead person for young carers were interviewed. Group interviews were used as the research method for eliciting children and young people's views about the topic of young carers. A rationale for this research method is offered and careful consideration is given with regard to the ethical guidelines. The findings are presented and reflections are offered about this aspect of the research.

Chapter Eight is the final chapter that covers the active information gathering process. The chapter presents the research with children and young people who were "known" young carers and who attended the local voluntary youth group. This chapter reflects that real life research often deviates from the carefully designed research plan. In the original plan, I had proposed that the young people would be invited to take part in face-to-face interviews. This was not successful and the plan was amended and questionnaires were used as an alternative approach. Reflections upon this experience are discussed along with the ethical guidelines and how they were followed. As with the previous chapters that relate to the data collection, the findings are also presented.

Chapter Nine integrates all of the findings of the research in relation to the overarching research questions. It is a chapter of “dual-reflection”, having journeyed through the cycle of planning, action and observation. In the first instance, it seeks to highlight the areas of consensus and contrast between the different groups of participants within the research strands, in relation to the literature and the theoretical underpinnings of the study. In so doing, its purpose is to identify future actions for implementation as a result of the information found. The chapter considers the original contribution this study makes to developing further understanding about the recommendations for good practice (e.g. Frank 2002) from a salutogenic perspective (Antonovsky 1979), taking into account the role the guidelines may have in strengthening the capacity of the social support structures within a young carer’s ecological system (Bronfenbrenner 1979). Secondly, this chapter also provides space for a more personal reflection on the role of the EP as an external change agent. I discuss my own development in the process of this undertaking, the efficacy of the “one-off” training, and consider the organisational structures and tools that need to be in place in order to increase the likelihood of embedding the guidelines into a school’s practice.

There are also six appendices containing supplementary reference materials to augment the content of Chapters Four to Nine. The appendices include examples of data collection instruments, such as questionnaires and interview schedules, information for participants and consent forms, as well as data charts containing raw data and coding systems. A sample of the slides from the presentation is also included.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter presents a review of the literature to demonstrate how the research presented in this thesis relates to previous research and, reciprocally, how previous research has shaped and informed the current study. In particular the aim of this chapter is to consider the literature in order to provide an overview of what is known about young carers in the UK, and how their needs are theorised, particularly with reference to school and education, in relation to:

- how the ideas, concepts and theoretical arguments in the existing literature relate to each other, areas of agreement, as well as areas of disagreement;
- any identifiable gaps or inconsistencies in what is known; and
- how this study can contribute to existing knowledge.

### **2.2 The process of the literature search**

#### **2.2.1 The search strategy**

There is a wide and varied body of literature concerning young carers that has built up over the past fifteen to twenty years. New documents about the topic of young carers have been published whilst the planning, fieldwork and subsequent write up of the study were taking place. I adopted a systematic approach in order to ensure that the literature search was both comprehensible and replicable, as the literature search and review progressed in tandem throughout the course of the research. The literature search included electronic databases, internet searches and a hand search of one particular journal. Figure 2.1 outlines the electronic databases searched, together with the particular key words and phrases used, as outlined below.

**Figure 2.1: Search strategy for electronic databases**

<b>Electronic databases</b>	<b>Key phrases</b>
• British Education Index	Young carers
• The Educational Resources Information Center	Disabled parents Disabled siblings
• Applied Social Sciences Index and Abstracts	Parents AND illness Young carers AND school
• Current Education Research in the United Kingdom	Young carers AND education Young carers AND teachers
• ChildData	Young carers AND good practice
• Psychinfo	Teachers AND INSET
• Social Care Online	Teachers AND CPD Educational psychologist AND INSET Educational psychologist AND CPD

I also carried out internet searches on websites of both statutory and third sector organisations involved in the support of children or young carers such as The Children's Society, The Princess Royal Trust for Carers; the Department for Children, Schools and Families and the Department of Health.

Furthermore, the professional journal for EPs (Educational Psychology in Practice) was specifically targeted in order to ascertain what role EPs play in supporting young carers. Using the relevant website, the contents page of each edition since 1999 was scrutinised for articles about young carers, disabled parents and school training and organisation. This indicated several articles, the abstracts of which were read and then considered against the list of criteria for inclusion presented below.

Reference checking, as described in a literature review by Arksey et al (2002), was also used to generate appropriate material for inclusion in the literature review. Put simply, the reference list of each document acquired was scanned for any new material that appeared relevant to the current study.

Using these search terms and strategies generated references to a high volume of material. Therefore, I established some initial criteria for inclusion such as only considering UK sources published since 2000, although some pertinent publications prior to this date are mentioned (especially in relation to the role of the EP in delivering training and bringing about change in schools). As this study is about young carers and support in school, I also gave primary consideration to material that addressed the following areas listed in Figure 2.2.

**Figure 2.2: Key focus of the literature review**

- definitions of the term young carer
- methodological issues in researching young carers
- the educational impact of being a young carer
- views of young carers about school and education
- views of teachers about young carers
- suggested good practice in schools regarding young carers
- the role of the EP in bringing about change in schools

**2.2.2 The literature review as an ongoing process**

Writing over ten years ago, Hart (1998:3) observed that, “in printed and electronic form the pace of information generation continues to increase”. This fast pace of information output has implications for research such as this study which has taken place over a period of years because new information is continually appearing.

This literature review has been an ongoing process throughout the study. Therefore, decisions made about the initial action (the design and delivery of training to adults in schools about young carers) were based on the literature search conducted at the beginning of the project in early 2006. At the time, the most current guidelines and suggestions for good practice for adults working in schools included The Carers Strategy produced by the Department of Health (DOH 1999), a document about social inclusion produced by the Department for Education and Employment (DfEE 1999), a document published by the Children's Society (Frank 2002) and recommendations published in a report by Dearden and Becker (2003). Since I made those first decisions, other research, publications and resources have been produced which indicates that the topic of young carers is a live and current concern. These later sources have included an updated Carers Strategy (DOH 2008a), updated information for schools about vulnerable children (DfES 2006) and most recently a report by OFSTED (OFSTED 2009).

### **2.2.3 Sources of literature**

The results of the literature search illustrated that the subject of young carers is a matter of concern that spans a range of audiences both academic and non-academic, in the fields of education, health, social care and policy development. Articles about young carers appear in a range of academic journals (e.g. Children and Society, British Journal of Guidance and Counselling, Research, Policy and Planning, Journal of Family Therapy, Disability and Society). The Department of Health, The Department for Children, Schools and Families as well as the Scottish Executive, the Welsh Assembly, The Department of Health, Social Services and Public Safety in

Northern Ireland have all produced documentation for children and family service providers. There are also many research and policy materials published by the third sector such as carers' organisations (Princess Royal Trust for Carers), children's charities (The Children's Society), charitable foundations (Calouste Gulbenkian Foundation), and social policy organisations (Social Policy Research Unit, York).

In addition, the literature search also highlighted a number of articles in magazines and other periodicals aimed specifically at practitioners in a variety of disciplines (e.g. Nursing Times, Community Care, Children and Young People Now and The Times Educational Supplement). These were of interest because they indicated the kinds of messages that teachers and other professionals working with young people were exposed to regarding young carers (e.g. Hayes 2007).

#### **2.2.4 Authorship**

As noted by Frank and McLarnon (2008), a large body of research evidence has been established about young carers over recent years, with some authors becoming dominant in the field. Frank, as programme manager for young carers with The Children's Society, is considered to be an expert in the field and was recently awarded an MBE for her services to young carers [see [www.directgov.uk](http://www.directgov.uk) (government, citizens and rights) for New Year's Honours List 2009]. Sometimes writing alone (Becker 2000) or with colleagues (Becker et al 2001, Dearden and Becker 2003), Becker is prolific in his output and is also regarded as an expert in informal family care. He was a founding director of the Young Carers Research Group at Loughborough University, and

according to his website, has produced over 270 publications. Based on my literature search, my perception is that Frank is more likely to write commentary and practice guides such as “Making it Work” (Frank 2002) and Becker is more likely to produce research-based documentation in conjunction with third sector organisations (Becker and Becker 2008).

As well as there being dominant authors in the field there are also dominant organisations that commission and publish material about young carers such as the Princess Royal Trust for Carers and Barnardo’s. It is important to bear in mind that much of the literature that offers the young carer’s perspective has been commissioned by particular organisations with particular agendas which may inhibit the researcher’s impartiality. For example, Cree (2003) notes that her research was commissioned by a voluntary project in order to make a case to a third sector body for funding.

Another outcome of there being dominant researchers and dominant commissioners is that the same messages and findings are continually reinforced. For example Frank, who wrote suggestions for good practice guidelines for practitioners on behalf of the Children’s Society (Frank 2002), made recommendations such as using the Personal, Social and Health Education (PSHE) curriculum to address the topic of young carers as well as training and educating school staff about identification and mechanisms of support. In 2008, Muir and Webber released a report detailing the priorities of the Health and Social Care Task Force in relation to the government’s new strategy for carers. The same recommendations as described above appear

in Muir and Webber's (2008) paper. Although they may appear to be two different publications with different authors, on consulting the membership list of the Task Force, Frank is listed as a member of the panel. Similarly, Warren (2008) produced an article about ongoing difficulties in identifying young carers, and in the acknowledgements, Becker was thanked for his supervision of the research. There is no implied criticism here; it is merely an observation that there are dominant voices in the literature which are present sometimes overtly as authors of publications and sometimes in a less obvious way.

### **2.3 Definition of a young carer**

A common theme in the literature is the difficulty in defining the term "young carer". The Carers (Recognition and Services) Act 1995 offers a legal definition of a young carer as a child or young person under the age of eighteen who provides, or intends to provide, substantial amounts of care on a regular basis to another family member (Great Britain, The Carers (Recognition and Services) Act 1995). The care recipient could be a parent, sibling or a guardian who may be disabled, physically or mentally unwell or have a substance dependency (Department of Health 1999).

The legal definition appears to be tightly specified because it can be used to enact certain statutory processes such as a needs assessment of a family by social services. Yet it could be argued that the terms "substantial" and "regular" (Banks 2002) are not specific and their interpretation is therefore arbitrary. However, if the term young carer were further defined or quantified, it would perhaps only serve to exclude young people from having their needs formally assessed. According to Aldridge and Becker (2003) the definition

needs to reflect the level of impact for the young person and the family, not just the amount of care.

Cree (2003) asserts that it is important to acknowledge that there is no absolute definition of a young carer and that organisations assume different criteria. So, the way that a young carer is defined is likely to be influenced by the specific agendas of particular organisations. Voluntary agencies may hold broader or narrower definitions in order to enable, encourage or in some cases restrict access in order to target particular groups, such as siblings of disabled children, or children of parents with a particular disability or a specific illness. For example, ongoing work by the Mental Health Foundation is focussing on the emotional health of young carers aged between ten and twenty-one years of age and the Edinburgh Young Carers' Project defines a young carer as a person aged between 5 and 25.

Warren (2007) defines young people as young carers if they undertake specific responsibilities that are perceived as being unusual, such as intimate care and/or nursing and it is this type of activity that most clearly distinguishes young carers from their peers. She also offers a useful way of thinking about the responsibilities and expectations that may be placed on a young person; for example, consideration of the consequences if the young person did not carry out the task. Perhaps this is still not a satisfactory distinction as in households where parents work, it might be essential that a young person takes a sibling to school, although illness or disability may not be a presenting factor (Frank 2002). Aldridge (2008) states that UK evidence has shown that

what young carers do is distinct from children who are not carers, because young carers have no choice but to do the tasks they perform.

Consideration of the term young carer and what it means for adults in school as well as children and young people is an important aspect of my own research. The literature demonstrates that some misunderstandings about the term can arise. For example, a letter from Jenny Frank appeared in *Community Care Magazine*, pointing out that a recent article published in the magazine, had wrongly defined babysitters as young carers (Frank 2004).

### **2.3.1 Controversy about the concept of young carers**

Frank (2002) refers to a continuum of care, which anticipates that all children within a family might be expected to carry out tasks that contribute to the running of the family home. Dearden and Becker (2004) in their much cited report based on a survey with over 6000 known young carers, provide some figures that represent the amount and type of caring that young carers undertake. For example, half of the young carers in the sample are caring for more than ten hours a week, with two thirds providing domestic care. Warren (2007) with a sample of 390 young people, was able to compare the domestic and caring tasks that “non-caring” children perform in the home with known young carers (i.e. those receiving designated services from public or third sector agencies) and those who defined themselves as carers at the beginning of Warren’s research process (and had been unknown to support services). The findings indicated that known young carers and those who defined themselves as young carers carried out more domestic tasks for longer periods of time than those children who did not describe themselves as having a caring role. This is an important finding as some commentators have

questioned whether young carers do undertake tasks beyond normal expectations (Olsen 1996).

This controversy about what children living in households where there is disability do in terms of domestic or caring support compared to their non-caring peers is part of a wider debate in the young carers arena. How disabled people are identified and viewed fuels the debates in the literature about whether there should be specialist support services for *young carers* to sustain their *caring* role versus the need for specialist support services to enable *parents* to sustain their *parenting* role (Olsen 2000, Earley & Cushway 2002, Becker & Aldridge 2003). Banks (2002) reports that in her research, an interviewee from the Disabled Parents Network regarded the growth of young carers' support groups to be "tragic" because their development was taking funding away from services for adults' groups. As Banks (2002) says, this seems to deny that children living in families with disability may need access to support in their own right.

Olsen (2000) offers a conciliatory approach to the children's rights versus disability rights debate, saying that it can no longer be seen in simple, dichotomous terms. However, writing three years later, Olsen and Wates (2003:29) declare an "ongoing disassociation" with the term young carer in the disability rights literature which is displayed by the insertion of quotation marks around the term when used. Banks (2002) notes that it had been necessary in recent years for the Joseph Rowntree Foundation to set up a Taskforce in order to establish some common ground between those who saw young

carers from a children's rights perspective and those who saw this group from a disability rights perspective.

It is clear that some regard the term young carer as pejorative, carrying an implication that the parent lacks parenting skills (Olsen and Wates 2003). Although it is desirable that the difficulties that families face regarding illness or disability within the family unit are acknowledged, the dangers of labelling and making assumptions about families' needs should also be borne in mind. The following two examples highlight the different ways that commentators describe the circumstances of poor school attendance for children in homes with a familial disability. Lauchlan (2003: 36) observes that authors in the field of non-attendance at school often overlook child caring responsibilities as a factor. He then goes on to say that a young carer's poor attendance may be because "the pupil's parents are not fit or competent enough to organise their child in the mornings". The use of the term "fit" and "competent" stand out as being judgemental. In contrast, Roberts et al (2008:7) explain difficulties with non-attendance for young carers in a more neutral way saying, "where levels of care fluctuate as a result of mental health problems which are intermittent or unpredictable, this poses a further obstacle to the establishment of a successful home-school routine".

On the other hand, Aldridge (2008) who often positions young caring as a children's rights issue, criticises the media because they often represent young carers as "little angels", conferring awards and recognition on them but without tackling the inadequacies of the systems, policies and practices that

sustain these roles. For example, the focus of the Sunday Times Christmas Appeal in 2007 was young carers and this group have also featured in Sports Relief and Comic Relief fundraising projects in recent years. This reflects a view that Banks (2002) encountered in her research that child carers appeal more to the public's sensibility than disabled adults. For example, one young carer was described in an article in a practitioners' periodical as having experienced "more emotional trauma than most children twice her age" (Hayes 2007) which is written to shock the reader presumably, rather than be scrutinised in any depth. Nevertheless, these articles do form part of the literature on the topic and can shape the views of practitioners and the public about young carers and their needs and may have some potential to mobilise political will and influence policy development.

### **2.3.2 The paradox of young carers**

As discussed above, there is a history of conflict between the rights of the child (Aldridge 2008) and the rights of the disabled parent (Olsen 2000). Although, interestingly, in 2008, the Children's Society's Key Principles for Practice, (Frank and McLarnon 2008) which advocates a whole family approach to support, were endorsed not only by The Princess Royal Trust for Carers who might be likely to have common views with the Children's Society but also by the Disabled Parents' Network, which as the literature indicates (Banks 2002) has not always shared the same views about young carers as other organisations.

Roberts et al (2008) point out that a tension still remains about children who take on caring roles. They highlight that there is an anomaly in that children

as carers could be assessed under the Children Act 1989 as “children in need” whilst at the same time they could be assessed under the Carers (Recognition and Services) Act 1995 as carers. Does this therefore legitimise their role as carers, even though the optimum situation is one of prevention and protection so that children do not have to take on caring roles?

Banks et al (2002) say that whilst the aim of preventing young caring is laudable, in practice it is unlikely to be achieved in all cases. Even when parents do receive help from social and/or health services, the child’s caring role may not stop (Becker and Aldridge 2003). One reason may be that, because the child is co-resident, it inevitably means that they can respond to a change in circumstances more quickly than support services. Children often wish to continue to offer care and support because it can allay their own fears and enhance the parent-child relationship (Becker and Aldridge 2003). Often, children and young people themselves say that they do not want to stop their caring roles (Morgan 2006).

The term young carer may not always be a particularly helpful one as it can be argued that whether or not children take on the primary caring role in the family, there will still be an impact of living in a family where there is ill health, disability, mental illness or substance misuse (Frank and McLarnon 2008). In this regard, the amount of caring is irrelevant. Dearden and Becker (2001) argue that whole family high-quality services are needed in order to avoid young people taking on a disproportionate caring role. Perhaps the reality is that children will always care in some format for parents or family members

who are disabled and that the ideal is that the detrimental impacts of this are prevented, or at least, reduced.

#### **2.4 What is known about the numbers of young carers?**

There are some generally accepted facts and figures about young carers that are often referred to in the literature. Often quoted are the 2001 census figures which report 175,000 children and young people providing care across the UK (e.g. Fox et al 2007, Warren 2008). The figures suggest that the majority of these young people (83 per cent) are involved in up to nineteen hours of caring per week. Nine per cent of the responses reported up to 49 hours of care a week and seven per cent reported over 50 hours (Frank 2002, Peasah 2009).

The question the census asked to elicit this information focussed on support for family members, friends, neighbours or others in relation to long term physical, mental ill-health or disability or old age. Frank and McLarnon (2008) suggest that young people supporting a parent with a substance misuse may not have answered this question or have seen it as relevant to them. Meanwhile, would a young person be counted as a young carer if their answer was based on supporting an elderly neighbour by walking their dog? Clearly, there is a danger that this question failed to distinguish between groups of young people who have little choice but to take on an essential primary care task and young people who take on caring tasks through choice and in line with their maturity and age.

Similarly, in a survey conducted in Northern Ireland with over 600 sixteen year olds (Devine and Lloyd, 2008), there was a bigger group of young carers (as defined by the researchers) who described themselves as caring for people outside of the home (14 per cent) than caring for someone within the home (9 per cent). The authors described young people as young carers in any context, even those engaging in voluntary caring such as helping out at a bingo or youth club, which does not reflect the definition given in the Carers (Recognition and Services) Act 1995. Again, there seems to be a lack of distinction between those caring activities that imply an element of choice and personal development that might be expected of a sixteen year old and those non-negotiable caring activities that may present practical or emotional demands which are age or culturally inappropriate and impact on a child's quality of life, education and/or development.

Difficulties with the census figures in relation to young carers are acknowledged in a HM Inspectorate of Education report (HMIE 2008). The most recent census figures for Scotland indicate that there are 16, 701 young carers but that fewer than 4,000 are known to support agencies. The report goes on to say that a recent survey in secondary schools indicated that 10 per cent of the school population were young carers. The report suggests that when this figure is applied to Scotland's total population of children and young people, this would mean that there would be at least 100,000 young carers in Scotland alone.

There are various reasons why it may be difficult to establish exact numbers of children and young people who have additional caring responsibilities, and the literature often refers to this group as hidden or invisible (Banks et al 2002, Underdown 2002, and Green 2002). Families are fearful of what intervention by outside agencies will mean – some suspect that it may result in family breakdown with children being removed from the home and being placed in care (Becker et al 2001 and Fox 2004). Furthermore, young carers are often hard to identify because the needs of the person being cared for may change periodically; for several weeks or months a young person may not actually be required to act as a young carer. This is often the case in families where an adult has a mental illness. In addition, some families do not want to be stigmatised (Fox 2004). Families that are unknown to services and have neither had their needs identified nor chosen to disclose them themselves are unlikely to reveal such information in data collection exercises such as the national census and surveys like the Northern Ireland Young Life and Times survey.

### **2.5 How do we know what we know about young carers?**

Undoubtedly, the hidden nature of young caring raises questions about how views of young carers and their families can be accessed in terms of methodological approaches. The literature about young carers does at least illustrate that a range of methodologies have been employed from large scale surveys (e.g. Dearden and Becker 2004) to group and individual interviews with young carers (Grant et al 2008, Morgan 2006, Butler & Astbury 2005, Underdown 2002). Although each methodology may have its advantages and disadvantages, what results is a very broad spectrum of information that

appears to be consistent in its findings that young caring has potentially negative outcomes for young people (Frank 2002).

### **2.5.1 Survey data**

Becker (2000) appears to question the use of exploratory research into characteristics of carers and of localised studies trying to estimate numbers. However, he has been involved in three national surveys of young carers over recent years. The most recent survey by Dearden and Becker (2004) is often cited and has set something of a baseline in young carers research because the report provides statistics relating to the types of task undertaken, the time spent caring as well as demographic information for over 6000 young carers.

Admittedly, there are some limitations. For example, the methodology used in the survey research in Dearden and Becker's 2004 report meant that the information was sought not from the young carers themselves but from adults working in over eighty young carers projects. Cree (2003) reflects on her own research experience that data collection that relies on information collected in this way can sometimes be problematic and that there may be critical omissions. In fact, during the course of this current study, my own experience of the voluntary support organisation highlighted some difficulties with capturing data about the young carers using the service. So, there must be some caution exercised about the reliability of such survey data when organisations are feeding back on behalf of a group of young people. For example, the researchers will have little idea if the respondents provided accurate or approximate numerical data where such information was requested. The tables given in Dearden and Becker's (2004) report, often

have footnotes acknowledging missing data and this gives some indication of how difficult it must have been for the organisations to give accurate information on behalf of each young carer.

Dearden and Becker (2004) acknowledge the fact that many organisations may not have records for all the information requested. Unless individual organisations asked the young carers specifically about these aspects, the data provided may largely be impressionistic rather than based on fact. As Denscombe (2007) notes, even if the respondent completes a questionnaire in good faith, the researcher will never know how accurate or comprehensive the records were that informed the response. This will have obvious implications on the reliability of the data provided in the resulting reports. Banks (2002) notes that the problems with defining young carers coupled with variations in record keeping practices leads to difficulties with aggregating information in this field. She even goes so far as to say that some young people attending young carers' projects might not be young carers even in the widest terms.

Furthermore, Olsen and Wates (2003), known to be critical of the emphasis placed on young caring because it detracts from services to disabled parents, claim that surveys such as these are based on skewed samples. They argue that some researchers are more interested in finding examples of failure and difficulty by drawing on service users, which according to Olsen and Wates (2003), indicates that the family is in need, rather than looking for examples of success.

Like Olsen and Wates (2003), Roberts et al (2008) and Warren (2008) are also concerned that survey data as described above only capture young carers who are known to support services. Their concern is that there are some young carers who are excluded, not because they do not need services, but because they cannot or do not want to access them - as Roberts et al (2008) point out, and as Dearden and Becker (2004) acknowledge, a limitation of a survey carried out through young carers' groups is that a hidden group of carers who do not access this type of support are totally excluded.

The fluidity of the definition of a young carer as well as the fact that young caring can be a hidden activity, should be taken into account when considering survey research findings. Difficulties with the way Devine and Lloyd (2008) define young carers has already been referred to and is mentioned again here to illustrate how methodological difficulties can influence the knowledge that is created about young carers. For example, the Devine and Lloyd survey (2008) asked young people about their future plans about continuing their education post 16. The survey found that there were no statistically significant differences between young carers (as defined by the researchers) and their peers regarding their plans to continue their education and go on to higher education. This is in contrast to analysis by Yeandle and Buckner (2007) of the 2001 census data which suggest that young adult carers (aged 16-24) were far less likely to engage in education post 16. However, it is acknowledged that Devine and Lloyd (2008) are considering the aspirations of young carers to continue their studies and Yeandle et al (2007) are considering the actual number who do undertake further education.

Therefore, this discrepancy may indicate a need to explore if young carers' plans and hopes remain unrealised more often than those of other young people.

Although Dearden and Becker's surveys with samples of known young carers may be criticised by some commentators because they may exclude unknown or hidden young carers, at least it can be assumed that the information collected is based on an accepted definition of a young carer as someone taking on board roles and responsibilities above and beyond expected caring duties. This is in contrast to the research by Devine and Lloyd (2008) which was based on a random sample of 600 sixteen year olds, who seemed to apply their own definition to what being a young carer meant by classing young people who engaged in voluntary activities such as attending bingo clubs as young carers. Clearly, it is essential that researchers overtly outline their definition of the term young carer, and that it accords to a general consensus.

There are clear advantages to the survey studies such as those of Dearden and Becker (1995, 1998 and 2004) in that they generate a large data set and provide a general illustration of the role of young carers by virtue of the fact that the young people attend a young carers' support group. In this respect, these survey reports have been useful in shaping my research because they give an indication of what life may be like for many young carers and in particular how it may affect their schooling. These reports are often cited in the literature and appear to be held in high regard, although as with any

research, it is essential to maintain some level of critical judgement when considering their findings and conclusions.

### **2.5.2 Alternatives to survey data**

Cree (2003) and Roberts et al (2008) note that a limitation of the survey approach is that it cannot access information about the “lived” experience of young carers. There are many examples of research with young carers themselves through questionnaires (e.g. Cree 2003), group discussions and individual interviews (e.g. Underdown 2002, Barnardo’s 2006).

Whilst some researchers raise no difficulties in engaging young carers in their research projects (Morgan 2006), other researchers clearly do encounter a range of difficulties. Aldridge (2008) notes how difficult it can be to engage young carers in conventional research methods such as interviews. However, she concludes that there continues to be a need to find ways of listening to children and consulting with them in order to help them attain “social, material and cultural capital” (Aldridge 2008:259). Likewise, Grant et al (2008) report that it can take a long period of time for a young carer to trust an adult enough to discuss their family circumstances and their caring role. This will also have implications for research activities, suggesting that an ongoing process will be more successful than “one-off” events.

The experiences of other researchers in accessing young carers is of relevance to my study which sought to include the views of young carers about the recommended guidelines for good practice for schools. My own research experience with young carers is presented in Chapter Eight and like

Grant et al's (2008) work reflects how influential the young carer's project workers can be in supporting the research process.

## **2.6 What is the impact of being a young carer?**

Banks et al (2002) note that concerns about young carers as a vulnerable group have been growing since the mid 1980s. As discussed, for the most part, the research literature highlights the significant risks of being a young carer, including short-term and long-term detrimental outcomes in relation to physical, psychological and social effects. Dearden and Becker (2001:226) use the phrase "double jeopardy" to illustrate that some families and young carers experience prejudice and social exclusion on many levels where several factors can compound difficulties. The research literature also highlights that young carers are not an homogenous group and that there may be subgroups that require special consideration. McLarnon and Frank (2008) list these as: black and minority ethnic groups; refugees and asylum seekers; parents dependent on drugs and alcohol; parents with mental ill health; parents with HIV/AIDS; families in rural areas; and very young carers. Becker and Becker (2008) also highlight the needs of older young carers aged between 16 and 18 years old as young people in this group risk falling between targeted services; young people in this age group are still legally children, but they may no longer be in the education system and may not be referred on to, or informed about, adult carer services.

### **2.6.1 Concerns about the mental health of young carers**

One area that is focussed upon in the research literature is the emotional impact of an inappropriate caring role. Figures about mental health problems

among children and young people in general suggest that one in ten has a mental health disorder (Mental Health Foundation 2005).

The Child and Adolescent Mental Health Services (CAMHS) Review (DOH 2008b) affirms the “one in ten” figure about the general population of children and young people and also notes those who face three or more stressful life events (e.g. bereavement and loss, divorce, serious illness) are more likely to experience emotional and behavioural disorders. Over recent years, the literature has continued to suggest that young carers experience additional risks to their mental health and emotional well-being due to factors integral to their lives and position within society. For example, children of parents with mental health problems and/or substance misuse difficulties may have significant caring roles and may experience poor parenting and lack of emotional warmth from parents (Cleaver et al 1999, Tunnard 2002, Tunnard 2004). Furthermore, children of parents who are chronic substance misusers themselves may be at increased risk of alcoholism, drug misuse, and unplanned teenage pregnancy (Advisory Council on the Misuse of Drugs, 2003). The CAMHS Review also notes that living in stressful family situations and/or having a mother with mental health difficulties are factors most commonly associated with children and young people who have emotional disorders (DOH 2008b).

Although it is noted that it is usual for young people to have what are regarded as typical adolescent worries about school, family and friends (Cree 2003, Becker & Aldridge 2003), the literature suggests that it is likely that young

carers have anxieties additional to those mentioned and specific to their familial circumstances. Cree's (2003) research identifies that young carers have additional worries such as: worrying about the health of the person they care for; worrying about their own health; worrying about the behaviour of the person they care for; and who will look after them in the future. As Fox (2004) points out, young carers may have to deal with the knowledge that the person they are caring for may die due to their illness. Morgan (2006) comments that young carers are at an increased risk of being physically ill themselves because they are often exhausted and may not sleep well at night. They may even experience physical harm from the person they are caring for, particularly if there are mental health or substance misuse issues (Aldridge and Becker 2003). Becker and Becker (2008) also report that young carers can experience ambivalent feelings towards the people they support, for example feeling concerned about them yet also feeling resentful because of the impact of their caring role.

Byng-Hall (2008) suggests that children who take on an inappropriate caring role within a family, particularly an emotional caring role, are likely to experience difficulties with self-esteem, identity and even depression because the demands exceed their developmental abilities. Frank and McLarnon (2008) comment further, saying that even when the physical aspects of caring are mitigated, for some children the emotional caring remains ongoing.

### **2.6.2 Young carers' educational experiences**

Dearden and Becker's (2003) review of research suggests that physical (e.g. tiredness), emotional (e.g. anxiety, acting out behaviours), and social (e.g.

victims of bullying, difficulties with peer interaction) difficulties associated with caring responsibilities may impact upon a young person's educational attainment. In their 2004 report, Dearden and Becker note that there is a reduction in the numbers of young carers who miss school or who encounter difficulties in schools, although 27 per cent of all secondary-aged young carers and 13 per cent of all primary-aged young carers are estimated to have difficulties relating to academic progress and attainment and/or social interactions in school. Similar findings in the literature also indicate that young carers report a range of difficulties in school; for example Cree (2003) reports that in her questionnaire survey of 61 young carers, 68 per cent reported problems at school such as worrying about their schoolwork, 36 per cent worried about being bullied and 35 per cent were worried because they did not have any friends. Indeed, Altschuler et al (1999) report that young carers can struggle with getting on with others and in relating with peers who may have very little understanding of the reality of their situations.

Elsewhere in the literature it is suggested that young carers are often bullied with one study finding that over 70 per cent of young carers admitted to being bullied at school (Crabtree and Warner 1999). However, a national survey with nearly five thousand children and young people found that 69 per cent of them reported having been bullied (BullyingUK 2006). Dearden and Becker (2003) suggest that young carers are only slightly more likely than other young people to be bullied but emphasise that the nature of the bullying (particularly when it is directed at the person for whom the young person cares) exacerbates an already stressful situation and increases the likelihood

of difficulties in school with being able to engage in learning and developing relationships with others.

Malcolm et al (2003) note that schools and LEA representatives are aware that being a young carer can be a reason for poor school attendance. Interestingly, Pellegrini (2007) slightly misrepresents this, reporting in his article that educational personnel cite caring for younger siblings (and does not mention caring for parents) as a reason why some young people miss school. This, yet again, illustrates the misconceptions that can arise about the roles some young carers undertake, and that some adults may underestimate the nature of the caring role and the anxiety that some young carers face. For example, in Becker and Aldridge's (2003) research 19 out of 40 young carers reported that worrying about parents was a key factor in their lack of concentration and performance in school, even if their attendance was not affected. Similarly, Barnardo's (2006) report that in research with 83 young carers, 43 per cent reported feeling that their school work was adversely affected by their caring role.

The report by Morgan (2006) gives a specific focus on how young carers wish to be supported at school, which is of relevance to the current study. One key suggestion includes adults being aware of their situation so that questions are not always asked, or comments made, about absences, lateness or missed homework. According to the research conducted by Barnardo's (2006) with young carers, nearly half of the sample reported feeling punished by teachers when their schoolwork was affected by their caring role.

On the other hand, Banks et al (2002) report that some research describes schools as colluding with young carers, so that their poor attendance or poor work is often ignored; adults in school may think they are making allowances, but in practical terms nothing is done to support the young person in school with their learning or with their caring responsibilities at home. Bibby and Becker (2000) say that schools have been slow to accept that some children are undertaking caring roles. Wright and Bell (2001) note that in their work with a small group of young carers, some voiced reluctance to talk to teachers about their family circumstances. Conversely, Altschuler et al (1999) report that adults in school feel uncomfortable “prying” into children’s home lives and worry that their intervention could make a situation worse. Furthermore, teachers also worry about the uncertainty of expectations of what they can do to be supportive, and they are concerned about not having the time to be able to help, even when they acknowledge that young carers require support.

### **2.7 The role of schools as a protective influence**

School and education could be viewed as a means of support for young carers in terms of building resilience as suggested by Roberts et al (2008). In Becker and Becker’s (2008) study about young adult carers, their research indicates that young carers’ experiences of school could be positive if they found empathetic adults who gave them recognition and support. However, Banks (2002) and Becker and Becker (2008) suggest that many professionals such as those working in schools are insufficiently aware of young carers and there is a need to increase their awareness. Butler and Astbury (2005) in their study found that from over 200 referrals to a local young carers project, only

one came from a school nurse and just eight came from schools. They assert that this testifies to a need to raise the awareness of adults in schools about the needs of young carers and ways to support them. Butler and Astbury (2005), based on interviews with young carers, report that schools rarely provide an environment in which professionals accurately and routinely observe and identify behaviours that may indicate need on the part of the child or young person.

Dearden and Becker (2003) assert that there needs to be a shift away from research that focuses on the vulnerability of young carers to focus on resilience, as not every young carer is overwhelmed by his/her caring responsibilities or faces the difficulties in school described above. A key message from the literature is that schools can have a significant part to play in identifying young carers and helping them to achieve socially and academically. A report published by the Home Office (Advisory Council on the Misuse of Drugs 2003) claims that schools can be a source of resilience, as long as teachers are empathetic, sympathetic and vigilant. Cree (2003) also suggests that some children describe school as a refuge. Furthermore, The Every Child Matters agenda (DfES 2004) firmly endorses the holistic role of schools that reaches far beyond matters of education. The report from the Health and Social Care Task Force based on the New Deal for Carers Strategy (Muir & Webber 2008) also emphasises that greater awareness and understanding about young carers is needed in “front line” settings such as schools. According to Warren (2007) and HMIE (2008), education staff are best placed to identify young carers early and prior to any crisis.

### 2.7.1 Recommendations for good practice for schools

At the time of designing and planning this research, guidance for schools from the Department of Health (DOH 1999), and from the Department for Education and Employment (DfEE 1999) in relation to young carers was examined. In addition, guidelines produced by the Children's Society (Frank 2002), endorsed by government, were included along with recommendations for schools published in a report by Dearden and Becker (2003). Frank (2002) and Dearden and Becker (2003) suggest a wide variety of recommendations for schools to consider implementing to support young carers. However, as Figure 2.3 shows, this enquiry focuses on the following key approaches for schools to adopt in order to support young carers in a more holistic way.

#### Figure 2.3: Key good practice guidelines

- **Training** for teachers / adults who work in schools about young carers;
- Promoting awareness of young carers and disability through **PSHE**;
- Having a **named person** for young carers to act as a link with outside services and act as a lead within the school for young carers;
- Having a **specific policy** in place to outline young carers' needs and ways of addressing those needs; and
- Having **systems for identification** in place, such as seeking information via school admission forms.

Table 2.1 provides a matrix indicating which documents made which recommendations (training, PSHE, named person, specific young carers' policy and identification systems). For the purposes of this study, the term "good practice guidelines" refers to the list above.

Frank's (2002) guidelines and Dearden and Becker's (2003) recommendations reflect young carers' views and experiences. For example, Underdown (2002) reports that young carers say they want young caring to be

a topic in PSHE, they want teachers to be more aware of their needs (training) and they want an adult in every school who can support them (named person). Morgan (2006) reports that young carers believe that schools should try to de-stigmatise the role of young carers, educating all pupils about the existence of young carers, which also has relevance to the PSHE curriculum. In terms of systems for identifying young carers, Becker and Becker (2008) comment that based on their focus groups with 29 older young carers, their impression was that schools did not have in place systematic processes for identifying and supporting young carers and that it rested on the individual personality and knowledge of adults in schools as to whether they took any interest in, or action on behalf of, students who might be young carers.

**Table 2.1: Guidelines for good practice for schools**

	DOH 1999	DfEE 1999	Frank 2002	Dearden and Becker 2003
<b>Training</b>	X		X	X
<b>PSHE</b>	X		X	X
<b>Named person</b>	X	X	X	X
<b>Policy for YCs*</b>			X	
<b>Identification</b>			X	X

\*YCs = young carers

Dearden and Becker (2003) appear to suggest that social inclusion policies applicable to all children rather than a specific policy may assist in identifying and supporting young carers as part of an inclusive whole school approach. Similarly, Banks et al (2002) suggest that whole school approaches such as homework clubs, telephone homework lines and mentoring systems should be in place so that young carers can access these as any young person might,

without having to identify themselves as having specific additional needs associated with their caring role, or needing otherwise to explain themselves.

Research by Altschuler et al (1999) about what teachers say would help them help young carers produced outcomes consistent with the recommendations outlined above. For example, at a whole school level, teachers reported that a school policy would be useful in formulating support plans in order to respond to parental illness as well as having a named home-school link person. Likewise, there was a perceived need for training. In addition the majority of teachers thought that developing students' sensitivity to the impact of illness within the family could be addressed at a curriculum level within PSHE, religious instruction, English and science. Altschuler et al's (1999) study did not report any findings in relation to implementing systematic ways of identifying young carers. Several years later, research by Barnardo's (2006) reports that based on a sample of 1,000 teachers, 70 per cent thought that there should be increased training for teachers. Other findings from the Barnardo's survey indicate that there is a lack of knowledge amongst teachers about external support services for young carers and that systematic support mechanisms for young carers in schools were inadequate or not in place.

### **2.7.2 The role of school in children and young people's ecological systems**

Adults in schools may not be able to change a child's environmental circumstances but the recommendations for good practice indicate that school communities can change their own environments in order to meet the needs of pupils more successfully, for example in the way they understand and/or respond to behaviours that may result from pressures within the home context

(Pellegrini 2007). In terms of a psychological paradigm, this assumes an ecological model of child development as proposed by Bronfenbrenner (1979) where no circumstance or event can be viewed in isolation but as a product of a whole system of interrelated factors.

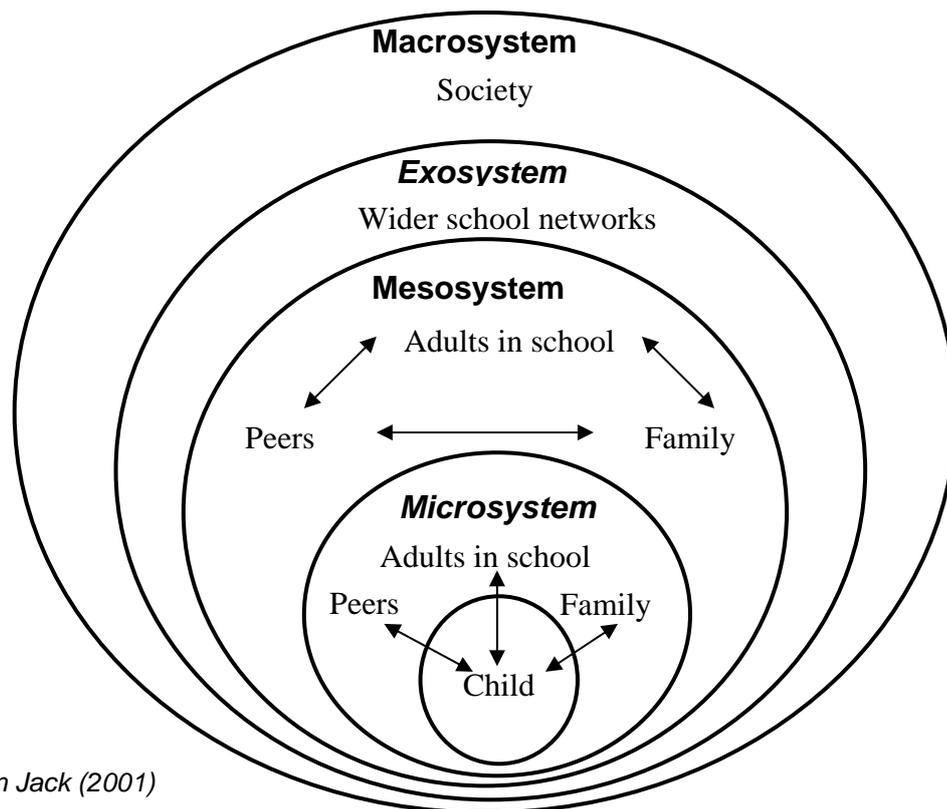
Bronfenbrenner's (1979) model of an ecological approach to child development is often represented diagrammatically. Figure 2.4 is based on Jack's (2001:54) representation, but as the focus in my study is about school, I have adapted Jack's figure in order to emphasise school factors. As the diagram indicates, the child is at the centre of the system and interacts with several settings (e.g. family, school, neighbourhood) which form the child's microsystems; the child or young person is viewed as an active participant, influencing as well as being influenced by the milieu; what Bronfenbrenner (1979) terms "reciprocity". Each microsystem comprises a pattern of activities, roles and interpersonal relations experienced by the child in a setting such as home, a classroom or playground (Bronfenbrenner 1979:22).

The mesosystem is defined as a system of microsystems that comprises the interrelations between two or more of the child's settings e.g. between adults at home and at school.

The exosystem does not involve the child directly as an active participant, but still impacts upon the child, through activities or decisions within the LA for example. The macrosystem refers to the wider environment, encompassing the government, society, and the patterns and consistencies that exist therein,

as defined by cultural values, policy and legislation influencing in this case, the ways schools operate.

**Figure 2.4 An ecological systems approach to child development with a school focus**



*Based on Jack (2001)*

Jack (2001) suggests an ecological approach for supporting children should take into account the different contexts within a child's environment and the capacities of other people within them. This has some resonance with Grant et al's (2008) perspective that a salutogenic approach – how people manage stress and stay well - is useful when considering support for young carers. Antonovsky (1996) advocates an approach that considers the social forces and coping strategies that help people manage - "generalised resistance resources" - despite facing challenging circumstances. These include not only

the internal resources of the individual person, but also the resources and capabilities of the people and artefacts (e.g. systems) within the individual's environment. Summing up the role of the environment and the importance of individual attributes and factors, Antonovsky (1996:14) suggests, "we are all, always, in the dangerous river of life. The twin question is: How dangerous is *our* river? How well can we swim?"

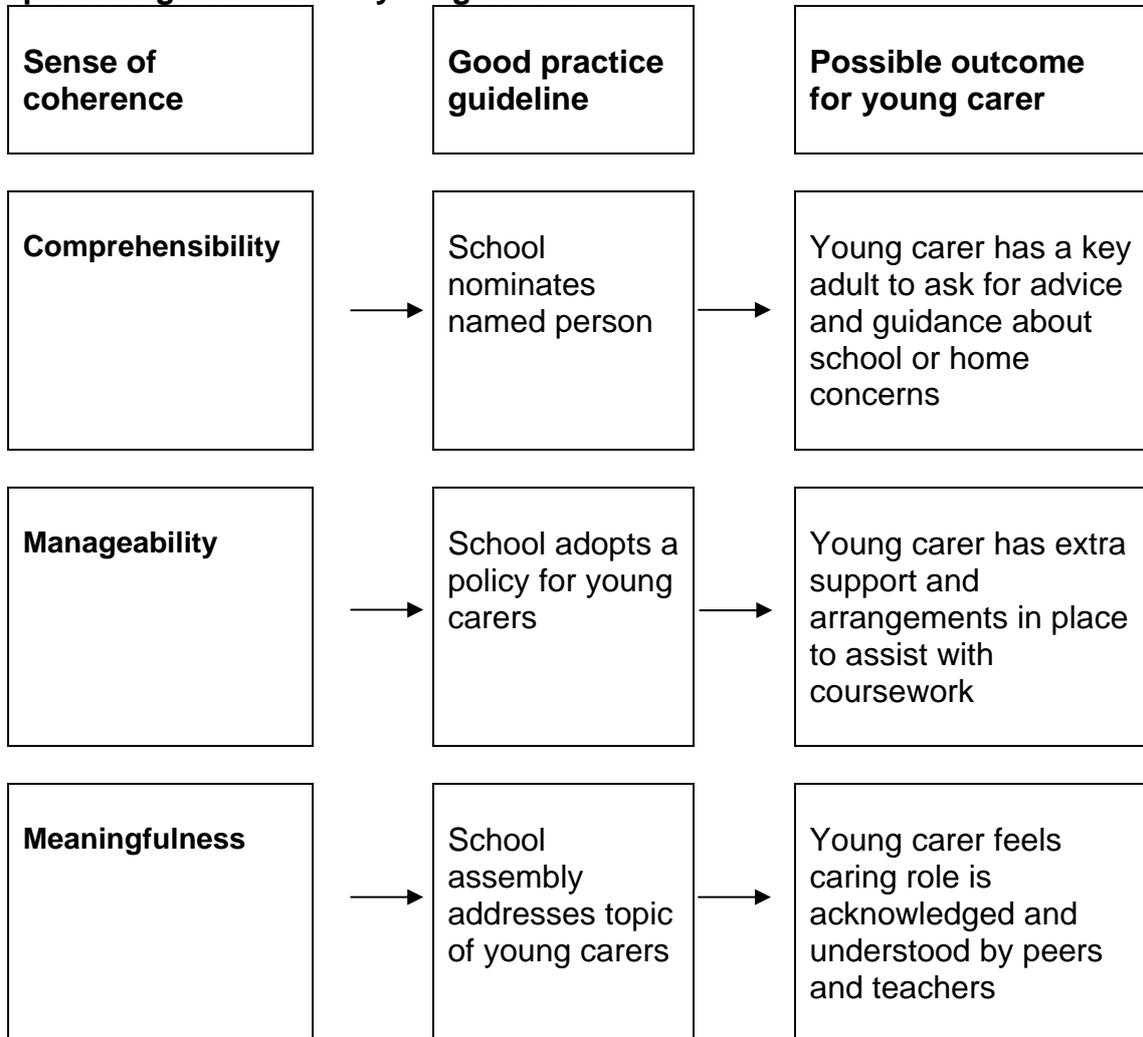
Given Dearden and Becker's (2003) comments about focussing on resilience factors to support young carers, I propose to explore in the following sections if an ecological systems approach can be integrated with a salutogenic approach in order to provide a conceptual framework for this study about supporting young carers in schools.

### **2.7.3 The good practice guidelines as a salutogenic approach**

Simplistically, the good practice guidelines could just be seen as a series of practical strategies that schools could implement in order to support young carers. However, they could also be viewed within a salutogenic model as having the capacity to promote the well-being of young carers. Antonovsky (1987) proposed that an individual's sense of coherence could assist them to resist the potentially negative consequences of stressful life events. A sense of coherence is reliant on an individual's ability to understand and make sense of the challenge that confronts them (comprehensibility); an expectation that s/he can cope with the challenge presented (manageability); and an ability to identify areas of his or her life that are important (meaningfulness). Figure 2.5 considers the three components of Antonovsky's (1987) sense of coherence

model in conjunction with some of the good practice guidelines and possible outcomes.

**Figure 2.5: Antonovsky’s sense of coherence model and the good practice guidelines for young carers**



However, Antonovsky (1996:14) comments that “bright ideas” that are untested are not always helpful. Although the recommendations are well supported within the literature (Dearden and Becker 2003), and as Frank (2002) says are “shaped” by the views of young carers, their families and existing good practice, the guidelines are untested in my own employing LA. Therefore, an important aspect of my research is to explore the perceptions of adults in schools and young people (including carers and “non-carers”) about

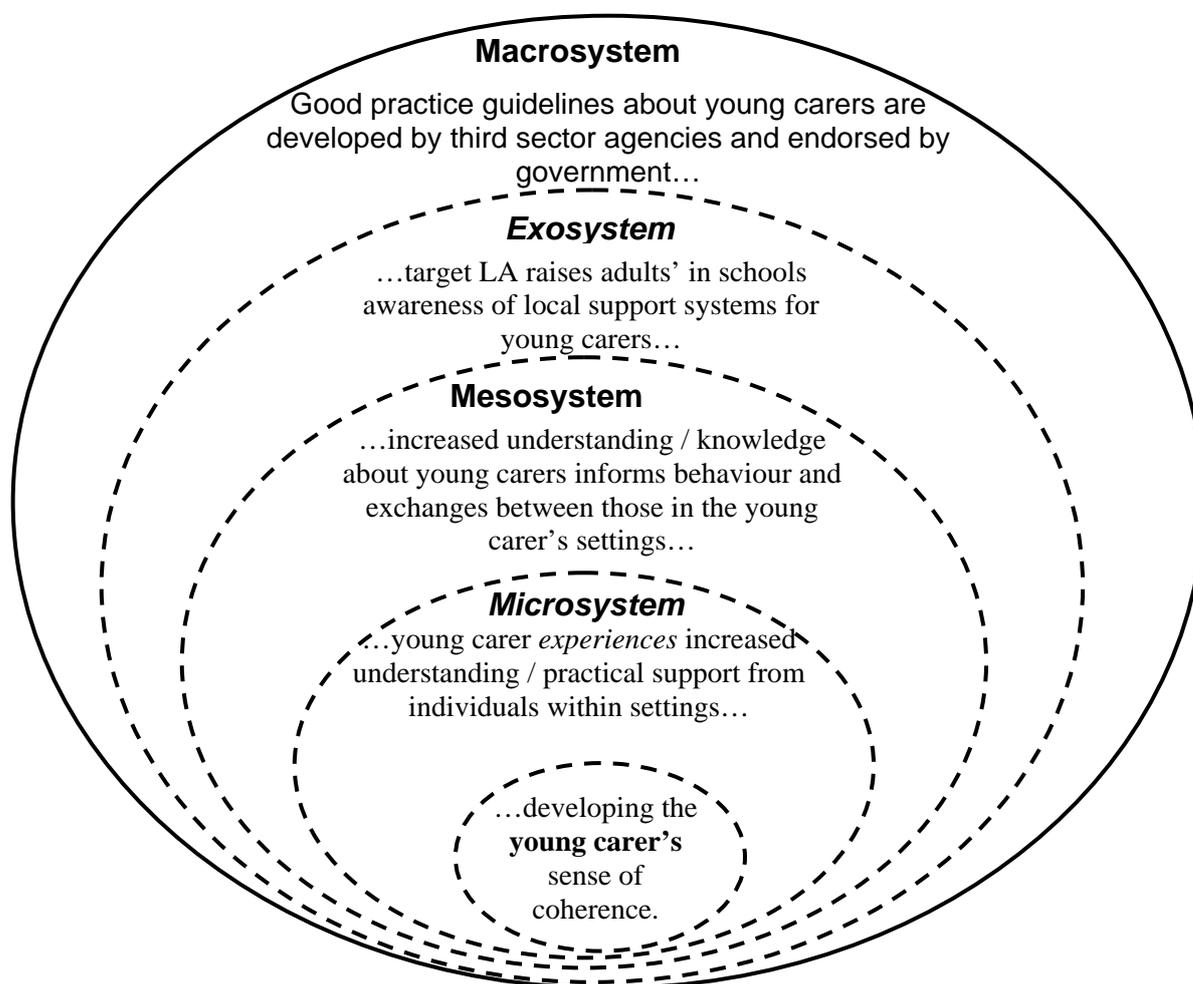
the perceived benefits of the recommended guidelines for supporting young carers.

#### **2.7.4 Integrating an ecological systems approach with a salutogenic model**

I proposed in section 2.7.2 that schools may not be able to remove a young person's caring responsibilities, but that, by improving their own responses, schools can support young people better, thus improving the young person's microsystem and educational experiences and outcomes (Bronfenbrenner 1979). In section 2.7.3, I also suggested that the good practice guidelines could be viewed within a salutogenic approach to helping young carers manage stressful life events associated with their caring role (Antonovsky 1987).

One of the key principles of Bronfenbrenner's (1979) model of "nested structures" is the interactive nature of the influence of different parts of the system upon the young person and his or her development. Figure 2.6 proposes how action starting at the macrosystem might impact upon the layers of the young carer's ecological system. So, the development of the good practice guidelines within the macrosystem leads to changes in the exosystem which in turn leads to changes and activities with the meso- and micro- systems which the young carer directly experiences, with the desired outcome that the young carer's sense of coherence is enhanced, leading to personal benefits for the young carer.

**Figure 2.6: Integrating an ecological systems approach within the salutogenic perspective of the good practice guidelines**



However, as Bronfenbrenner (1979) emphasises, the influences within the system are reciprocal; the actions do not just work inwards towards the young carer as might be inferred from Figure 2.6, but also work outwards from the young carer. Grant et al (2008) illustrate how developing a young carer's sense of coherence by their activities at a dedicated support group led to some young carers involving themselves in educational and promotional work about the topic of young carers to a much wider public, i.e. at different levels with their ecological system. Grant identifies benefits such as validating these

young people's contributions to society, strengthening their self esteem and peer relationships. This has significance because the literature notes that young carers may not experience the same life chances as their peers, and as adults may be at risk of social exclusion (Frank 2002, Becker and Becker 2008, Yeandle and Buckner 2008). Godfrey et al (2002) observe that a likely impact of young people being socially excluded leads to costs to individuals, families and to society, reflecting how in an ecological system a young carer can influence the other layers. The good practice guidelines could assist the young carer to achieve both personal and social capital goals.

### **2.8 How can schools be encouraged to implement the good practice guidelines?**

Information for schools about young carers has been available in a variety of formats from governmental advice (DOH 1999, DfES 2006) to practice guides (Frank 2002) to web-based information aimed at teachers such as the website "www.teachernet.gov.uk". However, the literature suggests that many schools have not yet been able to implement systems of support tailored to address the needs of young carers (Butler and Astbury 2005, Morgan 2006). OFSTED (2009) conclude from research with key people from eight councils as well as interviews with 50 young carers that school responses and the level of support and understanding are variable. According to the research by Barnardo's (2006), teachers themselves report the need for further training and information. This suggests that producing information alone is not enough to raise educational professionals' awareness of young carers, and that some other kind of process is needed in order to highlight the topic to adults in schools.

Certainly, within my own LA, the perception of senior officers responsible for commissioning children's services as well as staff from the young carers voluntary support agency was that few adults in schools were aware of resources or services to support young carers. Therefore, a decision was made by a senior LA officer to invite the EPS to design and deliver training about young carers for schools.

Writing as a team of practitioners from both clinical and educational psychology as well as social work backgrounds, Altschuler et al's (1999) research claims that EPs are well placed to support schools with young carers because of their combination of psychological and educational skills. They suggest that training teachers about young carers is one of the main ways EPs can assist schools in supporting young carers. However, beyond the Altschuler (1999) article, a search for research into the role of the EP in supporting schools with young carers has not been fruitful, although the role of the EP in school training is evident in the literature (Bettle et al 2001, Balchin et al 2006, Davies et al 2008). Therefore, the literature search was widened in order to consider the effectiveness of school training in general as a way of bringing about change in teacher attitudes and behaviour and in school practices.

### **2.8.1 Models of training and supporting professional development in schools**

Within the context of the current study, the training model of a single 60-minute "awareness raising" presentation had already been decided by a senior LA officer, with the expectation that the training would trigger change within the settings regarding support for young carers. Writing over thirty

years ago, Georgiades and Phillimore (1975:313) noted the limitations of “traditional forms of training” in bringing about change in settings. In terms of my study, Georgiades and Phillimore’s (1975) views about an over-reliance on training as a predominant change strategy raises questions about how valuable and effective the training model of a 60-minute presentation could be. Even if the training was judged to be helpful by schools, was it a valid expectation that this would be sufficient to bring about change in schools for young carers? This sets a number of challenges for someone in my position as an external change agent, in particular the need for me to gain credibility in order to be influential, and to avoid creating pressure or stress in the schools where the training took place (Georgiades and Phillimore 1975). The purpose of the literature search in this area, therefore, was to consider the most effective ways of working within the parameters set.

Kennedy (2005) identifies a continuum of training models ranging from transmission, transitional and transformative approaches. She suggests that transmission models of delivery are usually concerned with equipping teachers to implement reforms and changes required by others (usually government). Transformative models are more likely to encourage opportunities for adults in schools to identify opportunities to reform, develop and change themselves. Kennedy suggests that transitional models such as coaching or mentoring sit in the middle of the spectrum as they encourage increased teacher autonomy, although the learning activity is still defined by an external party.

Goodall et al's (2005) research, based on questionnaires (n=639) and in-depth interviews with teachers (n=180) concluded that many schools equate continuing professional development with a transmission model of in-service training, rather than transitional or transformative models. The prevalence of this model of training is also identified by Hustler et al (2003). Kennedy (2005) suggests that the transmission model is an effective way of introducing new knowledge but that there are limitations of this approach regarding its efficacy in transforming practices. Balchin et al (2006) question the use of this training model, suggesting that "one-off" in-service training is of limited use. However, there can also be tensions with transformative models of training, as Davies et al (2008) note that teachers may limit their own opportunities for reflection and collaboration by maintaining the facilitator in an expert role.

Additionally, one of the main criticisms of training is that its long-term impact is often not identified and that evaluation is normally limited to participant reaction and perceived use of knowledge and skills learnt (Goodall et al 2005, Clarke & Robson 2005, Balchin et al 2006). This again had implications for the current study, in considering how effective one-off training sessions could be and how the long-term outcomes of the initial training could be supported or simply identified and measured.

Rose and Reynolds (2007) provide an extension of Kennedy's (2005) model of training, viewed on a continuum where teachers are seen as either passive recipients of information, active seekers of information, uncritical users of information or active and critical users of information. This fits in with one of the purposes of the current study, to examine the perceived usefulness of the

good practice guidelines and to encourage adults in schools to view them from a critical stance.

### **2.8.2 Factors that promote or inhibit training**

The literature identifies several barriers to training, or factors influencing the type of training delivered, such as time and cost (Goodall et al 2005). Evidence in the literature suggests that some Head Teachers, and teachers themselves, can be reluctant to agree to training that removes teaching staff from their classrooms (Hustler et al 2003, Goodall et al 2005). Hustler et al (2003) also note that practical difficulties such as location and timing of the training impact on participation. Lee (2000) notes that teachers need to see the training as relevant to them, although as Hustler et al (2003) note, it is sometimes difficult to establish how teachers define relevance.

Research evidence indicates that teachers in schools express the most dissatisfaction with training they consider does not meet either individual or school-based needs (Goodall et al 2005). Teachers can feel overwhelmed by new initiatives and the need to take on new responsibilities (Hustler et al 2003, Stoll 2001, Lee 2000). This has implications for my research in that training about the topic of young carers was a LA priority, but otherwise judged unlikely to be identified on school development plans, although following the training, schools were encouraged to implement the good practice guidelines. As discussed earlier in this chapter, considering these guidelines have been in the public domain for several years, with apparently little take-up from schools, this raises doubts about how relevant and

important they had previously been considered, and therefore how successful the proposed intervention would be.

To my advantage on the other hand, Fielding et al (2005) note prior relationships are important in training in terms of creating opportunities and that “cold calling” is unlikely to prove a successful approach. This reflects the original reason why the EPS was asked to devise and deliver training to schools in the target LA: because the service was perceived as having established links and good working relationships with schools. It was believed that EPs would be able to negotiate access with schools in order to deliver training, in contrast to the experiences of the “unknown” voluntary organisation for young carers.

Based on the barriers identified by Goodall et al (2005), a decision was made to offer every school a “twilight” session, rather than hold training centrally and invite representatives from schools to come. This way, the teaching day would not be disrupted and there would be limited demands on time and no cost implications for schools. Additionally, by taking the training to the schools, every adult in each school would have the opportunity to attend the training about young carers. As Stoll (2001) observes, individual teachers are at the centre of school change, and it is therefore important to engage teachers in learning themselves in order to enhance their own practices to benefit their students. Based on this, I judged it appropriate to offer all training to all adults in schools, especially since elsewhere in the literature it is suggested that individual adults can help make schools a place of “sanctuary” or “misery” for young carers (Becker and Becker 2008). This approach also

avoided creating what Georgiades and Phillimore (1975:315) described as “hero-innovators” – newly trained “knights in shining armour” who would be expected to return to the “organisational fortress” of their individual school and introduce changes in their own settings.

### **2.8.3 Capacity for change**

The role of the school in supporting young carers is a recurring message in the literature (DOH 1999, DfES 2006 and OFSTED 2009). I suggested in section 2.7.2 that Bronfenbrenner’s (1979) model of ecological systems approach provides a useful framework to view the interaction between the young carer and the world around them. School is a constituent part of the young carer’s environment and in turn, has its own systems and sub systems from individual teachers to peer groups, teaching groups, organisational structures, through to the whole school context, and interactions with external influences. Stoll (1999) identifies eight “within teacher” factors that interact with and impact on capacity for individual learning and, ultimately, change. These factors include teachers’ experiences, beliefs, emotions, knowledge, skills, motivation, confidence and interdependence within the school environment. One of the aims of this study is to explore what impact training about the topic of young carers can have on individual teachers in order to bring about change.

However, as teachers do not operate in isolation, these internal factors are also influenced by the context of the school and Stoll (1999) identifies a further set of “within school” social factors such as the students, the staff, as well as the school’s morale, culture, and leadership. This has resonance with

Georgiades and Phillimore (1975), who claim that training alone cannot bring about change and further suggest that the greatest influence upon an individual in the workplace is his or her immediate supervisor. So, the context of the system is integral in bringing about change. In addition, as Stoll (1999) notes, external influences such as the community, political climate and national and international changes also impact upon a school.

Within the research brief, there were some concerns about how effective the designated approach could be, how likely it would be to change practice and whether or not it would just be viewed as a “box ticking” exercise (Clarke and Robson 2005). Therefore, as part of my study design, I undertook interviews with key people in three schools where the training was delivered and in three schools where the training was *not* delivered, in order to gather information about the enabling and restrictive factors that had influenced each school’s capacity to implement some of the recommended good practice guidelines for young carers.

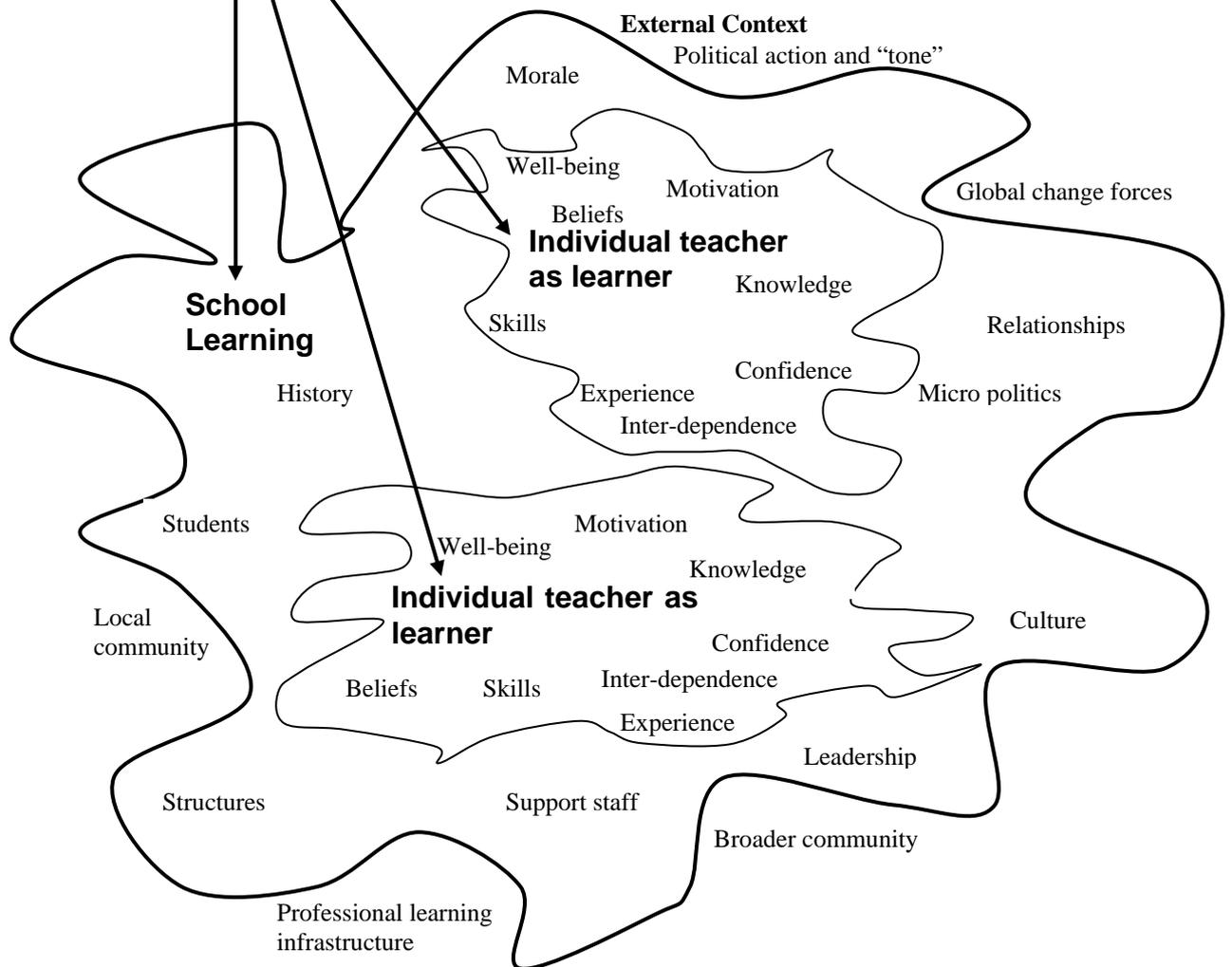
However, as Georgiades and Phillimore (1975) highlight, it is perhaps not just the capacity of the school or individual adults that can bring about change in the setting, it is also the capacity of the external change agent to gain credibility based on acquired expertise and ability and to help those involved to manage any stress or pressure felt as a result of the change. Figure 2.7 below synthesises Stoll’s (1999:507) ideas that influence a school’s capacity to change with Georgiades and Phillimore’s (1975) guidelines for the external change agent.

**Figure 2.7: Internal and external influences on change within schools**

**Strategies for external change agent:**

- follow path of least organisational resistance;
- develop a critical mass of people in each setting;
- work with healthy parts of the system;
- aim to work with individuals and groups with the capacity to implement change;
- obtain appropriate support/involvement from key personnel; and
- protect setting from stress

*Based on Georgiades & Phillimore (1975)*



*Stoll (1999: 507)*

## **2.9 How this study can contribute to existing knowledge about young carers**

The messages in the literature, whether from a children's rights perspective or from a disability rights perspective, emphasise that young carers are a product of a societal system. Whilst schools have little, if any, control over the processes that create and sustain some young people as young carers, the literature emphasises the salutogenic role that schools and individual teachers can play in limiting potentially detrimental psychological, social and educational impact of inappropriate caring responsibilities.

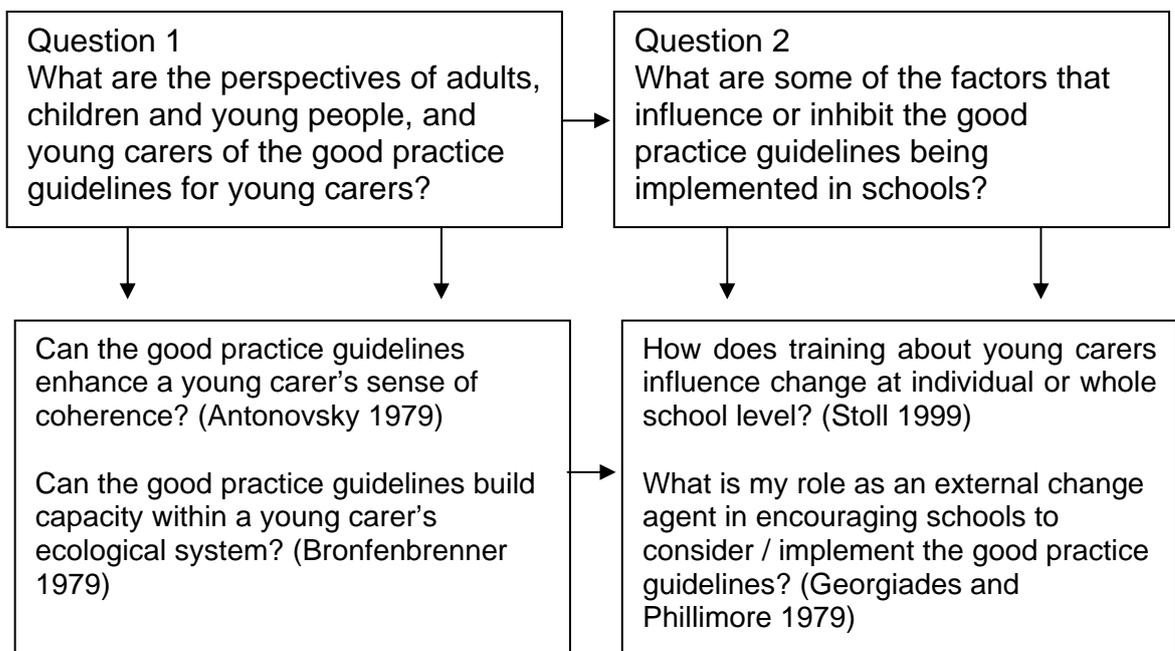
Recommendations for good practice for schools to adopt have been available for several years (e.g. Frank 2002). Recent research still suggests that schools are a long way from offering young carers the kind of support they report they need (Morgan 2006, Barnardo's 2006, OFSTED 2009).

The literature review has shaped and informed the overarching research questions that stemmed from the initial research problem of how to raise adults' awareness of young carers in the target LA. Two overarching research questions have emerged:

- what are the perspectives of adults, children and young people, and young carers of the recommended good practice guidelines (e.g. Frank 2002)?; and
- what are some of the factors that may influence or inhibit the good practice guidelines being implemented in schools?

The literature review has also highlighted key ideas, concepts and theories about approaches to well-being, child development, school change and organisation and the role of the change agent. Figure 2.8 presents the two research questions within a theoretical and conceptual framework upon which the study is based. It is noted that the second question assumes that the findings to the first question will be largely positive, or else there is little to be gained in attempting to implement the guidelines.

**Figure 2.8: The theoretical and conceptual framework for the research about young carers**



In Chapter Three, I will explain the methodological approach chosen in order to answer these questions.

## CHAPTER THREE: METHODOLOGY

### 3.1 Introduction

Crotty (1998) refers to the maze of research methods and the methodologies at the researcher's disposal and the confusion in relating these to theoretical underpinnings that can often exist. What one writer might call a method, another calls a methodology. Furthermore, within the research literature, terms such as worldview, paradigm, and epistemology become interchangeable and used flexibly suggesting that the ideas and approaches are not fixed, but open to interpretation. For example, Muijs (2004) talks about two worldviews: the quantitative view, which is described as being realist or positivist and the qualitative view, which is described as subjectivist. In contrast, Creswell and Plano Clark (2007) offer four worldviews: post-positivism, constructivism, advocacy and participation, and pragmatism.

In order to navigate the maze, Crotty (1998) suggests that the researcher considers the following four elements when planning and designing a piece of research:

- Epistemology (the study of the theory of knowledge);
- Theoretical perspectives (the philosophical stance behind the methodology);
- Methodology (the overarching research approach); and
- Methods (the actual tools used to collect the data).

Using Crotty's (1998) framework, I will outline my research design and provide a rationale for the decisions made. An overview of the methods used will be considered but more specific details relating to the individual strands of the

study are presented in the chapters that relate to the research with each group of participants. An explanation and summary of the overall research design is also presented.

## **3.2 Theoretical underpinnings of the study**

### **3.2.1 Epistemology**

Research needs to be considered in the context of the assumptions that the researcher holds regarding his or her beliefs about what constitutes knowledge, and how it can be accessed and acquired. It is important that these assumptions are acknowledged as they influence all aspects of the research process. An epistemology can be described as a way of understanding and explaining how we know what we know (Holloway 1997).

An objectivist epistemology would assume that knowledge and understanding about a phenomenon exist independently of “the knower”, and are waiting to be discovered. Researchers in the positivist paradigm search for objectivity and neutrality in order to remove or limit any bias. Quantitative approaches designed to test hypotheses are typically used. As Holloway (1997) explains, positivism has its basis in the natural science model and rests on a belief in universal laws and the generalisability of those laws.

In contrast, a constructionist epistemology places the researcher at the core of the creation of meaning. It is the antithesis to objectivism. Constructionists believe that social research cannot follow the same methods as traditional science because the focus of the research, i.e. human beings and their social world, needs a different approach. The positivist view of an objective truth

waiting to be discovered is rejected and instead the concept that no one, singular, objective truth exists is offered. Researchers in this paradigm assume that different people will interpret and construct their own truth and reality about a situation. Multiple realities exist, for both the research participants and the researcher. Lincoln and Guba (1985) suggest that the researcher's assumptions are seen as an analytical tool and are built into the research. The term reflexivity is often used to describe the process of reflection and awareness of the researcher's impact upon the work. Qualitative research methods are closely linked to a constructionist approach.

This thesis is an account of an episode of social research, set in the real world, created out of a real life problem, which the study attempts to find ways to solve. In this study, there is no absolute truth waiting to be discovered; the proposed research questions cannot be answered via an experiment in a laboratory. The distance and neutrality that an objective epistemological stance might offer would not be appropriate, since the research aims to bring about change and improve support in schools for young carers. Therefore, this research is positioned within a social constructionist epistemology and is based on the premise that knowledge is constructed through social interactions (Crotty 1998).

### **3.2.2 Theoretical perspectives**

Although this piece of social research is positioned within the constructionist paradigm, this is not the whole story. Creswell and Plano Clark (2007) remind us that worldviews or paradigms are the broadest and most philosophical

dimensions of the research process. The researcher needs to narrow this view through a further theoretical lens.

An interpretivist approach is often associated with a social constructionist paradigm, in which the researcher is concerned with understanding the status quo (Carr and Kemmis 1986). The interpretivist view accepts that the research will offer an interpretation of a context that is dependent on the social milieu and accepts that the outcomes cannot be absolute. This seems to fit with one of the aims of the study which is to talk with adults in schools, children and young people, and young carers in order to find out their views about the recommended guidelines for good practice (Frank 2002) and existing support available.

However, one of the assumptions of the study is that change is required, and this goes beyond interpretation and understanding of the situation, as the role of the researcher goes beyond observing and interpreting the status quo to acting as an agent of social change. This stance is more commonly associated with critical theory and inquiry which propounds the belief that human beings can critically assess and change situations in order to emancipate themselves or others (Crotty 1998, Holloway 1997). Carr and Kemmis (1986:17) reflect upon the link between critical theory and the classical view of *praxis* which incorporates ideas of “doing” and of acting “appropriately, truly and justly in a social-political situation”. Mason (1996) also emphasises that research should involve critical self-scrutiny on the part of the researcher and should strive to produce a social explanation of an

intellectual puzzle - in this study, how better to support young carers in local schools.

### **3.3 Exploration of methodological approaches**

In Chapter Two [Section 2.9] I set out the two overarching questions that formed the basis of the study which related to adults and young people's perceptions of the good practice guidelines for young carers (Frank 2002) and factors affecting their implementation in schools. Therefore, one aspect of my research involved gathering the views of young people and adults. The second question about factors influencing the implementation of the guidelines also embraced my role in raising the awareness of adults in schools about young carers and mechanisms to support them. The nature of the research project was essentially applied and practical, driven by a genuine need and desire to bring about change; although this suggested an action research methodology (Holloway 1997), I wanted to consider the potential of other approaches before making a final decision.

As discussed in Chapter Two, the literature regarding young carers illustrates a range of methods from large-scale surveys (Dearden and Becker 2004) to group and individual interviews with young carers (Grant et al 2008, Morgan 2006, Butler and Astbury 2005). Roberts et al (2008) observe the merits but also the limitations of these approaches; the survey approach can generate useful statistical information for example, the young carer's age and gender, tasks undertaken and amount of time spent caring, and information about the care recipient. Qualitative approaches provide the "lived experience" of the young carer which cannot be captured by survey techniques, although

qualitative studies are likely to be less representative. Combining information from both approaches can lead to a greater understanding of the factors that contribute and the situations experienced by young carers.

With typical commonsense, Robson (2002) urges the researcher to consider the purpose of the research and, in terms of strategies, highlights three traditional research designs commonly associated with qualitative social research, summarised in Table 3.1.

According to Denscombe (2007) one of the advantages of the case study approach is that it fosters the use of multiple sources of data and facilitates validation via triangulation; this has some merit considering the range of participants I planned to consult. However, Denscombe (2007) also notes that a case study approach does not anticipate that the researcher will purposefully act to change circumstances within the researched environment and as this was a key aim of my study I decided that the case study approach did not capture the totality of the research aims.

**Table 3.1: Overview of three traditional research approaches**

<b>Approach</b>	<b>Main features</b>	<b>Outcomes</b>
<b>Case study</b>	Selection of a single case or small number of related cases; Study of the case in its context; and Uses data collection techniques such as observation, interview and documents.	Development of detailed, intensive knowledge about a single “case”, or of a small number of related “cases”.
<b>Ethnographic study</b>	Focus on a group, organisation or community; Immersion of the researcher in the setting; and Uses participant observation.	Seeks to capture, interpret and explain how a group, organisation or community live, experience and make sense of their lives and their world.
<b>Grounded theory</b>	Applicable to a wide variety of phenomena; Commonly interview-based; and Systematic yet flexible strategy involving detailed prescriptions for data analysis and theory generation.	The central aim is to generate theory from data collected during the study.

(based on Robson 2002)

Holloway (1997) and Denscombe (2007) both note that a key factor of ethnographical research is its emphasis on observational techniques (although other methods such as interviews are also employed as well). As I planned to gather data through questionnaires and interviews rather than observations, I judged that an ethnographic design would be too static for the purpose of the project as the main strength of this approach lies in offering an in-depth description of a phenomenon (Holloway 1997).

Having used a grounded theory approach in other research studies, I acknowledge the benefits of the systematic and robust analysis techniques associated with this research strategy (Denscombe 2007). According to Strauss and Corbin (1998), a grounded theory approach assumes that data are gathered and analysed to generate a theory. In this study, I had already made some (albeit tentative) assumptions and hypotheses about the salutogenic potential of the recommendations for good practice for young carers and how to promote them in schools. In addition, as grounded theory is not fundamentally concerned with social action or change I decided that this approach was not the most appropriate for the current study.

Becker (2000) comments that there is an abundance of data that recount young carers' experiences, and this influenced my decision to consider a research design that extended beyond exploration, description and explanation. Further reading led to me to consider the approaches of evaluation and action research, both possibilities because as Robson (2002) explains, both approaches are linked to ideas of influencing or changing a situation. Certainly, some aspects of the study, for example, examining the impact of the training session, contained an element of evaluation. However, Cohen et al (2000) note that evaluation research is often used when matters of accountability are in the foreground and note that it often has a political element. This approach was rejected because the main focus of the research was not accountability or value-for-money, although it is noted that recently within the field of literature about young carers, evaluation research around

the effectiveness of young carers' voluntary support groups is beginning to emerge (e.g. Crossroads 2008).

Through consideration of other research approaches, my original tentative hypothesis that action research would encapsulate my research aims was confirmed. I adopted action research as the favoured research method because of its primary function of "improvement and involvement", incorporating but also seeking to go beyond the traditional purposes of research of description, understanding and explanation (Robson 2002).

### **3.3.1 Elaboration of rationale for an action research approach**

Carr and Kemmis (1986:162) provide the following definition which aims to capture the defining features and practices of an action research approach:

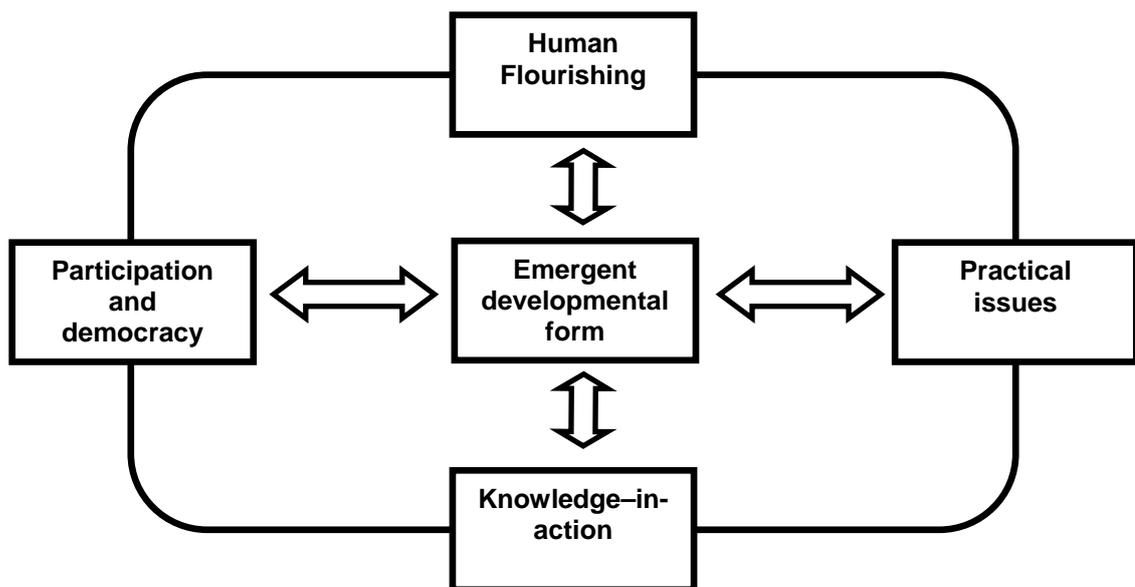
*"Action research is simply a form of self-reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of their own social practices, their understanding of these practices, and the situations in which the practices are carried out."*

Herr and Anderson (2005:10) talk about the "multiple traditions of action research". Argyris et al (1985) coined the phrase action science, which extends the idea of action research into a strategy for developing learning within organisations. There is a strong emphasis in this approach on critical self-examination in order to bring about concrete outcomes. There has also been a strong tradition of action research in education, with its origins in curriculum development (Stenhouse 1975), with models of the teacher as a researcher within his or her own classroom. This is aligned to participatory action research (e.g. Heron and Reason 2001) which has a tradition of collaboration, where researcher and participants become co-researchers as

part of a democratic process. This is in contrast to Lewin’s (1948) founding work where he propounded that change needed to be facilitated and guided by a leader. Moreover, whereas some models of action research advocate the importance of the group learning dimension, Whitehead, a proponent of “self-study”, emphasises that the focus of change is on the development and learning of the individual action researcher (Whitehead 1989, 2009).

My reading about the field of action research helped me to establish the elements of the approach that seemed best attuned to my study and aims. As McNiff (2002) observes, over the years, different researchers have prioritised different aspects of action research and therefore she urges the researcher to consider her own priorities in the action research process. I found Reason and Bradbury’s (2001:2) model, [see Figure 3.1 below] illustrating the characteristics of action research particularly helpful in clarifying my own thinking about how my study fits with this approach.

**Figure 3.1: Characteristics of action research**



Reason and Bradbury (2001:2)

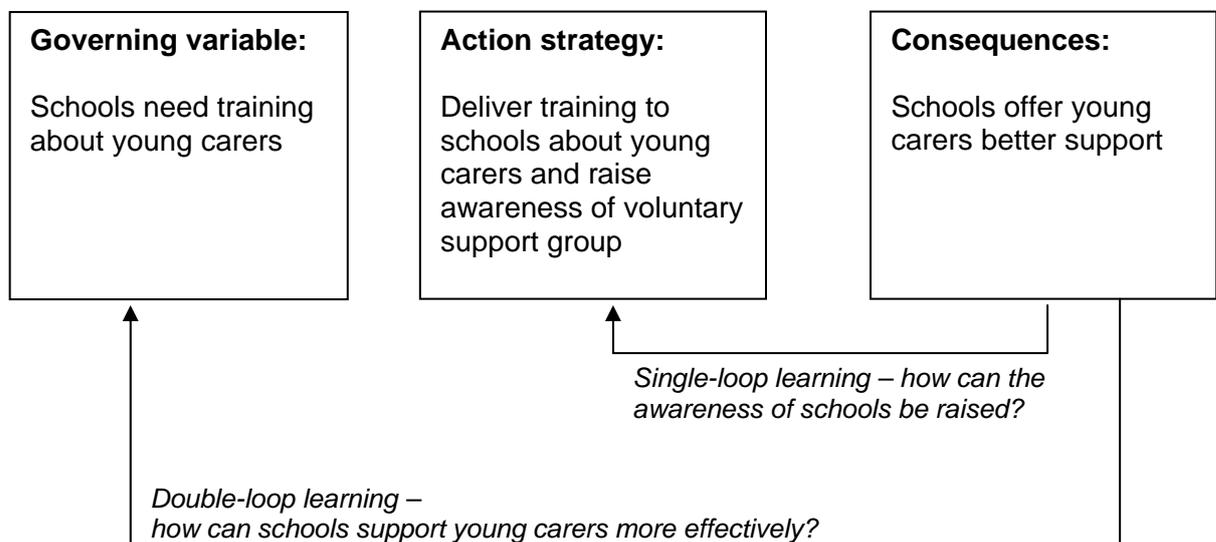
In terms of the ***practical issues***, the study is concerned with a real life problem of how to raise awareness of support mechanisms for young carers by promoting the existence of a dedicated support agency within the LA as well as by strengthening school structures of support through recommended guidelines for good practice (e.g. Frank 2002).

This leads into ideas about ***knowledge-in-action*** which incorporates Elliott's (1991) ideas about "theory" being validated through the action of the research process. As discussed in Chapter Two, the purpose of the research is to go beyond the relatively simple activity of the intervention of the training presentation, to cover wider issues about the efficacy of the selected good practice guidelines in terms of their salutogenic properties in contributing to the development of a young carer's sense of coherence (Antonovsky 1979) within an ecological model of child development (Bronfenbrenner 1979). Further to this, the study seeks to develop my knowledge through the process of action about effective ways of raising awareness of the needs of young carers and implementing support. This takes into account Stoll's (1999) ideas about the capacity of the individual and of the school as an organisation in bringing about change and Georgiades and Phillimore's (1975) guidelines about the role of the external change agent.

Therefore, the work of Argyris (1999) about "single" and "double-loop learning" and organisational learning was an influence upon my study. In terms of the study, single-loop learning is reflected in the initial process of reacting to the original problem that schools are not aware of the local support project for young carers by offering training. The outcomes of the action are monitored

in order to provide feedback about the training itself, with the desired longer-term consequence of schools referring children to the young carers' project and implementing the good practice guidelines to develop their support systems for young people with caring roles. I propose that double-loop learning can be achieved by considering further the governing variable about schools needing training by exploring how schools can offer young carers better support. In order to do this, I propose examining selected good practice guidelines in terms of their potential to enhance support to young carers and in considering the inhibiting and enabling factors that influence their implementation in schools. Figure 3.2 represents these processes diagrammatically.

**Figure 3.2: The study in terms of single and double-loop learning**



However, the ultimate aim in terms of the real life project is the consequence that young carers report feeling better supported in schools as a result of schools implementing the good practice guidelines and/or referring children to the young carers' support project (or through other means initiated or

supported by my actions). This outcome cannot be realised until the cycle of events undertaken and presented in this thesis have taken place. This also reflects the notion that action research is often a long-term, ongoing endeavour (Robson 2002) and that the research process is an ***emergent developmental form***.

In terms of Reason and Bradbury's (2001) model summarised in Figure 3.1, my study incorporates the characteristics of ***participation and democracy*** by inviting adults in school to take action and seeking their views. There were three different groups of adults in schools who were invited to participate:

- Adults who attended the training presentation in their own schools;
- Key adults in schools where the offer of the presentation had been accepted; and
- Key adults in schools where the offer of the presentation had *not* been accepted.

The adults attending the presentation were deemed to be an important source of information in finding out about attitudes to young carers as well as for providing feedback about the presentation. I planned to follow up a small number of key adults in schools where the presentation had been delivered in order to gather some further information about the possible longer term impact of the training and to encourage and/or support schools to implement some changes regarding the guidelines for good practice. I considered it equally necessary to approach key adults in schools who had not responded to the invitation of the presentation in order to understand the reasons for this. As Herr and Anderson (2005) remind us, action research is inquiry that is done by or with insiders to an organisation or community but never to or on them.

I also sought the views of children and young people and two distinct groups were invited to take part:

- Children and young people in schools who had had an assembly or other session on the topic of young carers; and
- Known young carers who attended a youth group organised by the voluntary agency.

Kirby (2004) emphasises the importance of including young people in research as their views may very well differ from those of adults, resulting in an alternative dimension being offered. I specifically wanted to enquire about young carers' perceptions of the potential of the good practice guidelines as a supportive structure, because young carers are the intended beneficiaries of the project. Hood et al (1996) also emphasise that the justification for involving children and young people in research is to give them a voice. I hoped that as a practical outcome of the project, I would be able to incorporate the views and experiences of local young carers into the training presentation in order to offer adults information about the local context and decrease the likelihood of the topic being viewed as a remote national agenda.

In addition, as the adoption of the good practice guidelines by a school would potentially impact on all its pupils (through assemblies or content of PSHE lessons), I judged it relevant to seek the opinions of children and young people in schools who may or may not be young carers. Furthermore, in terms of Bronfenbrenner's (1979) ecological systems for child development,

and Antonovsky's (1979) ideas about salutogenic approaches, the good practice guidelines may assist children and young people to be an additional component of school support mechanisms for young carers. Kirby (2004:8) also makes a compelling argument that involving children and young people in research may be "life enhancing: helping with personal development, including increased confidence, self esteem, and the belief that their views matter and can effect change".

Action research often contains what some researchers see as a social emancipatory or empowerment component and Reason and Bradbury (2001) emphasise this in the term *human flourishing*. This term embodies concepts of the purpose of the action research process to improve a social situation. My interest in this aspect of action research was further developed by reading the views of McNiff (2002) and Whitehead (1989, 2009). They suggest that an individual researcher has social intent if they seek to improve their work because in so doing they can benefit others as well as themselves. The drive to change individual practice arises when there is a threat to the researcher's personal values and contradictions between values and practice become apparent. Since one of my core beliefs is that children and young people should have access to the support they need, the problem I encountered that threatened my values was that adults in schools may not be aware of available mechanisms to support young carers. As an EP, I recognise that I am part of the context where this problem exists. McNiff (2002) states that action research is a way of working that helps the researcher to identify personal values and to assist her to find ways of circumventing or removing the obstacles that negate these personal values in the work place.

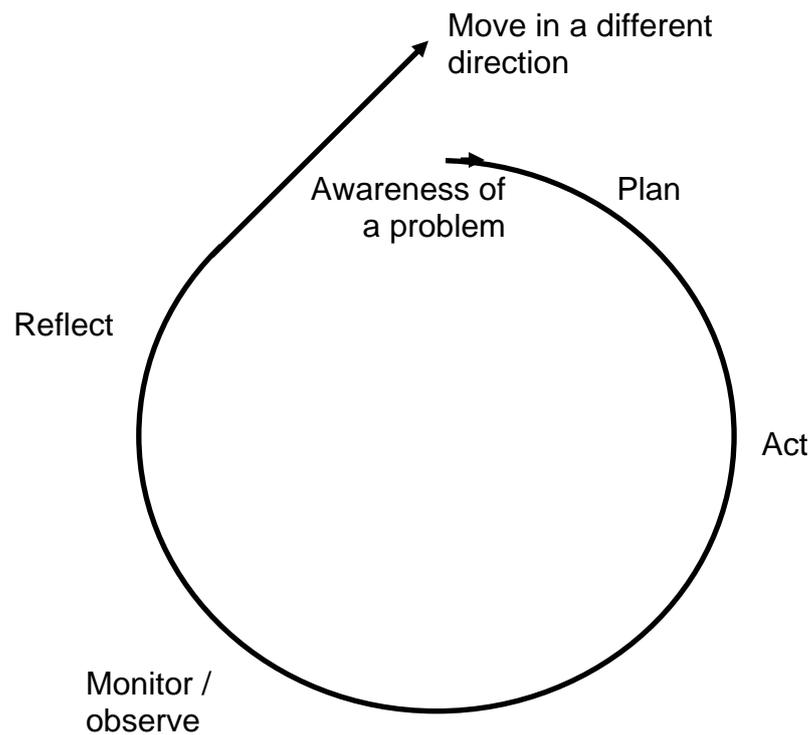
In this section, I have discussed how my study reflects the characteristics of an action research approach as summarised by Reason and Bradbury (2001). As McNiff (2002) says, some researchers prioritise technical aspects of the process whilst others focus on the values. My own priorities relate to practical actions and a desire to bring about social change by considering how action research impacts upon organisational learning in relation to Argyris' (1999) ideas, in addition to personal reflection and learning as outlined by McNiff (2002) and Whitehead (1989, 2009). This echoes ideas raised in Section 3.2.2 concerning the theoretical underpinnings of the research in relation to the classical view of "praxis" (Carr and Kemmis 1986) and Mason's (1996) view about self-scrutiny.

### **3.3.2 Action research as a process**

There is an underlying basic element to all action research endeavours; a systematic process of planning and reviewing (Robson 2002). The cycle of planning and intervention is intended to be responsive to the context of the research and to the impact of changes made, with further cycles of planning and intervention intended (Holloway 1997). As Elliott (1991) emphasises, in action research, "theories" are not validated independently and then applied to practice – they are validated through practice in a series of connected cycles where the outcome of each phase provides impetus to the next.

The process of action research is perhaps best explained diagrammatically as in Figure 3.3 below.

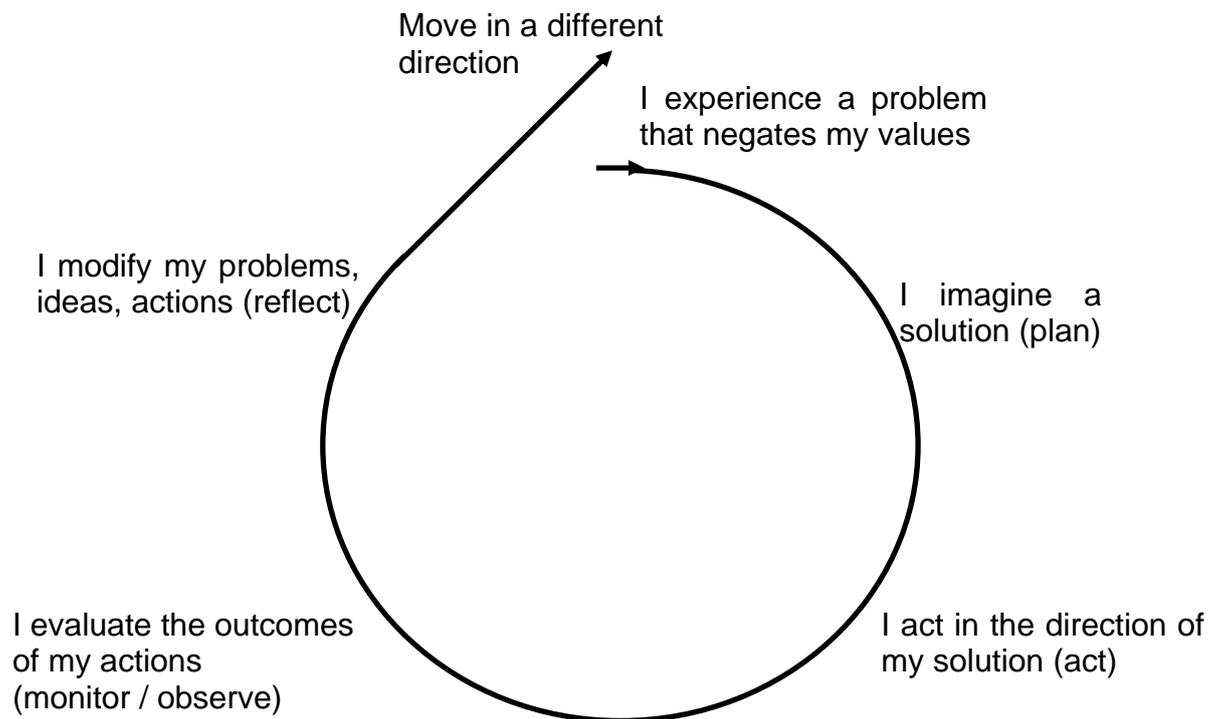
**Figure 3.3: The action research cycle**



Whitehead (1989, 2009) makes a strong case that the central purpose of conducting action research is for self-exploration and improvement. Here, the planning and reviewing cycle outlined in Figure 3.3 takes on a much more personal dimension in relation to the professional development of the researcher becoming a “living theory”.

The action research cycle expands into what Whitehead (1989, 2009) calls *action reflection* cycles. Although this was not the central focus of my research, I was influenced by McNiff and Whitehead’s (2006) ideas about social justice which helped me to reflect upon my responsibility as an EP to improve my practice in order to improve outcomes for others.

**Figure 3.4 The action-reflection cycle**

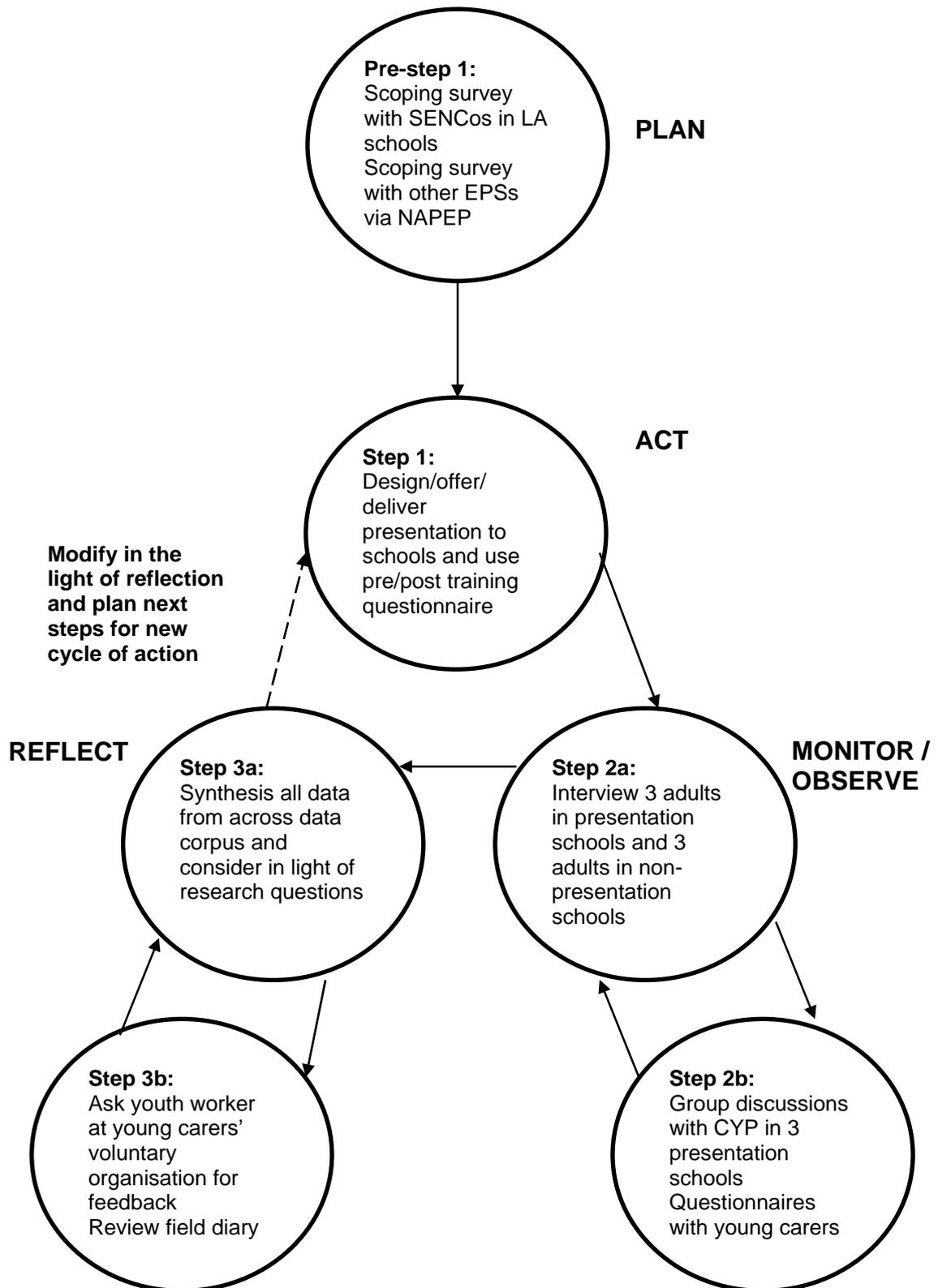


Based on Whitehead (1989, 2009)

Kemmis and McTaggart (1988) say that action research starts with small cycles of planning, action, observing and reflecting and emphasise the importance of a systematic and planned approach to data collection and analysis. The cycle of action research as presented in Figure 3.3 looks deceptively simple and straightforward. However, Waters-Adams (2006) suggests that there may be “fuzzy edges” between the stages of the research enquiry and that observation and monitoring may take place before planning and acting. In addition, Taylor (1994) talks about the simultaneous actions of research and evaluation in action research endeavours.

Figure 3.5 below presents the research process of the current study and indicates that several simultaneous activities were planned following the delivery of the training presentation. However, the study itself is best viewed as representing just one turn of the action research cycle. There was no discrete time span of *action* followed by a discrete time span of *monitoring and observing* as schools were taking up the offer of the training presentation throughout the course of the study, although certain research activities were more aligned to particular parts of the action research cycle. As this study was dependent on other people participating and acting, and even though the research activities were planned systematically, there was a need to be adaptive to other people's timescales. Interestingly, Herr and Anderson (2005:127) warn people with a "low tolerance for ambiguity and messiness" to avoid action research!

**Figure 3.5 Summary of the research design**



### **3.4 Methods for data collection**

#### **3.4.1 Mixed methods approach**

As Figure 3.5 indicates, I planned to use questionnaires and interviews in order to gather information. Chapters Four to Eight each deal with a discrete phase within the study (e.g. Chapter Four presents the design, action and initial findings of the two scoping exercises) and so the specifics of each particular research instrument used will not be addressed here.

For the most part the data collected were qualitative and were analysed qualitatively. However, I planned to use some quantitative methods of data analysis based on the pre- and post- questionnaires which adults were invited to complete as part of the training presentation. Further details are presented in Chapter Five and the purpose of raising the matter here is to reflect upon the use of both qualitative and quantitative approaches (i.e. “mixed methods”) within social research.

Denscombe (2007) comments on the value of a mixed method approach with reference to a pragmatic belief that decisions about which research techniques to use should be based on what will work best. This removes the tensions that can often exist at an epistemological and theoretical level and that can limit the reach of the researcher in terms of the methods available for use. In fact, there has been a movement to establish “mixed methods” as a research approach in its own right (Cresswell and Plano Clark 2007, Tashakkori and Teddlie 1998). One of the underlying premises of a mixed methods approach is that it is not helpful or useful to consider qualitative and quantitative methods as incompatible procedures within a research project;

Muijs (2004) notes that some researchers suggest that good social research will inevitably draw upon elements of qualitative and quantitative approaches in order to provide answers.

My research is best viewed as a series of simultaneous events, gathering data from different sets of participants. As each strand of research had its own focus, it was essential to use a data collection approach that would suit each respective strand. For example, as the research about the training presentation in Step 1 in Figure 3.5 involved an evaluation aspect as well as an information gathering purpose, pre- and post- training questionnaires were designed, providing data amenable to statistical analysis, so that differences in responses before and after the training could be quantified and tested for statistical significance if appropriate.

In addition to data collection methods such as questionnaires and interviews, I also maintained a research diary throughout the course of the study as suggested by Taylor (1994) and Kemmis and McTaggart (1988). This is referred to at appropriate points in relation to various occurrences during the research.

As another source of information, and part of the monitoring and evaluation aspect of the research, I asked the youth worker from the local voluntary organisation to keep a log of contacts from schools requesting the organisation's involvement such as an invitation to deliver an assembly or by referring children and young people.

### **3.4.2 Qualitative data analysis**

As outlined above, the numerical data from the pre- and post- questionnaires were quantified/analysed using the statistical package SPSS. The data arising from the other research streams were analysed using the steps advocated by Miles and Huberman (1994).

Miles and Huberman's (1994) approach to qualitative analysis was instrumental in informing my methods of analysing the group interview data. They identify three activities that interact with each other: data reduction, data display; and conclusion drawing and verification. Data reduction involves the process of selecting, focusing, simplifying, abstracting and transforming the data that appear in written up field notes or transcriptions. Data display involves finding ways to display the data using charts, tables, networks and matrices in order to aid conclusion drawing. Conclusion drawing and verification involve firstly noting regularities, and patterns across the data set. The verification aspect involves looking for evidence for conclusions as well as cross-checking the conclusions either as an independent researcher or reviewing with other colleagues.

The literature about qualitative analysis uses terms such as themes, codes and patterns. In this study, a "unit of meaning" is a phrase or sentence taken from the interview transcript and selected as an important piece of data in the context of the research. A "code" is a device applied to a unit of meaning to classify or categorise it. Codes were grouped into "themes", to highlight a pattern of responses across the data. For the majority of items first-level

coding was sufficient but, on occasion, second-level coding was used to refine the first round of themes into further sub-themes.

Furthermore, as my study is based on action research principles, I was influenced by the stance proposed by Braun and Clarke (2006) about thematic analysis for open items in questionnaires and interviews which strongly places the researcher as an active decision maker. They emphasise that it is important that the researcher reports the decisions made when collecting and analysing the data. Braun and Clarke (2006) argue that themes do not “emerge”; rather the researcher actively identifies themes and patterns, selects which ones are of interest and reports them to the reader. This approach acknowledges the subjectivity of the researcher as a potential resource (Holloway 1997). Herr and Anderson (1995) make their position clear: it may be acceptable, desirable even, that action research is biased and subjective in nature, but these elements must be critically examined.

Further explanations regarding how information from each data collection instrument was analysed is provided in the relevant chapter that presents the findings from each specific strand of enquiry.

### **3.4.3 Validity and reliability**

Discussion about analysis inevitably leads to the concepts of validity and reliability which are, in turn, often influenced by the epistemological and theoretical stance of the research.

Action research is value-laden (Denscombe 2007), so in a traditional research paradigm this may be problematic, but this study sits on a constructionist platform with an expectation that the researcher's voice will be evident. Therefore, "trustworthiness" and "authenticity" may be more useful concepts than validity and reliability in terms of the credibility of the research (Lincoln and Guba 1985). Lincoln and Guba (1985) go on to say that the researcher's interpretations of the data should "ring true" with the people who provided the data; hence, interviewees were offered the opportunity to read through and comment on the transcripts.

McNiff (2002) advises the action researcher to involve a critical friend or validation group. In my particular circumstance, my colleague, another educational psychologist who also co-delivered the training presentation acted as a critical friend. Admittedly, her involvement in the project meant that she could not adopt an entirely neutral stance. Nevertheless, her comments and challenges were useful when designing and reviewing the research instruments and then in the discussion of the results of the research and my interpretations of them.

Specific matters regarding the validity / reliability of each research instrument employed are discussed in the relevant chapter presenting each data set.

#### **3.4.4 Ethical considerations**

The proposed research was undertaken in accordance with the commonly agreed standards of good practice such as those laid down in the Declaration of Helsinki (World Medical Organization 1996). These fundamental and

widely accepted principles can be broadly categorised as: beneficence (do positive good) and non-maleficence (do no harm); informed consent; and confidentiality / anonymity. The research also adhered to the ethical guidelines agreed by the British Educational Research Association (BERA 2004) and the principles of ethical research set out by the British Psychological Society (BPS 2007). Table 3.2 summarises the requirements of good practice, the possible challenges and the action taken in order to ensure compliance with the ethical requirements.

Table 3.2 is offered as a broad perspective of the potential challenges across the whole research in very general terms with further details discussed in the relevant chapter reporting each specific data set.

**Table 3.2: Summary of possible ethical challenges and resulting action**

Requirements	Possible challenges & proposed action
Beneficence & non-maleficance	<p><i>The topic of young caring may be emotive for participants:</i></p> <ul style="list-style-type: none"> <li>• Sought supervision and guidance from university tutor</li> <li>• Questionnaires and interviews mediated either by a phone call or face to face contact to explain that the research is without prejudice and judgement</li> <li>• Established ground rules before interviews about confidentiality and made it clear that respondents could withdraw at any time</li> <li>• Sent interview transcripts to participants for their verification</li> <li>• Asked a colleague to review data collection instruments to ensure that questions were not judgemental or critical</li> </ul>
Informed consent	<p><i>Respondents might not understand the purpose of the questionnaires / interviews and how the data might be used:</i></p> <ul style="list-style-type: none"> <li>• Participants informed of the aims, methods, anticipated advantages and potential discomfort of the research</li> <li>• Offered participants the opportunity to ask questions and seek clarification</li> <li>• Reassured participants that their involvement was voluntary</li> <li>• Mediated the questionnaires as above and explained purpose and how the data might be used</li> <li>• Assured respondents that they were free to withdraw at any time before completion of questionnaires and at the beginning of interviews or presentation</li> <li>• Had written information for respondents to take away with details and aims of the research and contact details of researcher</li> <li>• Completion of questionnaires accepted as the respondent giving informed consent</li> <li>• Asked all children and young people to sign a consent form</li> <li>• Asked parents / carers to give written consent to allow their son / daughter to be involved in the research</li> <li>• Offered participants opportunity to receive feedback on outcomes of the research</li> </ul>
Confidentiality & anonymity / secure data storage	<p><i>Responses might be identifiable:</i></p> <ul style="list-style-type: none"> <li>• All questionnaires given a unique identifier</li> <li>• Asked respondents to use a pseudonym in the pre- &amp; post-questionnaires</li> <li>• Any features of completed questionnaires which identify the respondents removed by researcher upon receipt</li> <li>• Notes kept from interviews did not contain names of participants</li> <li>• Confirmed that any details that allow individuals or schools to be identified would not be published or made available to anybody not involved in the research</li> <li>• Kept the data in a secure place</li> </ul>

### **3.5 Possible limitations of the proposed methodology**

Designing research involves making compromises between theory and practicality and Denscombe (2007) emphasises that choices about approaches will lead to gains in one aspect, but losses in another. It is important that the researcher is able to view the research project critically, be explicit about the choices made and the rationale behind them, as well as being aware of the possible limitations that may arise from the decisions made.

Bryant (1996) notes criticisms of action research as a mode of enquiry, for example saying there can be a lack of methodological control. Given that a mixed methods approach is used in the current study, which can be criticised as promoting “an anything goes approach”, the importance of justification and explanation is acknowledged.

A possible limitation of the research could be that the various strands of research lead to breadth but not depth of coverage. However, the compensatory factor is that the research can offer a variety of perspectives in order to feed into the development of solutions to the original research problem.

There is a potential problem of ownership of the research. I intend to act as the outsider acting as a catalyst for change within selected school settings. However, there was no guarantee that adults in schools would want to become involved and commit to the project in terms of action and sustaining change. Somekh (2006) points out that action research can also lead to

substantial levels of friction. Even when people appear supportive they may not always be able to act supportively. In the process of the research I needed to be alert to potential areas of tension and be prepared to amend the research plan as necessary.

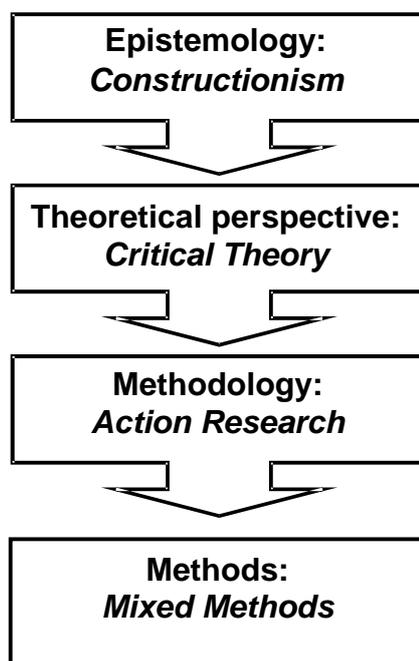
With its aspirations of emancipation, improvement and social change, there is a danger perhaps that action research promises to deliver too much and will be a victim of its own hubris. McNiff (2002) reminds any would-be Icarus that action research is about seeking improvement and not perfection, and is perhaps best viewed as a method for raising questions rather than making assertions; however, there is always the parallel risk that action research is seen as prompting “idle contemplation” rather than leading to outcomes of any consequence. Tooley (1998:75) notes that reflexive research can sometimes lead to an image of researchers “doing their research in a vacuum, unnoticed and unheeded by anyone else”. That is why I am particularly keen to emphasise that this research has relevance beyond the focus of professional development and reflection on my part, and that its reach could extend to all of the schools within the local authority by informing practice to support young carers. Whilst Herr and Anderson (2005) say that action research is meant to address the immediate needs of people in specific settings, if the project results in findings and solutions that can be applied across many school settings within the local authority, then this will be considered a desirable outcome.

### 3.6 A map through the maze

McNiff and Whitehead (2006) say that action research is messy. Robson (2002) recognises the need to plan systematically but notes that in practice the execution of the planned steps is unlikely to be as neat as first planned. Both Herr and Anderson (2005) and McNiff (2002) remind the action researcher that there might not be a “happy ending” in terms of a successful change effort over the period of time captured in the thesis. The important element is the learning that has taken place. As such, it means that although the *research design* can be well thought out and planned, in reality, the *research process* is likely to be imperfect and affected by real life events within the research context.

This chapter began with a reference to Crotty (1998) and his view that researchers need a framework in order to plan their research and make decisions about methods and methodologies. Figure 3.6 summarises the decisions made and the epistemological and theoretical perspectives assumed in the planning of this research.

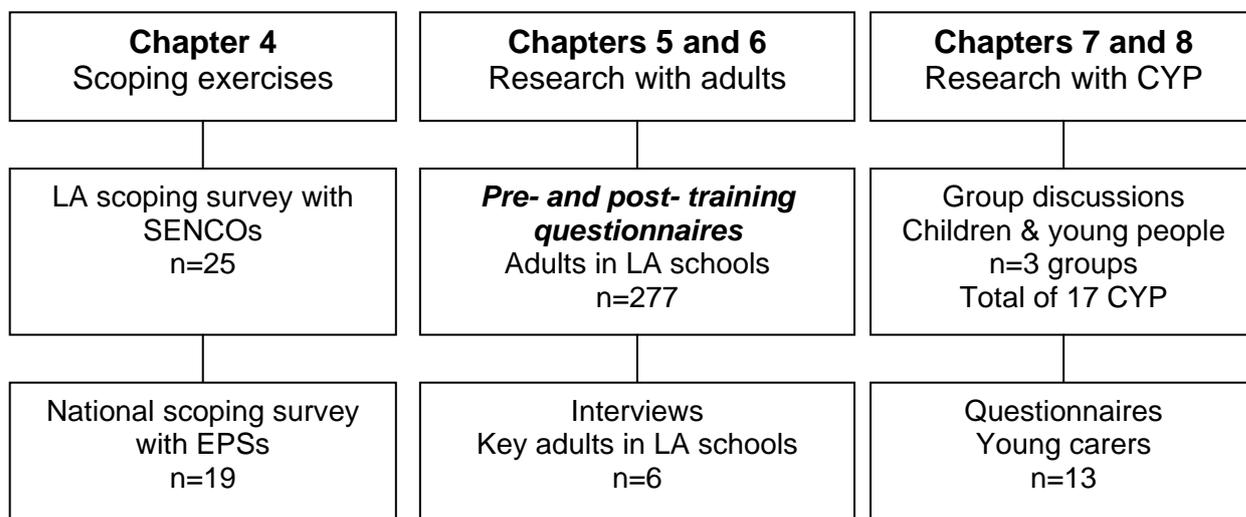
**Figure 3.6: A map through the maze**



In this chapter, I have described and justified my research design by examining epistemological, theoretical and methodological perspectives. An outline of the research process has been presented. Matters of reliability and validity have been raised, and potential difficulties with the approach have also been considered. This chapter has also described how the research design addressed ethical guidelines. The following chapters, focus in greater detail on the particular aspects of each strand of the research with reference to the research process and findings.

Figure 3.7 offers an overview of the different groups of participants and should be viewed with Figure 3.5 (page 82) in mind.

**Figure 3.7: Overview of research process and participants**



Chapters Four to Eight cover the data collection phases. The final chapter, Chapter Nine, considers all of the findings across the whole data corpus in relation to the two overarching research questions: a) what are the perspectives of adults, children and young people and young carers on selected recommended good practice guidelines (Frank 2002); and b) what

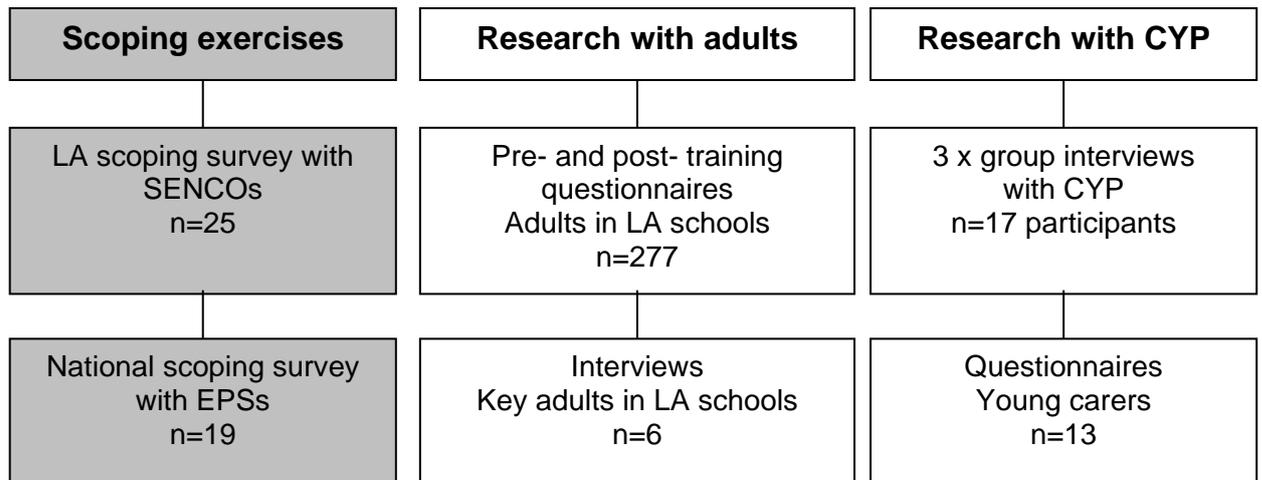
are some of the factors that may influence or inhibit the good practice guidelines being implemented in schools?

## CHAPTER FOUR: THE LOCAL AND NATIONAL CONTEXT

### 4.1 Introduction

This chapter sets the scene for the research in terms of the local and national context and describes two scoping exercises. Figure 4.1 is provided to assist the reader to position this aspect of the research within the study as a whole.

**Figure 4.1: The focus of Chapter Four in the context of the whole study**



The first scoping exercise was at local level and invited SENCos to take part in a self-completion or EP-administered survey about their knowledge of young carers and available support. It provided a baseline for action at local level and informed the project and the research plan.

The second scoping exercise was at national level and sought responses from every EPS in England, Wales and Northern Ireland via the National Association of Principal Educational Psychologists (NAPEP). This survey was useful when reflecting upon the role of the educational psychologist to support young carers.

## **4.2 The local context of the research**

A senior officer from the LA had highlighted that the local support project for young carers, part-funded by the council, reported having difficulty making contact with schools and promoting its service. This was the initial concern that prompted this study to investigate ways to raise the profile of the local young carers' support project amongst the schools in the LA.

In order to address this problem the first phase of action involved a scoping exercise with an opportunity sample of SENCOs in schools. The purpose of this was to acquire some baseline information regarding what adults in school said they knew about young carers in terms of how to identify them and support them. This information was then used to inform future stages of the project.

### **4.2.1 Research design for local scoping study**

#### **4.2.1.i Design of the data collection instrument**

The questions were devised for presentation as either a self-completion questionnaire by SENCOs or in a face-to-face interview schedule facilitated by each individual school's link EP. Table 4.1 presents the questions and provides a rationale for their inclusion in the schedule. The questions were developed in light of Mason's (1996) discussion about the substance ("big" and "mini" research questions) as well as the scope ("breadth" or "depth") of questions. As Table 4.1 illustrates, the questions aimed to explore the respondents' knowledge and understanding of the topic of young carers as well as their experience of supporting pupils with caring responsibilities. An example of the questionnaire/interview schedule is included in Appendix 1.i.

**Table 4.1: Rationale for content of scoping interview/questionnaire and proposed method of data analysis**

<b>Area of questioning / activity</b>	<b>Rationale</b>	<b>Substance</b>	<b>Scope</b>	<b>Method of analysis</b>
Q1 How do you define a young carer?	Orient respondent to topic	Big research questions	Breadth	Theory-led content analysis  Comparison with DOH (1999) definition
Q2 Are you aware of any young carers within your school at the present time?	Focus on own setting	Mini research questions	Breadth	Data-led thematic analysis
Q3 How might you know if a child was a young carer?	Focus on respondent's knowledge	Mini research questions	Breadth	Data-led thematic analysis
Q4 What other services / agencies do/might you involve?	Examples of real experience	Big research question	Depth	Data-led thematic analysis
Q5 What kinds of needs do you think a young carer has? What might be the effects of being a young carer on a young person's education?	Respondent's knowledge	Big research question	Depth	Data-led thematic analysis

#### **4.2.1.ii Administration of the data collection instrument**

EPs within the team were asked to gather the information from SENCOs in their “link” schools. Some EPs chose to ask the questions as an interview, while others left the questions in questionnaire format with the SENCOs and then collected the completed questionnaires at a later date. All fifty schools within the LA had the potential to be included, but whether all schools were given the opportunity to do so by their link EP is not known.

As with all aspects of this research, this study was carried out in accordance with guidelines established by BERA (2004) and BPS (2007). The responses were anonymous, so the respondents were assured of confidentiality. Consent to be part of this initial scoping exercise was assumed by the respondent completing and returning the questionnaire or by taking part in an interview.

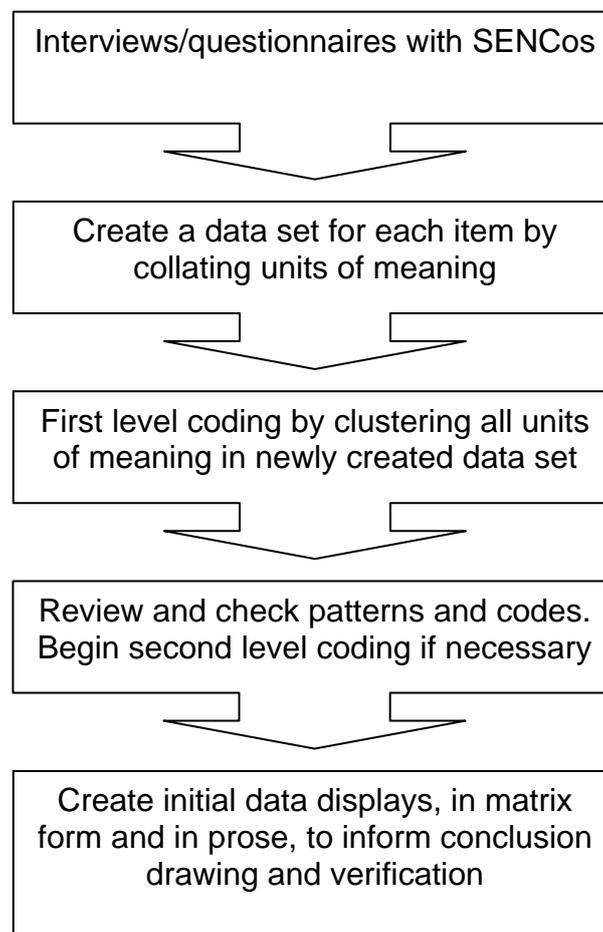
The information in this part of the study was collected during the period of Autumn 2005 / Spring 2006.

#### **4.3 Process of analysis**

As outlined in Chapter Three, and as with all aspects of this research, the analysis of qualitative data was guided by Miles and Huberman’s (1994) framework of data reduction, data display and conclusion drawing and verification. Figure 4.2 presents a summary of the analysis process. The responses were analysed using a thematic analysis approach (Braun and Clarke 2006). Each item from the questionnaire/interview schedules is considered separately in terms of the findings. Some initial conclusion drawing is offered in terms of how this exercise impacted upon the next steps

of the research. However, findings from this exercise are also considered in Chapter Nine along with the results from the other strands of this enquiry. Data charts indicating how the raw data were analysed can be found in Appendix 1.ii and in some instances are incorporated into the text.

**Figure 4.2: The process of analysis for SENCo interviews / questionnaires**



#### **4.4 Results of the first scoping exercise**

Twenty-five SENCos took part in the scoping survey which was anonymous, although respondents were asked to say which phase of education they represented. There were 16 responses from SENCos in primary schools, 7 responses from secondary schools, 1 from a nursery setting and 1 unknown. A summary of responses for each question is given below.

#### **4.4.1 How do you define a young carer?**

In response to this question, 17 responses indicated that the child might care for a parent, sibling or another relative:

*“A young person regularly assisting parent or sibling with a disability or special need.”* [SEnCo, secondary]

Five responses indicated that the child might care just for an adult, and 3 responses referred to a child having adult responsibilities in general.

*“Child caring for a parent.”* [SEnCo, primary]

*“More than appropriate responsibility at home – either they assume responsibility or live in chaos.”* [SEnCo, secondary]

#### **4.4.2 Are you aware of any young carers within your school at the present time?**

Fourteen respondents indicated that they were aware of young people who were young carers while eleven respondents said that there were no young carers in their school at that time. The following response illustrates the potential of the research in raising the profile of the topic of young carers and the possible impact that this may have:

*“Not until I filled this in! Yes – but it is not always obvious e.g. parent with mental health problem, so they cannot fulfil caring role and also need caring for themselves.”* [SEnCo, primary]

This quote also illustrates the frequent theme in the literature that identifying young carers is extremely difficult, especially those with parents with mental ill health.

#### **4.4.3 How might you know if a child was a young carer?**

Fifteen SEncOs referred to an aspect of behaviour or appearance.

Responses grouped in this category covered aspects of learning (for example

lack of concentration) as well as signs of stress. References were also made to the physical appearance of the young person, such as being tired or untidy.

*“The possible stress may manifest itself in the child’s behaviour.”* [SENCo, primary]

*“May be tired, unkempt, quiet? Not sure.”* [SENCo, primary]

*“School/home work may not be completed, possible lack of concentration, possible emotional and behavioural issues.”* [SENCo, primary]

Twelve references were made to receiving explicit information from sources such as Social Services or other agencies. Thirteen people also indicated that the child or the parent / carer might inform the school.

*“Would have been mentioned to us by primary school. Pupil might make us aware of situation (or the person being cared for). A friend of pupil / carer might make staff aware.”* [SENCo, secondary].

However, this SENCo’s belief that information would be known and then passed on contrasts with the following quote from a SENCo in a primary school.

*“Often by chance, but sometimes through observing parent and child together. Rarely through official channels.”* [SENCo, primary]

#### **4.4.4 How do / might you support a child who was a young carer?**

Nineteen of the SENCOS indicated that they would offer empathy and emotional support. Six people said that they would refer the young person or the family on to an external agency. Twelve also suggested various types of practical support such as offering extra time or support for completion of homework or coursework.

*“Building relationship and respond to issues.”* [SENCo, primary]

*“Possible nurture group / sessions for self-esteem. Help with homework / appearance – whatever is needed for that child.” [SENCo, primary]*

*“Speak to Social Services for advice.” [SENCo, secondary]*

#### **4.4.5 What other services / agencies do/might you involve?**

The SENCOs were asked to name specific organisations which they might approach in order to support a young carer. Table 4.2 below summarises the responses given.

**Table 4.2: Services / agencies named by SENCOs**

<b>Name of service / agency</b>	<b>Count</b>
Social Services	17
Behaviour Support Service	6
Child and Family Social Worker	6
Church / community	6
Educational Psychologist	6
Educational Welfare Officer	4
Counsellor	2
Health Services	2
CAMHS	1
National Organisation	1
SEN Support Services	1

#### **4.4.6 What kinds of needs do you think a young carer has?**

Twenty SENCOs referred to a range of emotional, behavioural or social needs that a young carer might have such as being introverted or distracted and finding it hard to meet with friends.

*“Needs – access to peers as friends, time to play.” [SENCo, primary]*

There were seventeen responses indicating that the young carer might have difficulties with learning. Some of these answers suggested that the young person might underachieve.

*“Not being able to focus on work. Not having time for homework, late for school, general understanding.”* [SENCo, secondary]

Eight respondents thought that the young carer may have missed out on some aspect of their childhood, and answers in this category suggested that the young person would need time for rest and relaxation.

*“Stress – not have a childhood. Make sure they have recreation / play time.”* [SENCo, secondary]

There were six references to the young carer being late for school or having difficulty in attending school. Three people thought that it was likely that the young person would need some kind of practical help within the home.

*“Need practical support, emotional support, coping strategies, poor attendance, underachieving, tiredness in school, hwk [homework] not completed.”* [SENCo, secondary]

Most respondents referred to a range of problems, reflecting the view in the literature of the complexity of young carers' situations (Cree 2003).

#### **4.5 Matters arising from the scoping exercise at local level**

On the basis of the information given by the 25 SENCOs in this sample, it appeared that the majority could give an accurate definition of the term young carer. Not all answers, however, reflected that a care recipient could be a sibling. In addition, not all answers reflected that the care needs could arise from difficulties with mental ill health or substance misuse in addition to

physical illnesses. This is consistent with the literature that emphasises the hidden nature of children's caring roles (Banks et al 2002, Underdown 2002, Green 2002, Aldridge and Becker 2003).

This initial survey suggested that many SENCOs had an understanding of the term young carer as well as an awareness of the needs and difficulties a young person with caring responsibilities might face. However, the information collected also indicated several reasons to suggest that raising awareness of young carers in schools would be a useful course of action. In the first place, although respondents were able to describe the difficulties a young carer might face, it seemed clear from this survey that no school had a formal system in place for identifying or monitoring young carers.

Furthermore, in terms of numbers of young carers, figures quoted ranged from none to two. If figures quoted in the literature are accurate - that there might be up to thirty young carers in an average-sized secondary school (DfEE 1999) - this scale of discrepancy suggests that many young carers are not being identified. The fact that one respondent said that they were not aware of any young carers in school until prompted to think about it by the questionnaire also indicated that there was a need to raise awareness of the topic in schools.

Undoubtedly, one of the most important findings from this scoping exercise was that not one single respondent named the local voluntary organisation for young carers as an agency that they would approach for support.

Considering the range of agencies that SENCOs cited, this particular finding endorses the original locally identified research problem, that people in schools are not aware of the specific support available for young carers within the target LA.

#### **4.6 The national context of the research**

The second scoping exercise involved approaching other EPSs and inviting them to contribute information about research and development work relating to young carers in their EP service and LA.

The rationale for this piece of work was two-fold. Firstly, this exercise aimed to find out about the role of other EPs in relation to either direct, focussed or project work with young carers. It also sought to gain an understanding of EPs' knowledge of any type of work taking place with this group within their own particular LA. This exercise had an additional and practical benefit in that, potentially, it was a useful source of strategies and approaches that could be implemented in my project and research.

##### **4.6.1 Research approach with Educational Psychology Services**

A short questionnaire was sent out via the National Association of Principal Educational Psychologists' email network. Trochim (2006) provides a framework for researchers to use when designing a questionnaire so that aspects such as question type, content, format and analysis are considered. Table 4.3 details the questions and provides a rationale for their inclusion. An example of the questionnaire can be found in Appendix 1.iii

**Table 4.3: Rationale for content of NAPEP survey questionnaire and proposed method of data analysis**

<b>Question</b>	<b>Rationale</b>	<b>Format</b>	<b>Method of analysis</b>
Is there any focussed / project work relating to young carers taking place in your LA?	Indication of levels of awareness / priority for LA	Dichotomous response	Frequency count
If yes, please briefly describe what the project involves.	Further depth about knowledge of project	Open	Content / thematic analysis
Is the EPS involved in any focussed / project work relating to young carers?	Indication of levels of awareness / priority for EPS	Dichotomous response	Frequency count
If yes, please briefly describe what the project involves.	Further depth about scope of EP project and involvement	Open	Content / thematic analysis
Is there a lead EP for young carers in your EPS?	For comparison with target LA	Dichotomous response	Frequency count

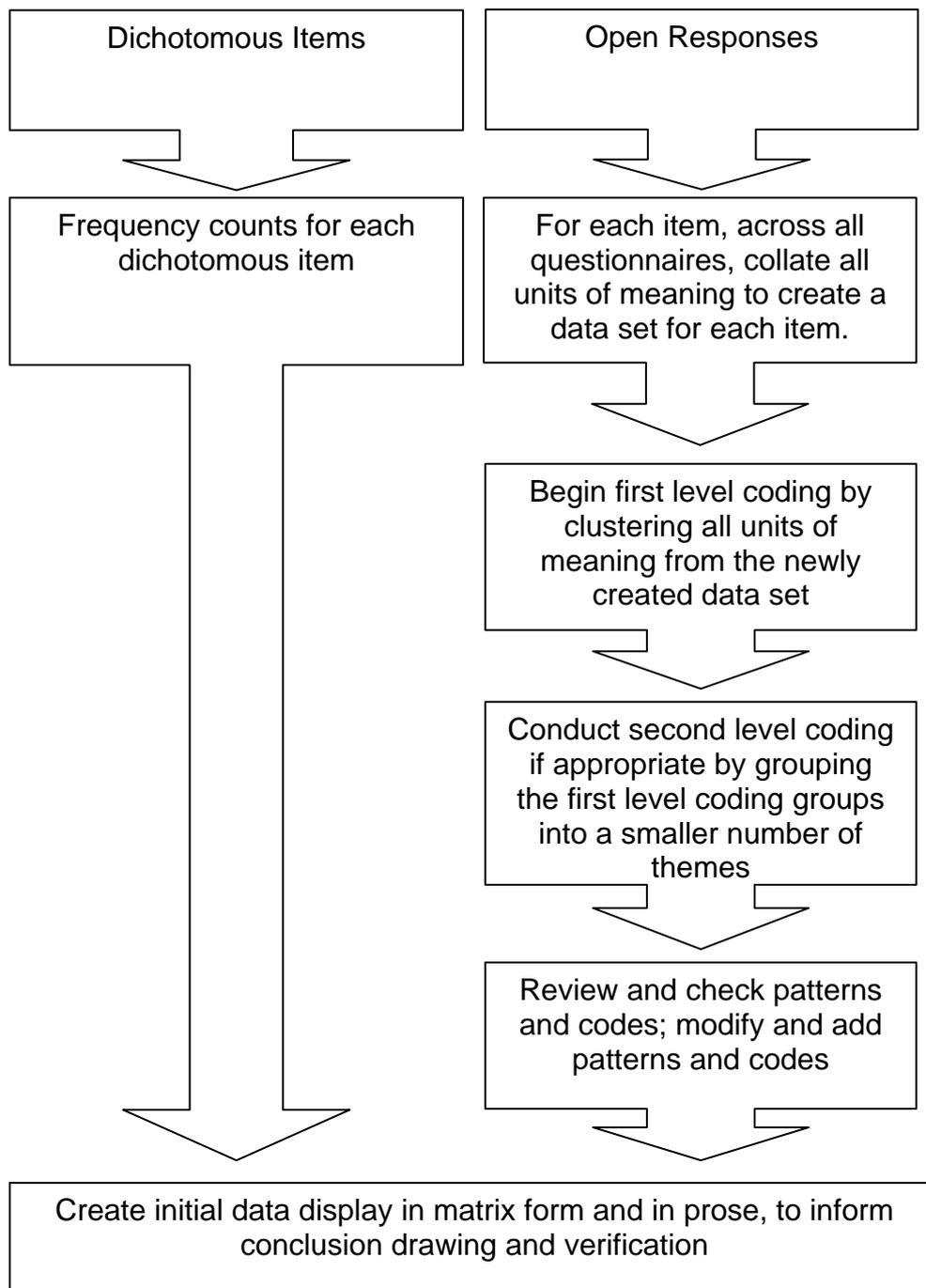
#### **4.6.1.i Administration of survey**

The Principal Educational Psychologist (PEP) in the target LA wrote an introduction to the survey and arranged for it to be sent out via the NAPEP network. Respondents were asked to reply by a given date. The usual assurances about anonymity were given and it was assumed that by returning the questionnaire, the respondents were giving their consent for their responses to be used in the research.

#### **4.6.1.ii Process of analysis**

As with the local scoping exercise, the questionnaires were analysed using Miles and Huberman's (1994) framework of data reduction and data display leading to conclusion drawing and verification. Figure 4.3 shows the process of analysis for the questionnaire items.

**Figure 4.3: The process of analysis for NAPEP questionnaire**



#### **4.6.2 Results of the questionnaire with EPSs**

Nineteen responses were received from the online national survey via the NAPEP network. In terms of the breakdown, fifteen respondents were Principal Educational Psychologists (PEPs) replying on behalf of their services. There was also a response from an Acting PEP, an Assistant PEP

and from two maingrade EPs. Table 4.4 provides information about the representation of responses in terms of the types of LA where the EPs worked and gives some indication of the geographical spread.

**Table 4.4: Numbers of responses to questionnaire from EPSs**

<b>Type of LA</b>	<b>Number*</b>	<b>Number in sample</b>
County Councils	34	4
Metropolitan Authorities	36	5
English Unitary Authorities	47	4
Welsh Unitary Authorities	22	1
London Boroughs	33	4
Northern Ireland Education and Library Boards	5	1

*\*Based on information from the Local Government Association website*

Table 4.4 indicates that there were 19 responses from a possible sample of 172 EPSs in England and Wales and five Library and Education Boards in Northern Ireland. This is approximately 11 per cent of the potential number of responses assuming that all of the LA psychology services subscribed to the NAPEP network and that there were no unidentified problems with the electronic delivery of the questionnaire. The low response rate might indeed reflect difficulties with electronic questionnaires either in terms of technical difficulties or because people may regard unsolicited emails such as this survey as “junk” mail. However, Denscombe (2007) argues that some research suggests that online surveys are preferred by respondents and that the quality of responses is similar to that produced by more traditional methods. If this is true, an alternative explanation for the low response rate

might be that there was very little interest in the topic and that there was a low level of priority attached to it.

A data chart detailing the responses to the survey can be found in Appendix 1.iv.

**4.6.2.i Is there any focussed / project work relating to young carers taking place in your LA?**

In response to this question, 11 respondents ticked yes, 7 ticked no and one person wrote, “don’t know”. Of those who responded yes to this question, ten respondents referred to the voluntary sector as the body coordinating development and/or project work in this area. Examples were given of local voluntary services as well as national organisations such as Barnardo’s. One respondent reported that there was a lead person for young carers within the LA.

**4.6.2.ii Is the EPS involved in any focussed / project work relating to young carers?**

None of the respondents reported their individual psychology service as being involved in any project, research or development initiative regarding young carers. One respondent reported some informal links but did not expand further upon this.

**4.6.2.iii Is there a lead EP for young carers in your EPS?**

None of the respondents reported that there was a lead educational psychologist for young carers.

**4.7 Matters arising from the scoping exercise at national level**

The low response rate combined with the actual responses of those who did reply, suggest (albeit not conclusively) that it is rare for psychology services to be involved in any focussed or project work with young carers. These findings

emphasise the unique position of this research in the context of the study in the target LA and the role of the EPS in taking it forward. An aim of this exercise was to acquire information about useful strategies and approaches that could be applied in the local context, but clearly no such information was generated.

The questionnaires indicated that just over half of the respondents (11 out of 19) were aware of some focussed work regarding young carers within their individual local authorities. Of the seven respondents who said there was no focussed work occurring, this could be an accurate reflection of the situation or it could mean, as another respondent indicated, that the participants simply did not know of any project work. Dearden and Becker (2004) estimated that there were over 200 locally run young carers' groups in the UK. The findings from this survey suggest that these projects may not be known by EPs who might otherwise usefully signpost children and families to this support network.

#### **4.8 Summary**

These two scoping exercises were useful in stimulating my further thinking about the purpose of the research and informing a plan of action:

- at a national level, the scoping exercise suggested that EPs were not involved in focussed work, and that little was known about support projects within individual authorities; and
- at the local level, SENCOs within the target LA seemed to be aware of the complexity of the situations that young carers might encounter but were not aware of the local voluntary sector project to support them.

Of course, there could be alternative explanations and interpretations of the received responses from both the local and national scoping exercises, but overall the findings did confirm the existence of a clear need to undertake work to promote awareness of the local young carers' support service within the target LA. Therefore, I developed a plan of action for intervention. This involved devising a presentation about the potential impact of caring on young people and highlighted the guidelines (e.g. Frank 2002) schools could adopt to support young carers.

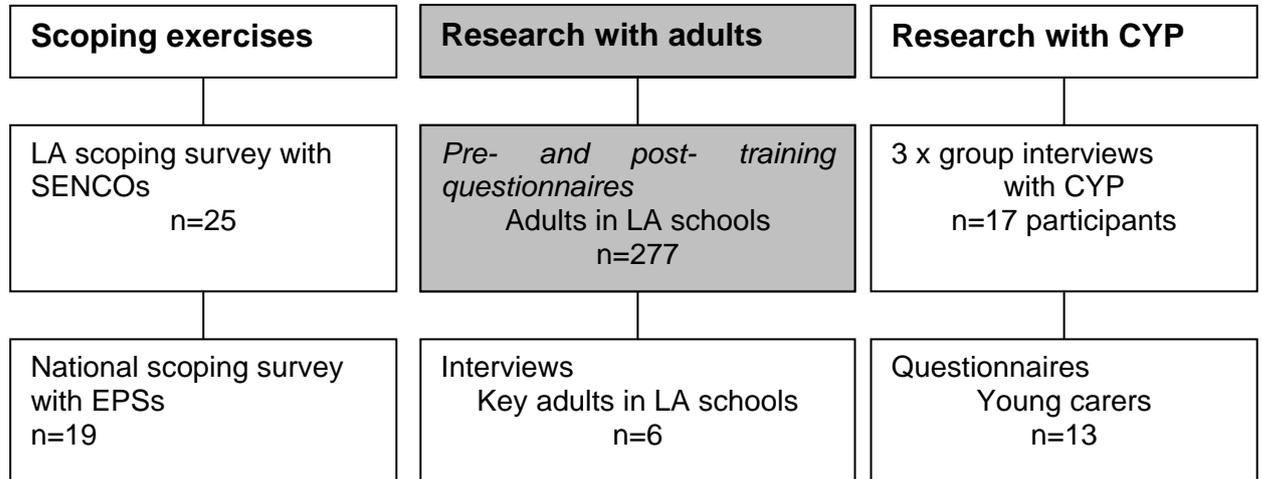
The SENCOs' apparent level of understanding about the difficulties young carers might face suggested that the offer of training would be well received and that there would be interest in discussion about the good practice guidelines and how schools might implement them. The presentation became a conduit for further action and research.

Chapters Five to Eight present the subsequent cycles of enquiry with adults, children and young people, and young carers.

## CHAPTER FIVE: RESEARCH WITH ADULTS IN SCHOOLS

### 5.1 Introduction

**Figure 5.1: The focus of Chapter Five in the context of the whole study**



As Figure 5.1 indicates, the focus of this chapter relates to the strand of research that involved groups of adults who had attended a presentation in their own school settings about young carers. This chapter considers the design, action and initial findings of this phase of the research, along with some reflections about the approached used. Since the research with adults in schools is just one part of a chain of research activities within this study, the discussion of the results in relation to the overarching research questions is presented in Chapter Nine.

As previously explained, the whole research project arose from an operational target of the LA to offer better support to young carers in schools. A senior officer in the LA had made a decision that a 60-minute training session about young carers would be devised and delivered by the EPS and offered to all schools. The aims of the presentation were:

- to raise awareness of adults in schools about young carers;
- to raise awareness of adults in schools about the voluntary organisation operating in the local area and its services to children, families and schools; and
- to encourage schools to consider implementing some of the good practice guidelines (e.g. Frank 2002).

A colleague and I also developed an information pack for schools about young carers to leave with the SENCo or Head Teacher following the training session. All schools were sent a letter to explain the project and to offer a presentation and resource pack [see Appendix 2.i]. Schools were invited to make contact with the service to arrange training.

I planned to use the opportunity of the presentation sessions to gather information in order to address the two overarching research questions about adults' perceptions of the good practice guidelines and how they could be implemented in schools.

## **5.2 Research design for work with adults in schools**

### **5.2.1 Choosing a data collection tool**

The context of the presentation afforded me an opportunity to gather data from a large number of school-based adults about their perceptions of young carers. Interviews could have been one option for the collection of data but would have required a large time commitment on my part as well as for those being interviewed. A questionnaire on the other hand was judged to offer benefits in terms of capturing a large data set and in being time efficient. I also took into account that when delivering training it is usual to offer

participants the opportunity to provide feedback via an evaluation form. Therefore, I decided that a questionnaire could be used to provide feedback about the training as well as to gather other information about adults' perceptions of the needs of young carers. I anticipated that the findings from the questionnaire would be useful in informing further developments of the project.

As Denscombe (2007) remarks, questionnaires are useful when the information required is straightforward and uncontroversial as would be the case in this instance. I also made assumptions that the respondents would be able to read and understand the questionnaire and that they would have some opinions, experience or knowledge that they would be willing to share.

Often, one of the shortcomings of self-completion questionnaires is that they can have a low response rate (Robson 2002). I hoped that by inviting people to complete the questionnaires via the presentations, this would encourage a high response rate because the participants could see the research in a meaningful context. Additionally, the completed questionnaires could be collected at the point of delivery, with no requirement for participants to concern themselves with their return. An additional factor that influenced my decision about the suitability of this data collection method was that I would be present whilst the participants were completing the questionnaire so could answer any queries that arose about the questions or the project.

I made a decision to use a pre- and post- research design in order to enable some assessment of the impact of the presentation and to detect any shift in attitude amongst the respondents. I intended to code and quantify by hand some of the data collected (e.g. answers to open questions) but also planned to use the statistical programme SPSS (Statistical Programme for Social Science Version 15.0, 2006) for data that could be handled quantitatively in order to identify any statistically significant trends in the data set.

This places this aspect of the research into the arena of an experimental design. As Cohen et al (2000) remark, educational research is often conducted within the field and is not a true experiment in scientific terms and so is often referred to as quasi-experimental. It is proposed that by asking the participants to complete a pre-questionnaire followed by a post-questionnaire after the presentation, the impact of any observed difference in respondents' scores could be attributable to the presentation. However, it is unlikely that any change in scores could be solely attributable to just one factor and this must be held in mind when considering the results.

### **5.2.2 Generation of questionnaire items**

As with the other data collection instruments used throughout this study, consideration was given to the rationale of each item in the instrument and the intended method of analysis. Table 5.1, based on Trochim's (2006) framework, sets out the items from the questionnaire and provides information about the decisions made. Copies of the pre- and post- training questionnaires can be found in Appendix 2.ii.

As Table 5.1 illustrates, the questionnaire contained a number of items that used a rating scale or offered the option of a yes, no or don't know response. This was mainly because the questions themselves were best answered in this manner but another benefit was that the questionnaire used different response formats in order to lessen the likelihood of the participant falling in to any one particular pattern of response. Items that required a "yes" or "no" response also included a "don't know" option so that people were not forced into making a decision when they might not have a firm opinion either way. However, Lewin (2004) notes that there may be a danger in having a middle item because people may choose it as an easy option.

**Table 5.1: Rationale for content of questionnaires and proposed method of data analysis**

<b>Question</b>	<b>Rationale</b>	<b>Format</b>	<b>Method of analysis (using SPSS)</b>
How confident do you feel about understanding and using the term “young carer”?	To gain information about the impact of the presentation in informing and empowering respondents	Rating scale 0-10	Mean score (pre) Mean score (post) Test of significance: Paired samples t test
How much of a priority do you think the issue of young carers is for your school?	To gain information about the impact of the presentation in priming respondents and influencing attitudes to young carers	Rating scale 0-10	Mean score (pre) Mean score (post) Test of significance: Paired samples t test
Are you aware of any young carers in school at the present time?	To gain some understanding of current awareness and perceptions of need	Circle yes or no	Frequency count Cross tabulation
If “yes”, how many?	To gain information about potential numbers of young carers	Open response	Frequency count Cross tabulation
Do you think it is important to have:  a school policy for young carers?  a named person responsible for young carers in school?  training/information about how to support young carers in school?	To gain information about respondents’ reactions and perceptions of the value of the selected guidelines and if some guidelines appear more / less popular than others.	Circle yes, no or don’t know	Frequency count Cross tabulation
Post questionnaire only: Will this training make a difference to your work in school?	To gain information about the relevance and impact of the presentation in motivating further action	Open response	Content / thematic analysis

Based on Trochim (2006)

The questionnaires were colour-coded in order to assist initial delivery and later processing; green for the first questionnaire and pink for the second. I also believed that it was important for each questionnaire to fit onto one side of A4 paper, so that its completion was less likely to be judged a chore by the respondents (Denscombe 2007).

The questionnaire was piloted in the first school and reviewed with a colleague. At this stage, the questionnaire was judged fit for purpose and to present no difficulties, although it was noted that some respondents had not put an identifying pseudonym on each questionnaire as asked. This highlighted the need to prompt respondents to check this, to reduce the risk of eliciting unusable data.

### **5.2.3 Ethical considerations**

As with other strands of the research within this study, careful consideration was given to decisions made concerning ethical matters. The decision to use a pre- and post- questionnaire posed some initial dilemmas about how to present the first questionnaire to the participants.

In the first place, many of the people present at the training session were required to be there and had not at that point agreed to be participants in the research. The pre-questionnaire was distributed just before the training began and the adults were told that it was to help them cue into the topic and would help with the evaluation of the training. Both of these statements were true but at this stage the adults were not aware of the research aspect. I made a decision to introduce the first questionnaire in this way to avoid the

risk of influencing the responses to the initial questionnaire by providing an explanation of the research remit at the beginning of the presentation.

At the end of the presentation, the participants were given the second questionnaire. It was reiterated that the pre- and post- training questionnaires afforded a way of evaluating the presentation. After the post-training questionnaires had been filled in but *before* they were collected, attendees were informed about the research project. They were given an information sheet explaining the purpose of the research and how the data would be used. A copy of the information sheet is presented in Appendix 2.iii. At this point, the attendees were invited to become participants in the research. To indicate their consent, the respondents were asked to hand in both of their questionnaires. To try and reduce any risks of attendees feeling under pressure to conform, their attention was drawn to the information sheet which contained the researcher's contact details so that people could also withdraw from the process at a later stage if they so chose.

Respondents were also reassured that individuals, individual schools and the LA would not be identified in the write up. As the pre- and post-questionnaires had to be matched, the respondents were asked to use the same pseudonym on each questionnaire as a means of providing anonymity.

It is acknowledged that the entire purpose of the questionnaires was not rendered completely overt at the beginning of this data collection process. However, it is proposed that the rationale for this decision was justified as an

attempt to limit socially desirable responses and potential bias, which could otherwise occur (Coolican 2004). Furthermore, respondents were able to make an informed decision about whether to submit their questionnaires and move from being participants in the training to being participants in the research.

#### **5.2.4 Process of analysis**

The pre- and post-questionnaires were matched using the pseudonym supplied by the respondent and then each pair of questionnaires was assigned a new numerical identifying code. Ten questionnaires could not be matched across the whole data set and these were removed from the data set.

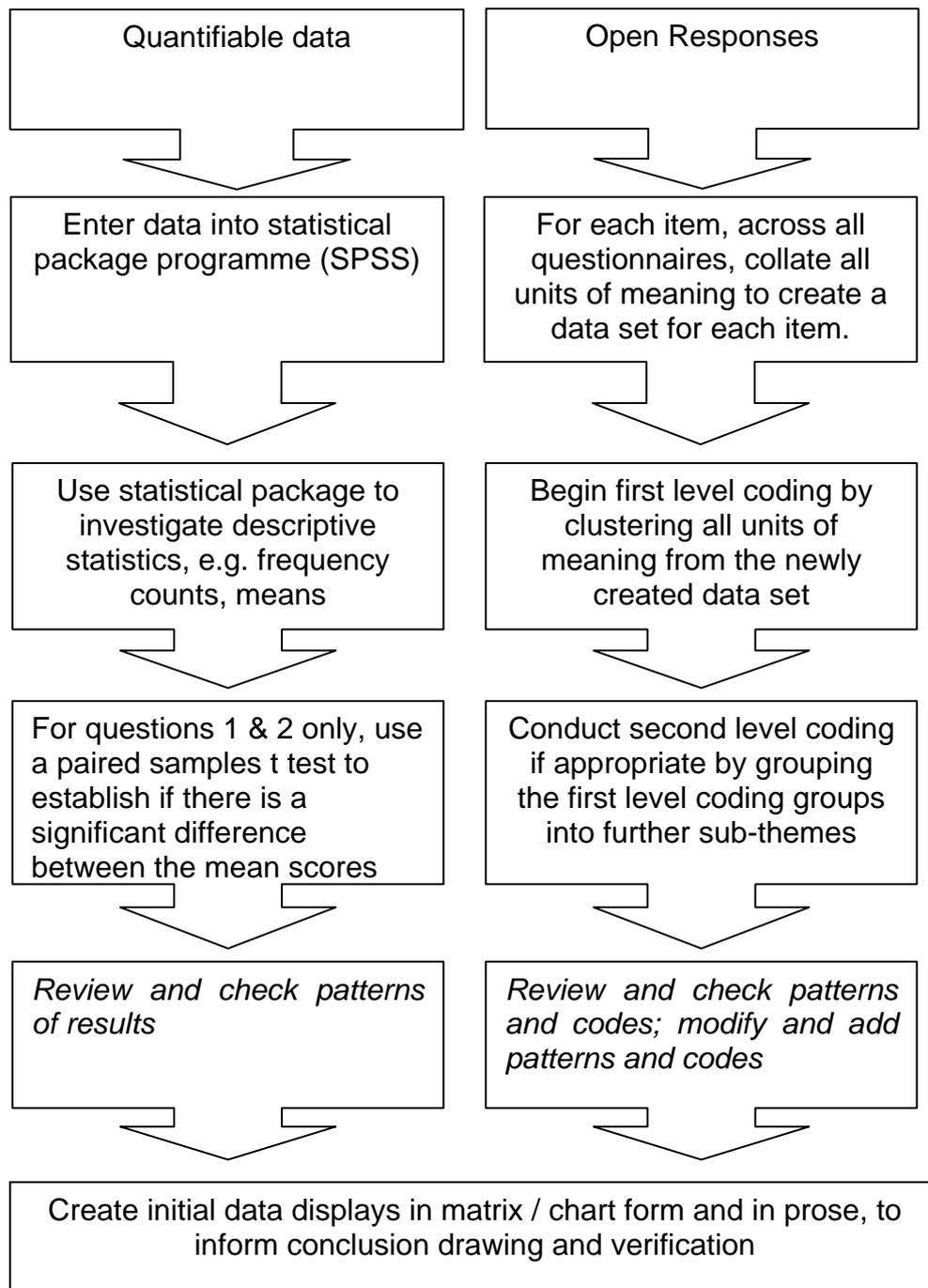
Throughout the entire study, I adopted the Miles and Huberman (1994) approach of data reduction and data display leading to conclusion drawing and verification [see Chapter Three, Section 3.4.2]. Although I anticipated using a quantitative approach to handle or explore most of the findings from the questionnaires, Miles and Huberman (1994) suggest that it can often be appropriate to link both qualitative and quantitative data. The framework they offer remains useful in the context of a quantitative approach; entering the data into a computer programme such as SPSS “reduces” the data in order to prepare them for handling and/or further analysis. The results of the analysis can then be “displayed” in order to present the data for further analysis and inform conclusion drawing.

I intended to compare the responses on the pre- and post- questionnaires in order to see if there were any statistically significant differences in respondents' answers following the training; as Table 5.1 illustrates, I intended to use a paired samples t test with the first two questions. However, for the remaining items frequency counts presented as cross-tabulations were anticipated to be the most useful way of categorising the responses for comparison between the pre- and the post- questionnaires with no further statistical tests of significance planned beyond this. Each question is addressed individually in the results section, where further information about the statistical tests used is presented.

The last question on the post- training questionnaire required an open response and thus suited a thematic analysis as suggested by Braun and Clarke (2006).

Figure 5.2 gives an overview of the process of analysis for the questionnaires.

**Figure 5.2: The process of analysis for pre- and post-training questionnaire items**



### **5.3 Results of the pre- and post- presentation questionnaires**

#### **5.3.1 Background information about the sample**

Table 5.2 provides a breakdown of the sample by type of school and number of matched questionnaires generated by each school. Table 5.2 indicates that of the 18 settings which took part in this aspect of the research project, there were 12 primary schools (including one special school). Additionally, in the primary phase there was an infant school and two junior schools. Three secondary schools took part, of which one was a selective grammar school. In total, there were 277 matched questionnaires. Eleven of the settings were known to my colleague or myself in the capacity as either the previous or current link psychologist; these are highlighted in **bold**.

In most cases, the presentation was delivered to groups of teachers as the sessions often took place after school during staff meetings. Three Head Teachers [A, M, and O] arranged for us to deliver the presentation during the school day for support staff. In all three secondary schools, the presentation was delivered to the pastoral teams or Heads of Year rather than the whole staff. The decision about timing and attendance was made by the link person, usually the SENCo or the Head Teacher, in the school.

**Table 5.2: Breakdown of sample by school and number of matched questionnaires**

<b>School and ID</b>	<b>Type of school</b>	<b>Composition of group</b>	<b>Number of questionnaires</b>
A 1001-1020	Primary	Support Staff	20
1075-1086		Teaching Staff	12
B 1021-1028	Secondary	Pastoral Team	8
C 1029-1036	Secondary	Heads of Year	8
D 1037-1044	Primary (special school)	Mixed	8
E 1045-1064	Primary	Teaching Staff	20
<b>F 1065-1074</b>	<b>Primary</b>	<b>Teaching Staff</b>	<b>10</b>
<b>G 1087-1092</b>	<b>Primary</b>	<b>Teaching Staff</b>	<b>6</b>
<b>H 1093-1101</b>	<b>Secondary</b>	<b>Pastoral Team</b>	<b>9</b>
I 1102-1118	Primary	Teaching Staff	17
<b>J 1119-1137</b>	<b>Primary</b>	<b>Teaching Staff</b>	<b>19</b>
<b>K 1138-1155</b>	<b>Primary</b>	<b>Teaching Staff</b>	<b>18</b>
<b>L 1156-1177</b>	<b>Primary</b>	<b>Teaching Staff</b>	<b>22</b>
M 1178-1190	Primary (Infant)	Teaching Staff	13
1252-1263		Support Staff	12
<b>N 1191-1198</b>	<b>Primary</b>	<b>Senior Management</b>	<b>8</b>
<b>O 1199-1212</b>	<b>Primary</b>	<b>Teaching Staff</b>	<b>14</b>
<b>1246-1251</b>		<b>Support Staff</b>	<b>6</b>
<b>P 1213-1228</b>	<b>Primary</b>	<b>Teaching Staff</b>	<b>16</b>
<b>Q 1229-1245</b>	<b>Primary</b>	<b>Teaching Staff</b>	<b>17</b>
<b>R 1264-1277</b>	<b>Primary</b>	<b>Teaching Staff</b>	<b>14</b>
<b>Total</b>			<b>277</b>

Table 5.3 provides a breakdown of all the schools in the LA and indicates that over a third of the schools in the LA accepted the offer of the training presentation and were involved in this part of the research. Just under half of the primary schools in the LA took part compared to three out of fourteen secondary settings. None of the nursery settings responded to the invitation to take part, neither did the special secondary school, the three secondary Pupil Referral Units (PRU) nor the cross phase special school.

**Table 5.3: Comparison of schools in LA and sample involved in presentations**

<b>School stage</b>	<b>Number in LEA*</b>	<b>Number in sample</b>
<b>Nursery</b>	5	0
<b>Primary</b> (including one special school)	29	15
<b>Secondary</b>	11	3
Special Community School	1	0
PRU	3	0
<b>Cross phase</b> Special Community School	1	0
<b>Total</b>	<b>50</b>	<b>18</b>

\*Information correct as of Sept 07 DSCF figures

### **5.3.2 Breakdown and analysis of responses to pre- and post-questionnaires**

In this section of the chapter, the breakdown of responses to the pre- and post- presentation questionnaires will be presented, along with the results of the statistical analyses undertaken. Each question will be considered individually.

**5.3.2.i How confident do you feel about understanding and using the term “young carer”?**

Table 5.4 shows that the spread of responses to Question 1 on the pre-questionnaire ranged from 0 (not confident) to 10 (very confident). After the presentation, the range of responses fell in a narrower range on the scale, between 4 and 10.

**Table 5.4: Responses to Q1 How confident do you feel about understanding and using the term “young carer”?**

<b>Scale</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Pre n=276	3	9	18	29	29	62	29	33	42	12	10
Post n=277	0	0	0	0	1	1	5	32	72	81	85

In order to undertake further analysis, one of the cases on the post questionnaire was removed from the data set as it did not have a corresponding answer on its matched pre-training questionnaire. Based on 276 matched questionnaire responses, the mean score for this question before the presentation was 5.46, rising to 8.73 after the presentation. In order to establish if this difference was statistically significant, a paired samples t test was applied (Kerr et al 2002).

The results of the t test indicated that the difference in mean scores was significant with the resulting p value at 0.00 ( $t = -25.63$ ,  $df = 275$ ,  $p < 0.001$ ). This suggests that an impact of the presentation was that the respondents felt more confident about understanding and using the term young carer. See Appendix 2.iv for additional information about the analysis.

### 5.3.2.ii How much of a priority do you think the issue of young carers is for your school?

Table 5.5 shows that the spread of responses to Question 2 on both the pre- and post- questionnaires ranged from 0 (not a priority) to 10 (high priority).

**Table 5.5: Responses to Q2 How much of a priority do you think the issue of young carers is for your school?**

Scale	0	1	2	3	4	5	6	7	8	9	10
Pre n=266	4	11	15	33	31	71	37	25	20	6	13
Post n=273	2	1	7	10	11	43	29	45	52	38	35

In order to conduct further analysis, data from nine cases were removed as in these instances respondents had not provided an answer to this question on both the pre- and the post- questionnaires. Based on 264 matched questionnaire responses, the mean score for this question before the presentation was 5.12, rising to 6.92 after the presentation. As with question 1, a paired samples t test was applied to establish if the difference in means was statistically significant.

The results of the t test indicated that the difference in mean scores was significant with the resulting p value at 0.00 ( $t = -15.70$ ,  $df 263$ ,  $p < 0.001$ ). [see Appendix 2.iv for further details]. This suggests that an impact of the

presentation was that it encouraged some listeners to regard young carers as a higher priority than before. Appendix 2.v [Table A2.v.i] provides details of written comments added by some respondents.

### 5.3.2.iii Are you aware of any young carers in school at the present time?

In the pre-training questionnaire, participants were asked if they were aware of any young carers in their school at the present time. In the post-training questionnaire, they were asked if they would consider any *more* young people to be young carers. Table 5.6 illustrates the responses to these questions.

**Table 5.6: Responses to Q3 Are you aware of any young carers in school at the present time?**

	Post: yes	Post: no	Post: no response	Pre: total
Pre: yes	42	24	2	<b>68</b>
Pre: no	73	122	11	<b>206</b>
Pre: no response	0	1	2	<b>3</b>
<b>Post: total</b>	<b>115</b>	<b>147</b>	<b>15</b>	<b>277</b>

As Table 5.6 shows, before the presentation, 68 people said that they were aware of young people who were also young carers. Following the presentation, 115 people indicated that they were aware of young people who might also be young carers. Of these 115 people, 73 had originally said that there were not aware of any young carers in their schools, suggesting that the presentation has raised some of the respondents' awareness.

Although some respondents indicated that they would consider some young people they knew in school as young carers, it appeared much more difficult to capture a figure to quantify the numbers. For example, in the pre-questionnaire, 68 people said that they were aware of young people who were

young carers, with 56 going on to give an indication of the number of young carers they could identify. Table 5.7 summarises the range of responses to this question.

**Table 5.7 How many young carers are you aware of? (pre- training)**

<b>Number of young carers</b>	<b>Numbers of respondents</b>
1	20
2	14
3	11
4	5
5	1
6	1
7	1
10	3
<b>Total</b>	<b>56</b>

As discussed above, in the second questionnaire, 115 people indicated they were aware of more young carers after taking part in the training. Of these 115 respondents, 85 provided a figure to show the numbers of young people they would consider to be young carers. Table 5.8 summarises the frequency of responses to this question in the post-training sample.

**Table 5.8: How many more young carers are you aware of? (post-training)**

<b>Number of identifications of young carers</b>	<b>Numbers of respondents</b>
1	26
2	16
3	12
4	12
5	5
6	9
7	2
8	1
15	1
20	1
<b>Total</b>	<b>85</b>

Eighteen participants wrote additional information on either the pre- or post-training questionnaire in order to qualify their answer or explain why they had not given a figure. Some of the responses illustrate the difficulties surrounding the identification of young carers, a theme that emerged in the literature discussed in Chapter Two. Others reflect the opinion that there were no young carers in the individual respondent's school.

*"I am sure there are but I'm not aware of any specific children in my class or year group."* [1050, School E]

*"Hard to say. There are possible indicators."* [1055, School E]

*"No young carers at the present time but could think of several who had left."* [1220, School P]

A full list of these additional responses can be found in Appendix 2.v [Table A2.v.ii].

#### **5.3.2.iv Responses about the good practice guidelines**

The final three questions asked respondents about specific elements of the good practice guidelines for young carers as suggested by Frank (2002). The respondents were asked if they believed it was important to have a) a school policy; b) a named person within school for young carers; and c) training and information about the topic in general. A closed response format was offered, giving respondents the option to answer "yes", "no" or "don't know". Cross tabulations are offered in the following three tables to indicate the patterns of response to these questions before and after the presentation.

Table 5.9 shows that that by far the biggest group comprised the respondents (n=219) who thought it was important to have a school policy before the presentation and who continued to do so afterwards. In addition, the figures

suggest that three people were unchanged in their opinion that it is not important to have a school policy for young carers. A further four people remained undecided.

**Table 5.9: Responses to Q4 Do you think it is important to have a school policy for young carers?**

	Post: yes	Post: no	Post: don't know	Post: no response	Pre: total
Pre: yes	219	1	0	0	<b>220</b>
Pre: no	3	3	2	0	<b>8</b>
Pre: don't know	40	2	4	0	<b>46</b>
Pre: no response	2	0	1	0	<b>3</b>
<b>Post: total</b>	<b>264</b>	<b>6</b>	<b>7</b>	<b>0</b>	<b>277</b>

A group of 45 out of 57 people who had previously answered the question with either “no”, “don’t know” or did not answer at all, gave a “yes” response in the post questionnaire. However, paradoxically, three more people who had either initially said “yes” or “don’t know” on the pre-training questionnaire, answered “no” to this question after the training. This unexpected outcome accounts for just one per cent of the sample.

Three people wrote additional comments on their questionnaires. One emphasised the need for the policy to be a “real policy” [1061, School E] and two other people thought that young carers should be incorporated into the school’s inclusion policy [1219 and 1227, both School P]. Appendix 2.v [Table A2.v.iii] provides the additional written responses about the good practice guidelines.

**Table 5.10: Responses to Q5 Do you think it is important to have a named person responsible for young carers?**

	Post: yes	Post: no	Post: don't know	Post: no response	Pre: total
Pre: yes	232	2	2	0	<b>236</b>
Pre: no	4	4	0	0	<b>8</b>
Pre: don't know	30	0	1	0	<b>31</b>
Pre: no response	1	1	0	0	<b>2</b>
<b>Post: total</b>	<b>267</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>277</b>

Table 5.10 indicates that as with the previous question, the biggest group of respondents (232) gave a “yes” response in the pre- and the post-presentation questionnaire. There was a small number of people (4) who said “no” before and after, and one person remained undecided. One person initially did not respond to this question in the pre-questionnaire and answered “no” in the post questionnaire.

Table 5.10 also indicates that of the 41 people who circled “no”, “don't know” or gave no response before the presentation, 35 changed their response to “yes”. Two people who had indicated that it was important to have a named person on the pre-questionnaire changed their minds to “no” in the post-questionnaire. Similarly, two people who answered “yes” in the first questionnaire circled “don't know” on the second.

One respondent [1268, School R] chose to write an additional response suggesting that the named person should be the same person responsible for child protection.

Following the pattern observed in response to the two previous questions, the majority of respondents (245) gave a “yes” response when asked about the importance of training in both questionnaires. This was the biggest response set across all three questions. Three people answered “no” on both occasions and two circled “don’t know”. One person who did not answer this question on the first questionnaire gave a “no” response on the second. Table 5.11 provides a summary of responses to this question.

**Table 5.11: Responses to Q6 Do you think it important to have training / information about how to support young carers?**

	Post: yes	Post: no	Post: don’t know	Post: no response	Pre: total
Pre: yes	245	2	1	0	<b>248</b>
Pre: no	4	3	1	0	<b>8</b>
Pre: don’t know	16	1	2	0	<b>19</b>
Pre: no response	1	1	0	0	<b>2</b>
<b>Post: total</b>	<b>266</b>	<b>7</b>	<b>4</b>	<b>0</b>	<b>277</b>

Twenty-nine people answered either “no”, “don’t know” or did not respond at all to this question before the presentation. Of these, 21 changed their response to “yes” on the post-questionnaire. One person who was originally undecided about whether or not training about young carers was important and two people who had said that it was, changed their answer to “no” after hearing the presentation. Whilst this was not the desired or expected outcome, these responses account for just one per cent of the whole sample.

Overall, the responses to these three questions indicate that the majority of the 277 respondents attached importance to the principles of the good practice guidelines for young carers. By the end of the training, 264 people thought it was important to have a school policy and 267 said they believed it

was important for there to be a named person for young carers in school. In total, 266 said it was important for schools to have training about young carers.

### 5.3.2.v Responses to the open question

The post-presentation questionnaire contained an additional question that asked: Will this training / information make a difference to your work in school? Table 5.12 provides a summary of the responses.

**Table 5.12: Q7 Summary of open responses to question on post-training questionnaire**

<b>Response</b>	<b>Frequency</b>
No response	119
Yes – no further elaboration	4
Positive responses about training / topic of young carers	149
Response expressing possible use	4
Negative responses about training / topic of young carers	1
<b>Total</b>	<b>277</b>

As Table 5.12 indicates, out of the 277 questionnaires completed, 119 respondents (around 42 per cent) made no response to this question. Over half of the respondents gave a positive response (55 per cent, n=153), with the majority offering expanded responses.

Four respondents expressed views that the training was of potential use, as the following comments illustrate.

*"[training is] sufficient provided by tonight unless need arises."* [1234, School Q]

*"Possibly, if I knew of any child in my year group, I would be supportive."* [1251, School O]

*"Would depend on the actual circumstances."* [1276, School R]

One respondent gave an openly negative response about the expectation that adults in schools should address the needs of young carers:

*"I feel that teachers have sufficient responsibilities to educate pupils without adding further "parenting" responsibilities. Some teachers already have parental responsibilities for their own children."* [1086, School A]

The 149 written responses that expressed positive comments were considered as one group of data. An initial review of the responses indicated that respondents had identified the usefulness of the training in raising awareness about young carers. Initial coding identified a group of 118 responses which expressed this view, illustrated by the quotations below.

*"It has raised awareness of the problem and hopefully given me ideas of what to do."* [1130, School J]

*"Help people to be more aware and know what signs to look out for."* [1163, School L]

I identified a further 25 responses which, whilst commenting on the aspect of raising awareness, also expressed ideas about further action, often in relation to the good practice guidelines, either at a personal or school level:

*"Attempt to confirm whether children that are suspected as being young carers are or are not. Give children emotional support who are young carers. Attempt to improve class' understanding of what young carer means."* [1069, School F]

*“Bring into PSHE work which we are about to embark upon and also revamping bullying policy.” [1192, N]*

In addition, six respondents mentioned specifically that the presentation had provided useful information about the local young carers’ support agency.

The data set of the 149 responses is presented as data charts in Appendix 2.vi.

#### **5.4 Follow up after the presentations**

After each school had received the presentation, a short follow up form was sent to the school the following term [Appendix 2.vii]. This form asked for information in the following areas:

- the need for further training for staff or governors;
- if a policy was in place;
- if a lead person had been nominated; and
- if further support was needed.

Table 5.13 provides a summary of responses and actions taken in the 18 schools where the presentation had been delivered. Table 5.13 indicates that out of the 18 schools that took part in the research, 15 had designated a member of staff to be the named person for young carers. Four schools confirmed that they had definitely put in place a young carers’ policy. Responses from six schools implied that adopting a policy was being considered and suggested a date when it would be in place. Responses from another five schools indicated that a policy had not yet been put in place. Three schools did not respond at all. The schools highlighted in **bold** were known to my colleague or me as either previous or current link schools.

**Table 5.13: Action taken in schools following presentation**

School	Named person?	Policy in place?
A Primary	No response to follow up survey	
C Secondary		
L Primary		
G Primary	Yes	Yes
N Primary	Yes	Yes
O Primary	Yes	Yes
Q Primary	Yes	Yes
D Primary	Yes	Planned for July 08
F Primary	Yes	Planned for January 08
I Primary	Yes	Planned for June 08
J Primary	Yes	Planned for December 07
M Primary	Yes	Planned for January 08
R Primary	Yes	Planned for September 08
B Secondary	Yes	Not yet
E Primary	Yes	Not yet
H Secondary	Yes	Not yet
K Primary	Yes	Not yet
P Primary	Yes	Not yet

### **5.5 Reflections on the study with adults during the training phase in schools**

As Miles and Huberman (1994) note, researchers need to be aware of the quality, authenticity and trustworthiness of their data in order that their

conclusions are also trustworthy. Robson (2002) remarks that a good questionnaire should be a valid measure of the research questions, obtain the co-operation of the respondents and elicit accurate information. In this section, I will reflect upon the validity and reliability of the data derived from this study.

In terms of being representative of schools in the LA, the sample size of 277 adults is a large data set and draws on responses from adults in over a third of schools in the LA. It is noted that there were no nursery schools represented in the sample and that secondary schools were under-represented. As Coolican (2004) observes, whilst obtaining a truly representative sample is often an unachievable ideal, the researcher should take steps to remove as much bias from the sample as possible. In this case, all schools in the LA were offered the training session and were thus invited to take part. Participating schools therefore comprised a self-selecting sample.

Response rates are often a good indication of a questionnaire's validity (Robson 2002). It is not possible to give absolute numbers regarding how many questionnaires were given out and how many were returned at the end of each training session, but I did not note any instances of anyone declining to fill in the questionnaires or deciding not to hand them in at the end of the training. Similarly, no-one contacted me at a later date to ask for their questionnaires to be withdrawn from the sample. Overall, there were ten questionnaires that could not be matched to a relevant pre- or post-training counterpart, either because there was no identifying pseudonym or because

the respondent had filled in only one of the questionnaires; inevitably on some occasions, adults arrived late or left the session early. The ten questionnaires that were withdrawn came from across the data corpus and did not appear to be clustered in any one setting.

As indicated in Table 5.12, out of 277 completed questionnaires half of the sample did give a positive comment although 119 respondents did not respond at all to the final question about how they would use the training. This does raise a question about how many of those who did not respond at all actually held negative views which they chose not to share. As mentioned in Section 5.2.3, I acknowledge that some respondents may have given socially desirable answers rather than genuine responses (Coolican 2004) and the fact the questionnaire was completed in a group situation may have influenced respondents further. However, since I had emphasised that participation in the research was voluntarily and had given information for the respondents to take away, complete with contact details if they chose to withdraw, I judged that the returned questionnaires were completed “in a spirit of open co-operation, in good faith, and in all honesty” (Denscombe and Aubrook 1992:127).

This piece of research took place in “real world” settings, and it would be impossible as well as undesirable to eliminate the factors which characterise “real world” training events in schools and the cultural norms that surround such events, but it is, nonetheless, important to be aware of the influences on the data collected. Therefore, throughout the period of the research, I maintained a research diary as recommended by Waters-Adams (2006) and made notes following each school training. I was aware that many of the

people who attended the presentations did so because they were expected or required to do so by their management team. As such, it is likely that within each of the groups of adults who attended the presentations, there will have been varying degrees of motivation and interest in the topic. Some made it evident that they were tired at the end of a school day. Some people were observed to be doing other tasks during the presentation, such as marking or reading other material. The following dairy excerpts reflect some of my observations of training sessions:

*Staff seemed tired initially but engaged with us [myself and colleague] and asked, as well as responded to, questions. [School F]*

*Training seemed a bit flat and adults unresponsive. [School C]*

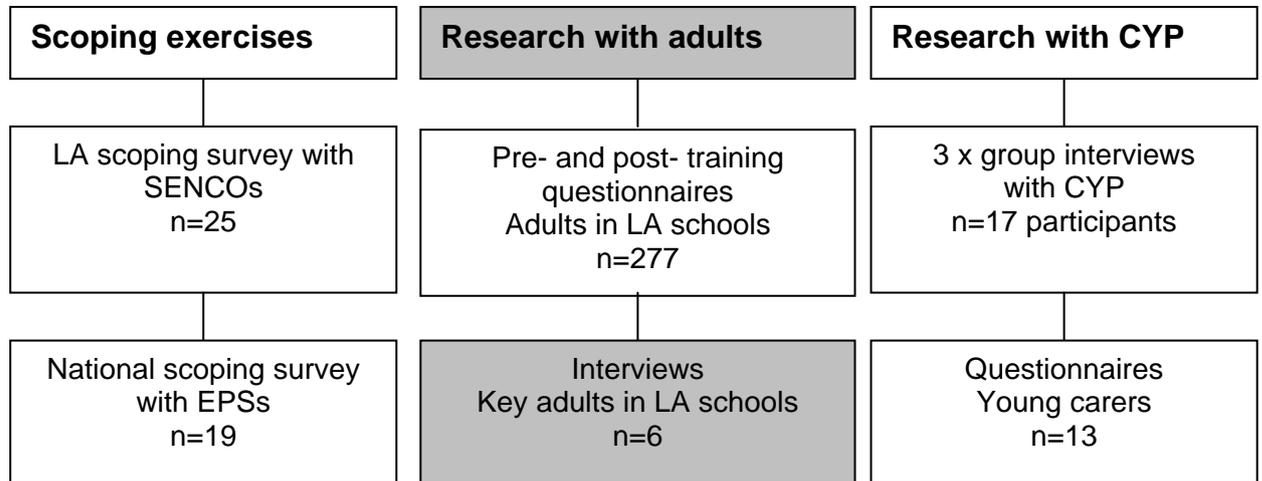
Although the respondents may have conferred with each other, I did not record any instances during the training sessions when respondents sought clarification or explanation of any of the questions from me. Furthermore, apart from the final open question, most respondents were able to supply an answer for each item, suggesting that the questionnaire was accessible and understandable, thus supporting the validity of the findings.

In terms of reliability and how far this research can be replicated, I have made explicit the processes and instruments used to collect and analyse the data: copies of the questionnaires are provided in Appendix 2.ii; Figure 5.2 illustrates the process undertaken; and results of the analyses with SPSS are provided in Appendix 2.iv with data charts detailing the analysis of open responses to the post-training questionnaire in Appendix 2.vi.

## CHAPTER SIX: RESEARCH WITH KEY ADULTS IN SCHOOLS

### 6.1 Introduction

**Figure 6.1: The focus of Chapter Six in the context of the whole study**



As Figure 6.1 indicates, this chapter relates to the strand of research with key adults in six schools. This chapter presents the design, action and initial findings of this phase of the research, along with some reflections about the approach used. Since the study described in this chapter is only one part of the entire study, the discussion of the results in relation to the overall research questions will be discussed in Chapter Nine.

Having made initial contact via the presentation with eighteen schools, the next action was to make contact with schools where some indication had been given that the guidelines might be implemented, such as through nominating a named person for young carers. The purpose of this action was to explore if schools might implement the suggested good practice guidelines following the presentation and to identify some of the enabling and inhibiting factors.

Maintaining field notes (as discussed in Chapter Three) also afforded me the opportunity to consider my role as an active researcher and as an EP in trying to bring about action and social change, and to develop my own personal learning about how to do this effectively (McNiff 2002).

For the purposes of this study, the term “key person” is used to describe an adult who was considered to be influential within the school. As well as interviewing key people in schools where the presentation had already taken place, contact was made with schools that had not taken up the offer of the training. The rationale for this was to try and understand why the training offer had not been accepted in order to modify future practice if necessary as well as to gather a broader range of perspectives.

For ease of reference, schools that had received the training will be referred to as “presentation schools”. Those schools that had not arranged training will be referred to as “non-presentation schools”. I decided that key people in three presentation schools and three non-presentation schools would be approached; I judged that this number of schools would be sufficient in order to ensure some level of heterogeneity whilst at the same time would be manageable in terms of both data gathering and analysis processes.

## **6.2 Research design with key adults in schools**

### **6.2.1 Identification of teacher participants**

A common feature of an action research approach is that it is collaborative (Somekh 2006). Although the agenda for the proposed development and change was mine, and the action research model that I judged to be most attuned to this study considered my development and learning (McNiff 2002, Whitehead 2009), the active engagement of others was crucial in order to understand how my initial action of delivering training about young carers to schools encouraged change in those settings. As such, the teachers involved in this part of the research were acting, in part, as “co-researchers” in that they were invited to undertake actions rather than be passive “research subjects” (Taylor 1994).

The key contact in the presentation schools was the person who had been nominated to be the named person for young carers. The named person was asked to take part in two interviews. The first interview was an initial discussion, focusing on the recommendations for good practice and negotiating the commitment from the key adult to undertake further action to implement the guidelines. The second interview took place at least a term later and was a review of actions taken and progress made. This process follows the “plan, act, observe and reflect” action research cycle which is central to this research (Herr and Anderson 2005).

Table 6.1 below summarises the sample of six participants that took part in this phase of the research.

**Table 6.1: Summary of the sample of adult respondents**

Type of school and ID	Role of interviewee	Presentation (Y/N)
<b>School B</b> Secondary Community School	Head of Y7 (named person)	Y
<b>School F</b> Voluntary Controlled Primary School	SENCo (named person)	Y
<b>School O</b> Community Primary School	Classroom Teacher (named person)	Y
<b>School S</b> Community Primary School	SENCo/Assistant Head	N
<b>School T</b> Community Nursery School	Head	N
<b>School U</b> Secondary Community School	SENCo	N

The presentation schools involved in this part of the process were School B, a secondary community school, School F, a voluntary controlled primary school, and School O, a community primary school. The primary schools, but not the secondary school, were known to me as part of my generic work as an educational psychologist.

As Table 6.1 indicates, a selection of schools that had not responded to the offer of a presentation was approached. Several factors influenced my decision about which schools and key people to approach. As no nursery setting had taken up the offer of training and as secondary schools were also under-represented, I judged the inclusion of a nursery and secondary school in this sample a priority. To ensure balance, a primary school was also approached. I also decided that approaches would be made only to schools known to me as part of my generic EP role. I believed that this would lead to a more frank and honest discussion and reduce any feelings of defensiveness, since respondents might feel somewhat “under the microscope” because they had not taken up the initial training offer (Denscombe 2007). The Head of a nursery school, the SENCo from a primary school, and a SENCo from a secondary school agreed to take part in an interview. See Appendix 3.i for an example of the initial letter to adults in presentation and non-presentation schools.

### **6.2.2 Generation of interview schedules**

The adults from the presentation schools were interviewed twice and the adults from the non-presentation schools were interviewed once. Therefore, different interview schedules were devised; an initial and then a follow up schedule for the key adults in the presentation schools and a schedule for the non-presentation schools.

#### **6.2.2.i Initial interview schedule for key adults in presentation schools**

Table 6.2 below sets out the questions for the first interviews with key adults in the presentation schools and provides a rationale for their inclusion. The questions were developed in light of Mason’s (1996) discussion about the substance (“big” and “mini” research questions) as well as the scope (“breadth” or “depth”) of interview questions. Furthermore, the questions in this schedule were linked to action research principles as defined by Herr and Anderson (2005) and in particular addressed the “reflect” and “plan” part of the action research cycle. It was this part of the research, with this particular group of teachers, that explored the potential of bringing about change for young carers by prompting the respondents to consider committing to taking

further actions based on the highlighted recommendations for good practice. This reflects an aspect of action research that promotes social justice and orients participants to move forward to bring about positive change (Somekh 2006:7). An example of the interview schedule is presented in Appendix 3.ii.

**Table 6.2: Rationale for content of interview schedule and proposed method of data analysis**

<b>Area of questioning / activity</b>	<b>Rationale based on action research cycle</b>	<b>Substance</b>	<b>Scope</b>	<b>Method of analysis</b>
<b>Q1 What reactions / feedback has there been from adults since the presentation?</b>	Reflect	Mini research questions	Breadth	Data-led thematic analysis*
Q2 Do you have any feedback about the information pack given at the presentation?	Reflect	Mini research questions	Breadth	Data-led thematic analysis
Q3 Any more young carers identified, or referrals made to voluntary organisation?	Reflect	Mini research questions	Breadth	Data-led thematic analysis
Q4 How do you see your role as the lead for young carers?	Plan	Big research question	Depth	Data-led thematic analysis
Q5 Which of the guidelines have you managed to, or plan to, implement?	Plan	Big research question	Depth	Data-led thematic analysis

*\*(Braun and Clarke 2006)*

### **6.2.2.ii Review interview schedule for key adults in presentation schools**

I agreed with each named person that a review discussion would take place the following term. In terms of the action research cycle, this afforded the respondents a period of time to act and observe, with the second interview offering a time to reflect. This second interview revisited questions three, four and five from the initial interview in order to identify changes and progress made in implementing the good practice guidelines for young carers [see Appendix 3.iii].

I made a decision to use a structured tool to identify the “driving” and “restraining” forces (Lewin 1951) that might influence a school’s decision to implement any of the good practice guidelines for young carers. The factors could be people, resources, and attitudes at an individual or wider level. I considered this to be a useful approach because it acknowledged that there could be difficulties in implementing changes such as those recommended in the good practice guidelines, whilst at the same time, encouraging reflection about the capacity and scope for change. Lewin (1951) posited that more successful outcomes could occur by reducing the barriers rather than merely trying to strengthen the drivers for change.

Jensen et al (2002) and Hodson and Cooke (2007) identify applications of a force field analysis in an educational context which provided a useful starting point in the development of the instrument I devised. Cameron and Green (2004) note that the use of a force field analysis approach can provide an opportunity to examine the status quo as part of the “unfreeze” step in Lewin’s (1951) three-step model of change of “unfreeze, change and refreeze”.

My reading about the use of the force field analysis approach indicated that it could be used in different ways. Some researchers suggest using this type of approach to analyse factors influencing a current situation (Hodson & Cooke 2007) whereas others use a force field analysis to consider new approaches or “change proposals” (Mindtools 2006). Some commentators advocate the use of numbers to indicate the weight of the influencing factors (Baulcomb 2003), whilst others (Cameron and Green 2004) do not. I decided not to ask

individual respondents to weight their responses, as I decided that I would consider this aspect when all of the responses from all of the interviews with adults were amalgamated.

Whilst a traditional force field analysis might be used with a group of people (e.g. Baulcomb 2003), I used it in a one-to-one setting with the intention of synthesising responses from all of the six interviews. I decided to apply a force field analysis in this way in order to identify common themes in relation to implementing the good practice guidelines. However, at the same time, the process of the analysis also offered the individual respondent an opportunity to consider their own situation and next steps in making changes for young carers.

In addition, instead of trying to identify the barriers and drivers for implementing the good practice guidelines as a whole I made a decision to consider each of the main recommendations separately. Although these have been discussed elsewhere in this thesis, they are repeated in Figure 6.2 for ease of reference:

**Figure 6.2: Key good practice guidelines**

- **training** for adults who work in schools about young carers;
- promoting awareness of young carers and disability through **PSHE**;
- having a **named person** for young carers to link with outside services and act as a lead within the school for young carers;
- having a **specific policy** in place to outline young carers' needs and ways of addressing those needs; and
- having **systems for identification** in place, such as seeking information via school admission forms.

Before this cycle of interviews began, I prepared a sheet for each recommendation listed above within a force field analysis framework and accompanying explanatory note for the participants [see Appendix 3.iv]. In essence, the framework consisted of three columns. The middle column contained the “change proposal” or the individual recommendation. The left hand column was entitled “driving forces” and the right hand column “restraining factors”.

### **6.2.2.iii Interview schedule for key adults in non-presentation schools**

The format of the interview with adults in the non-presentation schools included some initial questions about young carers and also included the force field analysis tool used with adults in the presentation schools. This offered a consistent framework for the comparison of responses between presentation and non-presentation schools.

The initial questions were similar to those used in the scoping exercise described in Chapter Four [see Table 4.1] and were used to cue the interviewee into the topic. A copy of the schedule is presented in Appendix 3.v; the questions are presented in Figure 6.3 for ease of reference.

#### **Figure 6.3: Initial questions for key people in non-presentation schools**

- How do you define a young carer?
- Are you aware of any young carers within your school at the present time?
- How might you know if a child was a young carer?
- How do / might you support a child who was a young carer?
- What other services / agencies do/might you involve?
- What kinds of needs do you think a young carer has?
- What might be the effects of being a young carer on a young person's education?

### **6.2.3 Ethical considerations**

This research was undertaken in accordance with the guidelines for research BERA (2004) and BPS (2007) as outlined in Chapter Three. In brief, those who agreed to take part in the interviews were sent an information sheet explaining the purpose of the research, how the data would be used, how the resulting findings would be presented and how the respondents could withdraw. As with the research described in the previous chapter, respondents were also assured that individuals, individual schools, and the LA would not be identified in the write up. The respondents were also sent some pre-interview information about the force field analysis approach so that the respondents would know what to expect [see Appendix 3.iv].

After each interview, for the purposes of validation and for openness, interviewees were sent copies of the written transcript of the interview in which

they had taken part. A covering letter confirmed their right to withdraw as well as their right to challenge and amend the transcript [see Appendix 3.vi].

#### **6.2.3.i The decision not to tape record**

One of the first interviewees agreed to participate provided that her interview was not tape-recorded. I made a decision to treat all participants equally and therefore did not tape record any of the interviews and took contemporaneous notes instead. Denscombe (2007) remarks that taking field notes is something of a compromise; on the one hand there is no objective record of the interview as the interviewer's notes will always be dependent on their own interpretation and skills of note taking at the time. However, field notes at interview can be advantageous as they can capture non-verbal information that tape recording cannot.

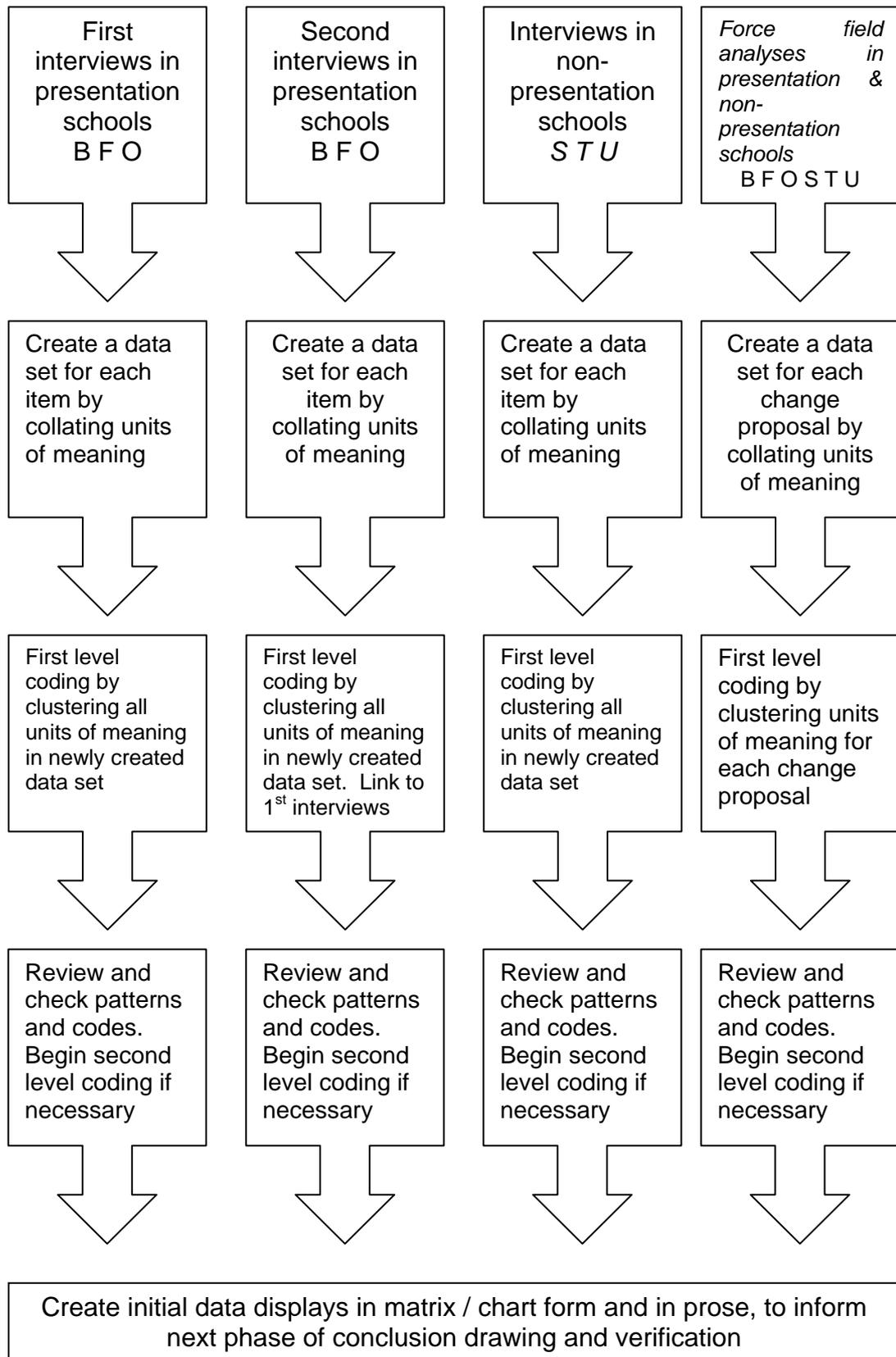
Communication skills such as good listening and summarising skills are acknowledged as key competencies (DfES 2005) for those involved in working with children and their families and, as an EP with several years of experience, I am involved regularly in the process of note-taking and understand the importance of validating written notes with participants. Therefore, I judged that these skills could be employed as an alternative to tape-recording.

#### **6.2.4 Process of analysis**

As outlined in Chapter Three, and as with all aspects of this research, the analysis of qualitative data was guided by Miles and Huberman (1994) and their framework of data reduction, data display and conclusion drawing and verification. Each interview was analysed using a thematic analysis approach (Braun and Clarke 2006) which was also applied to the force field analyses. Each question from the interview schedules is considered separately in terms of the findings. Some initial conclusion drawing is also offered but since this research exercise is just one part the whole enquiry, more in depth conclusion drawing is covered in Chapter Nine where the data from the whole data corpus are considered in light of the research questions. Data display charts containing raw data and coding can be found in Appendix 3.vii or in some instances are incorporated into the text.

I acknowledge that by not tape-recording, the very first part of the analysis took place during the interview, as I made decisions about what to note down and what to disregard. Figure 6.4 is a flow chart to summarise the steps taken in analysing the data from the interviews with adults from presentation and non-presentation schools.

**Figure 6.4: The process of analysis for data from adults**



## **6.3 Results of the interviews**

### **6.3.1 Initial interviews with adults in presentation schools**

#### **6.3.1.i What reactions / feedback has there been from adults since the presentation?**

The key people from Schools F and B both said that the training session had reminded them of young carers in previous schools where they had worked which indicates that the phenomenon of young caring is a broad concern. The key people from schools F and O suggested that training was useful for schools, highlighted by the person from School O saying:

*“Remember thinking it was just about parents, not siblings or grandparents so that made me think a bit. Had always thought it was physical illness not mental”.*

This comment reflects difficulties with defining young carers raised in the literature review in Chapter Two. Regarding reactions from other staff, one person reported that there had been no further talk about it [School F]. This was reflected in a comment from the person from School O who said, *“school life is so busy, it just got swept away”*. This raises questions about the effectiveness of “one-off” training in bringing about sustainable change. In contrast, however, the key person from School B explained that as a result of the presentation (at which she had not even been present), the Deputy Head had approached her to be the named person for young carers. This indicates one positive, direct outcome of the presentation.

#### **6.3.1.ii Do you have any feedback about the information pack given at time of presentation?**

All three of the interviewees described the resource pack as being useful, although to varying degrees depending on their own personal knowledge. This is highlighted by the following comments from the named person at School O who had previously said that before the training she had not been entirely sure what the term young carer meant, compared to the feedback from the person in School B who had had prior experience of working with young carers:

*“Found it really useful, especially how to identify and what signs to look for” [School O].*

*"It's got some useful information in it for people who don't know very much about young carers" [School B].*

### **6.3.1.iii Any more young carers identified, or referrals made to voluntary organisation?**

None of the three interviewees reported having made further referrals to the voluntary organisation, although School B said that there was some current involvement for one child. However, all three said that they were aware or "suspected" that some children and young people were young carers.

Across the three interviews there was a spectrum of responses about the issues that this had raised. One person expressed unease about how to move forward with a positive strategy for identification, saying:

*"...there is an inkling that a child might be. I feel unsure about how to take it forward...feel a bit awkward about compiling a list of children's names and how parents might feel if their child's name was on a list". [School F]*

In contrast, the named person from School O, expressed none of these doubts, and described an action she had put in place:

*"...sent round an alert form for teachers to fill in if they have any concerns about a young person". [School O]*

Meanwhile, the person from School B expressed concern about how to identify young carers who look after parents:

*"I acknowledge that there are four to five kids that we know or suspect. Usually the ones we know about have siblings with difficulties; less is known about children who care for parents". [School B]*

### **6.3.1.iv How do you see your role as the lead for young carers?**

There seemed to be an underlying theme that the main motivation was one of personal interest, either because of prior experience of supporting a young carer [Schools F and B] or because of personal experience of being a young carer.

*"I knew about young carers from previous experience at another school so feel comfortable with the issues and what to look for." [School F]*

*“I’ve used young carers’ support organisations before in a different authority so I’ve got prior knowledge and awareness that it does go on.”* [School B]

*“I have a personal interest and felt that it rang true to my own personal experience as a young person whose father had MS.”* [School O]

The interviewees cited other individually motivating factors leading to their agreement to be the named person for young carers. For example the named person from School F identified *“personal development and personal satisfaction”* as reasons. The named person from School B also expanded her response saying that one of her reasons was because she wanted to champion young carers, *“I think the support we give them needs to raise their profile and give credit where it’s due”*.

All three named people described objectives that they wished to accomplish, some of which were more specific than others. More specific targets included the named person from School F saying that she wanted all children to understand the term young carer, while the named person from School O wanted to set up a support group for young carers. The named person from School B talked about her belief that schools should support young people holistically saying, *“I just firmly believe that school is not just about getting GCSEs, it’s about the pastoral side, it’s about the whole person”*.

#### **6.3.1.v Which of the guidelines have you managed to or plan to implement?**

Table 6.3 below summarises the actions taken at this stage by the interviewees and their planned actions in relation to the focus good practice guidelines. All three schools had already nominated a lead person. Regarding the guidelines about systematic ways of identifying young carers, two of the people [Schools F and O] expressed some intention of considering this by making amendments to the existing admission forms. The named

person from School B appeared to have already rejected this concept, saying that forms were not a satisfactory way of exchanging information with parents at her school and that a family interview system that was already in place was the most appropriate way of finding out such information.

**Table 6.3: Summary of actions based on initial interviews with lead people**

School	Named person	Admission forms	Policy	PSHE / Assembly
<b>B</b>	Yes	No plans to put in place	Plans to put in place	Initial attempt made Plans to put in place
<b>F</b>	Yes	Plans to put in place	Plans to put in place	Plans to put in place
<b>O</b>	Yes	Plans to put in place	Plans to put in place	Plans to put in place

The named person from School O said that a policy had already been drafted in conjunction with the Head Teacher and was due to be ratified by the governors. The interviewees from Schools F and B reported that no action with the policy had been taken so far. In terms of setting up an assembly or class session about the topic of young carers, all three lead people offered ideas and suggestions about how they might take this idea forward in their own schools.

In addition, some of the named people also described other plans they hoped to implement. For example, the lead person from School B had been in contact with the voluntary agency in order to try and set up some drop in sessions, *“we’re thinking about doing a lunchtime drop in for anyone who wants it with the support worker from the voluntary agency”*. The person from School O also talked about raising the topic of young carers through the school council. The proposed lunchtime drop in and the use of the school

council go beyond the initial good practice guidelines and indicate the personal motivation and interest of the named people.

An underlying theme that seemed to be present in two of the interviews was the role of the Head Teacher and the importance of school processes in order to bring about change in the setting.

*“Haven’t done anything yet about adopting the policy yet but will try and talk to the Head in the next few weeks.” [School F]*

*Deputy has already mentioned admission forms and the Head is happy to proceed and adapt admission forms.” [School O]*

The next section reports the findings of the review interviews which took place the following term with the lead people in these three schools to monitor further action.

### **6.3.2 Review interviews with adults in presentation schools**

#### **6.3.2.i Any more young carers identified, or referrals made to voluntary organisation?**

None of the three interviewees reported making new referrals to the voluntary agency. However, they did all report that they were aware of children and young people who might be young carers.

*“Five children are known but only one is actively involved with voluntary agency. Another one is a possibility.” [School B]*

*“No children have been referred but a child in Year 5 has been identified as a possible young carer. It’s a new child, and parent has had a word with class teacher who told me so I need to follow that up with parent now. ” [School F]*

*“I’m monitoring a few young people who might be young carers.” [School O]*

It is not clear from these responses exactly how “monitoring” was undertaken. However, my understanding is that these key people were liaising with other members of staff about the young people they believed may have caring responsibilities within the home.

### 6.3.2.ii Review of action taken in relation to the good practice guidelines

Table 6.4 summarises the different actions taken within each setting for each of the guidelines and should be considered against Table 6.3. The named person column has been removed, as in all three schools this guideline had been implemented. An additional column, entitled “other” has been included in order to record any other relevant actions taken.

**Table 6.4: Summary of actions based on initial and review interviews with lead people**

School	Admission forms	Policy	PSHE / Assembly	Other
<b>B</b>	No plans to put in place	No progress made	No progress made	Posters put up around school
<b>F</b>	Agreement from Head to consider changes	Agreement from Head to consider policy	Whole school assembly by voluntary agency  Plans for further assemblies	
<b>O</b>	Admission forms have been amended and will be implemented in September 09	Policy has been ratified by governors and is now in place	Whole school assembly by voluntary agency  Each class has had a focussed lesson  Class assemblies planned	Support staff have received training

The named person from School O reported that action had been taken in each of the areas so that, in principle, the school had implemented the recommendations for good practice. This is in contrast to the other two schools. As Stoll (1999) points out, schools are complex systems so the reasons why the named person from School O was able to implement all of the guidelines will be multi-factored depending on the individual motivation of

the adult concerned and the influence of the setting where she works. However, it is of interest that the named person from School O had described herself a former young carer. Furthermore, of the three settings, the named person from School O did not indicate that there had been any difficulties or problems with either the concept of any of the recommendations or in introducing them.

Action had been taken in the other two schools, although at a different pace, with the named person from School B saying that *“time is always an issue”*. The named person from School B had taken other action such as putting up posters around the school about the young carers’ local support project. It is notable that this action did not require input from other people and was most likely to be a quick action to undertake. Also, this person indicated that she was critically evaluating some of the recommendations (e.g. use of admission forms) and making judgements about which ones were suitable for her school.

*“As discussed before, we don’t really like using forms to access this information. It’s something we’ll be bearing in mind though when we do our parent / child interviews.”* [School B]

The role of the Head Teacher in making decisions about implementing the recommendations in School F was mentioned several times by the named person for this school.

*“Head has agreed we can look at it [admission form].”  
“Me and the Head have had a look at it [policy].”*

Furthermore, the named person from School F expressed doubts that the recommendations would ever be in place in her school.

*“Not sure if we’ll ever really make changes to the admission form or get the policy high enough up the agenda for governors. If it was a statutory requirement, people would just get on and do it because they had to.”* [School F]

Two schools [F and O] had had an assembly delivered by the voluntary agency. School O did not express an opinion about the content or delivery of

the assembly led by the voluntary agency. However, School F expressed some reservations about a whole-school approach:

*“think we will probably tackle this internally as part of class assemblies and do them separately for KS1 and KS2.”* [School F]

### **6.3.3 Results of interviews with adults in non-presentation schools**

As shown in Table 6.1, three adults from different schools took part in this stage of the study. The person from School S was an Assistant Head / SENCo. From School T, which was a nursery school, the Head took part. The SENCo from a secondary school was the third respondent, School U. As explained in section 6.2.2.iii, the respondents were cued into the topic through some preliminary questions.

#### **6.3.3.i How do you define a young carer?**

All three respondents made comments about young carers having increased responsibility within the home that would not normally be expected for a child of their age.

*“Someone of school-age, under 18, who takes responsibility for general care and well-being of a family member.”* [School S]

The respondents were also able to give some indication of the tasks young carers might undertake:

*“It could be very simple, like needing someone to talk to, to day-to-day needs like feeding.”* [School T]

The respondent from School U also made a comment that reflected some of the debates in the literature about the possible tensions of being a child who offers care to a parent:

*“The role of adult and child is reversed within the family.”* [School U]

There were some limitations with the definitions offered. For example, none of the respondents specifically mentioned that a young person might care for a sibling. Although the respondent from School T mentioned that the person receiving care might need someone to talk to, respondents did not refer to the

wide variety of circumstances that might influence a young person to take on a caring role, e.g. through physical or mental ill health or through substance misuse.

### **6.3.3.ii Are you aware of any young carers within your school at the present time?**

As with the adults in the presentation schools (see Section 6.2.2) all three respondents noted that they were aware of children who might be young carers.

*“Yes – aware of one and agencies are involved.”* [School S]

*“First impressions, definitely not. But the more I’ve thought about it, I think there are children who probably care.”* [School T]

*Not officially, but pretty certain that three kids are young carers.”* [School U].

For one respondent [School S] it seemed that there was a more formal level of awareness with external agency involvement. The other two interviewees seemed to be more informally monitoring children; a scenario that was also described by teachers in the presentation schools. It is interesting to note that the key person from the nursery (School T) had originally thought that young carers was not a relevant topic for her setting but said that the more she had thought about it, the more she was convinced that there would be children who could be young carers because of their home situations.

### **6.3.3.iii How might you know if a child was a young carer?**

The respondent from School S thought that the actions of the young person might indicate their caring role, for example, *“bringing younger siblings to school”*. The respondents from Schools T and U thought that the behaviour of the young person might be a sign:

*“Child’s demeanour / presentation...if a child divulges.”* [School T]

*Under achievement, tiredness, high anxiety, never staying late, absences.”* [School U]

Similarly, the parents’ behaviour or actions might also be indicative:

*“Adult’s demeanour / presentation...if a parent divulges.”* [School T]

*“Parents never come into school, lack of absence notes.”* [School U]

According to the person from School T, (the nursery setting) the observations of the professionals played a key role in the identification of young carers, possibly because early years settings afford more opportunity to interact with parents beyond the classroom:

*“Home visits, relationship between parent and child.”* [School T]

#### **6.3.3.iv How do / might you support a child who was a young carer?**

The respondent from School S, who had said that a child had been formally identified as a young carer, was able to draw on formal school systems as examples of support:

*“Pastoral Support Plan and involve other professionals.”* [School S]

However, she went on to describe the difficulties with putting systematic support in place for those children whose caring roles were less obvious or acknowledged:

*“But for other children who we don’t officially know about, it’s hard to access support. There doesn’t seem to be a structure in place to help schools to find out – only if another agency is in place or if family open up to you. There’s probably a lot more young carers in school than we realise.”* [School S]

This again reflects what is suggested in the literature that the numbers of young carers are likely to be an underestimate because of the difficulties with identification (Frank & McLarnon 2008). The respondent from the secondary school setting was able to suggest a range of practical approaches which appeared to make use of current structures perhaps typical of a secondary school that could be used to support any pupil who needed extra support:

*“Offer extra pastoral support such as a peer mentor. Raise the young person through the SEN bulletin...Change day-to-day responses to things like homework.”* [School U]

Likewise, the respondent from the nursery setting talked about supporting the parent by developing the relationship between home and nursery:

*“It’s about allowing them time to talk, for adult and child. Checking in on them. Try and ask them the right question at the right time and making a conscious effort to keep in contact, building trust and creating a safe place to talk. Just keep being there.” [School T]*

The responses suggest that at secondary level, support is directed at the young people themselves, whereas at nursery level, where there is more likely to be frequent contact between home and school, the support is targeted at the parents as well as the children.

### **6.3.3.v What other services / agencies do/might you involve?**

The key people were asked to name specific agencies and/or organisations that they might approach in order to support a young carer. Table 6.5 below summarises the responses given.

**Table 6.5: Services / agencies named by key people in non-presentation schools**

<b>Name of service / agency</b>	<b>School ID</b>
Social Services	S T U
Voluntary organisations	S T U
Behaviour Support Service	S T
Educational Psychologist	T U
Child and Family Social Worker	S
Sure Start	S
Sensory Impairment Service	S
School Nurse	U
CAMHS	U

All three people mentioned social services and voluntary organisations as a source of support. The Head Teacher of the nursery school added that she

would involve social services “*reluctantly, because it might not help.*” This reflects findings in the literature that families are wary of involvement from social services regarding young caring (Becker et al 2001, Fox 2004). Each respondent named a different voluntary organisation that they would involve, which appeared to be relevant to the age of children and young people within their settings. For example, the SENCo from the secondary setting cited Rainer, an organisation that supports young people rather than children. Similarly, the respondent from the nursery setting mentioned Homestart, a charity that supports families with young children.

As Table 6.5 indicates, the respondents suggested a range of organisations that perhaps reflected the key people’s individual experiences with young carers (e.g. School S had supported a child whose parents were hearing impaired; hence involvement with the Sensory Impairment Service). Furthermore, their choices about whom to involve might also reflect the respondents’ prior experiences of those organisations or their understanding of the agency’s remit.

Interestingly, School S mentioned that a pupil attended the youth group organised by the local support agency. Although the original scoping exercise described in Chapter Four was anonymous, the SENCo from School S remembered taking part. In that initial exercise, not one respondent mentioned the local support agency. This SENCo’s response suggests a growing awareness in schools of specific local support for young carers.

#### **6.3.3.vi What kinds of needs do you think a young carer has?**

All three respondents suggested that young carers might encounter educational difficulties. Some of these difficulties might arise from practical reasons such as being late for school:

*“Not having time to do homework, late for school, being tired.”*  
[School S]

The respondents from Schools T and U suggested that educational difficulties might arise from not being able to engage with learning because of emotional difficulties:

*“It affects education because they are wound up in situation, isolated”*  
[School T]

*“Enormous impact on their education. Education must seem irrelevant to them at times; they underachieve.”* [School U]

In addition, all three respondents suggested that young carers might have social and emotional difficulties and problems with peer relations.

*“Other children might bully them and tease them...other children might bully them because of the disability.”* [School S]

*“Emotional and social, there’s no time for them to be children, they’ll miss out on being a child. Teenagers wouldn’t want their peers to know.”* [School T]

*“It’s really hard for them to find time for themselves for respite without feeling guilty. They are fragile and tired and so may react badly to the odd word or comment and then things blow up. They could be friendless and isolated, too.”* [School U]

The person from School U also thought that young carers might need practical support such as financial assistance.

#### **6.3.4 Results of the force field analysis**

As shown in Figure 6.4, the results of the force field analysis with adults from the presentation schools and the non-presentation schools were treated as one data set. However, the analysis also looked for any identifiable differences between the two groups.

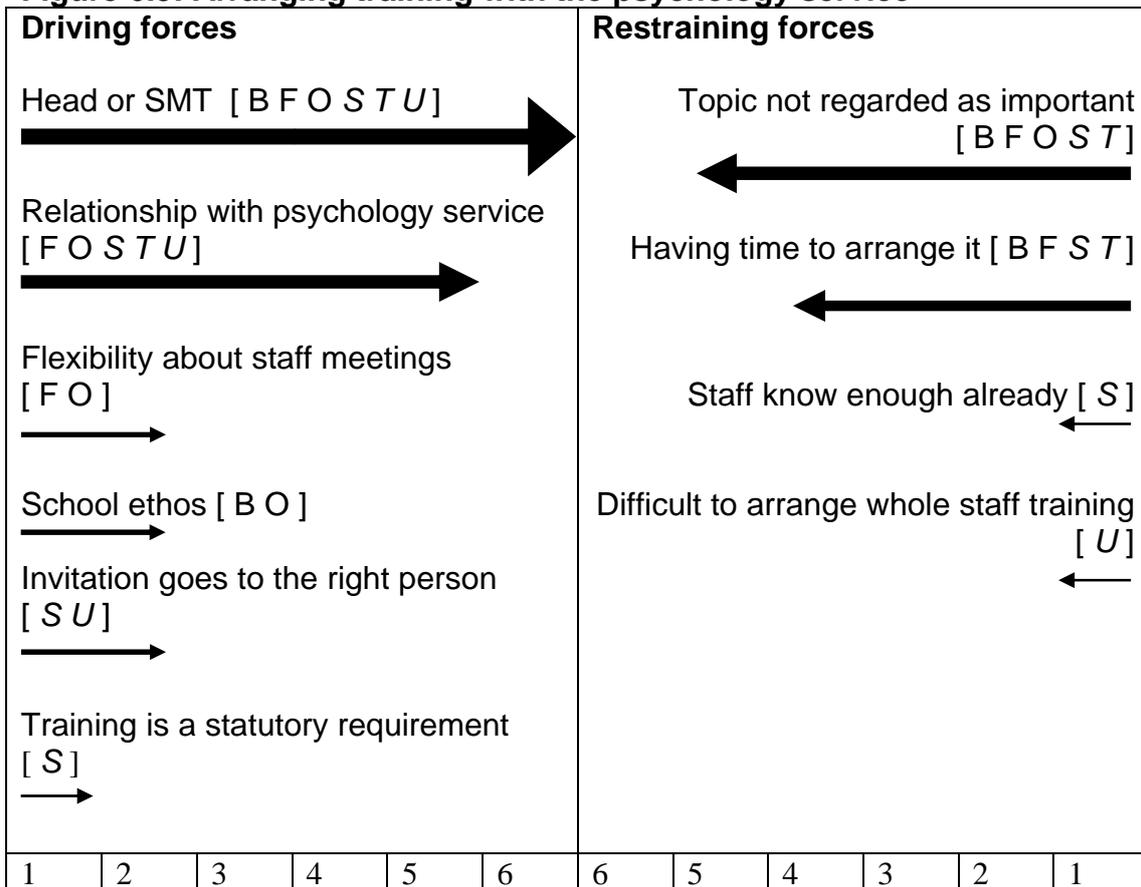
The five recommendations were considered individually. The results from each force field analysis are presented visually, using arrows to indicate the prevalence of each factor across all six respondents. In each figure, the forces are graded from the most to the fewest responses and the length of the arrows indicates how frequent each response was amongst the six respondents.

As discussed in the literature review in Chapter Two, Stoll (1999) suggests that in order for a school to implement a change, three factors influence the capacity to do so: individual teachers; the school’s social and structural

context; and the external context. For each change proposal, I will also look for individual, school and external factors that may drive or inhibit the implementation of the good practice guidelines.

**6.3.4.i Change proposal 1: Arranging a presentation with the psychology service**

**Figure 6.5: Arranging training with the psychology service**



Letters in square brackets represent schools. B F O were presentation schools. S T U were non-presentation schools

Figure 6.5 indicates that all six key people referred to the Head or another influential person in school as one of the main drivers in arranging the presentation. The relationship between the school and the educational psychologist was also considered to be a driving factor by five schools:

“Personal relationships, knowing the person who is doing the training, it helps if they are known quantities for Head and staff.” [ School T ]

Practical factors such as the invitation for training going to the right person in school were noted by two schools who had not yet taken up the offer of

*training. I think the implication here was that in their schools, the offer letter about training had not gone to the right person in school:*

“If the invitation goes to multiple people in school like Head, SENCO, PSHE Co-ordinator, so that it doesn’t get missed.” [School S]

*Other practical factors that could drive or inhibit arranging training included the flexibility of timetables for staff meetings and someone in school having time to follow up and arrange the training:*

“Schools are inflexible and adding things into the training calendar is very difficult.” [School U]

“Time pressure to set it up.” [School F]

*The most frequently cited restraining factor mentioned by the respondents was if young carers were not viewed as a priority by the school.*

“The thought that it’s not relevant to us – our children are too young.” [School T – nursery]

*However, for some respondents, notably two whose schools had accepted the offer of training, the view that training was necessary was a driving force because it fitted with the school’s ethos about their role in supporting children*

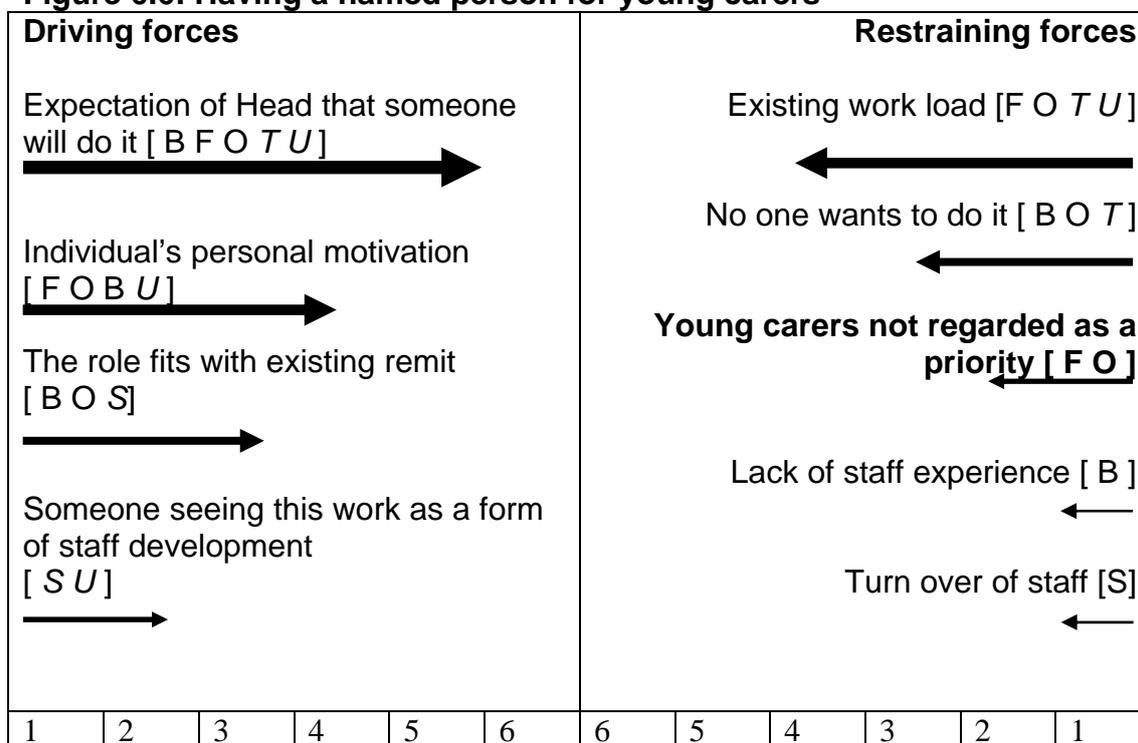
“Pastoral side of school is seen as very important with strong leadership from SMT.” [School B – secondary]

“Ethos of staff has to be receptive to topic and willing to engage.” [School O]

*One person [School S] mentioned an external school factor which would act as a driving force was if training were a statutory requirement.*

### 6.3.4.ii Change proposal 2: Having a lead person in place for young carers

**Figure 6.6: Having a named person for young carers**



Letters in square brackets represent schools. B F O were presentation schools. S T U were non-presentation schools

As with the first recommendation, the influence of the Head Teacher as a driving factor was mentioned by most of the respondents as a driving force in a school putting a lead person in place for young carers.

*“Deputy Head and Head being committed to the idea – senior managers can make or break it – they are powerful and persuasive.”* [School T –Head Teacher, nursery]

The rest of the driving forces perhaps can be considered as individual teacher factors. Four respondents for example identified that the person who agreed to take on the lead role was likely to have an intrinsic motivation for doing so:

*“Motivation of someone to do it – seeing it as a nice task to do.”* [School F]

Three people said that it would be a driver if the role of lead for young carers complemented an existing role, and the person had time to do it:

*“Fits in with existing role as a support teacher.”* [School B]

*“Would need to be part of somebody’s job description or else it would just be ad hoc.” [School S]*

Two of the people from the non-presentation schools thought a driving factor would be if the role were seen as an opportunity for development for a more junior member of staff. This perhaps also reflects the respondents’ own views about young carers being a low status priority.

*“View it as potential for staff development for someone to take on the role of lead person.” [School T]*

*“Being seen as a discrete job or role – not too overwhelming for someone to take on, could be a junior member of staff or non-teaching person.” [School U]*

In terms of restraining resources, an underlying theme seemed to be one of resistance, and various reasons for individuals’ reluctance to take on the role were suggested. These included existing workloads [F O, T U], and a general reluctance to take the role on [O B T], and the topic itself not being perceived as being relevant or a priority in particular schools [F and O].

*“Could just be seen as more responsibility, extra work; people can be reluctant to take things on.” [School O]*

*“Staff not willing to do it.” [School B]*

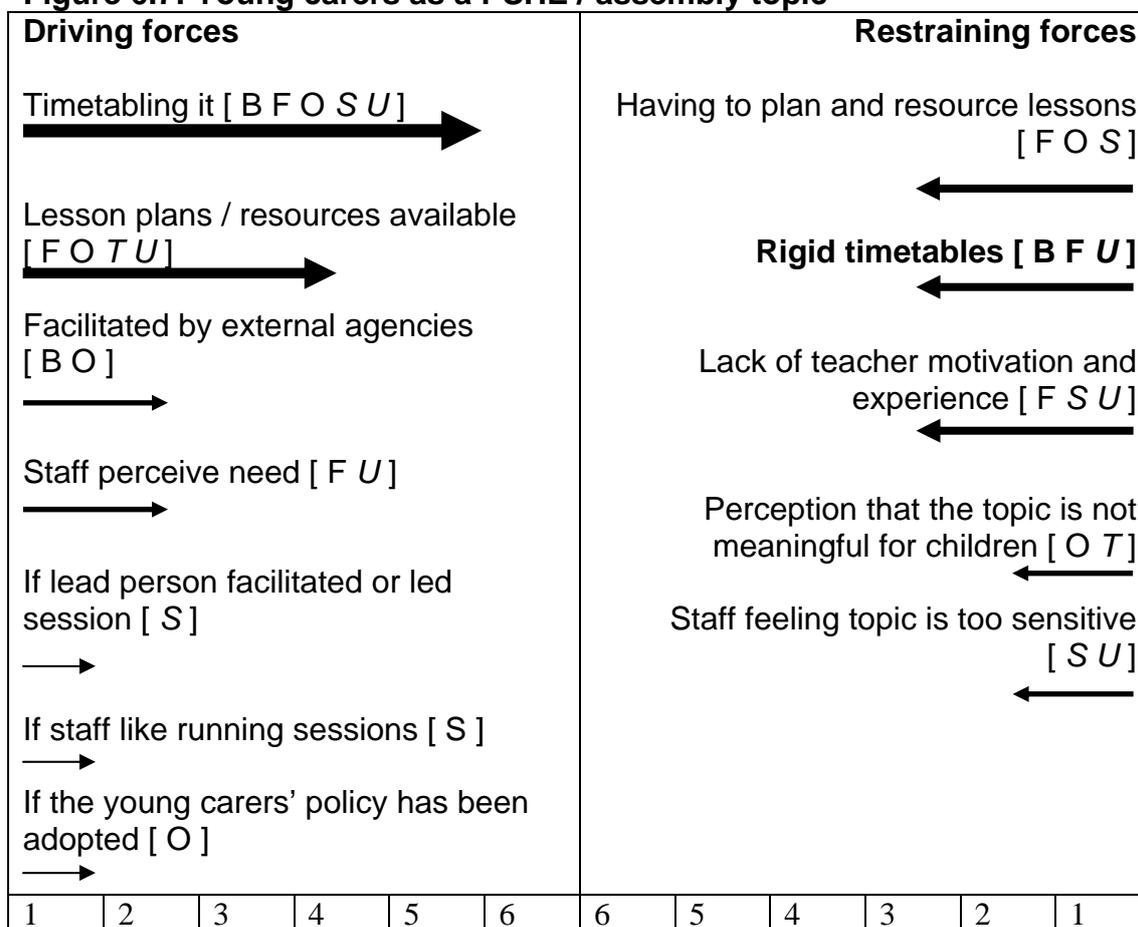
*“Not seeing young carers as a priority.” [School F]*

The named person from School B also suggested that lack of expertise or knowledge about the topic might be a restraining factor for someone being willing to take on the role. The key person from School S felt that a high turnover of staff would be a restraining factor as the person who took the role on might subsequently leave the school.

As might be expected, the initial driving factor cited by most respondents was that of the Head Teacher’s expectation that someone would take on the role of lead for young carers. However, beyond this the majority of both driving and restraining forces, were based on individual factors such as personal interest and motivation.

### 6.3.4.iii Change proposal 3: Including young carers as a topic for PSHE sessions / assemblies

Figure 6.7: Young carers as a PSHE / assembly topic



Letters in square brackets represent schools. B F O were presentation schools. S T U were non-presentation schools

The most common driving factor identified by five out of the six respondents was that the sessions, whether lessons or assemblies, needed to be timetabled. This implied that a systematic approach was required and also suggested that by building the topic into assembly or PSHE plans, the Head Teacher set an expectation that the sessions would take place.

*“Tutors could have latitude to organise it through their own assemblies – there would need to be an expectation by SMT that it would be done.”* [School U]

*“Expectation that each class will have a PSHE lesson, build it in to our annual programme of assemblies and PSHE planning.”* [School O]

Notably, the respondent from School T, the nursery setting, was the only respondent not to say how this recommendation would work in her setting

although she did see a way that an early years setting might cover young caring:

*“Might be able to introduce the idea through suitable stories and books.”*  
[School T – nursery]

However, some respondents thought that school timetables were already full and that it would be difficult to make room for another topic. In addition, the respondent from School F, a church school, noted other difficulties:

*“Assemblies in church schools tend to have a religious focus, so it’s harder to bring in other topics...teachers feel pressure to teach other things so topics like this get squeezed.”* [School F]

Four people said that having resources or plans readily available was a driving factor for individuals to undertake lessons or assemblies and that not having them would work as an inhibiting factor. Even better, according to the respondent from School S, was for the lead person to deliver the sessions. Additionally, being able to invite an outside agency to lead an assembly was a motivating factor because it gave the topic status and was easier for the member of staff.

*“Having external contacts to facilitate and give it status.”* [School B]

*“Was easy to arrange because the voluntary agency just came in and did it.”* [School O]

However, there is a slight contradiction here as the person from School B said that regarding the first change proposal (Figure 6.5) which related to organising training with the psychology service that this could be difficult because of the time required to arrange the session. The same restriction of time is also likely to impact on setting up assemblies with outside agencies.

Individuals’ beliefs about the relevance of the topic for the age or needs of the children could also act as driving forces for some or restrictive factors for others. Conversely, some respondents thought that adults’ own lack of confidence and comfort with the topic would be inhibitive.

*“Has to be responding to real situation and genuine need.”* [School U]

*“Relevance to age group – will the younger children understand?”*  
[School O]

*“If staff confidence is low about the topic – staff might feel that the topic is too sensitive for them.”* [School S]

Perhaps, speaking from experience, the named person from School O pointed out that adopting the policy in her school became a driving factor because that emphasised the school’s commitment to putting such systems in place:

*“If the policy’s been adopted, it’s part of good practice.”* [School O]

#### **6.3.4.iv Change proposal 4: Setting up systems to gather information about young carers**

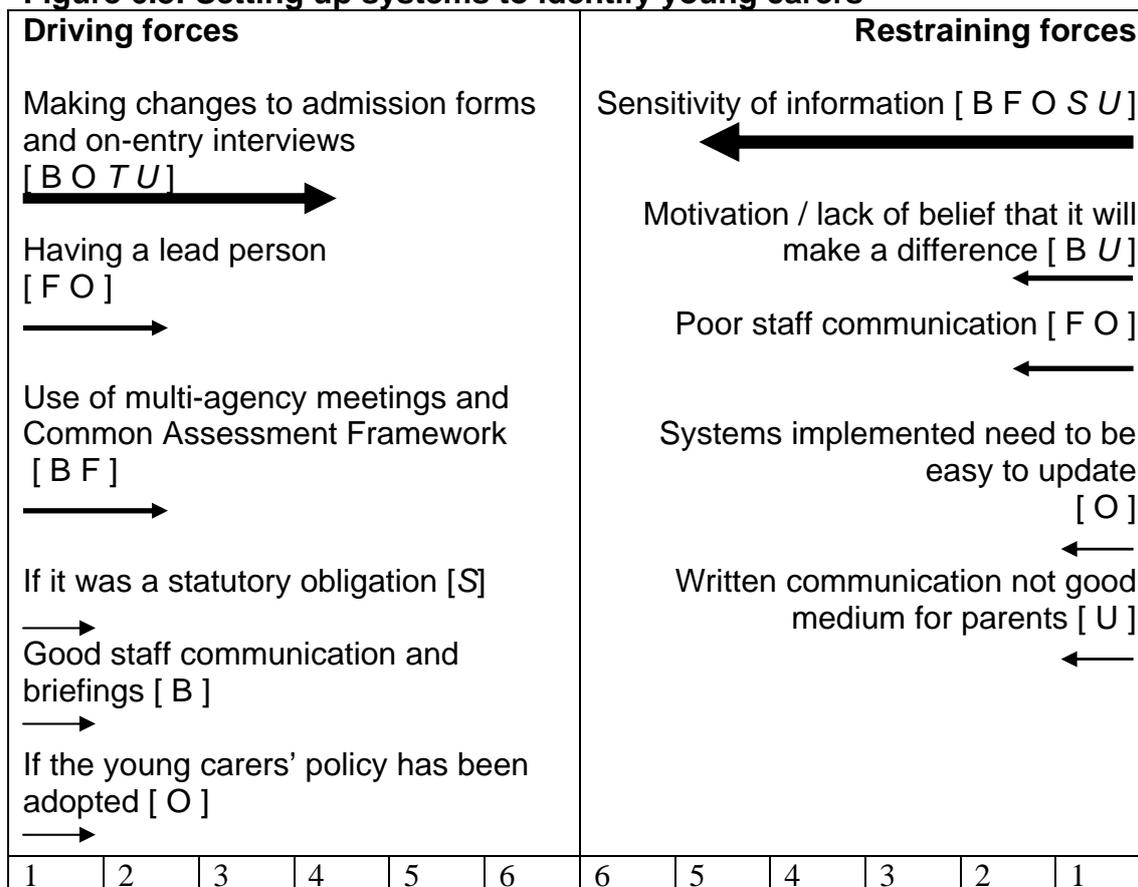
This was the only change proposal where restraining factors were more frequently cited than driving factors. The most common restraining force in setting up systems for identifying young carers related to the sensitivity of the information; this was mentioned by five respondents [B F O S U].

*“Children and families not wanting to share personal information.”*  
[School O]

*“Parents’ lack of willingness to talk about it.”* [School B]

*“Sensitivity of information, who holds a list, where does the information go?”* [School F]

**Figure 6.8: Setting up systems to identify young carers**



Letters in square brackets represent schools. B F O were presentation schools. S T U were non-presentation schools

Interestingly, the respondent from the nursery setting did not mention this as a difficulty, which possibly reflects the type of relationship that often exists between early years settings and parents.

The two respondents from secondary settings commented that making changes to admission forms or putting in place formal monitoring systems were time consuming. These two respondents expressed a view that the outcomes had to be worth the effort required:

*“Motivation and belief that it can make a difference and it’s worth the effort.”* [School B]

*“Feeling that school can’t do anything anyway.”* [School U]

The named people in Schools F and O thought that poor formal and informal communication mechanisms between staff would inhibit this good practice

guideline. This reflects what the key person in School B said about good communication systems being a potential driving factor.

*“Teachers make their own decisions about what they pass on and what they share – might need further training.” [School F]*

*“Staff may not communicate well with each other or know the system.” [School O]*

*“Good staff communication and briefings help transfer of information.” [School B]*

*The most frequently cited driving factor according to the key people from Schools O, B, T and U was agreement within school so that changes could be made to the admission procedures.*

*“Make a decision to do it as part of the home visit interview, so add it to the list of questions we add – ‘anything extra you could tell us to help support you and young child?’.” [School T]*

The key person from School O thought that the practical difficulty of being able to update school records to reflect children’s changing circumstances might also be a restraining factor. One suggested that the use of paper-based forms would not be a good way of communicating with parents [School U].

*Interestingly, having other aspects of the good practice guidelines in place was considered to be a driving force for implementing further systems. For example, the respondents from Schools F and O, who had both taken on the role of named person in their individual schools, reflected on their role in taking this forward. The named person from School O also went on to say that having the policy for young carers in place would act as a driving force to help other recommendations happen.*

*Some respondents viewed existing mechanisms already in use to support children as an opportunity for monitoring young carers:*

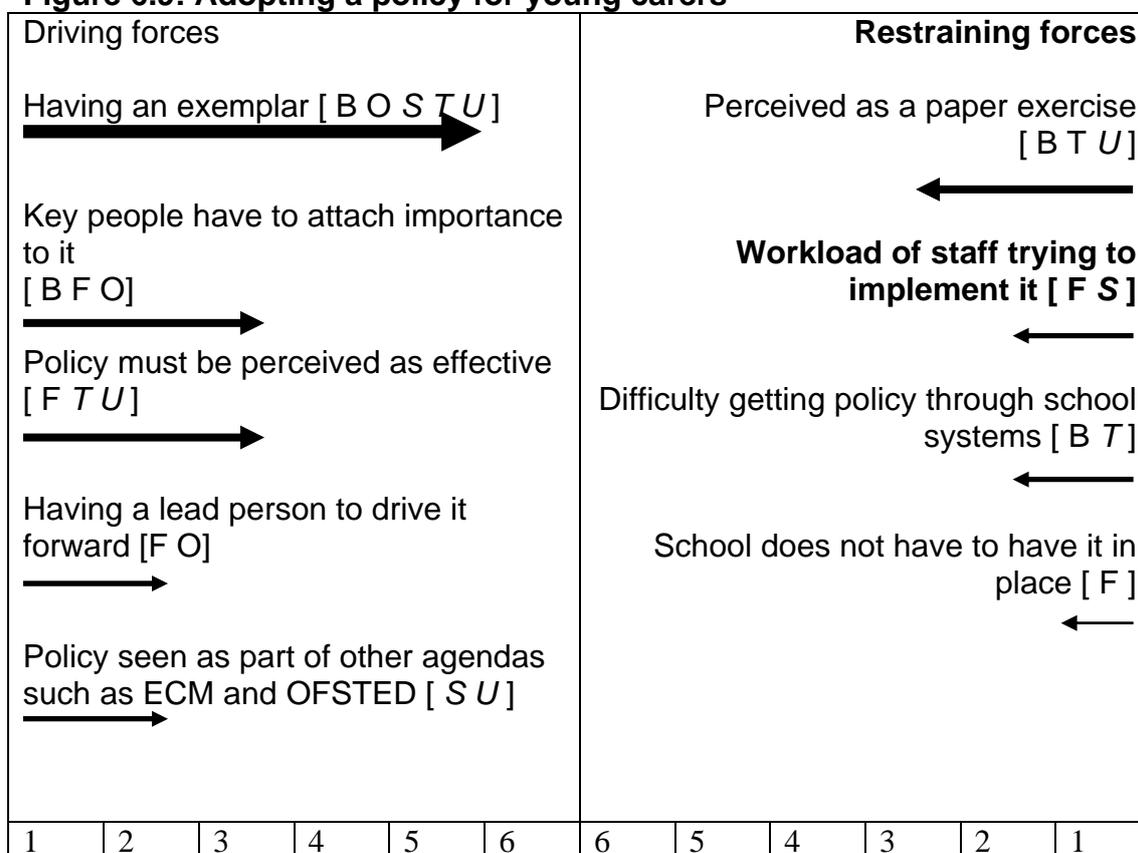
*“CAF [Common Assessment Framework] could have potential here.” [School B]*

“Continued involvement from outside agencies and raising children at multi-agency meetings.” [School F]

As with the other recommendations, for the most part, the driving or restraining factors cited by the respondents were either school based or individual factors. One respondent [School S] however did note an external influence saying if schools were obliged to have systems in place, this would be an additional driving influence.

### 6.3.4.v Change proposal 5: Adopting a policy for young carers

**Figure 6.9: Adopting a policy for young carers**



Letters in square brackets represent schools. B F O were presentation schools. S T U were non-presentation schools

Having a sample policy to work from was the most frequently cited driving factor and was mentioned by five people.

*“Having a ready made policy to adopt or one that just needs tweaking.”* [School S]

*“A ready made policy that just needs to be ratified.”* [School U]

All of the people in the presentation schools said that a driving force in implementing the policy was the importance that the Head Teacher and / or management team attached to it. In addition, the named people from Schools F and O also reflected upon their actions as the lead person as a driving factor in adopting the policy.

The policy had to be seen as an active mechanism to support young carers and not just a “paper exercise”:

*“Has to be a strong desire not to let children fall through the net and policy has to be seen as part of this.” [School F]*

*“Having a policy that is short and to the point – makes it feel more doable and staff will read it.” [School T]*

*“It just being seen as a piece of paper so not influencing anything.” [School U]*

Other restraining factors included negative perceptions of the amount of work incurred by the lead person writing the policy, and the staff implementing it [Schools F & S]. Two people thought that the complexity of the process of ratifying a policy would be a further potential obstacle [Schools B & T].

Three people mentioned that external demands could act as either a driving factor whereas an absence of external demand would be an inhibiting factor:

*“Understanding in school that it fits with Every Child Matters, OFSTED, and contributes to the Self Evaluation Form and Healthy Schools Programme.” [School S]*

*“OFSTED demanding it.” [School U]*

*“School doesn’t have to have it in place.” [School F]*

#### **6.4 Reflections on the study with key adults in schools**

The discussion here will focus on the process and experience of collecting the data in this phase of the study. As mentioned previously, the discussion about how these findings contribute to answering the overarching research questions will be presented in Chapter Nine.

#### **6.4.1 Reflections on the interviews**

The research discussed in the last chapter where questionnaires were used to seek adults' views afforded the respondents a greater level of anonymity and distance from the researcher than the six participants in this phase of the study. As such, it could be suggested that the respondents to the questionnaire had more freedom to provide answers that were less restricted by social desirability factors. It was possible that the people agreeing to being interviewed, whether from the presentation or the non-presentation schools, could feel far more exposed. Their responses, whilst confidential, were obviously not anonymous to the researcher. In addition, the interviewees might have felt much more restricted by their positions in school and be more prone to give socially desirable answers. As Burman (1994:49) remarks, an interview is "a personal and sometimes intimate, as well as public, encounter.

Also, the people in the presentation schools had to commit to action and then review it some time later, which could be difficult for them if they had not been able to make any progress. Similarly, the people in the non-presentation schools might have felt defensive because they had not responded to the training invitation. Clearly, this phase of the research needed careful consideration in terms of creating an atmosphere that the interviewees would find non-threatening and non-judgemental. This has resonance with Argyris' (1999) work about theory-in-use and espoused theory, where there may be dissonance between what people say they do (espoused theory) and what they actually do (theory-in-use). Argyris (1999) believes that the relationship between the researcher and participants should enable the target situation to be described in a valid way in order to go beyond the distortion of the espoused theory in order to understand the reality. For example, the fact that some of the respondents said that a major driver for implementing the recommendations for good practice for young carers would be if it was a statutory obligation seems to be a very honest appraisal of the situation, but perhaps not one that is socially desirable.

An awareness of the potential vulnerability of the interviewees was heightened when one of the interviewees expressed a great reluctance to be tape-

recorded. The impact of this was that a decision was made not to tape record any of the interviewees. However, having acknowledged these potential difficulties and whilst sensitive to the position of the interviewee, there also needed to be the scope to ask what might be considered to be probing or challenging questions in order to understand more or bring about action. As Somekh (2006:21) says, the researcher needs to be prepared for potential difficulties, to be sensitive to the issues and to be prepared to negotiate.

#### **6.4.2 Use of the force field analysis**

The force field analysis offered a structured approach to thinking about the implementation of the various recommendations for good practice for young carers. It also offered a consistent method to use with schools that had had a presentation and those that had not. Many interviewees expressed an interest in the device and some suggested that it could be a useful tool to apply to other situations and problem solving activities in school. Within each change proposal, the driving and restraining forces often were interrelated which sometimes led to the same idea being offered by an individual respondent as both a driving force and restrictive force. In these cases, where possible, the respondent was asked to make a judgement about whether the factor they had raised was more likely to be a driving or inhibiting influence in their particular school. It was also of interest to observe that the same driving and restraining forces were commonly raised across many of the change proposals, such as whether it was a statutory duty or the influence of the management team.

The force field analyses that resulted from these interviews are an initial step in highlighting the barriers and drivers in implementing the good practice guidelines focussed upon in this study. As Cameron and Green (2004) comment, the next steps in the project need to include a planned approach to reduce the force of the restrictive factors whilst increasing the potential of the driving factors.

### **6.4.3 Validity and reliability**

As Miles and Huberman (1994) remark, researchers need to be alert to the quality, authenticity and trustworthiness of their data and analysis in order that their conclusions and findings are also trustworthy; I undertook the following steps in order to ensure the quality of the data and the subsequent analyses.

In Chapter Three, I defended my methodological approach of action research with a focus on personal learning and development as proposed by McNiff (2002) and Whitehead (2009), as I judged it best suited my research aim to assist schools in developing their practices to support young carers. Holloway (1997) emphasises that qualitative researchers need to be aware of their own biases, even though they may intend to use their reflexivity as a research tool. In terms of the sample of adults approached for this stage of the research, I made a judgement to include schools that had agreed to a presentation as well as those that had not. I was aware of my own potential personal bias in that I had devised the training session and I had invited the schools to take part. As part of the research process, I had to be prepared for hearing negative or critical responses or reactions to either my role as a trainer or to the topic of young carers in general and to record views accurately that disagreed with my own. During the course of the interviews, there were no occasions when this occurred, although I acknowledge I felt some disappointment when the named person from School B had not been able to make any progress in implementing the good practice guidelines and when the named person from School F told me that thought the guidelines would never be introduced in her school unless there was a statutory obligation to do so.

As a mechanism to ensure validity, the respondents were sent copies of the transcripts from the interviews and force field analyses and were asked to confirm that these documents were an accurate reflection of the interviews. All six respondents confirmed that the documents were accurate.

In terms of the data analyses, I have provided a flowchart to illustrate the process taken. Furthermore, raw data are presented in data charts for each

question either in Appendix 3.vii or in the body of the text, so that the interpretation of the data and how data were grouped into themes is explicit. According to Holloway (1997), internal validity in qualitative research can be demonstrated when the researcher provides a coherent storyline with excerpts from the interviews: within the body of this chapter verbatim quotes have been included for authenticity.

Miles and Huberman (1994) urge the researcher to consider if the findings “make sense” as another check for internal validity. Across this data set, there were areas of agreement amongst the respondents who, as far as is known, took part independently and without collaboration with the other participants, so adding confidence to the argument that there were common themes across participants and settings. This suggests that the findings are an accurate description of the respondents’ perceptions about the topic of young carers.

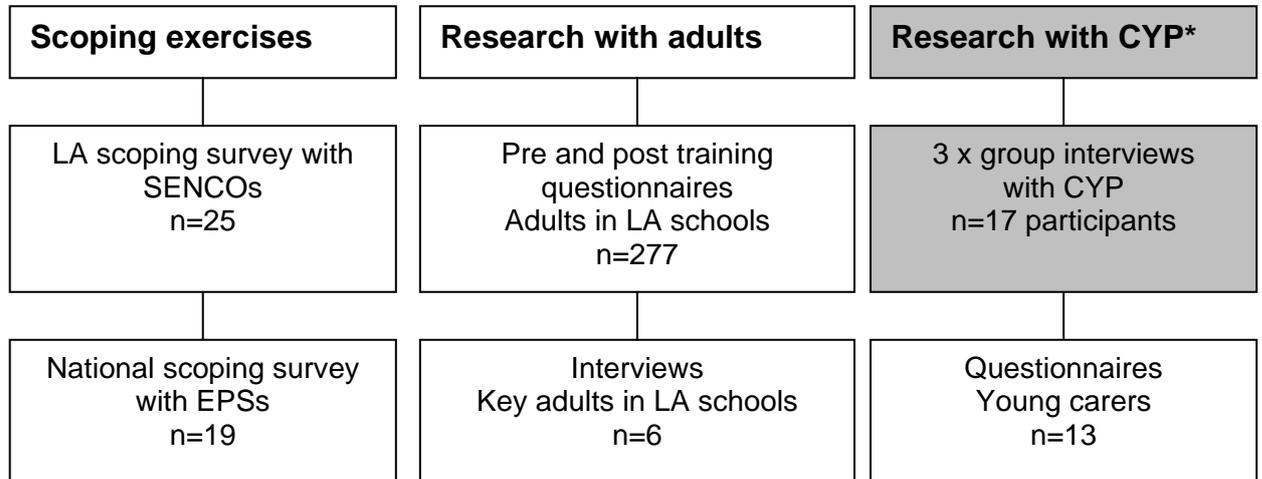
In terms of external validity, Miles and Huberman (1994) ask if the results are transferable. The fact that many of the views expressed by the respondents have resonance in the wider literature about young carers suggests that the findings are of wider relevance. Holloway (1997) remarks that external validity can be problematic for qualitative researchers because qualitative research is often specific to a particular location and place. However, within the context of where the current study is set, the findings from this research will have an impact on how the next phase of training is organised and offered within the LA. This will be explored further in Chapter Nine, when all of the findings from across the data corpus are discussed.

Reliability relates to the ability to replicate the research that has been undertaken which is difficult to achieve in an absolute sense in qualitative research when the researcher is the main research instrument (Holloway 1997). The process in developing the instruments used for data collection has been made explicit and samples of the instruments are included in Appendix 3.

## CHAPTER SEVEN: RESEARCH WITH CHILDREN AND YOUNG PEOPLE

### 7.1 Introduction

**Figure 7.1: The focus of Chapter Seven in the context of the whole study**



\*CYP=children and young people

As Figure 7.1 indicates, this chapter relates to the design, action, and initial findings of the research with children and young people in school about the topic of young carers. Further discussion in relation to the overarching research questions about adults' and children's perceptions of selected good practice guidelines and how they can be implemented in school, is offered in Chapter Nine.

### 7.2 Research design with children and young people in schools

#### 7.2.1 The data collection method

I needed to make a decision about the most appropriate way of gathering the children and young people's views and considered various mechanisms: questionnaires; one-to-one interviews; and group discussions / interviews. Kirby (2004) emphasises that very often, young people who are not used to taking part in research need some initial support. For this reason, I made the decision that I would ask the named people for young carers from Schools B,

F and O (who had already been involved in the research as discussed in Chapter Six) to facilitate the recruitment of young people to the study.

I judged it important to seek advice and work collaboratively with the named people from the three schools about the most appropriate data gathering method. In discussion with these key people, it was acknowledged that although questionnaires might produce a reasonable volume of data, and be quick to administer, the young people's literacy levels could be a potential barrier for some children. Therefore, an interview approach was considered to be an appropriate method that could overcome some of the language and literacy barriers. However, it is acknowledged there are advantages and disadvantages of using any type of research method and there are particular areas to be considered when interviewing children as documented by Cohen et al (2000).

I considered a variety of practical as well as theoretical factors in order to make a decision about using either one-to-one interviews or group interviews. Group sessions could be more time efficient and easier to set up - asking a teacher to arrange access to a group of children and a suitable room for an hour seemed far less intrusive and demanding than asking for a room to be set aside and for children then to be assigned interview time slots (Lewis 1992). In the context of schools increasingly incorporating approaches such as circle time into timetables as a regular activity (Lown 2002), I also considered that, for children, a group discussion might seem more of an everyday occurrence than a one-to-one interview as Mauthner (1997) suggests. David et al (2001) also note that given the choice, children in their

project opted to be interviewed in pairs or groups rather than individually, commenting that individual work usually has negative overtones associated with disapproval or assessment.

Mahon et al (1996) raise the question of the power relationship of the adult researcher and the child participant, saying that young participants might be more suggestible and more likely to give responses that will please the researcher. This is probably an unsolvable problem as the researcher may never know how much this has affected any data gathering procedure with children (or in fact, adults). Mahon et al (1996) also suggest that the influence of the adult researcher when interviewing children is likely to have a greater impact in a one-to-one setting and they therefore promote the use of other methods such as group interviews. Lewis (1992) notes that a major advantage of the group interview is the strong potential for pupils to trigger and extend their peers' ideas, with less risk of one-word responses.

With reference to my ongoing reading about data collection methods with children and young people and through informal discussions with the named people in schools, I decided that group discussions loosely based on a circle time model would be a good approach to use in the school settings.

It is perhaps worthwhile making a distinction clear here, that these research sessions are seen as group interviews or discussions rather than focus groups. Wilson (1997) illustrates the difference between group interviews and focus groups. She suggests that both will involve a small number of participants, meeting with a researcher or moderator in a non-threatening environment, discussing selected topics to explore participants' perceptions.

A defining distinction between a focus group and a group interview is that the focus group aims to promote group interactions as a source of research data. This was not the aim of my research in this instance, although the use of group interactions was seen as a potential advantage in helping the children and young people to engage and respond to the comments of others as well as to my questions.

Kirby (2004) and Christensen (2004) both emphasise that in order to assist young people to contribute effectively to the research process it is useful to give them access to relevant background information and ensure that the research topic is meaningful to the participants. In order to assist with setting the context for the research about young carers, the key person in each school agreed to arrange for an assembly or a PSHE lesson about the topic of young carers to take place within a short space of time prior to the group interview.

### **7.2.2 Generation of interview schedule**

In discussion with the three key people from schools B, F, and O, it was agreed that there would be one group interview in each of the three schools. I planned to use a semi-structured approach to the group interview that would allow opportunity for exploration and interaction to accommodate the characteristics of each group while providing a relatively consistent approach across all three groups. Table 7.1 sets out the rationale for the content of the questions, drawing on Mason's (1996) ideas about substance ("big" and "mini" research questions) as well as scope ("breadth" or "depth").

**Table 7.1: Rationale for content of interview schedule and proposed method of data analysis**

<b>Area of questioning / activity</b>	<b>Rationale</b>	<b>Substance</b>	<b>Scope</b>	<b>Method of analysis</b>
Q1 Discussion about the assembly / PSHE lesson and group's perceptions of it	Warm up and prime participants ensuring link between prior knowledge and research process (Kirby 2004)	Mini research questions	Breadth	Data-led thematic analysis
Q2 Definition of a young carer	Warm up – and checking for understanding	Mini research questions	Breadth	Theory-led thematic analysis  Comparison with DOH (1999) definition
Create a scenario about a young carer: Q3 What do young carers have to do?  Q4 How does that make them feel?  Q5 What difficulties might a young person face at school?	Make the topic seem meaningful and relevant to the group	Mini research questions	Depth	Q3 & Q5 Theory-led thematic analysis Comparison with Dearden and Becker's findings – Young Carers and Education (2002)  Q4 Data-led thematic analysis
Q6 What things could happen to support a young carer in your school?	Make the topic seem meaningful and relevant to the group	Big research questions	Breadth	Data-led thematic analysis
Q7 Discussion about the specific elements of the good practice guidelines	Core research questions	Big research question	Depth	Data-led thematic analysis

As Table 7.1 illustrates, the areas of questioning moved from specific reference to the shared experience of the assembly or PSHE lesson which preceded the group interview, to more general discussion about the definition of a young carer. Then the focus shifted to the generation of a scenario about a young carer based on the information they had heard in the assembly or PSHE lesson. The focus then became more specific to the group's own school setting. All of these areas of questioning aimed to create a meaningful context in which the group could consider the individual good practice guidelines. A copy of the interview schedule can be found in Appendix 4.i.

### **7.2.3 Ethical considerations**

#### **7.2.3.i Obtaining consent from parents and children and young people**

This research was undertaken in accordance with the guidelines for research outlined by BERA (2004) and BPS (2007), as discussed in Chapter Three. Having made the decision that children and young people would be invited to take part in this research, decisions had to be made about how to access a sample, and obtain consent from both the young people themselves and their parents. I agreed with each of the key people from Schools B, F and O that they would make a universal offer to their class and ask for volunteers. I emphasised that I was happy to interview as many children as wished to participate, but ultimately the decision was left to the individual teacher about which children should join the groups.

I provided an information sheet which the named person could use to introduce the research to the young people and which they could then take home to discuss with their parents. I also drafted a letter for the parents with

a response slip for them to return and sign giving consent for the child to take part in the research groups. Both of these forms are included in Appendix 4.ii.

The teacher from School B suggested that the letter be produced on headed school paper, that it conformed to the usual style of school letter and was signed by her. This teacher believed that it was more appropriate for the letter to come from a known member of staff as it would feel more commonplace and more reassuring for the parents, rather than an unknown person inviting their child to take part in the research. I judged that it was appropriate to follow this advice and agreed the same procedures with the named people in Schools F and O.

The information sheet and the letter were intended to afford an effective way of providing enough detail for the parents to enable them to make an informed decision about whether or not to allow their child take part. In addition, since the children and young people had to take the letter home to their parents and obtain their consent, the children were displaying their initial interest in the research and also their willingness to take part by taking the letter home, discussing it with their parents, having it signed and then bringing it back into school.

On the day of each discussion group, the young people were given another opportunity to provide or withdraw their consent to take part. This was reflected in the structure of the session described above, which began with a recap of the information sheet that the children had already seen and taken home. It was made clear that although their parents had given permission for

each child to take part, the young people themselves could decide whether or not they chose to do so. This was set up as a consent slip that the young people were asked to read and sign [see Appendix 4.iii]. As an additional safeguard, at the beginning of each of the three groups, I read all the information out to the young people so that their levels of literacy were not an impediment to access the process of checking their informed consent.

### **7.2.3.ii Ground rules for the group discussions**

Hennessy and Heary (2005) suggest that group discussions need particular attention with regards to ethical concerns; for example, a respondent may make a disclosure or become upset. Therefore, each group started with the agreement of some ground rules. Mason (1996) refers to the interview as a social interaction which requires as much thought and attention as the content of the schedule. So, in addition to creating the individual research questions, a format was devised to structure the whole session which would reflect the social aspect of the group interviews. This is summarised in Figure 7.2.

**Figure 7.2: Ground rules and safety processes for the interviews with children and young people**

1. Introductions
2. Clarification of purpose of the group discussion
3. Explanation about how the group's answers would be recorded
4. Option to consent or opt out of the group discussion
5. Group rules presented, explored and agreed
6. The interview
7. Confirmation that individuals were still happy for their views to be used
8. Identification of an adult that a member of the group could go and talk to after the discussion if needed

### **7.2.3.iii The decision not to tape record**

Choosing not to tape record the interviews might be considered a risk; this decision was influenced by several factors.

Firstly, in another strand of the research with adults, [see Chapter Six] a respondent declined to be recorded and so I decided that if it was possible to take notes contemporaneously in that interview then it was possible to apply the same approach with all of the interviews. I also had concerns about how the children and young people might respond to being tape recorded, given that some of the adults I approached were so against the idea for themselves. I also was wary of not treating the young people differently to the adults involved in the research and of not using my status as an adult to impose the use of the tape recorder on the young people.

Lewis (1992) claims that tape recording is the preferred method but then also notes that in transcribing tape recordings it may be difficult to identify individual speakers in a group. Furthermore, as the emphasis of the interview was about establishing group norms, and less about capturing the social interaction and the characteristics of the language, I felt that verbatim notes using a pre-planned answer schedule with boxes to record each individual response would be achievable and appropriate to my purposes.

### **7.2.4 Process of analysis**

As outlined in Chapter Three, my approach to data analysis has been guided by Miles and Huberman's (1994) framework of data reduction, data display leading to conclusion drawing and verification. My decisions about the

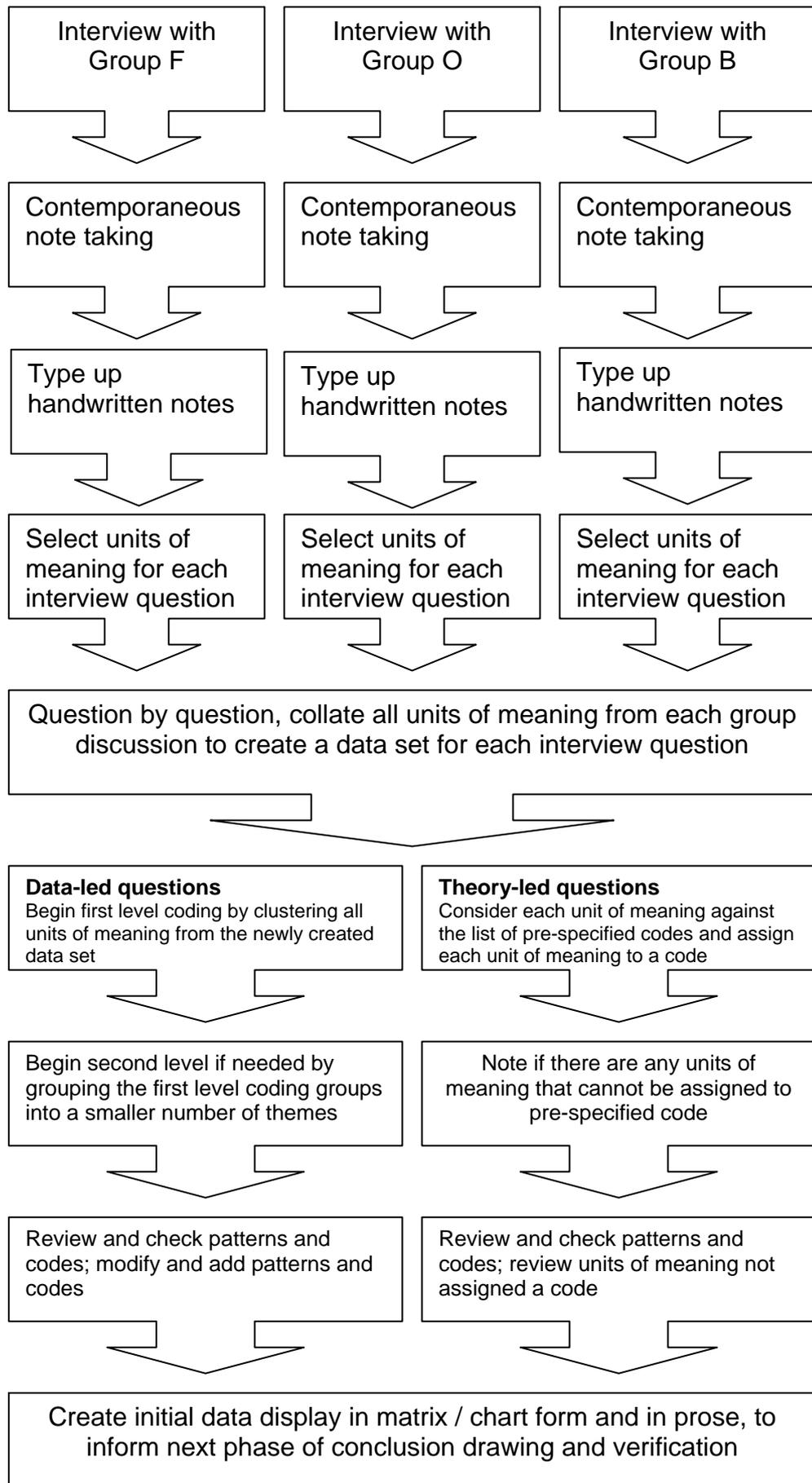
analysis were also informed by Braun and Clarke's (2006) views about thematic analysis, also discussed in Chapter Three.

It is important to emphasise that this chapter describes only the data reduction and the data display of the information collected via the group interviews. The conclusion and verifying part of the process is discussed in Chapter Nine when the generated data from each strand are considered in the light of the overarching research questions. Data display charts containing raw data and how these were coded can be found in Appendix 4.iv.

I acknowledge that by choosing not to record but transcribing during the interview, this was, in effect, the very first part of the analysis and part of the data reduction process. At the very point of the interview, I was making decisions about what to write down and what to discard. Similarly, when I typed up my interview notes, there was again a process of selecting and editing, as well as a great deal of interpretation reflected in decisions about how to punctuate, and record the speaker's emphasis etc.

Figure 7.3 is a flow chart to show the steps taken to analyse the data from each of the three group discussions. The reader will note that a distinction is made between "data-led" questions and "theory-led" questions (Braun and Clarke 2006). Questions 2, 3 and 5 are considered to be "theory-led" questions because responses to these questions will be considered against the pre-specified rationale as described in Table 7.1. Questions 1, 4, 6 and 7 are judged to be "data-led" items because the codes for the analysis will be generated by the data themselves.

**Figure 7.3: The process of group interview data analysis**



### 7.3 Results of the group interviews

Table 7.2 below provides some background information about the composition of the groups. The group interview in School F took place first and was used as a pilot. The interview schedule was modified following this first group and amendments made to the final part of the interview about the good practice guidelines. This will be discussed further in Section 7.3.7.

**Table 7.2: Composition of pupils in group interviews**

School	Year Group	Gender	Number in group
B	7	Mixed	5 (3 girls, 2 boys)
F*	5	Mixed	7 (4 girls, 3 boys)
O	5	Female	5

\*Pilot school

Inevitably, there were contextual differences that will have influenced the responses in each group. For example, the discussion within each group will have been influenced by the information to which pupils were exposed before the interviews: Group F's interview followed an assembly by the local voluntary agency; Group O's interview followed a class assembly; and the interview with Group B followed a PSHE lesson led by the named person for young carers. In addition, the two primary-aged groups were asked to create a scenario describing a young carer before certain questions from the interview schedule were asked, and this will also have influenced the groups' answers, depending on the scenario the respondents had created. The secondary-aged respondents were not asked to do this because a scenario had already been discussed in the PSHE lesson, so they were just asked to think back to that young carer's circumstances.

The following sections consider each question in turn and the responses from all three groups.

### **7.3.1 Perceptions about the importance of assemblies and/or PSHE lessons about the topic of young carers**

The majority of the groups' responses suggested that the children and young people believed that there were benefits in having assemblies or PSHE lessons about young carers. All the discussions highlighted benefits for young carers as well as for children and young people who are not young carers. In terms of benefiting young carers, respondents in all three groups talked about the potential usefulness of assemblies or PSHE lessons in signposting young carers to get further help and information:

*"It might help some kids who are listening if they are young carers."*  
[Group B]

A respondent in Group F also commented that the assemblies might give some young carers the confidence to make their circumstances known and to then be able to seek help:

*"Helps people build confidence and to say that they are carers."*  
[Group F]

The majority of the comments focused on the benefits to children and young people who are **not** young carers. Respondents from Groups F and O who had experienced an assembly said it had helped them to develop a more concrete understanding of what a young carer has to do. Respondents from these two groups made specific reference to the usefulness of hearing about the experiences of real young carers:

*"Interesting to hear quotes from real young carers."* [School F]

*"We need to know what young carers do."* [School O]

In Groups O and B, comments were made that reflected that assemblies and PSHE lessons also encouraged “non” young carers to feel more empathy towards those who did take on a caring role:

*“Makes you realise what some children do.”* [School O]

*“Makes you realise how lucky you are sometimes.”* [School B]

The respondents in Group F also identified a third benefit to the general school population about the importance of assemblies and PSHE lessons in that these would help them signpost any young carers with whom they came into contact to other support services. In addition, one respondent noted that it was useful to listen to the assembly in case they themselves became a young carer at some point in the future.

The children and young people from Groups F and O, the two primary-aged groups, expressed only positive comments about having assemblies or PSHE lessons about young carers. Respondents from Group B, the secondary-aged group, indicated some elements of doubt about raising the topic in assemblies or lessons. One respondent expressed concern that young carers themselves might not be comfortable with the issue being raised while another respondent from Group B suggested that the topic itself was not perhaps that interesting for the general school population.

### **7.3.2 Understanding of the term “young carer”**

Respondents across all three groups were able to offer a definition of a young carer which matched reasonably well with the description outlined by the Department of Health (DOH 1999). Inevitably, because of the relatively closed nature of the question, once the defining statement had been made by

one person in the group, it was difficult for others to expand upon it. However, in Groups F and B, some respondents commented on the possible detrimental impacts of being a young carer:

*“A young carer doesn’t have enough or much fun.”* [School F].

Group B in particular offered some examples of the kinds of tasks a young carer might undertake within the household.

### 7.3.3 What do young carers do?

As explained earlier, the two groups of primary-aged respondents were encouraged to think of a scenario of a young carer in order to give them a concrete context within which to think about the kinds of tasks, feelings and potential impacts on school life. Figure 7.4 below summarises the scenario each group generated.

**Figure 7.4: Young carer scenarios**

School F	School O
Kelly aged 11 Cares for Granddad and lives with Grandma and Granddad. Granddad is disabled	Cassie aged 12 Cares for brother who cannot walk and uses a wheelchair

Both groups created scenarios where girls were looking after male care recipients who were physically disabled in some way. Each group was asked to consider the tasks a young carer might do. The responses from Groups F and O were linked very closely to the scenarios summarised above. All responses were considered against the categories identified by Dearden and Becker (2003) in their research about young carers and education. Table 7.3 tabulates the responses against these pre-defined categories.

**Table 7.3: Groups' responses about what young carers do based upon categories defined by Dearden and Becker (2003)**

<b>Task</b>	<b>Groups' responses</b>
Domestic	Change bedsheets [F] Chores like cleaning [B] Shopping [B]
General nursing-type care	Get him drinks [F] Give him food [F] Helps him downstairs [O] Helps him get dressed [O] Chops up his food and helps him with eating and drinking [O] Helps him get around, pushes the wheelchair [O] He might need help getting in and out of bed [O] Feed them [B]
Emotional support	Entertain him [F] Plays with him [O] Gives him company [O] Watch out for them [B] Keep them company [B]
Childcare	Looking after other children [B]
Intimate care	No comments
Other	No comments

As Table 7.3 indicates, Dearden and Becker (2003) established six core areas that covered the main chores that young carers reported. All three groups were able to offer examples of domestic, general nursing and emotional support activities. A respondent in Group B was also able to suggest that a young carer might have to look after other children within the family.

Dearden and Becker (2003) identified two other categories of help: intimate care, such as help with toileting and bathing; and a category they called "other" which covered tasks such as making appointments and dealing with finances. None of the three groups' discussions covered these areas. Part of the reason could be that the scene setting of the assembly / lesson together with the scenarios that some of the groups generated did not offer the scope to think about these aspects. It is also likely that, unless a young person

actually has real experience of looking after another person with these kinds of needs, they would find it harder to anticipate these types of activities.

#### **7.3.4 How might a young carer feel about their caring role?**

Respondents from all three groups offered suggestions that the young carer might feel worried and anxious, and within this theme I identified three categories of concern. Firstly, respondents from Groups O and F suggested that the young carer might be worried about the person being cared for:

*“She might worry about him when she’s not there.”* [Group O]

Secondly, Group O suggested that the young carer might feel worried about their school work and education:

*“She might feel her education is stopping because she’s got to go to the doctors with him.”* [School O].

Thirdly, Groups F and B discussed the possibility that a young carer would be worried about the situation in general:

*“She gets upset because she can’t solve the problems.”* [School F].

Another theme that I identified in the discussions was that young carers might feel they are “missing out” on things such as opportunities for rest and relaxation, or adult attention:

*“She feels upset because she can’t go out.”* [School F]

*“She might be fed up and feel her parents don’t care about her.”*  
[School O]

Some respondents in Group F suggested that a young carer might have “mixed feelings” about their role:

*“Upset, but happy because she’s looking after someone and making him feel better.” [School F].*

### **7.3.5 What difficulties might a young carer face in school?**

Although respondents were encouraged to generalise their responses and think about any difficulty a young carer might face, the responses often related solely to the scenario that they had originally established.

The difficulty that was mentioned the most across the three groups was that of potential bullying and difficulties with peers. Some respondents said that the young carer might get bullied because of his or her circumstances or because of comments made about the person requiring care:

*“Her brother might get picked on, so she might not spend time with her friends, she might not even have any friends.” [School O].*

Respondents from all three groups suggested that a young carer may have difficulties with peers because he or she may not have very much in common with them:

*“Can’t talk about different things – so they’re boring.” [School B]*

Difficulties with schoolwork were mentioned frequently across the groups. Two themes emerged in this area. One theme highlighted difficulties with schoolwork relating to underachievement because a young carer might be too busy with their caring tasks. This was mentioned across all three groups and both the primary-aged groups mentioned difficulties with the eleven plus examination:

*“She might not get as much tutoring for her eleven plus.” [School F]*

A respondent from the secondary-aged group suggested that a young carer might have difficulties completing homework and one respondent from Group O mentioned that a young carer might miss school which would impact on schoolwork.

The second theme that the two primary-aged groups highlighted about difficulties with schoolwork related to difficulties with concentration because the young carer might feel anxious and worried:

*“She’s not able to do schoolwork because she’s thinking about her granddad.”* [School F].

The secondary-aged group and one of the primary-aged groups discussed the likelihood of the young carer not being able to take part in extra curricular activities either after school or at break times. Group B also suggested that if the young carer had a sibling with difficulties in the same school, then s/he would be at risk of spending their break times looking after their sibling.

### **7.3.6 What would your school do to support a young carer?**

As with the previous question, the respondents were encouraged to think more generally about the support a young carer might be offered in their school, but for the most part, again, the two primary-aged groups often referred to the young carer in the scenario they had created.

The responses raised by the groups could be divided into two categories – support offered by adults and the school, and support offered by the young carer’s peers. The groups identified that both adults and peers could offer young carers both practical help and emotional support.

Examples of practical support that adults could provide included assistance with learning as well as more general practical support:

*“If she’s falling behind, give her extra help or lessons.”* [School F]

*“School could make special arrangements for her (the young carer) and for him (the young carer’s brother).”* [School O].

Examples of emotional support included ideas about adults monitoring the young carer. Other suggestions included adults showing empathy and understanding in their interactions with young carer:

*“She might be sad some days, teacher needs to look after her and keep an eye on her.”* [School F]

More formal support structures that schools could use were also raised, such as offering a buddy or a mentor for the young carer.

Groups O and B discussed practical ideas about the ways children and young people could support peers who are young carers, such as helping them with their chores at home or with their schoolwork:

*“Go to their house and help them out.”* [School B].

*“Give her some ideas, help her with her schoolwork.”* [School O]

In terms of emotional support, all three groups discussed ideas which could be categorised as being a good friend and making an effort to notice the young carer’s mood:

*“Just give them support with whatever they need.”* [School B]

*“Notice when she’s sad and try and cheer her up.”* [School F].

### **7.3.7 Responses to the good practice guidelines**

Although all three groups were asked to consider the good practice guidelines, the approach used for Groups O and B was different from the

approach used with Group F, as highlighted in Section 7.3. This was because Group F was the first group discussion and I initially tried to approach this question through a vote on each proposal and then encourage further discussion. I realised that the interview schedule needed to be amended and more tightly structured in order to support and develop the group discussion. Furthermore, by the time the interviews with Groups B and O took place, I had also developed a questionnaire to use with young carers (discussed in Chapter Eight). Therefore, aspects of this questionnaire were incorporated into the interview schedule for the later two groups. A data chart outlining the young people's responses about the recommendations discussed can be found in Appendix 4.iv.

#### **7.3.7.i Responses about having a named person in school**

All respondents across all three groups said that they agreed that schools should have an adult who has special responsibility for young carers. In Group O, the young people were already aware of who the lead person was for young carers. Therefore, in response to the question, "in your school who would be a good person to be the named person?", the group gave the adult's name. The respondents in Group O were able to identify some of the qualities they felt the named person possessed which made them a good candidate for the role:

*"She doesn't ask you loads of questions, she lets you talk."* [Group O].

Respondents in Group B did not know who the lead person was in their school nor did they offer a name of someone who might be a good person to

undertake this role. The group did give some indication about the type of person who might be appropriate for example:

*“Adults who understand.”* [School B]

### **7.3.7.ii Responses about having a policy for young carers in school**

Again, the respondents across the three groups said that they agreed that all schools should have a written agreement about how young carers should be supported. Neither Group B nor Group O knew if their school had a policy in place and one respondent felt that it would be important to ask the named adult about it. When the respondents in Groups O and B were asked why they thought it was a good idea to have a policy the answers suggested that the young people thought that it would benefit the young carers:

*“Make school easier for them (young carers).”* [School B]

*“Help out young carers.”* [School B]

One respondent in Group O thought that having a policy would raise awareness of young carers within the school:

*“Or else teachers may not know that there are young carers in school.”*  
[School O]

A fellow respondent in the same group acknowledged that young carers might be a small but vulnerable group:

*“There might not be many young carers but they do need attention.”*  
[School O]

### **7.3.7.iii Responses about having assemblies or PSHE lessons about the topic of young carers**

All respondents across all three groups initially said that they agreed with the idea that all schools should have an assembly or a circle time at least once a

year to explain about what it means to be a young carer. When asked why it was a good idea, the following ideas were suggested:

*“So young carers can speak out and show their feelings.”* [School B].

*“Young carers might want to discuss it more, might make it more comfortable to talk about it.”* [School O].

A young person in Group B also commented that having assemblies or circle times about young carers could be useful in raising awareness for children and young people who do not have the same responsibilities:

*“It reminds us of what it’s like.”* [School B].

Although across all three groups, all the respondents had said that they agreed with the idea of assemblies or circle times, the discussion in Group B raised some potential difficulties with the idea. Some respondents suggested that some young carers might not feel comfortable discussing the topic:

*“But they could be embarrassed or feel nervous about being known.”* [School B].

#### **7.3.7.iv Responses about schools identifying pupils who are young carers**

As with the previous questions, the respondents in each group agreed that schools should try to find out which young people might be young carers. When asked why, the respondents in the secondary-aged group identified some advantages for young carers in helping them to access whatever support they might need in school:

*“Make sure it doesn’t affect them too much.”* [School B].

The discussion in Group O, the primary-aged group, centred more on ways that adults in schools could identify young carers, for example by raising the topic at parents’ evenings and by teachers being vigilant:

*“Teachers need to keep their eyes open.”* [School O].

#### **7.4 Reflections on using group interviews as a research method**

Lewis and Lyndsay (2000) note that in any research, it is important that the methods used generate data that are valid and represent the perspectives of the children and young people taking part. However, Barker and Weller (2003) note that the particular social context of an adult interviewing children can present challenges in terms of validity and reliability. Children and young people may be more inclined to offer socially desirable answers and to please the interviewer (Mahon et al 1996). In order to minimise this, I assured the participants that there were no right or wrong answers and that I was very interested in their opinions.

In this study, views expressed in the groups tended to affirm another speaker's views and so consensus amongst the group was strong. I noticed that respondents in Group B, the secondary-aged group, were the most likely to offer a different point of view or gently challenge what a peer had said. This could reflect confidence and the ability of the older respondents to hold their own opinion and have the capacity to consider a range of views.

In terms of the interview schedule, most of the questions seemed to be appropriate to the children and young people's developmental levels and they were able to participate. My perception of the interview process was that the young people were able to engage with general questions about young carers, no doubt helped by the prior activity such as the assembly or the PSHE lesson. Lewis (1992) notes that the group situation offers the opportunity for the respondents to check facts with each other and so can

enhance the trustworthiness of responses. This was especially noticeable across all three groups when the respondents had to consider how far their own school implemented the selection of good practice guidelines this study focussed upon. At this point during the interviews, the young people often looked at each other and collaborated before offering a group response. Although they were able to participate and respond to the questions by discussing their answers with each other my perception was that the vocabulary and perhaps the concepts such as “policy” and “named person” may have been unfamiliar to the majority of young people taking part.

Lewis (1992) argues that the group situation can enhance validity because when one child is speaking, the others have thinking time, and there is less pressure to respond straight away. I followed a circle time approach (Lown 2002), giving everybody the opportunity to speak or say something in response to the initial question. By creating the expectation that every one would have the opportunity to speak, I hoped that I would be able to limit the impact of one member of the group being too dominant; a problem which Denscombe (1995) outlines. In doing this, I acknowledge that it is possible that I had limited the potential for free flowing conversation between the group members. So, although one of my aims was to reduce the influence of the adult researcher by interviewing in groups, I still asserted a strong influence by creating a reasonably formal structure. On the other hand, the structure seemed to enable all group members to respond if they wanted to, as well as being useful for me when making notes.

In Chapter Six, I explained that in order to ensure the validity of the interview transcripts with the adult participants, I sent them the transcript to check. I decided that this approach was not appropriate in this instance in terms of practical arrangements and the likelihood that the respondents may not remember what had been said. Costley (2000) offers advice to researchers interviewing children with learning difficulties which I judged was good practice with all young participants in order to ensure authenticity at the time of the interviews whilst circumventing difficulties with post-interview validation. To that end, during the interview process, after each question I read out my interview notes and checked with the group that I had written down accurately what they had said.

In terms of reliability and the replicability of this phase of the research, the social context of the research will inevitably mean that each interview will be unique to each group. However, I have made explicit the research instruments used and the process and results of the data analysis in order to show an audit trail so that the process could be repeated, although the results may differ (Holloway 1997).

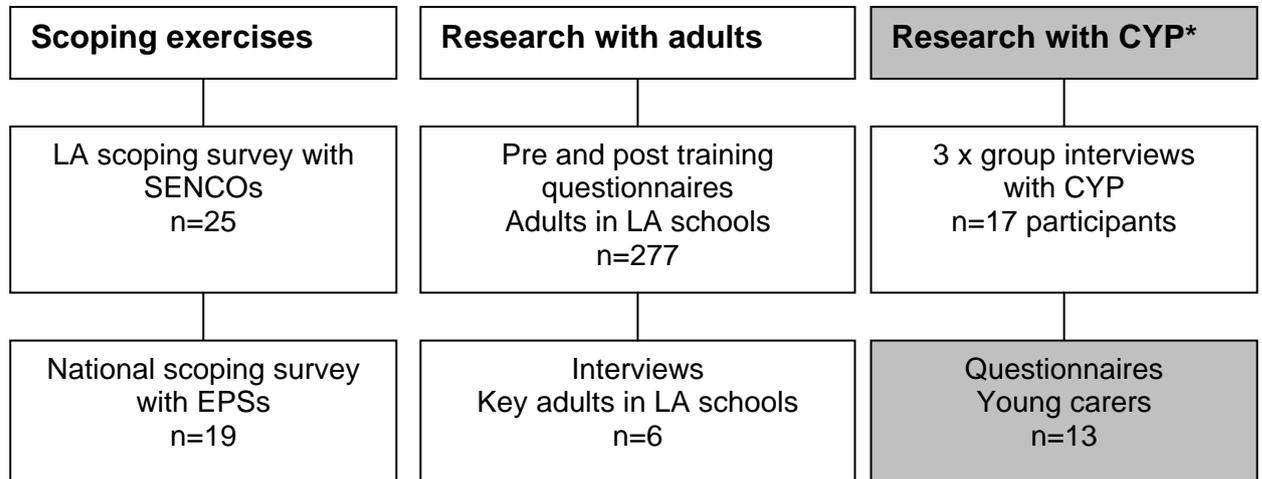
Furthermore, the interviews were structured enough in order to create a reasonably consistent format to enable the data from each interview to be analysed collectively. However, the format also allowed for the three groups to diverge, which was inevitable when the children and young people were responding to the initial stimulus of the assembly or PSHE lesson as well as to a unique scenario each group had constructed about a young carer.

This chapter has presented the findings and initial themes concerning children's and young people's views of young carers in relation to selected examples of recommended good practice. In Chapter Nine these findings will be considered as a part of the whole data corpus in relation to the overarching research questions about adults' and children's views of the good practice guidelines and how they can be implemented in schools.

## CHAPTER EIGHT: RESEARCH WITH YOUNG CARERS

### 8.1 Introduction

**Figure 8.1: The focus of Chapter Eight in the context of the whole study**



\*CYP = children and young people

As Figure 8.1 indicates, this chapter considers the design, action and initial findings of the research conducted with young carers. How the findings relate to the overarching research questions is discussed in Chapter Nine.

### 8.2 Research design with young carers

#### 8.2.1 Initial design

As discussed in Chapter Two, many writers refer to the hidden nature of young caring, suggesting that it can be difficult to identify and engage this particular group (e.g. Aldridge and Becker 1993b, Eley 2004, Grant et al 2008). In order to access a group of young carers, I approached the local voluntary support project for young carers and took advice from the youth worker about the best ways to engage with this group of young people.

Following discussion with the youth worker, I planned to use individual interviews. I attended the young carers' youth club over a number of weeks in order to make contact with the young people before beginning the interview

process. I devised an interview schedule and drew up documentation such as an introductory letter and consent form for parents, as well as an information sheet for the young people. The youth worker telephoned parents and obtained their verbal and then written consent.

I attended the youth club on several occasions, but most of the young people at the youth club appeared reluctant to talk with me or to take part in the interview. One young person agreed to talk to me but within the youth club context, it was difficult to establish rapport and so the interview was brief.

David et al (2001) note that in school-based research, young people's participation levels are often high, reflecting either the overt or more disguised pressures in the school environment to conform. In contrast, in the youth group setting, there was no such expectation. There was a genuine choice about whether or not the young people took part in the interviews and there was no direction or expectation from either the youth worker or me that the young people should do so. In this study, the young people were able to exercise their right to say no, even though their parents had given their consent and were happy for their son or daughter to take part.

I acknowledge that I was a stranger in a well-established group and the young people may have been understandably wary of me. Moreover, I was not introduced or referred to at the beginning of the sessions, which made it all the more difficult to approach the young people, to establish rapport, and to introduce and explain the project and why it might be relevant to the young carers.

Christensen (2004) found that in her ethnographic research with children, some initially refused to take part. She suggests that it was due to her being an outsider and a certain amount of ambiguity of her role in having the status and authority of an adult yet trying to engage the children in a way that most adults do not seek to do. In addition, Scott (2000:102) comments that by adolescence, young people are “wary of revealing their secrets to an adult”.

As Morrow and Richards (1996:97) remind us, “the challenge for social research is to find ways of eliciting children’s opinions and experiences, and to develop appropriate methods and corresponding strategies”. I concluded that interviewing was not an effective approach in this particular context. However, I believed that finding out young carers’ views of the selected good practice guidelines remained an important part of the project, and so I realised that I needed to find a different way of engaging young carers in the research process.

### **8.2.2 Subsequent research design**

Through discussion with the youth worker and with my research supervisor, I made a decision to trial a questionnaire with the young carers. Lambert (2008) notes that there is strong body of literature highlighting some of the disadvantages of their use with young people. However, he concludes that questionnaires can generate the same kind of complexity and depth of answers that other approaches to research can produce, provided that care and consideration have been given to the design of the instrument and the method of analysis.

In my own study I developed and used a questionnaire-based survey in order to afford the respondents some distance and anonymity which, I hoped, would enable them to engage.

### **8.2.3 Generation of questionnaire items**

My reading of the literature about effective questionnaire design with young people had emphasised the importance of creating an instrument that would be accessible to the target group. In the first instance, I had to consider that the age range of children and young people attending the youth club spanned Key Stages 2 and 3. Reading about Denscombe and Aubrook's (1992) experiences had also made me aware of the possibility of causing offence to the respondents, who may interpret some questions as too personal or stereo-typing. Therefore, I needed to ensure that the language was accessible to the respondents without it appearing patronising, especially to the older respondents. Wallace and Ellis (2008:1) advise that questions need to be "simple, specific and concrete". In addition, in discussion with the youth worker, I judged that the questionnaire had to be flexible so that either the youth worker could use it like a structured interview schedule and scribe the answers for the young people, or so that the young people could complete it as a questionnaire with or without support from an adult.

Trochim (2006) provides a framework for researchers to consider when designing a questionnaire. Table 8.1 sets out the questionnaire in relation to Trochim's framework and offers a rationale for each question's inclusion, along with the planned method of analysis. A copy of the questionnaire can be found in Appendix 5.i.

**Table 8.1: Rationale for content of questionnaire and proposed method of data analysis**

<b>Question</b>	<b>Rationale</b>	<b>Format</b>	<b>Method of analysis</b>
Question about gender and age	Warm up and also to collect some simple demographic data	Dichotomous response for gender Open response for age	Frequency count
Q1 Who do you care for in your family?	To collect data about the sample and range of caring responsibilities	Open response	Data-led content analysis
Q2 What kinds of things do you do to help?	To collect data about the sample and range of caring responsibilities	Open response	Theory-led analysis using Dearden & Becker (2003)
Q3 Does anyone at school know that you are a young carer? ( <i>if not go to question 7</i> )	To collect data about the sample and young person's experience	Dichotomous response followed by contingency instruction	Frequency count
Q4. Who knows?	To collect data about the sample and young person's experience	Open response (with prompt)	Data-led content analysis
Q5 How do people at school know about you being a young carer?	To collect data about the sample and young person's experience	Open response (with prompt)	Data-led content analysis
Q6 Are you glad that people in school know about you being a young carer? Why?	To gather information about the young person's experience	Open response	Data-led thematic analysis
Q7 Why doesn't anyone at school know that you are a young carer?	To gather information about the young person's experience	Open response	Data-led thematic analysis
Questions about the each of the good practice guidelines	Level of agreement. Probes to gather information about depth of feeling / information about the young person's experience of support in school	Dichotomous response to indicate level of agreement. Subsequent probe to invite open responses	Frequency count of dichotomous answers  Data-led thematic analysis
Final question: Any other comments?	To close questionnaire To provide opportunity for respondent to make further comments if wanted	Open response	Data-led thematic analysis

Based on Trochim (2006)

The instrument was shown to the named person from School B (who had taken part in another phase of the research presented in Chapter Six) who agreed to look at the questionnaire with some young people in school. Some minor amendments to the questionnaire layout were suggested such as increasing the font size and allowing more space for respondents' written answers. After these amendments were made, I judged it appropriate to use the questionnaire with young carers at the support group.

#### **8.2.4 Ethical considerations**

The study was undertaken in accordance with the guidelines for research as outlined by BERA (2004) and BPS (2007) as discussed in Chapter Three. The parents had already given written consent for their son or daughter to take part in an interview. In view of this, it was decided that the youth worker would telephone each parent to explain the change in the research approach and to ensure that the parents were still happy to give their consent. As the youth worker planned to administer and distribute the questionnaire and, therefore, there was no need for me to meet with the young person, it was decided that oral consent from the parent would be acceptable. The youth worker was asked to keep a record of the date of the call to each parent as well as the outcome of the contact [see Appendix 5.ii].

However, as I had learned from my initial attempt to engage with the young carers, the young people themselves had to be willing to be involved. The youth worker suggested that she would present the questionnaire as a voluntary table-top activity like any other on offer at the youth club. She agreed to explain the purpose of the questionnaire to any young person

interested, using the young carers' consent form and information sheet [see Appendix 5.iii].

The intention was that the questionnaire would be available as an activity over several weeks, so there would be no pressure on the young people to complete the questionnaire in any one session. This was viewed as an advantage because it enabled the young people to have some thinking time and could give them the opportunity to discuss it with their parents or peers before making a decision about whether or not to take part.

A consideration for the research with young people in schools was that they had someone to talk to, if needed, after the group discussions. Mahon et al (1996) suggest that if young people are used to talking about a challenging aspect of their lives then it can be less problematic than for those who have not previously discussed such matters. Since this work with young carers about their caring role was taking place at their designated youth club with a trusted adult, the youth worker and I agreed that the young people would be able to access support within the setting, if needed. In addition, the youth worker would also be able to monitor the process and act accordingly if any young person showed signs of distress.

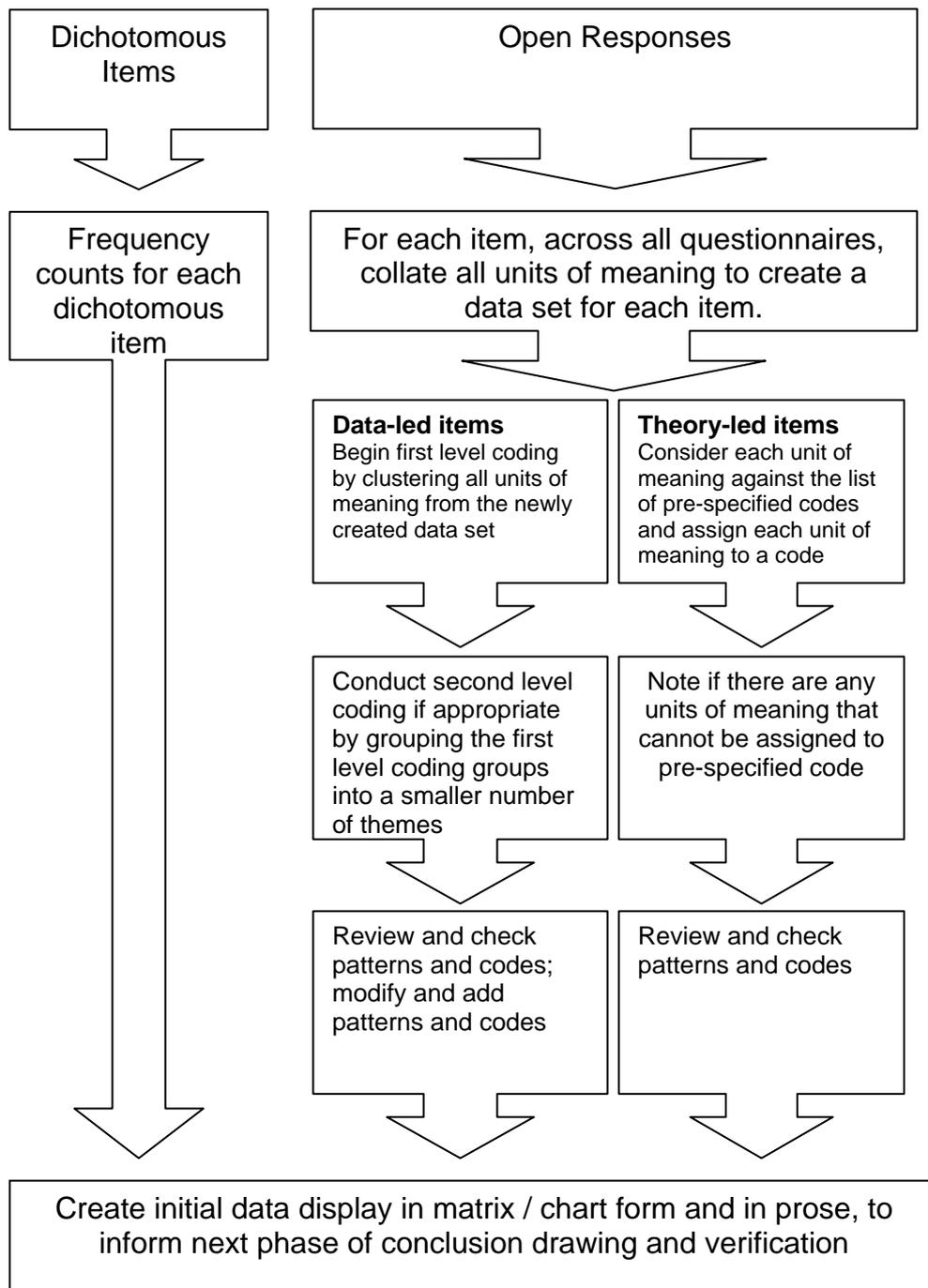
### **8.3 Process of analysis**

As with all aspects of this research, the analysis of qualitative data has been guided by my reading of Miles and Huberman (1994) and their framework of data reduction, data display, and conclusion drawing and verification. As Table 8.1 illustrates, the questionnaire was designed to collect both factual (e.g. who do you care for in your family?) and more subjective information

(e.g. are you glad that people in school know about you being a young carer? why?). This has implications for analysis as some of the responses could be coded and counted and others were amenable to analysis at a more data-led thematic level (Braun and Clarke 2006).

Figure 8.2 provides a flow chart to summarise the data analysis process. The following section presents the results of the questionnaire. In previous chapters, for the most part, I have presented the data tables as appendices due to the amount of data they contained. However, in this chapter, data charts are presented within the body of the text to support the text. Appendix 5.iv contains raw data from the questionnaires.

**Figure 8.2: The process of analysis for young carers questionnaire**



## 8.4 Results of the questionnaires with young carers

### 8.4.1 Background information about the sample

The youth worker facilitated the completion of thirteen questionnaires over two months. Table 8.2 provides some background details about the respondents. It provides a data display of information gathered from the initial question about age and gender and Questions 1 and 2 which asked about the person cared for and the nature of the caring tasks.

**Table 8.2: Background details about the sample of young carers**

<b>ID</b>	<b>Age</b>	<b>Gender</b>	<b>Who they look after</b>	<b>Caring tasks</b>
<b>YC1</b>	10	G	Dad	Domestic General
<b>YC2</b>	10	G	Mum, Dad and Brother	Emotional Domestic
<b>YC3</b>	11	B	Sister	General Child care
<b>YC4</b>	11	B	Brother	Emotional
<b>YC5</b>	8	B	Mum	Domestic
<b>YC6</b>	8	G	Brother and everyone in the family	Domestic
<b>YC7</b>	9	G	Mum, Dad and Brother	Domestic Child care
<b>YC8</b>	13	G	Brother	Child care
<b>YC9</b>	13	G	No response	Domestic Other
<b>YC10</b>	13	G	Brother	Miscellaneous
<b>YC11</b>	12	G	Sisters	Emotional
<b>YC12</b>	13	G	Sisters	Child care
<b>YC13</b>	11	B	Mum and Dad	Miscellaneous

As Table 8.2 shows, nine of the young carers were girls, and four were boys. The ages of the respondents ranged from eight to thirteen years, with the average age being eleven years. Six young carers said that they looked after siblings, whereas three young carers said that they looked after one or both of their parents. Another three young people described themselves as looking after siblings and parents. One young person [YC9] did not say who she looked after. So, of the twelve respondents who replied to this question, half reported looking after more than one person in their family. This reflects the layers of caring that can occur, with Dearden and Becker (2004) noting that sometimes young people provide direct care and support to an ill or disabled family member whilst also providing emotional and / or practical support to another carer (for example, a parent) within the household. Perhaps this is what the young person meant who said that she provided care for *“brother and everyone in the family”* [YC6].

The respondents were also invited to describe some of the caring tasks that they carry out within their families. The young carers' responses were coded according to the categories used by Dearden and Becker (2003): domestic, general nursing, emotional; intimate care; childcare; and “other”, such as paying bills.

Table 8.2 shows that six young people indicated that they took part in some domestic tasks within the home, and respondents offered specific examples such as:

*“Clean the house, cook, wash up.”* [YC5]

Two young carers mentioned tasks that seemed to fit with Dearden and Becker's (2003) category of general nursing tasks, for example:

*"Get his clothes and help him walk."* [YC1]

Four young people mentioned looking after their siblings as a helping activity.

Three young carers said that they offered emotional support such as:

*"I help him calm down when he's hyper."* [YC4].

One young carer's response fitted with Dearden and Becker's (2003) category of "other" as this young person identified domestic tasks such as cooking and cleaning as well as saying *"explain things"* [YC9].

Five young people cited tasks that spanned more than one category. Two responses were classed as miscellaneous as it was difficult to assign a code using Dearden and Becker's (2003) categories. In response to the question, "what kinds of things do you do to help?", one person [YC10] said *"lots"* which was considered to be too general to assign to one of the prepared categories. Another respondent [YC13] wrote *"play"* to this question which was also difficult to categorise using the codes. This young person may not have understood the question, or perhaps aimed to signal that he tried to help by keeping himself occupied and this made low demands of his parents for attention.

#### **8.4.2 Who knows that you are a young carer?**

Nine young carers said that others knew about their caring role. They were then asked if they were glad that others knew this information. As Table 8.3

indicates, five said yes, three said “don’t know” and one young person said no.

The next question asked “why?”. The two young carers who had said that teachers in school knew about their caring role and that they were glad that they did, could cite concrete benefits that were relevant either to their school work or social life. The three young carers who said that their friends knew all gave broadly positive explanations for their answers such as:

*“because it’s nice to tell someone.” [YC12]*

**Table 8.3: Summary of young carers’ responses to questions about people in school who know about their caring roles**

Question	Frequency of response
Does anyone at school know you are a young carer?	9 = yes 4 = no
Who knows?	5 = friends 2 = teachers 2 = teachers and friends
How do people at school know about you being a young carer?	8 = young person told them 1 = young person and parent told them
Are you glad that people in school know about you being a young carer?	5 = yes 3 = don’t know 1 = no

The three young people who said that they did not know if they were glad that others knew, also responded “don’t know” when asked why. The young person who answered no when asked if they were glad others knew also gave no response when asked why.

Four young carers said that people at school did not know about their caring role. Two of these young people did not explain further, but one respondent suggested that the reason why she had not told anyone was because she saw no perceivable benefit:

*“They don’t do anything about it for me.”* [YC8]

Another young carer [YC4] seemed to be saying that the reason why he had not told anyone was because he had only just joined the school. His answer seemed to suggest that he would tell someone when he felt ready to do so.

#### **8.4.3 Responses about the good practice guidelines**

The next series of questions asked specifically about aspects of the good practice guidelines focussed upon in this study. The questions sought to find out if the young people were aware of any of these approaches taking place in their own school settings. The questions also invited comments from the respondents about their views of the selected good practice guidelines in terms of supporting young carers. Table 8.4 provides a summary of the responses.

Table 8.4 suggests that for the four areas highlighted, the majority of young people agreed with the proposed recommendations for supporting young carers as outlined in the good practice guidelines (e.g. Frank 2002). The two recommendations that received the most support were about having a school policy and schools identifying which pupils are young carers. For each suggestion, the questionnaire sought supplementary information which will be included in the commentary on the breakdown of responses.

**Table 8.4: Summary of young carers' responses to questions about the good practice guidelines**

Question	Frequency of responses
All schools should have an adult who has special responsibility for young carers	10 = yes 3 = no
As far as you know, is there anyone in your school who takes responsibility for young carers at the moment?	6 = yes 7 = no
All adults in schools should have a written agreement about how young carers should be supported	11 = yes 2 = no response
Is there a policy in your school, as far as you know?	1 = yes 10 = no 2 = don't know
All schools should have an assembly or a circle time at least once a year to explain about what it means to be a young carer?	9 = yes 4 = no
Does this happen in your school?	2 = yes 11 = no
All schools should try to find out which young people might be young carers?	12 = yes 1 = no
Does this happen in your school?	2 = yes 10 = no 1 = no response

**8.4.3.i Responses about schools having a named person for young carers**

As Table 8.4 indicates ten young people thought that it was a good idea for schools to identify a named person for young carers. Six young people thought that there was already a named person for young carers in their schools. When asked who might be a good person to perform this role, five young people cited particular people within their settings. Three respondents gave more general responses suggesting that adults such as teachers or

teaching assistants would be good people to be the named person. Two young people gave no response and one said, “don’t know”.

The questionnaire asked why someone might be good as a named person. Four young people’s responses included ideas about the named person being a caring person who already helped children in school with a variety of needs:

*“She looks after a little lad with Downs Syndrome.”* [YC1]

*“Because he’s a friendly person, who’ll help all the time.”* [YC4]

Another three responses referred to a more general description of their job such as *“the Head Teacher”* [YC2] and *“they teach literacy”* [YC3]

Three respondents said that they did not think it was a good idea to have a named person for young carers in schools. One of these young people explained her response with:

*“The people at the [young carers’] club are enough.”* [YC9]

#### **8.4.3.ii Responses about having a policy in schools for young carers**

The next question asked the young person if they agreed that schools should have a policy about supporting young carers. As Table 8.4 shows, eleven young carers said yes and two said no. When asked why they either agreed or disagreed with this idea, seven young people gave a response. Three of these responses seemed to emphasise the young person’s strong agreement with the idea, such as *“they do”* [YC2] perhaps implying that schools just should have a policy and two other respondents saying;

*“Because I feel it’s a good idea.”* [YC6 and YC7]

Two young carers gave answers suggesting that they would feel better supported knowing that a policy was in place:

*“Because it would be nice knowing I am supported by teachers.” [YC4]*

One young person thought that there already was a policy in place for young carers in their school. Ten young people said that no policy was in place and two said that they did not know.

#### **8.4.3.iii Responses about having assemblies/circle times in schools about the topic of young carers**

When asked if it was a good idea for all schools to have an assembly or a circle time at least once a year to explain what it means to be a young carer, nine respondents said yes and four said no. When prompted to explain their responses, of those who said that assemblies and circle times were a good idea, the answers seemed to hinge on two main ideas with one theme highlighting the existence and value of the young carers’ youth club to other pupils:

*“To share what they have done in young carers.” [YC3]*

Another theme related to children and young people who do not have similar caring responsibilities hearing about the experiences of young carers:

*“Because children can know what people done [sic] and how they feel.” [YC6]*

Of the four young people who said that did not think that assemblies and circle times were a good idea, three went on to explain their answers further. One young carer thought that it would be difficult for other young people who knew nothing about the experiences of young people who care:

*“It might be weird for most people who are not a young carer.” [YC4]*

The other two responses seemed to share the same theme; that the reason for not having assemblies or circle times was possibly because they were either difficult to set up in the first place or there would be no positive benefit because:

*“Nothing is sorted.”* [YC9]

*“None of the teachers do anything about it.”* [YC8]

The notion of assemblies and circle times was explored further by asking the respondent if either of these activities took place currently in their individual school. Two young people answered yes while eleven said no.

#### **8.4.3.iv Responses about schools trying to find out which pupils are young carers**

The final question focussing on the good practice guidelines asked the respondents if they thought all schools should try to find out which young people might be young carers. As Table 8.4 indicates, twelve young people answered yes, and one no.

Of these twelve young people, nine went on to expand their answers further. Seven of these responses seemed to reflect the benefits that the young carer could personally see for themselves, for example in accessing more help or just generally feeling more supported. These ideas are reflected in responses such as:

*“I can get a bit more help.”* [YC8]

*“It would be nice to know that there are other young carers in my school.”* [YC4]

The other two responses seemed to indicate that trying to find out would be of benefit to any young carer, with one respondent stating perhaps quite fairly, that *“if they don’t (try and find out who the young carers are) they won’t know”* [YC2].

One person thought that schools should not try to identify which students might be young carers but did not offer any further explanation.

#### **8.4.3.v Responses to question asking for any other ideas**

The final question was an open question, asking for any further ideas that might help young carers in schools. Four young people chose to respond to this, although one of the answers *“to be good”* [YC13] was hard to understand out of context. Three respondents expressed ideas that seemed to reinforce the concept that young carers should be better supported either with their learning, or supported in general:

*“Spend time with the children so they can learn properly.”* [YC7]

*“Help them.”* [YC10]

#### **8.5 Reflections on the study with young carers**

Eley (2004) reports that, as in other research projects with young carers, she experienced difficulty in recruiting a sample of young carers willing to be interviewed. Aldridge and Becker (1993b) also describe their research experiences when young carers were reluctant to take part in research interviews. In my own study, the original research design of interviews with young carers from the youth group was not successful for reasons explained earlier in this chapter. Although this was disappointing and at times frustrating, it was possible to reconsider the approach used and to plan an

alternative approach after discussion with the youth worker and with reference to the literature. Consequently, a questionnaire was designed, phrased and formatted so that it could be either facilitated by the youth worker or completed independently by the respondent.

There were limitations with this questionnaire. The returned questionnaires contained many non-responses or comments such as “don’t know”, especially to open questions. This suggests that the respondents may have had difficulties reading the items and writing their answers but also may suggest difficulties with the items themselves. Even expanded answers were short phrases and there was a limit therefore to how much data-led thematic analysis and depth of coding could take place. Some of the responses also contained tantalising snippets of information or comments that I would have liked to have explored further with the individual respondents. Furthermore, there were difficulties in having to make judgements and decipher and decode what the young people had written. As Scott (2000) comments, asking questions meaningful to people’s experiences does not mean that meaningful answers will be produced, and I experienced a sense of frustration and lost opportunity with some of the questionnaires.

This experience also illustrates some of the difficulties with the validity or trustworthiness of questionnaires. I had an ideal that the adult would offer support with reading and writing but would be distant enough not to influence the children and young people’s responses. On reflection, however, I realise that this was not very realistic; the youth worker had a role at the youth club and was facilitating the questionnaires as an additional task and as a favour to

me. So, it is likely (and understandable) that her attention would have been drawn elsewhere during the course of sessions. In a debrief with the youth worker, it seemed that most of the respondents completed the questionnaire by themselves requesting little support from the adult, once the initial introduction and explanation had taken place.

It must be remembered that young carers are not a homogenous group and that only those young carers who actually attended the young carers' group on particular evenings could access this questionnaire and give their views. Furthermore, young carers who do not attend such support groups may have very different experiences and perspectives from the group represented here. One interesting finding is that not all young carers agreed with the proposed recommendations and some could give reasons to explain their answer. Perhaps because the respondents were able to fill in the questionnaire by themselves, they felt less compelled to give socially desirable answers.

Denscombe and Aubrook (1992) note that some young people might view a questionnaire as a chore or a piece of schoolwork, especially if they do not enjoy writing. I hoped that the youth worker would be able to motivate the young people to take part in the research - the importance of which Scott (2000) underlines - by being able to explain to the young people why it was important for their views and experiences to be heard, and moreover, scribing in cases where young people were deterred by the written requirement.

However, one of the main functions of the youth club is to offer rest, relaxation and respite from some of the daily chores and worries for young carers, so some young people may not have wanted an opportunity to reflect on their caring roles in this context. However, the youth worker's perceptions were that the young people had enjoyed completing the questionnaire and that the majority of young carers attending the club had chosen to take part. In terms of validity, Denscombe and Aubrook (1992) observe that if young people take part in a research exercise because they are genuinely interested in the topic and because they really do want to take part, then it is more likely that responses will be honest and given in good faith. This in turn will impact upon the trustworthiness of the data gathered. However, even if the responses were given in good faith, some of the responses were difficult to understand and required further clarification.

The reliability and replicability of qualitative research is always dependent upon the social context of the enquiry. However, there is a clear audit trail and, as Holloway (1997) suggests, I have made explicit the data collection instrument used and the process of analysis, so that this phase of the study could be repeated.

As Grant et al (2008) observe, engaging potentially vulnerable young people like young carers in research ought to be part of a continuous process rather than a single event. Although outside of the time scale for the write up of this work, ongoing contact with the young carers' youth club is integral to the project and its long term aims to explore the efficacy of recommendations for good practice to support young carers in school.

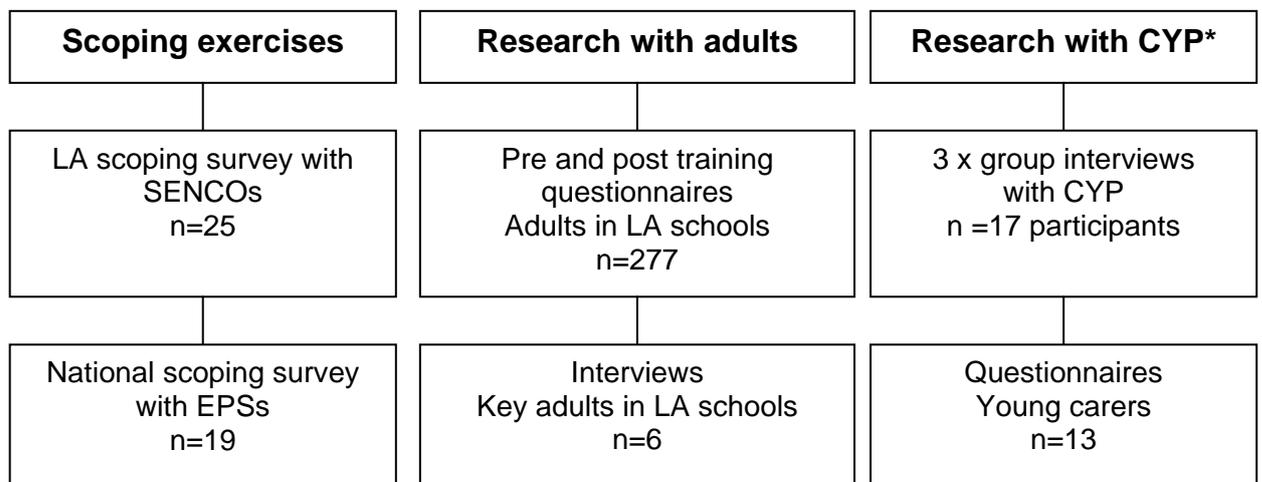
**CHAPTER NINE:  
WHAT ARE STAKEHOLDERS' VIEWS OF THE SELECTED GOOD  
PRACTICE GUIDELINES FOR YOUNG CARERS AND HOW CAN  
SCHOOLS IMPLEMENT THEM?**

**9.1 Introduction**

In this chapter, the findings presented in Chapters Four to Eight are synthesised in relation to the two overarching research questions regarding the perceptions of adults, children and young people and young carers about the good practice guidelines focussed upon in this study and how they might be implemented in schools. I also reflect upon my own learning from the process of action research and my dual role as both researcher and EP. Whilst acknowledging some of the limitations of the study, I outline the contribution that this study can make to the corpus of knowledge about how schools can meet the needs of young carers and the organisational factors that impact upon this, including the means through which external agencies such as EPSs can contribute to capacity building in schools.

**9.2 Review of action taken**

**Figure 9.1: Summary of participants in the research enquiry**



CYP = Children and young people

Figure 9.1 provides a summary of the participants in the research enquiry and indicates the actions undertaken. It indicates that there were six key actions; one action focussed on a direct intervention (i.e. the delivery of a training presentation about young carers) and the other five centred on action that aimed to develop my understanding of different stakeholders' perceptions about selected recommendations for good practice for supporting young carers in schools.

### **9.3 What did I learn through the action of designing and delivering training for schools about young carers?**

#### **Figure 9.2: Overview of findings from the two scoping exercises**

##### **Key findings from the local scoping exercise with 25 SENCOs in schools in the target LA:**

- Majority of respondents could give an accurate definition of a young carer but not all answers reflected that a care recipient could be a sibling;
- Not all answers reflected that care needs could arise from difficulties with mental ill health/substance misuse in addition to physical illnesses;
- Majority of respondents appeared aware of the range of difficulties young carers might face and the responsibilities they might undertake;
- No school appeared to have a formal system of support in place for young carers specifically;
- When estimating the number of young carers in their schools, figures quoted ranged from none to two; and
- Not one SENCO mentioned the local voluntary organisation for young carers as an agency that they would involve or refer a young person.

##### **Key findings from the national scoping exercise based on responses from 19 EPSs:**

- Eleven respondents reported being aware of focussed/project work taking place within their own LA, the majority of which were organised by a third sector agency;
- None of the respondents reported their individual psychology service as being involved in any project, research or development initiative regarding young carers;
- None of the respondents reported that there was a lead educational psychologist for young carers; and
- Nineteen responses represent a response rate of just 11 per cent of the potential number of responses.

As Figure 9.1 indicates, this cycle of action research began with two scoping exercises. The key findings presented in Figure 9.2 reflected some of the themes raised in the wider research reviewed in Chapter Two, and confirmed the existence of a clear need to undertake the work described in this study.

The scoping exercises were a precursor to the action of designing and delivering training to schools. Figure 9.3 summarises the findings from the pre- and post- training questionnaires completed by adults which were presented in Chapter Five. Even though responses to the post-training questionnaire indicated that the majority of adults in the schools were receptive to suggestions about supporting young carers, Goodall et al (2005) warn that immediate participant reaction, although it may be positive, is not an effective measure or predictor of longer term effectiveness of training.

**Figure 9.3: Overview of findings from pre-/post- training questionnaires**

**Based on the responses of 277 adults, after the training:**

- Adults reported feeling more confident about using and understanding the term “young carer” - the difference between the pre- and post-training scores were statistically significant;
- Adults rated young carers as a higher school priority, with a statistically significant difference in the pre- and post- training scores;
- 73 respondents who had originally said they were not aware of any young carers said that they would consider some pupils to be young carers;
- 85 adults identified at least one pupil as being a young carer (range 1-20);
- 264 adults agreed it was important to have a school policy about young carers;
- 267 adults agreed it was important to have a named person for young carers;
- 266 adults agreed it was important to have training/information about young carers; and
- 153 adults said that the training would make a difference to their work in school.

Furthermore, although Kennedy (2005) acknowledges the benefits of the transmission model of training, like Georgiades and Phillimore (1975), she questions whether traditional forms of training such as the 60-minute presentation used in this project are sufficient to bring about more sustained, longer-term change.

McNiff (2002) and Whitehead (1989) emphasise the personal and private aspects of action research which focus on an individual researcher's enquiry about how to improve individual practice. Whilst this is an integral part of my study, the work was also set within the boundaries of a directed piece of work within my employing LA and was therefore open to public scrutiny and accountability. Therefore, I had to be able to demonstrate how the intervention had brought about change in terms of "concrete", measurable outcomes. Figure 9.4 details the outcomes of the project so far, which also includes recent information gathered from the youth worker at the voluntary support organisation for young carers about adults in schools contacting the organisation after the training.

**Figure 9.4: Concrete outcomes of the study**

- Outcome 1: **18** schools have received training about young carers
- Outcome 2: **15** schools have put in place a named person for young carers
- Outcome 3: **4** schools have put in place a policy for young carers
- Outcome 4: **9** schools have arranged for the voluntary support agency for young carers to deliver a whole-school assembly
- Outcome 5: **8** schools have referred children to the voluntary support agency

Appendix 6.i provides further details about school-initiated contact with the local voluntary support organisation supplied by the youth worker.

On one level, these findings indicate successful outcomes of the training, especially as the collection of these data indicates action beyond the immediate post-presentation feedback, which, as noted above, is not, in itself, considered to be a satisfactory evaluation measure of school training (Goodall et al 2005). However, although these findings indicate *action* by some of the schools following the training, I acknowledge that these findings do not provide any evidence of any real benefits in terms of outcomes for young carers, which has to be the singular, underlying purpose of undertaking action in this area. Nor do these findings confirm that the action taken will be sustained.

In terms of Argyris' work (1999) about organisational learning discussed in Chapter Three, the action of training and gathering feedback is essentially an example of "single-loop learning"; a situation is assessed and an intervention is put in place to correct an error, the "error" here being that schools appeared not to know about local support available for young carers. However, the purpose of the study was to go beyond this relatively simple activity of intervention and outcome and to aim for a broader impact by exploring how schools could support young carers better by examining the perceived benefits of selected recommended guidelines for good practice (e.g. Frank 2002) and exploring the barriers that could impact upon schools implementing them. This endeavour reflects what Argyris (1999) calls "double-loop learning" which occurs when the governing variables (in this case the nature

of school support mechanisms for young carers) are examined and altered [see Chapter Three, Figure 3.2].

## **9.4 What did I learn about stakeholders' perceptions of the good practice guidelines?**

### **9.4.1 Young carers' perceptions of social support**

Figure 9.5 offers an overview of the key findings from the questionnaires completed by young carers.

#### **Figure 9.5: Overview of key findings from young carers' questionnaires**

##### **Based on 13 questionnaires completed by young carers:**

- 10 young carers agreed with the idea of having a named person;
- 11 thought it was a good idea to have a policy about young carers;
- 9 agreed with the idea of having assemblies / PSHE lessons about the topic; and
- 12 young carers thought that schools should try and find out which pupils might be young carers.

Although responses to the young carers' questionnaires do not provide details about areas of specific difficulty, the young carers who chose to give expanded answers often expressed a wish for more help at school. This reflects Morgan's (2006:19) findings where young carers reported that they need "help, knowledge and more understanding from others". In particular, Morgan's (2006) research indicated that young carers wanted teachers to be more flexible and wanted their peers to have more of an understanding about disability and what it means to be a young carer. In my research with young carers, some respondents outlined how certain recommendations, for example assemblies, might facilitate the kind of support that young carers say they need, especially in helping other children understand their caring roles [see Chapter Eight, 8.4.3.iii].

The findings also suggest that for some young carers, just knowing that a specific policy exists would be beneficial because it would make them feel better supported [Chapter Eight, 8.4.3.ii]. This reflects Grant et al's (2008) findings that young carers emphasise the importance to them of feeling acknowledged, validated and recognised for their caring role.

Wright and Bell (2001) note that some young carers expressed reluctance to talk about their caring roles with teachers, and in my study one young carer did comment that, in her opinion, having support from the young carers' club reduced her need for support in school. However, the majority of young carers' responses in my study acknowledged the value of adult support and the notion of having a named person was seen positively by most young carers. This has resonance with findings in the wider research literature that young carers' experience of school could be positive if they found empathetic adults who gave them recognition and support (Becker and Becker 2008). However, two of the young carers commented that adults in school were not able to intervene to help them *"because they don't do anything about it for me"* [YC8]. This reflects the isolation that some young carers may feel if they perceive that their needs cannot be met at school. Hopkins et al (1997) note that all young people need to feel that they can expect respect and warmth from adults in schools. This suggests that there is an ongoing need to raise the awareness of adults in schools about young carers and the complex difficulties they may face, whilst simultaneously building young carers' confidence in mechanisms of support available to them, enabling them, as Macbeath et al (2005) observe, to have social capital and trust in others.

A common theme in the literature is that some young carers and their families choose to remain “hidden” because of fears that outside intervention will bring negative outcomes (Banks et al 2002, Underdown 2002, Green 2002 and Fox 2004). Table 8.3 [Chapter Eight] illustrates that not all the young carers in this study had told their schools about their caring roles. However, the good practice guideline that secured the highest level of agreement (12 out of 13 young carers agreed) was the idea that all schools should try to find out which pupils are young carers. The young carers’ explanations of why this was important reflected their views that adults in school could offer them emotional and practical support [Chapter Eight, 8.4.3.iv]; this has resonance with Rudduck et al’s (1996) findings that pupils have an expectation that adults in school will offer them social support regarding their academic and emotional concerns.

#### **9.4.2 Children and young people’s role in supporting young carers**

**Figure 9.6: Overview of key findings from group interviews with CYP\***

**Based on 3 group interviews, totalling 17 children and young people:**

- All CYP groups agreed that having a named person was a good idea;
- All CYP groups agreed that a policy for young carers was a good idea;
- The majority of CYP agreed with the idea of having assemblies / PSHE lessons about young carers – although some suggested that “non-carers” might not find the topic interesting or that young carers themselves might find the focus uncomfortable; and
- All CYP groups agreed that schools should try to find out which CYP might be young carers.

\*CYP = children and young people

There is little written in the literature about children and young people who are “non-carers” and their perceptions of young carers. My study with a small number of children and young people indicated that they can demonstrate empathy and understanding about the situations that some young carers

experience both at home and at school [see Chapter Seven, 7.3.2 – 7.3.5]. Furthermore, children and young people in the study appeared to be aware of the role that they themselves can play in supporting young carers through practical and emotional means [see Chapter Seven 7.3.6]. This is important because the charity Kidscape (2009) notes that young people often seek out support from other young people when they are experiencing some concern or worry, and Clarkson et al (2008) note that some young carers describe their friends as a source of support. Incidentally, some young carers in this study reported that their friends were likely to know about their caring roles, even if adults in school did not [see Chapter Eight, Table 8.3]. However, the literature also indicates that in terms of their wider peer relations, young carers can be prone to isolation because they may have restricted peer networks and sometimes experience bullying (Dearden and Becker 2003, Cree 2003, Crabtree and Warner 1999, Altschuler et al 1999).

As Figure 9.6 indicates, the children and young people I spoke with were broadly positive about the good practice guidelines we discussed. Although initially, all the young people in the group discussions agreed with all of the recommendations, some young people did change their minds. For example, one of the secondary-aged respondents thought that those students who were not young carers might not find the topic interesting as a subject for assembly or a PSHE lesson. Another secondary-aged respondent also thought that assemblies etc about the topic might be uncomfortable for young carers [see Chapter Seven], reflecting Frank's (2002) own views that the topic needs to be handled sensitively by adults. Interestingly, in the research with young

carers, the guideline about assemblies and PSHE lessons received the lowest level of endorsement of all the guidelines discussed, although the majority of young carers did support the idea. Of those who disagreed with the suggestion of assemblies, paradoxically, one young carer explained that the topic might be uncomfortable for those who were not young carers.

Frank (2002) and Dearden and Becker (2003) identify the value of guidelines such as including the topic of young caring as an assembly or PSHE lesson topic because it can help to promote positive images of disability and inclusive practice. This reflects Morgan's (2006) research where young carers report that they often have to contend with derogatory comments that other children and young people make about their family member with a disability. Janney and Snell (2006) and Cowie and Wallace (2000) emphasise the importance of enhancing the social relationships among peers as a strategy to help children and young people to manage their concerns and difficulties. In terms of a salutogenic approach (Antonovsky 1979), the good practice guidelines could facilitate empathy and understanding between "non-carers" and their peers with caring roles, and the young people I talked with certainly seemed to be receptive to ideas about supporting young carers.

#### **9.4.3 Adults' role in supporting young carers**

As Figure 9.3 suggests, there were high levels of agreement amongst adults who attended the training session in their school that recommendations such as holding school training, nominating a lead person, and implementing a policy for young carers were important. This reflects Altschuler et al's (1999) research where teachers reported that training, a school policy and a named

person would help them meet the needs of young carers more effectively. However, it should also be acknowledged that there was a small minority of outliers who expressed less positive views about supporting young carers [see Chapter Five, 5.3.2.v].

Becker and Becker (2008) claim that individual teachers can make school either a place of “sanctuary” or “misery” for young carers. Findings in this study indicate that adults in schools welcomed the opportunity to reflect upon young carers’ needs, and suggest that when prompted by the training presentation, adults were able to consider their individual practice in relation to children and young people who might also be young carers. As discussed in Chapter Five, 118 individual adults made reference to the usefulness of the training in raising their awareness of young carers with 6 respondents reporting that the information about the local support agency was especially useful. A further 25 adults reported that the training would make a difference to their practice, for example:

*“...Rather than disciplining children for late homework, lack of concentration etc, I will consider why this is occurring and consider the possibility of the child being a young carer.” [1255, School M]*

As encouraging as it is that a high number of adults responded positively to the training and said that it would make an impact upon their work, Banks et al (2002) warn against adults in schools “colluding” with young carers about attendance and quality of work, believing that they are helping by making such allowances. Ainscow (1998) points out that adults need to maintain high expectations in order that marginalized and vulnerable young people do not

become even more disadvantaged. Macbeath et al (2007) acknowledge the inflexibility of the school day and note the difficulties that it presents for young people with caring roles, whilst also remarking that from the school's point of view, it is difficult to make exceptions, to know what might be justifiable reasons for lateness or absence, especially when attendance rates are used as a public performance indicator. As the adults' comments in Appendix 2.vi indicate, having in place guidelines such as a school policy for young carers and setting up systems to identify such children could be one way of helping adults make those allowances in a systematic way, ensuring that there is a balance between the needs of the student as a young carer and the needs of the student as a learner.

#### **9.4.4 The good practice guidelines from a salutogenic perspective**

One of the aims of the research was to explore adults' and young people's (including young carers') perceptions of some selected good practice guidelines and consider these recommendations from a salutogenic perspective for promoting the well-being of young carers. According to Antonovsky (1987), an individual's life experiences shapes their sense of coherence; how they understand their challenges (comprehensibility); how they cope with their challenges (manageability); and how they identify areas of their lives as being important (meaningfulness). My enquiry with groups of adults, young people and young carers indicates a broadly positive response to the potential of the guidelines to support young carers in schools.

In order to support an individual to reach a sense of coherence, Antonovsky (1979) identifies several properties of an individual, group or situation which

facilitate successful coping. He terms these properties “General Resistance Resources” (GRRs) which include individual factors such as the individual’s physical health (physical/biochemical resources), socio-economic status (artifactual-material factors), cognitive and emotional resources (knowledge-intelligence and ego identity), and individual coping style (valuative-attitudinal resources).

However, Antonovsky (1979:116) suggests that social support (interpersonal-relational resources) and social structures (macrosociocultural factors) are possibly the most “crucial” and “powerful” resources of all. Lindstrom and Eriksson (2005) emphasise that the salutogenic approach acknowledges not only the internal resources of the individual person, but also the resources and capabilities of the people and artefacts (e.g. systems) within the individual’s environment. As discussed in Chapter Two, an ecological systems approach to child development (Bronfenbrenner 1979, Jack 2001) takes into account the different contexts within a child’s environment and the capacities of other people with those systems.

The importance of *all* students having access to sound social support in school is well documented (Beresford 2000, DOH 2008b). Given that the literature about young carers emphasises that such young people are likely to be at risk of social exclusion with immediate as well as long term impacts (Dearden and Becker 2005), Antonovsky’s (1979) views about the importance of social support seem of special relevance when considering support mechanisms for young carers such as those suggested by Frank (2002).

**Figure 9.7: The good practice guidelines as GRRs**

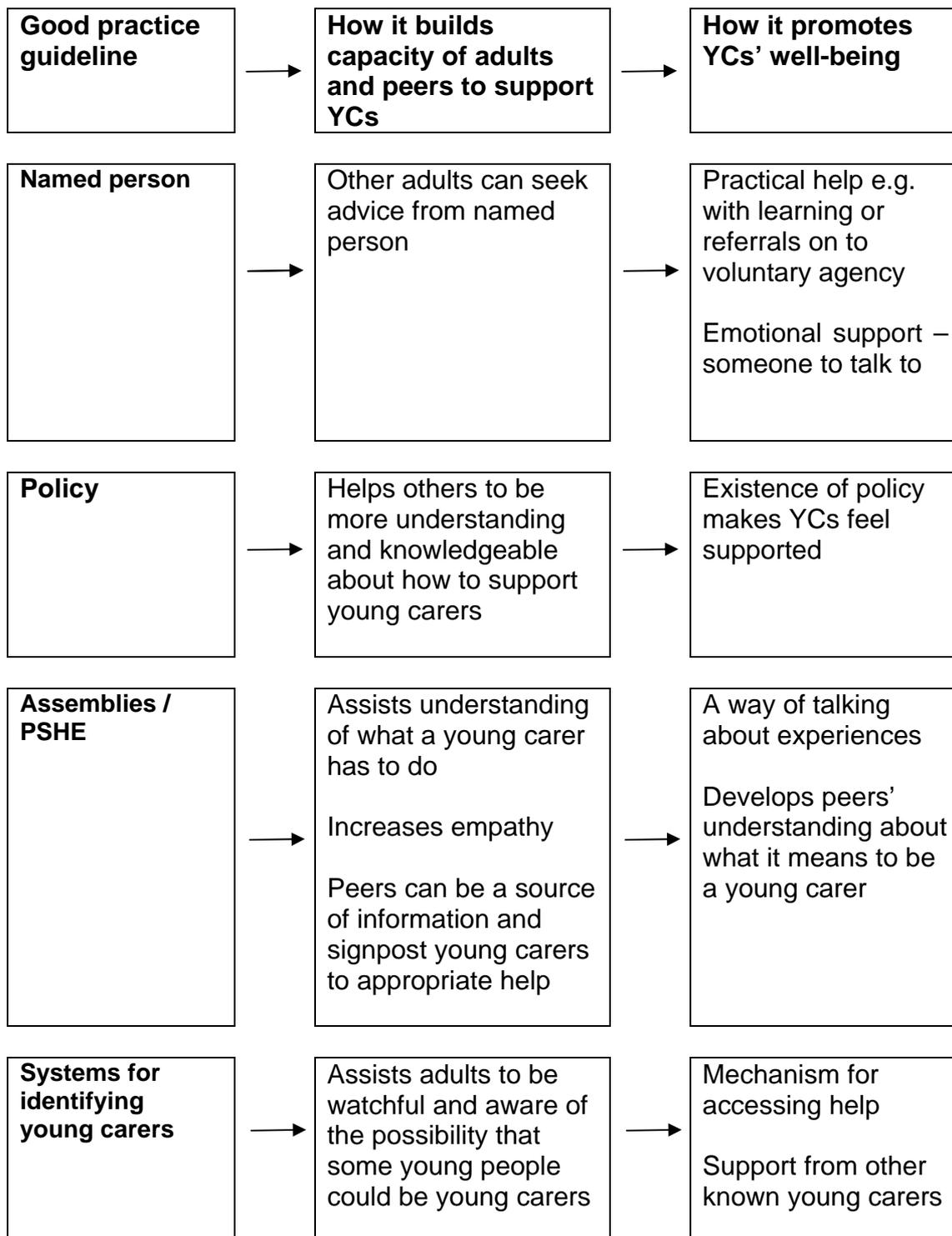


Figure 9.7 draws upon the perspectives of adults, young people and young carers and considers how aspects of the good practice guidelines considered

in this study can promote the well-being of young carers by developing social support (interpersonal-relational GRRs) and social structures (macrosociocultural GRRs). In the diagram, the column headed “how it promotes young carers’ well-being” draws upon the views of young carers themselves. The column headed “how it builds the capacity of adults and peers to support young carers” draws on the findings from the research with adults and children and young people.

Dearden and Becker (2003) highlight the importance of developing the resilience of young carers and the findings from the study reinforce my proposal in Chapter Two that the good practice guidelines could provide a framework for social support and that their implementation could therefore be viewed as a coping resource for young carers. A key message evident in the literature (Morgan 2006, Grant et al 2008) and to some extent reflected in this study is that young carers do not necessarily wish to stop caring but they do want more support from their school environment. This again underlines the importance of Bronfenbrenner’s (1979) ecological systems approach and the role that adults and peers can play in supporting young carers, whilst acknowledging the dynamic interaction between the young carer and the social networks within their environments. Overall, the findings from the study suggested that guidelines for good practice to support young carers merit further exploration about how to implement them in schools in the target LA.

### **9.5 What did I learn about adults’ perceptions about implementing the good practice guidelines?**

Stoll and Fink (1996) assert that there is little sense in trying to change school systems unless there is a moral purpose to improve life for students and a

clear sense of what can be achieved. Hopkins (2007:4) emphasises that schools should strive to “equalise life chances” by “tilting against inequality” and not allowing socio-economic disadvantage to determine aspirations, and this is endorsed at societal level by The Every Child Matters agenda (DfES 2004). The suggested guidelines could afford a mechanism for supporting young carers but, as Roffey (2000) notes, a range of factors (such as other priorities and management styles) can often impede change even when agreement and acceptance appear to be in place. Fullan (2006) also acknowledges the moral purpose of change but recognises that other factors need to be present within a school system (e.g. capacity, resources, peer and leadership support) in order to make change a possibility.

The literature is clear that change in schools is a complex affair and relies on an intricate interplay between factors at individual, organisational and macro levels (Stoll 1999, Fullan 2006). One of the aims of my study was to understand some of the drivers and barriers for schools in implementing the selected good practice guidelines. The findings discussed in this section relate particularly to the interviews with three adults in schools where the presentation had taken place, and with three adults from schools where the offer of the training presentation had not been taken up [see Chapter Six].

### **9.5.1 Individual teacher factors**

In Chapter Two, I highlighted Stoll’s (1999:508) suggestion that individual teacher attributes such as personal experiences, beliefs, emotions, knowledge, skills, motivation, confidence and interdependence within the school environment could influence an individual teacher’s capacity to

change. Discussion with the key people who had taken on the role of the named person for young carers indicated that all three had had previous experience of the topic; one teacher described herself as a former young carer, while the two other teachers had experience of supporting young carers in previous roles in other schools. The factors suggested by Stoll (1999) are inter-related and therefore, it is likely that other factors such as confidence, knowledge and skills also influenced these adults to take on the role of the lead person for young carers.

The force field analyses presented in Chapter Six which summarised adults' perceptions of the drivers and barriers to implementing the highlighted good practice guidelines reflected other factors at the individual teacher level. For example, as Roffey (2000) also notes, the teachers I spoke with reported the need to have the time to do what is required such as arranging training, delivering an assembly, or planning a lesson and that existing workloads could be an impediment to implementing some of the guidelines.

Some teachers suggested that particular recommendations such as delivering an assembly, a PSHE lesson or circle time about young carers might also be dependent on an individual's own level of confidence about these particular types of activity, and Jensen et al (2002) note that insufficient skills and lack of experience and confidence to do something different can inhibit change. Furthermore, the findings of the interviews presented in Chapter Six indicated that teachers needed to perceive that the changes they made would make a difference for young carers and achieve better outcomes. This has some

resonance with Altschuler et al (1999), who report that some teachers are worried that their interventions will make circumstances worse, not better, for young people with caring roles.

### **9.5.2 Factors at school level**

Cameron and Green (2004) note that individuals are governed by the norms of the groups they belong to and that teams and organisations and the leaders of those teams and organisations are all integral to the process of change. In the interviews, the role of the Head Teacher and the senior management team was often mentioned as a factor that could either drive or inhibit the implementation of recommendations for support mechanisms, with particular reference to arranging training, putting in place a named person, and adopting a policy for young carers. Roffey (2000) notes the influence of leadership style and interestingly, in School O, where all the guidelines were implemented over the course of the research, the teacher I interviewed described how the Head Teacher had played an active role in co-writing the policy and arranging for it to be ratified by the governors [see Chapter 6, section 6.3.1.v].

However, although the Head Teacher was viewed as influential, respondents also noted the influence of the staff as a whole, who had to perceive that there was a need to adopt the recommendations. This is perhaps what Georgiades and Phillimore (1975) refer to as the critical mass of people in each setting who are able to consider change and different ways of working, and what Ainscow (1998) and Hopkins (2007) call the “cadre”, an in-house team of people able to carry the work forward.

Other factors at school level focussed on school systems and the flexibility within them, and reflect what Stoll (1999) calls “structures” and what Senge et al (2000) call “organisational architecture”. Examples of systems that could inhibit or drive the implementation of the recommendations included: systems for setting up staff meetings or assemblies; systems for introducing new policies; and systems for changing admission forms.

In terms of differences between responses from teachers in presentation schools and non-presentation schools, the named people from presentation schools identified that putting in place one guideline could influence the likelihood of other guidelines being implemented. Hence, having in place a policy would be a driving factor contributing to a school organising assemblies or PSHE lessons about the topic of young carers, or setting up systems to identify young carers. Similarly, the named people also acknowledged their role in influencing change within the setting [Chapter Six, Figures 6.8 & 6.9]. Indeed, based on feedback from the voluntary agency [see Appendix 6.i], of the fifteen schools that had put in place a named person, twelve went on to either refer children to the voluntary agency or arranged for the voluntary agency to deliver a whole school assembly.

### **9.5.3 Influences external to schools**

Stoll (1999) acknowledges that external contextual influences such as political tone and economic forces at a local, national and global level impact on school change. In this study, at local level, mechanisms within the LA such as the use of the Common Assessment Framework (DfES 2004) and multi-agency meetings were seen by the adults I interviewed as factors that would

assist the implementation of systems for identifying young carers. At national level, the demands of organisations such as OFSTED were given as reasons why schools would implement the good practice guidelines and Hustler et al (2003) remark that often school training takes place to comply with external requirements. Some teachers openly said that unless the guidelines became a mandatory requirement, it was unlikely that they would be implemented, especially guidelines that required changes affecting whole-school systems such as changes to admissions procedures.

### **9.6 What did I learn about my role in promoting the good practice guidelines?**

Mackrell and Peacock (2006) suggest that external agents who are trying to promote new approaches should try and understand the needs, aims, practices and constraints of a working environment. The discussions with adults in presentation and non-presentation schools, and the use of a force field analysis instrument afforded me the opportunity to further my understanding of the adults' views about the needs of young carers and the perception of how the good practice guidelines could be used and implemented, as well as to offer further support and guidance if required.

As Chapter 6 [Section 6.3.4] indicates, what emerged from these discussions was that some of the good practice guidelines appeared easier to implement than others, and that this was dependent on individual and school factors particular to each setting. As Ainscow (1998) argues, schools are idiosyncratic communities and whilst outsiders can be involved, change has to be driven from the inside. Rose and Reynolds (2007) observe that an

important aspect of training is that adults should be critical users of information rather than passive recipients, and Lamb and Simpson (2003) remark that schools need to respond to external demands but through their own thinking and discussion. School B for example rejected the idea of changes to the admission forms, because the perception of the named person was that this would not be an appropriate way of acquiring such sensitive information. More generally, the findings suggested that guidelines such as setting up mechanisms for identifying young carers seemed to require more consideration and pose more dilemmas for schools, such as concerns about confidentiality.

Georgiades and Phillimore (1975: 315) assert that one of the roles of the external change agent is the “cultivation of the host culture” so that change can take place, and the training presentation appears to have provided an opportunity for this. There is evidence to suggest that schools value their relationship with the link EP (Ashton and Roberts 2006, Farrell et al 2006) and in this study some of the adults reported that the existing relationship between the school and the EP was, indeed, a driving factor in arranging the initial training. Sheridan (2004) claims that as a practising psychologist he is aware that talking is an act designed to influence what others are thinking or doing. As such I was aware that part of my role in delivering the training in schools was to share information about young carers but also to influence and motivate adults as individuals and schools as organisations to take any further action the school judged necessary. As Figure 9.4 suggests, the training does appear to have been a catalyst for further action in most settings. However, I

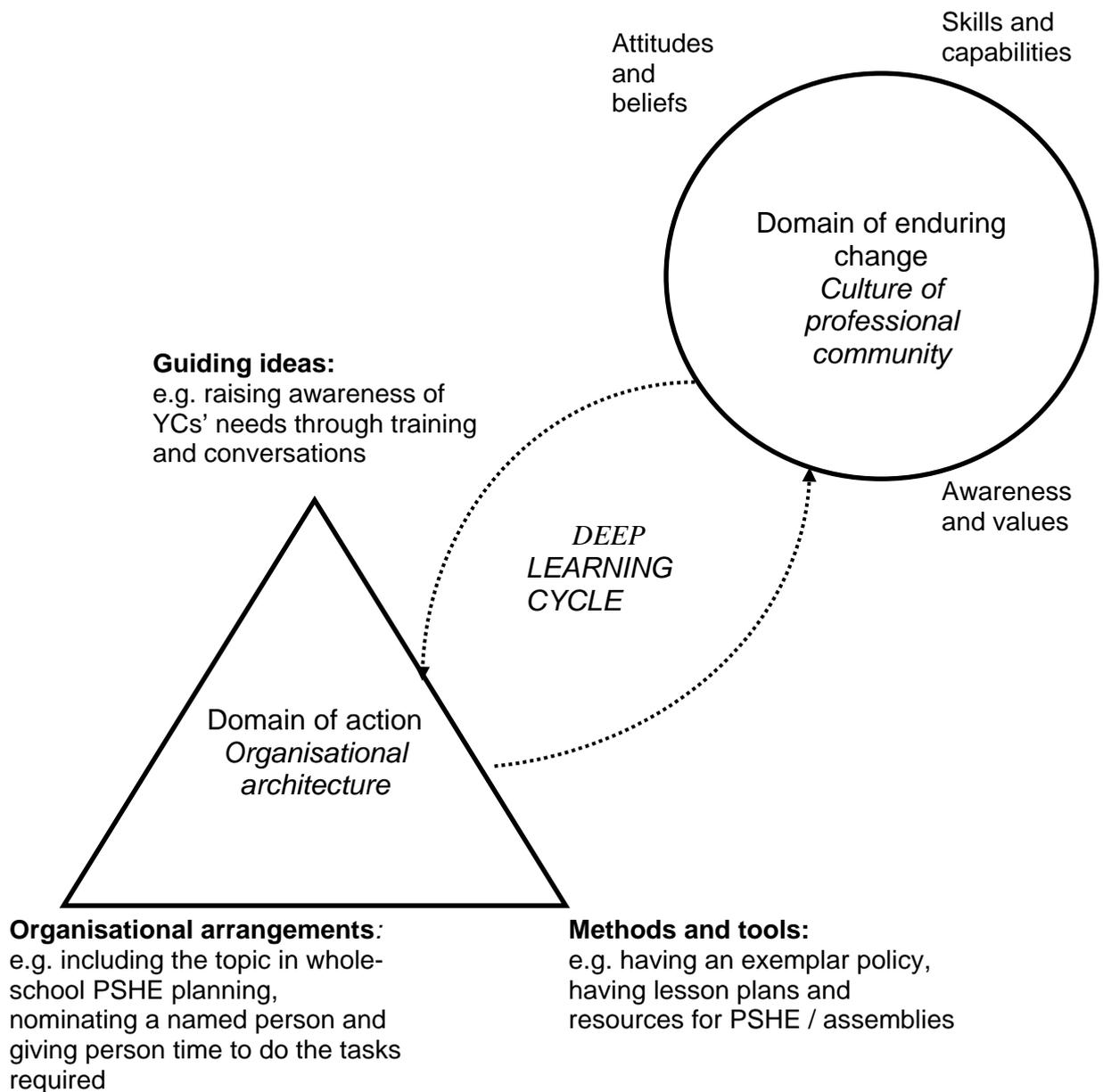
need to be aware of the limits of my influence: as Fullan (2007) notes, the notion that external ideas alone will result in change is inherently flawed. Indeed, in three schools [A, C and L] there appears to have been no further action following the training and I need to consider my role in this; for example my field notes, as discussed in Chapter Five [Section 5.5], described the training in School C as “flat” and the adults “unresponsive”. Furthermore, although I spoke with key people from three “non-presentation” schools, [see Chapter Six] all of whom talked empathetically and interestedly in the topic of young carers, none, as yet, had arranged a training presentation for their school.

Roffey (2000) notes that in order to be effective, training needs to be embedded into school organisational structures. The force field analyses with key people in schools highlighted the importance of organisational structures such as incorporating the topic of young carers into whole school plans for assemblies and PSHE lessons, and allowing time for the named person to carry out tasks related to the role. Some respondents also noted that nominating a named person as an initial step would increase the likelihood of other actions occurring.

Senge et al (2000:26) describe that in order to achieve “deep learning” and long-term change, tangible actions need to take place that reinforce individual and organisational attitudes, skills and awareness. These tangible actions operate at an organisational level and could include holding conversations

about “guiding ideas”, organisational support for the innovation and having in place methods and tools to implement new action.

**Figure 9.8 The good practice guidelines as “organisational architecture”**



Based on Senge et al (2000:26) and Arbuckle (2000:327)

Based on the findings of this study, I propose that the good practice guidelines could assist schools by developing and providing some of the “organisational architecture” needed (Senge et al 2000) and so, over time, embed attitudes, skills and awareness about the need to support young carers into the school’s culture. Senge et al (2000) call this “the domain of enduring change”. Figure 9.8 is an adaptation of Senge et al’s (2000:26) and Arbuckle’s (2000:327) models and draws upon aspects of the good practice guidelines in terms of their potential impact upon a school’s organisational architecture, the “domain of action” and the school’s culture, the “domain of enduring change”.

So, for example, the key adults in interviews suggested several restricting influences upon implementing the good practice guidelines such as time and timetabling barriers. Figure 9.8 suggests that if time and timetabling are addressed in terms of a school’s organisational structures, then it increases the likelihood of the guidelines being embedded. Similarly, having in place methods and tools such as a young carers’ policy and pre-prepared lesson or assembly plans may assist in bringing about a sustained approach to supporting young carers. Having the training in the first place, or having ongoing conversations with key people in schools sets the scene in terms of “guiding ideas”.

#### **9.6.1 Next steps in the project**

In terms of the organisational architecture, the actions taken so far by schools, have included: nominating a named person, adopting a policy; and arranging assemblies. Further dialogue with adults in schools is needed in order to

establish the reasons for this specific pattern of take-up, but it may be that these guidelines are the easiest or considered to be the most useful guidelines to implement initially. There is little evidence to suggest that perhaps the more challenging guidelines for good practice such as introducing systems for identifying and monitoring young carers, or modifying the PSHE curriculum/assembly timetable at whole-school level have been implemented.

A driving factor in implementing the guidelines, as reported by teachers in Chapter 6, was the knowledge that the recommendations would benefit young carers. Perhaps even more importantly, the next phase of the research needs to explore how effective the guidelines can be in achieving the ultimate goal of bringing about better outcomes for young carers.

I plan that the next stage of the project will involve another set of simultaneous processes operating at different levels. For example, whilst exploring ways of supporting schools who have already had the training by considering aspects of the organisational architecture, I will be exploring ways of reaching out to schools who have not yet taken up the training offer. Meanwhile, I need to consider other ways of engaging with the young carers' youth group. My proposed actions are presented in Table 9.1 and include a rationale for the proposed action based on my learning arising from this study.

**Table 9.1: Next steps in the project**

Next stage of project	Rationale
Continue to offer schools the training presentation.	Evidence in the study suggests that this “cultivates a host culture” wherein further actions & change may occur (Georgiades and Phillimore 1975).
Co-deliver the training with link EPs for schools that have not yet taken up the training offer.	Discussions with key adults in schools suggest that a driving force in arranging the training is that the trainer (EP) is known to the school (Ashton and Roberts 2006, Farrell et al 2006)
Review actions in presentation schools to support ways of embedding change in school systems. Consider how to reduce / remove the restrictive influences	It is unknown whether actions will be sustained. Robson (2002) notes that monitoring is a key principle of action research. Cameron and Green (2004) note the importance of a planned approach to reduce the force of restrictive factors whilst increasing the potential of driving factors.
Explore interest in setting up a central LA support group for named persons in schools in order to share ideas and develop practices.	Establish a cadre or critical mass at LA level (Fullan 2006). Main principle of action research is collaboration (Somekh 2005)
Forge links with the voluntary agency for young carers in order to undertake further research about the impact of the project and young carers’ perspectives of the efficacy of the recommended guidelines	The act of engaging young carers in the research was challenging for understandable reasons. Grant et al (2008) note that it can take a long period of time for a young carer to trust an adult enough to discuss their circumstances.

### 9.6.2 Personal reflections

Cameron and Monsen (2005:285) say that EPs encounter “tantalising research possibilities” in their everyday work that they are either unwilling or unable to pursue. Like Lamb and Simpson (2005:55), I found that the original

directive from the senior LA officer afforded me the opportunity to “step off the treadmill” and achieve some autonomy by developing the project further by engaging in self-directed learning through action research. The action research approach enabled me to develop a more reflective and questioning attitude to my practice (Moore 2005), since the project could have been limited to the fairly simple process of designing the training, delivering it and evaluating it by means of an immediate post-training questionnaire. However, McNiff and Whitehead’s (2006) approach to “action reflection” urges practitioners to take on a moral commitment to their work and to endeavour to bring about improvement to a social situation. Furthermore, Roffey (2000) notes that when EPs become involved in project work, it is often short-lived leading to positive by-products rather than creating a planned focus for change. I am committed to the endeavour of helping schools create better outcomes for young carers and intend this project to be an ongoing piece of work with further research activities planned in order to explore the most effective ways of supporting young carers in schools.

Mackay (2002) notes that schools are supportive of EPs undertaking project work and research, and Moore (2005) remarks that it advances schools’ understandings about the broader possibilities of the EP role if EPs are seen to be working in this way. Although the national scoping survey with EPSs suggested that EPs are not widely involved with project work concerning young carers, my question, having undertaken this work, is “why not?” since any edition of the *Educational Psychology in Practice* journal reflects the

involvement of the EP in systemic level work in relation to a range of vulnerable groups.

I am keen to disseminate my work with other EP colleagues and to enquire if, since the initial scoping exercise and during the time span of this study, there is evidence of more EPSs becoming involved in work in this area. In addition, in terms of the personal reflection and development that this research approach has afforded me, not only will this benefit my future work with the young carers' project, but it will influence my project work in other areas of research and intervention.

### **9.6.3 Limitations of the study**

In Chapter Two I acknowledged that the various strands of research might lead to breadth of coverage rather than depth. However, the research process enabled me to gain different perspectives (albeit from small samples of participants) about the good practice guidelines and their implementation in schools. One limitation of the multi-faceted approach was that the planning and process of gathering data was time consuming and when problems arose, such as the challenge of engaging young carers in interviews as described in Chapter Eight, this created pressure within the research timetable. However, the flexibility and the developmental nature of the action research approach allowed other methods to be devised and used. Nevertheless, it is acknowledged that the data arising from the research with young carers is limited and further research with young carers, through interviews or discussion groups, would be helpful in trying to understand in greater depth

what the perceived benefits of the good practice guidelines are, and what additional needs and/or measures young carers may prioritise.

McNiff (2002) highlights the speculative nature of action research, commenting that such enquiry often generates more questions than answers. Certainly, the cycle of action research described in this study should be viewed as initial inquiry into the potential implementation of the recommended guidelines. Further research about their efficacy in practice and long term outcomes is necessary and as Gorin (2004) suggests, there is a need for research about young carers' views about coping and support mechanisms to take place over a sustained period of time.

Tooley (1998) criticises reflexive research that exists in a vacuum with no appreciable benefits to others. This is especially pertinent to action research as Denscombe (2007) notes that the focus of an action research approach is often too context-specific in order to be generalisable. However, whilst the findings are specific to the participants and the settings where the research and action took place, the perceptions about the good practice guidelines ought to be of interest and use to a wider audience.

#### **9.6.4 Original contribution**

I believe that this study has made a contribution to developing further understanding about how young carers can be supported within the LA where the study took place, in that knowledge has been created about the potential efficacy and implementation of selected recommended guidelines for good practice based on those suggested by (Frank 2002) and Dearden and Becker

(2003). Furthermore, the study has explored the guidelines from a salutogenic perspective (Antonovsky 1979), taking into account the ecological systems (Bronfenbrenner 1979) that influence the promotion of the well-being of young carers by strengthening the capacity of their social support structures.

Baxter and Frederickson (2005:98) emphasise the importance of EPs engaging in work that seeks to prevent adverse outcomes for vulnerable groups by engaging with children and young people as customers who “negotiate services”, not just clients “who receive them”; this study is original because it seeks the contributions of young people who are not necessarily young carers, alongside the views of young carers themselves.

The limits of “one-off” training are acknowledged (Georgiades and Phillimore 1975, Kennedy 2005), but findings indicate that the training about young carers was a catalyst for further action in 15 of the 18 schools where training took place (see Figure 9.4). The recommendations for good practice were “offered” to adults in schools as an approach to be explored and considered, rather than being presented as a definitive answer; Moore (2005) remarks that if EPs appear to have all the solutions, it limits the relevance of our practice for work in more complex social worlds. The work with adults in schools has pinpointed through discussion as well as, uniquely, a force field analysis technique, that certain structures and tools need to be in place within the school’s organisational architecture (Senge et al 2000), with initial training

being one of these structures, in order to increase the chances of embedding good practice for young carers in a school's procedures.

#### **9.6.5 Concluding remarks**

My motivation for undertaking this action research study was to further my understanding of effective mechanisms for supporting young carers and to try and engage with schools in order to motivate them to strengthen their support systems for this potentially vulnerable group of young people. Some changes have already taken place; the challenge now is to work with schools, children and young people, and young carers to ensure that the action is sustained and that the good practice guidelines and other measures identified by ongoing research, both at local and national level, continue to afford an appropriate means of supporting young carers.

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