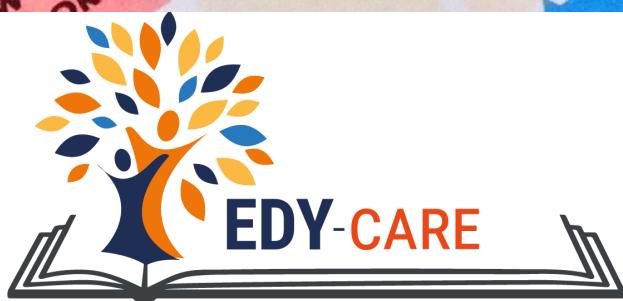




# NATIONALLY-ADAPTED SCHOOL STRATEGIES AND TOOLS TO SUPPORT YOUNG CARERS IN EDUCATION

## Piloting Report



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## || INTRODUCTION

A considerable proportion of young people across Europe carry out a significant role in caring for their ill and/or disabled family members. The young carers reality and its expression has been increasingly studied and a subject of research (Leu et al., 2019)).

Most often, young carers have been invisible in social policy and professional context, the reality is one: these children exist and can face diverse amount of difficulties if not well supported and place young carers in a more vulnerable way, and even risk, compromising their development, health and wellbeing.

If in on hand caring someone is considered natural and young carers often do not recognize themselves as carers, also health, social and educational professionals are not aware of this reality. It is turning challenging to know their needs, the effects that the caring role has on their lives and to develop sustainable policies and intervention strategies (Leu & Becker, 2016).

These caring activities can have a positive impact such as an increased level of maturity, they may be able to work well independently, to relate with adults better, give them opportunities to develop skills, ability to manage difficult situations, knowledge and confidence, tolerance, empathy, increase self-esteem, self-worth and strengthen family relations (Aldridge et al., 2016).

However, when not well supported, the caring activities can have negative impact on the young carers' education, as it can prevent them from working productively at schools, maintaining regular class attendance and reaching learning goals and negative attitudes towards high school education. By investing in innovative educational methodologies and training available to school staff, this project can contribute to promoting young carers-friendly school environments and better support young carers.

## **|| THE EDY-CARE PROJECT**

This project, *Innovative School Education Methodologies and Tools for Guaranteeing Social Inclusion of Young Carers (EDY-CARE)* aimed to empower teachers and other school staff (e.g., school nurses, psychologists, social workers, management) in upper secondary education (ISCED-3 level) to recognise adolescent young carers (16-19 years old) in classes and maximize their learning opportunities, while ensuring their social inclusion.

The specific project objectives were as follows:

- To develop an assessment tool that could help teachers and school staff to identify young carers;
- To develop and test a package of educational strategies, didactical approaches as well as organisational adjustments that schools can take to facilitate young carers and to support them in their scholastic career;
- To produce a handbook providing guidelines and recommendations on how teachers and school staff can best work with young carers;
- To develop a massive open online course (MOOC) for training teachers and school staff on the phenomenon of young carers, their needs and preferences.

By making innovative educational methodologies and training available to school staff, EDY-CARE thereby contributes to the promotion of young carers-friendly school environments.

## || THE PILOTING AND THE TOOLKIT

### **Goals**

Taking into account the international best practices identified in the 1<sup>st</sup> phase of the project, each partner has developed and piloted a toolkit of educational strategies, didactical approaches as well as organizational adjustments that schools can take to facilitate young carers and to support them in their scholastic carrier while taking into account their caring duties, and has pilot tested it.

The objectives of the practices and methodologies proposed could respond to one or more of the following goals:

- *Understand*: the school is committed to understand and address young carers' needs
- *Raise awareness*: awareness is raised by sharing knowledge about disability, illness and young carers throughout the school
- *Identify*: young carers are being identified within the school
- *Listen*: young carers are listened to, consulted with and given the time and space to talk if they need to
- *Support*: young carers are supported within the school and signposted to other services outside the school
- *Evaluate* (monitor, review and celebrate) the policies and practices implemented

### **Methodology**

Each EDY-CARE partner, with the exception of Eurocarers, established contacts with one or more secondary schools interested in being involved in the piloting in order to establish a co-development professional group. This is an approach to training that relies on the group and on the interactions between group participants to help achieve the fundamental objective, which is to improve professional practice. The group is a learning community that shares the same goals and agrees on a method: careful study of a situation experienced by a participant, and sharing of

practical “know-how,” primarily, as well as theoretical knowledge when needed. (Payette & Champagne, 2010, 7)”

The specific objectives of professional co-development groups are to learn to be more effective by devising new ways to think, feel, and act in one’s practice, develop a sense of belonging to a group, and learn to help and be helped.

Each co-development group was left free to develop and implement its own strategy, according to the specific context of the school, of the country and / or of the pupils involved.

*[In appendix, the detailed methodology that was followed for the implementation of the co-development groups in the EDY-CARE project is described].*

## **Results**

Since the approach was totally tailor-made to the needs of each country, the teams decided to adopt different methods and tools.

However, there was a prevalent focus on *awareness raising and identification*, since the topic of students young carers is still new in the countries involved. Indeed, all partners developed resources aimed to support school staff and students to be aware of who is a young carer and what difficulties he or she can encounter in school, but also adopted instruments to support schools in identify who – among their students – are actually having caring responsibilities which might affect their educational experience.

*Listen* was also a commonly targeted goal as it was identified as one of the most urgent needs of students with caring responsibilities.

**Note:** all the resources mentioned in the report can be downloaded for free by registering to the EDY-CARE E-learning course for teachers and school staff available from: <https://edycare.eu/> or at the Erasmus+ Project Results Platform <https://ec.europa.eu/programmes/erasmus-plus/projects/eplus-project-details/#project/2017-1-SE01-KA201-034583>

## **The EDY-CARE piloting in ITALY – summary**

**Context:** According to the National Institute of Statistics (ISTAT, 2015) in Italy 416000 youth between 15 and 24 years old (equal to the 7% of the Italian population in this age-range) take care of adults or older persons with disability. This data are clearly an underestimation (as they not include for example children with disability and persons with addiction, and the age range is limited, considering that for cultural reasons in Italy people are considered young up to 35 years old) but they nevertheless confirm the existence of this target group in Italy.

According to a recent research about NEETs in Italy, caring responsibility are the first reason for inactivity among Italians aged 15-29. (Italia Lavoro, 2014).

In spite of Italy being among the EU countries with the higher number of informal carers after Spain (Riedel & Kraus, 2011, p. 8), there is still little awareness and attention from policy makers as well as from practitioners to the needs of (young) carers. An important exception is that of Emilia Romagna Region that in 2014 has passed the first Italian law on carers (Legge Regionale 28 marzo 2014, n. 2), defining their status, rights and duties. At practice level, there are just some experiences targeting youth such as those for relatives of alcohol addicted persons (promoting some groups for their teenaged children) or some groups for siblings of people with disabilities. In terms of policies, those existing do not distinguish between younger and older carers.

Literature review has underlined some consequences of caregiving for younger persons, however, it should be said that we found no evidences of researches taking in account the cultural background of young carers.

As far as the psychological impact is concerned, there are relevant differences according to the type of disease/condition of the care recipient: indeed, if taking care of a sibling with disability doesn't seem to provoke any major psychic impact (Martinelli, Majorano, & Corsano, 2008), the opposite happens in case of parents with addiction to alcohol or drugs. In these cases the risk of developing a psychiatric disease increases significantly for young carers (Cosci, Lazzarini, Londi, Patussi, & Sirigatti, 2015, p. 21) and (Gorrini & Brera, 2004).

As far as the impact on education and proficiency is concerned, authors agree on the fact that there might be a risk of negative consequences for young carers. (Gorrini & Brera, 2004 and Cosci, 2015).

On the other hand, when consequences on family relationships are examined, different kind of impacts are detected: researchers often identify adultized behaviors of young carers (Caldin & Cinotti, 2014 and Ruffato, 2014), but in other cases there could be a 'single child' reaction, with sibling of people with disability detaching themselves from the household and shifting their focus on external relations (Ruffato, 2014).

As far as support services are concerned, only one study (Caldin & Cinotti, 2014) collected the opinions of 76 young sibling of people with disabilities. According to this study, the most useful support would be an help in managing emotion as well as relationships with third parties.

**Piloting:** The school involved in the piloting in Italy is an upper secondary professional school. It is an hotel management school located in Carpi (Modena) and has 230 students.

During the Co-development group participants (two educators, one teacher and the Educational Coordinator) referred they are implementing some actions to raise awareness of young carers and to identify young carers as soon as possible. They asked for help in finding new ways to listen to young carers and to support them.

1. Listen: participants referred to be interested in using a suggestion box. They noticed that, at the beginning, young carers feel ashamed to expose themselves so this box could be an useful tool for them to ask for help.
2. Support: participants decided to implement a Personalized Teaching Plan specifically address to young carers in order to meet their needs. Besides, in order to support young carers during the difficult transition from education to employment they decided to organize a face to face training to provide them tools useful for the creation of their own future business.

According to the Co-development groups (CDG), thanks to the implementation of the actions identified, young carers can feel more understood and supported in the school environment. At the same time these actions can increase awareness on young carers among the school staff, this can keep the question on what good

practices can be implemented alive, maintaining high attention on a phenomenon still little known in Italy.

### **TOOL #1: Implementation of a Personalized Teaching Plan**

The social role of young carers has been recognized by the School Council that decided to consider young carers' situation as a "Special Educational Needs". In case of students with Special Educational Needs the Class Council prepares a Personalized Teaching Plan. This school decided to make some adjustments to this document in order to let it suitable for young carers. In particular a description of young carers' situation and the related legal references has been inserted. In general, the document describes and assesses:

School Performances (difficulties in home study, school attendance, paying attention in class, difficulties in expressing their own needs and talking about their caring activity, family support and family employment situation)

- Student' strengths
- Student' strengths in working with peers
- Student behavior at school (collaboration, relationship with adults and peers, compliance with the rules, motivation to achieve good results at school, organizational skills)

The School Council decided to add in this document a part specifically aimed to young carers:

1. Discomfort concerning the caring activity (high number of school absences to take care of a family member, afternoon commitment to take care of a family member, anxiety concerning family situation, risk of school dropout, difficulties in planning for the future, sense of guilty when he/she is not involved in caring activities). For this kind of situations the Class Council is free to allow: achievement of minimum objectives in all, or some, school subjects; reduction of the amount of schoolbooks to be studied, planning of oral exams, reduction of the amount of homework, flexibility in the planning of tests, planning of oral exams to bridge gaps and the reduction of the overlap of tasks.

2. Furthermore, Class Council is free to waive the minimum school attendance limit only if the high number of absences does not affect the chance of evaluation.

This Personalized Teaching Plan has been approved by the Class Council and was used for U.H, a young carer, starting from the school year 2019/2020. In particular for this boy, who takes care of his mother, the Class Council has decided to plan oral exams, reduce the amount of homework, be flexible in planning tests, plan oral exams in order to bridge gaps and to waive the minimum limit of school attendance.

#### **TOOL #2: Suggestion box**

A suggestion box in which young carers and the other students can leave messages, communicate with school staff or ask for help in an anonymous way has been created. This box will be placed in school's recreational room where all students have free access.

#### **TOOL #3: Identification questionnaire**

The evaluation tool developed in IO1 of the EDY-CARE project was tested and then adopted in a revised version.

In the framework of the CLG the evaluation and monitoring tool developed in IO1 of the EDY-CARE was analysed and fine-tuned for an application in the framework of the school. It was then adopted as a questionnaire which will be submitted to all students enrolling for the 1<sup>st</sup> year (approximately 100 persons) in order to support the identification of young carers. Students reaching a threshold in the questionnaire are then contacted by one of the school tutors to explore further their situation and plan eventual remedial actions.

Having a screening tool to apply on a regular basis is considered extremely useful in order to get to an early identification of young carers from the very beginning of the school year. The school has incorporated the tool in a set of instruments that they were already used to submit to all students, so the adoption of the instrument was not seen as a burden to the school staff and neither as stigmatizing by students. In September 2019 On a total of 86 Questionnaires submitted, 15 Young carers were identified.

## **The EDY-CARE piloting in PORTUGAL – summary**

**The context:** All students are entitled to access and participate fully and effectively in all educational settings. The young carers are a reality, they exist but most of the time they are marginally recognized. The guiding principles of an inclusive education in accordance with Decree-Law No. 54/2018 are: a) universal educability; b) equality; c) inclusion; d) personalization; e) flexibility; f) self-determination; g) parental involvement and h) Minimal interference. Better identify young carers for better support in their educational success is the Key.

Decree-Law No. 54/2018 establishes the investment "an inclusive school where each and every one of the students, regardless of their personal and social situation, find answers to them enable the acquisition of a facilitative level of education and training of their full social inclusion. This policy priority is achieving the right of every student to inclusive education that responds to their potential, expectations and needs within a common and plural educational project that provides all the participation and sense of belonging in effective level playing field, contributing so decisively to higher levels of social cohesion ", the school should thus find ways to deal with the difference," adapting the processes of teaching the characteristics and conditions of each individual student, mobilizing the resources that has for all students learn and actively participate in the educative community".

However, national studies on the young carers are very scarce, translating their little social visibility and this ignorance can compromise their educational success, health and well-being. It is in fact a phenomenon often hidden for professionals in the field of education, as also for health, social and political professionals. Such situation may limit the allocation of appropriate resources to meet the needs of young carers.

In 2016 a study was conducted in the autonomous region of Madeira in order to analyze the perspective of nurses in primary health care on this issue and of the 157 respondents nurses, 23% states that have contacted children carers, including children who look after the grandparents ( 29%) of parents with psychiatric illness (25%) and parents with chronic illness (21%) (Pinto, Marote, Pedrosa & Figueiredo, 2016). Nationally, the teachers and staff deal daily with young carers, but not all are identified and the strategies used for better support are not accessible to all, being the intervention in the present dependent of the sensitivity and disponability of professionals.

**The piloting:** The piloting project took place in the Secondary School Dr. Joaquim Ferreira Alves in Valadares (Vila Nova de Gaia) with 1,550 students.

In order to co-create solutions to better support young carers were held group meetings and group dynamics with school professionals, and integrating the school principal, director of the group of directors, nurse and school psychologist. In these sessions there is consensus on the importance of proceeding with the identification of the young carers and strategies to promote awareness among teachers and other non-teaching professionals, proceeding to:

1. Awareness about young carers in school and in the community: Information material about young carers is presented by the elements of Edy-Care team.
2. Identification of young carers in school: The school nurse met with 400 secondary school students, providing most of the classes of the 10th Grade a presentation session and discussion about young carers. At the end students were asked to identify themselves as young carers or no carers by filling a vignette of information, then worked by Edy-Care team with teachers, the nurse and school psychologist.
3. Listening to young carers and understand their context: One of the teachers of the young carer listens him and better understand the context.
4. Establishing strategic partnerships: The Edy-Care team promoted bridges of communication and cooperation with various relevant partners to better support young carers.

It was also identified as important in supporting young carers in the future:

- a) Flexibility: Applied by teachers and provided for in Law Decree No. 55/2018;
- b) Implement the Citizenship and Development Component provided for in Law Decree No. 55/2018; and possibility to include the young carers theme;
- c) Psychological support and peer support.

#### **TOOL #1: The Young Carers - a brief introduction**

To further proceed to the recognition and awareness of the target group, was done a PowerPoint presentation that can be used by teachers, nurse, social worker and

school psychologist. It was demonstrated some videos available on the internet on young carers, followed by discussion on the subject. The presentation has an estimated time of 20m.

At the end of the presentation teachers and non-teaching staff have significantly higher levels of knowledge in relation to young carers. The success of the intervention with carers imply recognition by the teachers and staff that young carers exist. It's important to invest in awareness promotion activities within the educational community to thus better intervene in this target group.

#### **TOOL #2: Questions to identify young carers**

Identification of young carers in school. The school nurse conducts a presentation session and discussion with the groups, with the theme of young carers. In this session, students are asked to respond to identify themselves as young carers, making it anonymously to the class. Edy-Care team works the information with the class of directors, teachers, nurse and school psychologist.

The identification of young carers is one of the pillars for the success of the promotion of an inclusive school and allocation of appropriate resources.

The use of this method is recommended for its greater ease in identifying young carers. It was also identified as important in supporting young carers in the future:

- Flexibility: Applied by teachers and provided for in Law Decree No. 55/2018;
- Implement the Citizenship and Development Component provided for in Law Decree No. 55/2018; and possibility to include the young carers theme;
- Psychological support and peer support.
- Establishment of strategic partnerships: The Edy-Care team promoted bridges of communication and collaboration suggestions with different relevant partners in the region to better support young carers in particular the Portuguese Youth Institute, the Municipality of Vila Nova de Gaia and Commission national Promotion of the rights and Protection of Children and Young People.

#### **The EDY-CARE piloting in SLOVENIA – summary**

**The context:** Slovenia is one of the European countries with very low awareness of young carers. This can be attributed to the fact that informal care in general is not very acknowledged and still not fully legally regulated. The so called “Long term act” has still not been accepted by the current government. The act will eventually regulate formal and informal care and with this give much needed attention to informal care. Within informal carers there are also young carers who due to their invisibility face multiple risks. Only recently has the term young carers gained some attention in Slovenia.

**The piloting:** In the light of the described national context, Slovenian team of the EdyCare project decided to take an approach that would fit most.

The main objective was to raise awareness, identification and self-identification of young carers in society and in schools. We were able to do this by combining testing the tools of the project, and by leading a wider public campaign about this topic.

Schools were approached with an invitation to participate in the project. The majority of them collaborated in testing and piloting the EdyCare assessment tool and one school participated in collaborating in the co-design group and the implementation of its ideas. Both was part of awareness raising in school environments.

Awareness raising in wider society was done with major media breakthroughs. The team prepared articles using non-scientific language and with a range of interesting information about young carers to try to intrigue the public. They succeeded with having articles published with the most popular and widely read daily newspaper Delo (printed and online version), MMC RTV internet portal, 2 radio interviews on the national radio and having been guests at the most widely watched good morning tv show in the country.

### **The EDY-CARE piloting in SWEDEN – summary**

**The context:** In a Swedish study, it was found that out of the 2424 pupils (in the elementary school year nine) who participated, 27% were trying several times a week in different ways to make their parent feel better. Twenty percent keep an eye on their parent while 26% keep their parent company. In view of not burdening their parent, 15% avoided asking for help with school work and homework several times a week, while 12% did not ask for support for other problems. Seven percent said they performed extensive care work, 2.5% helped a parent to wash and 1.6% helped

a parent to dress, at least once a month. Of these, a slightly larger proportion were older siblings, lived in rented apartments, lived with a single mother, were born abroad or had a foreign-born parent. A slightly larger proportion of these young people indicated that household income was not always sufficient for rent, food and clothing, and more had parents who were unemployed, compared with young people in the group with a lower degree of caring (Nordenfors et al., 2014).

Three per cent of young people who answered the questionnaire stated that they stayed home at least one day a week from school to take care of a family member (Nordenfors et al., 2014). School absenteeism means that young caregivers are limited in obtaining full grades, which in turn reduces their chances of getting a job because of their care responsibilities (Becker & Leu, 2014). The surrounding social network is described as the most important factor in making care responsibilities manageable, but other factors that contribute to young people's well-being and sense of manageability are whether they have positive relationships, have a sense of hope, do well in school and achieve their goals. (Becker & Leu, 2014).

**The piloting:** There are six upper secondary schools included in the piloting. The schools have between 500 and 1500 students.

In the project Co-development group participants ask for help to identifying young carers and for information material to raise awareness among teachers and other staff about young carers.

Raise awareness about young carers in school: In four schools, the information material about young carers will be presented for a group of teachers/school staff by the EDY-CARE project member. In the other two schools, members of the Co-development group will use the presentation in their own schools.

Identifying Young Carers at school: The school nurses meet all first year students to talk about their health. Ahead of this meeting, they have to answer a questionnaire about their health. The Co-development group considered that a selection of the questions (max an A4 page with questions, but preferably only a few questions) from the questionnaire (that included MACA) could be used as a supplement to the existing health questionnaire. Therefore, the EDY-CARE project member will also

inform about the possibility for the school nurses to identify young carers, at the same time the information material will be presented in the four schools.

With these rather simple interventions, the awareness of young cares can increase among teachers and other school staff, while at the same time young cares can be identified and thereby receive support in their situation and with their schooling.

#### **TOOL #1: Young Carers – a short introduction**

This is a PowerPoint presentation that can be used to describe the group of young cares to raise awareness of the target group at school and what can be done for this students in school. The presentation is for teachers and other school staff and can be used by the school nurse, school curator or other school staff. There is explanatory text for the lecturer on each slide. There are links to two films, one about children as relatives and one about young caregivers, and if these two films are shown, the whole presentation takes about 20 minutes.

#### **TOOL #2: Questions to identify young carers**

In Sweden, the school nurses meet all first year students to talk about their health. Ahead of this meeting, they have to answer a questionnaire about their health. Questions about young carers could be used as a supplement to the existing health questionnaire. Therefore, the EDY-CARE project member will inform about the possibility for the school nurses to identify young carers during their health meeting. During this information meeting, information about the identification of young cares will be given.

# **APPENDIX 1 – THE COLLABORATIVE LEARNING GROUPS METHODOLOGY**

## ***Co-development groups***

“The co-development professional group is a development method for those who believe that learning from one another can help them to improve the way they do things. Individual and collective thought and reflection are reinforced by a structured consultation exercise which focuses on topics which the participants are currently finding problematic”. Source AFCODEV

According to the inventors of the method, co-development groups are “an approach to training that relies on the group and on the interactions between group participants to help achieve the fundamental objective, which is to improve professional practice. The group is a learning community that shares the same goals and agrees on a method: careful study of a situation experienced by a participant, and sharing of practical “know-how,” primarily, as well as theoretical knowledge when needed. (Payette & Champagne, 2010, 7)”

The specific objectives of professional co-development groups are to learn to be more effective by devising new ways to think, feel, and act in one’s practice, develop a sense of belonging to a group, and learn to help and be helped.

## ***Co-development groups in EDY-CARE***

### **Step 1 – creating a co-development group**

In each partner country (except Belgium) a co-development group (CDG) was created with representatives from schools (teachers and other school staff) together with other local stakeholders, such as for example:

- carers organizations
- representatives of research / academia
- social services / social workers
- counselling services / psychologists / pedagogists

- youth services
- policy makers
- responsible for educational / psychologist regulatory bodies
- ...
- possibly, young carers themselves

Ideally the teachers and school staff come from the schools which tested the outcomes 1 and 2, however this was not strictly necessary.

The 1st step was therefore to identify potential participants to the CDG and to invite them to take part to the group. it was free to choose the strategy that fits more to partners local contexts:

- Direct invitations through letters / phone calls / emails
- Advertisement of the opportunity to join the CDG through your communication channels (mailing-list, house-organs, social networks...)
- A mix of both strategies

To encourage participation, offer small incentives like:

- Releasing an attendance certificate
- Offering recognition such as mentioning participants in an article to the local press
- Offering recognition of credits for continuous professional development (CPD), if applicable
- Releasing a certificate / award for the organization they belong to
- Mention them in the project outcomes (handbooks, outcomes...)

## **Step 2 – organizing the CDG**

Although a structured seven steps process to implement CDG exists, for the purpose of the project we suggested a more flexible method based on:

- 1) an initial meeting to present the project and introduce participants to each other
- 2) three CD meetings, to be held in correspondence with the development of the project first working packages O1-O2-O3 – ideally the meeting took place when the development of each outcome was advanced but not completed, in order to use the

group meetings to collect inputs and feedbacks that had the chance to be incorporated.

3) a final meeting was arranged – that could be organized in coincidence with the final event.

The meetings was organized in persons or through teleconference / videoconference.

### **Step 3 – managing the CDG**

During these CD meetings, a representative from the partnership presented to the group the goal of the outcomes, the processes followed to develop it, the results achieved and problems / challenges / doubts encountered.

The others in the group acted as consultants, bringing their own experience and knowledge to bear on the problem situation. They prompted the partner to think about the issues involved and consider possible alternatives and their consequences.

Ideally, a second member of the partnership team acted as facilitator, helping the group to stay on course and to progress toward the learning objective and ensured that what is learned stems from the sharing of group members' experiences.

It was also important that the outcomes of each meetings were documented through a report or minutes.

In case meetings were recorded (it was not compulsory but useful for reporting), a written permission was collected from participants.

#### **Meeting 1 – Duration: approx. 1,5 hours**

- The project partners introduced EDY-Care and its goals and explained the aims and the organization of the CDG. If necessary, the presentation incorporated and introduction to the topic of young carers (20 min)
- Each participant introduced him/herself and explained his/her role in connection with young carers (have they ever met them? in which circumstances?) and the expertise he/she could bring to the group (20 min)

- The project partner facilitated the discussion among CDG members to explore if they had any preliminary ideas or proposals re. how to support young carers in education (30 min). For example, they asked:
  - o Have they ever met young carers in work? Can they describe some cases?
  - o What kind of problems / barriers to education faced by young carers have they identified? [If they mentioned bullying –this could be an issue]
  - o Have they already tried to implement any strategies / tool to support them? Which ones?
  - o (if not) Do they have any ideas about possible strategies / tool that the school can implement? [they might think about strategies in use for other target groups that can be adapted to young carers]
- Agreement on the next steps and conclusion (10-15 min)

## **Meeting 2 – Duration: approx. 1,5 hours**

- The project partners introduced Outcome 1 (the assessment questionnaire): its goal, the development process, the questions etc. (20 min.) It was also possible to anticipated it to participants by email and ask them to read it in advance.
- The project partners facilitated the discussion among CDG members with the goal to understand how they perceived the questionnaire, if they would change anything, if and how it could be used in their own contexts. (60 min.) Some possible questions for discussion were:

- Do you think that this tool is useful to identify young carers in your class / school? Yes? No? Why?
- If you had to use the questionnaire in your class / school:
- Who will submit it (for example: the school counsellor, the school nurse...)?
- To whom (for example: to all kids, only to kids who are suspected to be young carers...)?
- When (for example: at the beginning of each school year, only in the enrollment stage...)?

- What would you do once the questionnaire show that the student is probably a young carer (for example: would you talk with him/her? Would you refer him/her to someone else...)?
- To whom would you report the results, in case they show the student is probably a young carer (for example: to the principal, to the school nurse, to the community social worker...)?
- Do you envisage any obstacles in using it (for example: ethical, privacy...)? If yes, how do you think it could be overcome?
- Agreement on the next steps and conclusion (10-15 min)

### **Meeting 3 – Duration: approx. 1,5 hours**

- The project partners introduced the collection of European best practices [a presentation was prepared by EuroCarers] and a proposal for their adaptation for use at national level prepared by each project partner also based on the outcomes of meeting 1 and 2
- The project partner facilitated the discussion among CDG members with the goal to understand how they perceived the tools, if they would change anything, if and how it could be used in their own contexts. (60 min.) Some possible questions for discussion were:
  - Do you think that this tool / strategy is useful to support young carers in your class / school? Yes? No? Why?
  - If you had to use the tool / strategy in your class / school:
  - Who will use it (for example: the school counsellor, the school nurse...)?
  - With whom (for example: to all kids, only to kids who are suspected to be young carers...)?
  - For which purpose (for example: awareness raising, reconciliation...)?
  - How would you measure the impact of the tool / strategy?
  - Do you envisage any obstacles in using it (for example: ethical, privacy...)? If yes, how do you think it could be overcome?
- Agreement on the next steps and conclusion (10-15 min)

## **Meeting 4 – Duration: approx. 1 hour**

The aim of this meeting was to collect inputs for the handbook and – namely – to collect suggestions, recommendations and feedbacks coming from the pilot testing of the tools / strategy in the school. The discussion was therefore based on the following topics:

- Think about the piloting of the tools / strategy in your school:
  - o What worked well? Why?
  - o What didn't work well? Why?
  - o Should you have the opportunity to start again the piloting, is there anything you would do differently? What and why?
  - o Should you have the opportunity to give suggestions to a colleague willing to implement the tools / strategy in another school, what would you tell him / her?
  - o Who do you think are the key-professionals to be involved for an effective implementation?
- Let's now think about sustainability:
  - o Do you think you will keep using the tools / strategy now that the project has come to an end?
    - If no: why?
    - If yes: what would you keep? How (for example: with which resources?)

## **Meeting 5 – Final event**

The CDG members was invited to take part to the final national dissemination event as speakers, an opportunity to meet again and to share with attendants their direct experience in the implementation of the project. This was also visibility opportunity for them and the chance to thank them publicly for their contribution to the project.

## **APPENDIX 2 – REPORT OF THE PILOTING – ITALY**

In accordo con i dati dell'Istituto Nazionale di Statistica (ISTAT, 2015), in Italia sono 416000 i giovani di età compresa tra i 15 ed i 24 anni (pari a circa il 7% della popolazione italiana di questa fascia di età) che si prendono cura di adulti o anziani con disabilità. Questo numero è certamente sottostimato in quanto non include i minori con disabilità e le persone con una dipendenza, inoltre la fascia d'età esaminata risulta limitata dal momento che, per ragioni culturali, in Italia si è considerati giovani fino ai 35 anni. Tuttavia i dati confermano l'esistenza di questo gruppo target in Italia.

In linea con recenti studi sui NEET in Italia, le responsabilità di cura sono il primo motivo di inattività tra i giovani italiani di età compresa tra i 15 ed i 29 anni che non studiano né lavorano (Italia Lavoro, 2014).

Nonostante il fatto che l'Italia sia tra i paesi Europei con il maggior numero di caregiver informali, seconda solo alla Spagna, (Riedel & Kraus, 2011, p. 8), c'è ancora scarsa consapevolezza e attenzione da parte dei policy makers e dei professionisti ai bisogni dei (giovani) caregiver. Un'importante eccezione è rappresentata dalla Regione Emilia Romagna che nel 2014, prima in Italia, ha emanato una Legge Regionale sul Caregiver Familiare (Legge Regionale 28 marzo 2014, n. 2) che ne definisce ruolo, diritti e doveri.

Nel nostro territorio sono presenti ancora poche esperienze rivolte ai giovani caregiver, si rilevano alcune iniziative rivolte ai familiari di persone con dipendenza da alcool (promozione di gruppi rivolti ai figli adolescenti) o alcuni gruppi rivolti ai fratelli di persone con disabilità. In termini di politiche non esistono distinzioni tra i caregiver giovani ed adulti.

Da una revisione della letteratura è emerso come il prendersi cura abbia un impatto sui giovani caregiver; tuttavia non abbiamo trovato evidenze di ricerche che tengano conto del background culturale dei giovani caregiver.

Per quanto concerne l'impatto psicologico della cura, si riscontrano differenze in base alla patologia della persona assistita. Le ricerche mostrano che prendersi cura di un fratello con disabilità non sembra avere un grande impatto sulla salute mentale (Martinelli, Majorano, & Corsano, 2008), a differenza dei casi di figli di persone con una dipendenza da alcool o sostanze. In questi casi il rischio di sviluppare un disturbo psichiatrico aumenta in modo significativo nei giovani caregiver (Cosci, Lazzarini, Londi, Patussi, & Sirigatti, 2015, p. 21; Gorrini & Brera, 2004).

Per quanto riguarda l'impatto del prendersi cura sull'istruzione e sul profitto scolastico, gli autori concordano sul fatto che ci sia il rischio di conseguenze negative per i giovani caregiver (Gorrini & Brera, 2004, Cosci, 2015).

Dall'altro lato quando vengono esaminate le conseguenze sulle relazioni famigliari, si rilevano diverse tipologie di impatto: i ricercatori hanno spesso rilevato comportamenti "adultizzati" nei giovani caregiver (Caldin & Cinotti, 2014 and Ruffato, 2014), mentre si può trovare la "sindrome del figlio unico" nei casi di fratelli di persone con disabilità che tendono ad allontanarsi dalla famiglia focalizzando la propria attenzione sulle relazioni esterne (Ruffato, 2014).

Per quanto concerne i servizi di supporto, solo uno studio (Caldin & Cinotti, 2014) ha raccolto le opinioni di 76 ragazzi, fratelli di persone con disabilità. Secondo questo studio, il supporto più utile riguarderebbe un aiuto nella gestione delle emozioni e delle relazioni con il mondo esterno.

La scuola coinvolta nella sperimentazione è un ente di formazione professionale che fornisce la qualifica di operatore della ristorazione, si trova a Carpi (Modena) e conta 230 studenti.

Durante il gruppo di apprendimento cooperativo i partecipanti (due educatori, un insegnante ed il coordinatore didattico) hanno riferito che da alcuni anni stanno implementando nella loro scuola delle azioni atte ad incrementare la consapevolezza circa i giovani caregiver ed identificare i giovani caregiver il prima possibile. Chiedono aiuto nel trovare nuovi modi per ascoltare e supportare i giovani caregiver.

1. Ascolto: i partecipanti riferiscono di essere interessati all'utilizzo della scatola dei suggerimenti. Nella loro esperienza hanno notato che, inizialmente, i giovani caregiver si vergognano, faticano a raccontarsi e a chiedere aiuto quindi questa scatola può essere un utile strumento.
2. Supporto: i partecipanti hanno deciso di creare ed utilizzare un Piano Didattico Personalizzato rivolto esplicitamente ai giovani caregiver al fine di rispondere ai loro bisogni. Inoltre, per supportare i giovani caregiver in quello che può essere il difficile passaggio dal mondo della scuola a quello del lavoro hanno deciso di organizzare

un workshop che fornisse ai giovani caregiver degli strumenti di supporto nella creazione della loro futura attività lavorativa.

3. Sensibilizzazione: si concorda sull'importanza di attivare azioni di sensibilizzazione sulla cura rivolte a tutto il gruppo classe, sia per favorire l'auto-identificazione che per prevenire il rischio di bullismo.

Si ritiene che tramite l'implementazione delle azioni identificate i giovani caregiver possano sentirsi maggiormente capiti e supportati nel contesto scolastico. Allo stesso tempo queste azioni permettono di sensibilizzare maggiormente il personale scolastico sul tema dei giovani caregiver facendo in modo che ci si continui ad interrogare su quelle che possono essere le buone pratiche da attuare mantenendo alta l'attenzione su un fenomeno ancora poco conosciuto in Italia.

## **1 - IMPLEMENTAZIONE DI UN PIANO DIDATTICO PERSONALIZZATO**

Il ruolo sociale dei giovani caregiver è stato riconosciuto dalla scuola ed incluso come Bisogno Educativo Speciale per il quale il Consiglio di Istituto ha predisposto uno specifico Piano Didattico Personalizzato. In particolare all'interno del documento è stata inserita una specifica che spiega chi sono i giovani caregiver ed i relativi riferimenti normativi. Nel documento vengono descritti e valutati:

- Prestazioni scolastiche (eventuali difficoltà nello studio domestico, presenza a scuola, attenzione a scuola, difficoltà ad esprimere i propri bisogni e a parlare della situazione di caregiver, supporti alla famiglia già attivi, situazione lavorativa)
- Punti di forza dell'alunno
- Punti di forza nel gruppo classe
- Caratteristiche comportamentali (collaborazione, relazione con gli adulti e con i pari, rispetto delle regole, motivazione al lavoro, organizzazione)

A questi aspetti, presenti in tutti i Piani Didattici Personalizzati, è stata aggiunta una parte specificatamente rivolta ai giovani caregiver:

- Disagi derivanti dalla situazione familiare - giovane caregiver (effettua un elevato numero di assenze per assistere un familiare, è impegnato nelle ore pomeridiane per assistere un familiare, mostra ansia e preoccupazione per la situazione familiare, sta pensando di abbandonare la scuola, non riesce a progettare il suo futuro, avverte un senso di colpa quando non assiste il familiare).

Per tale situazione il consiglio di classe è libero di predisporre: obiettivi minimi in tutte o alcune materie, riduzione dei testi da studiare, interrogazioni programmate, riduzione dei compiti a casa, flessibilità nell'organizzazione delle verifiche, verifiche ridotte o facilitate, interrogazioni per colmare eventuali lacune, riduzione della sovrapposizione di compiti. Inoltre il consiglio di classe è libero di derogare al limite minimo la frequenza scolastica a condizione che l'elevato numero di assenze non pregiudichi la possibilità di procedere alla valutazione.

Questo Piano Didattico Personalizzato è stato approvato dal Consiglio di Classe e verrà utilizzato per U.H, un giovane caregiver, a partire dall'anno scolastico 2019/2020. Nello specifico per questo ragazzo, che si prende cura della mamma, il Consiglio di Classe ha predisposto: interrogazioni programmate, riduzione dei compiti a casa, flessibilità nell'organizzazione delle verifiche, interrogazioni per colmare eventuali lacune e deroga al limite minimo della frequenza scolastica.

Le raccomandazioni che possiamo fornire alle scuole che desiderano implementare questa azione riguarda il fatto che risulta fondamentale che il Piano Didattico Personalizzato venga condiviso da tutti i componenti del Consiglio di Classe. Tutti gli insegnanti, educatori, tutor e le persone che lavorano con il giovane caregiver devono conoscere ed impegnarsi nel rispettare le misure adottate.

## **2- SCATOLA DEI SUGGERIMENTI**

È stata creata una scatola all'interno della quale i giovani caregiver e gli altri studenti possono lasciare dei messaggi, comunicare con il consiglio di classe e chiedere aiuto in modo anonimo. Questa scatola è stata collocata nell'aula ricreativa della scuola, luogo a cui i ragazzi hanno libero accesso.

## **3- QUESTIONARIO DI IDENTIFICAZIONE**

Il questionario di identificazione sviluppato nell'IO1 del progetto EDY-CARE è stato testato e poi adottato in una versione modificata.

Nell'ambito dei GAC è stato analizzato il questionario di valutazione sviluppato nell'IO1 del progetto EDY CARE e sono stati fatti degli aggiustamenti per renderlo applicabile nel contesto della Scuola. Il questionario è stato poi adottato in una versione che sarà sottoposta a tutti gli studenti del primo anno (circa 100 ragazzi) fin dai primi giorni di scuola, al fine di supportare un'identificazione precoce dei giovani caregiver. Gli studenti che avranno raggiunto una certa soglia di punteggio

saranno poi contattati dai tutor scolastici per un colloquio volto ad approfondire la situazione familiare e a proporre eventuali soluzioni per ridurre l'impatto negativo del carico di cura.

La disponibilità di uno strumento di screening da applicare regolarmente è molto utile per identificare precocemente gli studenti con responsabilità di cura, fin dall'inizio dell'anno. La scuola ha incorporato il questionario in una serie di moduli che erano già soliti sottoporre per favorire la conoscenza iniziale dei nuovi studenti, quindi non è stato percepito né come un carico aggiuntivo per gli insegnanti, né come stigmatizzante per i ragazzi. A Settembre 2019 sono stati sottoposti 86 questionari ai nuovi studenti. Di questi 15 Sono stati identificati come potenziali giovani caregiver.

## **APPENDIX 3 – REPORT OF THE PILOTING – PORTUGAL**

Todos os alunos têm direito ao acesso e à participação de modo pleno e efetivo em todos os contextos educativos. Os jovens cuidadores existem e são uma realidade embora muitas à margem do reconhecimento devido. São princípios orientadores da educação inclusiva de acordo com o Decreto-Lei n.º 54/2018: a) educabilidade universal; b) equidade; c) inclusão; d) personalização; e) flexibilidade; f) autodeterminação; g) envolvimento parental e h) Interferência mínima. Importa melhor identificar os jovens cuidadores para os melhor apoiar no seu sucesso educativo.

O Decreto-Lei n.º 54/2018 estabelece o investimento “ numa escola inclusiva onde todos e cada um dos alunos, independentemente da sua situação pessoal e social, encontram respostas que lhes possibilitam a aquisição de um nível de educação e formação facilitadoras da sua plena inclusão social. Esta prioridade política vem concretizar o direito de cada aluno a uma educação inclusiva que responda às suas potencialidades, expectativas e necessidades no âmbito de um projeto educativo comum e plural que proporcione a todos a participação e o sentido de pertença em efetivas condições de equidade, contribuindo assim, decisivamente, para maiores níveis de coesão social”, devendo a escola, encontrar formas de lidar com a diferença, “adequando os processos de ensino às características e condições individuais de cada aluno, mobilizando os meios de que dispõe para que todos aprendam e participem na vida da comunidade educativa”.

Contudo, a nível nacional os estudos sobre os jovens cuidadores são escassos, traduzindo a sua pouca visibilidade social e podendo este desconhecimento comprometer o seu sucesso educativo, saúde e bem-estar. Trata-se de facto de um fenómeno muitas vezes escondido para os profissionais na área da educação, como inclusivamente, para os profissionais das áreas da saúde, social e política. Tal situação pode limitar a alocação dos recursos apropriados para a satisfação das necessidades dos jovens cuidadores.

Em 2016, foi realizado um estudo na região autónoma da Madeira com o intuito analisar a perspetiva dos enfermeiros dos cuidados de saúde primários sobre esta questão e dos 157 enfermeiros entrevistados, 23% refere que já contactou com

crianças cuidadoras, designadamente crianças que cuidam dos avós (29%), de pais com doença psiquiátrica (25%) e de pais com doença crónica (21%) (Pinto, Marote, Pedrosa & Figueiredo, 2016). A nível nacional, os docentes e não docentes lidam diariamente com jovens cuidadores, mas nem todos são identificados e, as estratégias utilizadas para os melhor apoiar não são acessíveis a todos, ficando a intervenção atualmente dependente da sensibilidade e disponibilidade dos profissionais.<sup>1</sup>

O projeto piloto decorreu na Escola Secundária Dr. Joaquim Ferreira Alves, em Valadares (Vila Nova de Gaia) com 1550 alunos.

No sentido de se co-criarem soluções para melhor apoiar os jovens cuidadores foram realizadas reuniões e dinâmicas de grupo, com profissionais da escola e, integrando o diretor da escola, o diretor dos diretores de turma, a enfermeira e o psicólogo escolar. Destas sessões resultou o consenso na importância de se proceder à identificação dos jovens cuidadores e estratégias para promover o reconhecimento entre os professores e outros profissionais não docentes, procedendo-se a:

1. Sensibilização acerca da existência dos jovens cuidadores na escola e na comunidade: Material de informação acerca dos jovens cuidadores apresentado pelos elementos da equipa Edy-Care;
2. Identificação dos jovens cuidadores na escola: A enfermeira escolar reuniu-se com 400 alunos do ensino secundário, promovendo em todas as turmas do 10º ano, uma sessão de apresentação e discussão sobre os jovens cuidadores. No final foi pedido aos alunos para se identificarem ou não como jovens cuidadores, preenchendo uma ficha de informação. A informação foi depois trabalhada pela equipa Edy-Care com os docentes, enfermeira e psicólogo escolar;
3. Escutar os jovens cuidadores e compreender o seu contexto: Um dos docentes do jovem cuidador escuta e comprehende melhor o seu contexto;

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<sup>1</sup> Decreto-Lei n.º55/2018. Diário da República, 1.ª serie – N.º 129 – 6 de julho de 2018.

Pinto, C. A., Marote, A. S. F., Pedrosa, P. M. N., & Figueiredo, M. D. C. B. (2016). Crianças como cuidadores: uma investigação sobre a perspetiva dos enfermeiros da região Autónoma da Madeira. Revista de Enfermagem Referência, (9), 21-28.

4. Estabelecimento de parcerias estratégicas: A equipa Edy-Care promoveu pontes de comunicação e colaboração com distintos parceiros relevantes para melhor apoiar os jovens cuidadores.

Foram igualmente identificadas como práticas relevantes no apoio aos jovens cuidadores no futuro:

- a) Flexibilidade: Aplicada pelos docentes e prevista no decreto de lei nº 55/2018;
- b) Implementar na componente curricular - Cidadania e Desenvolvimento, prevista no decreto de lei nº 55/2018, a temática dos jovens cuidadores;
- c) Apoio Psicológico e apoio entre pares.

Com este conjunto de intervenções bastante simples, pretende-se promover a sensibilização acerca dos jovens cuidadores por docentes e não docentes. Ao mesmo tempo, pretende-se contribuir para uma melhor identificação dos jovens cuidadores para que desta forma, possam receber os apoios necessários à sua condição e promovam o sucesso educativo.

## **1- OS JOVENS CUIDADORES - UMA BREVE INTRODUÇÃO –**

Para melhor se proceder ao reconhecimento e sensibilização do grupo-alvo, realizou-se uma apresentação em PowerPoint que pode ser utilizado pelos docentes, enfermeiro, assistente social e psicólogo escolares. Foram demonstrados alguns vídeos disponíveis na internet sobre jovens cuidadores, seguido de discussão sobre a temática. A apresentação tem tempo estimado de 20m.

No final da apresentação os docentes e os não docentes apresentam níveis significativamente maiores de conhecimentos em relação aos jovens cuidadores.

O sucesso da intervenção junto dos cuidadores implica o reconhecimento por parte dos docentes e não docentes que os jovens cuidadores existem. Importa investir em ações de promoção de sensibilização junto da comunidade educativa para assim, melhor se intervir neste grupo-alvo.

## **2 - PERGUNTAS PARA IDENTIFICAR JOVENS CUIDADORES**

Identificação dos jovens cuidadores na escola. A enfermeira escolar procedeu a uma sessão de apresentação e discussão com as turmas, com a temática dos jovens cuidadores. Nesta sessão, os alunos são convidados a responderem se se identificam como jovens cuidadores, fazendo-o de forma anónima para a turma. A equipa Edy-Care trabalha a informação com os diretores de turma, docentes, a enfermeira e o psicólogo escolar.

A informação recolhida junto dos 400 alunos identificou com este método 18 jovens que co-habitam com o familiar com doença ou deficiência e a sua participação na prestação de cuidados.

A equipa Edy-Care juntamente com a enfermeira escolar entrou em contacto com a direção da escola no sentido de se promover com o diretor de turma, a oportunidade de escutar os jovens identificados e avaliar melhor o seu contexto e as necessidades.

Este método demonstrou ser de fácil e rápida utilização, facilitando a identificação de potenciais jovens cuidadores que podem ser posteriormente confirmados por método de entrevista ou questionário desenvolvido pela equipa Edy-Care com base no instrumento MACA.

A identificação dos jovens cuidadores é um dos pilares para o sucesso da promoção de uma escola inclusiva e a alocação dos recursos apropriados.

A utilização do presente método é recomendável pela sua maior facilidade na identificação dos jovens cuidadores.

Foram igualmente identificadas como relevantes no apoio aos jovens cuidadores no futuro:

- 1) Flexibilidade: Aplicada pelos docentes e prevista no decreto de lei nº 55/2018;
- 2) Implementar na componente curricular - Cidadania e Desenvolvimento, prevista no decreto de lei nº 55/2018, a temática dos jovens cuidadores.
- 3) Apoio Psicológico e apoio entre pares.
- 4) Estabelecimento de parcerias estratégicas: A equipa Edy-Care promoveu pontes de comunicação e sugestões de colaboração com distintos parceiros

relevantes na região para melhor apoiar os jovens cuidadores, designadamente o Instituto Português da Juventude, a Câmara Municipal de Vila Nova de Gaia e Comissão Nacional de Promoção dos Direitos e Proteção das Crianças e Jovens.

## **APPENDIX 4 – REPORT OF THE PILOTING – SLOVENIA**

V Sloveniji je področje mladih oskrbovalcev še vedno po večini neraziskano. Mladi oskrbovalci so nevidna populacija, ki je neprepoznan oz. se tudi sama ne identificira. Tudi sam izraz "mladi oskrbovalec" ni uveljavljen v širši javnosti.

Poleg pomanjkanja znanja o skupini mladih oskrbovalcev in načinov prepoznavanja potreb ter preferenc mladih oskrbovalcev, prav tako ne obstaja posebna zakonodaja, ki bi ščitila in podpirala mlade oskrbovalce ter njihove družine. Trenutni sistem nudi le posredno podporo skozi zakonodojo o socialni varnosti, družinski politiki in nasilju v družini.

Cilj našega dela pri projektu EdyCare (in drugih projektih) je najprej predvsem osvetliti problematiko in skupino mladih oskrbovalcev. Mlade oskrbovalce je potrebno prepoznati in jih nuditi potrebno podporo. Ključno vlogo pri tem igra celoviti pristop s sodelovanjem različnih institucij (npr. šol, ministrstva, zdravstvenih domov ipd.) in drugimi vladnimi organi, ki se pri svojem delovanju osredotočajo na dobrobit otrok in mladostnikov. Izredno pomembnega pomena je tudi zgodnja prepoznavava in pri tem imajo ključno vlogo predvsem šole, ki predstavljajo kontaktno točko, kjer imamo možen dostop do vseh mladostnikov. Podpora za mlade oskrbovalce je naibolj smiselno oblikovati skupaj z mladimi oskrbovalci, saj je na tak način podpora res lahko prilagojena njihovim potrebam.

V Sloveniji smo rezultate in orodja projekta EdyCare pilotirali na 2 načina.

V prvem delu smo vprašalnik, ki smo ga razvili skupaj s partnerji preizkusili na različnih šolah. To pomeni, da smo vprašalnik v spletni obliki (spletna anketa) poslali na različne šole s prošnjo, če ga lahko rešijo njihovi dijaki in dijakinje. Tako smo stestirali razumljivost in smiselnost orodja.

Pri testiranju vprašalnika so sodelovale:

- Srednja vzgojiteljska šola, gimnazija in umetniška gimnazija Ljubljana
- Srednja šola Jesenice
- Srednja šola Veno Pilon Ajdovščina
- Šolski center Novo mesto – Srednja gradbena, lesarska in vzgojiteljska:
- Srednja zdravstvena šola Ljubljana
- III. gimnazija Maribor

- Gimnazija Frana Miklošiča Ljutomer
- Gimnazija Celje Center

Naštete šole izobražujejo za različne poklice (vzgojitelj, zdravstveni tehnik in drugo) ter izvajajo gimnazijske programme in programme umetniške gimnazije.

Vse skupaj je vprašalnik stestiralo 401 dijakov in dijakinj.

V drugem delu smo metodo so-design skupine izvedli na Srednji vzgojiteljski šoli, gimnaziji in umetniški gimnaziji Ljubljana. V sklopu tega procesa smo tesno sodelovali s svetovalno delavko, učiteljem praktičnega pouka in ravnateljem. Skupaj z njimi smo pripravili in izvedli predavanje za cel učiteljski zbor, se z učitelji različnih predmetov in smeri pogovarjali o mladih oskrbovalcih, njihovih potrebah, željah ipd., predvsem pa kako jih lahko prepoznamo in kaj (če kaj) lahko naredimo za njih. Za same dijake pa smo pripravili PPT predstavitev.

Naš cilj je bil k sodelovanju v projektu pritegniti čim večje število šol, da bi lahko kar najbolj na široko testirali in diseminirali orodja in rezultate projekta, prav tako pa skupaj s šolami poskušali dvigniti raven zavedanja o mladih oskrbovalcih med zaposlenimi na šolah.

Ekipa projekta na čelu z vodjo smo se skupaj odločili vabilo k sodelovanju razširiti čim širše. Tako nam je uspelo k testiranju vprašalnika privabiti skupno šol. Na teh šolah smo poleg pilotiranja vprašalnika preko poslanih gradiv tudi poskušali ozaveščati o mladih oskrbovalcih na splošno in o tem kako lahko v šoli odreagirajo na njihove potrebe in specifične situacije.

S Srednjo vzgojiteljsko šolo, gimnazijo in umetniško gimnazijo Ljubljana smo v naslednjih korakih stkali tesnejše sodelovanje časa in skupaj s šolo in različnimi profili zaposlenih (svetovalna delavka, ravnatelj, drugi učitelji) iskati rešitve, primere dobrih praks in ozaveščati zaposlene o mladih oskrbovalcih ter kako se lahko odzovemo na njihove specifične situacije in potrebe. Prav tako smo informacije o mladih oskrbovalcih kot posebni skupini mladih poskušali približati dijakom te šole.

Poudariti je pomembno, da smo upoštevali potrebe in zmožnosti šol, tako časovne kot kadrovske. Prilagodili smo se njihovim željam in pripravljenosti, zato smo orodja in znanja projekta izvajali v dveh različnih fazah. Ena izmed največjih ugotovitev je, da na šolah (kot tudi v širši javnosti) niso seznanjeni z mladimi oskrbovalci, njigovimi potrebami in raznolikimi realnostmi.

Naša strategija v projektu EdyCare je bila povezati se s čim več šolami, z izobraževalci in pedagogi za različne poklice ter v različnih regijah in skupaj z njimi preizkusiti različna orodja projekta.

Glede na želje, pripravljenosti in zmožnosti posameznih šol, smo se tekom izvajanja odločili strategijo prilagoditi.

Ne glede na to, da smo orodja testirali v različnih okoljih, sta bili obe orodji oziroma metodi preverjeni v raznolikih šolskih okoljih in ovrednoteni tudi s strani zaposlenih na šoli.

Sam vprašalnik za prepoznavanje mladih oskrbovalcev kot tudi co-design skupina, ki je obrodila raznolike ideje o ozaveščanju in dvigovanju zavedanja o mladih oskrbovalcih, sta se izkazala kot med seboj povezljiva. Orodji lahko šole ali zaposleni v šolah uporabljajo skupaj ali ločeno glede na to kaj sami presodijo, da bi jim najbolj koristilo.

Povezovanje aktivnosti ozaveščanja ter uporaba vprašalnika za mlaude oskrbovalce lahko šoli in njenim zaposlenim prinese nove informacije o morebitnih mladih oskrbovalcih ter rodi samo-prepoznavanje mladih kot oskrbovalcev. Ozaveščanje lahko doprinese tudi dijakom, ki niso mladi oskrbovalci, saj lahko prepoznaajo kot mladega oskrbovalca katerega izmed sošolcev in mu ponudijo oporo ter ga usmerijo na primerno šolsko službo.

Uporaba orodij projekta ni omejena na šole in njene zaposlene. K uporabi vabimo vse, ki delajo neposredno ali posredno z mladimi.

### **1 - PPT predstavitev “Kdo so mladi oskrbovalci?”**

Za dvigovanje zavedanja in poskus prepoznavanja in samo-prepoznavanja smo pripravili kratek a informativen power point slide show.

V PPT predstavitvi so naštetele osnovne značilnosti mladih oskrbovalcev. Našteli smo kaj vse lahko mladi oskrbovalci počnejo (in še mnogo več kot le to). Našteli smo glavne skupine in oblikova zdravstvenih stanj, bolezni, oviranosti ali drugih situacij s katerimi se lahko srečujejo.

Video kolaž je dostopen tukaj:

<https://www.youtube.com/watch?v=lutL1BOYtA4&feature=youtu.be>

PPT predstavitev in video kolaž smo uporabljali skupaj kot povezljiva pripomočka. Oboje smo uporabljali pri predstavitvah za dijake in dijakinje ali za skupine učiteljev (na primer učiteljski zbor).

Obe skupini sta se na kombinacijo orodij odzvali pozitivno. PPT predstavitev je služila kot del uvodnega orisa kdo sploh so mladi oskrbovalci in zakaj se pravzaprav znajdejo v tej vlogi. Video kolaž je predstavitev okrepil z nazornimi prikazi vsakdanjega življenja izbranih mladih oskrbovalcev. Na to so imeli tako učitelji kot dijaki izjemne odzive.

Tako PPT predstavitev kot video kolaž se lahko uporablja individualno ali v povezavi z drugim orodjem ali širše.

Namen obojega je služiti kot osnova za oblikovanje predstavitve, pogovora, razredne ure na to temo. Obe orodji sta primerni za direktno implementacijo ali pa za posodobitev glede na lasno presojo.

## **2 - VPRAŠALNIK ZA PREPOZNAVANJE MLADIH OSKRBOVALCEV**

V sodelovanju s partnerji iz Belgije, Portugalske, Italije in Švedske smo razvili "vprašalnik za prepoznavanje mladih oskrbovalcev". Vprašalnik temelji na orodju MACA, ki smo mu dodali še nekaj nacionalno specifičnih vprašanj. MACA YC-18 je večdimenzionalno ocenjevalno orodje o oskrbovalnih aktivnostih.

Vprašalnik je namenjen mladim. Mlade osebe rešijo vprašalnik in iz njihovih odgovorov lahko sklepamo o ravni pomoči oziroma oskrbovalnih aktivnostih.

## APPENDIX 5 – REPORT OF THE PILOTING – SWEDEN

I en svensk studie visade det sig att av de 2424 elever, i årskurs nio, som deltog var det 27 % som flera gånger i vecka på olika sätt försöker få sin förälder att må bättre. Tjugo procent håller ett öga på sin förälder medan 26 % håller sin förälder sällskap. Med hänsyn till att inte belasta sin förälder var det 15 % som flera gånger i veckan undvek att be om hjälp med skolarbete och läxor medan 12 % inte bad om stöd för andra problem. Sju procent uppgav att de utförde omfattande omsorgsarbete, 2,5 % hjälpte en förälder att tvätta sig och 1,6 % hjälpte föräldrar att klä på sig, minst en gång i månaden. Av dessa var den en något större andel som var ett äldre syskon, bodde i hyreslägenhet, bodde med en ensamstående mamma, var utlandsfödda eller hade en utlandsfödd förälder. En något större andel av dessa ungdomar angav att hushållets inkomster inte alltid räckte till hyra, mat och kläder och fler hade föräldrar som var arbetslösa, jämfört med ungdomar i gruppen med lägre grad av omsorgsgivande (Nordenfors et al., 2014).

Det var tre procent av ungdomarna som besvarade enkäten som uppgav att de stannade hemma minst en dag i veckan från skolan för att ta hand om en familjemedlem (Nordenfors et al., 2014). Skolfrånvaro medför att unga omsorgsgivare blir begränsade i att få fullständiga betyg, och det i sin tur minskar deras möjlighet att få ett arbete på grund av sitt omsorgsansvar (Becker & Leu, 2014). Det omgivande sociala nätverket beskrivs som den viktigaste faktorn för att omsorgsansvaret ska bli hanterbart, men andra faktorer som bidrar till ungdomarnas välbefinnande och känsla av hanterbarhet är om de har positiva relationer, har en känsla av hopp, klarar sig bra i skolan och når sina mål (Becker & Leu, 2014).

Det är sex gymnasieskolor inkluderade i pilottestet. Skolorna har mellan 500 och 1500 elever.

I projektets expertgrupp (Co-development group) önskade deltagarna om hjälp med att identifiera unga omsorgsgivare och med informationsmaterial för att öka medvetenheten bland lärare och annan skolpersonal om unga omsorgsgivare.

1. Öka medvetenheten om unga omsorgsgivare i skolan: I fyra skolor kommer informationsmaterialet om unga omsorgsgivare att presenteras för en grupp lärare

/ skolpersonal av medarbetare i EDY-CARE-projektet. I de andra två skolorna kommer medlemmar i expertgruppen att använda presentationen i sina egna skolor.

2. Identifiera unga omsorgsgivare i skolan: Skolsköterskorna träffar alla förstaårsstudenter för att prata om deras hälsa. Inför detta samtal besvarar eleverna ett frågeformulär om sin hälsa. Expertgruppen ansåg att ett urval av frågorna (max en A4-sida med frågor, men helst bara några få frågor) från frågeformuläret (som inkluderade MACA) kunde användas som ett komplement till det befintliga hälsofrågeformuläret. Därför kommer medarbetaren i EDY-CARE-projektet att informera om skolsjuksköterskornas möjlighet att identifiera unga omsorgsgivare på detta sätt, samtidigt som informationsmaterialet kommer att presenteras i de fyra skolorna.

Med dessa ganska så enkla insatser kan medvetenheten om unga omsorgsgivare öka bland lärare och annan skolpersonal, samtidigt som unga omsorgsgivare kan identifieras och därigenom få stöd i sin situation och med sin skolgång.

## **1- UNGA OMSORGSGIVARE – EN KORT INTRODUKTION**

Detta är en PowerPoint presentation som kan användas till att beskriva gruppen unga omsorgsgivare för att öka medvetenheten om gruppen i skolan och vad som kan göras för dessa elever i skolan. Presentationen vänder sig till lärare och annan skolpersonal och kan användas av skolsköterskan, skolkuratorn eller annan skolpersonal. Det finns förklarande text till föreläsaren om varje bild. Det finns länkar till två filmer, en om barn som anhöriga och en om unga omsorgsgivare, och om dessa två filmer visas tar hela presentationen ca 20 minuter.

## **2 - FRÅGOR TILL ATT IDENTIFIERA UNGA OMSORGSGIVARE**

Skolsköterskorna träffar alla förstaårsstudenter för att prata om deras hälsa. Inför detta samtal besvarar eleverna ett frågeformulär om sin hälsa. Frågor om unga omsorgsgivare kan användas som ett komplement till det befintliga hälsofrågeformuläret. I fyra skolor kommer informationsmaterialet om unga omsorgsgivare att presenteras för en grupp lärare / skolpersonal av medarbetare i EDY-CARE-projektet. I samband med detta informationsmöte kommer information om identifiering av unga omsorgsgivare att ges.