

Exploring the Self-Concept of Young Carers

Submitted by Kimberley Dawn Boddy to the University of Exeter as a thesis for the degree of Doctor of Educational Psychology in Educational, Child and Community Psychology in May 2016

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Abstract

The aim of phase one was to explore the self-concept of young carers and to identify school staff awareness regarding young carers. Eleven young carers (aged 11 to 14) participated in a single session involving a self-concept activity and a demographic questionnaire. The self-concept activity was designed to elicit salient aspects of self in the form of twenty statements. These statements subsequently formed a card sorting exercise to identify which statements were most important to the young carer, and considered positive or negative. Through thematic analysis, salient aspects of self were identified, which included reference to individual traits, interests, competencies, social relationships and family, as well as to helping and the caring role. Statements related to traits and family were found to be most important to young carers. Statements regarding traits and competencies were identified as most positive. 39 school staff respondents completed a questionnaire on defining young carers, internal and external support and perceived effectiveness in supporting young carers. Descriptive statistics were used and analysis was carried out on these data. School staff demonstrated a basic awareness of young carers although some inconsistencies regarding knowledge of the young carer experience still remain. School staff provided detail of internal and external support but felt they could still be more effective in supporting young carers. The findings from young carers and school staff are discussed in relation to relevant literature and strengths and limitations of phase one have been noted.

In phase two, five young carers participated in three focus group sessions, seeking to identify valued support. Thematic analysis identified key areas of support that are summarised in an information booklet for school staff. The findings are discussed in the context of relevant literature and strengths and limitations of phase two are identified. An overall discussion situates the research in a wider context, reflecting on future directions for research and implications for educational psychologists.

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Chapter 1: Introduction

1.1 Thesis Overview

The thesis is formed of two linked phases both involving young carers. Phase one is concerned with exploring the self-concept of young carers as a means of reviewing their emotional well-being. Phase two seeks to identify the support that young carers find most beneficial, in order that this information might be provided to school staff to enable more effective working with young carers.

The thesis begins with an introduction to the research area, followed by a review of the literature with regard to both self-concept and young carers. This is then followed by phases one and two in which detail is provided on the methodology, findings and discussion of each phase. The thesis closes with a general discussion, which makes reference to the wider context of the research, its methodology and implications for practising educational psychologists.

The remainder of this introduction will provide both a general and personal context for the research, along with the rationale for this area of study. It concludes with the overall aims of the research, the research questions to be addressed and further detail regarding the structure of this project.

1.2 Context of the Research

It was the work of Jo Aldridge and Saul Becker in the 1990s that provided the grounding for recent literature (Aldridge & Becker, 1993, 1994, 1996). Early research focused on establishing the salient characteristics of young carers and in recognising the tasks that they were completing at home. In the 21st century, attention on young carers within government

strategies has become more apparent, with a focus on improving the educational, economic and emotional well-being outcomes of young carers.

The census in 2011 identified 177,918 young carers in England and Wales, 16,118 of whom were in the south west of England (Office for National Statistics, 2013). However, this is unlikely to be truly representative of the actual number of children and young people completing caring tasks, owing to the hidden nature of the young carer role as a result of possible stigma (Bilsborrow, 1992) and established anti-disability cultures which discourage young people from identifying as young carers (Moore, 2005). Dearden and Becker (2003) and Bilsborrow (1992) both identified that children are likely to become young carers when there is a lack of health and social care support for the family. Given the on-going cuts to NHS funding (Price, 2015; Stone, 2015), a growing reliance on care within the community is likely to increase the number of children required to look after family members.

The last ten years have seen a strategic focus from the government and charitable organisations regarding young carers. In 2008, the government released their 10 year strategy for supporting young carers to fulfil their potential within education and employment (HM Government, 2008), in addition to a £1.5 million pledge to the Children's Society and the Carers Trust (Department for Education, 2013). This money has funded not only an e-learning module for adults working with young carers (Healthy Schools, 2014) but the creation of an award, in which schools can earn bronze, silver or gold status for the support and provision offered to young carers (The Children's Society, 2016).

This current project was conducted in the county of Woodshire (pseudonym). Woodshire Council has created a 2014-2016 strategy for working with young carers, with five key priorities, three of which are salient to this research. These three priorities were to;

- Provide support to children and young carers to ensure that they enjoy life and achieve their potential
- Raise awareness and understanding of the challenges and issues facing young carers among professionals and partner organisations
- Raise awareness of the role of young carers and the practical and emotional support available to them

(p. 14, Woodshire's Multi-Agency Strategy for Young Carers, 2014)

Young carers are now specifically mentioned within the Ofsted Schools Inspection Handbook where it is stated that;

It is important to test the school's response to individual needs by observing how well it helps all pupils to make progress and fulfil their potential. It may be relevant to pay particular attention to the achievement of [...] those with protected characteristics.

(p. 34 Ofsted, 2015)

The term 'protected characteristics' refers to potentially vulnerable groups who may require additional support to make progress. Young carers are named as one of these groups along with traveller, minority ethnic and transgender pupils.

All of the above demonstrates a desire to improve the circumstances of young carers, enabling them to reach their educational and economic potential whilst maintaining good health and well-being. Although charities and organisations take some responsibility for supporting this improvement, day-to-day identification and provision will often fall to school staff.

In addition to the on-going strategic impetus on improving the lives of young carers, recognition of their rights is now enshrined in law. The 1989 Children Act first identified young carers as 'children in need' and this was extended in the 2004 Children Act, which promoted the sharing of information by education, health and social care professionals in assessing a young carer's needs. Young carers were also recognised in the 1995 Carers Act which entitled them to an assessment of their needs if this is something they desire. A recent amendment to the Children and Families Act 2014 has stipulated greater responsibility on

local authorities for young carers within their locality, particularly with regard to completion of the young carer needs assessment. This is regardless of who the young carer cares for, the tasks they complete or the amount of time spent caring. In addition, there is a growing pressure on local authorities to ensure that young carers are identified and supported. Lastly, a young carer is entitled to the same rights as all children under the United Nations Convention of the Child (United Nations, 1989). This includes the right to a childhood, an education, to be protected from harm, to privacy and to be consulted, the latter of which is particularly salient given the historical failure to include the child in the discussion of their parent's health, despite expectations that they will care for them (Aldridge & Becker, 1993).

Running parallel to this ever-growing focus on young carers and their needs is the government initiative that schools should be promoting and improving the health and well-being of all students. In addition, a document released by Public Health England (2014) highlights the link between health and attainment. Specifically, the document states that;

Children's wellbeing is influenced by a range of factors and includes their subjective feelings as well as social, physical and psychological aspects of their lives. Consequently schools are key places for shaping general well-being. The health and wellbeing of children and young people contributes to their ability to benefit from good quality teaching and to achieve their academic potential. (p. 5, Public Health England, 2014).

It is worth taking into consideration that, even with the ever-increasing drive to identify, support and meet the needs of young carers, research involving these individuals is not without its controversies. Bilsborrow (1992) questioned the appropriateness of any service which supported young carers to remain in their caring role, whilst Thomas et al. (2003) reflected that by focusing on young carers, community care services can continue to be inadequate. Beyond this, arguments exist regarding the rights of a child or young person to be involved in the care of a family member if that is their decision (Aldridge & Becker, 1996) and even when support services are in place, research has demonstrated that some children

will continue to care (Aldridge, 2008). A final and interesting point made by Thomas et al. (2003) is that, were it merely physical care taking place, establishing support for the family would easily make the role of young carer redundant. It is the more challenging problem of reducing the emotional support provided by young carers which means that the caring role may always exist.

1.2.1 Personal context for this research.

In addition to the political and strategic context outlined above, there is a personal context and rationale motivating this research.

I have always been interested in the family dynamics of others. Coming from a family with two children, and parents who have been together and married for over 30 years, we very much fit a traditional family model. When I was 10, an elderly couple in my grandmother's village took guardianship of their four grandchildren on a permanent basis. This was already a revelation compared to the family structure I was familiar with. However, it was the contributions of the children, expected and required by their elderly grandparents, which were entirely alien to me. The household and gardening tasks that required completion before the children could 'come and play' were considerable comparative to my minimal responsibilities at home. I remember feeling at the time an unfairness that these children could not come out immediately to join us in play; an injustice by the adults for not recognising the importance of our childhood activities compared to household chores. Reflecting now I wonder how much was stipulated by the children's grandparents and whether, in reality, the children were motivated to help and support the people they loved - the people who gave them their first proper home.

It was perhaps with this family subconsciously in mind that I chose to research young carers for my first doctoral essay. In doing so, I discovered a body of literature, if not in its infancy,

then in its toddler years. I concluded the assignment with two desires; firstly, to develop current knowledge regarding the emotional well-being of young carers and secondly, to establish whether a role for educational psychologists (EPs) exists in supporting young carers and the school staff who work with them.

During my time on practical placement, I have seen EPs working increasingly with vulnerable groups such as children in care, children subject to child protection procedures and those who have suffered bereavement or loss. However, young carers appear to remain below the radar of educational psychology services. This concern that EPs appeared to have no contact or involvement with young carers was further compounded upon attendance at the Public Policy Symposium on 'Improving Outcomes for Young Carers' in London in September 2015. When I questioned the panel and the wider group of attendees about their experiences of working with EPs, not one individual could identify a time when they had collaborated with a member of the profession. Given the potential impact of the caring role on a young carer's education, emotional well-being and social inclusion (further outlined within the literature review section), I was shocked that the skills of EPs were not being utilised to develop support in schools. Moreover, it felt that an 'outside' professional showing interest was unwelcomed. At the time, I wrote in my research log my thoughts on the other professionals at the symposium;

I also felt that there were some 'ownership issues' and that perhaps another profession showing an interest could be threatening. Whilst outwardly seeming enthusiastic and interested, there was an undercurrent of scepticism and negativity about changes being made re increased EP awareness/interest. (log entry dated 08.10.15).

This theme of ownership and protection from outsiders is one that I have felt throughout this research project and will be discussed in further depth later. I, however, remain unshaken in my belief that EPs can make a difference for young carers and that they should be considered as much of a priority as other potentially vulnerable groups.

In addition to my personal rationale for completing this research, it is important to note the personal context in which this project took place. This research project took place during my second and third year of the Doctorate of Educational, Child and Community Psychology. Trainees typically complete three days a week for their local authority and mine were completed in Woodshire where this research project also took place. In Woodshire, each EP has a patch of schools and one of the schools in this project, Bay School (pseudonym), belonged to my supervisor in second year before I took over as their named EP in my third year. Market School (pseudonym) was not known to me prior to this project, and I was introduced to the school by a worker from Woodshire Young Carers (pseudonym for the local young carer charity and support service).

Following the initial introduction to these schools, I began attending the weekly drop-in to familiarise myself with some of the schools' young carers. Whilst the drop-in at Bay School was exclusively for young carers, the break and lunch time drop-in at Market School was a pastoral provision for any student requiring somewhere to go at these times. At both settings, I made those attending the drop-in aware of my purpose in attending and I spent the drop-ins getting to know and talking with the young people. At Bay School, the young carer co-ordinator was instrumental in supporting the young carers and me to build a relationship, through her knowledge of them and her interest in the project, and I feel much of her enthusiasm in supporting me came from her own experiences of higher education and completing research. Conversely, at Market School I was more self-reliant in promoting the project and it was necessary to be pro-active in engaging the young people in conversation. Over time, particularly at Bay School, I have taken on a supportive role within the group, either with practical elements such as making the drinks or sitting with the young carers when the co-ordinator was unavailable, and on an emotional level, when the young carers have wanted to talk or share their thoughts and experiences. This supportive role developed

gradually over the 14 months I attended the young carer drop-in and I only became fully aware of it during the focus groups in phase two, when I was listed alongside other staff, including the young carer co-ordinator, as someone they could go to for support.

1.3 Rationale

As detailed above, young carers are increasingly on the agenda of national and local government, as well as relevant charitable organisations. Increasingly the focus is on assessing their needs and providing support to them and their families. However, if the body of literature regarding young carers' emotional well-being remains small and without further development, it may be difficult in the future to know what support will be of greatest use to young carers in terms of emotional well-being. Furthermore, professionals involved with young carers may remain unaware of the full impact of the caring role on a young carer's emotional well-being, with previous research focused mainly on the impact of caring on education.

Emotional well-being was defined by the National Institute of Health and Care Excellence (2013) as "being happy and confident and not anxious or depressed" (p. 2). In addition, the guidance states that young people's emotional wellbeing is influenced "by a range of factors, from their individual make-up and family background to the community within which they live and society at large" (p. 2). Taking this definition into account, young carers may experience negative influences or outcomes in terms of their caring role that could have an impact upon their emotional well-being. It is therefore important to extend this current body of knowledge with regard to what is known about young carers' emotional well-being and what is beneficial in supporting young carers.

Emotional well-being encompasses a broad area, with a plethora of influences, aspects or interventions that could be studied in relation to young carers. My primary goal for the project was to explore the experiences and identities of young carers, seeking to discover what is salient to young carers beyond the topics imposed in previous research (for example, support services (Bilsborrow, 1992) or experiences of school (Moore, McArthur, & Morrow, 2009)). As such, exploring aspects of an individual's self, such as self-esteem, self-image or self-concept seemed an appropriate choice. Self-concept in particular appeared the most useful in identifying the thoughts, attitudes and beliefs of young carers.

Positive self-concept has been declared by Marsh and Martin (2011) as “a central goal of education and an important vehicle for addressing social inequalities experienced by disadvantaged groups” (p. 60). It therefore seems relevant to explore the self-concept of young carers who could be considered a potentially disadvantaged and vulnerable group. Research has demonstrated that children and young people are more likely to adopt a caring role in families experiencing poverty (Aldridge, 2008) and young carers are 1.5 times more likely to have a special educational need or disability (The Children's Society, 2013). In addition, positive self-concept has been associated with academic achievement, happiness, economic success, long-term health and well-being and psychological adjustment (Branden, 2006; Marsh & Martin, 2011; Preckel, Niepel, Schneider, & Brunner, 2013), whereas negative self-concept has been associated with anxiety, suicide and deficient self-esteem (Branden, 2006). Goffman (1997) identified that negative self-concept in school may be impacted by being perceived as incompetent or requiring additional support. These studies demonstrate the importance of a positive self-concept for various aspects of emotional well-being, academic achievement and long-term economic security. However, it is important to consider why the self-concept of young carers in particular may be influenced or impacted by their caring role.

Parental input in the form of conversations with detailed narratives has been identified as highly important to the development of a coherent and favourable self-concept in children and young people (Harter, 2006). Moreover, as children reach adolescence, feedback from peers becomes more influential in forming the self-concept, although parental voice continues to play a role (Oosterwegel & Oppenheimer, 1993). Given the evidence presented by past studies that young carers may be required to provide emotional support to a parent (Aldridge & Becker, 1993; Dearden & Becker, 2004) and that social opportunities can be limited owing to the caring role (Butler & Astbury, 2005; Thomas et al., 2003; Warren, 2007), development of a coherent and favourable self-concept may be more challenging. In addition, taking the very nature of the young carer situation into account, parents may be absent owing to hospitalisation for physical illness or mental health issues, or through care requirements for the sibling of the young carer, meaning that the narratives required to form the self-concept are not provided.

This research narrowed the focus to include young carers aged between 11 and 14 years. This was for three reasons. Firstly, census of young carers has highlighted that their average age is 12 years old (Dearden & Becker, 2004). Secondly, as noted by Berk (2013), the self-concept becomes fully developed by the age of 11, comprising a wider array of traits and varying between contexts. Lastly, and based on anecdotal evidence from consultation with a young carer support worker, older young carers can tend to provide predetermined answers to questions that they have been regularly asked in the past, comparative to younger carers who are still in the process of developing their thoughts and ideas about being a young carer. It was indicated to me that for the reason above, younger young carers may provide greater insight and a unique perspective into their self-concept and experiences.

Although this research is primarily focused on young carers, exploring their self-concept and informing future support, I also wanted to review the awareness of school staff at this present

time. Given the on-going motivation to make relevant professionals aware of young carers, along with how to identify and support them, it could be anticipated that school staff awareness is now high and that they feel confident in supporting the young carers. It is timely to identify whether this is the current situation and whether school staff feel they require further support.

Historically, there has been some reluctance by professionals to involve themselves with young carers. Doctors, who in treating the family member of a child or young person may be ideally placed to question whether an individual is a young carer, have shied away from doing so, citing concerns regarding child protection issues (Gray, Robinson, & Seddon, 2008). Likewise social care professionals have been documented as saying;

There are huge child protection issues. There could be no parenting going on, and how do you support the child who wants to continue to care and feels that great sense of responsibility, but also that responsibility needs to be taken by the parent (p.170, Gray et al., 2008).

School staff continue to form the front line in terms of identifying and supporting young carers. Early research established that young carers are often first identified through persistent absence, lateness or non-attendance by parents at parents' evenings, bringing individuals to the notice of school staff (Aldridge & Becker, 1993). Taking this into account, I am interested to identify whether school staff appear more aware of young carers and how they are supporting them in school. Moreover, as EPs, who will often work with the same schools, we are potentially well placed to support schools comparative to health or social care colleagues. It is important to identify where our support may be required and which psychology may be useful in helping young carers. In seeking to establish these details, this research therefore focuses on one aspect of psychology, namely the self-concept, as a means of exploring the experiences and identities of young carers.

1.4 Structure of the Research Project

The figure below demonstrates the structure of this research project. The project was divided into two linked phases.

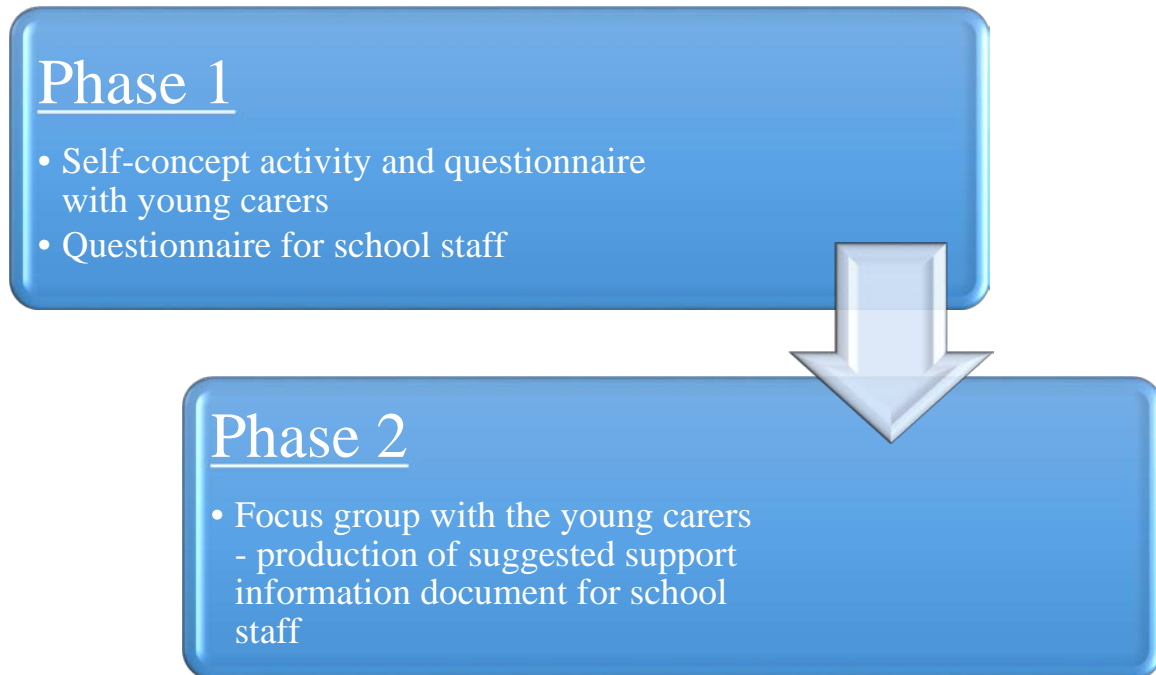


Figure 1 Information regarding the two-phase structure of this research project.

The following chapter will review the current literature with regard to both self-concept and young carers. This is a summary of key and relevant literature. A more extensive literature review was completed during the planning of this research project and is included at the end of the appendices.

1.5 Research Questions

This project sought to answer the following research questions. These were addressed in either phase one or phase two of the research and are presented below accordingly.

Phase one of this project sought to answer the following research questions (RQ):

- RQ 1- What are the predominant aspects of self-concept identified by young carers?

- RQ 2 - What aspects of self-concept are important to young carers?
- RQ 3 - What aspects of self-concept are identified as positive or negative by young carers?
- RQ 4 - What understanding do school staff have of young carers?
- RQ 5 - What support is offered by schools to young carers?

Phase two sought to answer the following research question;

- What support do young carers feel would be useful, with particular regard to their self-concept?

Chapter 2: Literature Review

2.1 Literature Search

For this project, two parallel literature searches were completed, one concerning young carers, the other on self-concept. The terms within the search were; 'young carer(s)', 'parentification', 'self-concept', 'self-concept outcomes', 'self-concept development' and 'self-perception'. The self-concept literature was limited to papers that included the key term in the title as the initial search produced thousands of papers, some with only minimal relevance to self-concept. Although the initial literature search took place in spring 2015, subsequent searches have taken place to ensure that recent relevant research is included.

Literature for both topics was located using the following search engines; Web of Science, EBSCO E-Journals, British Education Index, ScienceDirect, ERIC and Google Scholar.

Seminal texts were located through the University libraries.

The literature on self-concept has included papers from the 1970s and 80s to present a historical context, as well as more contemporary papers involving self-concept methodologies. Papers on self-concept were included in the review if they sought to;

- Define the term 'self-concept'
- Present a structure or model of self-concept
- Develop a measure or method for exploring self-concept
- Identify the implications of holding a positive or negative self-concept
- Identify the development of self-concept

With regard to the literature on young carers, papers from outside the UK, including Europe, Australia and North America were included in the search, although it was important to consider the implications of varying cultural norms and available support to the experiences

of the participating young carers. Due to the relatively recent origins of young carer research, papers from the past 20 years were reviewed to establish the progress made with this field. Some seminal books and papers from the 1990s have also been included. Past young carer research has mostly focused on the following areas;

- Defining young carers
- Identifying the types of care children and young people carry out
- Establishing the short and long term impact of caring upon education, social interaction and emotional well-being

This literature review will provide an overview of the self-concept research including definitions and key models of self-concept, and detail of the methodologies employed to research self-concept. The review will then present what is currently known regarding young carer self-concept and emotional well-being, highlighting current gaps within the literature body. The literature review will conclude by reflecting upon the importance of extending the young carer and self-concept research by bringing these two focus areas together.

2.1.1 Methodological issues of young carer research.

Before presenting further detail regarding the young carer research, I feel it is important to provide a methodological context from which to consider the findings. Many studies within the young carer literature share similar methodological limitations and these are presented below.

Firstly, terms within this research area have been criticised for being ill-defined. Both Newman (2002) and Pakenham, Chiu, Bursnall, and Cannon (2007) have made this assertion, stating that it is difficult to make comparisons between papers, as participants often vary by age, the type of care delivered and the needs of the person requiring care. In addition, participants are recruited, almost without exception, from young carer groups and

organisations. The resulting sample is therefore not necessarily representative of young carers as a whole. Not only have these participating individuals identified themselves as young carers and engaged in support, they are also the children and young people willing to discuss their experiences with researchers. Interestingly, where effort has been made to broaden recruitment sources of young carers, authors have received minimal responses. For example, in attempting to expand recruitment from only young carer projects, Thomas et al. (2003) distributed information packs to schools, doctors' surgeries, educational welfare officers, the primary mental health team, the social services team and other relevant organisations in the area. The authors received just three replies, with the remaining 18 participants recruited from young carer projects.

The majority of the literature is qualitative, thus providing a detailed overview of the experiences of young carers. However, much of this information is also self-report and with regard to the retrospective accounts, may be prone to hindsight, omissions or a tendency to take a particularly positive or negative viewpoint. In addition, specifically with some of the early studies, there was an over-reliance on adult accounts, which were not subsequently corroborated by young carers (Newman, 2002).

Finally, Pakenham et al. (2007) recognised that the majority of the young carer literature originated from the UK, although this has shifted more recently with studies from Africa, Australia and North America (Charles, Marshall, & Stainton, 2010; Charles, Stainton, & Marshall, 2009; Moore & McArthur, 2007; Moore et al., 2009; Skovdal, Ogutu, Aoro, & Campbell, 2009). Furthermore, I have noted that, particularly in the early days of young carer research, many studies originated from the same small group of researchers (Aldridge & Becker, 1993, 1996, 2003; Dearden & Becker, 2003, 2004). This may have somewhat impeded the development of the field, as new researchers bring fresh perspectives, methodologies and criticisms, enabling the research body to grow.

2.2 Definition and Models of Self-Concept

The origins of self-concept research can be traced back to James (1890), the first psychologist to develop a theory of self-concept. James (1890) developed his ideas of the I-self and Me-self, the latter of which is now known as the self-concept. However, as Bracken (1996) explains in his seminal text, it was not until the second half of the twentieth century that significant strides were made within the literature, including the development of self-concept models and assessment materials.

Since the original work of James (1890), other key figures have sought to develop their own ideas regarding self and self-concept, including Cooley (1902) who produced the idea of the 'looking glass self', in which individuals develop their sense of self through how they think others see them, making others' opinions central in the development of self-concept. Mead (1934) extended these ideas, believing the development of self-concept to be a two-part process, resulting in the sharing of perspectives between an individual and a group of significant others. What these two founding theories share is the idea that the self-concept is reliant upon the input of others, a point that has been echoed in subsequent literature (Harter, 2006; Oosterwegel & Oppenheimer, 1993).

It is perhaps the work of Shavelson, Hubner, and Stanton (1976) which best illustrates current views on self-concept. Their model of self-concept returned to the key ideas first presented by James (1890), with self-concept considered to be both hierarchical and multi-faceted. In addition, Shavelson et al. (1976) made a number of assumptions regarding self-concept that still remain relevant today. They posited that self-concept is organised and structured, with information stored in related categories. The authors felt that whilst global or general self-concept (at the highest level of their model) was a stable facet, the lower sub-facets were less stable, tending to vary between contexts. In addition, facets become more specific at each

level of the model, with general self-concept sitting as an over-arching construct whilst facets such as academic self-concept are situated below. Academic self-concept can be subsequently divided into subject areas such as English, maths and science, within each of which individuals would have a different and variable self-concept. To present this in the context of an individual, a person may hold a positive self-concept overall which remains stable over a period of time and across situations. In addition, they may hold a positive academic self-concept, but with the exception of maths, where the individual may hold a negative self-concept. Furthermore, the individual's maths self-concept could vary during the course of the week depending on various factors such as which teacher they have, the students they sit with and the work they are given.

The current research has adopted the definition of self-concept provided by Butler and Gasson (2005), which is based on the work of Shavelson and Bolus (1982) and Byrne (1983), and reflects similar ideas to the model presented above. Specifically, this definition states that self-concept refers to the over-arching views of the self, which is formed of multiple facets. The authors note that exploring the variable and context-dependent nature of these facets may be as useful in the development of self-concept knowledge as identifying the state of an individual's overall self-concept. As such, this research has chosen to focus on the various facets and aspects of young carers' self-concept, as opposed to seeking a numerical value for their general self-concept.

The research takes the view that self-concept is formed of an individual's attributes, abilities and attitudes, as noted by Berk (2013). Debate exists within the literature regarding whether self-concept is purely descriptive or if it also features evaluative aspects, as asserted by Shavelson et al. (1976) and Marsh and Shavelson (1985). Shavelson et al. (1976) stated that until adequate definitions are provided to distinguish between self-concept and self-esteem, descriptive and evaluative elements will continue to form both. Even recently, the literature

has been criticised for the interchangeable use of the terms self-concept, self-perception and self-esteem (Tatlow-Golden & Guerin, 2010). Some researchers have highlighted an effort within the literature to assert that self-concept is more descriptive whilst self-esteem is an evaluative construct of self (Butler & Gasson, 2005). However, others feel the differences are minimal and that existing measures do not distinguish adequately between the two, leading the authors to regularly use the two terms interchangeably (Bracken & Lamprecht, 2003). Although this research seeks to situate itself firmly in the exploration of self-concept, I acknowledge that overlap exists and I remain open to the possibility that both descriptive and evaluative elements may form the self-concept of an individual.

An alternative model to the one presented above of Shavelson et al. (1976) is that of Bracken (1992) which also considered self-concept to be multi-dimensional and hierarchical.

However, it differs in the domains identified within the model. Whilst it includes those identified by Shavelson et al. (1976), namely academic, social, emotional and physical self-concept, it also includes two further domains; family and competence self-concept. Bracken (1992) considers the point at which these domains converge to be the general self-concept.

Due to the additional domains, it is Bracken's model which has been selected to guide exploration of the data in this research. Further detail is given in the phase one methodology section.

As a result of the above models, many tools, inventories and scales have been designed to measure aspects of self-concept with items relating back to one or more of the aforementioned domains (Bracken, 1992; Butler, 2001; Coopersmith, 1981; Piers, 2002). The following section will review the methods developed to explore self-concept, considering the quantitative tools originating from the above models before moving on to alternative qualitative methods.

2.3 Assessing and Exploring Self-Concept

A plethora of self-concept instruments have been produced over the past 50 years. Some, including the Piers-Harris self-concept scale for children (Piers, 2002), Bracken's self-concept scale (1992) and Coopersmith's self-esteem inventory (1981), are well known within the literature and have been utilised in multiple studies, whilst others appear in the literature only once (Keith & Bracken, 1996). Following the publication of Shavelson et al.'s model in 1976, new self-concept measures have incorporated the theoretical ideas that self-concept is multi-dimensional and often include items based on the four domains (academic, social, emotional and physical). In addition, previously published tools such as those developed by Coopersmith and Piers-Harris have been updated to reflect the changing theory.

In a meta-review of the various self-concept scales used with children and adolescents, Butler and Gasson (2005) sought to identify the theory, model and theoretical approaches underpinning these frequently-used scales. The majority of the 14 scales reviewed were not grounded in any explicit theory, although most have been based upon one of the uni-directional or multi-dimensional models present in the literature. Nearly all of the scales had adopted a phenomenological theoretical approach to the measurement of self-concept, indicating an interest in an individual's socially constructed world and their subjective views. It therefore appears counterintuitive that the producers of these scales have reduced a source of potentially rich and informative data to numerical responses on a scale, or a yes/no answer.

Although qualitative methods have always been available, it is clear that these have been more regularly employed in recent literature. Methods including the Q-sort technique (where individuals are asked to sort descriptive statements), actual-ideal techniques (where individuals answer questions about their ideal and actual self) and human figure drawings

have all been presented as an alternative to the quantitative scales and measures (Keith & Bracken, 1996).

Other qualitative techniques, such as the 'draw and write' method (where individuals are asked to draw and write on a particular topic, in this instance, their favourite people and things to do to explore the children's social and active selves), have been advocated by those wishing to move away from quantitative measures (Tatlow-Golden & Guerin, 2010). In seeking to elicit children's salient aspects of self-concept, Tatlow-Golden and Guerin (2010) identified that the domains commented upon by participants extended beyond those measured by standard self-concept scales. Similarly, other authors have noted that when qualitative methods are employed, minimal overlap exists between the aspects of self-concept identified by participants and the domains detailed in the models above (Brinthaupt & Lipka, 1992). Furthermore, qualitative methods allow for a more in-depth picture of self-concept comparative to the quantitative tools, where participants may only respond 'yes' or 'no' to predetermined statements (Piers, 2002). Even when participants are asked for more in-depth responses, for example, by rating a statement on a 4, 5 or 7 point scale (Bracken, 1992; Butler, 2001), the complex construct of self-concept is diminished to a numerical value.

A qualitative tool for exploring self-concept which stands out within the literature is the Twenty Statement Test (Kuhn & McPartland, 1954). The Twenty Statement Test, or TST, represents an alternative method for exploring self-concept, as individuals are asked to record twenty statements, each beginning 'I am'. The nature of this method means that it can be used cross-culturally (Lam et al., 2014; Santamaría, Manuel, Hansen, & Ruiz, 2010; Vindhya, 2012), responses can be given in multiple languages (Watkins & Gerong, 1999) and, as Murtagh, Gatersleben, and Uzzell (2012) point out, the responses can be elicited or analysed in a variety of ways depending on the research focus. For example, as Murtagh et al.

(2012) were focused on social or travel-related statements, they modified their initial instructions to ensure that the statements elicited related to one of these two categories.

The categories into which responses can be coded were stipulated in an early study involving the TST by McPartland, Cumming, and Garretson (1961). However, the literature demonstrates that many researchers justify their own methods of analysing and grouping responses to this 'test'. For example, Vindhya (2012) and Watkins and Gerong (1999) both opted to use the categories created by Watkins, Yau, Dahlin, and Wondimu (1997) where statements were coded into one of four categories depending on whether they pertained to the individual, their small or large group memberships, or whether they were statements about interdependence. For Vindhya (2012) in particular, whose research focused on the collective identity of women in India, this method of analysis allowed her to identify the number of responses in each category and, in conjunction with interviews, to elicit those self-descriptions most salient to the individuals participating.

2.4 Young Carers

This section will review what is currently known about young carers' self-concept and emotional well-being, identifying gaps within the literature. It will also review the literature with regard to supporting young carers, specifically the types of support young carers tend to receive and how they have been engaged in research to identify the support they feel is most beneficial. This section will begin by defining what is meant by the term young carers.

2.4.1 Defining young carers.

This research has adopted the definition of young carers utilised in the 2011 census (with the exception of the lower age limit) which states that:

'young carer' includes children and young people under 18-years-old (aged 5 to 17), who provided unpaid care for family members, friends, neighbours or others because of long-term physical or mental health, disability, or problems relating to old age. (p. 1, Office for National Statistics, 2013)

This broad definition has been adopted to reflect the lack of homogeneity within the young carer population. As Newman (2002) and Pakenham et al. (2007) pointed out, differences between definitions have led to variations in which young carers are included within studies. Taking a wide definition, as in the one above, means that young carers are not excluded based on the number of care hours they deliver, the tasks they complete or the person for whom they care. Dearden and Becker (2003) noted that the majority of definitions share two common characteristics; that the individual is under 18 years of age and that they undertake significant caring tasks (those that we would typically associate with the adult role). It is these two characteristics that I have been concerned with during the review of the literature and the completion of this research.

When reflecting on previous definitions, I feel it is important to move away from this preconceived notion that young carers care only for ill and disabled parents, in single-parent families. Definitions such as those proposed by Aldridge (2008) and Newman (2002) which have focused on young carers assuming the caring role due to parental illness or lack of parental ability to care, restrict those individuals who can participate in research and could be marginalising sub-sections of the young carer population. By including a wider population, it provides an opportunity for the young carers themselves to define who they are and to what extent they identify with the term 'young carer'.

As noted above, young carers are far from a homogenous group. It is evident that young carers vary by age and they have a fairly even male to female split (Dearden & Becker, 2004; Office for National Statistics, 2013). Furthermore, young carers are involved in a variety of tasks for varying periods of time through the day, with the majority of young carers

completing between 1 and 19 hours of care (Dearden & Becker, 2004), whilst the Office for National Statistics (2013) found 8.8% of young carers were completing 50 hours of care per week. Cultural and religious background may also have an impact on the assumption of the caring role and the individual's subsequent experiences, although I am unaware of any research that has explored this, at this time. Lastly, individual resiliency and risk factors are also likely to have an impact upon the lived experience of each young carer, meaning that regardless of the similarities between family circumstances, each caring experience will be unique.

Much of the young carer literature owes its origins to the early work of Aldridge and Becker (1993) and Dearden and Becker (2003, 2004). The authors, based at the University of Loughborough, were some of the first to begin identifying young carers and providing information regarding the types of care tasks completed, the reason for caring, time spent caring and the young carers' networks of support. Aldridge and Becker (1993), in particular, focused on generating a detailed case study of each participating individual through the use of semi-structured interviews. This study provided great detail on the different tasks completed by young carers, for example, domestic tasks (cleaning, cooking, washing etc.), personal care tasks (feeding, helping the person to clean themselves etc.) and social care tasks (fetching a prescriptions, sitting with them etc.) and the reasons why young carers care, although within this study, all young carers looked after someone with a physical illness or disability, which is not reflective of the reasons why people care today. Despite the significant information provided, this study was not without its limitations. Each participant was interviewed only twice and these took place in the home, where the looked-after individual was likely to be present. Furthermore, within the paper, the authors noted that some of the participants said they felt uncomfortable and this too may have moderated some of the responses provided. Lastly, some participants were well into adulthood when they were interviewed meaning that

their accounts were retrospective and therefore may be less accurate due to the passing of time.

The other studies which have had a significant contribution to the research field are those of Dearden and Becker (2003, 2004), who focused specifically on young carers' experiences at school. During the late 1990s and early 2000s, Dearden and Becker conducted regular national surveys of a significant number of young carers to gather information (the 2004 report is based on the responses of 6178 young carers from 87 young carer projects across the country). This report succeeded in updating key information about young carers including their mean age, length of time as a carer and amount of time spent caring beyond that which was reported in the 2001 census. In addition, the 2003 'Young Carers and Education report' noted some the key difficulties experienced by young carers in school, including tiredness, bullying, poor attainment and anxiety (particularly around leaving their ill or disabled relative).

A strength of these surveys was the large sample from which information was drawn and the fact that a wider population of young carers were included, extending beyond only those caring for a family member with a physical disability or illness, to also include those with a mental health problem (including alcohol and substance misuse). A limitation with this study, as with many others, is that those who participated was identified only through young carer support groups and therefore may not represent those not currently engaging with support or those who are unaware that they are carers. Furthermore, surveys such as this can provide limited information to the questions asked and little can be known about the lived-experiences of this number of young carers.

2.4.2 Young carers' self-concept.

Very little research has considered the self-concept or identity of young carers. Where studies have commented on self-concept this has come as a by-product to the focus of research, for example, with Earley, Cushway, and Cassidy (2007) who identified changes in young carer identity as a mechanism for coping with the role. Within this study, young carers had become so immersed within the caring role, they retained very few other opportunities for self-validation, resulting in difficulties adapting to a new way of life when the caring role ended. This indicates an assumption of the young carer role into the identity of the children and young people. Similarly, studies have noted young people tending to move into the caring professions in their adult years (Aldridge & Becker, 1993; Charles et al., 2010), another potential indicator of the assimilation of the role of carer into an individual's identity.

Earley et al. (2007) felt that the young carers' self-concept had adapted to reflect the caring role. Furthermore, they called for future research to explore the influence of caring on an individual's self-concept, and in particular, whether this influence is positive or negative. I am unaware of any study which has completed this task and this therefore reflects a primary aim of this research.

Other studies have alluded to a young carers' sense of self by noting that they see themselves as no different to their friends (Charles et al., 2010), that they are a family member simply 'helping out' (Smyth, Blaxland, & Cass, 2011) and that they tend to show a greater level of maturity (Thomas et al., 2003). Furthermore, studies have shown that young carers take positive feelings from their caring role, including a sense of self-worth (Aldridge & Becker, 1993) or have been encouraged to view their caring role more positively compared to African peers (Andreouli, Skovdal, & Campbell, 2013).

The rhetoric used when talking about young carers, particularly within the media, can present these children and young people as ‘unsung heroes’ (Department for Education, 2013) which has been known to reinforce feelings of pride within young carers (Bolas, Wersch, & Flynn, 2007). However, this can lead to negative feelings too, when young carers feel they are required to meet these standards with no room for failure (Moore & McArthur, 2007).

The research that has begun to reflect on young carer identity and self-concept has produced mixed results in terms of whether the role has a positive or negative impact upon individuals’ identity. It is clear that further exploration is required to identify to what extent the young carer role influences the self-concept and identity of those performing it and whether this is primarily positive or negative. Where there has been considerably more work is on young carer emotional well-being, which will now be presented in the following sections.

2.4.3 Young carers’ emotional well-being.

Research has looked more extensively at young carers’ emotional well-being comparative to their self-concept. Although many studies have reviewed emotional well-being as an outcome in the context of education and social interaction, some studies have focused solely on the mental health and well-being of young carers.

Young carers have been known to experience increased difficulties associated with mental health comparative to other young people their age (Cree, 2003). These difficulties include a greater number of worries with regard to their own health and the health of the person they are caring for, worries regarding who will care for them in the future and financial worries. Cree (2003) also noted that these young carers experienced additional mental health problems including difficulties eating and sleeping, self-harm and attempted suicide. Similarly, young carers have been shown to experience greater depression, anxiety and fear (Aldridge &

Becker, 1993; Newman, 2002) and poor self-reported health, happiness and well-being (Lloyd, 2013).

In reviewing the stress of young carers, studies have shown that those who score higher on stress measures perceived that they had a greater burden of care and psychological distress (Earley, Cushway, & Cassidy, 2006). The young carers in the study by Earley et al. (2006) tended to adopt both avoidance and approach style coping techniques, meaning that they were simultaneously trying to fix a problem whilst also hoping for a 'miracle' to help them.

Pakenham et al. (2007) found similarly that well-adjusted young carers (measured through higher positive outcomes and lower distress) tended to use more effective approach coping strategies. As a result, the authors suggested that support should focus on developing young carers' abilities to regulate themselves emotionally and enhance their positive psychological states. It is worth bearing in mind, however, that studies have identified key factors which influence the emotional well-being of young carers and which remain beyond the control of the adults supporting them. For example, Cree (2003) noted the influence of age, gender and the length of time spent caring on the worries of young carers. Older children, girls and those who had been caring for 'as long as I can remember' reported the highest number of worries. Likewise, Pakenham et al. (2007) demonstrated that the impact of caring was mediated by the extent of choice that individuals had in adopting the young carer role. This is in line with findings from general populations which show that an external locus of control is sometimes associated with greater psychological distress (Roddenberry & Renk, 2010).

The studies on emotional well-being generally present a fairly bleak picture of the impact of caring on an individual. The studies that tend to demonstrate moderately more positivity regarding the young carer role tend to be those more focused on identity and the self, as with the research in the previous section. I feel that this may be due not only to the alternative focus of the research but also the extent to which researchers initiate a project from a negative

standpoint. Where those researchers seek to identify the stress levels or mental health problems of young carers, the results reflect these negative outcomes of the young carer role. However, where a wider focus is taken to explore both negative and positive outcomes, so the benefits of the caring role become more apparent. This appears to be a limitation of the current literature and one that I plan to address within this present research.

2.4.4 Emotional well-being and education.

Many studies, in reviewing the impact of the caring role on young carers' education, have identified the positive and negative influences of school on their well-being. School has been highlighted as a place of refuge and escape for young carers (Bilsborrow, 1992; Cree, 2003; Moore et al., 2009). However, in delving deeper Moore et al. (2009) found that although young carers value school, they can often find themselves exposed to bullying and harassment, leaving them feeling uncomfortable and unsafe. Similarly, Thomas et al. (2003) found that young carers appeared to be struggling in school, whilst remaining aware of the importance of doing well. These studies demonstrate a struggle within young carers to balance the caring role with gaining a valued education, made additionally difficult by a lack of awareness for the young carers' situation from both staff and students. Given what has been previously stated regarding the importance of others' feedback for self-concept development, and knowing that young carers may be finding themselves in difficult situations in school, it is all the more important to explore the self-concept and review what impact these situations are having on the young carer.

2.4.5 Emotional well-being and social interaction.

The difficulties in balancing caring responsibilities with maintaining positive social interaction have been noted since the earliest young carer literature. A young carer's social life is often tied to the proximity of home and can be mediated by factors such as the level of

care required and their friends' attitudes towards the caring role (Aldridge & Becker, 1993). Young carers have been known to experience cruelty and misunderstanding from those they considered their friends. Butler and Astbury (2005) reported incidents with one young carer where their friends would tease them about their mother, calling her fat and other rude names. The authors called for greater consideration regarding the impact of the caring role on young carers' emotional well-being, and this appears particularly important if this is the feedback that young carers are receiving about themselves and their caring responsibilities.

Young carers have also been noted to be at particular risk with regard to feelings of loneliness and social isolation, especially those living in rural areas (Butler & Astbury, 2005). As reported above, young carers are at increased risk of poverty (Aldridge, 2008) and those living in rural areas may experience limited local facilities and inadequate public transport, making social interaction increasingly difficult (Butler & Astbury, 2005). Similarly, Thomas et al. (2003) stated that young carers are likely to be "doubly disadvantaged" with regard to their social life, with less time to socialise because of the caring role, and restrictions due to finance and transport when time does present itself.

Other research has also sought to explore the impact of the caring role on young carers' social lives. In addition to the above findings, young carers have been noted as tending to separate their home and social lives, with their parents not engaging with support from young carer projects and young carers opting not to bring their friends home (Barry, 2011). Barry (2011) noted the importance of social capital, the building of connections between people, for inclusion within the community and social networking. She noted too the importance of social capital for achieving economic success and happiness, and that by failing to make these social connections as children, young carers may be at risk of failing to reach their full potential later on. This echoes not only what Aldridge and Becker (1993) stated regarding the restriction of young carers to the home, limiting their social interaction but also findings

within the self-concept literature, that state the importance of positive self-concept for desirable long-term outcomes including psychological well-being and economic security (Branden, 2006; Marsh & Martin, 2011; Preckel et al., 2013). Therefore social inclusion should be noted as an important factor in achieving emotional well-being and long-term prosperity, as is positive self-concept. All of the studies above indicate a significant risk that young carers may be failing to fully participate in their communities, be that with school peers, young carers groups or other available opportunities for social interaction.

Research regarding the self-concept and identity of young carers is limited and so it has been important to review what else is known about the emotional well-being of young carers. The research indicates that the emotional well-being of young carers may be at risk and that although some protective factors exist in terms of school acting as a refuge and young carers taking pride from their role, significant difficulties still present themselves from their peer interactions, on-going worries and fears for their family member and restricted opportunities leading to isolation and loneliness. This review of the literature will now consider how support for young carers has developed over the past 20 years.

2.4.6 Supporting young carers.

There have been major initiatives to develop support for young carers, particularly within the last five to ten years. This section will review current literature on young carer support.

Differences between support from primary and secondary schools have been noted within the literature. School staff at primary schools may be less aware of the young carer role and therefore little support is offered to younger young carers (Eley, 2004). However, Butler and Astbury (2005) reported somewhat differently that young carers were more likely to be listened to at primary school, comparative to secondary school where the young carers were treated far more like adults. Interestingly, some young carers have reported that support is

more important in primary school, at a time when an individual is likely to still be adjusting to the caring role, comparative to the need for support at secondary school, when individuals become more focused on the process of settling in and making friends (Eley, 2004).

When questioned on the support they wanted from school staff, young carers have reported that staff should take responsibility for identifying children with caring responsibilities and provide educational assistance (when required), alongside other networks of support (Moore et al., 2009). The importance of a trusted teacher has been noted, someone who can signpost the young carer to further services and provide appropriate awareness training to other school staff (Eley, 2004). However, some young carers have felt that, for they themselves to be supported in school, assistance should be targeted at the person requiring care (Moore & McArthur, 2007; Moore et al., 2009). Only then did the young carers feel they could concentrate in school or engage with extracurricular activities.

It is clear from the studies above that young carers find a dedicated member of staff useful for problem-solving and signposting to services and many studies have reviewed the importance of secondary attachment figures for adolescents and the subsequent impact of these additional attachments. Secondary attachments refer to the attachment relationship between an individual and another person aside from the primary caregiver (Bowlby, 2007). Many studies have demonstrated positive outcomes associated with secure secondary attachments. Learner and Kruger (1997) found that attachment to the teacher, as well as positive academic self-concept, was related to academic motivation. Likewise, Van Ryzin (2010) observed that these secondary attachments play a role in the development of adolescent social identity and Smokowski, Reynolds and Bezruczko (1999) found that positive relationships between teacher and student were particularly beneficial to those individuals exposed to multiple risk factors outside of school. It may be worth being mindful of the importance of secondary attachment figures, particularly when considering the support that young carers find

beneficial, as these relationships may have a protective factor in terms of outcomes for young carers.

Support for young carers, although primarily taking place in school, is not only limited to the educational setting. Young carers have also participated in young carer groups (Aldridge & Becker, 1993), befriending groups (Aldridge & Becker, 1994), weekend festivals (Underdown, 2002) and World Café events (McAndrew, Warne, Fallon, & Moran, 2012). Particularly with the World Café event (where young carers had the opportunity to share their views with key adults) the focus was on eliciting from young carers key messages they wished to present to professionals. Young carers noted the importance of adults listening and communicating with them, providing emotional and practical support, flexibility from school and the opportunity for young carers to share their experiences to educate school staff (McAndrew et al., 2012). Although these ideas are captured within the literature, it is essential that the thoughts and views of young carers are fed back to the adults working with them, otherwise asking young carers to identify the support they want becomes superfluous. In addition, when guidance and information documents are available to school staff and other professionals, it is unclear how much involvement young carers have had in the production of them. For example, although the Healthy Schools e-learning module (Healthy Schools, 2014) and documents such as 'Supporting Young Carers in School' (Carers Trust, 2013) are available, it is still desirable that guidance exists which is entirely formed of the views of young carers.

Another tendency within the literature is for those conducting the research to state what it is that young carers require to support them. Greater involvement of doctors and health workers, better identification of young carers by school staff, involvement of social care staff and encouraging referrals to support services have all been identified as beneficial in supporting young carers (Smyth et al., 2011; Thomas et al., 2003; Warren, 2007). Although

these sources of support may be useful, they do not corroborate the ideas presented by young carers within the research. Therefore, it appears that opportunities for young carers to engage with the production of guidance for school staff would be beneficial, not only to facilitate the involvement that young carers have stated they desire (McAndrew et al., 2012) but also to ensure that their ideas are available to the adults best placed to support them – school staff.

2.5 Self-Concept and Young Carers

This section will review why it is important to explore the self-concept of young carers, in the context of what is currently known about young carers and the development and importance of self-concept.

It is well-documented within the literature that self-concept development is dependent upon comparison and feedback with others. As noted above, early theorists such as Cooley (1902) and Mead (1934), emphasised the self-concept as a social construction, in which the opinions of others are observed by the individual and in turn, incorporated into their sense of self.

Erikson (1950), in his stages of development, felt that around six to 12 years of age, children begin to make comparisons between themselves and others and begin to notice any disparities which are subsequently incorporated in to their self-worth. In addition, as children move into adolescence, around the ages of 12 to 18 years, individuals begin to question themselves and parents are required to allow the child to explore and conclude their own identity, with peer relationships taking on a greater significance.

Harter (2006) also noted the importance, particularly for younger children, of parental input on self-concept. She observed that children who experienced parental engagement in the form of elaborative conversations leading to positive personal narratives, tended to demonstrate more favourable and complete self-concepts. Both Harter (1990, 2006) and Oosterwegel and

Oppenheimer (1993) have been concerned with tracking the shift from parental to peer influence in the development of an individual's self-concept. Interestingly, Harter (1990) found that, with children aged 4 to 7, parental support and approval remained more important for self-concept development than peer support. However, as children move into early adolescence, the impact and influence of classmate approval comes to equal that of an individual's parents although this does not detract from the influence of parental approval. Likewise Oosterwegel and Oppenheimer found that parents' opinions remain important well into adolescence and it is the increasing importance of peer opinions that represents the major change.

It is worth noting that this is not an instantaneous process and that the importance of peer support and approval increases over time as children move through adolescence. It is therefore worth bearing in mind, when considering the self-concept of young carers, the differences that may exist between the individuals taking part as a result of their age and stage in development. For example, the older young carers may be more concerned with peer friendships and social roles related to these relationships, comparative to the younger young carers. Furthermore, it is important to consider the implications that being a young carer could have on the development of their self-concept. Young carers may be particularly vulnerable to developing a negative, or failure to form a coherent, self-concept. The very nature and lived experience of being a young carer may mean that their parents are unable to offer the same level of parental support compared to non-caring families, due to disability, illness, mental health or substance abuse. In addition, it is well documented that young carers may find it significantly difficult to engage socially compared to their peers, due to their home responsibilities which can put a limit on their time (Butler & Astbury, 2005; Thomas et al., 2003). Minimal time spent with peers may result in young carers engaging less frequently in the process of peer feedback and the linguistic exchanges which form a vital component of

self-concept construction. Exploration of the self-concept of young carers is therefore important to gain a baseline of understanding, as well as providing potential direction for future young carer provision, by highlighting which aspects of self are most salient to young carers.

The importance of extending the self-concept literature beyond the general population, to include specific and potentially vulnerable groups, has also been noted by researchers (Cheong & Johnston, 2013). Cheong and Johnston (2013) demonstrated the difficulties of using normed self-concept scales on children with cerebral palsy, when these measures have not been developed for use beyond a typical population. The authors identified the importance of furthering current self-concept knowledge with specific and vulnerable groups and the necessity of creativity when engaging these groups in self-concept research. A shift is already beginning to take place towards exploring self-concept beyond typically-developing populations, with studies including patients with acquired brain injury and learning disabilities (Elbaum & Vaughn, 2003; Huck et al., 2010; Ponsford, Kelly, & Couchman, 2014), as well as comparisons between children with cerebral palsy and their mainstream peers (Shields, Loy, Murdoch, Taylor, & Dodd, 2007).

Positive self-concept is considered a valued aspect of self in education, sport, social and personality psychology (Marsh & Martin, 2011). In addition, studies have shown that a positive self-concept is associated with academic achievement, happiness, economic success, long-term health and well-being and psychological adjustment (Branden, 2006; Marsh & Martin, 2011; Preckel et al., 2013). In addition, Huck, Kemp, and Carter (2010) reported that positive self-concept results from effective inclusion in education, something young carers may be failing to achieve. Conversely, negative self-concept has been associated with anxiety, suicide and deficient self-esteem (Branden, 2006) and those in school who are perceived as incompetent or in need of additional support are at higher risk of developing a

negative self-concept (Goffman, 1997). These studies reflect a small portion of the self-concept literature that highlight the importance of a positive self-concept and the potential risks of developing a negative self-concept. This is further evidence of the importance of exploring the self-concept of young carers, to review whether these are predominantly positive or negative and to establish ways of improving their self-concept, as appropriate.

2.6 Concluding Comments

This review has presented an overview regarding the self-concept literature as well as providing greater detail regarding young carers' self-concept, identity and wider emotional well-being. It has presented current gaps within the literature, namely the limited research regarding young carers' self-concept and feedback of young carers' views regarding support. Furthermore, it has conveyed the importance of self-concept for all individuals in terms of the long term benefits of holding a positive self-concept and the necessity to extend self-concept research beyond typical populations. The research seeks to address these gaps by exploring the self-concept of young carers, alongside gaining greater knowledge of the support offered by school staff to young carers. In phase two, it seeks to address the gap regarding young carer feedback by engaging young carers in sharing what support most benefits them and what they would like to see more of in the future.

Chapter 3: Phase One Methodology

3.1 Research Aims

The research aims for phase one of the research project were;

- To explore the self-concept of young carers
- To identify the aspects of self-concept important to young carers
- To establish the understanding of school staff of young carers, the support offered by schools and the knowledge of school staff of other support available

3.2 Research Design

The underlying theoretical approach for the research is pragmatism. Pragmatism involves choosing the approach which is best able to answer the research question(s) rather than following a methodology which aligns with a particular ontological stance (Ritchie, Lewis, Nicholls, & Ormston, 2013). Furthermore, pragmatism allows for the use of mixed methods and provides epistemological justification for doing so (Onwuegbuzie, Johnson, & Collins, 2009). In addition, pragmatism concerns itself more with the generation of practical consequences from research rather than religiously employing only methodologies associated with a particular ontological standpoint (Gray, 2013)

Unlike positivist and interpretivist approaches which see truth as either objective or subjective, pragmatism is open to the concept that reality can be both (Cohen, Manion, & Morrison, 2011). Pragmatic approaches are concerned with allowing the researcher to discover what it is that he or she wants answered and moves away from the ‘paradigm wars’ that have previously preoccupied researchers (Feilzer, 2010). Pragmatism represents one framework of a mixed methods approach in which quantitative methods are employed to

measure certain aspects of the research focus, whilst qualitative methods are utilised for others (Feilzer, 2010).

Within phase one, both qualitative and quantitative methods are included, as would be expected from a pragmatist approach. In exploring the self-concept of young carers, qualitative methods are used to identify each individual's subjective experiences and perception of reality. This reality originates from their exploration and interpretation of the social world (Crotty, 1998) and it will be individual to each young carer, although as a researcher, I can seek to identify themes and patterns between realities. Furthermore, I am not only a researcher but a participant within this project, influencing the information gathered throughout the process and subjectively interpreting this information (Ritchie et al., 2013). Comparatively, quantitative methods are employed in seeking to identify the support offered by school staff to young carers, as I believe this is objective information that can be gained through quantitative means.

As well as adopting a pragmatic approach, an early conversation with the assistant director of Woodshire Young Carers also influenced the direction and purpose of this research. Initially contact was made to Woodshire Young Carers to learn more about the young carers in Woodshire and in particular, the most efficient way of recruiting them as participants. Unexpectedly in my meeting with the assistant director, I was met by resistance to help and a scepticism regarding the ability to recruit young carers to a study such as this. In particular, he focused on the organisation's own difficulties in engaging young carers with the available support and respite activities, despite it being free and potentially of interest. The assistant director therefore felt it would be almost impossible to get young carers involved with this research project, leading to him ask the question "what is in it for the young carers?" This is a question which has subsequently motivated the research. Although the original plan was always to produce a resource as an end product, the need for this document to be useful and

informed by the young carers themselves became ever more apparent. An action research approach was therefore required to drive the project.

Robson (2011) states that action research should be thought of in terms of its purpose, which is “to influence or change some aspect of whatever is the focus of the research”. Furthermore, it involves collaboration between the researcher and the participants, as an attempt is made to understand and improve practice (Hopkins, 1985). Somekh (1995) has noted that action research has the function of bridging the gap between research and practice which is why it is an appropriate and valuable approach for EPs. EPs as researchers have a privileged position in working with many vulnerable or under-recognised groups and individuals, and through research such as this, EPs can seek to improve the experiences for these persons. McTaggart (1989) echoes the views of the researchers above with his 16 tenets of action research which state that it should be collaborative, should improve social practice through change, should start in small cycles and it would start initially with small groups of people.

As noted above, the process of action research should take place in cycles, the stages of which have been detailed by Tripp (2005). The cycle begins with planning the improvement to practice, before moving on to acting on this planned improvement. The next step is to monitor and describe the effects of the action before evaluating the outcomes of the action and returning to the planning stage of the cycle. This research has completed two cycles of this inquiry process, initially generated by the conversation outlined above and my own desire to know more about the experiences and identities of young carers alongside a practical resource which I could implement in my professional practice. Therefore the first cycle is formed of the self-concept activity and information from school staff which is reviewed at the end of phase one. The findings from phase one then lead into the planning and action of phase two of this project, whereby the research sought to make further sense of young carers’ experiences, particularly within the context of the feedback provided by school

staff, and to collaboratively produce a resource which would inform the practice of EPs and other individuals working with young carers.

As noted in section 2.3, much of the previous self-concept literature had involved quantitative methods resulting in numerical values and statistics for understanding this complex concept. For the reasons noted in the literature review regarding the use of standardised measures with non-typical populations, qualitative methods were deemed to be more appropriate for the research, not only to avoid the limitations previously outlined regarding quantitative measures, but also to ensure that all participants can share their experiences and provide a rich and detailed picture.

3.3 Sampling

3.3.1 Young carers.

Young carers were invited to take part in this project if they were aged between 11 and 14 years and performing care tasks for another person. Participants were not excluded based on their reason for caring or who they cared for (e.g. participants were included if they cared for a parent with mental health problems as well as physical illness; participants were included if they care for someone other than a parent).

3.3.1.1 Initial recruitment of secondary schools.

Initially, I contacted the local young carer charity, Woodshire Young Carers, to identify whether participants could be recruited through their database. It was decided that this would not be possible owing to issues of confidentiality and the complicated commissioning structure of the service. However, I was signposted to a secondary school within Woodshire with a high young carer population, Bay School, whose young carers comprise the majority of the participants in this research.

In addition to Bay School, eleven other secondary schools in Woodshire were contacted. Two family support practitioners at Woodshire Young Carers identified six secondary schools with a designated young carer co-ordinator and a recognised young carer population. From these six, one secondary school, Market School, agreed to take part in the research. In addition, contact was made with a further five schools known to me through my professional EP role within the county. No further schools were recruited to the research.

With the exception of Bay School, who were committed to the project from first contact, on-going and regular communication took place between the eleven secondary schools and myself. This took the form of phone communication initially, with subsequent emails and letters sent as requested detailing further information regarding the research. Unfortunately for a variety of reasons including staff shortages, lack of young carers meeting the inclusion criteria and decisions by young carers not to take part, these schools decided that they could not participate in the research at the time (further detail regarding difficulties in school recruitment is discussed in the limitations section (section 3.11.3)).

3.3.1.2. Contextual information on participating schools

Bay School is an 11 to 16 academy school within a coastal town in the centre of Woodshire. There are around 1400 students on roll at Bay School and the academy was given ‘outstanding’ in its most recent Ofsted inspection. The young carer co-ordinator at Bay School has one day each week to focus on this role and support has been in place for the young carers for the past six years, including the weekly drop-in at break times and lunch times and regular contact with a support worker from Woodshire Young Carers. The creation of this provision for young carers at Bay School resulted from the offer of support by Woodshire Young Carers, however, its longevity and success is as a result of the young carer co-ordinator who is passionate about retaining the role and providing support, despite on-

going cuts to services in the school. The relationship between the young carer co-ordinator and the young carers is very strong. Within the last 18 months, there has been some significant change to the drop-in group as the original young carers departed Bay School at the end of Year 11. This has paved the way for a new cohort of Year 7s and 8s, who are now the core attendees each week.

The school has had a historically good relationship with Woodshire's educational psychology service. Under the new traded working model adopted by the service, Bay School have continued to purchase a significant amount of time from the service. EPs have worked with individual students at Bay School, as well as delivering training and supporting with the establishment of a bespoke provision at the school. The established nature of the young carer support at Bay School, alongside the positive relationships held between school staff and the educational psychology service, was undoubtedly important in the initial recruitment of Bay School to this project. Furthermore, the positive relationship had between the young carer co-ordinator and the young carers and their families was instrumental in recruiting young people to take part.

Market School is an 11 to 18 secondary school and sixth form college based in a market town in the east of Woodshire. It has approximately 1100 students on roll and it was assessed as 'good' during its last Ofsted inspection. Although no centralised list of young carers was available at Market School, I was invited to attend the Oasis Centre (pseudonym) at lunchtimes – a pastoral provision for all students requiring a base at lunchtime, which has been in place for a number of years and run by the same key adult and a number of volunteers. As with Bay School, the Oasis Centre manager had developed relationships with many of the students, particularly those who attended regularly.

3.3.1.3 Recruitment of young carers.

In terms of individual participant recruitment, letters were sent to the parent/carer of twenty four young carers at Bay School (see appendix 1 for the letter, sent by Bay School young carer co-ordinator). Eleven young carers were identified as able to participate by their parent/carer. However, I was asked to not include one young carer in the research by the assistant head, owing to on-going emotional difficulties for that individual at school.

As Market School had no young carer co-ordinator or centralised record of the young carers on-roll, I was given permission to speak with the students accessing the Oasis Centre, an on-site yet separate provision, at break and lunchtimes. Three children identified themselves as young carers and a letter was sent home to their parent/carer (see appendix 2). One child from Market School also took part in this research.

3.3.2 Young carer co-ordinators (school staff).

To gather further information in response to RQs four and five, a questionnaire was designed to be completed by the young carer co-ordinator at each primary and secondary school in the county of Woodshire. However, it became apparent during contact with schools in the recruitment of young carers, that many schools did not have a designated young carer co-ordinator. In discussion with the two family support practitioners from Woodshire Young Carers, it was identified that the designated Child Protection Officer or Special Educational Needs Co-ordinator (SENCo) are alternative school professionals who may be aware of young carers on-roll. I decided therefore to address the questionnaire to the ‘young carer co-ordinator (SENCo/Child Protection Officer)’ of each school, in an endeavour to gain the highest response rate.

Responses from the young carer co-ordinators (or another relevant school professional) were sought through convenience sampling. Three strategies were employed to recruit participants.

Initially, a letter explaining the research and containing a shortened website link and QR code to the online questionnaire was sent to all 266 primary and secondary schools in Woodshire (see appendix 3 for an example of the letter). Respondents were then sought through attendance at specific gatherings, including SENCo network meetings run by the local authority and SENCo cluster meetings facilitated by Woodshire educational psychology service. Lastly, invitations to take part were sent electronically to the SENCos I work with as part of my professional EP role and five further responses were gained. The other EPs in the service were asked if they would send the invitation to the SENCos with whom they worked. The table below details the number of completed questionnaires gathered as a result of these sampling methods.

Table 1 Method of collecting responses and number of completed questionnaires received

Method of Collecting Responses	Number of Completed Questionnaires
Letter sent to 266 primary and secondary schools in Woodshire with tiny URL and QR code.	0
Paper versions of the questionnaire provided at SENCo network meetings and SENCo cluster meetings	19
Questionnaire link sent directly to SENCos via email	5

In addition to these 24 completed questionnaires, a further 14 questionnaires were partially completed. These have also been included within the sample as they provide further information from the perspective of school staff, despite not answering every question. The results section details the number of respondents regarding individual questions.

The QR code included within the letter may in part be responsible for the low number of responses. Although the tiny URL was also available, those staff less familiar with this form of technology may have been confused or less confident with accessing a questionnaire using this format. Although, I felt two means by which to access the questionnaire would be preferable, in the future, it may be beneficial to only provide the website address as a tiny URL.

3.4 Participants

3.4.1 Young carers.

Eleven young carers aged between 11 and 14 years took part in this research project. Details on each of the young carers including their age, gender, who they care for and the reason for caring are given in table 2 (pseudonyms have been assigned to each participant and will be used throughout). It is worth noting that six of the young carers at Bay School were already known to me through the drop-in. My weekly attendance at the drop-in meant that I had already begun to know these young carers prior to this research, and these relationships further developed over the course of this project. Claire, Millie and Ross in particular would regularly ask whether I would be joining them at break time, lunch time or for both sessions the following week. I was also invited to participate in other school-based events such as the end-of-year buffet for young carers, as a result of my regular attendance at the drop-in.

Table 2 Young carer information including age, gender, person cared for and reason for caring.

Participant Number	Name	Age	Gender	Cares for?	Reason for Caring
1	Dawn	13	Female	Mum	Multiple Sclerosis
2	Claire	13	Female	Mum and Dad	Physical Illness (both)
3	Ann	13	Female	Mum	Chronic Fatigue Syndrome
4	Millie	14	Female	Mum	Hearing Impairment
5	Alan	11	Male	Nan	Dementia
6	Ross	12	Male	Mum	Schizophrenia
7	Jane	13	Female	Mum and Dad	Multiple Sclerosis (both)
8	William	11	Male	Dad (Mum passed away)	Cerebral Palsy
9	Sarah	11	Female	Sister	Spina Bifida
10	Simon	11	Male	Mum	Mobility problems (complications from broken leg)
11	Shane	12	Male	Brother	Autism

Further demographic information including length of time spent caring, amount of time spent caring and the types of tasks carried out by these young carers was collected. This is presented in the results section below (section 3.10.1).

In terms of how this sample represents and reflects the wider young carer population, an even split between boys and girls was noted by Dearden and Becker (2004) and the Longitudinal

Survey of Young People in England (LSYPE - The Children's Society, 2013) which corresponds with the sample identified here. However, whilst Dearden and Becker (2004) found that young carers were more likely to be caring for their mother, comparative to their father, sibling or grandparent, the results of the LSYPE found that over half the young carers questioned cared for a brother or sister. Whilst the LSYPE did not review the reason for caring, Dearden and Becker (2004) found that 50% of young carers cared for an individual owing to a physical illness or disability, 29% as a result of mental health issues (including alcohol and substance misuse), 17% as a result of learning difficulties and 3% due to sensory impairment. The young carers in this sample over-represent those caring for someone with a physical illness or disability, whilst mental health issues (including alcohol and substance misuse) could be considered under-represented by this sample. This may have resulted from some additional stigma felt by those families suffering from mental health issues, meaning they were less inclined to participate in this study. It could also be that these young carers are more difficult to identify comparative to those caring for an individual with a physical illness or disability, which could be more overtly obvious to staff when meeting with families.

3.4.2 Young carer co-ordinators (school staff).

As detailed above in section 3.3.2 regarding the sampling of young carer co-ordinators, the decision was made to invite other school professionals beyond young carer co-ordinators to respond to the questionnaire. Demographic information regarding the respondents is presented in table 3. Those that responded 'other' held a variety of job roles including Attendance Officer, Child Protection Officer, Assistant SENCo and Oasis Centre Manager (manager of the on-site yet separate provision at Market School). Table 3 also indicates the average length of time that each respondent had held their role (with standard deviation) and where the respondent had multiple job roles, it was the time that they had held the role of SENCo which was included. Please note that owing to the variety of job roles held by

respondents that from this point on, respondents will be referred to as ‘school staff’ rather than ‘young carer co-ordinator’.

Table 3 Job role of school staff questionnaire respondents.

Job Role Titles	Frequency (No of Respondents)
SENCo	25
SENCo/Headteacher	3
SENCo/Deputy Headteacher	4
Young Carer Co-ordinator	1
Other	6
<hr/>	
Average Length of Time in Job Role (Years)	Standard Deviation
6.16	6.217
<hr/>	

3.5 Methods

This section will outline the methods of data collection with both participant groups.

3.5.1 Data collection with the young carers.

3.5.1.1 Twenty statement test.

The twenty statement test (TST) is a qualitative method for eliciting statements of self-concept designed by Kuhn and McPartland (1954), which has been employed regularly within the self-concept literature (Lam et al., 2014; Murtagh et al., 2012; Vindhya, 2012; Watkins & Gerong, 1999). There were several reasons for selecting a qualitative self-concept tool for the research. These include the open-ended and participant-directed nature of the task which allows for rich, qualitative data. Its open-ended nature also reduces any difficulties in engaging with the task due to language (Watkins & Gerong, 1999). The use of more

quantitative scales and measures require the researcher and participant to have a shared understanding of the statements requiring rating, and as Cheong and Johnston (2013) identified, these self-concept measures may not be applicable across all populations. Lastly, the TST allows for creativity of analysis, allowing the researcher to employ their own methods of coding and analysis, based on the specific area of interest (Murtagh et al., 2012; Vindhya, 2012). For further comparison between quantitative and qualitative self-concept methodology, please see the literature section above (section 2.3).

The traditional TST was adapted to allow further exploration of the elicited statements, using elements of card sorting and organisation. The benefit of the TST is its flexibility to the needs and interests of the researcher, as demonstrated above. The research presented here has extended that flexibility to build on the method, and enable further information to be gathered about individual statements. Typically in card sorting approaches, participants are given cards with words or pictures on them and asked to rank, prioritise or group them (Ritchie et al., 2013), with the purpose of identifying relationships between the cards or to stimulate discussion. Participants were initially asked to organise their statements, with no further information or requirements. Participants were subsequently asked to rank their statements from most to least important and as positive, neutral or negative (with traffic light visuals to facilitate this process – see appendix 4 for examples).

This version of the TST method was trialled with two individuals prior to meeting with the young carers. These pilot sessions identified that it can be difficult for individuals to reach twenty statements without additional support. Participants were therefore provided with nine prompt self-concept statements (see table 4), based on the MSCS self-concept model (Bracken, 1992). The young carers were encouraged to produce as many of their own statements as possible before they were shown the prompt statements. When participants became stuck, the prompt statements were presented and read through. The young carers

were then asked to continue providing ‘I am’ statements. Each participant was informed that these prompt statements were an aid and that they should try to think of sentences that reflect them.

Table 4 Prompt self-concept statements.

I am a student	I am really good at knitting
I am a sister	I am female
I am someone who likes reading	I am someone who doesn’t like football
I am good at maths	I am agnostic
I am friendly	

For the TST sessions, a semi-structured interview approach was taken. In order to facilitate further discussion regarding individual statements and the ordering of the statements cards, solution-focused and consultation-style questioning was employed to encourage explanation of each statement (based upon the problem-free talk approach of Steve de Shazer and colleagues (Macdonald, 2011)). Examples of these sentences and questions are given in table 5.

Table 5 Example consultation statements used during the TST activity.

Can you expand on that?	Tell me more about...
And what else?	Ok, and then?
Was there more you could say on that?	Tell me why you...
How come you...?	

3.5.1.2 Demographic questionnaire for young carers.

This questionnaire included questions designed to gather basic demographic information as well as details regarding an individual's caring role (see appendix 5). The first questions regarding age, gender, person cared for and reason for caring were included to provide a profile of the young carers taking part. This information has been provided within the participants section (section 3.4.1).

The latter three questions were included to provide more information about caring tasks, amount of time spent caring and the length of time that the individual had been a young carer. These are standard questions that are asked of participants in young carer research. The example care activities were sampled from the Multidimensional Assessment of Caring Activities- Young Carers (MACA-YC18) designed by Joseph, Becker, and Becker (2009). Similarly the questions regarding length of time (during their lifetime) that the individual has spent caring and the amount of time (when they are not in school) that the child spends caring were based on questions asked by Aldridge and Becker (2003) and Dearden and Becker (2004). These two questions were adapted so that a scale was provided, rather than asking the young carers to give numerical answers. This was based on guidance provided by a family support practitioner at Woodshire Young Carers. Recent feedback received by the charity indicated that their young carers disliked this style of direct questioning and that they found questions of this nature difficult to answer. Previous success in using scaling questions (taken from solution-focused approaches (De Shazer & Berg, 1997)) with young people in my professional practice led to the adaptation of these two questions into scaling questions.

This demographic questionnaire was not piloted prior to administration on the young carers. This is due to the fact that the questions included are those used as standard in the literature to provide a profile of the participating young carers and their care responsibilities.

3.5.2 Data collection with the school staff.

A structured questionnaire containing dichotomous, multiple-choice, ratio scaling and open-ended questions was produced for young carer co-ordinators (and other relevant school staff), to identify the support provided by the school and sourced through outside agencies, and whether the respondent felt they could effectively meet the needs of the young carers in their setting.

The questionnaire was designed using the software LimeSurvey, a specific survey software. Whilst five of the respondents utilised the online questionnaire to complete their responses, the remainder of the responses were completed on paper versions of the same questionnaire (see appendix 6).

This questionnaire was piloted on four individuals prior to going live on LimeSurvey and improvements to question clarity and question responses were made as a result of the pilot feedback (see appendix 7 for details on comments and changes).

3.6 Materials

3.6.1 Twenty statement test materials.

For the card sorting exercise, the twenty statements provided by the young carers were recorded on pieces of card. If the young carers required them, the prompt self-concept statements were made available, pre-printed on pieces of card.

To facilitate the organisation of the statements as positive, negative or neutral, traffic light visuals were provided to the young carers (see appendix 4). Each time the statements were organised or ranked, a photograph was taken using a tablet camera.

3.6.2 Young carer questionnaire materials.

The demographic questionnaire described above was presented on paper. The questions were read to the young carers and their answers recorded.

3.6.3 School staff questionnaire materials.

As outlined above, the school staff questionnaire was provided through a website link and QR code (appendix 3) or in a paper format (appendix 6).

3.7 Procedure

3.7.1 Procedure for the session with young carers.

The young carers were met individually, for a single session which lasted between 45 minutes and 1 hour, depending on the length of discussion. The first ten minutes were spent putting the young carers at their ease, going through the information sheet and consent form and explaining the structure of the session. Participants were given the option to withdraw following this explanation. The initial ten minutes spent building rapport with the young carers was particularly easy for those I had already spent time with during the drop-in sessions at both Bay School and Market School. To those young carers that were already known to me, I asked that they pretend that we knew less about each other so that they felt free to provide any information about themselves that came to mind. The first ten minutes were also an opportunity to explain the equipment in use and its purpose – the Dictaphone to record our conversation, the iPad to take photos and the cards and pens to record each young carer's statements. Simple questions such as asking which pen colour the young carer would like their responses recorded in not only gave them some ownership over the statement cards, but also helped them to settle into the activity.

The primary focus of this session was an adapted version of the TST, which was formed of three elements (see figure 2). The young carers were first asked to think of answers to the question 'who am I?' which began 'I am'. Individuals taking part were given a period of a minute or two, as needed, to think of responses to this question. The young carers were informed at this stage that they should only share information about themselves that they were happy to share and they should not feel pressurised to share any personal information against their wishes. As the young carers listed their 'I am' statements, each statement was recorded on a piece of card. All but one of the young carers required the prompt statement cards. The young carers were encouraged to continue to think of their own statements as long as possible, and I tried to delay providing the prompt cards until after the young carer had given ten statements, although this was not possible every time. The prompt statement cards were then laid out on the table and read through. Any language requiring further clarification was explained. The young carers were then asked to continue thinking of their own statements, using mine as inspiration but without replicating them all. This enabled all but one young carer to reach 20 statements. Young carers were not pushed to a point of distress if they could not produce 20 statements and instead this section of the task was completed and the following section was initiated.

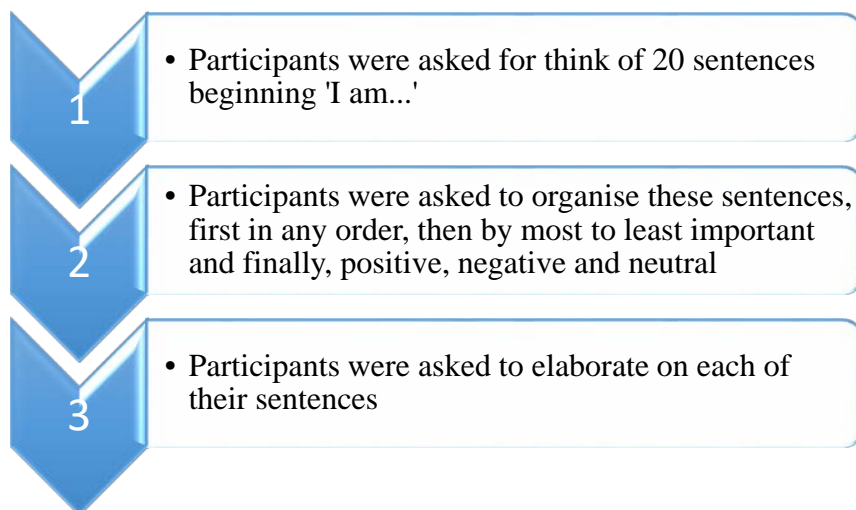


Figure 2 The adapted process for the Twenty Statement Test.

When the young carers reached twenty statements, they were asked to organise the pieces of cards upon which the statements were written. They were not offered any further guidance beyond being asked to organise the statements. The young carers were then asked to rank their statements from most to least important (if they had not done so already) and in columns of positive, neutral and negative statements. A photograph was taken each time the statements were ranked or organised.

The final element of the session involved elaboration by the young carers on their original statements. Additional information was elicited through the use of open-ended consultation and solution-focused questions (see table 5 above). The young carers were also asked to provide detail regarding why they had organised the statements in the manner that they had, and specifically, why a particular statement was ranked more or less important in the context of the other sentences, or why they had labelled a statement as positive, rather than neutral or negative. This discussion required some flexibility depending on the statements provided by the young carers. For example, it was not always possible to initiate questioning on the 'most important' statement ranked by the young carer if it referred to a particularly emotive topic. Instead, I would start elsewhere within the organised statements to ensure that the young

carers felt comfortable to discuss these more emotive topics following a more benign discussion. Generally the young carers were happy and enthusiastic to discuss the statements they had made about themselves.

The demographic questionnaire was given to the young carers at the end of the session so that there would be no influence on the responses given to the TST. The questions were read to the young carers and their answers written.

Following the administration of the questionnaire, the young carers were asked whether they had any further questions regarding the research. A short debrief explained what would now happen with the information provided by the young carers both in the short term (secure storage; using the information to find patterns and themes) and long term (using the patterns or themes to inform phase two of the research).

3.7.2 School staff questionnaire.

The process by which responses to the questionnaire were gained took three forms. After the initial letter failed to return any responses, I attended three meetings specifically for SENCOs and other senior staff members; three within mid-Woodshire and one in East Woodshire.

There was some duplication of attendees at these meetings so those who had already completed the questionnaire at a previous meeting did not complete it a second time.

The final route for gaining responses was through emailing the EPs within Woodshire, asking them to forward the survey link to the SENCOs and/or the Child Protection Officers at their schools. It is not possible to know how many school staff members were contacted as a result of this action, but the number of questionnaire responses did not increase.

To access the questionnaire, respondents were required to go to the link provided or scan the QR code with their smart phone or tablet, whereupon they would be taken to the welcome page of the questionnaire. The design of the questionnaire meant that every question required

an answer and, with the dichotomous questions, depending on whether a ‘yes’ or ‘no’ answer was given, the respondent was taken to the next relevant question. To maximise the number of respondents at the SENCo meetings, a paper version of the questionnaire was provided. This however meant that respondents were able to skip questions, an issue which is noted in the limitation section below (section 3.11.3).

3.8 Data Analysis Procedure

3.8.1 Data analysis of the adapted twenty statement test.

To begin data analysis, transcriptions were made of each audio recording. From the adapted TST, there were three sources of information requiring coding; the original twenty statements and the discussion of each statement, the ranking of each statement from most to least important and the organisation of statements into positive, neutral or negative. The qualitative coding software nVivo was employed for the analysis of the twenty statements and discussion. Content analysis was employed for the latter two sources of information.

3.8.1.1 Analysis of the twenty statements and subsequent discussion.

These data were analysed using thematic analysis as described by Braun and Clarke (2006). The flexible nature of thematic analysis allows the qualitative researcher to code data using a framework or through the identification of common themes across the whole body of data. In addition, it allows the researcher autonomy to identify the importance of a theme in relation to the research question regardless of the code frequency for that theme within the data.

Braun and Clarke (2006) have described thematic analysis as a six step process.

In order to familiarise myself with the data, I opted to complete all transcribing of the sessions myself. This allowed me to begin to notice potential themes as I transcribed and to have a context for those themes within the wider data. I also remained aware of Bracken’s

Multidimensional Self Concept Scale model (MCSC, Bracken (1992)) and the six domains named within it (academic, social, family, affect, physical and competence) as I transcribed and began initial coding. The original twenty statements and subsequent discussion about these statements was coded using the six step process detailed in figure 3.

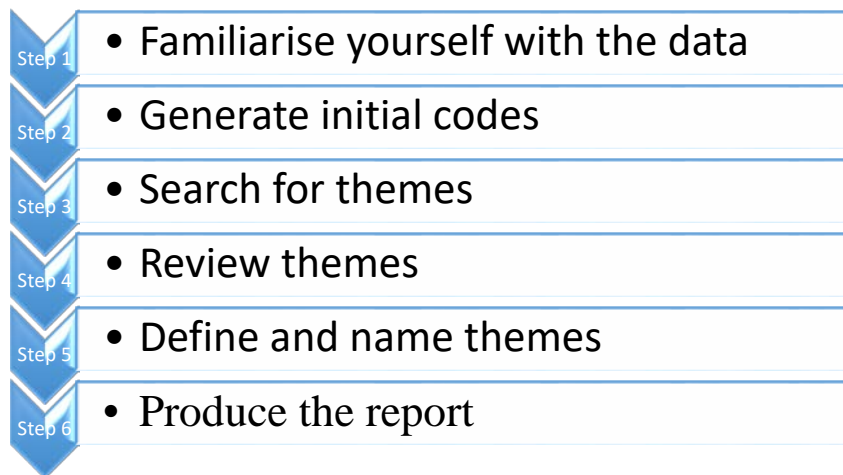


Figure 3 Braun and Clarke's (2006) six step process for thematic analysis.

Although the model by Bracken (1992) was used as a framework for the analysis of the original twenty statements, it became clear that the six domains could not adequately represent all ideas present within the data. This was expected as Tatlow-Golden and Guerin (2010) had previously reported that models of self-concept can often fail to account for all aspects of self elicited through qualitative methods. When the self-concept domains were unable to adequately reflect a statement or idea within the transcriptions, inductive thematic analysis was employed to generate further codes, which were subsequently grouped to form themes. These themes were further reviewed and defined. Some of these themes reflected the codes given to the original twenty statements, others originated from the discussion data. See appendix 8 for further details regarding thematic analysis of the data.

From the thematic analysis, a thematic map was produced demonstrating the themes and sub-themes from the original statements and subsequent discussion. The thematic map is included in the results section below. Thematic analysis, unlike content analysis, is not primarily concerned with the frequency of references within a particular theme. However, it is likely that if an idea or topic appears regularly within the data set that this will form a major theme upon final review. In developing themes and sub-themes, themes were identified if they could satisfactorily capture the essence of the data, with sub-themes capturing patterns within a given theme and thus providing more specific detail. Some themes, such as ‘Beliefs’ and ‘Creativity’ were included because of the conviction with which they were discussed by the young carers who commented on them, even if not all young carers made reference to them.

3.8.1.2 Analysis of the statements by importance and as positive or negative.

As a result of the analysis above, each statement was provided with a code or in some cases two codes, if the statement reflected two ideas e.g. an interest and a competence.

To identify the common themes of those statements most important to young carers, content analysis (Ritchie et al., 2013) was completed for all statements ranked in the top five by young carers (see section 3.8.3 for further detail regarding content analysis). The top five statements were selected as during discussion with the young carers, it was frequently these that were the young carers’ greatest priority, comparative to the top seven or top ten.

Likewise, I felt that limiting the selection to the top three statements could potentially restrict the themes identified. See appendix 9 for further detail regarding this process.

Similarly, the coded themes were identified for the positive and negative statements and content analysis was employed to identify the frequency of themes in both categories. All positive and negative statements were coded for each individual. See appendix 10 for further detail regarding the content analysis with the positive and negative statements.

3.8.2 Data analysis of the young carer questionnaire.

In-depth analysis of these was not required. The answers to the first four questions (age, gender, person cared for and reason for caring) are included in the participants section above to provide a profile of those young carers taking part. The remaining data have been collated under the headings caring task, length of time caring and amount of time spent caring, to allow comparison between individual young carers (see section 3.10.1).

3.8.3 Data analysis of the school staff questionnaire.

Thirty-nine responses were gained for the school staff questionnaire, and of these, 24 were fully completed. The responses to the questionnaire were analysed using descriptive statistics for the quantitative questions and content analysis for the qualitative data.

The survey data were entered into the statistics programme, SPSS, and through the use of descriptive statistics, the frequency of participant responses was analysed on all questions with the exception of questions three, five, six and thirteen. These findings are presented in tables within the findings sections below. Regarding question five, where school staff were asked to specify how many young carers were on-roll at their setting, descriptive statistics using SPSS were utilised to find a mean average and standard deviation. The age ranges of the young carers at each setting have been presented in table 11 to provide a profile of the individuals with whom these school staff work. Lastly, the qualitative information (questions three and thirteen) were analysed using content analysis.

Content analysis is described by Ritchie et al. (2013) as a process whereby “themes are identified, with the researcher focusing on the way the theme is treated or presented and the frequency of its occurrence”. Robson (2011) encourages the researcher to think about the degree of inference when utilising content analysis. With these data, I have focused on its manifest content. Each idea presented became a theme and frequency of that theme was

subsequently recorded. These themes were grouped to make major themes reflective of the key ideas presented in the data (see appendices 11 and 12 for further detail regarding this process).

3.8.4 Critique of data analysis procedures.

Although thematic analysis appeared the appropriate choice to identify the prevalent themes and sub-themes from the interview transcripts, there are also some drawbacks to this form of analysis which should be noted. Flick (2014) criticises the method outlined by Braun and Clarke (2006), particularly with regard to steps three and four, where detail of the process provided for researchers to follow is simply replaced by illustrative examples. Furthermore, Vaismoradi, Turunen and Bondas (2013) indicate that this method of analysis involves more low-level interpretation comparative to grounded theory or hermeneutic phenomenological approaches. Further criticism levelled at thematic analysis is that it is time consuming and, as with many qualitative methods of analysis, can be influenced by the individual completing the analysis.

Similarly, whilst content analysis is a useful method of categorising and reducing written data, through systematic and verifiable means, it is not without its constraints. One limitation is that inferences can be made about the written word that may or may not have been intended by the author, indicating potential ambiguity within the data. In addition, some of the richness of the data, including any inferences or ambiguity, can be lost in the reduction of this information into categories. Likewise, there is the risk that the researcher will categorise or impose their own meaning onto the data as a result of their own agenda, compromising the credibility of the results (Cohen, Manion and Morrison, 2011).

3.8.5 Credibility and reflexivity.

Some researchers have rejected ideas of reliability and validity when it comes to qualitative research (Ritchie et al., 2013). However, it has been suggested that being transparent with research procedures is good practice within qualitative research, enabling future replication (Seale, 1999). Furthermore, consistency and rigour in interpreting the data have also been highlighted as essential for credibility in qualitative studies (Ritchie et al., 2013).

In qualitative research, credibility is seen as an alternative to reliability and validity. To ensure credibility within this project, all procedures have been clearly and openly explained within the thesis. The methodology has been grounded in tested methods from the Twenty Statement Test of Kuhn and McPartland (1954), to basing the young carer questionnaire on the checklist produced by Joseph, Becker, Becker, and Regel (2009).

In analysing these data, a well-trusted process in the form of thematic analysis was employed. A sample transcript was provided for an individual along with a sample of codes. The individual was required to review the transcript in the context of the codes but they were also encouraged to produce their own codes to fit the data. Upon review of the coded sample transcript, considerable overlap between the individual's codes and my own existed, providing some evidence of inter-rater reliability. Quantitative data have been analysed using descriptive statistics that seek to summarise key ideas.

The purpose of this research was not to generalise findings to all young carers but to present a snapshot based on those who participated. Even with increased participant numbers, generalisation across young carers would continue to be difficult, owing to lack of homogeneity within the group and the differing experiences of individuals.

As noted by Yardley (2007), in qualitative studies, researchers inevitably influence both the information that is gathered and how it is later analysed. The relationship between researcher

and participant can lead to the disclosure of significant and subjective experiences (which I feel has occurred within this project). Yardley states the importance of transparency from qualitative researchers and I have endeavoured to deliver this within this report. Firstly, through providing explicit detail of the methods employed, the reasoning for their selection and the means by which information was analysed, the latter of which can be supported through a 'paper trail', which Yardley also feels is necessary to be a credible qualitative researcher. Furthermore, transparency refers to the acknowledgement of the researcher's own beliefs, values, thoughts and experiences which may also influence all aspects of the research and which are noted below accordingly.

My family background differs from the young people who I worked with on this project. This has meant that my own experiences have formed my beliefs regarding what childhood should look like, and whilst I believe helping with tasks at home is important for developing responsibility and life skills, these tasks should be tokenistic and increased gradually in line with the child's developmental age. From this perspective, it is possible to be critical of the tasks that the young carers perform and to assume that their experiences would be entirely negative and unhappy, as I felt that childhood was the time for playing outdoors, spending time with friends and filling time with whichever play activities appealed the most at the time. Although qualitative researchers try to remain open-minded to the information provided, it was impossible not to become emotional by the experiences conveyed by the young carers (see appendix 13 for a selection of my reflections from throughout the project) and therefore to have to my own beliefs challenged regarding childhood.

It is also important to be transparent about my relationship with the young carers through the drop-in group, particularly at Bay School. I initially started to attend in May 2015 and I have attended all but a few days between then and July 2016. Over time, particularly when the young carer co-ordinator was unavailable (she is also performs a safeguarding role within the

school), I have been the key adult supporting the group. I have also been increasingly present at Bay School since it became part of my school patch, resulting in incidental opportunities to catch up with young carers, for example, when passing them in the school corridor. All of this has resulted in developing trust and knowledge between myself and the young carers, which was fairly novel when phase one data collection took place, but was firmly established by the time the phase two focus groups were carried out. This relationship is likely to have influenced the information that the young carers were happy to share with me and that which I felt confident to further enquire about without causing the individual any distress.

3.9 Ethics

3.9.1 Ethical approval and considerations.

Ethical approval was gained from the University of Exeter Ethics Committee in June 2015 (see appendix 14) and the Woodshire Research Governance Framework Panel in August 2015 (see appendix 15). As part of this application process, consideration was given not only to ethical procedures (see section 3.9.2 below) but also to any special arrangements that may have been required as part of the project. These included consideration regarding the location used for the interviews, proposed action should a young carer become distressed during the course of a session and ensuring my own emotional well-being during the exploration of potentially distressing experiences.

In preparing for this research, I consulted the British Psychological Society's (BPS) document, 'Code on Human Research Ethics', which outlines some key concerns to consider prior to commencing research. The BPS state four broad principles to which all research should endeavour to follow, as well as more procedural requirements (outlined in the following section). These are;

- Respect for autonomy and dignity of persons
- Scientific value
- Social responsibility
- Maximising benefit and minimising harm

(p. 7. The British Psychological Society, 2010).

Throughout all stages of the research, I have endeavoured to adhere to these four principles and I hope that those who have participated have felt the benefit of being a part of the research.

3.9.2. Ethical procedures.

Informed consent was gained from three sources in preparation for the interview sessions with young carers. Firstly, senior members of staff at both Bay School and Market School were provided with an information sheet explaining the project and a consent form to sign (see appendices 15 and 16). I also met with the Young Carer Co-ordinator at Bay School and the Deputy Headteacher at Market School to discuss the research in terms of procedures, purposes and logistics of recruiting young carers to participate. This provided an opportunity for me to answer any questions that school staff had regarding the project and to agree next steps regarding participation.

Information sheets (appendix 18) and consent forms (as appendix 17 with amendments) were sent home to the parent/carer of the young carers and these were returned to either the Young Carer Co-ordinator at Bay School or directly to me for the young carers at Market School.

Lastly, information sheets (appendix 19) and consent forms (as appendix 17 with amendments) were provided for the young carers participating in the research.

The information sheets outlined the purpose and reasons for the research, as well as what it would entail. The language of this information was altered to suit the audience. The consent forms made clear that all parties had the right to withdraw from the research at any time, and that information provided up until that point would be destroyed. All information provided throughout the research remained confidential and anonymous. Data were stored on the secure university drive. The completed questionnaires were numbered to ensure anonymity and stored securely with the consent forms. My contact details were made available should anyone wish to withdraw or ask further questions regarding the research. At the end of the session, the young carers were debriefed to explain that the information provided would be securely stored and that this information would now be analysed to identify themes or patterns from the responses.

Staff questionnaire respondents were informed at the start that all responses were anonymous and confidential, that there was no requirement for them to take part and that their responses could be withdrawn at any time. At the end of the online questionnaire, there was a mandatory requirement to leave a keyword that could be used to identify an individual's responses at a later time, if required. My contact details were provided at the end of the online survey and in person at the SENCo meetings.

3.10 Findings

In this section, the findings from the adapted twenty statement test, the demographic questionnaire for young carers and the school staff questionnaire will be presented.

3.10.1 Additional information regarding the young carers.

In addition to the information presented in the participant section above, three other questions explored the basic experiences of these young carers. Specifically, the questionnaire asked

the young carers to identify the types of care tasks they complete, the length of time which they have been a young carer and the amount of time spent caring. The information is presented in tables 6 and 7.

The information presented in table 7 indicates the length of time these young people had held their caring role. Young carers rated the length of time spent caring on a scale from one to ten, where one was 'I have just started caring' and ten was 'I have been caring for as long as I can remember'. The young carers also rated the amount of time spent caring, taking into account their mornings, evenings, weekends and school holidays, on a scale from zero to ten, when zero was 'none of my time' and ten was 'all of my time'.

Table 6 Details of the caring tasks of each young carer.

	Cleaning/tying	Helping with siblings	Helping with banking/bills	Signing/communicating	Keeping someone company	Keeping someone safe	Cooking	Shopping	Other
Dawn	✓			✓	✓		✓	✓	Helping parent in and out of shower
Claire	✓	✓			✓		✓		Washing clothes; washing dishes; checking kitchen floor (for slip hazards)
Ann	✓	✓			✓			✓	
Millie			✓		✓			✓	Changing hearing aid batteries
Alan			✓		✓	✓	✓		Bringing things to and taking things from Nan; putting things in the bin
Ross	✓	✓			✓		✓		
Jane	✓				✓		✓		Washing up; helping with injections
William	✓			✓	✓		✓	✓	Loading/unloading dishwasher; carrying items
Sarah		✓			✓	✓	✓	✓	Hoovering
Simon	✓	✓	✓		✓	✓	✓	✓	Washing clothes
Shane		✓			✓		✓	✓	Washing dishes; gardening; helping brother to manage emotions

Table 7 Rating of length of time spent caring and amount of time spent caring, by young carers.

Participant Name	Length of Time Spent Caring	Amount of Time Spent Caring
Dawn	5	5
Claire	4.5	3.5
Ann	6	3
Millie	3	2
Alan	4.5	4
Ross	9	3
Jane	5	8
William	7	4
Sarah	6	7
Simon	4	7
Shane	5.5	5

3.10.2 Aspects of young carers' self-concept.

In order to answer RQ 1, the data from the adapted TST were analysed using the six step method of Braun and Clarke (2006). A thematic map was generated to represent the themes and sub-themes identified from this analysis (see figure 4).

This section will present further detail regarding each theme under the individual headings below.

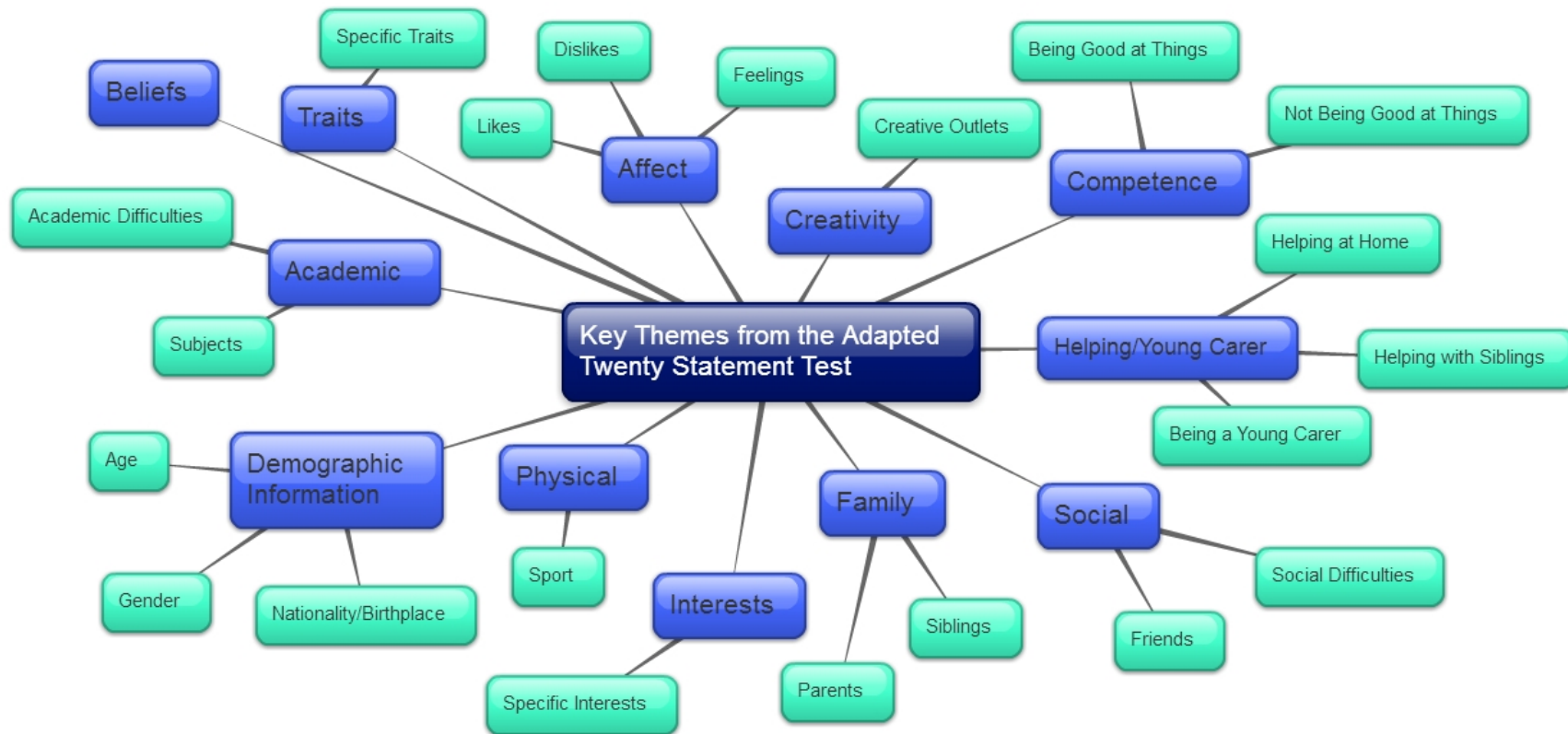


Figure 4 Thematic map of key themes from adapted Twenty Statement Test.

3.10.2.1 Academic.

Academic emerged as a theme, initially from analysis of the original twenty statements, but also from the wider discussion. When the young carers spoke of issues relating to their academic self, it tended to focus on their enjoyment or competence regarding particular school subjects or difficulties they had noted at school, for example, dyslexia. The young carers appeared keen to identify both those subjects and aspects of school that they enjoyed and those they felt they were good at. Comments made about school were generally positive, although the young carers were open about the areas they found difficult, for example, specific subjects such as art or history. Some young carers discussed their hopes for the future in terms of career, which included plans to become an engineer and play for the England Rugby Team. In talking about their academic lives, no reference was made by the young carers to their caring role.

3.10.2.2 Affect.

In naming their twenty statements and exploring these further, the young carers spoke at length regarding their likes and dislikes. The likes and dislikes spanned many of the other themes named within the thesis including enjoyment of sport, spending time with their family, being a young carer, gaming and outside activities. Dislikes tended to focus on academic subjects and sports, although some more unusual dislikes were identified from the twenty statements including dislike of eggs and travelling by car or airplane.

The young carers also focused on how they felt about things, for example, how an imminent house move was leaving one young carer feeling stressed, but in the long term when she had her own room, she would feel happy and relaxed. One young carer noted that he had tried to only talk about happy things during the course of our session. This same young carer also felt that others would be less likely to talk about their families as this can be a source of

unhappiness. This was not the case with the other young carers, and as noted above, the enjoyment of spending time with families was clearly apparent.

Some young carers noted changes in their mood, with one young carer remarking that he sometimes feels depressed and angry, although he noted that “it doesn’t happen often” (William). Another young carer reported mood swings, which often seemed to be caused by negative incidents with her peers.

I’d have moments when I’d just be like ‘I’m so happy’ and stuff like that and then, someone could say something to like me and I’d just be like (sighs) why? Why, life, why?

Millie

3.10.2.3 Beliefs.

Comments regarding the beliefs of young carers may in part have been triggered by the inclusion of the prompt statement ‘I am agnostic’ (see table 4). However, during further discussion of their statements, it was clear that the young carers had considered and thoughtful ideas regarding religion and their beliefs. The dominant religious views were ones of atheism or agnosticism. There was a prevailing view that religion was important because all individuals’ hold their own beliefs and that each person is entitled to believe as they wish. The young carers commented on the number of religions, and in elaborating on their atheist views, they were unsure how all religions could be right. Young carers who commented on their agnosticism noted the importance of being able to change their mind when it comes to religion.

3.10.2.4 Competence.

Many of the statements and subsequent discussion focused on activities and skills that the young carers felt they were proficient in or not. The young carers identified their talents in creative activities such as crocheting, sewing and drawing, along with sporting activities

including tennis and badminton. Maths and sport tended to be the two areas that young carers felt less proficient in, although many noted not minding about not being good at these things. In addition, some young carers spoke of enjoying an activity despite not feeling very good at it.

Exploration of competence statements gave some of the greatest insight into the experiences of young carers, which would have been lost had quantitative methods been employed. For example, Alan noted that he was bad at performing arts. Further discussion however led him to report that the statement he really wanted to provide was regarding his lack of confidence, although he was unsure how to phrase this at the time. Alan presents as a confident young person and so it was interesting to hear him discuss how his confidence is continuing to fall, something he identifies as a result of not following the crowd.

Other young carers were known to provide a statement but upon further discussion, they would completely negate this statement, again highlighting the pitfalls of taking the statements at face value. For example, Sarah reported being terrible at the violin before discussing a recent occasion where she was selected to perform a solo which went very well. To a certain extent, this may be an example of modesty by the young carer, however both these examples may demonstrate difficulties in expressing their true experiences or failure to recognise where their strengths lie.

3.10.2.5 Creativity.

Although creativity was not discussed by all the young carers, it has been included as a theme because when it was spoken of, it appeared that a great deal of importance has been placed on finding outlets for creativity by some of these young carers.

I feel like being creative and giving me something to do takes my mind off everything [...] I use my hands as sketchbooks because I don't have paper.

Ann

3.10.2.6 Demographic (factual) information.

The young carers tended to make ‘I am’ statements regarding their name, age and gender, with birthplace and citizenship also commented upon. This information was identified as important to young carers because it included the details that they would want new people to know about them had they just met. Interestingly, as with the competence statements, some statements led to deeper insight regarding the experiences of these young carers. For example, when talking with Ann about how it is to be 13, her answer was ‘responsible’ with further comment about how she is growing up fast. These brief comments reflect how, even in discussion of potentially benign details about the self, connections are made to being a young carer and the associated responsibilities.

3.10.2.7 Family.

This theme encompasses the information provided by young carers about their families. The families of the young carers were clearly very important to them and they would be regularly referenced even when discussing something else, for example, in discussing the enjoyment of fishing or baking, these activities were frequently completed with other family members. Some of the young carers, including William and Shane, stated outright that their families were one of the most important things to them.

Family was often discussed in the context of helping and responsibility, something that would perhaps not be anticipated from discussions of family with a non-caring adolescent population. Simon reported “I just help everyone in my family” and other young carers reported the help and support they offer, particularly to their siblings. Comments regarding support of siblings tended to fall into one of two categories; the young carer as someone to play with or the young carer as providing help. Shane commented that “if you are a brother you have responsibilities for your other siblings” whilst Claire and Sarah noted the help they offer at

home, which involves looking after their little sister or taking them to the park. What struck me in these discussions was the matter-of-fact nature with which the young carers discussed these relationships, as if this was no different to how any other family operated.

Lastly, in talking about their parents, invariably and without prompting, comment was made regarding the health problem of the parent(s) and the role that the young person takes within the family home. Much of the time, reference to the parent(s) health was made casually and as an aside to another point, and again discussion regarding the support provided did not indicate that the young carers felt this was different or significant to other young people their age.

It was something I found ages ago when my mum was sick and I've kept it ever since [in reference to a re-discovered soft toy].

Ross

3.10.2.8 Helping/young carer.

This theme brings together two ideas which were discussed quite widely by the young carers; helping and being helpful, and being a young carer. Although not all individuals taking part identified themselves as a young carer during the activity, references to helping or being helpful were numerous. As demonstrated above, those that the young carers noted helping tended to be their parents or siblings, although their helping also extended to their friends, unfamiliar peers and individuals within their community. The young carers were also likely to use pro-social words to describe themselves, such as kind or friendly, and would evidence these words with stories of welcoming new students into the school or helping friends in a crisis.

When asked to elaborate on being helpful, comments were positive, identifying helping as a worthwhile and important way of interacting with the world, resulting in positive feelings about the self.

It's good to help your parents and everything when they are like really ill and everything. It's like it's good to help them out when they need it like if they have a bad day and stuff like that [...] I am always like here to help and everything. It makes me feel like a good person.

Jane

I am someone who enjoys helping older people. Because when I used to go church with my dad, I used to help the older people put all the chairs away and that, cos they couldn't do it.

Claire

When those participating did speak of being a young carer, it was made clear how important this role was to them. In addition, their role was spoken about with positivity and the practical implications in terms of being able to looking after themselves in the future. Although the young carers spoke of the pressures of responsibility, it was evident that they wanted to care for the person they loved.

3.10.2.9 Interests.

The young carers also widely discussed their interests and hobbies throughout the session. Interests were often spoken about in the context of other themes such as affect and competence, when they would detail the things they liked or felt they were good at. Whilst the list of young carer interests is extensive, two stand out; food (being a foodie, love of chocolate) and technology, including YouTube, computers and gaming. In some cases, interests were discussed in the context of the family as these were shared between the young carer and their parent or sibling, for example, fishing is something that Simon always does with his father, whilst Shane noted the importance of playing the Xbox with his brother. There was also extensive overlap between this theme and that of creativity, where young carers' identified interests included acting, sewing and writing fan fiction.

3.10.2.10 Physical.

Comparative to the other themes, the theme of physical was not extensively discussed by the young carers. Only minimal reference was made to the young carers' physical attributes with one young carer noting both hair colour and height. Instead, the focus tended to be on sport. A number of sports were identified and discussed by the young carers, often in the context of their likes and competencies. Where the young carers identified sport as a particular interest, physical statements tended to dominate those they made about themselves and be the focus of subsequent discussion. For example, Simon listed the following statements during the adapted TST; I am sporty, I am rugby player, I am good at fishing, I am someone who likes cricket, I am someone who likes tennis, I am someone who likes badminton.

3.10.2.11 Social.

The young carers tended to mention and discuss their friends as much as their families. Overt statements regarding popularity were made by some young carers, whilst others referenced their friends when discussing many of their statements. For example, friends were discussed if they and the young carers had shared interests, when talking about specific school subjects or in relation to a particular competency, e.g. friends asking for the young carer to tell them a joke even though she reported "I'm not very good at them" (Sarah).

Young carers frequently noted the importance of supporting and helping friends. This ranged from practical and reciprocal support with school work, recognising that individuals have different strengths and they can support one another, to more emotional support, for example, if two people fall out within a friendship group. The young carers appeared very unified with regard to this point and many could provide examples of times when they had gone out of their way to help a friend or even someone unknown to them, like a new student at the school.

Interestingly, despite many of the positive comments regarding friends, the young carers also noted several social difficulties. These included only having a small number of friends, feeling ignored, not going out socially with friends and people saying nasty things. It was clear that this had a negative impact upon the young carers although some recognised that they tried to stay positive.

I'll have my down moments but then I'll bounce back up and I'll be just like 'la la la la tra la la la' until the next person says something to me. I will be down again but I can always bounce back up.

Millie

3.10.2.12 Traits.

This theme incorporates all the qualities and traits that the young carers felt they had. As with interests, the list of traits was extensive. These were almost overwhelmingly positive and included artistic, cheerful, funny, intelligent and organised. In addition, many of the traits identified related to the theme of 'helping/young carer' with participants stating that they are helpful, useful and kind.

3.10.3 Important aspects of self-concept to young carers.

As part of the card sorting exercise, the young carers were asked to rate the statements from most to least important. The top five statements of each young carer were coded using content analysis to identify what aspects of self-concept were most important to these young carers, through reviewing those themes that appeared most frequently (see appendix 9).

During the thematic analysis of the main discussion, reasons for why selected statements were important were coded under the theme of priorities.

Statements related to the traits of young carers or related to the theme of 'family' were the two most popular themes identified through analysis. These were followed by the demographic statements, statements relating to being helpful or a young carer and statements

regarding their interests. Although statements associated with the themes of physical, competence, social, affect, beliefs and academic were also present, this was not to the same extent as the more popular themes identified above (see table 8).

Table 8 Frequency of themes for young carers' most important statements.

Statement Theme	Frequency of Theme
Trait	13
Family	9
Demographic	8
Helping/Young Carer	7
Interest	6
Competence	4
Physical	3
Social	2
Belief	2
Academic	2
Affect	1

The young carers were asked to comment on why these statements were the most important to them. In reflecting on why trait statements had been rated as important, young carers gave a range of reasons but the primary factor appeared to be that these were the things young carers wanted others to know about them first. Young carers wanted others to know that they are friendly and funny, thus making them the most important aspects of self to young carers. When asked to comment on why family statements were important, young carers tended to cite the importance of, and love for, their family, often referring back to the responsibilities and help they offer to the loved ones in their lives.

3.10.4 Positive and negative aspects of self-concept to young carers.

As with the most important statements above, positive and negative statements were coded using content analysis (see appendix 10). All positive and negative statements were included in the analysis and the frequency of each theme is presented in tables 9 and 10.

Table 9 Frequency of themes for statements considered positive by young carers.

Statement Theme	Theme Frequency
Academic	4
Affect	
Dislikes	1
Feelings	4
Likes	22
Beliefs	3
Competence	
Academic	3
Lack of	1
Other	8
Physical	3
Creativity	3
Demographic Information	8
Family	10
Helping/Young Carer	11
Interests	5
Physical	8
Social	4
Trait	13

Table 10 Frequency of themes for statements considered negative by young carers.

Statement Theme	Theme Frequency
Affect	
Dislikes	2
Feelings	2
Likes	2
Competence	
Lack of	7
Other	1
Interest	2
Physical	2
Social	1
Trait	6

Statements rated as positive by young carers tended to focus on their positive competencies (the tasks, activities or subjects they felt they were good at), along with positive traits including funny, friendly and kind. Statements relating to family, helping and the young carer role also feature predominantly in the positive category.

With regard to the statements rated as negative during this activity, many of the statements related to an individual's lack of competence on a task or activity, for example, not being good at maths, rugby or history. Likewise, adverse emotions such as feeling depressed or angry were also placed in the negative category. Undesirable traits, for example, impatient, noisy and gullible were similarly identified as negative.

3.10.5 Staff understanding of young carers.

This research question was concerned with identifying what understanding school staff have of young carers. Specifically, I was interested to know what school staff understood by the term ‘young carer’, and furthermore, whether they were aware of any young carers in their setting and the reasons why these young people may be carers.

Respondents were asked to specify whether they had any young carers on-roll, how many approximately and the age range of these young carers. 38 individuals responded to this question, with 15 responding ‘yes’ to having young carers on-roll at their school (however, two of these noted that the young carers had been on-roll during the previous academic year, and had subsequently transitioned to secondary school). Table 11 presents the responses to these three questions and additional detail has been added regarding whether the age range corresponded with primary or secondary education. From the table, it is possible to note that the number of carers on-roll varied from one to 100. The average number of young carers on roll was 17 (standard deviation 31.601).

Table 11 The age range and number of young carers on-roll at a school by respondent.

Respondent Number	Age Range – From (years)	Age Range – To (years)	Primary/Secondary	No of Young Carers
5	6	10	Primary	4
6	11	16	Secondary	81
7	11	18	Secondary	100
9	9	10	Primary	1
11	10	10	Primary	1
12	11	16	Secondary	15
13	11	18	Secondary	9
16	5	11	Primary	Not Specified
19	11	11	Primary	1
22	11	16	Secondary	15
23	8	10	Primary	2
24	13	16	Secondary	4
25	8	8	Primary	1
27	6	11	Primary	3
29	13	16	Secondary	5

The school staff were asked to define the term ‘young carer’, noting any key words, phrases or sentences to explain the term, and to demonstrate their understanding. All 39 respondents provided some level of detail as to what the term ‘young carer’ means to them. These responses were coded using content analysis (see appendix 11) and the key themes are demonstrated figure 5.

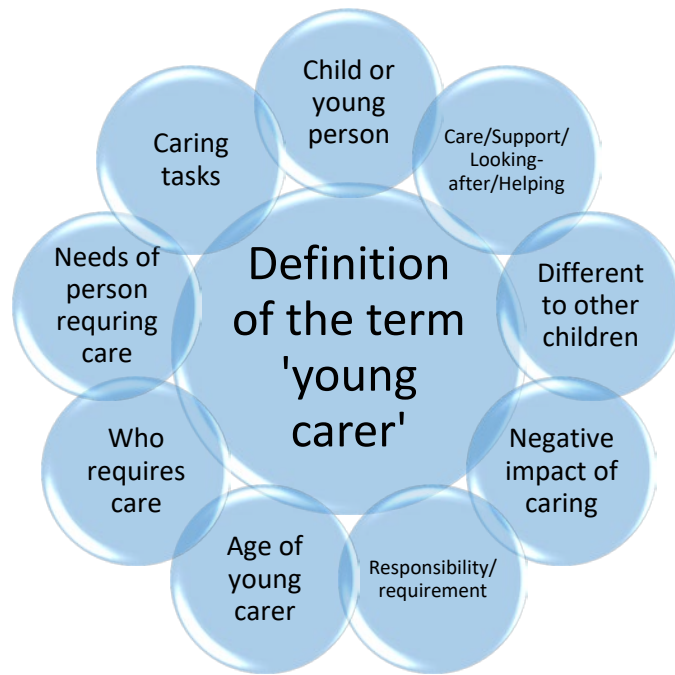


Figure 5 Key themes identified from school staff responses to definition of 'young carer' question.

The primary ideas conveyed through the definitions were that a young carer is someone who is a child or young person, caring for (supporting, looking after or helping with) a family member (typically a parent, although siblings, grandparents, aunts and uncles). Some respondents used the phrase 'another person', rather than specifically detailing who the young carers may care for. School staff would frequently note the 'responsibility' and requirement in performing the caring role, intimating that the child or young person had no choice but to begin caring.

Comment was made regarding how young carers differ to 'normal' children and how caring can have a negative impact on the young person's life, potentially resulting in a loss of childhood (no mention was made of any positive outcomes from caring). School staff speculated on the upper age limit for a young carer with reference made to 16, 17 or 18 years, although comment was not made regarding lower age limit. Lastly, with regard to the individual requiring care, school staff noted the reason(s) for the caring role (for example,

physical disability, illness or mental health problems) and the tasks that the young carer may be required to complete (personal care, feeding and caring for themselves and the home).

School staff were also asked to identify for what reason(s), students at their school may be young carers (see table 12). Respondents were given multiple choices including an ‘other’ option. 15 respondents provided answers to this question. Table 12 demonstrates a fairly even frequency across the reasons for becoming a young carer. The two respondents who selected other named ‘caring for a sibling with a life-limiting medical condition’ and ‘as a result of neglect’, as additional reasons why a student may be a young carer.

Table 12 Reasons why students (on-roll) are young carers, according to school staff.

Reason for Being/Becoming a Young Carer	Frequency
Parent/carer disability	10
Parent/carer physical illness	8
Parent/carer mental health	8
Sibling disability	9
Sibling physical illness	8
Sibling mental health	6
Other	2

3.10.6 Support offered by school staff to young carers.

School staff were asked to select what support they offer (or have previously offered) to young carers at their setting. Respondents could select all forms of support that applied. 26 respondents selected at least one form of internal support. Five respondents selected ‘none of the above’. The remainder did not answer this question. Table 13 details the frequency of responses for each form of internal support.

Table 13 Frequency of internal support offered in schools, reported by school staff.

Internal Support Offered	Frequency
Young carer co-ordinator	11
Specialist assemblies	6
Specialist PSHE lessons	10
Flexibility of school to practical needs	14
Provision relating to education	13
Provision of social clubs or opportunities	14
Provision of opportunities for young carers to meet with other young carers	13
Provision of staff member to listen to young carer needs and understand their perspective	21
Other	4

The table indicates that many forms of support are provided within school, although pastoral staff support has the highest frequency. School staff who selected ‘other’ identified additional forms of internal support including group work, links between school and other agencies, a dedicated young carer noticeboard, a young carer school policy, SENCo work and the intervention, Draw and Talk (where children are given an opportunity to discuss worries and concerns through drawing). Some school staff listed external support in response to this question and these have been added to the table below.

School staff were asked whether they accessed any external support for their young carers. 34 respondents answered this question, with 16 selecting ‘yes’. Table 14 indicates the frequency of responses for each form of external support.

Table 14 Frequency of external support accessed by schools, reported by school staff.

External Support Accessed	Frequency
Referral to external support	15
External support with facilitating young carer groups	5
External support with identifying young carers	3
External support with providing specialised assemblies	4
External support with providing training to staff	4
External support initiating TAC/CAF meetings	4
External support acting as a lead professional	4
Other	4

The frequency of these forms of external support are much lower than the frequency of support offered internally. Primarily, school staff make referrals to external support. School staff who selected ‘other’ identified additional external support that they access including referring to Woodshire Young Carers, seeking advice from the Family Support Workers at Woodshire Young Carers, KIDz (pseudonym – a charity that provides respite breaks) and school supporting holiday and respite sessions.

School staff were asked to rate how effective they feel they are in supporting the young carers at their setting on a scale from zero to 10, where ‘0’ was not at all effective and ‘10’ was very effective. 27 respondents answered this question. The frequency of each score is given in figure 6.

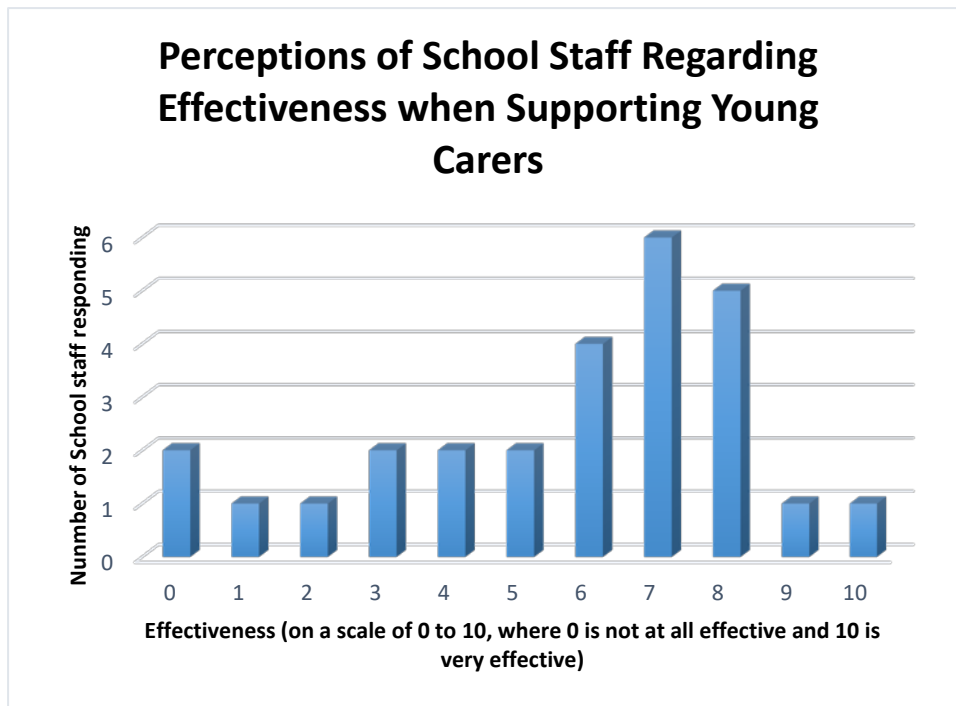


Figure 6 A bar chart depicting school staff perception (frequency of ratings) regarding their effectiveness in support young carers on-roll.

Looking at this bar chart, the frequency of ratings indicate that school staff perceive they have a medium to high level of effectiveness in supporting the young carers at their setting. School staff were asked whether they felt they could be more effective in supporting young carers at their school. Of the 31 responses to this question, 26 respondents felt they could still be more effective. School staff who answered affirmatively to this question were then asked to identify any ideas regarding supporting young carers.

Five major themes were identified from the responses on what could enable school staff to be more effective in their work with young carers (see figure 7). Detail regarding each of these themes is presented below.

3.10.6.1 Support services.

School staff recognised that they wanted to develop their knowledge of the support services available. In particular, staff wanted a “better awareness of practical support services” and to

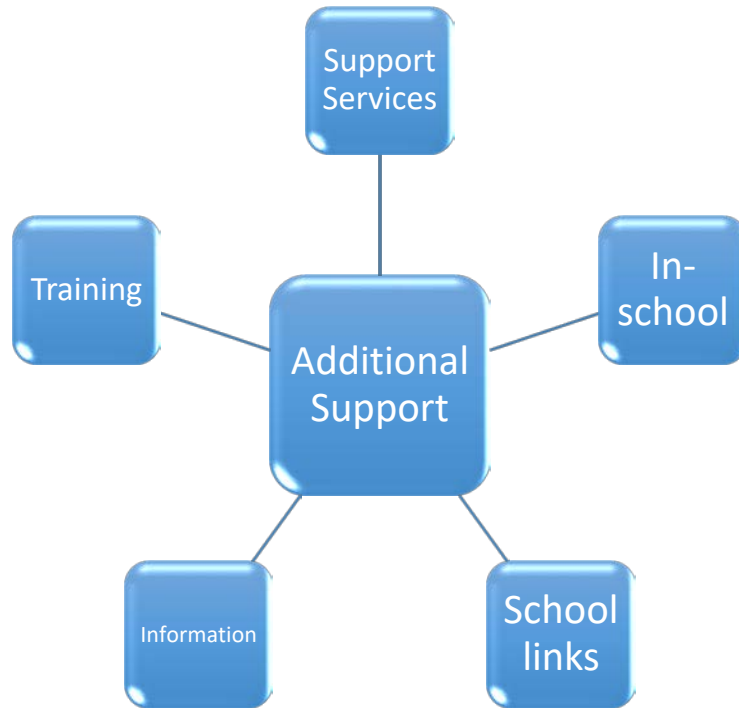


Figure 7 Key themes identified from school staff suggestions regarding further support for young carers.

build a “better connection with young carer support services”. In addition, school staff wanted greater involvement from external agencies to support their young carers.

3.10.6.2 Training.

School staff commented on the need for further training, particularly to raise awareness of young carers to other members of the school faculty and to develop staff knowledge for supporting young carers’ needs.

3.10.6.3 School links.

This theme related to the school staff building links. Comments tended to relate to one of three ideas. The first was building links between primary and secondary schools to facilitate the co-ordination of information on young carers. One respondent noted that they had been unaware that a student at their school was a young carer until they attended the annual review

of the student's sibling. Secondly, the respondents reported wanting to build links not only between the young carers at their setting, but also between other young carers at other schools. One respondent desired "area links with other young carers in schools" whilst others noted that previously they had tried to find "a group locally to tap into but geographically isolated – very small school". Lastly, the school staff wanted to develop communication between home and school and to find themselves "working more closely with the families" in order to support their young carers.

3.10.6.4 In-school support.

School staff commented on the support that could be offered to young carers in school. In particular, the respondents wanted to provide greater support regarding the young carers' emotional well-being ("more opportunity for them to chat through how things are going and how they are feeling", "mentoring by an adult"), offer more practical support including additional time to do homework or school work which could be allocated within school hours, as well as improving access to trips and after-school clubs. Lastly, they wanted to further the role of the key adult in school, with one member of school staff seeking "more time for the designated link to meet young carers" and another seeking to establish the young carer co-ordinator role as a first step.

3.10.6.5 Information.

Responses by school staff which relate to this theme noted the importance of further information in order to support young carers. Again, this took three forms; further information on how to identify young carers, guidance ("guidance for TAs. Booklet with useful contacts") and information on available funding for young carers.

3.11 Discussion

Phase one of the research had three aims;

- To explore the self-concept of young carers
- To identify the aspects of self-concept important to young carers
- To establish the understanding of school staff of young carers, the support offered by schools and the knowledge of school staff of other support available

The adapted Twenty Statement Test (TST) provided the means for exploring the self-concept of young carers and identifying the aspects of self-concept that are most important to young carers. A questionnaire was designed for school staff to answer the questions regarding their awareness and support offered. The discussion will review the findings found in phase one, regarding each of the research questions, with links to relevant literature. The section will end with comments regarding the limitations of this project.

3.11.1 RQ 1 – what are the predominant aspects of self-concept identified by young carers?

Analysis of the responses to the twenty statement test self-concept activity was employed to identify the predominant aspects of self-concept. Twelve aspects were identified as themes from the data. The themes of academic, physical, social, family, affect and competences were as anticipated based on the model of Bracken (1992), although the extent to which these appeared important or significant to the young carers varied. In addition to these six, an additional six themes were identified; beliefs, helping/young carer, traits, interests, demographic information and creativity.

Given that previous research has demonstrated the importance of family and social self-concept, both in terms of the self-concept literature (Shavelson et al, 1976; Bracken, 1995) but also in the context of self-concept and identity development (Erikson, 1950; Harter, 1990,

2006; Oosterwegel and Oppenheimer, 1993), it is unsurprisingly that these were discussed extensively by the young carers. I would also take this one step further and propose that family was discussed to a far greater extent than may be typical of individuals this age. This may in part result from the caring role and the increased closeness and importance of the relationships between the young carers and family members. It was clear too that, although some social difficulties existed (as had been noted in previous literature (Aldridge and Becker (1993)), peer interaction and feedback remained important to these young carers and they appeared to have adequate opportunity to engage in social interactions, as has been noted to be important for self-concept development (Harter, 1990; Oosterwegel and Oppenheimer, 1993).

In addition, the young carers commented at length on their likes and dislikes, their interests, competencies and traits. Much of this information is likely to have come from social comparison and input from others, based on what is already known about identity development. Overall, the young carers tended to comment more on positive interests, traits and competencies alongside their likes, indicating an overall positive sense of self.

Discussion on topics such as young carer traits and competencies differs from nearly all previous young carer research as typically studies have focused on specific areas of interest, for example, young carers' experiences of caring (Aldridge and Becker, 1993), their experiences in school (Dearden and Becker, 2003; Moore et al. 2009) and their emotional well-being (Cree, 2003; Pakenham et al. 2007). An important component of this research, therefore, is the opportunity that these young carers have had to discuss their experiences and identity, allowing positive aspects of self to be identified.

In considering the young carers' self-concept, this research extends the earlier assumptions made by Earley et al. (2007) that the self-concept of young carers adapts to reflect their caring role. The identification of a theme regarding helping and being a young carer supports

the assertions of Earley et al., as these young carers made repeated reference to themselves as helpful, caring and useful, with some individuals stating outright their caring role. However, with the identification of eleven other themes, it is essential to continue to view young carers holistically and in their entirety. There is a risk when someone adopts a salient role to cast them in that identity and to forget their other interests, likes, competencies and beliefs. The widespread and varied nature of the young carers' interests, likes and competencies indicates that individuals are so much more than their caring role and remain, first and foremost, children. Edward Timpson heralded young carers as "the unsung heroes of the care system, selflessly providing support around the clock for the people they love" (p. 1, Department for Education, 2013), and commentary such as this only serves to perpetuate the 'little angels' stereotype trap, where we forget that young carers are complex individuals who will likely vary between contexts. It is essential to therefore remain sensitive to the extent that an individual wants to identify as a young carer and take the lead from them when working with them.

3.11.2 RQ 2 – what aspects of self-concept are important to young carers?

The question of importance was given to young carers to allow for discrimination between the aspects of self identified. Interestingly, family and traits were the two themes which featured as most important to young carers. This is somewhat in line with previous findings as both Harter (1990) and Oosterwegel and Oppenheimer (1993) found that parental support and influence continues to have an impact on the identity of individuals into adolescence. However, it may have been anticipated that social aspects of self-concept would have been identified as important, which in this study they were not. That being said, when reflecting on why trait statements were important, it was generally because these were the things that young carers wanted others to know about them. This fits with the notion of the symbolic interactionists, Cooley (1902) and Mead (1934), who emphasised self-concept as a social

constructions and perhaps through sharing these elements of self, so the identity of these young carers is reinforced. The presentation of traits as most important also corroborates the my assertions made above regarding viewing young carers holistically, and perhaps by highlighting their traits as important, the individuals participating were seeking to represent themselves beyond just the caring role.

A secondary purpose for asking about importance was to ascertain to what extent the theme of helping and being a young carer was important to those participating. Helping and being a young carer was identified as being fairly important to these young carers and this too may corroborate previous assertions that young carers adopt the caring role into their identity (Earley et al. 2007).

3.11.3 RQ 3 – what aspects of self-concept are identified as positive or negative by young carers?

The aspects of self-concept identified as positive by the young carers were primarily associated with their positive competencies, positive traits, family and helping and being a young carer. The similarities and reasons for the discussion of competencies, traits and family has already been discussed within the previous two sections. The purpose of asking about positive and negative experiences was in part to identify how the young carers felt about helping and the caring role, where previous studies appear to have made their own decision on whether the young carer experiences is a positive or negative one (Barry, 2011; Cree, 2003). It is important to state the fact that for these individuals being a young carer, helping and those traits related to helping and being useful were universally identified as positive. This too has implications for how we relate to young carers when working with them and the predetermined values and expectations that professionals may hold regarding the young carer experience. In addition, this finding of being a young carer as a positive corroborates an early

finding of Aldridge and Becker's (1993) who noted that young carers gain positive feelings from their caring role and a sense of self-worth.

Lack of competence regarding a particular task or activity and undesirable traits were identified as negative by these young carers. Again, as noted above, the stage of development within which these young carers find themselves is likely to mean that they engaging in social comparisons to varying extents, resulting in increasing awareness of their competencies and traits in relation to others.

3.11.4 RQ 4 – what understanding do school staff have of young carers?

Overall, the definitions provided by school staff demonstrated a good basic awareness of young carers in line with the definition provided by the Office for National Statistics (2013). However, the themes identified seem to present, if not misconceptions, then a lack of holistic thinking regarding young carers. The school staff definitions tended to take a predominantly negative perspective towards the caring role, with an absence of parents, an overwhelmingly negative impact of caring on the individual and a requirement by young carers to perform intimate care tasks and feeding. Although lone parenthood has been identified as a factor in children adopting the caring role (Aldridge, 2008), this was not identified from my discussions with these young carers, and the majority mentioned both parents during the course of the session. Seminal studies report that intimate care tasks and feeding are less likely to form the workload of young carers, with individuals more likely to complete domestic tasks along with lifting and carrying (Aldridge & Becker, 1993; Dearden & Becker, 2004; Warren, 2007). However, I cannot deny the potentially adverse impact of the caring role since this has been a primary focus of many young carer studies, identifying the negative impact of caring on education (Moore, 2005; Moore et al., 2009; Siskowski, 2006), emotional well-being and mental health (Cree, 2003; Newman, 2002) and social interaction (Butler & Astbury, 2005; Thomas et al., 2003; Warren, 2007).

3.11.5 RQ 5 – what support is offered by schools to young carers?

With regard to the support offered by school staff, the responses were somewhat heartening in that nearly half the respondents offered some form of internal support. This took the form of provision relating to education, social clubs and opportunities, supportive members of staff and opportunities to meet with other young carers. The most common form of external support accessed was referrals to external services (likely Woodshire Young Carers). Nevertheless, the school staff felt they could still be more effective and these findings are only indicative of the questionnaires completed. In addition, there may have been a certain amount of bias by school staff to appear proactive in their support when questioned by an individual in the EP role. The support that school staff offered is in line with that recommended by the Carers Trust (2013), along with additional links with local charities and services.

3.11.6 Strengths and Limitations.

A strength of this project, I feel, is the honesty and candidness with which all young carers engaged with the task. The difficulty of the TST should not be underestimated, as each young carer was placed in an unfamiliar position by being asked to name twenty ideas about themselves to an adult they barely knew. Having said that, my prior relationship with some of the young carers may have influenced the responses they provided; key statements may have been omitted due to the information I already knew about them or the young carers may have been inclined to provide statements that presented themselves in a favourable light.

The nature of the discussion meant that I was mindful of maintaining a balance between seeking further clarity and ensuring that each individual remained comfortable throughout. With a more benign topic of discussion, it may have been possible to delve deeper into the experiences of the participants and gain additional data. Nevertheless, I feel the findings

presented here add new and important knowledge regarding the self-concept and experiences of young carers.

Despite extensive efforts, only two schools were recruited to this project, with the majority of students attending one of these settings. It soon became clear that the ability to access the young carer population depended on having a proactive and supportive member of staff on-side. Many schools approached to take part in this project cited staff shortages and periods of busyness at their schools as reasons why they could not currently participate. Other school staff expressed an interest in the project and I sent further information as requested, only to be unable to make contact with them to develop the project further. Some schools let their young carers decide whether they wished to take part and I therefore have to respect their decision to decline.

Similar difficulties were experienced with the school staff questionnaire, as despite multiple methods of gaining responses, the number of completed questionnaires remained relatively low. This is a concern not only from the perspective of ensuring that the data are accurate, but also in terms of the reasons why school staff may be failing to reply. This could be due to a lack of awareness regarding young carers, and often when questionnaires were returned, they were accompanied by apologies for not being able to say more about young carers or the support offered in schools. Furthermore, in utilising a paper version of the questionnaire so that it could be taken to the various SENCo and school staff meetings, respondents had the opportunity to miss questions out, despite instructions to answer every question.

3.11.4 Concluding comments.

Phase one of the research has shed further light on the self-concept of young carers and identified the ways in which young carers are supported in schools. However, school staff still feel they could be more effective in supporting young carers and named further training

and guidance as two forms of support they feel they would benefit from. Phase two of this research therefore aims to provide an information document for the use of school staff to support young carers, alongside finding opportunities for further discussion regarding the experiences of young carers, this time in the context of the support they receive. This next phase of the research seeks to identify which forms of support are considered most useful to young carers, so that these can be incorporated into the information document. The following chapter will provide further detail regarding the methods, findings and discussion for phase two of this research project.

Chapter 4: Phase Two Methodology

4.1 Research Aims

Phase two had the following research aims;

- To explore the support that young carers find beneficial and additional support they would like in the future
- To engage young carers in reflecting on key aspects of self-concept and what support can be developed from these
- To produce an information document detailing support for young carers with school staff as its key audience

To address these aims, a sample of the young carers in phase one formed a focus group, further detail of which is presented in the sections below.

4.2 Research Design

Phase two continues with the same research design outlined in phase one (see section 3.2). A pragmatic approach allows the researcher to select methods appropriate to the specific questions. To answer the research question above, phase two involved the use of focus groups to gain the perspectives of young carers on the support they currently receive and potential future support. The specific reasons for selecting focus groups are given in the methods section (section 4.5).

4.3 Sampling

Young carers for the focus group were taken from the sample at Bay School. As ten of the phase one participants attended this school, this was necessary to ensure that an adequate

number was achieved for the focus group. In addition, given the established relationship that existed between the young carers and I, it appeared logical to invite those young carers who had already participated in the project to take part in phase two, rather than a new cohort of young carers.

A letter was sent to the parent/carer of the ten young carers thanking them for the involvement of their child in phase one and inviting them to take part in phase two of this research project (see appendix 20). Seven young carers were identified to take part. All seven young carers took part in the introductory focus group session. However, due to their additional commitments in school, two young carers were unable to participate in the subsequent focus group sessions.

4.4 Participants

Details of the young carers who participated in phase two of this research are presented in table 15.

Table 15 Details of young carers participating in phase two.

Name	Age	Gender	Cares for?	Reason for Caring
Dawn	13	Female	Mum	Multiple Sclerosis
Ann	13	Female	Mum	Chronic Fatigue Syndrome
Millie	14	Female	Mum	Hearing Impairment
Alan	11	Male	Nan	Dementia
Ross	12	Male	Mum	Schizophrenia

4.5 Methods

The method selected for eliciting and discussing ideas for young carer support was focus groups. A focus group is a means of gathering group views and consensus through discussion and interaction (Barbour, 2008). Ritchie et al. (2013) note the importance of participants not only presenting their own viewpoint but also their consideration of information provided by others. This in turn results in participants giving further reflection to their own standpoint, as well as triggering additional thoughts in response to the comments of others. Barbour (2008) details as well the importance of focus groups in allowing researchers to access the voices of those who may be hard to reach or marginalised in society. Kitzinger (1995) also noted that the strength of focus groups is in involving participants who may be reluctant to talk in a one-to-one situation. Some limitations of focus groups have also been noted. It can be difficult to maintain control over conversation in the same way that a researcher directs discussion in an interview (Gray, 2013). There is also the risk that participants will fail to engage with one another in discussion and elicitation of views subsequently takes the form of a ‘group’

interview (Ritchie et al., 2013), leading to data which lack the depth of interviews and richness of focus groups (Bryman, 2012)

In thinking about group formation, Barbour (2008) states that it can be useful to have at least one important and shared characteristic within the focus group. Morgan (1997) pointed out the importance of a group that is homogenous in background but not in opinions. With the young carers, although they were all very different, they all had a shared experience in having taken on the responsibility for caring for a loved one. Furthermore, Lewis (1992) highlighted that friendship groups can be particularly useful when organising focus groups with young people. This is because the individuals involved are already acquainted and therefore there is no requirement for 'forming', the first stage in the model of group phases proposed by Tuckman and Jensen (1977). Although not all members of this group were acquainted, three were and moreover, all the young carers attended the same secondary school, making it likely that there may be some familiarity between individuals.

In terms of group size, Ritchie et al. (2013) state that focus groups are typically formed of six to eight individuals, although other issues may mean that a smaller group offers greater benefit in terms of the discussion, for example, if the topic is particularly sensitive in nature or if the focus groups are formed of children. Similarly, Barbour (2008) notes that social science research does not tend to facilitate focus groups larger than eight people.

The programme for each focus group is given in table 16. Three focus groups took place, with the same young carers participating each time. Each focus group session had specific focuses and intended outcomes. The decision was made to include three focus groups rather than completing the discussion in one or two sessions, so that the group had the opportunity to familiarise themselves with each other prior to the main discussion. Furthermore, a review session was organised to ensure that the completed information document reflected the ideas

discussed by the young carers. It was also an opportunity for them to change or amend any content or the visual aesthetics of the booklet.

Table 16 Information regarding the focus and intended outcome of each focus group session.

Session Number and Topic	Focus	Intended Outcomes
1 – Introduction	<ul style="list-style-type: none"> - Introduction by researcher including information regarding focus groups and wider research project - Introduction by young carers - Consent gained - Ground rules - Introductory discussion on ‘support’ 	<ul style="list-style-type: none"> - Young carers to understand the purpose of the focus group sessions - Young carers to become familiar with members of the group - Informed consent given - Ground rules adhered to - Interaction facilitated through ‘ice breaker’ activity
2 – School support discussion	<ul style="list-style-type: none"> - Eliciting ideas and generating discussion regarding current support in place and potential future support - Presentation of key themes from self-concept activity and discussion regarding support linked to these themes 	<ul style="list-style-type: none"> - Ideas of support identified solely by the young carers which could be formed into guidance for school staff
3 – Review	<ul style="list-style-type: none"> - Review of the ‘Introduction to Young Carers’ booklet - Discussion regarding desired amendments or alterations 	<ul style="list-style-type: none"> - Feedback regarding desired amendments - Confirmation that the final version can be shared with school staff

Within the sessions, the five stages of focus groups as outlined by Ritchie et al. (2013) were employed (see figure 8). Further detail regarding the structure of these focus groups is given in the procedure section below (Section 5.6).

Lastly, consideration was given to the use of ‘topic guides’ as a means of facilitating discussion. Barbour (2008) promotes the use of ‘topic guides’, where discussion is introduced through “a few brief questions and well-chosen stimulus material” (p. 82). Furthermore, she states that the use of cartoons can be particularly effective, expressing ideas succinctly and breaking the ice within the group. Details of the topic guides are presented in section 4.6.

4.6 Materials

4.6.1 Session 1: Introduction.

The session was recorded using a Dictaphone. The group were asked to produce a set of ground rules which would be adhered to during each session (appendix 21). These were recorded using flipchart paper and this was displayed in sight of the young carers. Two cartoons were presented to the group (a copy of each cartoon between a pair of individuals) as topic guide material to break the ice and facilitate discussion regarding ‘support’ (see appendix 22).

4.6.2 Session 2: School support discussion.

The session was recorded using a Dictaphone and the ground rules were hung in sight of the young carers. The structure for the session and key questions for discussion were presented to the young carers as a PowerPoint presentation. This PowerPoint presentation contained a link to a subsequent presentation containing four definitions provided by school staff as well as the thematic map generated from the TST with young carers, both in phase one (see appendix

23 for both PowerPoint presentations). The definitions selected from the school staff questionnaire are presented in table 17.

Table 17 Four definitions taken from school staff questionnaire responses and used in focus groups.

Definitions from School Staff Questionnaire

- Child under the age of 18 who has responsibility for another adult or child

 - A child/young person who has taken on the responsibility of looking after another family member, whilst they are still a child themselves.

 - A young carer is a child under the age of 17 years who has taken on the responsibility of caring for a parent or a sibling in the absence of a parent and is responsible for providing and meeting the needs of a parent or a sibling in terms of personal care, feeding and caring for the home.

 - Young people who have a close family member with an illness/injury/dependency which has an impact (adverse) on the young person.
-

These definitions were selected as they represent the key themes identified from the definition question of the school staff questionnaire. As detailed in the phase one discussion, although these definitions are in some ways similar to those stated within the literature, I was interested to explore the young carers' perceptions of these ideas and how they themselves want to be viewed and represented. Consideration was given as to which definitions would be appropriate and potentially upsetting definitions, such as those referencing 'normal' children versus young carers, were discounted. The thematic map from the TST activity (figure 4) was included on the slides to generate discussion on support related to the key areas of self-concept that were identified as predominant in phase one.

4.6.3 Session 3: Review.

This session was also recorded using a Dictaphone and again the ground rules were presented and discussed prior to beginning the session. A draft version of the booklet was presented to the young carers, in colour, for their discussion and feedback. A copy of the booklet was provided to each individual.

4.7 Procedure

As noted in the methods section (section 5.4), the five stage process outlined by Ritchie et al. (2013) was adopted for this research project. This process is depicted in figure 8 and the stages were followed through each of the three sessions, although individual introductions did not take place following the first session. Detail regarding the procedure for each of the focus group sessions is given in the following sections. Table 18 provides information regarding who participated in each session as well as duration and location of the session.

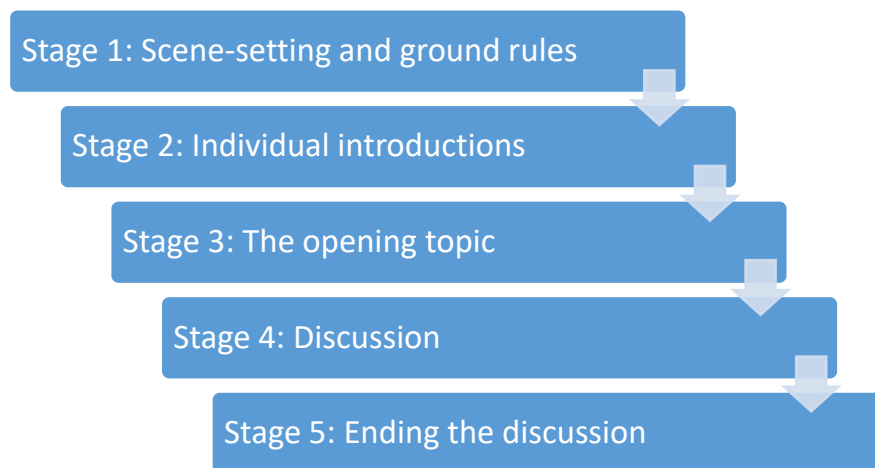


Figure 8 The five stages of focus groups by Ritchie, Lewis, Nicholls, & Ormston (2013).

Table 18 Information of those present at each focus group, the duration and location of sessions.

Session Number	Present	Duration	Location
1	Dawn, Ann, Millie, Alan and Ross	22 minutes	Head of Year Room, Bay School
	n.b. Jane and Shane were also present at this session but did not participate in later focus group sessions.		
2	Dawn, Ann, Millie, Alan and Ross	60 minutes	The Chalet, Bay School
3	Dawn, Ann, Millie, Alan and Ross	27 minutes	Head of Year Room, Bay School

4.7.1 Session 1.

The young carers were welcomed to the group and a personal introduction was made about myself and the purpose of the focus group sessions, along with the research project in general. A reminder was given that the project formed part of a doctoral thesis and that information provided by the young carers would be included in the thesis, although remaining anonymous and confidential.

Following the creation of the ground rules, members of the group were asked to introduce themselves and say a little about themselves (year group and a point of interest). Three members of the focus group were already known to each other, I felt this was an important step given that individuals were likely to be sharing personal information, whilst also giving an appropriate degree of formality to the group.

As an introductory activity, the group were given two cartoons to stimulate conversation regarding what we mean by ‘support’ and ‘help’ and what this meant to the young carers. The cartoons were chosen to be humorous whilst also allowing the group to share their ideas on these key terms. This also ensured that a shared understanding of what these terms meant was agreed upon prior to session two. This activity formed the ‘opening topic’ as noted in stage three of the model above. The focus of discussion, support for young carers, was retained until session two.

The session was concluded with opportunities for questions and the young carers were given details regarding the timing and location of the following focus group session. For consistency, I would have preferred to have used the same location through all three focus groups. However this was not possible (space often being limited within schools) and a different location was identified for session two.

4.7.2 Session 2.

As a result of the first session, it was clear that the group would benefit from additional structure to ensure focus and enable them to act sensibly when completing the discussion. The PowerPoint presentations were therefore produced and these provided a template for discussion through session two. The purpose and importance of the focus group sessions and wider research project was reiterated to the young carers at the beginning of session two. An introduction to the session’s activities was provided and the group were reacquainted with the ground rules.

The group were taken through three discussion points; the definitions provided by school staff (see table 17), what support young carers feel benefits them now and what support would benefit them in the future, and a discussion regarding support focused around the thematic map (see figure 4). Prompts to clarify the information shared or to extend a

particular point were given when required. At times, encouragement to return to the central topics was necessary when the young carers became focused on particular tangents.

The session ended with an opportunity for questions. A debrief was provided explaining the next stage of the process, namely that I would produce a booklet based on the ideas presented in the session. The draft booklet would then be returned to the young carers at the subsequent and final session for review and approval.

4.7.3 Session 3.

In session three, each young carer was given a copy of the draft booklet and they were provided with time to read through before providing feedback to the group. Discussion took place regarding the content of the booklet as well as the visual aesthetics of the document.

The young carers were asked to consider whether the support included reflected what we have previously discussed and to confirm that they were happy for the quotes selected to be included. As my laptop was with me, this allowed us to try out suggestions or make changes in the room to ensure that the document reflected what the young carers wanted. The final version of this booklet can be found in appendix 24.

Comparative to my attendance at the drop-in and my approach for the self-concept activity, I was required to take on more of a teacher-like role for the focus groups, to ensure that the outcomes for the tasks were met. This included putting boundaries on the behaviours that I needed from the young carers, for example, limiting the tangential conversation and propensity to move around the room. Although it may have been difficult for both the young carers and myself to adjust to this change in the relationship status quo, the mutual respect and established relationship that already existed between us meant that the young carers required little encouragement to support me with producing the outcomes desired for this project. Despite the need for these boundaries, I found that I was still able to maintain a

personable and humorous approach with the young carers, more in line with what they had come to expect from me over the previous 6 to 8 months.

4.8 Data Analysis Procedure

Each focus group session was transcribed from the audio recordings of the young carers. In beginning analysis of focus group data, Barbour (2008) advocates the use of a provisional coding frame. This typically develops from the prompts attached to topic guides, as logically discussion is likely to be generated from the specific ideas prompted.

Analysis was particularly focused on data from session two in which the topics of interest (school staff definitions and support for young carers) were discussed. A provisional coding frame was developed from two sources; the key ideas presented within the four school staff definitions and notes made during the session regarding the support named by the young carers (see appendix 25 for the provisional coding frame). The transcription from Focus Group Session Two was then coded and these codes were reviewed in the context of the provisional coding frame. Thematic analysis (see section 3.8.1.1 and figure 3 for the steps of thematic analysis proposed by Braun and Clarke (2006)) was employed to generate specific codes within the provisional coding frame. The result of using the coding frame was that some themes became clear from the outset. However, in using thematic analysis, generation of further themes was possible. These were repeatedly reviewed to ensure their conciseness and accurate reflection of the data (see appendix 26).

4.8.1 Credibility of phase two.

As in phase one, the procedures of data collection and analysis have been stated clearly for the reader to review. To ensure that the information document provided reflected the ideas and thoughts of the young carers, those participating were given the opportunity to review a

draft document, amending and changing anything that did not reflect the messages they wanted to convey.

Phase two was not seeking to generalise findings but instead focused on the production of an information document that may be useful to school staff seeking to begin young carer support. It is worth noting that although many of the ideas are likely to be useful to other young carers, some may be more specifically relevant to the young carers participating in this phase of the research.

4.9 Ethics

As with phase one, information sheets were provided to a senior member of staff at Bay School and signed consent was gained (see appendix 27 for the phase two information sheet and appendix 17 for the consent form). A letter was sent to parents thank them for their support with this research project thus far and explaining that their child was invited to take part in phase two of the research, accompanied by an information sheet for phase two (appendix 28) and a consent form (as appendix 17 , with some amendments).

At the start of session one, the young carers were each provided with an information sheet (see appendix 29) and were asked to sign the consent form (as appendix 17, with some amendments). The same ethical procedures followed in phase one were apparent in phase two.

The ground rules produced by the young carers in the first focus group session covered both issues of confidentiality and anonymity but also ethical behaviour for the focus groups, for example, working together with kindness, trust and endeavouring to be sensible. This was essential given that potentially sensitive topics could be discussed in the focus group sessions.

4.10 Findings

In this section, the findings from phase two will be presented. First, the themes from the young carers' discussion on the school staff definitions will be identified and discussed. This will be followed by the findings in response to the research question for phase two regarding what support young carers feel would be useful, with particular regard to their self-concept.

4.10.1 Young carers' views on school staff definitions.

The young carers were asked to comment and discuss four of the school staff definitions (see table 17). In particular, I was interested to explore the young carers' views of these definitions, any inaccuracies they felt existed within the school staff's understanding of 'young carers' and any additional detail regarding their own identity as young carers. From the comments and discussion of these definitions, six key themes emerged from the data. These are presented in figure 9 and discussed below.



Figure 9 Themes from the young carer discussion on school staff definitions.

4.10.1.1 Young carers can care for anyone.

The idea that young carers can care for anyone was something that the young carers felt very strongly about. They noted that not all the definitions reflected this fact and the young carers felt that their role was not limited to only parents and siblings. In addition, although some of the definitions made reference to ‘family members’ which would include grandparents and aunts and uncles, the young carers felt it important to recognise that they may also care for neighbours and peers. It was suggested that the caring role was likely to differ when caring for a child compared with caring for an adult. The young carers identified that when they are required to care for friends who are experiencing significant problems, for example depression, this is likely to take the form of emotional support rather than practical support.

His older sister cares for him but not in the way that we would. More just making sure he doesn't get into trouble, not helping him with daily tasks.

Ross

4.10.1.2 Age of young carers.

Much discussion took place regarding the ages suggested within definitions. Although some of the discussion suggested that the young carers would consider someone of 18 years and 6 months as a young carer, the law would still recognise this individual as an adult carer. Discussion also focused on defining young carers not by their age but as individuals who remained in education whilst fulfilling their caring role.

4.10.1.3 Dislike for the word ‘child’.

The use of the word ‘child’ within the definitions provided by school staff proved to be more contentious than the ages of young carers. Whilst the group accepted the term ‘young person’, the use of the word ‘child’ appeared to cause offence, given the assumed responsibility of these individuals and their past experiences. One young carer remarked;

We basically grow up really really quickly because we have to.

Millie

The necessity to mature quickly as a young carer resulted in these young carers desiring to be addressed as young people rather than children. Consideration of the language used when working with secondary-age young carers appears especially important so as not to undermine the role they have assumed.

4.10.1.4 Presence of both parents.

All the group members had either both parents at home or a parent/step-parent partnership and so, it is likely that for this reason, reference to absent parents within one definition did not resonate with them. All individuals were very clear that the caring role had not originated from a parental absence. The young carers interpreted this reference made to the absence of the parent in two ways; that the parent requiring the care is absent (“they’re not absent, they’re just not themselves”), or their other parent, not requiring care, was absent. The young carers noted that even though both parents are present, they are still required to assume many care tasks and responsibilities. One young carer felt that her step-father was able to help her mum far more than she was.

4.10.1.5 Responsibility and care tasks.

In reflecting upon the definition relating to the types of care carried out by young carers, the group identified that the caring role is not only the stereotypical tasks of intimate care and feeding. The young carers identified a variety of caring tasks including cooking, cleaning, signing and providing emotional support. Furthermore, they felt that by school staff limiting examples of care tasks to only intimate care activities, it could undermine the responsibilities of other young carers, as if the tasks and time they provide are diminished because they are not on the scale of those detailed in the definition.

4.10.1.6 The impact of caring.

One of the definitions noted the potential adverse impact of the caring role and discussion regarding this point possibly provided the greatest insight into the young carers' experiences. The group were able to see both positives and negatives to their caring role, particularly when comparing their experiences in the short-term to their long term future. The young carers recognised that although life can be challenging now, balancing care responsibilities with acquiring an education, in the future they would be far better equipped to care for themselves and others. In addition, the benefit of keeping someone company was identified as being reciprocal, in that the young carers benefit from this emotionally. The young carers demonstrated an awareness of more adult issues such as budgeting a weekly food spend, which they felt would be useful to know about in the future.

The young carers did also recognise the negative impact of caring and how "it can take a toll", leading to missed school and lack of sleep. Moreover, the adult receiving the care can also experience negative mood "because they can't really do anything". Possibly the most important benefit was summed up one young carer;

You get to help the person you love...it makes you feel important.

Ann

In presenting these definitions to young carers, I asked for their views and discussion but warned that the definitions may contain misconceptions – that people "may think the wrong thing". One young carer summed it up eloquently when he said;

They don't think the wrong thing, they just think a different thing to [what] it actually is. There's no right or wrong answer with this sort of thing.

Ross

4.10.2 Support young carers feel would be useful, with particular regard to their self-concept.

RQ 6 focused on what support young carers feel is and would be useful to them. The young carers were asked to identify and discuss the forms of support that they currently receive and benefit from and further support they would wish to receive in the future. They were also asked to think about support in the context of the themes from phase one. Ideas for support as well as other key issues were identified from the discussion and are presented in the sections below. When the young carers have commented on support in relation to the self-concept themes from phase one, this has been noted, as well as additional links made by myself to the themes from the self-concept activity.

4.10.2.1 Young carer drop-in.

The young carer drop-in is a weekly opportunity for the young carers at Bay School to meet with one another at break and lunchtime, with the young carer co-ordinator present. From my own experience of attending these meetings, the young carers are often joined by a Family Support Practitioner from Woodshire Young Carers, who supports the young carers' engagement with the service and organises support, for example, respite activities or funding. When asked which source of support they found most beneficial, this was the first form identified by young carers.

This group and just the ability to know that someone's there for you and the fact that you know you can talk to them about anything.

Alan

In addition to the young carer drop-in, other lunchtime groups were discussed and these have been important, particularly with regard to supporting the young carers' emotional well-being. These lunchtime groups offered activities within a safe space as well as opportunities

to speak with staff when experiencing low mood. Not all of the young carers had heard of this support and they appeared interested to learn of other pastoral opportunities at lunchtimes and discussed what form these groups took.

During the focus group, the young carers developed an idea to extend the regular young carer drop-in meetings to include organised activities, specifically for the young carers. They discussed this taking place at lunchtime or for part of a lesson, and the activities that could comprise these sessions.

You know every Thursday, breaktime and lunchtime, we come here? I think there should be different days you do different things. We go down to the hall...we could set up a badminton court, basketball court and you could choose which sport you want to do. And if you don't want to do a sport you could have your iPad...or you could do some writing, do your journal. We would have the whole space to ourselves.

Ross

In supporting the young carers to access the drop-in for the full break and lunch time, the young carers noted the importance of their lunch pass which allows them to leave class early. The card provides the young carers' name along with permission to leave class five minutes early. The identified benefit of this card is that it is recognised by school staff and students as a valid identification of these students as young carers. The young carers spoke of how they are given time to get their lunch early and join the young carer drop-in, where otherwise they would be delayed queuing for food and general busyness within the school halls at these times.

Reflecting on the self-concept theme of 'traits', the young carers suggested that those at the drop-in could get to know each other by sharing three personal traits and that new members should also introduce themselves in that manner. This idea originated from the young carers feeling that they had not known much about each other initially and that this could be a good way for all of the young carers to know key details about each other. The young carers also

reflected on the self-concept theme of ‘social’ and they felt that the drop-in worked in terms of providing social opportunities for young carers.

4.10.2.2 Young carer co-ordinator.

The young carer co-ordinator is the adult within school responsible for identifying young carers on-roll. This individual may also offer additional practical and pastoral support to the young person as well as ensuring that school staff and students are aware of the systems in place to support young carers (such as the lunchtime pass). The young carers spoke of the benefit of having someone to talk to, who could also provide help or contact additional services, like Woodshire Young Carers.

What resonated through the descriptions the young carers gave of incidents at home is the importance of having someone in school who is aware of these situations. The young carer co-ordinator should be aware of the potential impact that the caring role can have on these students both practically (inability to access learning due to lack of sleep, failure to complete homework due to time spent caring) and emotionally (worry for a loved one impacting on a young carers’ ability to engage with education).

I had no sleep. I couldn’t go to school so I stayed home and I saw these people pull up outside. The door was already unlocked so they came upstairs and took mum. But she didn’t do what they wanted. She started pulling on the light, running around the house, pulling things over. They basically had to restrain her. It was really...not a very nice thing for me to see.

Ross

One young carer reported that he had received support from his mother’s hospice with an adult who lead activities and to whom the young carer could talk to about what was happening. In addition, the young carers noted that aside from the young carer co-ordinator, there were other adults at the school fulfilling a pastoral role, from whom they could also

seek support. It felt that having multiple designated staff to support these young carers with various problems was very important to them and something they accessed on a regular basis.

She doesn't really do the young carer side of everything but if I do have a problem then she's the one that I would go to. I'm going to have to start going back into counselling like I did Year 7 until Year 8 I think. It's just nice having someone there to talk to, even if it's not touching on the topic. You will touch on it a bit and then you just have a nice talk and then it just takes your mind off everything.

Ann

4.10.2.3 Woodshire young carers.

This is the local young carer service that serves the county of Woodshire. During my time attending the drop-in at Bay School, I have become aware of the extensive work that this organisation completes with and for the young carers. However, I wanted to hear from the young carers themselves which support in particular they have benefited from and valued.

The young carers identified the activities, support and funding provided to them by Woodshire Young Carers. They noted the school holiday activities which included bowling, trips and residentials, as well as the provision of art supplies, gift vouchers and cinema tickets. One young carer noted the importance of this support as it offers "you an escape from it all in something that you love to do" (Ann).

Interestingly, the discussion naturally led to some of the barriers or reasons that the young carers choose not to access these respite activities. The activities take place in the school holidays when one of the young carers spends time with his father, whilst another was unable to attend weekend activities due to alternative commitments. Concern around leaving their loved one and not knowing anyone at the activities also contributed to them not accessing the activities.

I get a leaflet through the door asking me if I want to go on a trip with other young carers...but I don't go on them. I feel like I don't know anyone there and then I worry about my mum. It's more the case that I don't know anyone there.

Ann

4.10.2.4 Young carer card.

This is a card that the young carers carry, provided by Woodshire Young Carers. It carries the young person's name, photograph, a statement indicating that they are a young carer and a contact number if the person shown it requires further information. Although there may be multiple purposes to holding this card, for all of these young carers it was required for the same thing – homework. One young carer speculated on how this card could also be used to benefit them.

Say if something happens at home, you need one of these if like you couldn't do your homework...I would show the teacher this card and I would say what happened...maybe they would give me like an extra week or until my next lesson to do my homework. This card should also allow you to keep your phone on so that you can be accessed at all times by the person you're caring for and/or your parents.

Alan

4.10.2.5 Raising awareness.

The discussion identified that raising awareness was important in three areas; making staff aware of the needs of young carers and current systems in place to support them, making students aware of young carers and eliminating stigma associated with the caring role, and making the young carers aware that they are young carers, signposting them to the relevant support services. The young carers recognised the necessity for student and staff awareness but did not want to receive additional attention.

I don't like it when people take being a young carer as like "oh my god, he's a young carer. Ahhh make a big deal out of it". But I do like it when people know it. You want to be recognised but you don't want to be famous, if that makes sense.

Alan

Even with Bay School, where young carer support has been in place for 6 years and the young carer co-ordinator has worked extensively to raise awareness with staff and students,

difficult situations still occur. The young carers noted experiences where they have received negative attention from other students as a result of using their lunchtime pass, resulting in anger towards them and physicality (being pushed). In addition, staff have also failed to recognise the validity of the lunchtime pass and appreciate the system that is in place.

Raising awareness was also referenced with regard to other students, particularly to encourage them to be mindful of the things they say. The young carers shared experiences of times when comments or jokes have been made which inadvertently provoked negative feelings within the young carers, for example, the use of 'yo mamma' jokes or comparisons between difficult experiences in their lives. In addition, raising awareness with the young carers themselves was noted to be very important. Although these young people may have been aware that parental illness was not typical, they were unaware that a requirement to care for a person was unusual, and it was only upon reaching secondary school that they received the awareness and support they required.

She said that "oh my life's so much more stressful than yours" and after that I just shut down because I thought I was being stupid or something like that. But that's because I didn't know what a young carer was.

Millie

4.10.2.6 Homework.

Homework formed one of the dominant discussions during this session. It was clear that frustration existed regarding the lack of flexibility demonstrated by school staff to young carers. The young carers appeared to feel that they were often put in a difficult position whereby they were having to choose how to use their time; complete their homework or complete their caring tasks.

There needs to be something on your record that says 'I can't do my homework sometimes'. If I have it done – good...it's one of those things, if you have it done once, the teacher expects you to do it every single time where it might have just been a lucky break...Instead of helping mum out and helping myself out, I had to sit at the table and do homework...They need to be more understanding.

Ross

Other young carers echoed these ideas and their struggle to balance homework with looking after the home, particularly when a parent was in hospital. They spoke of how the staff had encouraged them to access the library at lunchtime to complete their homework, when in reality this is often the only 'me time' they have throughout the day. Another young carer noted the incompatibility of completing homework and fulfilling her caring role, namely because she was required to sign to her mother. The young carers were, however, able to identify times when staff had been more flexible to their needs but this often came after persistence by the young carer to improve the teacher's understanding of their situation.

I wasn't in for a week because my mum was really ill and I got lots of homework. And I explained it to the teachers why I couldn't do it but they kept writing in my planner. I was like I really can't look after my mum and do all of my homework at the same time. It's a bit hard. They started easing off a bit because I couldn't do all the homework...now its ok.

Dawn

4.10.2.7 Transport.

Issues with transport were noted by the young carers, specifically how the young carers can be restricted by the scheduled school buses. This may be a more unique problem to the young carers at Bay School, but the limited number of after school buses resulted in young carers feeling that they could not stay after school to complete work or attend after-school groups. Ann pointed out that in addition to the limited bus times, she did not want to ask her parent to come and get her, forcing them to leave the house and drive. Bus passes, which appear to be allocated based on distance from school, were also a cause of anxiety for Ann, as each year she was required to appeal the decision not to provide a bus pass (Ann lives on the border of

the geographical area covered by the school buses). This provided an additional worry for the young carer which could be avoided if more consideration was given to the young carers' situation and the necessity for the bus pass.

Another young carer added their own worries with regard to transport, specifically that the school bus does not cover the area where she lives, meaning that she is required to catch a local bus. Millie noted how she can find herself waiting alone and in the dark (in the winter months) for the bus, something that makes her feel uncomfortable. Transport difficulties appeared to be a concern for these young carers and they did not feel that they could ask their parents for support with this, as asking their parent/carer to leave home may present an additional challenge. In addition, delays returning home may also present subsequent worries for the young carer which could be otherwise avoided.

4.10.2.8 School trips and residentials.

In reflecting on the theme of 'social', one young carer noted the difficulties she had had with friends on a school residential. This led to greater insight regarding the impact that being away from the family can have on a young carer, and how it may create additional strain and worry. For this young carer, this worry prevented her from enjoying the residential, as well as having a negative impact on her peer relationships. A lack of practical support and consideration by school staff was identified by the young carer as a primary reason for the on-going worry and stress.

I went to Paris with the school last year. Just as I was leaving, my mum goes into hospital for a major operation. So the staff had to become aware that I would have to call my mum every now and again. And they didn't put credit on the phone so I could only call her once. Because I couldn't call, I got really worried and I just kept myself to myself and I ended up falling out with most people on that trip [...] I'm putting it down to worry mainly. I tend to shut people out when I'm upset and worried [...] I ended up crying most days because I felt homesick and I didn't know what my mum was doing.

Ann

4.10.2.9 Other links to self-concept themes.

In addition to the links noted above, the young carers reflected on the theme ‘academic’ and felt that they would benefit from ‘booster sessions’ or one-to-one support in challenging subjects. One young carer noted that he didn’t like the idea of classes and he would prefer to have one-to-one support to enable him to achieve in school.

On the theme of ‘family’, the young carers were unsure whether there was much that school could do to help. Previous discussion had noted the involvement of Woodshire Young Carers and a local hospital in supporting young carers at home, which the young carers may see as distinct from school, despite the likelihood that the young carer co-ordinator signposted or organised these services. Discussion on the theme of family led to the identification of other adults within the school who support with other problems, who may be able to offer guidance or simply a listening ear.

On the theme of ‘creativity’, young carers noted their previous comments regarding the provision of art supplies and engagement in creative activities such as band practice. One young carer noted at this time that she has on occasion stayed behind after school to catch up on art work.

With regard to the theme of ‘beliefs’, one young carer requested that we not discuss this further due to his dislike of religion. This was due to the fact that his mother’s mental health problems stem from a religious basis.

4.10.2.10 Comments from the review session.

The final review session allowed the young carers to provide feedback on the draft information document. Although they were happy with the content, much discussion took place regarding the visual aesthetics of the booklet. The background of the draft leaflet was a pale blue which led to Ann noting that yellow appears to be the colour most often used

on young carer websites. When asked whether they would prefer the booklet to be yellow, the response was a universal “no”. However, it was decided that the text colour on the ‘splats’ should be changed from white to yellow to ensure that the writing was clear and stood out. The young carers were keen to point out where the text was not clear or where they wanted some of the language amended, for example, in changing one of the early sentences to say that young carers can care for anyone.

Within session two, suggestions were made with regard to the title of the document. ‘An Idiot’s guide’ and ‘Young carers for dummies’ were also suggested alongside ‘A beginner’s guide to young carers’ and during session three we discussed the appropriateness of referring to school staff as idiots or dummies. A decision was made to stick with ‘A beginner’s guide to young carers’.

The young carers discussed adding in images to the document, specifically a picture of the young carer card and the Bay School logo. The image of the young carer card has been added but when I highlighted issues of anonymity, it was decided that the Bay School logo may not be appropriate. Owing to the quirky nature of the group, suggestions were also made for a portrait of Henry VIII and an image of Johnny Bravo weightlifting a young carer to be included. One young carer also wished for gold leaf on the edges of the pages.

The young carers were happy with the quotes included. I voiced concern regarding the quote related to homework and whether it was too direct. However, the young carers felt strongly that a direct approach would be best to convey the message and create an impact.

Lastly, the young carers felt that the front cover required more ‘pizazz’. Suggestion was made that the front and back covers should have a border. The young carers wanted the document to be “simple but eye catching”.

4.11 Discussion

Phase two of this research had the following aims;

- To explore the support that young carers find beneficial and additional support they would like in the future
- To engage young carers in reflecting on the key aspects of self-concept and what support can be developed from these
- To produce an information document detailing support for young carers with school staff as its key audience

To meet these aims, focus group sessions were carried out with the young carers to elicit their views. As a result of the interesting school staff definitions provided in phase one, these too were included in the focus group, to identify any misconceptions and to allow the young carers to define themselves and their role. This information was subsequently included in the information document along with the suggested support. The findings section above highlighted the key themes from the discussion regarding the definitions which included dislike for the word 'child', recognition that young carers can care for anyone and the impact of caring. Themes highlighting specific forms of support were also identified and these included the young carer drop-in, the young carer co-ordinator and additional support required for homework. This discussion section will now reflect on the findings from phase two in the context of previous literature, ending with a review of the strengths and limitations of this research phase.

4.11.1 Young carers on school staff definitions.

In reviewing the findings from phase one, it occurred to me that I was unaware of any study asking young carers to comment on definitions and misconceptions that others may have on young carers. It struck me that in seeking to produce an information document, it would

first be essential for young carers to assert who they are and what they do. By structuring discussion around school staff definitions, the young carers were able to elaborate on their identity as young carers to ensure the information document was representative.

The point from the definitions which generated the greatest discussion was regarding *who* young carers care for. I had anticipated that comments such as ‘adverse impact’ or ‘absence of parent’ would be more controversial to the young carers. School staff naming parents or siblings as those receiving the care is in line with many of the definitions included in the research (Aldridge, 2008; Joseph et al., 2009; Moore & McArthur, 2007; Warren, 2007). However, the young carers felt that carers can care for anybody, an assertion made in the definition provided by the Office for National Statistics (2013).

Another point of contention was the use of the word ‘child’. Although all members of the group would legally be classed as children, their responsibilities have required them to mature more rapidly than their years, resulting in a desire to dispense with the more juvenile label. The maturity of young carers was previously noted by Thomas et al. (2003) and certainly seemed apparent here, with one young carer providing great detail on budgeting weekly food shops for one, two or four individuals. This discussion point may be a particularity to secondary-age carers, or even purely limited to this group.

Nevertheless, it is important to consider the language used with these individuals.

I was also interested in the young carers’ discussion with regard to their caring tasks. Specifically, they felt that when school staff specify that young carers complete tasks involving personal care and feeding, it undermines the responsibilities of those young carers not having to complete this type of task. The literature recognises the variety of tasks performed by young carers, and this is evidenced by the checklist produced by Joseph et al. (2009) which gives equal consideration to six categories of caring tasks, including sibling care, domestic chores and emotional care. It is important, however, that

school staff are aware of the range of responsibilities within the caring role for two reasons. Firstly, so that the work of young carers is not diminished and secondly, so that no young carers are overlooked for not completing specific care tasks expected by school staff.

More so in this phase of the research than within phase one, the realities of caring were noted by the young carers. Discussion in phase one for the most part was positive, with young carers presenting a positive view of self and their experiences. However, in this phase, young carers shared far more about the difficult experiences they had had and the impact of the caring role in terms of tiredness, missed school days and inability to complete homework. This echoes far more the findings of previous projects where caring was demonstrated to have a significant impact on young carers' education and emotional well-being (Aldridge & Becker, 1993; Cree, 2003; Dearden & Becker, 2003). It appears that although young carers present, and may indeed hold, a positive sense of self, it does not detract from the difficult situations they can find themselves in, which school staff need to be aware of. In fact, it may be the positive self-concept that enables young carers to face these situations, and as noted by Marsh and Martin (2011) positive self-concept is something to be valued leading to better long-term outcomes (Branden, 2006; Preckel et al., 2013)

4.11.2 RQ 6 – what support do young carers feel would be useful, with particular regard to their self-concept?

Although some of the support identified by the young carers has been included in previous research, the important and new aspect of this phase is the information document produced as a result of it. That being said, the focus groups provided further insight into the experiences of young carers and the support they valued.

The young carers noted the importance of the school-based drop-in group as well as the support received through Woodshire Young Carers. This has very much been the case in previous research, where young carers have universally valued young carer groups (Aldridge & Becker, 1993; Thomas et al., 2003). However, this group appeared not to access Woodshire Young Carers as much as they could, due to concerns about leaving family members and not knowing anyone there. One young carer remarked that she would be willing to commit to it if someone would look after her mother, as was found by Moore et al. (2009) when seeking to more effectively engage young carers in education. This highlights the need to find ways of engaging young carers in the support available, enabling them to access available opportunities.

The young carers in this group called for greater awareness of the young carer role and systems in place to support them at Bay School, particularly the young carer card and lunch pass. Ignorance of young carer systems was not something I had noted in the literature previously, although a lack of awareness from staff regarding young carers more generally, was apparent (Moore & McArthur, 2007; Warren, 2007). Lack of staff awareness appeared to focus specifically around issues with homework and a lack of flexibility by the school. This is not the first time that school flexibility has been noted as important by young carers, as participants in the study by McAndrew et al. (2012) also wanted professionals to be aware of this. It would seem that further training and information for staff is essential for them to achieve a clear understanding and empathy for the young carer role, and subsequent support required.

During the course of the discussion, I was seeking to identify whether these young carers are adequately included within education, as effective inclusion has been noted as important for positive self-concept (Huck et al., 2010). Although through phase one it appeared that young carers were happy and included at school, during the focus groups,

difficulties in inclusion became more apparent. Transport issues appeared to be a leading reason why young carers found it difficult to engage in after-school educational support and clubs. Further social difficulties were noted by the young carers as a result of poor peer awareness, with other students making upsetting jokes around the young carers. Negative comments have similarly been noted by Butler and Astbury (2005), although in their study these were specifically targeted at the young carers, which was not the case in this project. Lastly, difficulties in social inclusion during school trips and residential due to worry for a loved one were also identified, and frustratingly, these appeared to have an easy resolution if school staff were able to offer more practical support. The inclusion of these key ideas within the information document will hopefully raise the awareness of school not only to these potentially difficult situations but also to other scenarios that young carers may struggle with.

Finally, in thinking about support, young carers noted that the support offered at secondary school was completely different to that in primary school, where very few young carers received any additional support. This reflects the findings of Eley (2004) who also noted a distinct lack of awareness by primary school staff of young carers comparative to secondary school staff. This document will hopefully serve as an introduction to young carers for primary school staff, despite perhaps representing more the concerns of secondary students.

4.11.3 Strengths and Limitations.

Overall, the use of the focus group as a means of eliciting beneficial and potential further support worked well. My hope had been to extend the work of researchers such as McAndrew et al. (2012) by not only eliciting from young carers ways they can be supported by professionals, in this case school staff, but also to provide a concrete resource

that could feedback these messages to the target audience. The young carers and I were happy with the information document produced and feel that it reflects the discussions had and the points made.

Reflecting on the focus group as a process, it was not without its difficulties. I was conscious of the risk of conducting a group interview, with each individual speaking in turn, rather than a focus group. I feel that what took place could be considered as falling somewhere between the two. Despite the established familiarity between the young carers, there were times when I was unavoidably left to steer the conversation, with some participants waiting to be called upon before providing an answer. I noted a gender difference within the group, as whilst Ross and Alan were happy to continue discussion and side-track down various tangents, the girls seemed to fall into a system of turn-taking, taking their cue from me. Dawn in particular, although appearing comfortable, nodding and happy to contribute, would only speak when called upon by name. However, knowing Dawn from this research and the drop-in, I know this was a significant achievement for her and I was pleased she felt she could share with the group.

A period of reflection was required following the first session as the original group of seven were difficult to co-ordinate, with those who were already confident speakers becoming louder and the shy ones, quieter. The group was difficult to focus and prone to extraneous conversations unrelated to the topic guide materials. As noted previously, two members of the first session could not attend the subsequent session, and although this depleted the numbers, I felt it benefitted the task. The more manageable numbers in the second session, along with a reiteration as to the importance of our work together, ensured that the remaining two sessions were far more productive. In reflecting on the first session, I decided to provide better structure to the subsequent sessions, supporting the group to stay on task.

4.11.4 Concluding comments.

In addition to the new insights presented in phase one regarding young carers' self-concept, phase two has produced an information document that can be distributed to and utilised by school staff seeking to provide better support to young carers. The document reflects the key ideas discussed by the young carers in the focus groups and the forms of support they most wanted to highlight to school staff.

Chapter 5: Overall Research Discussion and Conclusions

5.1 Review of the Research Project

This research was formed of two linked phases, both involving young carers. Phase one sought to explore their self-concept and identify salient themes pertaining to the self, alongside identification of support provided by school staff. Phase two worked to bring these two strands together, and through focus groups with the young carers, produce an information document for use by school staff. This information document was explicitly driven by the support young carers identified as beneficial or what they would like to experience more of in the future, as well as being grounded in the themes originating from phase one. I feel that the aims of this research project have been met, with an original and informative contribution made towards what is currently known about young carer identity and self-concept, and a practical resource that could be distributed to school staff as an introductory guide for developing young carer support.

This discussion will reflect on the additional and significant ideas that this research has contributed to current literature. It will consider some of the strengths and limitations of this research and explore future directions for research and practical implications for educational psychologists.

5.2 Contributions of this Research Project

This section will review how both phases have contributed to the current body of literature and highlight the significant and original aspects of this research.

5.2.1 Contributions to young carer self-concept.

The primary aim of this research was to add to what is currently known about young carer self-concept. As noted in the literature review, positive self-concept has been noted as important for academic achievement, happiness, economic success, long-term health and well-being and psychological achievement (Branden, 2006; Marsh & Martin, 2011; Preckel et al., 2013). Therefore identifying the influence that caring has on young carer self-concept and whether young carers describe themselves in positive or negative terms is an important step to supporting young carers to achieve these long-term positive outcomes. Little research has previously explored the self-concept of young carers although the work of Earley et al. (2007) suggested that the self-concept of young carers had adapted to reflect their caring responsibilities.

This research has extended what was currently known about young carer self-concept. Specifically, it has highlighted that in addition to the many facets of self-concept possessed by these individuals, helping and being a young carer forms an important and valued facet of the self. Although the young carers acknowledged the difficulties associated with the caring role, being a young carer or a helpful, useful person remained a source of pride and was highly important to these young carers. The young carers in this project demonstrated positive self-concept, identifying a range of valued competencies, traits and interests. Despite the often difficult situations they experience, these young carers remain mostly positive and optimistic about themselves and their lives.

As well as noting how things could be improved, the young carers noted a range of support that they benefitted from at Bay School. Although the causal relationship between the self-concept of young carers at this school and the support they receive cannot be drawn, it is clear that these young carers benefit from this support and that they have been presented with

opportunities to embrace their caring role, free of stigma or persecution. In doing so, it may be likely that being a young carer is viewed more positively by the individual as a result of the feedback they receive from others, individuals such as the young carer co-ordinator, workers from Woodshire Young Carers and their peers. The importance of feedback, particularly peer feedback, for development of self-concept has been noted within the literature (Oosterwegel & Oppenheimer, 1993). Furthermore, effective inclusion has been noted as an additional factor related to positive self-concept (Huck et al., 2010) and so opportunities such as the drop-in group and available pastoral support may be particularly beneficial in ensuring young carers can engage and be included at school.

Cheong and Johnston (2013) advocated the importance of extending the self-concept literature beyond typical populations and in completing this project with young carers, the research has sought to achieve this aim. The current project indicates that there are likely to be facets of self-concept more likely to be associated with particular populations, owing to their differing experiences. However, it also highlights that differing populations share many of the same self-concept facets as have been identified within the self-concept literature (Bracken, 1992; Shavelson et al., 1976). As noted in an earlier discussion, I feel it is essential to view individuals holistically, celebrating all facets of self-concept, including those that make us different and unique.

5.2.2 Contributions to young carer support.

The other aim of this research was to contribute a practical information document outlining support for young carers. Calls from within the literature for young carer voice to be championed (Aldridge, 2008), alongside identification that little feedback from young carers appears to be reaching the school staff supporting them, led to the idea that young carers would be entirely responsible for the information document. In doing so, this information

document distinguishes itself from other material available, being formed solely of the ideas of young carers and for a school staff target audience. Other guidance has been noted for consulting with young carers' services (Carers Trust, 2013) and strategies proactively seeking to improve outcomes for young carers (HM Government, 2008). The addition of a document from young carers is both useful and original, and although it shares many of the ideas of previous guidance, its importance comes from the young carers who support it.

During the past two years, whilst this project has been taking place, I have heard far greater reference to young carers, both in the media and in schools (CBBC Newsround, 2016; ITV, 2016; Place North West, 2016). I do not believe that I have only become more alert to these conversations, but that people throughout the UK are becoming more aware of the experiences and support required for young carers. This process of identifying the importance of supporting vulnerable groups has also taken place for those individuals who are looked after, fostered and adopted. The Department for Education (2015) identified that nearly 70000 children in England were in care or adopted. Professionals including those working in schools, social care services, the local authority and the educational psychology service, to name but a few, are both comfortable and concrete regarding the support that is available and should be offered to looked after children. In the future, I would like to see this extended to young carers, who share many similar characteristics including difficult experiences at home and disrupted schooling. Although awareness is clearly growing, more needs to be done to ensure that all young carers are identified and receiving the emotional and practical support they require.

5.2.3 Contributions to self-concept methodology.

The final, original contribution made by the research pertains to the self-concept methodology. Researchers have called for greater creativity when evaluating the self-concept

of non-typical populations (Cheong & Johnston, 2013) and a move away from quantitative methods which restrict what can be known about an individual's self-concept (Brinthaup & Lipka, 1992; Tatlow-Golden & Guerin, 2010). In developing a method to explore the self-concept of young carers, I have adapted the Twenty Statement Test (TST) of Kuhn and McPartland (1954) and made extensions beyond those adaptations of Murtagh et al. (2012), Vindhya (2012) and Watkins and Gerong (1999).

By extending the TST to include a card sorting exercise and discussion regarding each sentence, far richer and informative data were gathered. In discussing each statement, it became clear that sentences could not always be taken at face value and that they may in fact reflect an alternative idea that the young carer was trying to convey. Failure to explore these statements would have therefore given an altered view of young carer self-concept, and one that would not have as adequately reflected what these young carers were trying to express. In completing the discussion with young carers, the research avoided a potential pitfall of the studies above, namely that the statements analysed were not truly reflective of the ideas individuals wished to identify. Furthermore, recording the statements for use in a card sorting activity allowed for further exploration regarding the importance of the statements relative to each other, and whether the young carer felt these were positive or negative aspects of self. To my knowledge, I am not aware of literature that has employed the TST in this way. I feel this research has been useful in demonstrating this original way of using the TST, in addition to facilitating ideas for my own practice as an educational psychologist on the ways that self-concept can be elicited and explored.

5.3 Strengths and Limitations

In this section I will reflect on some of the main strengths and limitations of the research. It is worth noting at this time that working with the young carers has been incredibly enjoyable

for me personally and the most rewarding aspect of completing the research. Their personalities, sense of humour and welcoming nature has taken our relationship beyond that of researcher-participant, and attending the drop-in at Bay School has been a highlight of my week for over a year now. Thus the first strength of this research is the openness and enthusiasm which each individual has had when participating, and the discussions had with each young carer are greatly valued in contributing towards the literature body.

5.3.1 Strengths.

Newman (2002) asserted two criticisms at the young carer literature at the time of writing; firstly, that few studies review the positive outcomes for young carers, instead focusing on the adverse impact of caring, and secondly, that research has over-relied on adult accounts, failing to verify information with young carers. The current research has centred young carer voice at its heart, particularly within phase two where the information document was formed entirely of young carers' ideas and the participants gave final review on the document.

Although the research did not seek out the positives of being a young carer, the methods employed provided an opportunity for the young carers to discuss the topics that were important to them, be that positive or negative. Some previous research has begun from a deficit model of caring (Barry, 2011) which I feel is unhelpful in presenting a holistic picture of the young carer. For the most part, content from discussions was positive and so young carers have been presented in an alternative light, no longer two-dimensional stereotypes but rounded individuals with interests, competencies and traits, as with any other young person. The research has demonstrated that although the caring role has been assimilated into the self-concept of young carers, multiple facets of identity for each individual still remain and it is essential to remember this when working with young carers, particularly to avoid treating them as a homogenous group.

A further strength of the research is its resolve to not only centre itself on young carer voice but also to deliver these messages from the page into the real world. Too often ideas for further support remain contained within the research studies (McAndrew et al., 2012; Moore & McArthur, 2007), or support documents available are produced on the thoughts of those who work closely with young carers (Carers Trust, 2013), whereas focus here has been on conveying key messages from young carers to those who are best placed to support them, the school staff. Furthermore, this research has identified that support and guidance with regard to young carers is desired by school staff and therefore the information document will hopefully be a valued and utilised resource.

5.3.2 Limitations.

As with previous young carer research, this project suffered with similar difficulties regarding recruitment of participants. All participants were known to the schools as young carers and all engaged with some form of support provided for them. Alternative opportunities for recruitment were considered, for example, through advertisements in doctors' surgeries, but I felt this may lead to further complications regarding the location of the interview, especially should the individual's school opt not to take part in the research. Therefore the sample here is formed of young carers who are not only aware of and identifying with the term 'young carer', but they are those who choose to engage in available support, potentially making them more open to sharing their feelings and experiences with an adult.

Participant numbers may have been restricted by the private nature of these families in not wanting to share their situation, or feeling at risk of stigma or judgement as had been demonstrated in previous young carer research (Aldridge & Becker, 2003; Moore, 2005; Thomas et al., 2003). In addition, I felt that I experienced issues of ownership and protection

from adults working with young carers, which is not a difficulty I have noted from previous research when trying to access this population. From the outset, when initial contact was made with Woodshire Young Carers, it has felt as if I was required to move through barriers in order to gain access to these individuals, alongside on-going justification regarding the importance of this project and educational psychologist interest. This was felt most keenly during recruitment of schools and at the symposium in September 2015. Even when a relevant member of school staff had been identified and they were willing to discuss the project, staff have remained reluctant to take part. I have gained a sense that school staff wish to protect their young carers from a questioning outsider, even once the participant-directed task was explained. Likewise at the symposium, the other professionals appeared to shy away from the idea that another professional group could be of benefit in supporting young carers, particularly given our close relationships with schools and understanding of psychology. The two schools who did participate were both welcoming and accommodating, and particularly with Bay School, extremely proactive in their engagement with the project. Upon reflection, I wonder whether this engagements stems from a surety of the systems in place for young carers at their school, leading to confidence in exposing these to a professional outsider.

5.4 Future Directions for Research

In terms of future directions, I feel it would be useful to complete this self-concept activity with young carers from a range of contexts, including rural and urban, engaged (in support) and unengaged, well-established and newly identified young carers. These contexts are likely to result in very different experiences for young carers (as noted by Thomas et al. (2003) in reflecting on the experiences of rural young carers), which may contribute to how the caring role is assimilated into the individual's sense of self. Likewise, I would be interested to see the self-concept activity completed with a non-caring population, to identify which themes of

self-concept stand out from the information they provide, similar to the research of Shields et al. (2007).

Research involving children as participants is becoming increasingly popular, and advocates state the valuable contribution child-led research makes (Kellett, 2005). I would like to see young carers representing their self-concept for themselves, through multiple means including discussions, writing, pictures and photos. Aldridge (2008) has similarly called for greater representation of carer experiences from the young carers themselves, specifically in this case through photographic diaries. Encouraging young carers to create their own model of self-concept, highlighting aspects of self that they feel formulate them as a person, would likely be a more accurate representation of young carer self-concept and a useful contribution to what is known regarding young carer identity.

More generally, I would like to see research focus increasingly on young carer well-being and the development of emotional well-being support. It seems likely that care within the community will continue into the foreseeable future, and despite the controversies regarding the perpetuation of the young carer role (Bilsborrow, 1992; Thomas et al., 2003), it is inevitable that children and young people will continue to care for the individuals they love. It is therefore important to focus on supporting young carers to be resilient and emotionally secure, to ensure that they can engage with a positive educational, economical and psychological future.

5.5 Implications for Educational Psychologists

I feel there is an urgent requirement for EPs to advocate for, and encourage identification of, young carers. This will require EPs in general to advance their knowledge of young carers, valued support and outcomes of caring, as reported in previous research. Anecdotally, from

the conversations I have had over the past two years, it appears that EPs have little to do with young carers, despite being a potential source of support. Bearing in mind that EPs often work with schools and other services to provide support and intervention to potentially vulnerable groups, I feel that young carers are very much worth our consideration and involvement.

EPs are well-positioned to support schools with the development of their support systems and to signpost on to further services. Moreover, our in-depth knowledge of theories of attachment, risk and resiliency factors, theories of self and identity and social interaction, alongside our knowledge of supporting students with their education could benefit young carers greatly. For example, educational psychologists are aware of the potential impact when individuals develop an insecure attachment, which can occur through no fault of the parent-child dyad but as a result of separation due to illness or bereavement. Subsequent difficulties in emotional regulation, attention and peer relationships can all become apparent, and we as EPs are equipped with strategies and approaches to support students in these situations. Similarly, EPs are well placed to support schools with identifying specific risk factors for young carers which could include insecure early attachments, low self-esteem and no close peer group, and then supporting schools with implementing established protective strategies including treating students as individuals, fostering warm relationships between staff and students, increasing pro-social bonding and providing care and support (Carr, 2000; Henderson and Milstein, 2003).

As well as supporting young carers at an individual level or through school staff and other professionals, there is also an opportunity here to develop the wider awareness and knowledge of the educational psychology service and local authority. This could be through training, sharing the knowledge that I have gathered from my wider reading on young carers and through the findings of this project or through the creation of further literature for use by

professionals seeking to support young carers. I feel it remains important to raise the profile of young carers, who comparative to other vulnerable groups, continue to receive relatively little attention, support and funding.

The finding of this research in terms of valued support, in line with that noted within previous studies of identity development and secondary attachments, is the importance of adult and peer support. EPs are well placed to support key adults with understanding the importance of secondary attachment figures for all ages, but particularly those younger young carers whose initial self-concept and identity formation is likely to develop from adult, rather than peer, approval and support. EPs can facilitate key adults in creating opportunities for peer interaction, much valued by the young carers in this study, and essential according to the literature for further development of identity and self-concept. Particularly given the potential limit of peer interaction once outside of school, it is important that young carers have the opportunity to engage and establish positive peer relationships whilst in school. The young carers in this study recognised the importance of adult support beyond just the young carer co-ordinator and of lunchtime activities that involved other children in the school, not just young carers, and so again, it is essential for EPs to stress the value of this for young carers to the adults supporting them.

What I hope is clearly identified from the suggestions for EPs outlined above is the importance of keeping the young carer at the heart of the relationship and support, viewing them holistically and consulting with them regarding how much they view themselves as a young carer and the level of support which they would like to receive. Taking a child-centred approach to working with, and for, an individual is second nature to educational psychologists, but may be an area in which school staff require further support.

5.6 Concluding Comments

This has been a rewarding and exciting piece of research and I am pleased to have contributed to not only the self-concept literature but to what is known about young carers' identity and experiences. Not only has the research contributed to current knowledge and theory within the fields of self-concept and young carers, it has produced a new information document that I hope to share within my practical EP role with school staff. Useful future avenues in terms of extending this research have been identified, and should the chance present itself, I would also like to engage in further research in this field. Moreover, I shall seek to incorporate the implications regarding working with young carers into my practice and endeavour to work with my schools to ensure they are meeting their obligations to all their young carers.

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Appendices

Appendix 1. Letter to Parent/Carers from Bay School Young Carer Co-ordinator

24th September 2015

Dear Parent/Carers

As you may be aware, we run a Young Carers Support Group at [REDACTED]. This is for students who support or care for a family member who may be affected by a medical condition or ill health.

We started our work with our Young Carers in 2010 and we are unique within [REDACTED] as we are the only school who has sustained support for our students throughout this time.

Our Young Carers have been asked to assist Kim Boddy, a trainee Educational Psychologist, with her research project and I enclose a letter from Kim which explains her project. The input of the Young Carers will be invaluable to Kim and at all times the ethical guidelines of the British Educational Research Association will be met. In particular, at no point would any student be identifiable as all references are de-personalised.

If you are willing for your child to take part with Kim’s research could you please sign the form below and the one from Kim and return them to me in the Student & Family Centre **by Thurs 8th Oct.**

Yours faithfully

[REDACTED]

Pastoral Manager

Please return to [REDACTED], Pastoral Manager, in the SFC

I give permission for my son/daughter to take part in the Young Carer research work lead by Kim Boddy

Name of student:.....

Appendix 2. Letter to Parent/Carers at Market School



Doctorate in Educational, Child
and Community Psychology
University of Exeter (St Luke's Campus)
Heavitree Road
Exeter, EX1 2LU
Mobile: 07972576087
Email: kb414@exeter.ac.uk

Dear Parent/Carer,

My name is Kim Boddy and I am a Trainee Educational Psychologist currently completing my training at the University of Exeter and on placement in [REDACTED], based in [REDACTED]. As part of my training, I am required to complete a research project. The area of focus is children with caring responsibilities (young carers) and their self-concept. The term self-concept refers to the way that an individual describes themselves - their attitudes, beliefs and attributes.

As part of the project, I am meeting with young people aged 11 to 14 years at and has expressed an interest in taking part. The session should last around 30 - 45 minutes and consists of a self-concept activity and a short questionnaire.

Please find enclosed further information regarding this research project as well as two consent forms, one for yourself and one to return. If you are willing for your child to take part, please could you sign and return one of the consent forms using the stamped addressed envelope.

Thank you for your time.

Yours faithfully,

Kim Boddy

Trainee Educational Psychologist

Appendix 3. Letter to School Staff with Link to Questionnaire



Dear Young Carer Co-ordinator (SENCo/CP Officer),

I am writing to you regarding a project that I am currently carrying out as part of my training to become an Educational Psychologist.

This project concerns young carers and I am interested in gathering information regarding the young carers who may attend your school and the support available to them. As such, I have designed a short questionnaire, which should take no longer than five minutes to complete.

In order to carry out this research project, I have gained consent from both the University of Exeter ethics committee and the [REDACTED] research ethics committee.

You have the right to withdraw any information you provide, and all information will be stored confidentially and anonymously. By completing and submitting the questionnaire, you consent to the use of this information as part of the research project, which will be subsequently presented as a thesis. In the future, this project may be published or presented at a conference.

To access the questionnaire, please go to the link below or use your mobile/tablet device to scan the QR code:

<http://ex.ac.uk/Vv>



Thank you in advance for completing the questionnaire and I appreciate your support with this important project.

Yours Sincerely,

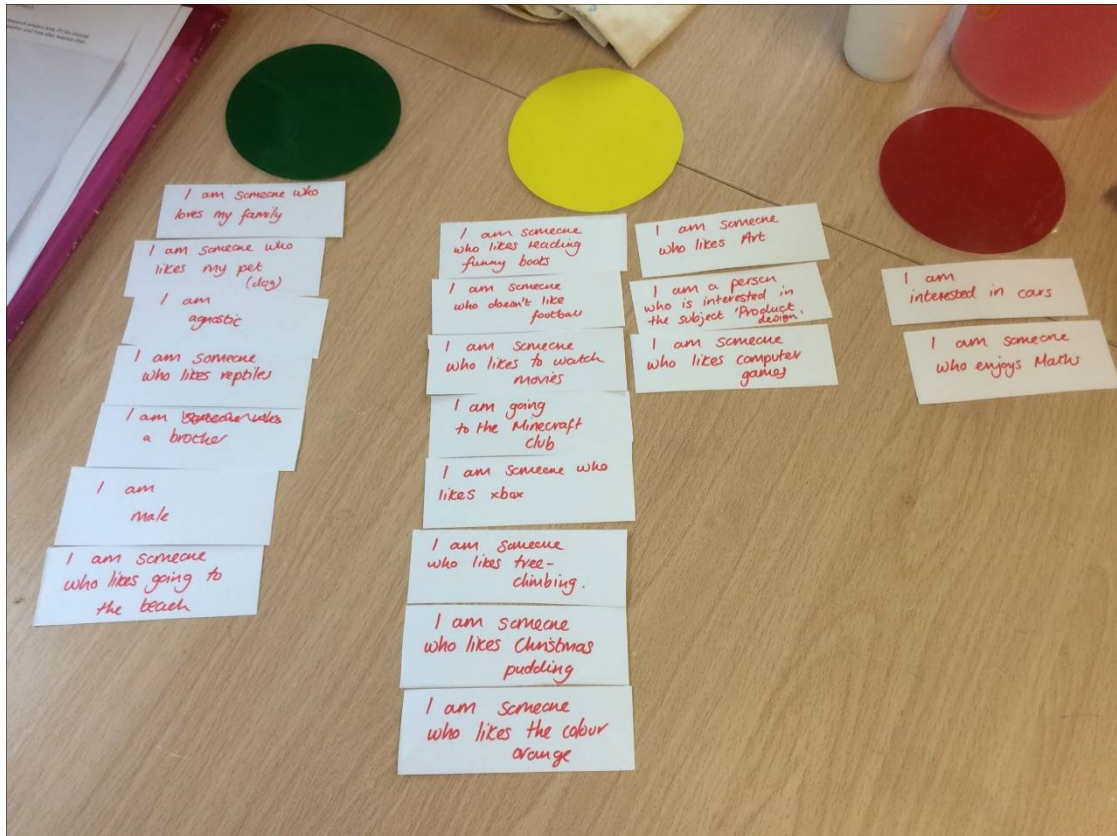
Kim Boddy

Trainee Educational Psychologist

Appendix 4. Examples of Statements under Traffic Light Visuals



William



Simon

Appendix 5. Demographic Questionnaire for Young Carers

Please can you provide some information about yourself.

Male Female

How old are you?

Who do you help care for at home?

What sort of things do you help with at home? (tick or circle all that apply)

Cleaning/tidying Help someone to wash

Help with brothers and sisters Cooking

Helping with money including banking and bills

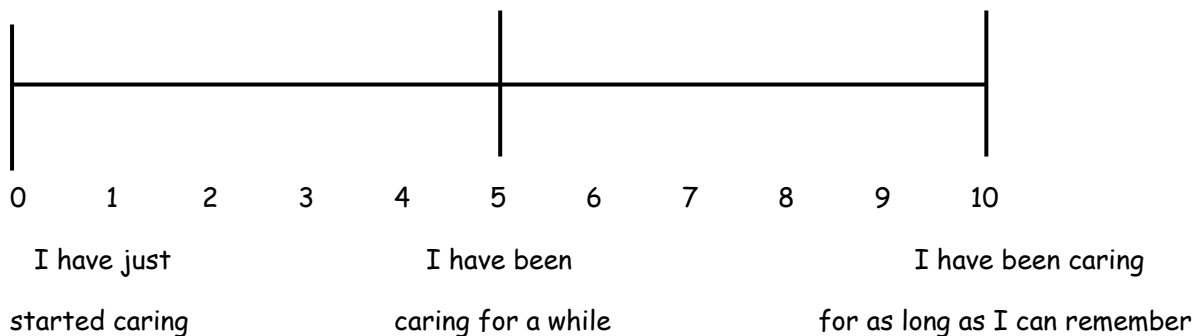
Sign or communicate for someone Shopping

Keep someone company

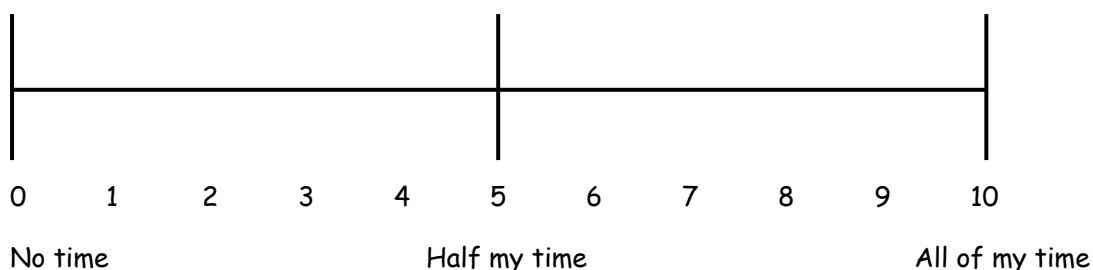
Keep an eye on someone to keep them safe

Something else

How long have you helped with or cared for someone at home? Please rate on the scale.



Thinking about you mornings, evenings, weekends and school holidays, how much of your time would you say you spend caring?



Appendix 6. Questionnaire for School Staff

1. Please detail your role and the time you have held this role

Role:

Time Held:

2. Please select the area of [REDACTED] in which you work

East [REDACTED]

Mid [REDACTED]

West [REDACTED]

Other:

3. I am interested in how the term 'young carer' is defined. There are no right or wrong answers and different people may have different ideas of what this term means. Please provide some key words/phrases or a sentence to define this term.

4. Are there young carers on roll at your school?

Yes

(If 'yes', go to question 5)

No

(If 'no', go to question 8)

5. If yes, how many approximately?

.....

6. Please give the age range of these young carers.

Aged

To

7. For what reason(s) are the children or young people at your school young carers? Check any that apply.

Parent/Carer disability

Parent/Carer physical illness

Parent/Carer mental health

Sibling disability

Sibling physical illness

- Sibling mental health
- Other:

8. What support do you offer (or have offered in the past) to young carers in your school? Check any that apply.

- Staff member acting as a young carer co-ordinator
- Specialist assemblies
- Specialist PSHE lessons
- Flexibility of school to practical needs e.g. allowing students to make phone calls home during class time
- Provision relating to education e.g. lunchtime homework club
- Provision of social/leisure clubs or opportunities
- Provision of opportunities for young carers to meet with other young carers
- Provision of staff member(s) to listen to young carer needs and understand their perspective
- Other:

9. Do you access support for young carers from outside organisations or services?

- Yes **(If 'yes', go to question 10)**
- No **(If 'no', go to question 11)**

10. Which of these have you previously accessed/currently access?

- Referral to external support
- External support with facilitating or co-ordinating young carer groups/support
- External support with identifying young carers
- External support with providing specialised assemblies
- External support with providing training to staff
- External support initiating TAC/CAF meetings
- External support acting as a lead professional during TAC/CAF meetings
- Other:

11. Please rate your effectiveness in supporting young carers where '0' is 'not at all effective' and '10' is 'very effective'.

12. Do you feel you could be more effective when supporting young carers?

Yes

(If 'yes', go to question 13)

No

(If 'no', go to question 14)

13. If yes, please provide some ideas of how additional support could be implemented in school or any additional external support that would be useful.

14. Is there anything else you would like to add or comment upon? Please use the space below.

Thank you for taking the time to complete this questionnaire.

Kim Boddy

Appendix 7. Feedback from School Staff Questionnaire Pilot and Resulting Amendments

n.b. comments from persons 1 and 2 were on the initial questionnaire draft, whilst comments from person 3 and 4 were on the LimeSurvey trial version.

Person	Comments	Amendments
1	<ol style="list-style-type: none"> 1. Something to soften the first question regarding young carers (this first question initially read ‘What does the term ‘young carer’ mean to you? (please provide some key words/phrases or a sentence to define this term)’). 2. Do you mean efficiency or do you mean effectiveness? 3. An additional question regarding how the school staff feel they could improve on their work with young carers. 	<p>A broader introduction to this definition question was provided.</p> <p>None made as school staff’s perception of effectiveness was what this question was seeking to identify.</p> <p>Inclusion of question 13 to provide opportunity for school staff ideas.</p>
2	<ol style="list-style-type: none"> 1. Inclusion of a brief introduction explaining who I am. 2. Inclusion of factual questions regarding the role and length of time in role to provide a ‘gentle’ first question. 3. Are specialist assemblies/PSHE the same thing? Similarly clubs (for pleasure) v homework (a chore)? 4. ‘Is there anything else you would like add or comment upon?’ – you might just get something useful there. 	<p>Included at the start of the LimeSurvey questionnaire and provided verbally with the paper versions.</p> <p>Inclusion of question 1. This also acted as a useful source of information for participant demographics.</p> <p>Made as separate choices on the multiple choice questions.</p> <p>Inclusion of this question at the end for additional feedback from school staff.</p>
3	<ol style="list-style-type: none"> 1. Mid/East/West ██████ – would everyone know exactly where they would fit? 2. You can’t go back and change answers if you make a mistake. 3. Number fields are unending – a cap needed? 4. Numbers are allowed in the ‘other fields’ – is this ok? 	<p>Inclusion of an ‘other’ option.</p> <p>Change to settings to allow users to return to previous questions.</p> <p>Not considered an issue for this questionnaire.</p> <p>Not considered an issue for this questionnaire.</p>

	<ol style="list-style-type: none"> 5. What if no support is offered? A 'none' option needed? 6. 'Effectiveness of support for young carers' – does this read better? 7. 4 digit pin – more than 4 digits can be entered. What if 2 people have the same pin? 	<p>'None' and 'other' options added to relevant questions.</p> <p>Decided to keep original wording.</p> <p>Respondents asked to provide a memorable key word instead.</p>
4	<ol style="list-style-type: none"> 1. Completed it on my phone so it's good to know that it is mobile accessible for those who need it. 2. Well-worded. 3. Is it possible to assign a pin to someone? Just in case two people have the same one and it might be difficult to delete the right one. 	<p>Noted as a benefit.</p> <p>Respondents asked to provide a memorable key word instead.</p>

Appendix 8. Thematic Analysis of the Twenty Statements and Subsequent Discussion

Quotation	Code	Sub-theme	Theme
<p>“When we do history tests I usually fail because I can’t remember all the dates.” – Sarah</p> <p>“When I was like young I like I was um...I wasn’t very good at reading. Dyslexia again.” - Millie</p>	<p>Difficulties with school tests</p> <p>Specific learning difficulties</p>	Academic difficulties	Academic
<p>“Well I get lots of high score in maths but I don’t really like it.” – Dawn</p> <p>“In my English lessons, I read every lesson, out loud to the class.” - Simon</p>	<p>Achieving in maths (Dislike of something)</p> <p>Experiences in lessons</p>	Subjects	Academic
<p>“I dislike how everyone says that the Xbox is better than Playstation, despite the fact that I am the owner of an Xbox.” – Alan</p> <p>“I just don’t really like eggs.” - Simon</p>	<p>Dislike of something (Interest in technology – gaming)</p> <p>Dislike of something</p>	Dislikes	Affect
<p>“I am always like here to help and everything. It makes me feel like a good person.” – Jane</p> <p>“And I am sometimes depressed, I put that there because well...it sometimes, it’s not really, it’s not really a big worry for me because it’s only sometimes like if I’m feeling down.” - William</p>	<p>Feeling good about something (Helping)</p> <p>Negative feelings (Worries and fears)</p>	Feelings	Affect
<p>“I like running.” - Dawn</p>	<p>Likes (Sport)</p>	Likes	Affect

<p>“I like reptiles and they are important to me because they used to be my pet but I’d like a new one and it would be in my family as well.” - Shane</p>	<p>Likes (Reptiles as pets; things that are important; family)</p>		
<p>“I kinda believe in God but I kinda don’t believe in him because it’s a bit weird.” - Shane</p>	<p>Agnosticism</p>		<p>Beliefs</p>
<p>“I make food for everybody because I’m really good at making flapjacks.” – Simon</p> <p>[About swimming]. “Cos like I’m good at it but I still need practice and everything.” - Jane</p>	<p>Good at cooking (Things you do at home)</p> <p>Good at sports (Sports; needing to practice)</p>	<p>Being good at things</p>	<p>Competence</p>
<p>“I don’t think it matters that I’m not very sporty or that I’m not very good at maths.” - Ann</p>	<p>Not being good at sport/maths (Things that don’t matter)</p>	<p>Not being good at things</p>	<p>Competence</p>
<p>“In art I am really good at painting and drawing.”- Sarah</p>	<p>Artistic outlets (Being good at something)</p>	<p>Creative outlets</p>	<p>Creativity</p>
<p>[When asked how it is being 13.] “Responsible. Cos like 13 is a teenager, growing up fast.” - Ann</p>	<p>Age (Responsibility)</p>	<p>Age</p>	<p>Demographic information</p>
<p>“I am proud of being born in Cambridgeshire and being British.” - Ann</p>	<p>Birthplace, citizenship (Feeling proud)</p>	<p>Birthplace/citizenship</p>	<p>Demographic information</p>
<p>“I am a female.” - Dawn</p>	<p>Being female</p>	<p>Gender</p>	<p>Demographic information</p>

<p>“I always go with my dad at fishing. We always try and catch something and sometimes we have little competitions” - Simon</p>	<p>Doing things with parents/step-parents (Fishing)</p>	<p>Parents</p>	<p>Family</p>
<p>“I enjoy playing with my little sister. Like taking her to the park and stuff.” – Claire</p> <p>“I play on my brother’s Playstation as well because they’ve got two controllers, I can play with him.” - Shane</p>	<p>Playing with siblings (Going places – park)</p> <p>Playing with siblings (Playstation)</p>	<p>Siblings</p>	<p>Family</p>
<p>“I like being a young carer because it helps me in future life and how to do stuff.” – Simon</p> <p>“Being a young carer for my mum is important because I always have to like watch out for her and make sure she’s ok.” - Ann</p>	<p>Being a young carer (Things that you like; future/career)</p> <p>Being a young carer (Things that are important; helping at home)</p>	<p>Being a young carer</p>	<p>Helping/Young Carer</p>
<p>“Like my dad’s got bad back and stuff so obviously I have to make sure the kitchens clean to make sure he doesn’t slip over.” – Claire</p> <p>“It’s like it’s good to help your parents and everything when they are like really ill and everything. It’s like it’s good to help them out when they need it like if they have bad day and stuff like that.” - Jane</p>	<p>Helping at home (Tasks completed at home; safety of people at home)</p> <p>Helping at home (Parent/step parent health; things you think are good)</p>	<p>Helping at home</p>	<p>Helping/Young Carer</p>

<p>“Because if you are a brother you have to have responsibilities for your other siblings. Like look after them sometimes.” - Shane</p>	<p>Helping with siblings (Responsibilities; being a brother)</p>	<p>Helping with siblings</p>	<p>Helping/Young Carer</p>
<p>“I am a Pegasister” – Millie</p> <p>“I am someone who likes iPad games. My favourite being world of tanks” - Ross</p>	<p>Pegasister [someone who likes my little pony who is not the target age]</p> <p>Gaming (Likes)</p>	<p>Specific interests of young carers</p>	<p>Interests</p>
<p>“And then I am sporty and I am athletic...they’re positive as well.” - William</p>	<p>Being sporty (Things you think are good)</p>	<p>Sports</p>	<p>Physical</p>
<p>“And then, someone could say something to like me and I’d just be like (sighs) why? Why, life, why? Cos like the other day someone told me that I haven’t got the full package up here. And that I’m stupid cos I’m Bi and stuff like that.” - Millie</p>	<p>People saying nasty things</p>	<p>Social Difficulties</p>	<p>Social</p>
<p>“Yes. Again that sort of ties into I am caring because I help my friends and I was friendly to make my friends.” - Alan</p>	<p>Helping with friends (Being friendly; caring)</p>	<p>Friends</p>	<p>Social</p>
<p>“And I am a bit quiet, that’s...that only happens during lessons.” - William</p>	<p>Quiet (Experiences in lessons)</p>	<p>Specific traits of young carers</p>	<p>Traits</p>

Appendix 9. Content Analysis of Most Important Statements

Code (from each young carers top 5 statements)			Content Analysis
Trait	Trait	Academic	Trait – 13
Pets (Family)	Trait	Demographic	Family – 9
Sport (Physical)	Interest	Sport (Physical)	Physical -3
Sport (Competence)	Belief	Demographic	Competence – 4
Interest (Competence)	Interest	Sport (Physical)	Interest - 6
Social	Family	Family	Social - 2
Trait	Interest	Pets (Family)	Helping/Young Carer - 7
Family	Helping/Young Carer	Beliefs	Demographic - 8
Family	Helping/Young Carer	Animals (Interests)	Likes - 1
Helping/Young Carer	Helping/Young Carer	Family	Belief - 2
Social	Trait		Academic - 2
Demographic	Demographic		
Demographic	Family		
Demographic	Academic		
Helping/Young Carer	Helpful/Young Carer		
Demographic	Helpful/Young Carer		
Likes	Trait		
Trait	Demographic		
Trait	Trait		
Interest	Competence		
Trait	Trait		
Trait	Competence		
Trait	Family		

Appendix 10. Content Analysis with Positive and Negative Statements

Code (of each young carers' positive statements)			Content Analysis
Physical	Family	Creativity	Physical – 8
Affect/interest	Helpful/young carer	Competence/ creativity	Affect (likes)– 22 (dislikes) - 1 (feelings) - 4
Competence/physical	Demographic	Interest	Competence (physical) – 3 (academic) - 3 (other) – 8 (lack of) - 1
Competence/physical	Helpful/young carer	Affect/Interest	Family – 10
Competence/physical	Creativity	Affect/Sport	Demographic - 8
Affect (feelings)	Demographic	Affect/Interest	Social - 4
Competence	Likes	Affect	Helpful/young carer - 11
Competence	Demographic	Family	Belief - 3
Family	Affect/academic	Social	Creativity - 3
Demographic	Competence/ creativity	Beliefs	Trait - 13
Affect/interest	Trait	Competence/Interest	Interest - 5
Social	Trait	Competence/Sport	Academic - 4
Competence	Creativity	Family	
Helpful/young carer	Affect/Interest	Affect	
Physical	Interest	Affect	
Belief	Affect (Feelings)	Competence/ creativity	
Family	Trait	Demographic	
Social	Interest	Helping/Young carer	
Helpful/young carer	Affect/Interest	Academic	
Helpful/young carer	Affect/Interest	Trait	

Affect	Trait	Helpful/young carer	
Physical	Trait	Helpful/young carer	
Affect/physical	Helpful/young carer	Trait	
family	Trait	Trait	
Affect/interest	Interest	Physical	
Academic	Interest	Social	
Affect/interest	Trait	Academic	
Demographic	Helpful/young carer	Belief	
Demographic	Trait	Demographic	
Competence/ academic	Affect	Affect	
Physical	Physical	Family	
Competence/ academic	Trait	Family	
Family	Affect		
Physical	Academic		
Competence/ creativity	Family		
Physical	Affect/physical		
Helpful/young carer	Affect/physical		
Competence/ academic	Affect/interests		
Affect/physical	Affect/Family		

Code (of each young carers' negative statements)		Content analysis
Trait	Interest	Trait - 6
Trait	Affect/academic	Physical - 1
Physical		Competence (lack of) – 7 (other) - 1
Competence/academic		Affect (likes) – 2 (dislikes) – 2 (feelings) - 2
Trait		Interest - 2
Affect/Interest		Social – 1
Trait		Physical - 1
Competence		
Affect		
Affect		
Competence		
Competence/Academic		
Affect		
Trait		
Affect		
Trait		
Interest		
Competence		
Social		
Physical		
Competence/academic		
Competence		
Competence		

Appendix 11. Content Analysis on School Staff Definitions of ‘Young Carer’

Coded Themes	Frequency
Child or young person	28
Responsibility	15
Care for another person	8
Under 18 years	4
Needs of caree	10
Care for family member	29
Looking after themselves	1
Parent unable to care for child	1
Types of activities	3
Different to other children	4
Putting others needs first	1
Requirement	2
Under 16 years	2
Time spent caring	2
Impact of caring (on young carer)	7
Caree may be able	1
Under the age of 17	1
Absence of parent	2
Not age appropriate	1
Caree unable to care for themselves	1
Helping at home	1

The coded themes above were further combined if they reflected similar ideas. Final themes also incorporated the language used by the school staff, for example, a phrase including the terms ‘helping’ or ‘looking after’ may have been coded as ‘care for a family member’. The final themes reflected the nuances of language employed by the schools staff.

Coded Theme(s)	Alterations Made	Final Theme
Child or young person	None	Child or young person
Responsibility Requirement Putting other's needs first	Combined themes	Responsibility/requirement
Care for another person Care for family member	Amended to reflect synonyms for 'care'	Care/support/looking-after/helping
Care for another person Care for family member	Amended to include all persons requiring care (parent, sibling, grandparent, uncle, another person)	Who requires care
Under 16 years Under 17 years Under 18 years	Combined themes	Age of young carer
Needs of caree	Theme name re-written	Needs of person requiring care
Types of activities	Theme name re-written	Caring tasks
Different to other children	None	Different to other children
Impact of caring (on the young carer) Looking after themselves Parent unable to care for child	Amalgamation of ideas under new theme	Negative impact of caring

Appendix 12. Content Analysis of School Staff Suggestions Regarding Current Support

Coded Themes	Frequency
Awareness of support services	1
Support with identification	3
General comment	4
Support to access school-based opportunities	1
Emotional support	2
Young carer co-ordinator	2
Training	4
Links with other schools or young carers in the area	3
Information or guidance	3
Connection with support services	3
Co-ordination between settings	1
Working with families	1
Young carer support group	2
Assemblies	1
Practical support for young carers	1
SENCo time	1
Care plans	1
Opportunities to 'be a child'	1

Coded Theme(s)	Alterations Made	Final Theme
Awareness of support services Connection with support services	Included under a new major theme	Support services
Support with identification Information and guidance	Included under a new major theme	Information

General comment	None	Not included as no suggestion made regarding additional support
Support to access school-based opportunities Emotional support Young carer co-ordinator Young carer support group Assemblies Practical support for young carers SENCo time Care plans Opportunities to 'be a child'	Included under a new major theme	In-school
Training	None	Training
Links with other schools or young carers in the area Co-ordination between settings Working with families	Included under a new major theme	School links

Appendix 13. Excerpts from Reflective Diary

12.02.15 (On the topic of my meeting with the assistant director of Kernow Young Carers).

“Tough meeting! Spent whole hour trying to win him around.”

06.07.15

“Over the last two months I have become much more submerged into [Woodshire] YCs world. I have built up contacts...I am advising on setting up a YC group at [another school] and will hopefully continue with this in September.”

“I’m excited to be able to start data collection. I’ll be interested to see who has signed up.”

08.07.15

“Email from [Young carer co-ordinator] – due to today’s weather, sports day has been moved to tomorrow (!). V annoying but can’t be helped. I’m disappointed not to be able to complete even a small portion of data collection. Today I will be visiting [Bay School] at lunchtime and hopefully we can get things set up so I hit the ground running in September.”

10.09.15

“Another lovely meeting at [Bay School] where I joined them at the breaktime meet. Three students from last year plus one new Year 7 attended/popped in. I felt we were all happy to see each other.”

08.10.15 – on the topic of the Young Carer Symposium in London.

“So so good! I felt I took a lot from it in terms of resources and finding out more about the Young Carers in Schools Award. It was also useful to network although I felt a little out of place as an EP, the profession not being one that the others encountered regularly. I also felt there was some ‘ownership issues’ and that perhaps another profession showing an interest could be threatening. Whilst they outwardly seemed enthusiastic and interested, there was also an undercurrent of scepticism and negativity about changes being made r.e. increased EP awareness/interest. I find this surprising given that there is only so much that the Young Carer organisation in [Woodshire] can do, given that there is [sic] only 5 workers and it is such a large county. Whereas EPs have a wide reach across the county and when I speak to schools they are keen to know more about how to support YCs. However, the over-riding message at the symposium was one of trying to get the level of awareness and support for YCs on a par with student from other potentially vulnerable groups.”

16.10.15

“I now have two more TSTs completed. Participant no 4 was very open and I was feeling quite emotional and protective during the session, exacerbated when she didn’t turn up to the YC group this week (when she is always there!).

Participant no 2 seemed v down at the YC group this week. Tried to cheer her up but there are boundaries, I feel, as I am not responsible for them.”

05.11.15

“Participant 6 was not their usual self (mum not well- mental health – at this time). During the debrief where I explained I would be looking for themes within the sentences e.g. family, they told me that family was really important but that YCs may be less likely to talk about family. They suggested that if I spoke to non-YCs, the non-YCs would be more likely to talk about fashion (?) and family.

Participant 7 – first one to not get to 20 statements. Appeared to have massive mind blank – didn’t feel I could keep pushing. Copied lots of my sentences. Grew more confident through session meaning that we could come back to talking about being a YC.”

On the topic of the drop in on the same day;

“V lively YC group. Persuaded me to stay for lunch, listing reasons why I shouldn’t leave. Felt v lucky, wanted and happy. More YC chat today e.g. talking about home, asking [Woodshire Young Carer’s] worker for help with funding.

13.11.15

“1 more yesterday – total is now 8! V positive afterwards as they joined us for the group at break and lunch (having never attended before).

Transcribing today – feeling quite sad listening back. I think the process/time/everything got in the way somewhat of me hearing what these young people were saying. Transcribing, I am far more emotionally impacted by what they are saying and what they have gone through.”

02.03.16

“First focus group did not go as smoothly as expected. Only 3 students turned up on time, and I had to start otherwise we would have just been staring at each other. The first three [Dawn, Ann and Millie] seemed to settle easily although remained quiet. However, it all became more chaotic after the boys, [Alan, Ross and Shane] arrived.

I felt pretty anxious leaving that should the remaining groups continue in this fashion, I will have very little to show for this phase of data collection. I think a firm but calm approach will be required next time to convey the importance of what we are doing. I also think more structure to the session rather than less will be required.

I worry that these FG will inevitably end up being more group interviews than FGs as I already feel that I am experiencing some of the pre-identified pitfalls.

Having said that there were some glimmers of hope, particularly when writing the group rules. Hopefully this can be extended and capitalised upon next time.”

Appendix 14. Approval from the University of Exeter Ethics Committee



GRADUATE SCHOOL OF EDUCATION

St Luke's Campus

Heavitree Road

Exeter UK EX1 2LU

<http://socialsciences.exeter.ac.uk/education/>

CERTIFICATE OF ETHICAL APPROVAL

Title of Project: Exploring the Self-Concept of Children with Caring Responsibilities

Researcher(s) name: Kimberley Boddy

Supervisor(s): Tim Maxwell/Shirley Larkin

This project has been approved for the period

From: 09/06/2015

To: 31/08/2016

Ethics Committee approval reference: D/14/15/50

A handwritten signature in black ink, appearing to read 'P. Durrant', with a stylized flourish at the end.

Signature:

Date...09/06/2015.....

(Dr Philip Durrant, Chair, Graduate School of Education Ethics Committee)

Appendix 15. Approval from the Woodshire Research Governance Framework Panel

Your ref: RGF013

Date: 11 August 2015

Dear Kimberley Boddy

██████████ Research Governance Framework Panel

I am pleased to inform you that ██████████ Research Governance Framework Panel has approved your research project entitled 'Exploring the Self-Concept of Children with Caring Responsibilities'.

The Panel agreed that the planned project is well presented and clearly describes every action that the research involves.

When your research is complete would you please forward a copy of your executive summary to the Research Governance Framework Panel (rgf@██████████.gov.uk). This is to ensure that your valuable research findings are shared (where appropriate) and to support good return on investment.

We wish you every success with your research.

Yours sincerely,

A handwritten signature in blue ink, consisting of a large, stylized letter 'D' with a vertical line through the center and a small flourish at the bottom right.

██████████

Acting Joint RGF Chair

Tel: ██████████

Appendix 16. Information Sheet for Headteacher/Deputy Headteacher (Phase One)

Exploring the Self-Concept of Children with Caring Responsibilities

Self-concept refers to the way we describe ourselves. The things we like and dislike, the things we believe, the things we are good at or not so good at and facts about ourselves all come together to make our self-concept. This project is interested in the way your students describes themselves and the things that they think are most important about themselves.

The aims of the project are;

- To explore the experiences of young people with caring responsibilities
- To see what young people with caring responsibilities say about themselves and what is important to them
- To discover what support is available for young people with caring responsibilities
- To improve the support for young people with caring responsibilities with their help

The project will involve;

- A short interview-like activity where the young person will be asked to make statements about themselves. This is based on the Twenty Statement Test of Kuhn and McPartland (1954). There are no specific questions and the student is free to share only what they are comfortable to share.
- The statements from the first part will be written down and the student will be asked to organise them, for example, from least to most important.
- They will then be asked to complete a short questionnaire which has some demographic questions.

What will I do with this information?

I will be analysing the information to see if there are any patterns or themes in the things the young people say about themselves. This part of the project is about gaining further information about how young people with caring responsibilities describe themselves and the things that are important to them. There is a second part to the project which will be happening after Christmas, which is about ways young people with caring responsibilities can be supported.

Why am I doing the project?

Self-concept (the things you say about yourself) has been shown to be really important in lots of areas, including schools, jobs and social life. It is useful to know more about the self-concept of young people and to think about ways that they can be supported to feel good about themselves. By taking part, your student is helping to add to the information that we already know and to help us think of new ways of supporting young people.

Ethical Consent

This project has received ethical approval from the University of Exeter ethics committee. I will obtain informed consent from each student involved, their parent/carer and yourselves, their school. The student has the right to withdraw from the project at any time. If the students withdraw from the project, their information to that point will be destroyed. All information obtained through this project will be stored securely and anonymised.

Appendix 17. Example Consent Form

Exploring the Self-Concept of Children with Caring Responsibilities

I have been fully informed about the aims and purposes of the project.

I understand that:

- There is no compulsion for the student in my school to participate in this research project and, if s/he does choose to participate, s/he may at any stage withdraw their participation
- I have the right to refuse permission for the publication of any information about the student in my school
- Any information which the student in my school gives will be used solely for the purposes of this research project, which may include publications or academic conference or seminar presentations
- If applicable, the information, which the student in my school gives, may be shared between any of the other researcher(s) participating in this project in an anonymized form
- All information the student in my school gives will be treated as confidential
- The researcher(s) will make every effort to preserve the student in my school's anonymity
- I may be contacted again for the student in my school to take part in a follow up activity and that they do not have to take part in the follow up activity at that time.

.....

(Signature of Head teacher/Deputy)

.....

(Date)

.....

(Printed name of Head teacher/Deputy)

One copy of this form will be kept by the Head teacher/Principal; a second copy will be kept by the researcher(s). Contact phone number of researcher(s): Kim Boddy – 07972576087 (mobile)

If you have any concerns about the project that you would like to discuss, please contact: Tim Maxwell (Supervisor) - T.Maxwell@exeter.ac.uk OR Shirley Larkin (Supervisor) - S.Larkin@exeter.ac.uk

* when research takes place in a school, the right to withdraw from the research does NOT usually mean that pupils or students may withdraw from lessons in which the research takes place.

Data Protection Act: The University of Exeter is a data collector and is registered with the Office of the Data Protection Commissioner as required to do under the Data Protection Act 1998. The information you provide will be used for research purposes and will be processed in accordance with the University's registration and current data protection legislation. Data will be confidential to the researcher(s) and will not be disclosed to any unauthorised third parties without further agreement by the participant. Reports based on the data will be in anonymised form.

Appendix 18. Information Sheet for Parent/Carer (Phase One)

Exploring the Self-Concept of Children with Caring Responsibilities

Self-concept refers to the way we describe ourselves. The things we like and dislike, the things we believe, the things we are good at or not so good at and facts about ourselves all come together to make our self-concept. This project is interested in the way your child describes themselves and the things that they think are most important about themselves.

The aims of the project are;

- To explore the experiences of young people with caring responsibilities
- To see what young people with caring responsibilities say about themselves and what is important to them
- To discover what support is available for young people with caring responsibilities
- To improve the support for young people with caring responsibilities with their help

The project will involve;

- A short interview-like activity where the young person will be asked to make statements about themselves. This is based on the Twenty Statement Test of Kuhn and McPartland (1954). There are no specific questions and your child is free to share only what they are comfortable to say.
- The statements from the first part will be written down and your child will be asked to organise them, for example, from least to most important.
- They will then be asked to complete a short questionnaire which has some demographic questions.

What will I do with this information?

I will be analysing the information to see if there are any patterns or themes in the things the young people say about themselves. This part of the project is about gaining further information about how young people with caring responsibilities describe themselves and the things that are important to them. There is a second part to the project which will be happening after the Summer, which is about ways young people can be supported.

Why am I doing the project?

Self-concept (the things you say about yourself) has been shown to be really important in lots of areas, including schools, jobs and social life. It is useful to know more about the self-concept of young people and to think about ways that they can be supported to feel good about themselves. By taking part, your child is helping to add to the information that we already know and to help us think of new ways of supporting young people.

Ethical Consent

This project has received ethical approval from the University of Exeter ethics committee. I will obtain informed consent from your child and their school (where applicable), as well as yourself. Your child has the right to withdraw, and you have the right to withdraw them, from the project at any time. If your child withdraws from the project, their information to that point will be destroyed.

All information obtained through this project will be stored securely and anonymised.

Appendix 19. Information Sheet for Young Carers (Phase One)

Exploring the Self Concept of Children with Caring Responsibilities

Self- concept of children with caring responsibilities

Self-concept refers to the way we describe ourselves. The things we like and dislike, the things we believe, the things we are good at or not so good at and facts about ourselves all come together to make our self-concept. This project is interested in the way you describe yourself and the things that you think are most important about yourself.

The aims of the project are;

- To explore the experiences of young people with caring responsibilities
- To see what young people with caring responsibilities say about themselves and what is important to them
- To discover what support is available for young people with caring responsibilities
- To improve the support for young people with caring responsibilities with your help

The project will involve;

- An activity where you will be asked to say things about yourself. You decide what you want to say about yourself.
- An activity where you are asked to organise the statements you have made about yourself
- A short questionnaire about yourself

Why am I doing the project?

Self-concept (the things you say about yourself) has been shown to be really important in lots of areas, including schools, jobs and social life. It is useful to know more about the self-concept of young people and to think about ways that they can be supported to feel good about themselves. By taking part, you are helping to add to the information that we already know and to help us think of new ways of supporting young people.

You can leave the project at any time and the things you have said will be destroyed. I will be keeping the things you say safely locked away and any information you give will be anonymised, which means no one will know if it is you.

Appendix 20. Letter to Parents Introducing Phase Two of the Research Project



Doctorate in Educational, Child
and Community Psychology
University of Exeter (St Luke's Campus)
Heavitree Road
Exeter, EX1 2LU
Mobile: 07972576087
Email: kb414@exeter.ac.uk

Project: Exploring the Self-Concept of Children with Caring Responsibilities

Dear Parent/Carer,

In the Autumn Term 2015, you gave permission forto take part in my project at [REDACTED] school. I am writing now to thank you for your support with this project and to inform you that the first phase of this project is now complete. I also wanted to say that it was a pleasure to work withand that I am looking forward to the possibility of working with them again.

Enclosed with this letter is information regarding the second phase of this project, along with two consent forms, one to return and sign and one for you to keep, if you are happy forto continue to take part. This phase of the project will involve a group of students meeting on three occasions, for no longer than an hour on each occasion. Please see the information sheet provided for further detail.

If you are happy for your child to take part in this second phase, please return one of the consent forms to [REDACTED] at [REDACTED] School using the stamp addressed envelope provided.

Thank you for your time.

Yours faithfully,

Kim Boddy

Trainee Educational Psychologist

Appendix 21. Focus Group Ground Rules

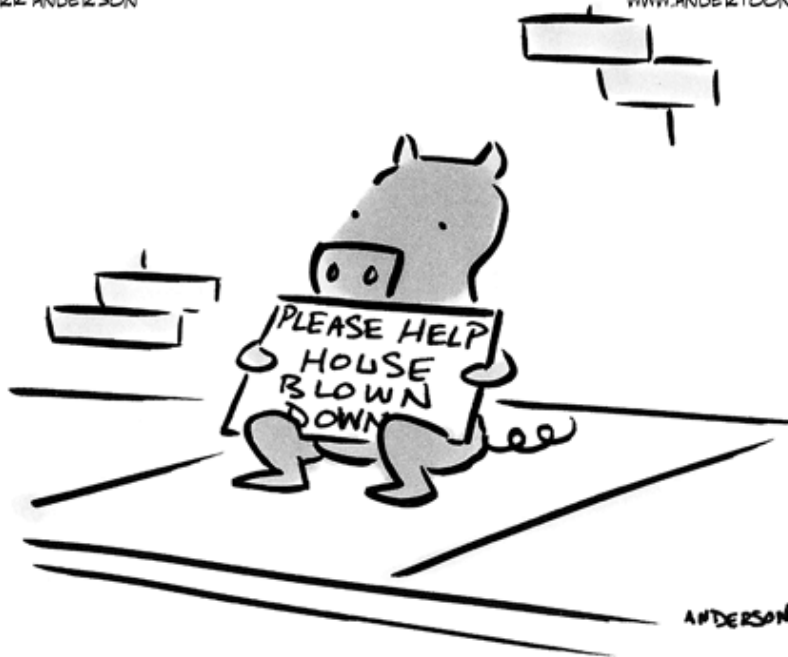
Group Ground Rules

1. Information shared to remain anonymous
2. Confidentiality
3. Sensible
4. Kindness – no meanness
5. Trust
6. Only share what you are happy to share
7. Happiness
8. Listening and no talking over people

Appendix 22. Cartoons used as Topic Guides in Focus Group Session One

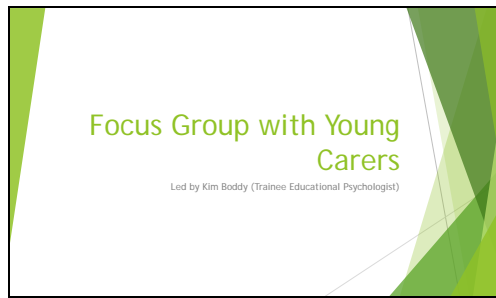
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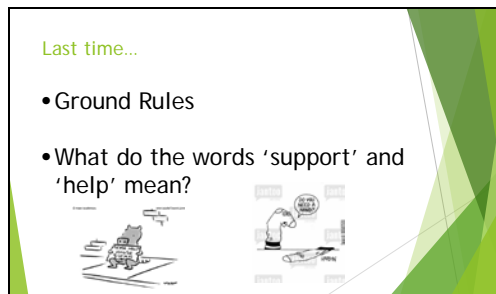


Appendix 23. Powerpoint Presentations used in Focus Group Session Two

Slide 1

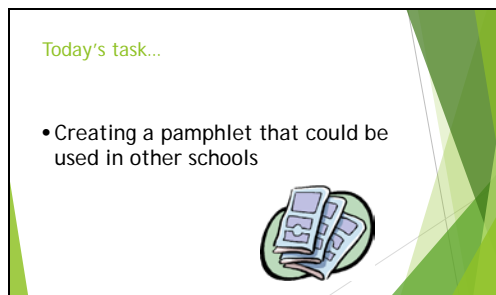


Slide 2



- Refer back to ground rules. Read them out and re-explain key words (anonymous, confidentiality). Explain again that what is discussed within this group should not be discussed outside of the room.
- Reference activity from Session 1 regarding discussion around the cartoons and the words 'help' and 'support'.

Slide 3



- Explain today's activity (present a model version of the pamphlet).
- Explain that all ideas will be originating with the young carers and the purpose of the document.

Slide 4

Thinking about what could go onto our pamphlet...

Some thoughts to get started...

- Looking at what school staff said when they were asked to describe young carers - can we make these better?
- Looking at the mind map of ideas that came from your carers - can we pick some of these to focus on?

[pres resources.pptx](#)

- Click link to go to other PowerPoint slides
- Go through school definitions and develop discussion regarding why these may or may not be accurate
- Explain concept map and give examples of key ideas. Allow time for ideas to develop and discussion to take place regarding these concepts.
- Return to these slides following that section of the session.

Slide 5

Thinking about the support at this school...

Pretend that we have never met...

- What support is available to this school?
- What support is most useful to you at this school?
- What support was available at Primary school or outside of school?
- Is there anything else that would be useful?

- Present each question in turn.
- Facilitate discussion regarding this questions.
- Tolerate silence to allow for answers.
- Seek clarification or extension of an answer when appropriate.
- Keep individuals on topic without curbing their enthusiasm.

Slide 6

Thank you!

Thank you for your help today! Together we are creating a useful piece of information for other schools.

What next?

I am going to collect all the information together and bring it back next time (March 11th) for your thoughts and opinions.

- Thank the young carers
- Explain what I am going to do next – listen back to audio and review information provided, present this in a pamphlet
- Next time – review session. Opportunity for the group to comment on whether the pamphlet is reflective of what we have discussed today and what changes could be made.

Slide 1

"Child under the age of 18 who has responsibility for another adult or child"

Slide 2

"A child/younger person who has taken on the responsibility of looking after another family member, whilst they are still a child themselves"

Slide 3

"A young carer is a child under the age of 17 years who has taken on the responsibility of caring for a parent or a sibling in the absence of a parent and is responsible for providing and meeting the needs of a parent or a sibling in terms of personal care, feeding and caring for the home"

Slide 4

"Young people who have a close family member with an illness/injury/dependency which has an impact (adverse) on the young person"

Slide 5



Appendix 24. Final Version of the Booklet for School Staff

The Beginner's Guide to Young Carers


A guide for school staff devised by young carers

A little bit about young carers...

- ✦ A young carer is a young person under 18 years who is helping to care for a family member, neighbour or friend
- ✦ Young carers can help care for adults or children – basically, anyone
- ✦ Their caring role may exist in single and dual-parent families
- ✦ Young carers can complete a variety of caring tasks...

Keeping someone safe	Cleaning/tidying	Intimate care
Helping with siblings	Gardening	Fetching and carrying
Helping with medication	Shopping	Signing/communicating
Keeping someone company	Cooking	
Helping with banking and bills	Washing (clothes/dishes etc)	

The next few pages will present the ideas from a group of young carers on the support they have found most useful and what they would like to see more of in the future.



✦ An opportunity for young carers to meet with other young carers regularly, at a set time in a designated, private space.


"to know someone is there for you and the fact that you know you can talk to them about anything"

Making young carers aware of other lunch time groups, clubs and pastoral support is also beneficial. One young carer spoke about how much they had benefitted from having a place to go at lunchtime with games, a relaxed space and an adult to talk to.

Extending this idea...

The young carers said they would like to get together outside of the drop-in, for example, to play sports or take part in other activities related to their interests.

These young carers have a lunchtime pass which allows them to leave class 5 minutes early. This ensures that they can get their snack/lunch quickly before heading over to the drop-in.



✦ A designated adult who is responsible for the record of young carers on-roll, who co-ordinates support for the young carers and who is an adult available to them when needed

"having someone just there if things get too out of hand...and if it is so bad then they can set up some help for you and your family and it's just nice having someone to talk to about it"


It's important for this person to be aware of the current home life of the young carers, as this can have a big impact on how they get on in school.

"I know I've had to start missing a couple of days of school and not sleep very well because I'm busy"

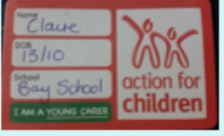
"I wasn't in for a week because my mum was really ill."

"It's nice and comforting knowing that somebody's there."

The young carers also spoke about how much they appreciated having another designated adult in the school who they could talk with. This way they had someone to talk to about both their young carer needs as well as unrelated issues.



Website
http://[redacted]youngcarers.org




Ways in which [redacted] Young Carers has supported these young carers...

- * Home visits – working with young carers to see if they need any help at home
- * Trips including surfing, bowling and residentials
- * Cinema vouchers
- * Sketchbooks/drawing materials
- * Meeting with the young carers in school

It may also be useful to find out about other services in the area that may offer support or respite. One young carer mentioned support they received from a local hospital.

"an escape from it all in something you love to do"


* This is card that Young Carers can carry in school, that demonstrates they are young carers.




"If we have a lot going on at home with caring for our parents...say this to your teacher and you don't have homework."

The young carers noted how important it is that:

- * School staff are on-board with the systems put in place, particularly the Young Carer card and the Lunchtime Pass
- * Taking advantage of opportunities to raise awareness e.g. National Young Carer day
- * Promoting a positive and supportive ethos amongst students and staff with regards young carers



"You want to be recognised but you don't want to be famous"



Homework

This was a major concern for the young carers, particularly finding time to do it when things are difficult at home. The Young Carer card was seen as particularly important for getting staff to recognise why a piece of homework may not be completed.

"I can't really look after my mum and do all of my homework at the same time. They [teachers] started easing off a bit...now it's ok"

"I would struggle to balance looking after my siblings, my dad...and juggling homework as well."

Transport

For young carers who would like to stay after school to complete work or take part in activities/clubs, the number of buses can impede this. Not having a 'late bus' combined with not being able to ask a parent to collect them can have an impact upon a young carer's ability to get involved.

School Trips/Residentials

It is important that young carers can make contact home when they are away. This helps to alleviate some of the worry they may have.

Some of the young carers had been told that they could complete their homework at lunchtime. It is important to remember that for some young people this is their only 'me' time.

"You get to help the person you love and care for. It makes you feel important."

"Short term you've got a lot of stuff on your plate and it's going to be harder for you to do what you need to do like education."

Final Thoughts...

"In the long term it will give you better skills like for caring with yourself. It will prepare you for later on in life. So in the long term it's better to be a young carer."

"You know what is good about being a young carer?...because we've had this sort of thing, we are going to be a stronger person when we grow up. We will be able to overcome more things."

A note about this guide...

This guide has been produced in collaboration with five young carers at a school in the South West of England. Information provided by the young carers was collated by Kim Boddy (Trainee Educational Psychologist) as part of a doctoral thesis for the degree of Educational, Child and Community Psychology at the University of Exeter.

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Appendix 25. Provisional Coding Frame for Focus Group Session Two

Provisional Coding Frame for Focus Group Session Two
Discussion points from school staff definitions <ul style="list-style-type: none">- Child or young person- Care/support/looking-after/helping- Negative impact of caring- Responsibility/requirement- Age of young carer- Who requires care- Needs of person requiring care- Caring tasks
Weekly drop-in
Young carer co-ordinator
Other break time pastoral support
Woodshire Young Carers
Traits – getting to know others in the group
Lunchpass Card
Homework
Young Carer Awareness Day
Raising Awareness with Staff and Students
Transport
Outlets for Creativity

Appendix 26. Thematic Analysis of Focus Group Session Two

Quotation	Code	Sub-theme	Theme
“It might not be responsibility of caring for a parent or a sibling. That’s not necessarily right. You might be caring for a friend” – Alan	Caring for friends	Caring for people other than family	Young carers care for anyone
“That’s kind of vague. If someone was 18 and a half, that doesn’t make them not a young carer” – Ross	Age not as relevant in defining young carers	Upper age of young carers	Age of young carers
“They put child. They act as though we’re all just children” – Ann	Preference for the term ‘young person’	Preference for the term ‘young person’	Dislike for the word ‘child’
“Your parent is still there, they’re just not themselves” – Ross	Parent not themselves	Parental personality changes	Presence of both parents
“My stepdad does a lot and I think he helps her more than I can” - Dawn	Stepdad helping at home	Parents helping at home	
“It’s more emotional, than physical” – Ross	Emotional support	Emotional support	Responsibility and care tasks
“Some of us don’t have to do that much, so they make it sound like the people who don’t have to do that much aren’t young carers perhaps” - Ann	Young carer tasks that differ to personal care and feeding/undermining care tasks	Undermining young carer responsibilities	
“You might be caring for the home as well” – Alan	Caring for the home	Domestic tasks	
“Because we’ve had this sort of thing, we’re gona be a stronger person when we grow up” – Ross	Positive future outcomes from caring	Positive outcomes from caring	The impact of caring

<p>“Sometimes you can better yourself” – Ross</p> <p>“It can take a toll on you [...] I know I’ve had to start missing a couple of days at school and not sleep very well because I’m busy but other than that I wouldn’t say it’s too negative” - Millie</p>	<p>Positive personal outcomes from caring</p> <p>Negative outcomes of caring on school and sleep</p>	<p>Positive outcomes from caring</p> <p>Negative outcomes from caring</p>	
<p>“This group and the ability to know that someone’s there for you. The fact that you can know someone’s always there to talk to” – Alan</p> <p>“The early lunch pass – I am authorised to leave my lesson to attend the young carers group at break and lunch in the chalet by the SFC on Thursdays” – Ross</p>	<p>Importance of having people to talk to</p> <p>System in place with regard to young carer group</p>	<p>Value of the young carer group</p> <p>Young carer group systems</p>	<p>Young carer drop-in</p>
<p>“She lets me sit wait her for a bit and talk about my problems” – Dawn</p>	<p>Having someone to talk to</p>	<p>Pastoral support</p>	<p>Young carer co-ordinator</p>
<p>“They can set up trips” – Ross</p> <p>“If it is so bad they can set up help for you and your family [...] help at home” – Ann</p>	<p>Trips</p> <p>Help at home</p>	<p>Provision</p> <p>Provision</p>	<p>Woodshire young carers</p>
<p>“Say if something happens at home, you would need one of these if say you couldn’t do your homework” – Alan</p>	<p>Purpose of the young carer card</p>	<p>Purpose of the young carer card</p>	<p>Young carer card</p>
<p>“I don’t like it when people take being a young carer as like ”oh my god, he’s a young carer. Ahhh make a big deal out of it”. But I do like it when people know it.</p>	<p>Wanting awareness but not a fuss</p>	<p>Raising staff/student awareness</p>	<p>Raising awareness</p>

<p>You want to be recognised but you don't want to be famous, if that makes sense." - Alan</p> <p>"I had no sleep. I couldn't go to school. I saw these people put up outside. The door was already unlocked so they came upstairs. They took mum." – Ross</p>	<p>Difficult situations at home</p>	<p>Importance of staff awareness</p>	
<p>"I wasn't in for a week because my mum was really ill and I got lots of homework. And I explained it to the teachers why I couldn't do it but they kept writing in my planner. I was like I really can't look after my mum and do all of my homework at the same time. It's a bit hard. They started easing off a bit because I couldn't do all the homework...now its ok." - Dawn</p>	<p>Not being able to do homework due to parental illness</p>	<p>Difficulties with homework</p>	<p>Homework</p>
<p>"I can't stay behind after school because I have to catch the bus and they don't have a later bus." – Ann</p> <p>[If they have a late bus] "Then maybe I could stay behind and do some bits. And then I would know my mum was at home and wouldn't have to worry about her picking me up" – Ann</p>	<p>Not able to stay after school</p> <p>Concern regarding family member driving</p>	<p>Impact from difficulties with transport</p> <p>Difficulties with transport</p>	<p>Transport</p>
<p>"I went to Paris with the school last year. Just as I was leaving, my mum goes into hospital for a major operation. Because I couldn't call, I got really worried and I just kept myself to myself and I ended up falling out with most</p>	<p>Difficulties and worries on school residential</p>	<p>Impact of caring on trips and residential</p>	<p>School trips/residential</p>

people on that trip [...] I'm putting it down to worry mainly." - Ann			
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Appendix 27. Information Sheet for Headteacher/Deputy Headteacher (Phase Two)

Exploring the Self-Concept of Children with Caring Responsibilities

Self-concept refers to the way we describe ourselves. The things we like and dislike, the things we believe, the things we are good at or not so good at and facts about ourselves all come together to make our self-concept. This project is interested in the way your students describes themselves and the things that they think are most important about themselves.

The aims of the project are;

- To explore the experiences of young people with caring responsibilities
- To see what young people with caring responsibilities say about themselves and what is important to them
- To discover what support is available for young people with caring responsibilities
- To improve the support for young people with caring responsibilities with their help

The project will involve;

- A group activity with the other young people with caring responsibilities. The purpose of this is to discuss important aspects of self and to identify and share ways that the young people ensure they feel good about themselves.
- The group will formulate a list of ground rules at the beginning of the session to ensure that everyone feels comfortable and respected throughout the activity.

What will I do with this information?

I am interested in the ways in which the young people ensure they feel good about themselves and together we will be producing ideas and activities that can be used to support others carrying out a caring role. The overall purpose is to produce a piece of guidance that can be utilised by staff in other schools to support children with caring responsibilities in their school, with all the ideas coming from the young people in this project.

Why am I doing the project?

Self-concept (the things you say about yourself) has been shown to be really important in lots of areas, including schools, jobs and social life. It is useful to know more about the self-concept of young people and to think about ways that they can be supported to feel good about themselves. By taking part, your student is helping to add to the information that we already know and to help us think of new ways of supporting young people.

Ethical Consent

This project has received ethical approval from the University of Exeter ethics committee. I will obtain informed consent from each student involved, their parent/carer and yourselves, their school. The student has the right to withdraw from the project at any time. If the students withdraws from the project, their information to that point will be destroyed.

All information obtained through this project will be stored securely and anonymised.

Appendix 28. Information Sheet for Parent/Carer (Phase Two)

Exploring the Self-Concept of Children with Caring Responsibilities

Self-concept refers to the way we describe ourselves. The things we like and dislike, the things we believe, the things we are good at or not so good at and facts about ourselves all come together to make our self-concept. This project is interested in the way your child describes themselves and the things that they think are most important about themselves.

The aims of the project are;

- To explore the experiences of young people with caring responsibilities
- To see what young people with caring responsibilities say about themselves and what is important to them
- To discover what support is available for young people with caring responsibilities
- To improve the support for young people with caring responsibilities with their help

The project will involve;

- A group activity with the other young people with caring responsibilities. The purpose of this is to discuss important aspects of self and to identify and share ways that the young people ensure they feel good about themselves. The group will meet three times. The first session will be an opportunity to agree ground rules for sharing ideas and the second session will focus on the group generating ideas on how they are best supported. Following the second session, I will collate this information before returning for a third session, where I will present the final document to the group for their feedback.

What will I do with this information?

I am interested in the ways in which the young people ensure they feel good about themselves and together we will be producing ideas and activities that can be used to support others carrying out a caring role. The overall purpose is to produce a piece of guidance that can be utilised by staff in other schools to support children with caring responsibilities in their school, with all the ideas coming from the young people in this project.

Why am I doing the project?

Self-concept (the things you say about yourself) has been shown to be really important in lots of areas, including schools, jobs and social life. It is useful to know more about the self-concept of young people and to think about ways that they can be supported to feel good about themselves. By taking part, your child is helping to add to the information that we already know and to help us think of new ways of supporting young people.

Ethical Consent

This project has received ethical approval from the University of Exeter ethics committee. I will obtain informed consent from your child and their school (where applicable), as well as yourself. Your child has the right to withdraw, and you have the right to withdraw them, from the project at any time. If your child withdraws from the project, their information to that point will be destroyed. All information obtained through this project will be stored securely and anonymised.

Appendix 29. Information Sheet for Young Carers (Phase Two)

Exploring the Self Concept of Children with Caring Responsibilities

Self- concept of children with caring responsibilities

Self-concept refers to the way we describe ourselves. The things we like and dislike, the things we believe, the things we are good at or not so good at and facts about ourselves all come together to make our self-concept. This project is interested in the way you describe yourself and the things that you think are most important about yourself.

The aims of the project are;

- To explore the experiences of young people with caring responsibilities
- To see what young people with caring responsibilities say about themselves and what is important to them
- To discover what support is available for young people with caring responsibilities
- To improve the support for young people with caring responsibilities with your help

The project will involve;

- Working in a group with other young people with caring responsibilities
- Discussing with the members of the group ways that you would describe yourself
- Thinking of activities with the members of the group which help you to feel good about yourself

Why am I doing the project?

Self-concept (the things you say about yourself) has been shown to be really important in lots of areas, including schools, jobs and social life. It is useful to know more about the self-concept of young people and to think about ways that they can be supported to feel good about themselves. By taking part, you are helping to add to the information that we already know and to help us think of new ways of supporting young people.

You can leave the project at any time and the things you have said will be destroyed. I will be keeping the things you say safely locked away and any information you give will be anonymised, which means no one will know if it is you.

Appendix 30. Full Literature Review.

Introduction

The purpose of this paper is to explore and critically review literature regarding young carers and to provide a rationale for exploring self-concept of children with caring responsibilities.

The focus of my research is to address a gap in the literature regarding what is currently known about young carer's sense of self and self-concept.

Literature Search

The two predominant literature searches were on the topics of young carers and self-concept and both will be described below.

In searching for literature on young carers, I included research conducted in Europe, Australia and North America, as I felt that young carers living in these places would share similar experiences, to an extent, due to shared cultural norms and expectations as well as available services.

Literature involving young carers originates from the late 1980s and flourished during the early 1990s. The relatively recent origin of the young carer literature has meant that I have included all literature within the past 20 years, and has allowed me to review the progress that the research has made, from seeking to define young carers and the types of care they carry out, to establishing the short and long term impact of caring on education, social interaction and emotional wellbeing. Papers were excluded however if they had not studied one of the above areas, for example, looking at how to recruit young carers as participants for research (Kennan, Fives, & Canavan, 2012).

In searching the self-concept literature, I have allowed research from more than 20 years ago, as many of the defining texts in the field originate through the 1970s and 80s. I was concerned with papers that have sought to define self-concept (I felt this was important in allowing me to define self-concept for this research), those that have demonstrated a structure for self-concept, those that have developed a measure or method of exploring self-concept and papers that have looked at the implications of holding a positive or negative self-concept. Search terms for the literature were; 'young carer(s)', 'parentification', 'self concept', 'self concept outcomes' and 'self perception'. 'Self concept' was limited to papers that include the key term in the title as the initial search produced thousands of papers where some reference was made to self-concept.

Literature for both topics was located using the following search engines; Web of Science, EBSCO E-Journals, British Education Index, ScienceDirect, ERIC and Google Scholar. Seminal texts were located through the University libraries.

Political, Educational and Psychological Context

Increasingly, young carers are featuring on government strategies in terms of identification and support. The 2011 census (Office for National Statistics, 2013) identified a 19% rise in young carers over the previous 10 years and put the number of young carers at 177,918. However, this number is likely to be much higher as many young people may not be aware that they are taking on caring responsibilities, and those that do, may choose not to identify themselves. In 2008, the government released its 10 year strategy for improving support to all carers, including young carers, through early identification, enabling them to fulfil their educational and employment potential and support to remain healthy (HM Government, 2008). As part of this strategy, £1.5 million was pledged to the Children's Society and the

Carers Trust to develop whole family approaches to supporting young carers, including the creation of an e-learning module for adults working with young carers (Department for Education, 2013; Healthy Schools, 2014).

In addition to strategies to improve support for young carers, the government has also been extremely vocal in its promotion of the health and well-being of all children and young people through schools. Public Health England (2014) have released a document encouraging schools to promote the health and well-being of their students, as well as including research evidence that demonstrates the link between health and attainment (Bradley & Greene, 2013). Positive self-concept has been identified as “a central goal of education and an important vehicle for addressing social inequalities experienced by disadvantaged groups” (p. 60, Marsh and Martin (2011)). For these reasons, I have selected to explore the self-concept of young carers, with a view to producing guidance on developing positive self-concept with young carers.

Research into the development of the self-concept has shown the importance of parental input through conversations which provide detailed narratives, leading to coherent and favourable self-concepts (Harter, 2006). As children reach adolescence, peer feedback becomes more influential in forming self-concept, although parental voice continues to play a role (Oosterwegel & Oppenheimer, 1993). Past studies have established that often young carers have limited social opportunities (Butler & Astbury, 2005; Thomas et al., 2003; Warren, 2007) as well as needing to provide emotional support to a parent (Aldridge & Becker, 1993; Dearden & Becker, 2004). As a result, there may be less opportunity for young carers to engage in experiences that contribute towards a favourable self-concept.

School staff are often the first adults to identify that a child or young person may be a young carer. Absence and lateness by students as well as failure by parents or carers to attend

parent's evenings are all indicators that a child may be a young carer (Aldridge & Becker, 1993). Therefore, as educational psychologists, we are ideally placed to work alongside schools to identify and support young carers. Whilst there are controversies surrounding support offered to young carers (discussed in more detail later), I see little harm in expanding knowledge regarding the self-concept of young carers and in turn improving it as part of working towards emotional well-being throughout schools.

A Critical Review of the Literature Exploring the Experiences of Young Carers and the Support they Currently Receive

Background

Several studies have sought to define young carers. Newman (2002) defined the responsibilities of young carers as “the child’s assumption of a role held to be premature as a result of a parent’s disability, or the parent’s inability to provide sufficient care for other dependants without the child’s help” (p. 614). Aldridge (2008) defines them as those undertaking “long-term and disproportionate caring responsibilities for (often lone) parents who have long-term illness or disabilities” (p. 253). What these and many of the other definitions share is the theme that children are taking on a role that would typically be held by an adult and that their responsibilities go beyond those of a typical child. In America, the role of a young carer is discussed more negatively, where children are termed ‘parentified’ and the assumption of the caring role is considered a pathology.

Children and young people often care for people with physical health needs, although a smaller number care for those with poor mental health, learning disabilities or a sensory impairment (Dearden & Becker, 2004). Care responsibilities frequently include carrying out

domestic tasks but can also include supporting someone with their personal care and offering emotional support (Aldridge & Becker, 1993; Warren, 2007).

The following sections will review the literature that has sought to understand the experiences of young carers. I have divided this into four sections; education, social interaction, emotional well-being and experiences of support.

Young Carers' Experiences of Education

Multiple studies have demonstrated that young carers view school as a refuge or a place of escape (Bilsborrow, 1992; Cree, 2003; Moore, McArthur, & Morrow, 2009). However, as previously mentioned, a young carer can often be absent or regularly late to school (Aldridge & Becker, 1993). This latter finding has been challenged by Eley (2004) who found that school work did not appear to unduly suffer from caring duties. Eley's findings differ greatly from other studies that have explored young carers' experiences of education and I question whether young carers feel that they can share their concerns regarding schoolwork, particularly with a stranger. Eley (2004), however, makes no claims as the representativeness of her sample and has tried, so far as possible, to reduce an power issues through the use of unstructured interviews.

A more structured interview, based on previous young carer literature and seeking to explore the experiences of young carers in Australia, was implemented by Moore et al. (2009). This study was somewhat restricted by the geography of Australia, meaning that the majority of interviews were conducted over the phone (thus making it harder to recognise the nuances of the conversations, pauses and body language). Nevertheless, it has some interesting findings, identifying that although young carers value school, many felt that their relationship with school could be strained. Participants stated that they sometimes have difficulties engaging

with others who don't understand, can be subject to bullying and harassment and can at times feel uncomfortable and unsafe. The young carers in this study felt that schools should take responsibility for identifying children and young people with caring responsibilities attending their school, and seek to provide educational assistance (when required) and networks of support. Eley (2004) found similarly that the young carers felt school should have "a greater awareness and humility about their exceptional circumstances" (p. 68) and that schools "could be doing more to support young carers through systems of pastoral care" (p. 69). Both studies, Moore et al. (2009) and Eley (2004), were published more than five years ago and given the recent strategies to improve the lives of young carers, particularly their educational experience, it would be interesting to see if young carers' views remain the same regarding school and school support.

In terms of academic achievement, Siskowski (2006) optimistically found that 32.9% of those with caring responsibilities did not think their role had an adverse effect on their achievement. This paper is interesting because it is concerned with how young carers' health can impact upon their school performance and reflects on the implications for nurses.

Although entirely questionnaire based, with answers reduced to simple percentages, it is encouraging to see professionals outside of schools considering the needs of young carers.

Worryingly, other studies have identified an unwillingness by some professionals to become involved in offering support, potentially because of a fear of child protection issues (Gray, Robinson, & Seddon, 2008; Thomas et al., 2003).

Thomas et al. (2003) identified a lack of awareness by professionals initially through the recruitment of participants to their study. In an effort to broaden the young carers becoming involved in research from solely those attending young carer groups (see Methodological Issues below), they sent information packs to schools, doctor's surgeries, education welfare officers, the primary health care team, the social services team and other relevant voluntary

organisations. The authors received three replies whilst the remaining 18 participants were recruited through young carers' projects. Given that doctors and social services are likely to work with adults with health needs and disabilities, who also have a family, it seems likely that there may have been additional young people taking on care responsibilities, of whom the professionals were perhaps unaware.

Young Carers and Social Interaction

Thomas et al. (2003) wanted to fully explore the experiences of young carers, so not only did they ask young carers about education but they also questioned them about their social lives, their emotional well-being and their views on caring. The research identified that young carers can often be “doubly disadvantaged” when it comes to their social life finding that they are less likely to socialise because of their caring role and that when there is the opportunity, “they are more likely to be on low incomes and have limited resources for travel and socialising” (p. 40, Thomas et al. (2003)). Assuming this is true, then young carers in rural areas such as Cornwall are even more likely to become isolated due to fewer public transport options and longer travel times. Time spent travelling was identified as a potential barrier to social interaction in the study by Butler and Astbury (2005), who noted that young carers take on an adult role but without the benefits of being an adult, for example, being able to drive. The young carers' in both of the above studies recognised the importance of young carer organisations, with universally positive comments and stating that they wished there were more opportunities for respite and leisure activities. The additional benefit of young carer groups is that other members have a greater understanding of what it means to take on a caring role, compared to school peers who often lack awareness (Moore et al., 2009).

Research by Gray et al. (2008) offers a novel perspective in that they only spoke to professionals about young carers experiences, difficulties and needs. 65 professionals participated in the interviews, from a range of health and social care backgrounds. The professionals identified isolation, restricted opportunities and stigma as being the biggest challenges young carers face, with young carers often perceived as invisible as well as “marginalised by their peers and within the education system and as disadvantaged in terms of their prospects or opportunities for employment” (p. 170, Gray et al. (2008)).

Difficulties in balancing caring responsibilities with maintaining a social life has been a theme from the beginning within the young carer literature. Aldridge and Becker (1993) found that a young carer’s social life is tied to the proximity of home and can be mediated by factors such as the level of care they are required to give and their friends attitudes towards their caring role. Barry (2011) identified through interviews with young carers, that they are more likely to keep their social and home lives separate, with their parents not engaging with young carer projects and the young carers themselves choosing not to bring their friends home. Barry’s concerns are that being a young carer might “make the generation of bridging or linking social capital all the more difficult” (p. 536). What I believe she means by this is that by building connections between people, individuals build up their social capital thus increasing their “community cohesion, community participation and social networking” (p. 525). Without adequate social capital, young carers may struggle to ‘get on’ in life and to achieve long-term goals. Lastly, Barry (2011) states that social relationships are important as the bonding of social capital helps to develop an individual’s social identity and sense of self. These studies demonstrate that young carers are at risk of not being able to fully participate in the communities around them, be that with school peers, young carer groups or other opportunities for social interaction. As I will discuss later, social comparison and feedback is important in the development of self-concept and a sense of self, and so I agree with (Barry,

2011) in that respect. However, it is important to note that Barry is approaching her findings with a predisposed, potentially negative, view of young carers stating at the start of her paper that “young carers are by definition living with difficult home circumstances, with low confidence and self-esteem” (p. 524). She fails to cite evidence to support this statement and my reading suggests that little work has explored the confidence or self-esteem of young carers. Indeed, where papers have touched on young carers’ sense of self, they see themselves as no different from their friends (Charles, Marshall, & Stainton, 2010), may view themselves as family members simply ‘helping out’ (Smyth, Blaxland, & Cass, 2011) and tend to show a greater level of maturity (Thomas et al., 2003). Although the literature lacks an in-depth exploration of young carers’ self-identity, the findings above suggest that although young carers face difficulties through their caring role, they endeavour to do so with a positive approach.

Young Carers’ Emotional Well-being

Although research is limited on young carers’ sense of self, there is a small body of literature related to their emotional well-being and mental health. A study by Cree (2003) found that, in addition to the typical worries of someone that age, young carers have a further number of worries that could be attributed to their role as a carer. For example, 81% of participants worried about the health of the person they cared for, 58% about the behaviour of the person they cared for and 53% about who will look after them (the young person) in the future. Young carers were also likely to have experienced mental health problems such as difficulties with eating and sleeping, and in some cases self-harm and suicide. These findings originate from a substantial sample group of 61 children and young people and have been compared against statistics for the general adolescent population.

As part of considering young carers' emotional well-being, some studies have explored their stress and ability to cope with the role. Earley, Cushway, and Cassidy (2006), in seeking to establish a measure for stress in young carers, found that those who scored highly on the measure for stress, perceived that they had a greater burden of care and psychological distress. Interestingly, young carers who scored highly also tended to use both avoidance and approach style coping techniques, meaning that they were simultaneously trying to fix a problem whilst hoping for a 'miracle' to help them. Pakenham, Chiu, Bursnall, and Cannon (2007) have also found support for this, identifying that those young carers who are well-adjusted (measured through higher positive outcomes and lower distress) are more likely to use approach coping strategies. The authors suggest that interventions should focus on helping young carers to regulate their distress as well as enhance their positive psychological states. Pakenham et al. (2007) also found the impact of caring appeared to be mediated by whether the individual had chosen to take on caring responsibilities. This is in keeping with findings with general populations where an external locus of control is sometimes associated with greater psychological distress (Roddenberry & Renk, 2010).

The above findings are interesting as they suggest that there are ways of supporting young carers psychologically as well as through physical support and respite. Jenkins and Wingate (1994), in an open letter published in the *British Medical Journal*, warned that it was "not only the day to day caring" that was the responsibility, "but also the strain of attempting to do it 'well enough' to avoid separation and disintegration of the family" (p. 734). This 'strain' has since been established through the research above and it is necessary to recognise the importance of a package of support to ensure that young carers' emotional well-being is protected.

Young Carers' Experiences of Support

I have mentioned above that young carer projects are a valued source of support to children and young people with caring responsibilities. However it is worth reviewing the other support currently available in order to identify how it can be added to and improved. The participants in the study by Aldridge and Becker (1993) had no additional support from professionals apart from one individual who attended a support group. At that time, however, knowledge regarding young carers was limited and no doubt support was scarce. Progress has been made with both support and knowledge and interestingly, the study by Moore and McArthur (2007) found that young carers felt that they could be best supported if extra help was provided for their cared-for relative. This may indicate that some young carers are happy with the support they are receiving or that they cannot access increased support unless more is done to care for their relative when they are not there. However, it may also indicate that with cuts to health services, more care is taking place in the community and that additional professional support is needed for that community care to take place.

Support for young carers over the years has come in a variety of forms including the young carers groups, a befriending group (Aldridge & Becker, 1994), weekend festivals (Underdown, 2002) and World Café events (McAndrew, Warne, Fallon, & Moran, 2012). In addition, research has explored the most effective ways to support young carers, for example, a study by Ali, Krevers, Sjöström, and Skärsäter (2014) trialled web-based versus folder support. In this instance, both types of support led to an improvement in their well-being.

Young carers have, in the past, been consulted on the support they would like to receive. A study by Underdown (2002) found that young carers named a number of ways that schools could further support them including raising teacher awareness, having a named adult in the school who could listen and act on concerns and providing information through PSHE

lessons, so that other students are better informed on what constitutes a young carer. The young carers also identified more day-to-day practical ways of supporting them, for example, through lunchtime homework clubs and by allowing them access to a telephone to call home. All of these suggestions are either practical or informative in nature, indicative of the lack of information about young carers at the time. However, as I have demonstrated above, the literature on young carers has grown greatly over the last 20 years, leading to a greater awareness and understanding of how to practically support young carers. It is therefore timely, to focus research on ways of developing the young carer's positive sense of self, through their self-concept, self-esteem and self-efficacy.

Young Carers and Self-Concept

As I have previously stated, little research has explored any aspect of self with young carers. This is unsurprising given the need to establish a definition of young carers, their responsibilities in and outside of the home, and the impact of these caring responsibilities on other areas of their life. However, attention is turning towards young carer identity. A study by Earley, Cushway, and Cassidy (2007) explored young carers experiences using models of stress and coping to guide their findings. One of the primary stressors identified in this study concerned identity, and found that young carers can sometimes feel so immersed in the caring role, to the exclusion of "other opportunities and experiences for self-validation" (p. 75, Earley et al. (2007)). In addition, when the children and young people ceased their caring role, they often found it difficult to adapt to the new way of life. The authors concluded that "these children seemed to have developed a self-concept that had adapted to their responsibilities, which has then become part of their identity in some cases defining how they viewed themselves in the future" (p. 75). The intention of Earley et al. (2007) was not to

review the identity of young carers yet in their research they identified that changes in identity result from the caring role. This may be a mechanism for coping, and the loss of the caring role has definitely been identified as distressing for some. The authors have called for further research to focus on the self-concept of young carers, to establish not only the influence that caring could have on a child or young person's self-concept but also whether the influences are positive or negative in nature.

Methodological Issues

In addition to the strengths and weaknesses of individual studies, the research body as a whole shares a number of methodological issues. Newman (2002) and Pakenham et al. (2007) have both criticised this area of research as being ill-defined, which can make it difficult to make comparisons between studies, as it is likely that the cohort from which participants are recruited varies by age, types of care delivered and the needs of the person for whom they are caring. In addition, those that are recruited are, almost without exception, recruited from young carer groups and organisations. Young carers who are taking part in research are therefore not necessarily representative of the group as a whole, as not only have they identified themselves as young carers and engaged in support, they are also the children and young people who are willing to discuss their experiences with researchers.

The majority of the literature is qualitative, thus providing a detailed overview of the experiences of young carers. However, it is also self-report and for the retrospective accounts, potentially prone to hindsight, omissions or being presented in an overly positive or negative way. In addition, particularly with some of the early studies, there was an over-reliance on adult accounts that were not subsequently corroborated by the young carers (Newman, 2002).

Pakenham et al. (2007) have recognised that the majority of the literature on young carers was conducted in the UK, although this is changing, with the work in Africa, and more recently Australia and North America (Charles et al., 2010; Charles, Stainton, & Marshall, 2009; Moore & McArthur, 2007; Moore et al., 2009). In addition, I have noted that, particularly in the early days of young carer research, many of the studies originated from the same small group of researchers (Aldridge & Becker, 1993, 1996, 2003; Dearden & Becker, 2003, 2004). This may have somewhat impeded the development of the field as new researchers bring fresh perspectives, methodologies and criticisms, which can enable the research body to grow.

Controversies

It is essential to recognise that young carers, and offering young carers support, has been subject to controversy. Bilsborrow (1992) felt that it was inappropriate to offer services to young carers if it meant they remained in a caring role, and that it would be more effective to improve the family situation as a whole. Thomas et al. (2003) felt similarly that by supporting children and young people to care for their relatives, care in the community services could continue to be inadequate.

Another reason why young carers continue to be contentious is the implication their role has for their parents. Newman (2002) has stated that the concept of young carers is an accusation that disabled parents are unable to fulfil their duty to their children. Newman also felt that at that times not enough had been done to review the efficacy of young carer services and that the premise of their existence as serving the young carers' human rights, only serves to identify their parents as the ones inhibiting those rights.

Lastly, I feel that much of the rhetoric regarding young carers may encourage or glamourize the role. Aldridge (2008) found that young carers have been referred to as ‘little angels’ and Children’s Minister Edward Timpson wrote this when talking about young carers;

Young carers are the unsung heroes of the care system, selflessly providing support around the clock for the people they love. Yet carers of all ages, for the most noble of reasons, can often overlook their own needs – missing out on the important things their friends take for granted (Department for Education, 2013, p. 1).

Whilst it is important to identify young carers and where possible support the family unit, it is essential not to reinforce the role. Services should be given because they are essential, not as rewards, and the danger of positively reinforcing the caring role is that more time is spent on the caring responsibilities, to the detriment of the young person’s education and social and emotional well-being.

Self-Concept

Research involving the self and self-concept can be traced back to the work of William James (1890), who established the idea of an I-self and a Me-self, the latter of which is now known as self-concept. Since James’ early work, multiple studies have endeavoured to define self-concept (Cooley, 1902; Dickstein, 1977; Gecas, 1982; Shavelson, Hubner, & Stanton, 1976). For the purpose of this research, I will be adopting the definition of Butler and Gasson (2005) that “the global over-arching view of self may be regarded as ‘self-concept’, as based on the work of Shavelson and Bolus (1982) and Byrne (1983). There has been some debate

regarding whether self-concept is purely descriptive or also evaluative (Marsh & Shavelson, 1985), as well as criticism of the terms self-concept, self-perception and self-esteem being used interchangeably (Tatlow-Golden & Guerin, 2010). Despite the views of Marsh and Shavelson (1985), there does appear to be some desire within the literature to view self-concept as a descriptive aspect of self, whilst self-esteem forms the evaluative aspect of self (Butler & Gasson, 2005). Bracken and Lamprecht (2003) however feel that the differences between the two are minimal, that measures do not distinguish well between the two when measuring self-concept and self-esteem and the authors acknowledge that they happily use the terms interchangeably. This research will take the view that self-concept is “the set of attributes, abilities, attitudes and values that an individual believes defines who he or she is” (p. 456, Berk (2013)) and is open to the possibility that these could be descriptive or evaluative.

In addition to defining self-concept, research has sought to structure it in to a model. Whilst self-concept was originally thought to be uni-directional, the main models of self-concept view it as multi-dimensional and/or hierarchical in structure (Bracken, 1992; Shavelson et al., 1976). For example, the model by Shavelson et al. (1976) divides self-concept into academic and non-academic self-concept, the latter of which is sub-divided in to social, emotional and physical self-concept. Bracken's 1992 model differs in that he includes family and competence self-concept alongside the previous four sub-divisions. As a result of these models, many of the tools produced to measure self-concept contain items related to one or more of these sub-divisions (Bracken, 1992; Butler, 2001; Coopersmith, 1981; Piers, 2002).

Researching the Self-Concept

A plethora of self-concept instruments have been produced over the last 50 years. Some, including the Piers-Harris self-concept scale for children (Piers, 2002), Bracken's self-concept scale (1992) and Coopersmith's self-esteem inventory (1981) are well known within the literature and have been utilised in multiple studies. However, as Keith and Bracken (1996) point out, many "appear in the professional literature only once", (p. 92). Following the publication of Shavelson et al's model in 1976, new self-concept measures have incorporated the theoretical ideas that self-concept is multi-dimensional, and include items related to the four domains. In addition, previously published tools such as those by Coopersmith and Piers-Harris have been updated to reflect new theory.

In their meta-review of the "most frequently employed self-concept scales for children and adolescents" (p. 192), Butler and Glasson (2005) sought to identify the theory and model underpinning these predominant scales, as well as their theoretical approach. For the majority of the 14 scales reviewed, no explicit theory was identified as driving the measurement tool. However, most of the scales were based on either a uni-dimensional or multi-dimensional model of self-concept. Nearly all the reviewed scales took a phenomenological theoretical approach to the measurement of self-concept, indicating that they are interested in each individual's socially constructed world and their subjective views. It is therefore interesting that the producers have chosen to take what could be potentially rich and informative data and reduce it to a numerical response on a scale or a yes/no answer.

Keith and Bracken (1996) also highlight other popular techniques for researching the self-concept, including the Q-sort technique, where individuals are asked to sort descriptive statements, "actual-ideal" techniques, where individuals answer questions about their ideal self and their actual self, and human figure drawings. These alternative methods indicate a shift away from a more quantitative approach to researching self-concept.

Tatlow-Golden and Guerin (2010) have advocated for the use of qualitative methods, using a 'draw and write' method to elicit children's salient aspects of self-concept, and studying whether these extend beyond the themes of self-concept and self-esteem scales. They found that children highlighted a number of topics that extend beyond those assessed by formal scales. This is a similar finding to that of Brinthaupt and Lipka (1992) who observed that when qualitative methods were implemented, minimal overlap was found between the aspects of self-concept identified and the domains detailed in the above models. Furthermore, qualitative methods such as those mentioned above allow for a more elaborate picture of self-concept compared to the quantitative tools where the participant may only respond 'yes' or 'no' to individual statements (Piers, 2002). Even when participants are asked for a more in-depth response, for example rating an item on a 4, 5 or 7 point scale (Bracken, 1992; Butler, 2001), the complex construct of self-concept is diminished to a numerical value.

A qualitative tool for researching self-concept that has stood out within the literature is the Twenty Statement Test (Kuhn and McPartland, 1954). Interestingly, given the number of studies that have utilised this method, Keith and Bracken (1996) have not discussed it as a means by which self-concept information can be gathered. The Twenty Statement Test represents a vastly different way in which the self-concept can be explored, as individuals are given the task of recording twenty statements within five minutes, each beginning 'I am...'. The nature of the tool means that it has been used cross-culturally (Lam et al, 2014; Satamaria, de la Mata, Hansen and Ruiz, 2010; Vindhya, 2012), responses can be given in multiple languages (Watkins and Gerong, 1999) and, as Murtagh, Gatersleben and Uzzell (2012) point out, the responses can be coded or quantified depending on the research focus. For example, Murtagh et al were looking within their own research for either social or travel-related statements, and they modified the initial instructions to ensure that the statements they got related to one of these two categories.

Categories into which responses can be coded were stipulated by McPartland, Cumming and Garretson in 1961 but the literature indicates that many researchers justify their own methods of analysing and grouping the responses to this test. For example, Vindhya (2012) and Watkins and Gerona (1999) both opted to use categories stipulated by Watkins et al (1997), where responses are coded by whether they relate to the individual, their small and large group memberships, or whether they are statements about interdependence. For Vindhya (2012) in particular, whose research was looking at collective identity of women in India, this method of scoring allowed them to identify the number of responses in each category, and was used in conjunction with interviews, to elicit those self-descriptions that were most salient to the individuals participating.

I believe there is merit in using a model or category system in structuring responses given with the Twenty Statement Test, as it can allow the researcher to identify patterns within the data. However, I am concerned that researchers are again seeking to reduce informative data to a numerical value, and as Brinthaupt and Lipka (1992) noted above, often statements generated by open-ended means do not overlap with those domains identified within the models. I therefore, also see the benefit of taking a more grounded theory approach to the exploration of self-concept responses, as recommended by Earley et al. (2007).

Self-Concept and Young Carers

Although little research exists as yet regarding the self-concept, there are several reasons as to why it would be important to explore a young carers' sense of self. Harter (2006) noted that children who had experienced parental support in the form of elaborative conversations leading to positive personal narratives, tended to demonstrate more favourable and complete self-images. In addition, Oosterwegel and Oppenheimer (1993) recognised the importance of

peer feedback in forming the self-concept, especially as children reach their adolescent years. The finding above aligns itself with the views of the symbolic interactionists, Cooley (1902) and Mead (1934) who emphasised self-concept as a social construction, formed through linguistic exchanges with others. Finally, Huck, Kemp, and Carter (2010) found within their study that positive self-concept was the result of effective inclusion.

For these reasons above, young carers may be particularly vulnerable to developing a negative, or not forming a coherent, self-concept. The very nature of being a young carer may mean that the parents of young carers are unable to offer the same level of parental support as in families where the child has not had to take on a level of caring responsibilities, due to disability, illness or substance abuse. In addition, it has been well-documented in the literature above that young carers often find themselves unable to easily engage socially at a level similar to their peers, due to their home responsibilities which can put a limit on their time. Reduced time spent with peers may mean that young carers engage less with this process of peer feedback and with linguistic exchanges with others, potentially influencing the development of their self-concept. It is therefore essential to start exploring the self-concept of young carers, to gain a better understanding of their self-concept as well as potentially providing direction for future professional involvement, moving away from more day-to-day practical support.

In addition to the above reasons, authors such as Cheong and Johnston (2013), have recognised the importance of expanding the self-concept literature beyond the general population to more specific, and potentially vulnerable, groups. Their research has sought to establish whether the current self-concept measures are suitable outside of the general population, in this instance for children with cerebral palsy, as these scales may not lend themselves to children who are not considered to be typically developing. Reasons for this include a lack of cognitive maturity that is needed to evaluate the self, a chronological age

that does not reflect the level of cognitive maturity which could influence the validity of the measure, or communication difficulties which present a barrier to these pen and paper assessments (Cheong & Johnston, 2013). This study demonstrates that not only is it important to further our knowledge of self-concept outside of the general population but that it is important to be creative with the methods implemented to ensure that all participants can engage with the research. Fortunately, there has been a move towards exploring self-concept outside of the typically developing population, with studies including participants with acquired brain injury (Ponsford, Kelly, & Couchman, 2014) and learning disabilities (Elbaum & Vaughn, 2003; Huck et al., 2010), as well as comparisons between children with cerebral palsy and their mainstream peers (Shields, Loy, Murdoch, Taylor, & Dodd, 2007).

Positive self-concept has been identified as a valued aspect of self in education, sport, social and personality psychology (Marsh & Martin, 2011). In addition, studies have shown that a positive self-concept is associated with academic achievement, happiness, economic success, long-term health and well-being and psychological adjustment (Branden, 2006; Marsh & Martin, 2011; Preckel, Niepel, Schneider, & Brunner, 2013). Conversely, negative self-concept has been associated with anxiety, suicide and deficient self-esteem (Branden, 2006) and those in school who are perceived as incompetent or in need of additional support are at higher risk of developing a negative self-concept (Goffman, 1997). These studies reflect a small portion of the self-concept literature that highlight the importance of a positive self-concept and the potential risks of developing a negative self-concept. This is further evidence of the importance of exploring the self-concept of young carers, to review whether the self-concepts held are predominantly positive or negative and to establish ways of improving their self-concept, as appropriate.

Conclusion

This literature review has endeavoured to critically review the young carer literature as well as provide a brief overview of the research regarding self-concept. In doing so, the context for my current research has been established, along with the gap that my study will attempt to fill. Progress towards having some understanding of young carers' self-concept is necessary if professionals are to move beyond practical support to more internal, self-related methods of intervention. Given the controversies surrounding young carers and the argument that by supporting young carers the role is perpetuated, support that serves to develop a positive self-concept and in turn positive well-being appears to be the next logical step, especially given the recent government initiatives to support all students' mental health and well-being. To develop this support, however, it is necessary to take the first step towards furthering our knowledge of young carers' self-concept and how it may be influenced by the caring responsibilities they complete.

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