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# TEARING DOWN BARRIERS TO EMPLOYMENT & EDUCATION FOR YOUNG, BLACK AND MINORITY ETHNIC CARERS

## NATIONAL REPORTS



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[www.care2work.org](http://www.care2work.org)



# TEARING DOWN BARRIERS TO EMPLOYMENT & EDUCATION FOR YOUNG, BLACK AND MINORITY ETHNIC CARERS

Editor: Dr. Theo Gavrielides

Erasmus+ CARE2Work

<http://www.care2work.org>

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# Table of Contents

<b>FOREWORD: Head of Unit for Youth, Volunteer Solidarity and Traineeships Office European Commission - Directorate General for Education, Youth, Sport and Culture: Floor van Houdt</b>	7
<b>INTRODUCTION &amp; ACKNOWLEDGEMENTS: Professor Theo Gavrielides</b>	8
<b>Comparative Findings &amp; Recommendations</b>	11

## NATIONAL REPORTS

### United Kingdom 17

Methodology	18
Findings from the research phase	19
Young Black Asian and Minority Ethnic Carers in the UK	21
Policy Developments in the UK	22
Findings from the fieldwork of the Care2Work Programme	24
Findings from the Implementation phase of the Care2Work Programme	27
Implications and Recommendations	47
Bibliography	49
Annexes	51

### Greece 57

Εισαγωγή	58
Μεθοδολογία	60
Ευρήματα από την έρευνα για τους φροντιστές νεαρής ηλικίας που ανήκουν σε ειδικές εθνικές και εθνοτικές ομάδες	61
Ευρήματα από τη Δια Ζώσης Εκπαίδευση	64
Ευρήματα από τα Προγράμματα Ηλεκτρονικής Εκπαίδευσης	69
Συμπεράσματα και προτάσεις πολιτικής σε εθνικό και Ευρωπαϊκό επίπεδο	82
Βιβλιογραφικές Αναφορές	84

### Italy 87

Introduzione e contesto	88
Metodologia	89
Risultati	90
Implicazioni per le pratiche e le politiche e raccomandazioni	101
Sintesi e conclusioni	103
Bibliografia	104

## Sweden 105

<b>Inledning</b>	106
<b>Bakgrund</b>	106
<b>Metod</b>	111
<b>Resultat</b>	112
<b>Reflektioner Och Slutsats</b>	119
<b>Referenser</b>	123

## APPENDICES

<b>Appendix 1   Staff training in Athens</b>	126
<b>Appendix 2   Report on the C2W e-learning courses</b>	155
<b>Appendix 3   Care2Work Youth Advisory Board Evaluation</b>	166
<b>Care2Work Training Programmes</b>	177
<b>Gallery</b>	179

# FOREWORD

Floor van Houdt

HEAD OF UNIT FOR YOUTH, VOLUNTEER SOLIDARITY AND TRAINEESHIPS OFFICE  
EUROPEAN COMMISSION - DIRECTORATE GENERAL FOR EDUCATION, YOUTH,  
SPORT AND CULTURE

**This e-book is important.** It draws attention to an extraordinary group of young people – often girls – who grow up while taking care of someone in need, such as a parent or other relative who is disabled, has a chronic illness, mental health problem or other condition connected with a need for care, support or supervision. The book underlines more specifically the barriers faced by young carers with a Black, Asian and minority ethnic background (BAME) when accessing employment, education and training.

**The evidence brought forward is devastating.** Young BAME carers often live socially isolated both as members of ethnic groups or minorities and because of their role as carers, which they generally pursue without any support. While helping those whom they love, their future is jeopardised as they drop out of education and feel compelled to gradually abandon their own dreams and aspirations.

**The authors make a strong case for more structural support and mentoring for the young carers, including the provision of alternative learning paths to make up for lost schooling and the validation of the transversal skills and competences that the young carers have acquired and which constitutes a strong – but often hidden – asset for their future.**

By supporting the Care2Work (C2W) project coordinated by the IARS International Institute (*UK*) in cooperation with Anziani e non solo (*Italy*), Linnaeus University (*Sweden*) and the Family and Childcare Centre (*Greece*), the European Union's Erasmus+ Programme is playing its role in drawing attention to the plight of the young carers with a minority background.

At the European level, all young people are seen as persons with talents, skills and abilities. Young carers are no exception. They are young people whose potential needs to – and can be – unlocked. With the appropriate support they can be empowered, balance their life between caring and being young, and thus find their way to education, work and a fulfilling personal, social and professional future.

As showcased in this e-book, the EU has a real added value in helping to bring about the necessary changes. Through its programmes, such as the Erasmus+, and the systematic exchanges of policy experiences and good practices, the EU can help to shed light on the situation of young carers, raise awareness and provide inspiration for reforms. **As no young person should undergo the experience of caring for a loved one in isolation, we hope that the “Care2Work” project will ignite the spark so that more evidence will become available to effectively support young people who care.**

*Brussels, April 2017*

# INTRODUCTION & ACKNOWLEDGEMENTS

Theo Gavrielides

THE IARS INTERNATIONAL INSTITUTE

When you think of a young person, the first image that comes to mind is one of energy, full of potential, hopes, aspirations and, of course, dreams. And this is how it should be. Starting off in life, and independently of their background and circumstances, young people should be supported to reach their potential. However, for some children and young people personal aspirations are mere luxuries. This is particular true for those who grow up taking care of someone in need, whether this is their frail mother, father, sibling or grandmother. How do you put your own career choices above your beloveds' most basic needs? This is especially true when your own culture or just the society within you live expect you to. Where do you find the time and confidence to engage with your peers and be a kid? How can social life be important when every minute in a carer's daily routine counts? How much do we know about these young carers, and what has been done in European society to support them in getting the job or the education they want and need? The truth is that the realities, barriers, obstacles and opportunities of these young people remain under the radar of research, policy and practice.

Therefore, it was a privilege and indeed an honour to have acted as the co-ordinator of [Care2Work](#) (C2W), the EU funded programme that led to the publication of this e-book. The project started in May 2015 and aimed to tackle the barriers faced by young carers from Black, Asian and minority ethnic groups (BAME) when accessing employment, education and training. The project was supported by Erasmus+ (Key Action 2) and was delivered in partnership with three European partners namely [Anziani e Non Solo](#) (Italy), [Linnaeus University](#) (Sweden) and the [Family and Childcare Centre](#) (Greece). The [IARS International Institute](#) was the coordinator for the programme. A dedicated website exists to disseminate these reports and all C2W outputs (<http://www.care2work.org>)

The project could not be more timely for the UK and Europe. It is estimated that there are more than 100 million carers in Europe today. This accounts for about one fifth of the entire European population. The vast majority of them are young people, principally girls. Just in the UK, it is estimated that there over 1.5 million carers below the age of 35. A quarter of them have been carers before the age of 16. In Italy, there are 170,000 young carers and 25,000 (under 17) in Sweden. There are no national statistics on young carers in Greece.

In 2009, the EC General Director of Education and Culture said: "The new EU Strategy for Youth ... will guide both the EU institutions and the member states in pursuing policies to improve the lives of all young people in the coming decade" (Quintin, 2009). Several years later and we are yet to witness noticeable and consistent changes in member states' youth policies and institutional structures. Although there has been a lot of effort and investment from European institutions to orientate in favour of youth policies, these seem to remain weak at national level across Europe. Programmes such as Youth in Action and Erasmus have tried to designate priorities and to organise decision-making. Nevertheless, national youth policies remain fragmented and poorly funded while the youth sector seems to be in competition with its self and in some

member states weaker than never (Gavrielides, 2013).

Putting this challenge in the context of a field that has traditionally been under the radar of research and policy, our partnership was faced with serious challenges. Since the C2W project was inspired and motivated by the priorities of the EU Youth Strategy, from the outset, we were clear that in order to achieve our objectives we had to work in collaboration with both the youth and care sectors. Therefore, our energy focused on bringing together young people and professionals to establish a cross-sector, transnational strategic partnership in order to design and implement innovative practices and come up with a set of accredited, reference documents that would: (a) empower young BAME carers, and (b) increase the capacity of service providers, notably in the areas of integration, equity and inclusion, and discrimination.

At [The IARS International Institute](#) we are committed to producing only evidence-based outputs that are informed by the lived experiences of those we aim to reach. This e-book brings together the evidence from our research as well as the piloting of the training and educational tools that we designed following our evidence gathering. Similarly to the [first e-book](#) that we published as part of C2W (Gavrielides et al, 2016), this publication is written in all the project's participating languages. It is my strong belief that if we are to genuinely progress matters of research and policy in Europe that we must read and write in as many European languages as possible. Hence, I encouraged our partners to research their own native materials and use local languages and contacts when conducting their fieldwork. Writing in local languages also allows the reader to access the information much more easily. Why would a young carer in Sweden, Greece or Italy need to know English to read what has been produced about them? This principle also applied to the face-to-face training material as well as our [e-courses](#).

As this e-book points out, young BAME carers in the EU face additional barriers to education, training and employment. In fact, young carers aged between 16 and 18 years old are twice as likely to be out of education, employment, or training (NEET) than their peers. We also know that young people with an immigration background are 70% more likely to become NEET compared to nationals. Our research also showed that the majority of young carers tend to come from BAME communities. For example, in the UK, young carers are 1.5 times more likely than their peers to be from BAME groups, and are twice as likely to not speak English as their first language. Children and young people are often robbed of their childhood and forced to mature taking on the role of adults and indeed the state. The economic savings that these children and young people make for their governments is considerable. In fact it is estimated that in Europe, the value of unpaid informal care in the community and at home is estimated from 50-90% of the overall cost of formal care provision.

But within this grim picture of barriers and inequality we also found strengths and opportunities. By talking to young BAME carers and educators, we learned that the provision of care helps children young people to develop their character and gain life skills that can also facilitate transition to adulthood. Caring can mean developing practical skills that can lead to nursing and caring professions while we were surprised with the detailed knowledge young carers have of complex medical issues and how to treat them. Even more importantly, this particular group was characterised with unique resilience, maturity, strong character, perseverance and a practical approach to life. Caring can also enhance practical skills in managing money, maintaining a home, providing child care, organising appointments and liaising with professionals.

Our report argues that if managed well, the responsibilities associated with the caring role can indeed empower young people and not cripple them at early stages of their lives. If properly supported and listened to, then the responsibilities of young BAME carers can in fact help them achieve their personal objectives. Through their role, they can develop problem-solving and coping skills and can become independent.

Recognising and valuing these skills while opening avenues through real choices for employment, education and training can help lift some of the most marginalised young people in Europe out of poverty and disadvantage. Our training material can pave the way for awareness raising, education and empowerment of both young carers and professionals. By focusing on this group, I hope that our project can gradually become a catalyst for cultural change that can be embed within our modern European societies. I truly hope

that it will lay the foundations for a ripple effect generating actions through social capital, equality, cultural awareness, education and training.

This e-book and C2W would not have been possible without the dedicated and professional support that I received from the partnership. The e-book is a collective achievement and thus I am particularly grateful to Maria Efthymiou, Eleni Sakellariou and Dr. Antonia Torrens from KMOP in Greece, Licia Boccaletti, Alessandra Manattini, Elena Mattioli from Anziani e non solo in Italy, Peter Hagberg, Dr. Pauline Johansson, Eva Nordqvist, Professor Elizabeth Hanson from Linnaeus University in Sweden and of course my own team at IARS and especially Andriana Ntziadima. Special thanks go to Rita Seneca for designing this e-book and all our online courses as well as all those who gave evidence, the [Youth Advisory Board](#) and the young people and practitioners who took part in the pilots and the training. We are grateful to Erasmus for the financial support as well as the organisations and individuals who donated time and in-kind support.

Dr. Theo Gavrielides, April 2017

**Founder & Director, The IARS International Institute**

**Co-ordinator, Care2Work**



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# COMPARATIVE FINDINGS & RECOMMENDATIONS

Theo Gavrielides

THE IARS INTERNATIONAL INSTITUTE

## 1. Introduction

This is the executive summary of four national reports that were produced as part of the Care2Work EU funded programme (C2W). The reports were produced by the project partners and were written in English, Swedish, Italian and Greek. C2W started in May 2015 and was concluded in April 2017. It aimed to tackle the topic of young BAME carers from across Europe, and the barriers that they face to access employment or further education and training. Focusing on the Europe 2020 Strategy and the European Youth Strategy, C2W aimed to foster integration, social equity and inclusion through a two-tier approach i.e. by empowering and involving directly marginalised youth in its delivery, while at the same time increasing the capacity of organisations servicing them. In line with the provisions of the Lisbon Treaty to “encourage the participation of young people in democratic life in Europe”, through non-formal learning activities and the development of an evidence-based training programme, C2W aimed to promote innovation, exchange of experience and know-how between different types of organisations providing services to youth with fewer opportunities.

The key objective of all national reports was to report on the local findings from both the research and piloting that took place throughout the C2W life time. Respecting the cultural, societal, financial and institutional differences between the partner countries, each country report and project also adopted side objectives that worked in parallel with the general project objective.

C2W understood “young carers” as children and young people under the age of 30 who provide care for a parent or relative in the community, usually within their own home. They carry out, on a regular basis, significant caring tasks and assume a significant level of responsibility. These would usually be associated with an adult. The person receiving care is often a parent, a sibling, grandparent or other relative who is disabled, has a chronic illness, mental health problem or other condition connected with a need for care, support or supervision. Young carers are a minority group but their presence in European families is now becoming more visible.

From the outset, it must be pointed out that the term young carers is contested. Often, it is replaced by the term children as next of kin. As this report states, a clear delineation of the concepts is not straightforward, since it can be argued that young carers form part of the overall umbrella term of children as next of kin. This interpretation means that not all next of kin carers carry out personal care activities, which are often included in the definition of a young carer (Becker, 2015).

The term “Black, Asian and minority ethnic” (BAME) was also difficult to define in a consistent manner. For instance, in the Swedish context, the concept was adapted to mean young carers with an ethnic minority or

foreign background. For Greece and Italy, BAME mainly referred to migrant groups.

## 2. The policy context

In the EU, the provision of community and home-based care is gradually becoming a prominent priority. In 2017, EUROCARERS, the key European network representing informal carers and their organisations, reported that informal carers across the EU provide over 80% of all care. In fact, according to the European Quality of Life Survey, it is estimated that there are more than 100 million carers in Europe today. This accounts for about one fifth of the entire European population. The economic value of unpaid informal care in the community and at home is estimated from 50-90% of the overall cost of formal care provision.

While there has been an acknowledgement of the value and contribution of informal carers, EU institutions and member states have a long way to go before claiming that they are meeting their educational and employment needs and aspirations. For example, according to Eurofound's European Quality of Life Survey, 42% of non-working carers are in the lowest income quartile (compared to 25% of non-carers). 59% of non-working carers have difficulty making ends meet. Informal carers who are in employment often have to give up their job so that they can cope with the demands of caring, while the majority of member states are finding it significantly more difficult to guarantee equality of access to care. Links between health care and long-term social care can be weak while their distinction can be rooted in very real differences. In the majority of members, healthcare is seen as entirely professional, while social care is treated as a key responsibility for family and informal carers. This is particularly true for European Mediterranean societies including Greece and Italy, two of the countries that participated in the C2W.

In the UK, over the last 12 months, there has been a growing interest in the identification and improvement of the service provision for young carers. C2W was no coincidence. For example, in March 2016, the Department of Health announced their plans to set out a new strategy for carers that reflects their lives, health and financial realities while caring others. The plan was followed by a consultation with carers and the broader sector and the C2W partnership responded putting forward our users' recommendations. This followed the implementation of the Care Act 2014 and the Children and Families Act 2014 (HM Government, 2014) according to which local authorities have a duty to identify and assess the support needs of young carers. For young carers over 18, the assessment includes identification of a young carer's wishes to work and 'whether the young carer is likely to have needs for support including their transition to further education or training'.

Subsequently, in December 2016, the Children's Commissioner published research, which showed that the majority of local authorities have a long way before they can claim that they even acknowledge young carers as a target group for service provision. Responding to the report, in March 2017, Children's Minister, Edward Timpson announced that the Department for Education plans to develop a cross-government strategy due to be published in the summer of 2017. The new strategy promises to improve identification processes for young people with caring responsibilities and the thus publication of this e-book could not be more timely.

## 3. Key comparative findings

### VISIBILITY, RESEARCH & POLICY

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- Despite of being under the radar of research and educational and social justice policies, the number of young carers is not to be underestimated in Europe. Statistics on young BAME carers are absent but

it is estimated that more than 100 million of informal carers exist in Europe today. Just in the UK, it is estimated that there over 1.5 million carers below the age of 35. A quarter of them have being carers before the age of 16 (Parker, 1994). In Italy, there are 170,000 young carers and 25,000 (under 17) in Sweden. There are no national statistics on the young carers in Greece. In the UK, young BAME people are twice as likely to be a young carer.

- There is a higher prevalence of hidden young carers in families from refugee or migrant backgrounds: culturally held attitudes about the shame or stigma associated with having a disability or mental illness and needing care may in turn generate reluctance in young people to disclose their caring status and seek assistance and therefore the negative impact of caring on this target group can be higher.
- There is no legal or policy framework, which focuses on young BAME carers at the EU or the examined national levels (UK, Greece, Italy and Sweden).
- The key reasons for becoming a young BME carer relate to the financial difficulties that their families face and with their inability to access the welfare system. This inability is often associated with their migration status as well as language barriers. In addition, most of them believe that it is a moral obligation to take care of their family members in need.

## THE BARRIERS & CHALLENGES

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- Young carers were likely to develop ‘adultized’ behaviours and role reversal meaning that many children and young people miss the chance of enjoying their real age.
- Young BAME carers live socially isolated both as members of ethnic groups or minorities and because of their role as carers. They have fewer possibilities for personal development and employability, although they share the same opportunities with rest young people in Greece. Their educational needs are large, mainly for those people who live away from urban centres, since most of them are primary education graduates and at the same time they are heavily affected by unemployment
- Young carers have a higher likelihood not to be in education, training or employment (NEET) between the critical ages of 16-19.
- BAME young carers are twice as likely not to speak the local language as their first language compared to peers.
- Families from ethnic backgrounds are less likely in general to access services that support people with a disability or mental health problem (Stolk et al 2008, NEDA).
- The field research confirmed that interviewed young carers experienced higher sense of responsibility and maturity compared to other youth of the same age. On the other hand, the same studies examined, showed that many young carers could also express feelings of anxiety, depression, immaturity, behavioral and relational problems in school context as well as with adults.
- The majority of young BAME carers wish to improve their competences as carers, but they do not know where and how to find information. Moreover, many of them do not have the time or the appetite to improve themselves as carers, because of the great psychological burden they bear and the frustration they feel. They rarely ask for psychological support. Young BAME carers live socially isolated both as members of ethnic groups or minorities and because of their role as carers. They have fewer possibilities for personal development and employability. Their educational needs are significant, mainly for those people who live away from urban centres, since most of them are primary education graduates and at the same time, they are heavily affected by unemployment.

- Language and migration are key barriers to young BAME carers' access to employment and to any professional development. Problems are particularly acute for young carers from specific religious minority (e.g. Muslim) and who reside in villages which are inhabited by people of the same religion. The educational level of this group is very low, as they usually drop out of elementary school and work in agricultural works.
- The frustration that the young carers feel and the lack of free time do not allow them to develop their skills or to search for a job, which could improve their living standards as well as their professional perspective and their full integration into society.
- Public services are generally resoundingly absent. Some limited activities implemented by NGOs funded through EU programmes are in place, but are not adequate to cover the increasing needs of young BME carers. Our sample complained about the support received by community social services as well as from their wider social network: they say they are and feel lonely.

## THE STRENGTHS & THE OPPORTUNITIES

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- Young people mentioned that caring helped them to develop empathy towards other people. Communication skills, negotiation skills, multitasking and perseverance are other skills that were also mentioned by the young people themselves. These skills combined with appropriate support and mentoring could lead young carers into living fulfilling lives, and can potentially counteract negative effects of caring on their well-being in the long term.
- The interviewed young carers were able to identify a number of positive impacts on their personal skills: they perceive themselves as being more sensitive, responsible, mature and self-confident. They also believe to have developed problem solving skills. Ultimately, they feel empowered by this experience.
- The main needs of young BAME carers are summarized as follows:
  - psychological and mental health support
  - communication with their peers
  - targeted financial support
  - flexible and targeted access to education and training
  - connections with employers
  - confidence building and the realisation of their key strengths and skills
- The types of support that were requested by our sample group included:
  - peer-support groups
  - awareness rising activities towards other young person and the general community
  - information and counselling about available services and supports
  - respite care
  - recreational activities to relax and enjoy themselves.

# 4. Key recommendations

## AT THE LOCAL LEVEL

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Within the acknowledged limitations of our project, C2W promoted a positive youth-led and strengths-based model of support for young BAME carers. Improved outcomes for young carers should take into consideration their wishes and their realities at local level. To this end, community initiated activities should be promoted and encouraged. Cross-sectoral cooperation at local level with the active involvement of young carers could be the first step toward the achievement of long-term goals for those young people. Furthermore, cultural awareness training for social care and educational professionals will tackle institutional racism and misconceptions towards young people from BAME communities.

Youth-led awareness raising campaigns and initiatives should also be promoted using local language and networks that have the trust of young BAME carers. These initiatives will improve the awareness of service providers at local level but also tackle stereotyping preventing young carers from exposure to bullying, exclusion and isolation from their peers.

## AT THE EUROPEAN AND ERASMUS LEVELS

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It is clear that identification and support policies for informal carers and young carers vary significantly across the EU. Assessment systems are not available in all European countries and in most cases, there are failings to capture the real numbers of young carers and therefore provide meaningful support to them. Top down approaches, service fragmentation, lack of information and inability of statutory support services to penetrate communities as well as the lack of cross-sector collaboration are amongst the key contributing factors to this issue.

Adopting a patronising attitude for supporting young BAME carers will likely fail especially if seeing them as “problems”. It seems that adolescents have difficulties in recognizing young carers’ emotional status and, as a consequence, young people find it difficult engaging with them or even asking for help. The C2W workshops seem to be a useful response to this challenge as they are based on the enhancement of positive skills, so that participants don’t need to perceive or define themselves as “in need of help” but – at the same time – they can provide youth with coping skills which have been recognized as useful from all our participants. The workshops about motivation and perception that the young BAME carers took part in was an ‘eye opener’ for them that these strengths could be used in education, training and work. They felt that it was of great importance to meet others in similar situation to their own and with whom they could talk to. It is our conclusion that a pan-European policy is needed that would: (1) encourage the provision to young carers of alternative schooling and make up for lost schooling (b) Enable young carers to be aware of their strengths and transversal (soft) skills that can subsequently be used in education, training and work opportunities.

Young carers is one of the Erasmus target areas where the need for more European exchanges and collaboration is needed. For example, we currently have some EU member states with advanced policies and practices (e.g. the UK and Ireland), others which are in a developmental stage (e.g. Sweden and Holland) and countries from South and Eastern Europe where the topic is unexplored. The EU could therefore play an important role continuing to support strategic partnerships, on this topic. Particular emphasis should be given on projects that aim to further develop the skills and competencies of young carers such as their desire for social entrepreneurship. Indeed, working within a European partnership has been an exceptional added value for all participating countries, especially for Italy and Greece where the topic of young carers is not on the political agenda at all.

Furthermore, the opportunity to learn from other countries and to share knowledge and experiences has strengthened the capacity of the C2W participating organizations to build on existing practices and to have a wider impact at national level (as demonstrated, for example, by the signing of the above mentioned Memorandum of Understanding).

The role of the EU (through the recommendation of its Council on 2012) has been crucial in leading many countries to the adoption of legislation on recognition of non-formal and informal skills. Furthermore, we know that the professional development of youth workers is one of Erasmus+ priorities. In this context, it would be extremely important to clearly recognize the role that these professionals already perform to support young carers, as well as what the youth sector could do to help this target group, which is normally considered a prerogative of social workers and psychologists. To this end, Erasmus+ can continue to drive the qualification and recognition of these professionals at EU-level.

In our effort to counteract these challenges, C2W built on the intelligence of community based organisations, NGOs, research bodies and that of young people and opened up a dialogue allowing for cross-sector communication, learning, exchange of best practices and innovation in the field of youth. Furthermore, through a series of international meetings, events and digital exchange, C2W created strong strategic partnerships with a range of organisations across Europe and planted the seed for further collaboration and mutual learning that further enabled all organisations involved to expand their capacity, broaden their experiences and improve their approaches of working with young marginalised people.



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# United Kingdom

## National Report

### YOUNG BLACK ASIAN AND MINORITY ETHNIC CARERS

BARRIERS & OPPORTUNITIES FOR EMPLOYMENT AND EDUCATION

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This report draws on the findings from the implementation of the 2-year Erasmus+ project “Care2Work” (C2W) in the UK. The project, which started in May 2015, was designed to identify and tackle the barriers faced by young carers with a particular focus on those from Black, Asian and Minority Ethnic (BAME) groups when accessing employment, education and training.

Care2Work was inspired and motivated by the priorities of the EU Youth Strategy. It brought together young people and professionals from a range of sectors to establish a cross-sector, transnational strategic partnership in order to investigate, design and pilot innovative practices that empower young BAME carers and that increase the capacity of service providers in the areas of integration, equity, inclusion and discrimination.

Focusing on the Europe 2020 Strategy, C2W aims to foster integration, social equity and inclusion through a two-tier approach i.e. by empowering and involving directly marginalised youth in its delivery, while at the same time increasing the capacity of the organisations servicing them. In line with the provisions of the Lisbon Treaty to “encourage the participation of young people in democratic life in Europe”, through non-formal learning activities and the development of an evidence-based training programme, C2W aims to promote innovation, exchange of experience and know-how between different types of organisations providing services to youth with fewer opportunities.

# 1. Methodology

The UK project was implemented in three phases; initially, we examined existing national and international literature to understand the realities and barriers that young carers face in their transition to adulthood. Furthermore, we looked into the UK national policy and legislation framework and service provision. The secondary research was backed up with a small number of semi-structured qualitative interviews with young carers from BAME backgrounds and social care professionals who have experience in working with young BAME groups. Feedback and guidance were also provided by the IARS Independent Youth Advisory Board who worked alongside the research team and supported them with constructive feedback from the outset of the project.

The second phase of the implementation involved a detailed exploration of the skills and competences that young BAME carers gain through their experiences of caring for family members and others. Based on the findings of both the literature review and the fieldwork of the first phase, we developed:

- **A face-to-face training course for professionals** who work with BAME young carers: The training aimed to increase both understanding and awareness of the needs of young BAME carers in the UK as they seek employment, education and training. It also offered practitioners an insight into the skills and competences that young carers develop as a result of their caring experience and the applicability of those skills in the workplace. The training course was piloted with 32 participants in total in 2 training events that took place in October 2016 and in November 2016 in London, UK and in Athens, Greece respectively.
- **Two face-to-face training courses for young carers:** The course for young carers focused on young carers' competences; empathy and resilience, as core skills that young people gain as a result of their caring experience. The course was an empowering tool that embraces the positive impact of caring as a life experience and through practical exercises shows how these skills can be applied at the workplace or other similar environments as life skills. The courses were piloted in two workshops with 5 young carers and 23 young people that took place in March 2017 and November 2016 in London.

Following the completion of the pilot phase of the face to face training, we developed 2 online courses for practitioners and young carers. The content of the online training incorporated the feedback of the participants that we received during the delivery phase.

During the pilot phase of the training, we collected a series of qualitative data through observations, questionnaires and on-line survey addressed to project's participants. More specifically;

- **Observations:** Our methodology involved participant's observations where a dedicated member of staff who also actively participated in the activities recorded participants' attitudes towards the training, experiences of both participants and young people.
- **Before and after questionnaires:** Prior to participation both the professionals and the young people were issued with questionnaires that included both open and closed questions aimed to gauge their current awareness of BAME young carers. Following the completion of the training participants were issued follow up questionnaires.
- **Evaluation survey with the project's participants including young people and professionals:** Towards the completion of the project, we developed an online survey that aimed to gain insight into the project's overall impact on the participants.

## 2. Findings from the research phase

This chapter explores the current literature on the topic of young carers in the UK. The search for materials included three main types of sources i) academia ii) research, policy and journalistic output of third-sector organisations and iii) public sector research and policy output and other grey literature.

### DEFINING YOUNG CARERS

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Various attempts have been made in both national and international literature to define “young carers”. The common perception of a young carer is a young person who cares or helps to care for a family member. “Carers Act defines all carers as those who are: Providing, or intending to provide a substantial amount of care on a regular basis” (The Carers Act, 1995). The Office of National Statistics defines a ‘young carers’ as 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 ill-health, disability, or problems relating to old age (2011). For the purposes of this study and building on the work of Becker (2000), we defined “young carer” as “a young person under the age of 18 whose life is affected significantly by the provision of care, assistance, or support to another household member”. The level and the degree of support and responsibility that is assumed by the young person can vary significantly and as a result, the support needs of young carers also vary. The person receiving care is often a parent but can be a sibling, grandparent or other relative who experience chronic illness, physical or sensory impairment, mental health problems or substance/alcohol abuse. As the focus of this study is to explore transition from caring to education and employment we have included young people up to the age of 30 in the definition of a young carer. Not all children and young people who live in households with one or more ill disabled family members are falling into the category of “young carers” (Dearden, Becker & Carers UK, 2003).

According to the literature, the term “young carer” can be controversial. In current research focusing on disability, both professionals and young people are not in agreement with the use of the term “young carer” as a welfare category. They argue that being “a young carer is a role not an identity” (Gradwell, 1992; Keith and Morris, 1996; Olsen and Parker, 1997; Stables and Smith, 1999; Wates 2001) and they view the use of it as an easy way of labelling that leads to stigmatization and bullying of young people with caring responsibilities.

### YOUNG CARERS IN THE UK

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The 2011 Census shows there are approximately 5.8 million people providing unpaid care in England and Wales, representing just over one tenth of the population. From those, 177,918 are young people aged 5-17 years old, with Wales reporting with the highest proportion of young carers providing unpaid care at 2.6%. Of the young carers recorded in the UK, 57% were girls and 46% were boys. These numbers do not include young carers who care for parents who experience alcohol or substance misuse. Additionally, although there is no data for the exact numbers of BAME young carers in the UK, research has shown that young people from BAME communities are twice as likely to be young carers (Children’s Society). In many cases, young carers cannot be easily identified and their roles remain hidden. Lack of recognition of the child’s caring role by the family (Aldridge & Becker, 1994); family’s unwillingness to reveal child’s caring responsibility for fear that professional intervention that can lead to family separation (Aldridge & Becker, 1994); as well as the perceived stigma associated with caring and illnesses or diseases within the family, especially in relation

to mental health problems (Aldridge & Becker, 2003) are amongst the key factors that contribute to the invisibility of young carers.

## ROLES OF YOUNG CARERS

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As mentioned above, not all children and young people who live in households with one or more ill or disabled family members fall into the category of “young carers” (Dearden and Becker, 2003). There is a continuum of caring as the level and type of assistance and support required can vary significantly for one case to another. Typically, young carers can offer practical support performing tasks such as cooking, housework and shopping, personal/intimate care such as help with toileting, bathing, dressing, and emotional support such as talking to someone who is distressed. In cases where other children live in the household, young carers may undertake childcare tasks such as preparing meals. According to Caring Survey 2014, approximately half of the young carers are providing practical and emotional support to someone who lives in the same household, and half provide care to someone living elsewhere as “distant carers”. Distant carers are more likely to provide lower levels of support and combine caring responsibilities with work and often childcare for young families (Carers UK, 2014). In most cases, young carers are mainly providing care to an ill or disabled parent and/or support with the care of a disabled or ill sibling.

## RISK FACTORS

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There are various internal and external risk factors that indicate whether children and young people might undertake caring responsibilities within the household. Some key factors that could potentially influence such developments within the family can be classified as external factors that are related to state welfare provision such as the effectiveness and availability of health and social care systems (Dearden, Becker & Carers UK, 2003). It is easily understood that access to an effective health and social care system for the ill family member is of immense importance and to a great extent determines whether other family members will have to “replace” such services. In the UK the de-institutionalisation of care, as it is experienced through the steady but continuing privatisation of the National Health System (NHS), has gradually placed the responsibility of care provision from the state to individuals and their families.

This factor has contributed to a significant increase by almost 19% in the number of young carers within a decade (2001 – 2011) combined in England and Wales (Office for National Statistics, 2011). Factors that can influence whether children and young people become young carers are also associated with the type of disability or illness of the family member, the type and structure of the family such as number of family members, as well as the income and financial resources of the family.

## IMPACT OF CARING ON YOUNG CARERS

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Caring can have a variety of impacts on the personal development of a young carer and can also compromise their educational attainment or access to employment opportunities. There is a higher likelihood that they will not be in education, training or employment (NEET) between the critical ages of 16-19 (The Children’s Society, 2013). The majority of young carers are experiencing educational disadvantage that is related to various effects including poor attainment, anxiety, restricted peer networks and bullying. Educational disadvantage links to longer term consequences (Dearden

& Becker, 2002), and difficulties at school and absenteeism lead to lack of qualifications that further prohibit young carers from experiencing a smooth transition to adulthood (Deadren & Becker, 2000a). This is often caused by lack of free time and prioritising family needs above all else. Other common problems that young carers are facing include isolation, managing adult family roles and responsibilities, a lack of training or knowledge of how to take care of their people in need, limited or lack of access to relevant information in relation to services available to them, lack of psychological support, and isolation as a result of the suppression of their own emotional and social needs.

However, despite the negative impact of caring on young peoples' lives, caring can also be a rewarding experience. A less explored strand of research suggests that caring at young age enables young people to develop enhanced skills, mature faster, as well as senses of responsibility, independency, self-efficacy, self-reliance, self-esteem, sensitivity and empathy for others (Kornblum & Anderson, 1985; Segal & Simkins, 1993).

Adopting a strengths-based approach, Care2Work explored the positive aspects of caring on young people's lives and worked in partnership with them to further understand the applicability of those skills to employment and education.

### 3. Young Black Asian and Minority Ethnic Carers in the UK

According to the 2011 Census almost half (46%, 3.4 million) of the foreign-born population identified with a White ethnic group, a third identified as Asian/Asian British (33%, 2.4 million) and 13% (992,000) identified with Black/African/Caribbean/Black British. People of Black, Asian and minority ethnic descent are more likely to be materially disadvantaged which makes it more likely for them to undertake caring responsibilities within the family. A recent study conducted by Children's Society revealed that young people from Black, Asian or other minority ethnic communities were twice as likely to be young carers (the Children's Society, 2013). However, studies that explore caring issues under the lens of ethnicity are rare. Furthermore, BAME communities are particularly diverse and their needs and approaches vary significantly from one ethnic group to another.

Many young people from BAME backgrounds have to face an additional set of barriers in their personal and professional development. The special needs of the BAME young carers should be understood in the wider context of discrimination and racial abuse these young people may face. In general, young carers in these communities may often remain hidden for a variety of reasons. Research shows that this is often due to their cultural values; care provision to an ill or disabled family member is perceived as family responsibility. Additionally, evidence reported by Carer's Trust shows that BAME carers are less likely to be receiving practical and financial support with caring, they are more likely to miss out on accessing support due to a lack of advice and information on culturally appropriate services (Carers UK, 2014). For example, in Muslim communities cross-gender care is not allowed, so if services are not taking such constraints into consideration, then caring responsibility will fall on a family member of the same gender.

Service provision has been proven inadequate when dealing with the specific needs of young BAME families. Professionals' misconceptions and stereotypical beliefs towards the BAME community as well as lack of appropriate cultural awareness training can significantly impair the capacity of service providers to identify young carers from those communities and support them effectively toward their transition to employment, education and further training. Shah and Hatton (1999) suggest that stereotypes associated with Black and South Asian communities can lead professionals to assume that families of such decent can seek support within their own extended family networks. They also add that institutional racism can be a barrier in the identification and recognition of young BAME carers (Shah & Hatton, 1999). Other barriers that can deteriorate young BAME carer's situation compared to white carers include language barriers,

immigration status as well as the stigma associated with mental health issues within those communities.

## 4. Policy Developments in the UK

In a cross-national study the UK was characterised as a relatively “advanced” country in terms of awareness of young carers, research social policy and government guidance and service delivery. The term “advanced” was based upon a set of indicators that include widespread awareness and recognition of young carers among the public, policy makers and professionals, the existence of an extensive and reliable research base, a country’s legal provision, the extent of dedicated services and interventions nationwide, and the existence of extensive codes and guides for welfare professionals alongside national and local strategies (Becker, 2007).

More specifically, under section 61 of The Care Act 2014, Local Authorities have a duty to conduct a “carer’s assessment” which includes an identification of a young carer’s wishes to work and “whether the young carer is likely to have needs for support after becoming 18 and, if so, what those needs are likely to be” (The Care Act 2014, Section 64(2) (b)). The Local Authority must also look into “the extent to which the young carer is participating in or wishes to participate in education, training or recreation (or is likely to wish to do so after becoming 18)” (The Care Act 2014, Section 64(2) (b)).

Although reference is made by recognising that post-18 training and education might be desirable for young carers, the Local Authority would only be bound to provide information and advice about what can be done to meet or reduce the needs for support which it thinks the young carer is likely to have after becoming 18 (The Care Act 2014, Section 64(5)(b)(i)); and what can be done to prevent or delay the development by the young carer of needs for support in the future (The Care Act 2014, Section 64(5)(b)(ii)). As part of the Government’s Carers Strategy (2010), there was work underway on broadening the support offered to meet the needs of young adult carers (between 16 and 24 years of age), including help to develop CVs and complete application forms, and making them aware of entitlements and adult support services (Department of Health, 2010).

Whilst the Carers Strategy 2010 refers to employability of young carers aged 16 to 24, the 2014 legislation splits this into either under 18 or older than 18, which affects the type of statutory entitlements that they have. The issue which arises here is that it appears that once young carers go beyond the school leaving age (18 in the UK), they bear the responsibility of seeking support. This means that young adult carers not assessed when they were under 18 or not identified whilst at school will lack the fundamental benefits that this legislation was intended to provide, and having left the education system with generally having lower skills, due to their caring responsibilities. Another example is that although in the UK there is provision of income support for young carers, most of the time young carers are not aware of their rights to claim such support. It is easy to imagine this same barrier would prevent them from seeking support in relation to employment.

The distinction between carers over and carers under 18 years of age is present in all of the relevant legislation. The Children Act 1989 under section 105 defines a “child”, subject to paragraph 16 of Schedule 1, as a person under the age of eighteen (Children Act 1989, Section 105(1)). The 1989 Act highlights the assumption that support services will be delivered effectively to all children who are young carers and therefore it created no recognition of the possibility of the failure to actually assess 100% of young carers before they turn 18. The health or development of these young carers is likely to be significantly affected or impaired without the provision of Local Authority services. The issue is that this type of legislation has set the focus for more specific, carer related, legislation on children rather than young people aged 16- 24. For example the Care Act 2004, the Care (Recognition and Services) Act 1995, Carers (Equal Op-

portunities) Act 2004 are both specifically addressed at children. This creates the problem as the legislation does not allow for flexibility to cover its own failures.

As previously mentioned, at policy level, the government in 2011 briefly suggested recognition of a young person as aged 16-24. In other youth related policy areas such the classification of young people as NEETs, it also includes 16 – 24 year olds.

The Carers and Disabled Children Act 2000 appeared to target this age group 16+, although it does not specify an upper age limit (The Carers and Disabled Children Act 2000, Section 1(1)). They specify the need of an “assessment of his ability to provide and to continue to provide care for the person cared for” (The Carers and Disabled Children Act 2000, Section 1(1) (b)), if he ‘provides or intends to provide a substantial amount of care on a regular basis for another individual aged 18 or over’ (The Carers and Disabled Children Act 2000, Section 1(1) (a)). The Carers and Disabled Children Act 2000 combined with the 2011 Young Carer Strategy would serve to effectively cover a better age range than other legislation. as It would extend the legislative support afforded to children up until the 16 – 24 age range to ensure those not identified or assessed as carers do not miss out on the support that they should have gotten before turning 18. From a skills development approach, young people aged 16 – 24 are far more aware of the importance of training and skills development in order to become competitive in the labour market.

As detailed above, in the UK there is a relatively strong legislation and policy framework for young carers. However, despite these legal and policy developments at both local and national levels, most young people that do fall under the definition of young carers remain hidden. Becker argues that if all UK young carers were to make demands on existing services and projects, then “it is unlikely that these providers could meet that demand” (Becker, 2007). A recent survey published by Carers’ Trust Online provides evidence that his argument is strong. In particular, out of carers surveyed, 35% of carers had missed out on state benefits because they didn’t realise they could claim them. This finding highlights that despite state efforts to provide services and support to young carers, access to information still remains an issue for them. Taking on a responsibility such as caring at a young age requires a lot of attention and support; not just statutory but by organisations in the private and third sector. However, in most cases informal care work goes unnoticed which is why the help that is provided by external third sector organisations is highly valuable. Compared with other European countries the UK provides more carers and young carers with support that comes from third sector initiatives. Most importantly, in the UK national non-governmental organisations played a huge role in the development of research, policy and practice agenda either by providing funds for research, or by directly being involved in lobbying and campaigning activities in order to put carers in policy and legislation agendas (Becker, 2007).

## CURRENT POLICY DEVELOPMENTS IN THE UK

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In the UK, there is a growing interest in the identification and improvement of the service provision for young carers. In March 2016 the Department of Health announced their plans to set out a new strategy for carers that reflect their lives, their health and financial concerns and give them the support they need to live well while caring for a family member or friend. The plan was followed by a consultation with carers and the broader sector including care receivers, business, social workers, NHS staff and other professionals that support and work directly with carers.

The consultation was announced one year after the implementation of the Care Act 2014 (HM Government, 2014) and the Children and Families Act 2014 (HM Government, 2014) according to which local authorities have a duty to identify and assess the support needs of young carers, regardless of the type of support they provide. As mentioned above, for young carers over 18, the assessment includes identification of a young carer’s wishes to work and “whether the young

carer is likely to have needs for support including their transition to further education or training”.

Despite these positive steps towards the identification and accommodation of the needs of young carers, relatively small progress towards these achievements has been made. A key report published by the Children’s Commissioner in December 2016 showed that local authorities have a long way to go in order to reach out to young carers and improve outcomes for them.

## 5. Findings from the fieldwork of the Care2Work Programme

The findings of the desk-based research were supported by qualitative research that took place during the 2-year implementation of the Care2Work project. This chapter examines the findings of the fieldwork which was conducted in two phases and included semi-structure interviews with professionals and young BAME carers, as well as participant observation that took place during the implementation of the training workshops with practitioners and young people.

	INTERVIEWS	PARTICIPANT OBSERVATION	TOTAL
YOUNG BAME CARERS	4	25	29
PROFESSIONALS	3	31	34
Total			63

Table1: Summary of the Care2Work fieldwork

**REASONS OF BECOMING A YOUNG CARER:** Young carers who participated in the research were identified as young carers from Black Asian and minority ethnic communities aged 13-25. Young carers may take up various roles and degrees of responsibility in order to care for a family member. One young carer said:

*“I became a carer for quite a few reasons; in my family it’s really common that once you reach a particular age, you are expected to look after family members. I looked after my mum. It was an honour as my mum went to great efforts to look after me and raise me just like most mothers would. I never thought twice about caring for her no matter how big or small the support she needed may have been.”*

Caring is treated as both a familial and moral duty that the young carer felt obligated to honour and owed to his mother as she raised and looked after him. This is a common theme, as other research participants also indicated that they took on a caring responsibility because they felt a close relationship of love and affection with the family member that they care for. Another young carer said:

*“My mother and me were always really close as my father wasn’t around all the time”.*

However, this may not always be the case. Whilst a close relationship of love and affection with the family member that they care for would generally be present in the mind-set of most young carers, a research participant indicated that necessity was a more pertinent factor in why they became a carer. One young person said:

*“My grandparents lived in London and when I moved for work to London, I had to live under their roof” and “they only*

*had a part time carer at the time and I felt that the carer that came in didn't really do all of the work, and obviously didn't do anything at times when she wasn't working, and so I had to be the carer for my grandparents".*

Another research participant, a professional working with young carers who also was a young carer herself said:

*"If you have a member of your family that is experiencing illness or disability, within BAME communities there is a greater emphasis on the family unit, it's very unlikely that if you had a disabled or ill member of your family that actually a young person would not take an active role in looking after them, it's the norm".*

This observation, made by a professional with experience in the field, is supported by the testimonies of our young carers as well as research conducted in relation to young carers.

Other professional listed common reasons as to why young people might take on caring responsibilities: (1) not having anybody else around; (2) no family support that could help with the caring; (3) breakdown in relationships between the parents (a single-parent family).

Research participants were asked whether there was a financial factor in their willingness to provide care. This poses some analytical difficulties for this research as there are conflicting answers between the professionals; between the professionals and young carers; between young carers; and within the experiences of young carers. A professional said that when they were a young carer, the reason why they became a carer was *"not at all financial"*. They took on the responsibility because, in their words; *"we would have wanted my mum to have the best care that was available and we felt that we would be the best providers of that"*.

This can be linked back to several reasons discussed previously, such as feeling a close relationship of love and affection with the family member. For example, one young carer did not refer to any financial reason for becoming a carer but rather a moral duty to his family and the relationship between him and his mother. Another young carer had said that she took on the role of helping her mother for a few years as she struggled with depression; *"my mother and me were always really close as my father wasn't around all the time."* This also suggests a lack of financial motivation as the type of care she was providing was mainly emotional support which tends to be a service that cannot be bought. . However, another professional stated something to the contrary: *"Yes, quite often people cannot afford to have carers come in who are paid to come, so there is a financial strain"*. One of the young carers mentioned that they *"would have liked some financial support as we could not afford proper carers who actually spoke my language"*, so they had to take on the role of translator.

**TYPES OF RESPONSIBILITY:** The types of responsibilities that young carers involved in the study had were related to their own particular circumstances, but there were also some day-to-day tasks which they had in common, such as: buying groceries, arranging appointments, sorting out prescriptions, helping with personal care, cooking, cleaning, showering and providing emotional support.

Here is how the research participants themselves put it:

*"Other than shopping for groceries, I would arrange appointments with the GP and the hospital and I was always the person who took her to them. I also always checked if she had enough medicine at home and whenever she needed to travel, I consulted with the doctor and made sure she had sufficient medicine for the journey. I was the main point of contact for her doctors."*

*"The main responsibilities were taking them to the toilet, making food for them and just attending to any of their needs, showering one of my grandparents, cleaning the house and I shared the responsibility of shopping with my brother."*

*“To make sure that her basic needs were met. So when it came to things like food and managing her needs for emotional support, those sorts of things.”*

*“My mother was a wheelchair user so she had physical needs, within that my sister and I were present for every single bath that my mother ever had.”*

*“The main thing I did was just being there to support my mother emotionally. Of course I still did my regular chores.”*

**YOUNG CARERS BARRIERS:** Young carers were asked about what they felt were the main barriers in relation to their responsibilities. This question was intended to yield a wide range of answers; however, it is clear that young carers generally face very similar barriers. One young carer stated that *“It was a challenge, managing my time well. I would study in the morning, and then I would go home for a few hours to make sure everything was okay and to bring back groceries. If her health allowed me to then I worked as much as I could on top of everything. My manager, thankfully, was very understanding of my circumstances and would allow me to go home if my mum needed me for anything”*. This young carer has highlighted several key barriers that are common amongst our pool of research participants, such as constraints on time, managing other commitments such as education and work (support and understanding from employers) and caring as a priority whilst maintaining social life. Another young carer contextualised these common barriers by saying that; *“there are a lot of sacrifices that you have to make in your personal life. There are a lot of freedoms that other people may take for granted but that as a young carer are not an option. The bigger picture meant that for me my mother’s comfort meant more to me than me going out to meet my friend or going out for a meal, that sort of thing. While at university I had to miss lectures because the carers didn’t turn up. I would make sure that the time I left for university was at a time when the carer would already be at the house. I would never leave my mum on her own so if the carer was late or if there was a tube strike or anything it meant that my going to university was secondary because my mum’s life and wellbeing were the priority. There were times where my brother would have to come back from work because a carer hadn’t turned up and maybe I’d waited for as long as I could and I knew I had an exam or something and I had to go, then I would call my brother, my brother made sure he worked locally, he was an IT developer so a high-flying career but he actually sourced a job so that at the drop of a hat he could come back home”*.

This research participant’s experience shows just how much of a burden caring can be on young people who are not yet established in their own lives, but are already taking on levels of responsibility that an adult would struggle to maintain for an extended period of time. In relation to this, a professional said that barriers are often enhanced by what a person of their age would normally take on as responsibility.

Another research participant stated that time was a constrain *“the main barrier was time; time to myself became a luxury”*, and another said that there was an *“emotional barrier because it was something I had never undertaken before and I didn’t realise how it would affect me. I would always be thinking about them when I wasn’t home. My grandmother had fallen before so I worry”*. They also said: *“the barriers I faced were, firstly social, as it hindered my ability to go out late at night as my grandparents would get scared if I came back late as they are afraid when people approach the door. While I was interning, I had to sometimes go in late because I couldn’t leave before I had done certain tasks at home, I feel this is a barrier to my personal development”*. Another young carer said that *“It was a barrier to my education, employment and social life just because I had to prioritise my mum. At the time I didn’t care about anything apart from caring for my mum. My college knew about my situation after I approached them and communicated it”*.

**NEEDS OF YOUNG CARERS:** This research also aimed to assess the needs of young BAME carers. Our young carers said that their main needs tended to be access to information. One young carer stated that *“(I would have liked) access to information about how to be a carer and what it entails”*. Another stated that the *“most important need was access to information; as much as I tried I could never fully understand my mum’s medical needs”*. Other types of support identified was *“respite and access to emotional support”*. Participants were asked whether their culture had an impact

on their desire to provide care. One said that *“To some extent, my willingness to care for her stems from my cultural background, especially as the oldest male in the household”*. Another also attributed their desire to care as being influenced by their culture: *“My culture did have an impact on my desire to care, so aside from their professional carer only being part time, generally the carers provided by social services couldn’t speak the language of my grandparents and that meant I had to help more because I speak the language. Also they felt that there were certain tasks that only their grandchildren should do for them like dressing and showering etc.”*

**SKILLS AND STRENGTHS OF YOUNG CARERS:** We also asked young carers what skills they felt they had developed as a result of caring. Here is what they had to say: *“The experience taught me patience and I often took the role of a translator for my grandmother. Multitasking being able to survive on very little sleep being very comprehensive and empathetic of others and an awareness of other people and understanding how illness can impact them. Being aware of other people’s mental health needs because we had to be aware of my mother’s mental health needs whether she verbalized it or not. Taking a holistic approach to a person’s health and wellbeing because you think to yourself that if a person’s basic needs aren’t met then they couldn’t be alright, their other needs could not be fulfilled because their basic needs are prerequisites for anything more. In my job I take a mentoring role as I am very able to recognize when other people may have other needs. Having that awareness and I am aware that there are colleagues that don’t have that awareness as they’ve never experienced it or been exposed to it. When you’ve grown up with a degree of health and wellbeing that is the norm you’re not able to understand when other people have issues that are not the norm”*.

The above response evidences that caring responsibilities at a young age can also assist young people to develop a unique skillset. Young people that have caring experience seem to develop empathy towards other people. One of the professionals mentioned that her professional choices have been influenced by her experiences of caring for her mother at a young age. Communication skills, negotiation skills, multitasking and perseverance are other skills that were also mentioned by the young people’s themselves. These skills combined with appropriate support and mentoring could lead young carers into living fulfilling lives, and can potentially counteract negative effects of caring on their well-being in the long term.

## 6. Findings from the Implementation phase of the Care2Work Programme

This chapter explores the findings from the implementation phase of the Care2Work. Following the completion of the first research phase of the project, we developed two face to face training courses that were delivered to young people and professionals across the country.

### A. EMPOWERING PROFESSIONALS TO WORK WITH YOUNG BAME CARERS IN THE UK

The training course titled *“Empowering Professionals to work with young BAME Carers”* was piloted in the UK in a 4 hour session with 12 youth, educational and social care professionals. All professionals had experiences of working with BAME young carers in London.

The course’s primary objective was to explore skills and competences that young BAME carers gain through their experiences of caring for family members, such as resilience, perception, empathy and problem solving. It was designed to provide practitioners with key tools and resources that would further help them empower young carers to transfer

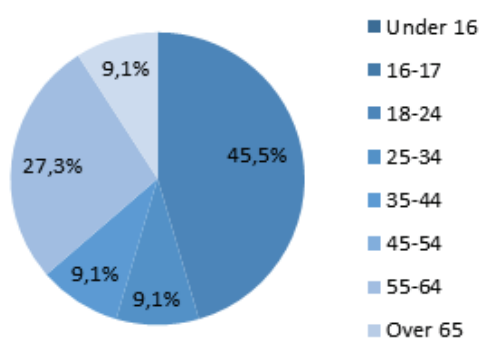
these skills into other key areas of their lives.

Other key learning objectives included:

- To create knowledge and raise awareness of the needs and realities of young Black, Asian and Minority Ethnic carers in the UK and Europe.
- To provide professionals and agencies with tools and additional resources, including training guides that can be directly applied to their work with young carers.
- Practice learning with realistic case studies, to establish a sense of practical application to what has been learnt.
- To exchange best practices from across Europe.

The content of the training workshop was built on the findings of in depth youth-led qualitative research with young carers and professionals in four European countries (UK, Sweden, Italy and Greece), conducted in the framework of the Care2Work project.

### Participants' age groups



### PARTICIPANTS

The workshop was attended by 12 participants. The majority of the participants were women (11). The ages of the participants varied significantly. 45.5% of the participants were between 18 and 24 while the 27.3% of the participants were between 25 and 34. The rest of the participants were between 35 and 64. It was interesting that various age groups were represented at the workshop bringing a depth and diverse experience.

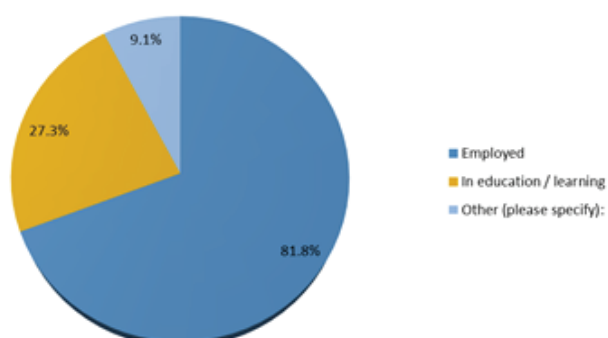
Table2: Age Groups of the participants

### ETHNIC GROUP

The group was particularly diverse. Over 65% of the participants were from Black, minority ethnic backgrounds. One participant was from Asian background (Bangladeshi) and two participants were of White British and other white background.

### EDUCATION STATUS AND EMPLOYMENT STATUS

#### Employment, education, training status



In relation to their education status, most participants (60%) reported that they have a Bachelor Degree. Only 2 participants responded that they have no qualifications. Furthermore, the majority of the participants reported that they currently are in employment or in educations/further training.

Table3: Participants' employment status

## KEY ISSUES DURING THE WORKSHOPS

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The facilitator welcomed all participants and introduced the Care2Work programme. Participants were asked to introduce themselves and talk about their own expectations from the training.

The group consisted of frontline youth professionals with several years of experience of working with young people and young carers. Most of the participants were involved in local carers' networks and were passionate about raising awareness of the challenges that BAME carers face especially when accessing education and employment.

Among their expectations, it was highlighted their objective to gain a better understanding of the support needs of young BAME carers.

- Be informed about practical strategies, methodologies and tools that can be directly applicable to their target groups.
- Increase their awareness about issues and challenges that are specifically related to the BAME carers.

And

- Gain a better understanding on how to better work with this particular groups in order to further support them to identify opportunities available to them.

Participants also mentioned that they were particularly interested to hear the experiences of their colleagues and exchange knowledge and best practice around the issue. One of the key points that were highlighted was their wish to understand the experience of BAME young carers within the wider context of discrimination for BAME families in the UK.

Following a short interactive ice-breaker exercise, the facilitator introduced the key findings of the Care2Work research phase. Participants were particularly interested to hear and discuss the rights based methodological approach of the project and the role/involvement of young carers throughout the project. They were supportive of the positive approach of the project, that focuses on skills gained through experience rather than on the negative impact of caring on young people's lives.

Overall, participants felt that their experiences are in line with the research findings. At this stage, the facilitator opened up the discussion in order to enable them to reflect on their own experiences.

The focus of the conversation directed on the support needs in relation to the support provided to their "care receivers". Practitioners explained that the extend and type of support needed for a young person providing care to a care-receiver facing mental health issues or substance misuse differs significantly from the support required for a young person caring for a family member with physical disability.

The facilitator presented a short film on Young Carers. Divided into groups, participants were asked to focus on the potential positive impact of caring experiences on young people. Not surprisingly, they came up with a range of skills both soft and practical including: conflict management, creative and emotional resilience, savviness, parenting skills, coping strategies, communication skills, team work skills, confidence, life skills, maturity, self-awareness, self-confidence, empathy, financial skills, time management skills, household management, cooking, advocacy and networking.

All participants felt that they had a good understanding of these soft skills and no further explanations were provided.

However, it was mentioned that young carers are not able to reflect on these skills when they are still in this role. Be-

ing a young carer is a challenging experience for young people, who try to balance their needs with the needs of the people they care for.

Following the discussion, the facilitator divided participants in small groups of three people and asked them to re-enact a short scenario. Initially, the objective of this exercise was to prompt participants to reflect on the soft-skills in the context of managing challenges in education/employment.

The exercise was slightly adapted requesting from each group to re-enact the scenario as the carer is of different ethnic background for each group, namely Bagnoli, Bangladeshi, White European, and Turkish. This choice was deliberately made in order to explore whether professionals would change their approach taking into consideration the cultural context of the young people.

All participants agreed that cultural factors will not make any difference to their approach. Their focus would be on the specific needs of the individual that they have to work with. However, this approach should be interpreted with cautiousness as it mainly refers to the tailored approach that should be adopted by professionals when engaging with young carers.

Furthermore, the discussion revolved around the quality and quantity of services that are specifically addressed to young BAME carers. Practitioners felt that service provision is inadequate and fragmented. Service providers are not able to provide language tailored support and in most cases are failing to build bridges with BAME communities and local NGO's in order to provide a holistic support service to BAME groups.

The facilitator summarized the discussions and asked participants to share;

1. one thought
2. one question and
3. one feeling

Participants expressed their interest in continuing the conversation and focusing more on practical tools that can be applied to their work especially in relation to young BAME carers. Supporting carers in the criminal justice system was also mentioned as an area for future focus. They reported that they felt "challenged" to focus more on the soft/positive skills and they want to work more collaboratively in order to raise awareness and promote the rights of young BAME carers.

The feelings that they chose to share included: empowered, understanding, confident, and empathy.

## FINDINGS FROM THE EVALUATION OF THE TRAINING COURSE

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Participants were given a pre and post evaluation forms (see appendix). Both forms were design to collect essential information and feedback from participants in relation to the learning outcomes of the workshop.

The pre-evaluation form included 2 questions that aimed to capture participants' current knowledge of the realities of young BAME carers in a scale from 1 (low knowledge) to 10 (high knowledge) as well as to capture participant's expectations and individual objectives from the training (see analysis).

At the pre-workshop phase, participants' awareness and understanding of BAME young carers was on average 5.8/10.

Estimate your current awareness and understanding about young BAME carers on the scale 1-10 (1 low - 10 high)

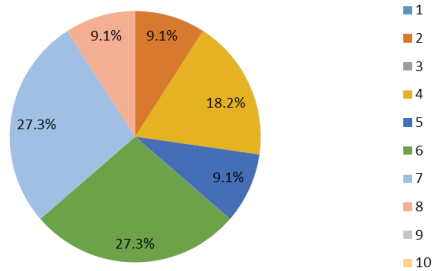


Table 4: Participants' awareness levels post training course

Experiences of young BAME carers should be interpreted within the wider context of discrimination for BAME families in the UK.

The post evaluation results showed that participant's awareness was increased approximately by 0.8 points (post evaluation report 6.4 points).

70% of the participants agreed that the soft skills identified during the workshop and developed by young carers as a result of their caring experiences can be highly applicable in the context of education and employment.

Approximately 75% of the participants reported that the workshop met their expectations fully or partially. Participants who felt that they workshop did not fulfil their expectations highlighted that the experi-

ences of young BAME carers should be interpreted within the wider context of discrimination for BAME families in the UK. Other key recommendations of the participants included the importance of involving a young BAME carer in the workshop. More specifically, one of the participants felt that training sessions should be more adapted to the specific needs of the professionals depending on their operating environment eg. Tailored training for teachers, social workers and charity workers etc. The overall evaluation of the workshop was positive as 87% of the participants agreed that they would recommend the workshop to a colleague.

## CONCLUSIONS

As mentioned above, all participants had experiences in working with young people from BAME communities. Professionals highlighted the importance of the strengths-based approach that was taken by the partnership. Counteracting the negative impact of caring by building on the positive aspects of the experience can be of immense value for young carers when they figure out their employment or career opportunities.

Furthermore, during the workshops discussions focused on the understanding of the special needs of the BAME young carers in the wider context of discrimination and racial abuse these young people may face. Many young people from BAME backgrounds have to face an additional set of barriers in their personal and professional development.

Practitioners involved in the training activities highlighted the need of increased advocacy and awareness campaigns that directly involve BAME communities and aim to improve understanding among professionals and young BAME carers to help tackle stereotyping and discrimination.

# EMPOWERING YOUNG BLACK ASIAN AND MINORITY ETHNIC CARERS: EMPATHY AND RESILIENCE

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Following the completion of the research phase of the Care2Work, we developed a face to face training course addressed to young carers aimed to empower participants in their role as young carers with an ultimate view to help them better understand empathy and resilience as skills and resources that can further help their transition to employment and education. The training sessions were piloted in London with 27 young carers who were identified and working in partnership with two leading carers' organisations operating in London: Imago and Southwark Carers.

## EMPATHY

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Interpersonal skills or soft skills can be defined broadly as “those skills which one needs in order to communicate effectively with another person or a group of people” (Rungapadiachy, 1999). Over the years the importance of soft skills has been highlighted within both the occupational and educational domain.

Theorists of emotional and motivational development have attempted to define empathy in both cognitive and affective terms. In cognitive terms, the focus is on the ability to comprehend the cognitive or the affective status of another (Borke, 1971; Deutsch and Maddle 1975 etc.). In affective terms, empathy is seen as an emotional response to another individual. Emotional response to another individual can be further experienced either as matching of another's affective state by experiencing the same or similar emotions or simply as a concern for another's situation (Batson & Coke, 1981). In simple terms empathy is “the spark of human concern for others” or according to Alfred Adler empathy is the ability of “seeing with the eyes of another, listening with the ears of another and feeling with the heart of another.”

It is a process that involves:

- the affective capacity to share in another's feelings
- the cognitive ability to understand another's feelings and perspective
- the ability to communicate one's empathetic feelings and understanding to another by verbal and/or nonverbal means.

As mentioned above empathy involves both emotional and cognitive components. Cognitive empathy known as “theory of mind” is the ability to be perspective and accurately imagine another's experience. Cognitive empathy is developed at later stages of toddlerhood and enables children with a developed theory of mind to engage in helping strategies when facing various situations.

Being empathetic in adulthood can be seen as a choice but research has shown that a combination of factors come to interplay for such a development that involves “within-child” (internal) factors and “socialization” (external) factors (McDonald, N. M., & Messinger, D. S. 2011). De Waal's Perception-Action Model of empathy implies that viewing another's emotional state automatically and unconsciously activates one's personal associations with that state.

**EMPATHY IN CAREGIVING:** Various research studies in social care have provided a range of evidence that empathy is a key skill that can improve healthcare outcomes in consultation. Healthcare professionals with high levels of empathy are able to better understand the patient's situation, perspective and feelings, communicate and act on that understanding in a helpful way (Mercer, S. W., & Reynolds, W. J. 2002). On the other side, a valued, understood and supported patient is more likely to cooperate and build a trusting and mutually beneficial relationship with their

practitioner.

Although developing empathy involves a variety of factors both internal and external that come to interplay over individual's developmental stages, recent research in medical schools has indicated that empathy skills can be significantly increased by a focus on empathy in teaching and embedded in students' experience with patients. The greater the length of time that practitioners spent with their patients during the consultation process has also been associated with practitioners' higher levels of empathy.

Moving on from professional caregivers to "family caregivers": defined as those providing assistance or support to another family member, carrying out significant caring tasks to support a parent, sibling or another relative within the household; empathic behaviour is plasticised throughout their interaction with care-receivers.

On a daily basis, caregivers are expected to understand and respond effectively to the needs of the people that they care for, these needs may be verbalized or not. Feeling empathetic towards another person is not always easy and straightforward as empathy involves the ability to understand feelings of others that the individual has never experienced for themselves. Thus, empathy is one of the skills that are important to develop.

Richards (1999) proposed the following strategies that can help family caregivers or care workers develop empathy:

- Listening skills: Take time to listen to the care receiver and allow them to talk about their situation.
- Communication skills: Respond verbally and non-verbally, to show that they are listening and appreciate what is being said and experienced – a reassuring touch of the hand can make a difference.
- Non - verbal communications skills: Be aware of the care receiver's non-verbal communication that can reveal nonverbalised needs.
- Appreciation: Try to appreciate what it must be like to be in the care receiver's position.
- Be compassionate and sympathetic.
- Be aware of the needs of the care receivers and help to fulfil them.

**EMPATHY AS A SKILL IN EMPLOYMENT:** Developing empathetic approach enables individuals to better understand, experience and relate to the thoughts, emotions and experiences of others. Empathy is a fundamental ingredient in building healthy relationships with others in both personal and professional life. Individuals that adopt empathetic approach at the workplace are able to understand their colleagues, clients and employers, enabling them to manage their expectations more effectively compared to those who are not able to relate to others. Thus, they are able to make more effective decisions informed by those insights.

## RESILIENCE

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Resilience is defined as a phenomenon or a process reflecting relatively positive adaptation despite experiences of significant adversity or trauma. Research on resilience has its roots in pioneering research with children of schizophrenic parents conducted by Garmezy during the 1960s in the framework of developmental psychopathology. Scholarly attention to resilience was recently rekindled in positive psychology, approaching and examining the human capacity for positive adaptation. This approach triggered scholars attention to the development of positive models of inter-

vention that promote competences and can be utilised to strengthen individuals, families, communities and societies.

According to resilience theory, resilience is our capacity to adapt successfully despite challenging or threatening circumstances (Masten, Best & Garmezy, 1990). Thus, resilience constitutes a dual construct that includes two distinct components: adversity and positive adaptation.

- Adversity refers to negative experiences that have the potential to disrupt adaptive functioning or development. Adverse experience might be temporarily damaging or undermining to an individual's adaptive mechanisms in the short or the long term or can have lasting consequences. It can also be acute (e.g. natural disaster) or chronic (e.g. child neglect), internal (e.g. individual illness) or external (interparental conflict etc.)
- Positive adaptation or positive adjustment refers to our capacity to maintain positive outcomes in the face of untoward life events (Ryff & Singer, 1998; Staudinger et al., 1995) and to recover more quickly from environmental stressors.

According to the American Psychology Association a combination of factors contribute to resilience, including having caring and supportive family and social relationships.

Other key factors include:

- Realistic planning and strategic approach.
- Positive self-image, self-confidence and self-awareness in strengths and abilities.
- Effective communication and problem solving.
- Self-control – ability to manage strong feelings and impulses.

Not all people respond in the same way when facing trauma, or adverse situations.

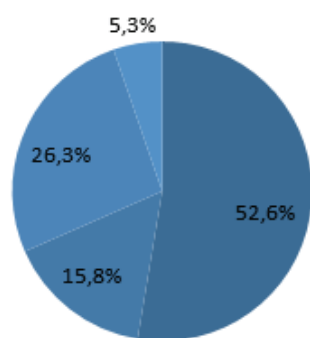
## PILOTING THE TRAINING SESSIONS

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Two half a day training sessions were delivered to 27 young people in total who all had experiences of caring for a family member with key learning objectives:

- To help young carers understand the importance of empathy and resilience as skills in dealing with everyday issues.
- To enable them to develop a deeper insight into the benefits of communicating empathy and showcase resilience at the workplace.
- To offer them the opportunity to learn, train and practice empathetic behaviour with their peers in a safe and controlled environment.

## Participants' age



## PARTICIPANTS

All participants were young carers who are UK citizens and currently living in London. Since the workshop was being delivered for young carers all participants were under the age of 24, with one exception. The majority of participants were under the age of 16; the youngest was just 10 years old but most were of secondary school age.

Table 5: Participant's age

## ETHNICITY

The Care2Work Programme has a focus on BAME young carers. Of our participants 73.7% were from a BAME background. This made for a particularly diverse group, the majority came from a variety of Black backgrounds, two participants had an Asian background (Bangladeshi), one participant identified as a mixed ethnic group and the remaining four participants were White British or Irish.

## Participants' Ethnicity

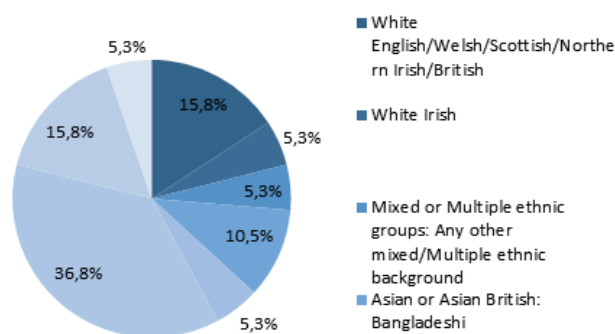


Table 6: Participants' Ethnicity

## GENDER

The majority of our participants were female. Interestingly this trend appears to be nationwide. Research has found there appears to be a gender in the caring role with female young adult carers more likely to be expected to care than their male counterparts and that females undertake more of the caring even if there are other young adult males in the household (Becker & Becker, 2008).

GENDER	RESPONSE PERCENTAGE	RESPONSE TOTAL
Female	80%	16
Male	20%	4

Table 7: Participants' Gender

## DISABILITY

Out of our participants just one considered themselves to have a disability, which they shared with us to be a learning difficulty. This presents yet another barrier to accessing education and employment opportunities.

**EDUCATION AND EMPLOYMENT STATUS** Since the average age of participants is very young 80% are still in education, only 4 have left education and were employed. 40% are yet to receive any form of qualification; this can be considered purely a reflection on the age of participants.

## Participants' Employment Status

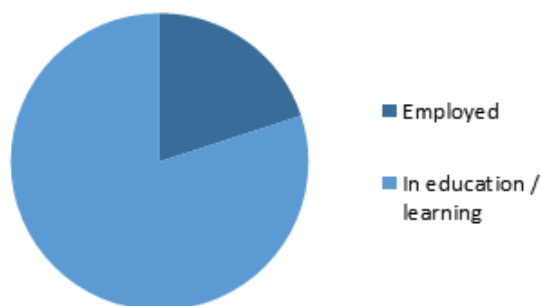


Table 8: Participants' employment status

## Participants' Education Status

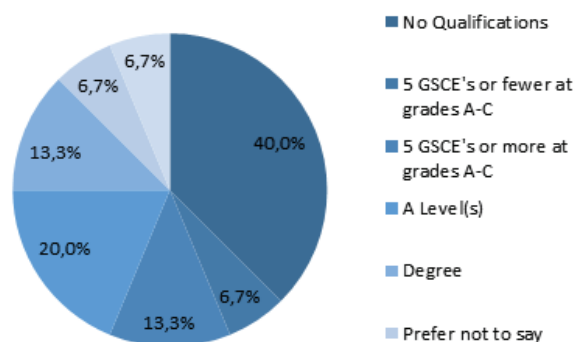


Table 9: Participants' Education Status

## KEY ISSUES DURING THE WORKSHOPS

Both sessions were designed to be interactive and encourage young carers to explore their skills through participation and discussion. This section describes the methodology of the delivery of the workshops to young people and presents the findings of the evaluations of the workshop through self-evaluation forms and participant's observations that took place during the delivery of the sessions.

The facilitator welcomed all participants and introduced the Care2Work programme. Participants were asked to introduce themselves and talk about their own expectations from the training.

Following a short interactive ice-breaker exercise, the facilitator introduced the key findings of Care2Work research phase. The European dimension of the project triggered discussions among participants about young carers in other countries. Young people were surprised to hear that in Greece and Italy that policy and practice fails to recognize "young carers" as a defined target group and there were no official statistics about the number of young carers in these countries.

The also felt comfortable with the positive approach of the project as some of them mentioned that in most cases professionals are focusing on the challenges that they face rather than on their strengths. Overall, participants felt that their experiences are in line with the research findings and the presented some concrete examples from their own experiences.

Following the brief presentation of the research participants were asked to define the term "young carer". All young people were familiar with the definition of young carer. In their responses, they emphasised that they are giving up time in order to take care of a family member.

One young person gave the following definition: "Young carer is a young person who gives up their time to look after a family member".

The facilitator also asked young people to define empathy, a term that young carers were also familiar with. A short animated film on empathy was also presented and participants were asked to reflect on it. The short film aimed to help young people to better understand "empathy" as a soft skill and enable them to distinguish empathy from sympathy. It prompted an open discussion around empathy and all participants shared some personal experiences where they felt

that other people including professionals who work with them, sometimes, fail to showcase empathy and as a result they come across as sympathetic towards them.

After an insightful reflection on personal experiences, the facilitator shared the following case study and asked participants to re-enact the scenario:

“Brandon a 21-year-old student visits his grandmother in the hospital. She is dying of cancer. She’s craving soup, but hates the hospital food. What she really wants is clam chowder from Panera. Brandon knows that his grandmother doesn’t have much time to live. Watching her die is hard every day. He wants to make her happy and knows that doing so will make him happy too. Brandon probably hasn’t eaten his grandma’s hospital food, but he can imagine how bad it is. He feels she deserves better, and he wants to give it to her. Panera only sells their clam chowder on Fridays. Today, the day Brandon’s grandma wants clam chowder, isn’t Friday. Brandon decides to contact Panera’s manager and explains the situation.”

Two young people re-enacted the scenario and the rest observed the role play. Young people seemed to understand the role of as a care giver in acknowledging the other person’s perspective. This case study also enabled a discussion on the significance of empathy as a skill at the workplace. We also discussed empathy as a significant stage of any situation that involves either conflict resolution or negation. Young people understood empathy as a process that involves:

- **Listening**
- **Understanding**
- **Acknowledgement of the other person’s perspective (empathy)**
- **Respond to a situation**

## WALKING IN SOMEONE ELSE’S SHOES

Following a short break, the facilitator introduced the “Walking in someone else’s shoes” exercise; participants were asked to write on a card a conflict they have experienced. Cards were mixed and each group picked up a card and read out the content pretending it was their conflict. The other young person in the group tried to support the owner of the conflict and help to the resolution of the problem. The exercise aimed to put oneself in the position of another individual and empathise with that individual and the conflict they experienced. The exercise created a safe space for participants to empathise with others and feel others empathise with your conflict.

Under this exercise young people observed that sometimes empathy does not involve a concrete solution to a complex or difficult situation but rather understanding and support rather to a situation.

The workshop was concluded with an open discussion focusing on the following questions:

- **Why empathy is an important skill in caring?**
- **Why empathy is an important skill in employment?**
- **Why empathy is an important skill in education?**

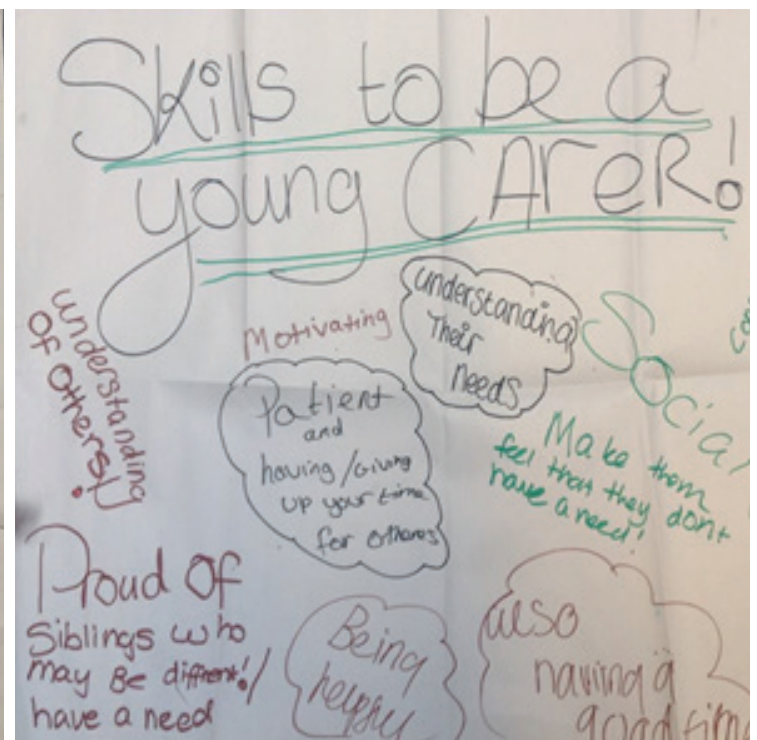
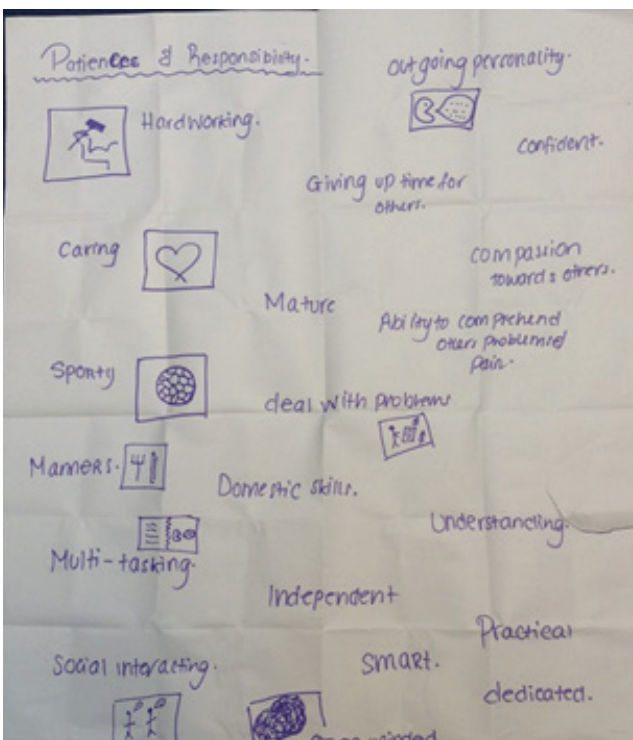
Young people agreed on the importance of empathy as a key life skill applied to both caring and employment that enables people to improve their understanding about other people’s situations, problems or conflicts.



Drawings from a young carers attended the C2W face to face training

At the second workshop, since the size of a group much larger, the facilitator developed an additional set of activities in order to ensure that young people would remain interested and focused on the activities. Participants were asked to draw a picture that represents their lives outside their caring responsibilities. Young people responded to the task with plenty of enthusiasm taking the opportunity to discuss their hobbies and their interests with co-participants. The majority used positive charged words to describe their personality referring to themselves as helpful, caring, creative and positive. This activity prompted young people to reflect on their personality, their likes and dislikes outside their caring role.

The facilitator split the group into five subgroups and asked each group to create posters that showcase their strengths and skills they have gained as part of their experiences as carers. Young people came up with a range of soft and practical skills; some of the key words used included empathy, communication skills, patience, being caring, understanding, multitasking and altruism. Participants presented the posters to the other groups which resulted in various discussions around their role and their strengths.. Some of the leading members of the group reported that their role as carers, despite the challenges, made them feel particularly proud and useful, giving them a sense of purpose. From the discussions, it became clear that most of the young people take their role as a carer seriously and consciously make efforts to understand their care receiver's needs and respond to them.



Drawings from a young carers attended the C2W face to face training

Similarly to the professional workshop participants were asked to complete pre and post evaluation forms. There were separate forms to assess the empathy section and resilience section of the session, as well as general information and feedback on the overall effectiveness of the workshop. The pre-evaluation form aimed to capture participants' current knowledge of empathy on a scale from 1 (low knowledge) to 10 (high knowledge). At the pre-workshop phase, participant's awareness and understanding of empathy was on average 4.5/10. The post evaluation results showed that participant's awareness had increased approximately by 3 points. 90% of participants agreed that following the workshop they could personally see empathy as a resource to them.

Overall, this was a very successful workshop that engaged participants in conversation that captured empathy as a core social skill. The workshop offered them the opportunity to exchange experiences and connect with their peers.

## LEARNINGS FROM THE 6-DAY JOINT STAFF TRAINING EVENT IN ATHENS, GREECE

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In November 2016, the Family and Childcare Centre (KMOP), in collaboration with the IARS International Institute, the Swedish Family Care Competence Centre of Linnaeus University and the Anziani e non Solo, partners of the Care2Work project, organised a short-term training event for professionals. The 6-day joint staff training event brought together 19 youth professionals, trainers, psychologists and researchers from the partner organisations to exchange knowledge, learnings and best practice generated from the implementation of the Care2Work programme in their respective countries. This training event put special emphasis on cross learning, mobility and cultural awareness, as it brought together professionals from Greece, Italy, Sweden and the United Kingdom. The chapter below presents the structure of the 6-day joint staff training event.

### DAY 1: SETTING THE OBJECTIVES

The first day of the training week had as a main goal to get to know each other and familiarise everyone with the Care2Work project. Each participant was asked to give his/her name and say a few things about his work and his level of involvement in the project. The Director of IARS went into detail about the project's aims and what has been done so far, he asked the participants to share their expectations and set out the framework of the project and a brief overview of what was expected to be covered by the end of the week.

### DAY 2: CARE2WORK – EMPOWERING PROFESSIONALS IN WORKING WITH BAME YOUNG CARERS

The workshop started with an icebreaker activity followed by a presentation explaining the project's main objectives and giving some definitions on the commonly used terms ("young carer", "care receiver", "next of kin and young carers" and "Black and Minority Ethnic"). Going through a list of risk and protective factors for young carers and after presenting some key findings on young carers, like common reasons for becoming one and common issues a carer faces, an open discussion was initiated where all participants tried to give their respective countries' perspective on young carers.

The first activity involved asking randomly assigned groups to give detailed explanations on a set of 2 soft skills each, as well as elaborate on their importance in the education and working settings. This discussion lasted for a bit over an hour and a half, after which a short video (named "A day in the life of a young carer") was shown. A short open discussion was carried out, asking participants for their impressions and feedback, before starting the second group activity. This time, each group was asked to appoint two participants to perform a role play (one being the young carer while the other one was a social worker), while the rest of the members would be observers, taking notes. Each group then had to provide feedback and take part in an open discussion about the issues young carers face as well as the ways a professional could be of help.

Before the workshop started, every participant was handed a pre-evaluation form to fill out. Pre and post-evaluation questionnaires were used in order to evaluate learner outcomes of the pilot training. This procedure provided significant feedback by measuring the initial knowledge level of the participants and what knowledge the participants gained from the pilot training.

They found that the participants came out with a much better understanding of the issues discussed. The overall evaluation of the workshop, was “very good” in 15 cases and “good” in 2, while all 17 participants replied that they didn’t feel anything was missing from the workshop. The execution of the workshop was excellent. The facilitator was really good at managing her time and tried to have as many open discussions as possible. One of the key aspects of the workshop laid in the fact that the groups formed had mixed nationalities, so there were many cultural differences. This can be placed in the strengths of the workshop, since by coming up with common answers all the cross-cultural barriers can be overcome. The only unexpected finding of the workshop was that there were no available statistics regarding young carers in Italy and Greece, while in Sweden the young carers and the next of kin are in the vast majority of the cases the same people.

As far as meeting the aims of the workshop go:

OBJECTIVES	MEANS THROUGH WHICH THE OBJECTIVES WERE DELIVERED
To create knowledge and raise awareness of the needs and realities of Young Black and Minority Ethnic carers in Greece and the UK	This objective was met through the presentation that was delivered
To provide professionals and agencies with tools and additional resources including training guides that can be directly applied to their work with young carers.	The discussion regarding the risks and protective factors around young carers as well as the soft skills handout helped achieve this objective
To practice learning with realistic case studies, establishing a sense of practical application to what has been learnt.	There was a case study that was discussed, that was also turned into a role-play activity, greatly helping

Table 9: Key objectives of the workshop and means for their achievement

## DAY 3: STRESS AND CONFLICT MANAGEMENT

Anziani e non Solo delivered a full-day workshop on stress and conflict management. The session was attended by 18 professionals and its key objectives was to increase their knowledge and awareness about stress and conflict management as core skills practiced through caring and their utilisation in employment or educational settings.

After a small prologue of the day’s topic, conflict management and stress management, there was a video regarding inner peace from the movie “Kung Fu Panda”.

The first activity of the day required all participants to stand up and form a circle, with the facilitator in the middle. The facilitator then explained that she is supposed to be the “conflict” and she asked the participants to move around and show where they stand when they face a conflict. After the end of this activity a discussion followed where some of the participants tried to give the reasoning behind their choice.

The facilitator then proceeded with the second activity, in which she divided the participants into two groups and talked to each one separately. To the first group she said that they needed to get the peel off the orange to make orange jam; to the second group she said they needed to take the inside of the orange to make orange juice. Not knowing the other group’s objective, each group tried to take the orange. The aim of this exercise was to show that if the participants had engaged in a civilized matter and discussed with each other first, they would find out that each group had a different objective. After a break the facilitator presented a bag of coloured candy; each participant had to pick one random candy. Once everyone had their pick, the facilitator presented them with a table where it showed that each colour actually represented an action; for example, someone with the colour red had to share a past experience where he had to resolve a conflict, someone with the colour brown had to reveal his physical symptoms when he faces a stressful situation and so on.

The fourth activity involved a diagram showing 5 different animals which were supposed to represent the different ways of handling conflict. Each participant was asked to pick the animal(s) that they thought represented them everyone was then involved in an open discussion about the different coping styles.. The final activity required all participants to form a circle again and then throw a white ball at each other. Once everyone had touched the ball once, they had to start over again and throw it in the exact same sequence. After a couple of rounds, the facilitator threw a second ball which also had to go through everyone at least once in a specific sequence, and then a third ball. As it was expected, the participants failed to handle all 3 balls simultaneously, showing how hard and stressful it is to try and handle a lot of tasks at the same time.

To close the day, the facilitator instructed the participants on how to perform a breathing technique, part of a meditation process, as a practical way to cope with stress and calm down.

The overall evaluation of the session was positive. More specifically, participants improved their knowledge about techniques of stress and conflict management. The evaluation of the workshop showed that the participants gained some knowledge on the soft skills of conflict management (with a mean score of 8), anger management (with a mean score of 8.1) and stress management (with a mean score of 8.1). Moreover, all participants replied that the workshop met their expectations, as well as that they consider all these soft skills as resources for themselves.

## DAY 4: MOTIVATION

The session was delivered by the Swedish Family Care Competence Centre with main objectives to improve participants understanding of motivation as a skill developed through caring and its applicability in both educational and employment settings.

After going through the slides and a short video about the life of a young carer the participants were assigned into groups and discussed about what motivates them, and if their motivation relies on internal or external factors. The facilitator then asked the groups to discuss again about which of the listed motivations could be applied to the working, educational and home environments. There was a lengthy discussion about the lack of motivation among most of the young caregivers and how to best empower it.

According to the findings of the evaluation survey, participants increased their knowledge of motivation by 2 points.

Furthermore, all practitioners perceived motivation skill as a personal strength.

## DAY 5: TEAMWORK

The session was delivered by the Family and Child Care Centre (KMOP) and aimed to present the role of team work in young carers' lives. It also aimed to raise professional's awareness on how the skill can benefit carers while in education or employment.

The training day begun with a video presentation of several activities that take place in the day centres of KMOP, as a way of showing how important teamwork is between carers. The facilitator invited the participants to an open conversation about the essential sub-skills that are covered in the "umbrella" of the teamwork skill.

An activity followed where the participants had to fill in a self-assessment questionnaire, rating a list of skills (listening-questioning-persuading-respecting-helping-sharing-participating) in terms of their value in achieving teamwork. After completing it, each participant was asked to justify his picks and then engage in an open discussion with the rest of the members.

Following the completion of the session participants' level of knowledge about teamwork was increased by 3.5 points on average and all participants agreed that teamwork is a valuable skill that is required by all employers.

For the final day of the training 18 people participated and the agenda had two key items: the empathy soft skill and wrapping up the week. Time was of essence and thus the empathy skill was not developed at all. However, the focus switched solely on reflecting what had been covered in the week and the facilitator went through everyone's initial expectations from the first day. Towards the end of the meeting all participants were invited into the last open discussion, where they debated on the project's next steps and pledged to help expand the project's influence.

### Summary of the objectives of the workshop:

OBJECTIVES	MEANS THROUGH WHICH THE OBJECTIVES WERE DELIVERED
Raise awareness and increase knowledge among young people about young BAME carers	This was achieved throughout the week. All the presentations, discussions and exercises helped raise awareness among young people about young BAME carers, something that can also be seen quite clearly in their 1st day pre and post evaluations.
Contribute to the empowerment of the young participants in their role as young carers and to viewing themselves and their skills as an important resource for future employment and/or further education opportunities	This objective was met in various ways; every day a set of specific soft skills was developed and then activities and questionnaires followed to ensure that the participants had a clear understanding of them. As far as viewing those skills as important for future employment and/or further education opportunities goes, it should be noted that on all days there were discussions regarding the soft skills and their usefulness in those environments, and especially on the 4th day there was an exercise specifically for that aim where participants had to separate their motivators into ones that could be used in the educational and working environments, amongst others

OBJECTIVES	MEANS THROUGH WHICH THE OBJECTIVES WERE DELIVERED
Provide the participants with a deeper insight into how the soft skills can work and what benefits they mean in an educational or working context	That was greatly achieved on the 1st day of the training where the facilitator presented all of the skills and asked the participants to divide into groups and come up with the best descriptions they could for each one of them; then they discussed all together about them and how they could best employ them in the educational and working environments

Table 9: Key objectives of the workshop and means for their achievement

## LEARNINGS FROM THE IMPLEMENTATION OF THE E-LEARNING TRAINING COURSES FOR PROFESSIONALS AND YOUNG PEOPLE.

This chapter reports on the findings of the implementation of two e-learning courses that were developed in the framework of the Care2Work programme; Empowering Professionals to work with Black and Minority Ethnic Carers (for professionals) and Empowering Young Black and Minority Ethnic Carers (for young carers). The e-learning courses were built to reflect the findings of our in depth youth-led qualitative research with young carers and professionals in the United Kingdom, Sweden, Italy and Greece.

### A. EMPOWERING PROFESSIONALS TO WORK WITH BLACK, ASIAN AND MINORITY ETHNIC CARERS

The course aimed to explore the skills and competences that young BAME carers gain through their experiences of caring for family members, such as resilience, perception, empathy and problem solving, stress management, conflict management, perception, motivation, communication skills and team work. The course was designed to provide professionals with key tools and resources that would further help them empower young carers to transfer these skills into other key areas of their lives including employment, education and further training.

Key learning objectives:

- To create knowledge and raise awareness of the needs and realities of young BAME carers in the UK and Europe.
- To provide professionals and agencies with tools and additional resources including training guides that can be directly applied to their work with young carers.
- To practice learning with realistic case studies, establishing a sense of practical application to what has been learnt.
- To exchange best practices from across Europe.

This e-learning course has been designed for professionals who work and interact with young BAME carers including youth and social workers, teachers, teaching assistants a. It is freely available online in four language: English, Italian,

Greek and Swedish. The partnership has accredited the training through the Continuous Professional Development accreditation service.

## CONTENT

The course consists of 6 independent modules and involves various interactive elements including practical and scenario and video based exercises that allow for professional awareness and reflection on current practice. The table below summarises the content of the training modules and the key learning objectives that they aim to achieve.

MODULES	DESCRIPTION	OBJECTIVES
Module1: About You	Diversity and pre-evaluation data collection.	To monitor participants diversity To gauge participants' pre-existing levels of knowledge and awareness of young BAME carers.
Module 2: CARE2WORK: Young BAME Carers in Europe	This module presents the key findings of the youth-led research conducted in Sweden, Greece, Italy and the UK, in the framework of the Care2Work Programme.  A reflection exercise requires participants' input on their own experiences of barriers that young BAME carers may face in accessing education, employment and training.	To create knowledge and raise awareness of the needs and realities of young BAME carers in the UK and Europe.  To allow participants reflect on their own experiences contextualising the knowledge generated by the project.
Module 3: Focusing on the skills	This module presents theoretical information about the soft skills acquired by young people as a result of their experiences as carers; empathy, resilience, communication skills, teamwork, motivation, perception, stress management and conflict management.  The realities of young carers are presented through a short video that unveils a day in a young carer's life.	To raise knowledge and awareness of the strengths of young carers.  To emphasise on the applicability of their skills and strengths in different settings including education and employment.
Module 4: In a young carer's shoes: From Theory to Practice	This module aims to highlight the experience of being a young BAME carer and explore the situation from the viewpoint of the professional.  2 identical cases; one of a BAME young carer and of a White British young carers are also presented as cases studies.	To highlight the experience of being a young BAME carer and explore the situation from the viewpoint of the professional.  To prompt thinking about the additional barriers that young carers of BAME backgrounds may have to face.
Module 5:	This session presents best practices and practical guidelines for professionals working with BAME young carers.	To allow reflection on participants' own practice when working with young BAME carers.  To enable professionals challenge disadvantage thinking, focusing and building on young people's strengths.
Module 6:	Post evaluation data collection	To gauge participants' knowledge and awareness following the completion of the training.

Table 10: Structure of the online training "Empowering Professionals to work with Black, Asian and Minority Ethnic Carers"

## LEARNINGS FROM THE PILOTS

The e-learning course was piloted between the 5<sup>th</sup> January 2017 and ended on the 20<sup>th</sup> March 2017. In this 2-month period, it was accessed by 81 professionals across Europe, of those 21 were based in the UK. Learners were asked to fill out evaluation forms before and after the completion of the online training. The detailed findings from the data collection can be found in the Annex . Overall, the course received positive feedback from all the participants. Awareness about the needs of young BAME carers was increase by 2 points compared to the pre-evaluation stage. UK learners reported high levels of satisfaction with the e-learning course. All participants agreed that they would recommend the training to a colleague.

75% of the UK learners agreed that soft skills developed by young BAME carers can be applied in a range of other environments, including education and employment. When participants were asked to identify the additional barriers that young carers from BAME backgrounds may face, all learners were able to identify the most prominent barriers including discrimination and institutional racism.

*“Discrimination is a key factor and conscious/unconscious racism/bias is often an additional barrier faced by young carers. Higher rates of poverty, physical and mental illness, precarious housing and lack of academic attainment all play a part. Coming from single parent families were there is a lack of male role models can also contribute”. UK e-learner*

Learners made references to specific socioeconomic factors that BAME young carers have to overcome in their transition to employment and education. In the UK, many BAME families live in deprived areas and young people are raised in lower income households where encouragement at home toward higher education is rare. Cultural and religious preconceptions leave young girl and women staying at home or joining lower paid menial jobs.

Practical barriers for access to employment and further education were also mentioned by many UK learners with most highlighted the limited time available to young carers to take advantage of work experience schemes such as internships or placement opportunities. Emotional and psychological strains can affect the lack of motivation needed for pursuing jobs and education.

## B. EMPOWERING YOUNG BAME CARERS TO ACCESS EDUCATION/TRAINING AND EMPLOYMENT: EMPATHY AND RESILIENCE

Based on the findings from the implementation of the face to face training course to groups of young BAME carers, we developed two online training courses for young carers.

These engaging and empowering digital tools aimed to help young carers to explore skills and competences that have acquired through their experiences in providing care to a family member. Embracing the positive impact of caring as a life experience, these tools help young carers to understand how these skills can be utilised in different environments including work or educational settings. In the UK, we focused on the skills of empathy and resilience.

Prior to release, this e-course was piloted by the IARS Youth Advisory Board who have shown a tremendous enthusiasm and commitment to the initiative engaging in all aspects of online activities.

## CONTENT

Working through 4 video and scenario driven module, young participants gained an insight into the benefits of **empathy and resilience** in dealing with everyday issues and in a working context with an ultimate goal to boost their employability and further support their transition to adulthood.

MODULES	DESCRIPTION	OBJECTIVES
Module1: About You	Diversity and pre-evaluation data collection.	To monitor learners' diversity To capture learners' current understanding of empathy/resilience
Module 2: Let's think about empathy/resilience	This module aims to explore empathy/ resilience as a skill.  A self assesement questionnaire allow learners' reflect their own empathetic behaviour/ resilience.  A short animation video showcases the difference between empathy and sympathy.	To provide an understanding of empathy/ resilience.  To allow learners reflect on their own experiences contextualising the knowledge generated by the project.
Module 3: Theoretical Backgrounds of Empathy/Resilience	This modules provides a theoretical definition of the notions of empathy/ resilience and provides insights into empathy/ resilience as a core life skill and strategies that can empower carers to practice empathy on their daily lifes with particular empasis on the use of empathy at the workplace.	To promote self-awareness and positive thinking.  To emphasise on the applicability of empathy/ resilience as a skill in different environments including education and employment.
Module 4: Empathy/Resilience in real life	This module presents a real life scenario where learners are asked to respond to a situation that empathy/ resilience plays an important role and enlist the strategies they used to respond.	To practice/apply empathy/ resilience in a real life scenario and apply strategies that they have learned during the course.
Module 5: Post Evaluation	Post evaluation data collection	To capture learners' understanding of empathy/ resilience after the comoletion of the online course.
Certification	Certificate download	To certify learners involvement in the e-learning.

Table 11: Structure of the online training “Empowering young Black, Asian and Minority Ethnic Carers to access education/training and employment – Empathy and Resilience”

The aforementioned e-learning courses were piloted between the 5<sup>th</sup> January 2017 and on the 20<sup>th</sup> March 2017. In this 2-month period, they were access by 9 young people in the UK. Learners were asked to fill out evaluation forms before and after the completion of the online training. The detailed findings from the data collection can be found in the Annex . Overall, the elearning received positive feedback. One of the learners said: “The course was excellent in explaining clearly the difference between sympathy and empathy, it provided practical and theoretical explanations, was very engaging, interesting and useful”. Both empathy and resilience were considered by the learners as a resource for their lifes. Recommendations for the improvement of the e-learning tool included the incorporation of multiple choice exercises and situational questions.

# 7. Implications and Recommendations

In the UK, there is a growing interest in the identification and improvement of the service provision for young carers. In March 2016, the Department of Health announced their plans to set out a new strategy for carers that reflects their lives, their health and financial concerns and gives them the support they need to live well while caring for a family member or friend. The plan was followed by a consultation with carers and the broader sector including care receivers, business, social workers, NHS staff and other professionals that support and work directly with carers.

The consultation was announced one year after the implementation of the Care Act 2014 (HM Government, 2014) and the Children and Families Act 2014 (HM Government, 2014) according to which local authorities have a duty to identify and assess the support needs of young carers, regardless of the type of support they provide. For young carers over 18, the assessment includes identification of a young carer's wishes to work and "whether the young carer is likely to have needs for support including their transition to further education or training".

Despite these positive steps towards the identification and accommodation of the needs of young carers, relatively small progress towards these achievements has been made. A key report published by the Children's Commissioner in December 2016 showed that local authorities have a long way to go in order to reach out to young carers and improve outcomes for them. Responding to the report, Children's Minister, Edward Timpson announced that the Department for Education plans for a development of a cross-government strategy due to be published in the summer of 2017. The new strategy promises to improve identification processes for young people with caring responsibilities.

Within the acknowledged limitations of our study, Care2Work promoted a positive youth-led and strengths-based model of support for young carers. Improved outcomes for young carers should take into consideration their wishes and their realities at local level. To achieve that, community initiated activities should be promoted and encouraged. Cross-sectoral cooperation at local level with the active involvement of young carers could be the first step toward the achievement of long term goals for those young people. Furthermore, cultural awareness training for social care and educational professionals will tackle institutional racism and misconceptions towards young people from BAME communities.

Youth-led awareness raising campaigns and initiatives should be also promoted. These initiatives will improve the awareness of service providers at local level but also they will tackle stereotyping preventing young carers from exposure to bullying, exclusion and isolation from their peers.

Other recommendations include:

- Clear provision in policy and legislation for carers over the age of 18 as the impact of caring has long term effects on peoples' well-being, employment and education.
- Better established coordination and integration of health, education and care service providers in order for young carers to be identified and provided with an holistic approach that can cover practical and emotional needs, while at the same time targeting critical educational and employment issues they are facing due to their roles as carers.
- Capacity building training to professionals including social and youth workers' teachers and other frontline staff that will help them identify young carers and recognise their needs. Training should also aim to increase professionals' cultural sensitivity and awareness in relation to the needs of carers from Black, Asian and minority ethnic

communities.

- Provision of training for young carers that takes into consideration the skills that they have acquired through caring. Provision of incentives for employers when employing people with caring responsibilities.
- Awareness raising seminars for employers in relation to young carers and their needs. Awareness raising seminars in schools that will aim to de-stigmatise caring among students and will help reduce bullying incidents.

At a European level, there is limited awareness around young carers and their needs. Identification and support policies for informal carers and young carers vary significantly across the EU. Identification and assessment systems are not available in all European countries and in most cases, as mentioned above, there are failing to capture the real numbers of young carers and therefore provide meaningful support to them. Top down approaches, service fragmentation, lack of information and inability of statutory support services to penetrate communities as well as the lack of cross-sector collaboration are amongst the key contributing factors to this issue.

In our effort to counteract these challenges, Care2Work built on the intelligence of community based organisations, NGOs, research bodies and that of young people and opened up a dialogue allowing for cross-sector communication, learning, exchange of best practices and innovation in the field of youth. Furthermore, through a series of international meetings, events and digital exchange, Care2Work created strong strategic partnerships with a range of organisations across Europe and planted the seed for further collaboration and mutual learning that further enabled all organisations involved to expand their capacity, broaden their experiences and improve their approaches of working with young marginalised people.



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The Carers and Disabled Children Act 2000, Section 1(1)(b)



# ANNEXES

## Questionnaire

1. Please provide your name (optional) \_\_\_\_\_

2. What is your age? \_\_\_\_\_

3. Ethnicity

- |                            |                          |                            |                          |                            |                          |                            |                          |
|----------------------------|--------------------------|----------------------------|--------------------------|----------------------------|--------------------------|----------------------------|--------------------------|
| White British              | <input type="checkbox"/> | Black British              | <input type="checkbox"/> | Asian British              | <input type="checkbox"/> | Mixed Ethnicity            | <input type="checkbox"/> |
| White Irish                | <input type="checkbox"/> | Black Caribbean            | <input type="checkbox"/> | Indian                     | <input type="checkbox"/> | White and Black Caribbean  | <input type="checkbox"/> |
| Any other white background | <input type="checkbox"/> | Black African              | <input type="checkbox"/> | Pakistani                  | <input type="checkbox"/> | White and Black African    | <input type="checkbox"/> |
|                            |                          | Any other Black Background | <input type="checkbox"/> | Bangladeshi                | <input type="checkbox"/> | White and Asian            | <input type="checkbox"/> |
|                            |                          |                            |                          | Any other Asian background | <input type="checkbox"/> | Any other mixed background | <input type="checkbox"/> |

Other Ethnicity, Please Specify \_\_\_\_\_

4. What region do you live? \_\_\_\_\_

5. What is the main reason that you became a carer for a family member?

6. What is your personal experience?

7. What are the main caring responsibilities that you undertake in your household?

8. What are the main barriers that you felt in relation to your responsibilities?

9. Did your culture have an impact on your desire to provide care?

10. What are your needs as a young carer and what type of support do you require i.e. financial support, counselling, access to information etc?

11. What are the main barriers that you may have faced in relation to employment, education and social skills?

12. What skills do you think you have developed through your caring experiences?

13. Are you aware of support services offered by schools, local authorities and NGOs?

# ANNEX 2

**Carers Trust** | Is a major charity for Carers. The Trust was created after the merging of The Princess Royal Trust for Carers, an initiative of [Anne, Princess Royal](#) in the UK in 1991, with [Crossroads Care](#) in 2012. It works to improve support, services and recognition for anyone living with the challenges of unpaid caring, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems. It has Network Partners – a unique network of 116 independent Carers centres, 55 Crossroads Care schemes and 99 young Carers services that act under a shared vision for Carers – to make sure that quality assured information, advice and practical support are available to all carers across the UK. Together with Network Partners, Carers Trust provides access to desperately-needed breaks, information and advice and education, training and employment opportunities. They help carers to maintain their own health and wellbeing and support them so they do not feel isolated. The organisation runs play and support schemes for young carers, and Network Partners benefit from the provision of grants and Carers Trust work to improve carers' services. They also help carers make their needs and voices heard and provide someone to talk to, in person and online.

- [www.carers.org](http://www.carers.org)

**The Children's Society** | The Children's Society draws together statutory and voluntary workers in the field to support young carers and influence policy making at national and local levels. It has organized training events and conferences and circulates information in the form of databases, leaflets, information packs and DVDs. It is involved in the Include Project which offers information, training and support. The *Whole Family Pathway* is an online resource designed for the use of practitioners. The "whole-family" approach is in line with the Care Act 2014 and Children and Families Act 2014; it encourages the family member who is in need of support to engage with equitable services as well as attending to the emotional and physical wellbeing of the young carer. It has also put together the Engage Toolkit which pools resources and best practice advice to support for BAME young carers.

**More information can be found here in the following links:**

- [http://www.youngcarer.com/sites/default/files/whole\\_family\\_pathway\\_2015.pdf](http://www.youngcarer.com/sites/default/files/whole_family_pathway_2015.pdf)
- <http://www.childrensociety.org.uk/what-we-do/helping-children/young-carers>
- <http://www.engagetoolkit.org.uk/>

**Carers UK** | Is one of the UK's only national membership charities for carers. Carers UK is both a support network and a movement for change. For the past 50 years Carers UK has been driven by carers raising their voices together to call for change and seek recognition and support. Carers UK have developed an interactive toolkit to improve outcomes for carers from minority ethnic communities. The toolkit follows the Half a Million Voices Report.

**More information can be found here**

- <http://www.carersuk.org/for-professionals/policy/policy-library/half-a-million-voices-improving-support-for-bame-carers>

**Barnardo's** | Supports young carers and their families in a variety of ways, helping the family to find the support from local services. It supports young carers to use local services and liaises with schools. It provides advice and emotional support through counselling and drop-in sessions, and offers opportunities for young carers to take a break from their caring responsibilities, spend time with other young carers and share experiences and to learn more about their parent's illness or disability

- [http://www.barnardos.org.uk/what\\_we\\_do/our\\_work/young\\_carers.htm](http://www.barnardos.org.uk/what_we_do/our_work/young_carers.htm)

**Young Carers Research Group** aims to assess young carers' capacity to achieve the five outcomes of being healthy, staying safe, enjoy and achieving, making a positive contribution and achieving economic wellbeing. Additionally, it wishes to identify the barriers preventing young carers from achieving these and the resultant needs in order to do so.

- [http://www.ycrg.org.uk/current\\_research4.html](http://www.ycrg.org.uk/current_research4.html)

**Newcastle Young Carers:** Barnardo's Young Carers provides a service to young people with caring responsibilities in Newcastle. Young carers' needs and the needs of their family are assessed, and families are helped to access support from other services. For more information email: [YoungCarersNewcastle@barnardos.org.uk](mailto:YoungCarersNewcastle@barnardos.org.uk)

**Sheffield Young Carers Project:** provides support to young people between the ages of 8 and 25 who live in Sheffield, providing training, activities, one to one support and respite holidays for young carers. It also aims to influence policy at local level.

● <http://www.sheffieldyoungcarers.org.uk/about-sheffield-young-carers>

**NACOA, the National Association of Children of Alcoholics** aims to provide information and support to children who have alcohol dependent parents. They also conduct awareness raising and research into the needs of these children and how to prevent alcoholism cascading down the generations.

● <http://www.nacoa.org.uk/about-nacoa.html>

**Connecting Young Carers** identifies and empowers young carers in the Highlands. It provides information and support to them and also puts them in contact with other young carers, enabling them to build a supportive network.

● <http://connectingyoungcarers.org/about-us/about-connecting-young-carers>

**Volunteer Service Aberdeen** provides young carers with a safe space where they are allowed to be a child; providing play facilities, a place to do homework and socialise with other children in similar situations.

● <https://www.vsa.org.uk/carers-and-support-people/young-carers-aberdeen-city/>

**The Broomhouse Centre** provides information advice and support for Young Carers. It also organizes group activities including crafts, rock climbing and kayaking and annual residential breaks. It also runs counselling and befriending services.

● <http://www.broomhousecentre.org.uk/young-carers.html>

**Action for Children** works in partnership with schools, social services and GPs to identify young carers early and provide them with practical and emotional support. It also organizes outings and group activities. And works in advocacy and awareness-raising.

● <https://www.actionforchildren.org.uk/what-we-do/support-for-young-people/supporting-young-carers/>

**Babble Young Carers** is an online community for carers under 18 to share their stories and make friends. They are also able to access information and support there.

● <https://babble.carers.org/about-babble>

**West Cumbria Carers** provides what? who give advice and support. It organizes trips and activities and also gives in school support to young carers to help them achieve better results in education.

● <https://www.westcumbriacarers.co.uk/young-carers/helping-you/>

**York Carers Club** provides youth clubs for young carers, workshops and activities. It also provides 1 to 1 support, school drop-ins and employment, education and training advice. Additionally, through them, young carers are able to obtain cards that give them access to discounts and support in case of emergency.

● <http://www.yorkcarerscentre.co.uk/young-carers/>

**Family Action** helps young carers access social, community and counselling services. It gives information and school support as well as provides peer mentoring, workshops, activities, clubs and trips away.

● <https://www.family-action.org.uk/what-we-do/children-families/young-carers-services/>

# ANNEX 3

## California Healthy Kids Survey | Resilience and Youth Development

HOW TRUE DO YOU FEEL THESE STATEMENTS ARE ABOUT YOU PERSONALLY?

	Very much True	Pretty Much True	A Little True	Not at all true
I feel bad when someone gets their feelings hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to understand what other people go through	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to understand how other people feel and think	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### SCORING

Very much true <b>4</b>	Pretty much True <b>3</b>	A little True <b>2</b>	Not at all True <b>1</b>
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\*\*\* Higher scores indicate a higher sense of empathy

# ANNEX 4

## Pre and post evaluation surveys for the online and face to face e-courses on empathy

### Evaluation 1\* (before workshop)

1. Rate from 1 to 10 (low 1 – 10 high) your knowledge on empathy?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2. What are your expectations on this workshop?

---



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### A3 Evaluation 2\* (after workshop)

1. Rate from 1 to 10 (low 1 – 10 high) your knowledge on empathy?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2. Did the workshop meet your expectations?

- Yes                       Partly                       No

How? (Describe and explain)

---

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3. Can you personally see “empathy” as a resource for you ?

- Yes                       No

How? (Describe and explain)

---

---

4. What is your overall opinion about the workshop?

- Very good                      |  Good                      |  Ok                      |  Poor

5. How would you improve the workshop? Any suggestions?

---

6. Would you recommend this workshop to a friend?

- Yes  
 No

7. Please use this space to add any comments, thoughts, reflections that you might have.

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# GREECE

## National Report

### Έκθεση για τα ευρήματα από τις δράσεις του έργου “Care2Work” στην Ελλάδα Ελένη Σακελλαρίου

ΚΕΝΤΡΟ ΜΕΡΙΜΝΑΣ ΟΙΚΟΓΕΝΕΙΑΣ ΚΑΙ ΠΑΙΔΙΟΥ (ΚΜΟΠ)

Στόχος της παρούσας έκθεσης είναι να παρουσιάσει τα κύρια ευρήματα από τις δράσεις του έργου “Care2Work” που υλοποιήθηκαν στην Ελλάδα, το χρονικό διάστημα από 1 Απριλίου 2105 έως 31 Μαρτίου 2017. Πιο συγκεκριμένα, παρουσιάζονται τα αποτελέσματα από την έρευνα αναφορικά με τις ανάγκες και τα εμπόδια των νεαρών φροντιστών νεαρής ηλικίας στην Ελλάδα που ανήκουν σε ειδικές εθνικές και εθνοτικές ομάδες. Επιπλέον, παρουσιάζονται τα κύρια ευρήματα από τις πιλοτικές εκπαιδευτικές δράσεις στις οποίες συμμετείχαν τόσο φροντιστές νεαρής ηλικίας όσο και σχετικοί επαγγελματίες. Η έκθεση αυτή αποτελεί μέρος της διακρατικής τελικής έκθεσης του έργου “Care2Work”, στην οποία ενσωματώνονται τα αποτελέσματα του έργου από όλες τις συμμετέχουσες χώρες (Ηνωμένο Βασίλειο, Ελλάδα, Ιταλία και Σουηδία). Το έργο “Care2Work”, που υλοποιείται στο πλαίσιο του Ευρωπαϊκού Προγράμματος Erasmus+, στοχεύει να συμβάλει στην αντιμετώπιση των εμποδίων που αντιμετωπίζουν οι νεαροί φροντιστές από εθνικές μειονότητες (Μαύροι, Ασιάτες και άλλες μειονότητες) στην πρόσβασή τους στην απασχόληση και την εκπαίδευση.

Λέξεις Κλειδιά: οικογενειακοί φροντιστές, οικογενειακοί φροντιστές νεαρής ηλικίας στην Ελλάδα που ανήκουν σε ειδικές εθνικές και εθνοτικές ομάδες, εκπαίδευση φροντιστών νεαρής ηλικίας, εκπαίδευση επαγγελματιών φροντιστών

# Εισαγωγή

Ανέκαθεν η παροχή υπηρεσιών σε άτομα που χρήζουν ειδικής βοήθειας και φροντίδας αποτελούσε σημαντική οικονομική και κοινωνική πρόκληση για τις ευρωπαϊκές χώρες. Η ανάγκη αυτή φαίνεται να έχει ενταθεί ιδιαίτερα τον 21<sup>ο</sup> αιώνα, καθώς σχετίζεται άμεσα με το φαινόμενο της γήρανσης του πληθυσμού στην Ευρώπη, καθώς και με την αύξηση του προσδόκιμου ατόμων που πάσχουν από χρόνιες παθήσεις και αναπηρίες (Τσιρμίγκα, 2015). Αυτό έχει ως συνέπεια τα μέλη της οικογένειας να αναλαμβάνουν όλο και περισσότερες ευθύνες, οι οποίες είναι παρόμοιες με αυτές των επαγγελματιών υγείας ή άλλων κοινωνικών υπηρεσιών. Ιδίως στην Ελλάδα, είναι διάχυτη η αίσθηση τόσο στις οικογένειες όσο και στην Πολιτεία ότι η φροντίδα των εξαρτημένων ηλικιωμένων ατόμων είναι αποκλειστικά ευθύνη των οικογενειών τους. Μολαταύτα, ένα μεγάλο μέρος αυτών των ατόμων δέχεται φροντίδα κατ' οίκον, συνήθως με τη βοήθεια έμμισθων φροντιστών με άτυπα (ως επί το πλείστον) προσόντα. Γενικά, ως άτυποι φροντιστές ορίζονται μέλη της οικογένειας, καθώς και στενοί φίλοι, γείτονες, άτομα από την κοινότητα, που συνήθως δεν αμείβονται, ενώ σε αρκετές χώρες στην ομάδα αυτή περιλαμβάνονται και αδήλωτοι μετανάστες. Φυσικά, διαφέρουν από τους επαγγελματίες φροντιστές, αφού η ομάδα αυτή περιλαμβάνει αμοιβόμενους επαγγελματίες υγείας και φροντιστές απασχολούμενους από έναν πάροχο υπηρεσιών (νοσοκομείο, νοσηλευτική μονάδα, κοινοτικές υπηρεσίες φροντίδας ή υπηρεσίες που παρέχονται κατ' οίκον), σύμφωνα με τον Ευρωπαϊκό Χάρτη Δικαιωμάτων και Υποχρεώσεων των Ηλικιωμένων που Χρειάζονται Μακροχρόνια Φροντίδα και Βοήθεια του Έργου “EUSTaCEA (2010).

Ιδιαίτερα σημαντικό ρόλο στη φροντίδα των ηλικιωμένων και των ατόμων που πάσχουν από αναπηρίες, τόσο στην Ευρώπη όσο και στην Ελλάδα, αναλαμβάνουν άτομα νεαρής ηλικίας, τα οποία αποτελούν μέλη της οικογένειας των φροντιζομένων και τα οποία ανήκουν σε ειδικές εθνικές ή εθνοτικές μειονότητες (Μαύροι, Ασιάτες και άλλες μειονότητες). Τα άτομα αυτά μπορεί να διαφέρουν ως προς τα πολιτισμικά τους χαρακτηριστικά, ωστόσο, μοιράζονται πολλά ίδια σημαντικά εμπόδια στην εκπαίδευση, στην απασχόληση και στην κοινωνική ένταξη, όπως, για παράδειγμα, έλλειψη δεξιοτήτων μητρικής γλώσσας, έλλειψη μεταβιβάσιμων προσόντων, έλλειψη πρόσβασης σε ΤΠΕ, φυλετικές / θρησκευτικές προκαταλήψεις, φτώχεια και έλλειψη στέγης, τραύματα προερχόμενα από διαμάχη, όπως έχει επισημανθεί στο ευρωπαϊκό Έργο “Flame: Family Learning and Migrant Engagement”. Εκτιμάται ότι μόνο στο Ηνωμένο Βασίλειο οι φροντιστές ηλικίας κάτω των 35 ανέρχονται σε 1,5 εκατομμύριο. Η συμβολή τους στην κοινωνία και την οικονομία είναι σημαντική, αλλά δεν αναγνωρίζεται πάντα, σύμφωνα με το «Έργο “Care2Work”» (2015). Οι νεαροί φροντιστές αντιμετωπίζουν σοβαρές δυσκολίες ως προς τη συμμετοχή τους στην εκπαίδευση, όπως χαμηλές επιδόσεις, περιορισμένη ένταξη σε κοινωνικές ομάδες και σχολικός εκφοβισμός. Αυτό έχει ως αποτέλεσμα να αντιμετωπίζουν μακροπρόθεσμες συνέπειες, συμπεριλαμβανομένης της έλλειψης προσόντων, η οποία δυσχεραίνει περαιτέρω την πρόσβασή τους στην απασχόληση, σύμφωνα με τους Dearden και Becker (2000, όπ, αναφ. στο Έργο “Care2Work, 2015).

Λαμβάνοντας υπόψη τα παραπάνω, το έργο με τον τίτλο “Care2Work”, έχει στόχο να υπερκεράσει τα εμπόδια που αντιμετωπίζουν οι νεαροί οικογενειακοί φροντιστές από εθνικές μειονότητες (Μαύροι, Ασιάτες και άλλες μειονότητες), στην πρόσβασή τους στην απασχόληση και την εκπαίδευση. Το έργο αυτό συντονίζει το Διεθνές Ινστιτούτο IARS από το Ηνωμένο Βασίλειο, ενώ συμμετέχουν σε αυτό και τρεις Ευρωπαϊκοί φορείς: το Anziani e Non Solo (Ιταλία), το Swedish Family Care Competence Centre του Πανεπιστημίου του Linnaeus (Σουηδία) και το ΚΜΟΠ - Κέντρο Μέριμνας Οικογένειας και Παιδιού (Ελλάδα).

Στόχος του έργου είναι η ανάπτυξη και η πιλοτική εφαρμογή μιας καινοτόμου προσέγγισης σχετικά με τις ανάγκες των νεαρών φροντιστών που ανήκουν στις εθνικές μειονότητες, με απώτερο στόχο την επίτευξη θεσμικής και πολιτισμικής αλλαγής στο Ηνωμένο Βασίλειο και την υπόλοιπη Ευρώπη. Απώτερος στόχος του έργου είναι η αλλαγή αυτή να βοηθήσει να σπάσει ο φαύλος κύκλος της φτώχειας και της μειονεκτικής θέσης μίας περιθωριοποιημένης κοινωνικής ομάδας. Για την επίτευξη των στόχων αυτών, το καινοτόμο αυτό πρόγραμμα έχει αναπτύξει εμπειρικά στοιχεία, με βάση τις ανάγκες των νεαρών φροντιστών από εθνικές μειονότητες, τα οποία στη συνέχεια χρησιμοποιήθηκαν για την ανάπτυξη και την πιλοτική εφαρμογή ενός εκπαιδευτικού προγράμματος (δια ζώσης και εξ αποστάσεως) που απευθύνεται τόσο σε νεαρούς φροντιστές από εθνικές μειονότητες όσο και σε παρόχους υπηρεσιών και επαγγελματίες.

Το έργο υποστηρίζεται και χρηματοδοτείται από το Ευρωπαϊκό Πρόγραμμα Erasmus+, στο πλαίσιο της Βασικής Δράσης 2 «Συνεργασία για Καινοτομία και Ανταλλαγή Ορθών Πρακτικών» και αποτελεί μέρος των «Στρατηγικών Συμπράξεων στον Τομέα της Εκπαίδευσης, της Κατάρτισης και της Νεολαίας». Πιο συγκεκριμένα, οι στόχοι του “Care2Work” συμφωνούν απόλυτα με τις προτεραιότητες του Erasmus+ (όπ. αναφ. στο «Οδηγός προγράμματος Erasmus+» 2015), αναφορικά με την προώθηση της ολοκλήρωσης και της απασχολησιμότητας των νέων με λιγότερες ευκαιρίες (συμπεριλαμβανομένων των νέων που βρίσκονται εκτός εκπαίδευσης, απασχόλησης ή κατάρτισης), καθώς και της προώθησης της καλύτερης γνώσης, της αναγνώρισης και της επικύρωσης της εργασίας των νέων, όπως και της μη τυπικής μαθησιακής διαδικασίας σε ευρωπαϊκό, εθνικό, περιφερειακό και τοπικό επίπεδο. Επιπλέον, βασικό στόχο του έργου αποτελεί η προώθηση της ενδυνάμωσης, της συμμετοχής και της ενεργοποίησης των νέων στο κοινωνικό σύνολο, ιδίως των νέων με λιγότερες ευκαιρίες, καθώς και η καταπολέμηση του κοινωνικού αποκλεισμού.

Η παρούσα έκθεση στοχεύει να παρουσιάσει τα κύρια ευρήματα από τις δράσεις του “Care2Work” που υλοποιήθηκαν στην Ελλάδα, το χρονικό διάστημα από 1 Απριλίου 2015 έως 31 Μαρτίου 2017. Αρχικά, παρατίθενται τα αποτελέσματα από την έρευνα, που πραγματοποιήθηκε στην Ελλάδα κατά την περίοδο Σεπτέμβριος - Οκτώβριος 2015, αναφορικά με τις ανάγκες και τα εμπόδια που αντιμετωπίζουν οι νεαροί φροντιστές από εθνικές μειονότητες στην πρόσβασή τους στην εκπαίδευση και στην απασχόληση. Στη συνέχεια, παρουσιάζονται τα ευρήματα από τις πιλοτικές εκπαιδευτικές δράσεις του έργου που περιελάμβαναν τόσο δια ζώσης όσο και ηλεκτρονική εκπαίδευση. Συγκεκριμένα, γίνεται παρουσίαση της πιλοτικής εφαρμογής του εκπαιδευτικού προγράμματος για νεαρούς επαγγελματίες, νεαρούς φροντιστές και άτομα νεαρής ηλικίας, που πραγματοποιήθηκε στην Αθήνα, από τις 14 έως τις 19 Νοεμβρίου 2016, και στη συνέχεια των δύο διαδικτυακών μαθημάτων που είναι διαθέσιμα στην Ελληνική γλώσσα, που πραγματοποιήθηκε το διάστημα από Ιανουάριο έως Μάρτιο 2017. Τέλος, με βάση τα ευρήματα από τις δράσεις, διατυπώνεται μια σειρά προτάσεων πολιτικής και δράσεων σε εθνικό και Ευρωπαϊκό επίπεδο.

# Μεθοδολογία

Τα ευρήματα που παρουσιάζονται στην παρούσα έκθεση προέκυψαν ως εξής:

■ **ΕΡΕΥΝΑ ΓΙΑ ΤΟΥΣ ΦΡΟΝΤΙΣΤΕΣ ΝΕΑΡΗΣ ΗΛΙΚΙΑΣ ΠΟΥ ΑΝΗΚΟΥΝ ΣΕ ΕΙΔΙΚΕΣ ΕΘΝΙΚΕΣ ΚΑΙ ΕΘΝΟΤΙΚΕΣ ΟΜΑΔΕΣ:**

Τα ευρήματα της έρευνας προέκυψαν από ποιοτική έρευνα που αρχικά περιελάμβανε ανασκόπηση της υπάρχουσας ελληνικής αλλά και διεθνούς βιβλιογραφίας. Στη συνέχεια, συλλέχθηκαν δεδομένα μέσω διεξαγωγής ατομικών συνεντεύξεων τόσο πέντε (5) με εμπειρογνώμονες και σχετικούς επαγγελματίες όσο και με τέσσερα (4) άτομα που ανήκουν στην ομάδα στόχο (ένα άτομο που ανήκει στη μουσουλμανική μειονότητα και τρεις οικονομικούς μετανάστες από εθνικές ομάδες που κυριαρχούν στην Ελλάδα).

■ **ΔΙΑ ΖΩΣΗΣ ΕΚΠΑΙΔΕΥΣΗ:** τα ευρήματα από την εν λόγω εκπαιδευτική δράση προέκυψαν από τα ερωτηματολόγια αξιολόγησης που διενεμήθηκαν πριν και μετά από κάθε εκπαιδευτική συνεδρία και που συμπληρώθηκαν από 17 έως 19 άτομα (α αριθμός διαφέρει ανά συνεδρία). Τα ερωτηματολόγια αυτά είχαν στόχο να εκτιμήσουν τόσο το επίπεδο γνώσης πριν και μετά την εκπαίδευση, όσο και τις εκπαιδευτικές προσδοκίες των εκπαιδευόμενων.

■ **ΗΛΕΚΤΡΟΝΙΚΗ ΕΚΠΑΙΔΕΥΣΗ:** παρομοίως, τα ευρήματα από τα προγράμματα ηλεκτρονικής εκπαίδευσης προέκυψαν από τα ερωτηματολόγια αξιολόγησης που οι εκπαιδευόμενοι συμπλήρωσαν πριν και μετά την ολοκλήρωση των διαδικτυακών μαθημάτων. 19 έως 21 άτομα (ο αριθμός διαφέρει ανά διαδικτυακό μάθημα) συμπλήρωσαν τα ερωτηματολόγια τα οποία εκτιμούσαν τις γνώσεις των συμμετοχόντων και τις εκπαιδευτικές τους προσδοκίες.

# Ευρήματα από την έρευνα για τους φροντιστές νεαρής ηλικίας που ανήκουν σε ειδικές εθνικές και εθνοτικές ομάδες

Η εν λόγω έρευνα παρουσιάζει και αναλύει τα χαρακτηριστικά των νεαρών οικογενειακών φροντιστών στην Ελλάδα, που ανήκουν σε ειδικές εθνικές και εθνοτικές ομάδες, καθώς και τα προβλήματα που αυτοί αντιμετωπίζουν, δίνοντας έμφαση στις εκπαιδευτικές τους ανάγκες και στην πρόσβασή τους στην απασχόληση. Τα σημαντικότερα ευρήματα που προέκυψαν από τη βιβλιογραφική ανασκόπηση μπορούν να συνοψιστούν ως εξής:

- Οι φροντιστές διακρίνονται σε επίσημους “formal carers” και σε ανεπίσημους “informal carers”. Οι επίσημοι φροντιστές είναι ειδικευμένοι επαγγελματίες που απασχολούνται είτε σε δομές είτε κατ’ οίκον. Οι ανεπίσημοι φροντιστές είναι ως επί το πλείστον μέλη της οικογένειας, καθώς και στενοί φίλοι, γείτονες, εθελοντές, άτομα από την κοινότητα, που συνήθως δεν αμείβονται (Τριανταφύλλου και Μεσθεναίου, 1993).
- Ανεπίσημος φροντιστής μπορεί να είναι οποιοσδήποτε, ανεξαρτήτως κοινωνικού επιπέδου, κουλτούρας και ηλικίας. Το ρόλο αυτό αναλαμβάνουν συχνά και άτομα νεαρής ηλικίας (Eby και Brown, 2009, όπ., αναφ. στο Τσιρμίγκα, 2015).
- Οι φροντιστές παρέχουν ένα ευρύ φάσμα υπηρεσιών, από την απλή βοήθεια, όπως τα ψώνια, μέχρι πολύπλοκες όπως τη διαχείριση της φροντίδας υγείας (Κουράση κ.ά., 2013).
- Στην Ελλάδα, η φροντίδα των ατόμων που έχουν ανάγκη από υποστήριξη αναλαμβάνεται ως επί το πλείστον από την οικογένεια. Αυτό σχετίζεται και με την αντίληψη που επικρατεί ότι η φροντίδα αντιπροσωπεύει ένα αναπόφευκτο γνώρισμα της οικογενειακής ζωής και αποτελεί καθήκον (Τσιρμίγκα, 2015).
- Αξιοσημείωτες είναι και οι πρωτοβουλίες που στοχεύουν στην παροχή φροντίδας, οι οποίες αναλαμβάνονται από ΜΚΟ, την Ελληνική Ορθόδοξη Εκκλησία ή την τοπική αυτοδιοίκηση, καθώς και οι υπηρεσίες που παρέχονται από ιδιωτικές δομές.
- Η περιορισμένη κρατική κοινωνική πρόνοια και υποστήριξη από την Πολιτεία στα άτομα που χρειάζονται φροντίδα στην Ελλάδα, ως αποτέλεσμα και της οικονομικής ύφεσης έχει αυξήσει σημαντικά τον αριθμό των ανεπίσημων φροντιστών στην Ελλάδα (Νταλάκα, 2014 και «Μια Στρατηγική για το Μέλλον: Τελική Έκθεση Ευρωπαϊκού Έργου “Take Care”», 2014).
- Στην Ελλάδα, τη φροντίδα των ατόμων που έχουν ανάγκη συνήθως αναλαμβάνουν οι σύζυγοι και τα παιδιά, ως προς το φύλο κυριαρχούν οι γυναίκες (Τριανταφύλλου και Μεσθεναίου, 1993), ενώ ο μέσος όρος ηλικίας των φροντιστών είναι 51,7 έτη (Triantafillou et al., 2006).
- Το επίπεδο εκπαίδευσης των οικογενειακών φροντιστών είναι σχετικά χαμηλό στην Ελλάδα (Triantafillou et al., 2006), ενώ σχεδόν οι μισοί από αυτούς παράλληλα εργάζονται (Mestheneos et al., 2004).
- Οι οικογενειακοί φροντιστές στην Ελλάδα επιβαρύνονται σωματικά και ψυχικά, ενώ συγχρόνως επηρεάζεται σε μεγάλο βαθμό η προσωπική, κοινωνική, επαγγελματική και οικονομική ζωή τους (Κουράση κ.ά., 2013, Κουτσαμπασόπουλος, 2007 και Τριανταφύλλου κ.ά., 2006).
- Οι φροντιστές συχνά καταπιέζουν τις συναισθηματικές, κοινωνικές και οικονομικές τους ανάγκες, ενώ παράλληλα δεν έχουν κάποιου είδους υποστήριξη. Οι ανάγκες τους μπορούν να συνοψιστούν ως εξής: ανάγκη για ψυχολογική υποστήριξη, ανάγκη για επικοινωνία, ανάγκη για οικονομική υποστήριξη, ανάγκη για εκπαίδευση και ενημέρωση στα θέματα φροντίδας του ασθενούς (Κουλούρη και Περηφάνου, 2009, Κουράση κ.ά., 2013, Αλεξιά και Λουλακίδης, 2005, Triantafillou et al., 2006, Θεοδωροπούλου, Παπαδάτου & Τζεμελίκου, 2011).

- Οι υπηρεσίες και τα προγράμματα που υφίστανται στην Ελλάδα για τους άτυπους φροντιστές ηλικιωμένων και ασθενών ατόμων είναι περιορισμένα. Οι δράσεις που πραγματοποιούνται είτε είναι μεμονωμένες, είτε αφορούν άτομα που φροντίζουν ηλικιωμένους με συγκεκριμένες ασθένειες, όπως για παράδειγμα ή άνοια και το Alzheimer.

- Στην Ελλάδα, όταν γίνεται λόγος για εθνοτικές ομάδες, εννοούνται οι Τουρκόφωνοι ή Τουρκογενείς, οι Πομάκοι και οι Ρομά, που είναι οι εθνοτικές ομάδες που απαρτίζουν τη μουσουλμανική μειονότητα, η οποία είναι η μόνη ρητά αναγνωρισμένη μειονότητα στην Ελλάδα (Υπηρεσία Ενημέρωσης Υπουργείου Εξωτερικών, 1999). Σε ό,τι αφορά τις ειδικές εθνικές ομάδες, αυτοί που κυριαρχούν στην Ελλάδα είναι οι Αλβανοί, οι Βούλγαροι, οι Ρουμάνοι, καθώς και οι προερχόμενοι από χώρες της Αφρικής και της Ασίας (Ελληνική Στατιστική Αρχή, 2011), που εγκαταστάθηκαν στη χώρα ως οικονομικοί μετανάστες κατά τη δεκαετία του 1990 και κατά τη δεκαετία του 2000.

- Από την ανασκόπηση της βιβλιογραφίας δεν ευρέθησαν δεδομένα που να εστιάζουν αποκλειστικά σε οικογενειακούς φροντιστές που ανήκουν σε ειδικές εθνικές και εθνοτικές ομάδες στην Ελλάδα. Σαφώς αυτό συνδέεται και με το γεγονός του φαινομένου της μετανάστευσης που είναι σχετικά πρόσφατο στην Ελλάδα, σε σχέση με άλλες Ευρωπαϊκές χώρες, όπως είναι το Ηνωμένο Βασίλειο ή η Σουηδία και άρα δεν έχουν προκύψει ακόμα αυξημένες ανάγκες φροντίδας ηλικιωμένων κυρίως μελών εντός των οικογενειών των μεταναστών.

Από την έρευνα πεδίου προέκυψαν πολύ σημαντικά ευρήματα που αφορούν τους φροντιστές νεαρής ηλικίας που ανήκουν σε ειδικές και εθνοτικές ομάδες. Συγκεκριμένα:

- Η ηλικία των νεαρών φροντιστών κυμαίνεται από 25 έως 35 έτη. Συνήθως, είναι γυναίκες, οι οποίες ασχολούνται αποκλειστικά με τη φροντίδα των ατόμων που έχουν ανάγκη. Σπάνιες είναι οι περιπτώσεις ανδρών που αναλαμβάνουν τέτοιο ρόλο.

- Οι φροντιστές προέρχονται είτε από την Ελληνική μουσουλμανική μειονότητα είτε είναι οικονομικοί μετανάστες. Αυτοί προέρχονται κυρίως από την Αλβανία, τη Βουλγαρία, τη Ρουμανία, την Ουκρανία και τη Γεωργία, αλλά και χώρες της Αφρικής. Πολλοί από τους νεαρούς φροντιστές γεννήθηκαν στην Ελλάδα, αφού οι γονείς τους ήρθαν στη χώρα τη δεκαετία του 1990, ενώ λιγότεροι είναι οι νεαροί φροντιστές που ήρθαν τη δεκαετία του 2000.

- Αναφορικά με την οικογενειακή κατάσταση, οι περισσότερες γυναίκες φροντίστριες είναι παντρεμένες, ιδίως αυτές που ανήκουν στη μουσουλμανική μειονότητα, όπου είθισται να παντρεύονται σε μικρή ηλικία.

- Ως προς το εκπαιδευτικό τους επίπεδο λίγοι από αυτούς έχουν τελειώσει κάποιες σχολές, μέσης ή ανώτερης εκπαίδευσης, κυρίως όσοι προέρχονται από τις Βαλκανικές χώρες. Οι περισσότεροι είναι εντελώς ανειδίκευτοι και απόφοιτοι πρωτοβάθμιας εκπαίδευσης, κυρίως οι προερχόμενοι από αφρικανικές χώρες, καθώς και οι φροντιστές της μουσουλμανικής μειονότητας.

- Ως προς την επαγγελματική κατάσταση, το μεγαλύτερο ποσοστό αυτών είναι άνεργοι και δυσκολεύονται να βρουν εργασία και λόγω οικονομικής κρίσης, αλλά και λόγω χαμηλής ή ανύπαρκτης ειδίκευσης. Αρκετές είναι και οι περιπτώσεις αυτών, κυρίως γυναικών, που δεν αναζητούν εργασία ή εγκαταλείπουν την δουλειά τους και τις σπουδές τους, προκειμένου να αφοσιωθούν στη φροντίδα των μελών που έχουν ανάγκη. Όσοι φροντιστές εργάζονται, απασχολούνται συνήθως σε οικιακές ή αγροτικές ή οικοδομικές εργασίες.

- Πολλοί είναι οι λόγοι που οδηγούν τα νεαρά άτομα που ανήκουν σε ειδικές εθνικές και εθνοτικές ομάδες να αναλάβουν καθήκοντα φροντίδας των ατόμων που έχουν τέτοια ανάγκη. Ο κυριότερος λόγος αφορά στην αδυναμία πρόσβασής τους στο σύστημα της πρόνοιας, για οικονομικούς λόγους, αλλά και επειδή δε γνωρίζουν την ελληνική γλώσσα. Σημαντικός λόγος αποτελεί και η ηθική υποχρέωση που αισθάνονται ότι έχουν για τη φροντίδα των γονιών τους.

- Οι νεαροί φροντιστές αντιμετωπίζουν πολλά προβλήματα και εμπόδια στο έργο που παρέχουν. Συγκεκριμένα, δεν έχουν ιδιαίτερες γνώσεις και κάποια κατάρτιση ως φροντιστές και ενώ επιθυμούν να βελτιώσουν τις δεξιότητές τους, δε γνωρίζουν πού μπορούν να απευθυνθούν για να λάβουν

περαιτέρω ενημέρωση και καθοδήγηση. Τις ανάγκες για εκπαίδευση και ενημέρωση συνήθως τις καλύπτουν υποτυπωδώς μέσω των δικτύων των εθνικών ομάδων και κοινοτήτων στις οποίες κινούνται ή μέσω της Εκκλησίας. Η γλώσσα αποτελεί τροχοπέδη για τους φροντιστές στο να αξιοποιήσουν παρεχόμενες υπηρεσίες και δράσεις που μπορούν να βελτιώσουν το έργο τους. Επιπλέον, πολλοί από αυτούς δεν έχουν το χρόνο ή και τη διάθεση να βελτιωθούν ως φροντιστές, κάτι που σχετίζεται και με το μεγάλο ψυχολογικό φορτίο που φέρουν και με τη ματαιώση που αισθάνονται. Παρόλο που αισθάνονται έντονα την ανάγκη για ψυχολογική υποστήριξη, δεν απευθύνονται κάπου για βοήθεια είτε επειδή δεν ξέρουν που να απευθυνθούν είτε επειδή δεν είναι οικείο, βάσει της κουλτούρας τους να ζητήσουν τέτοιου είδους υποστήριξη. Τέλος, αντιμετωπίζουν πολλά προβλήματα οικονομικής φύσεως, καθώς ήδη το κόστος για τη φροντίδα είναι πολύ υψηλό και αυτό σημαίνει ότι με δυσκολία καλύπτουν τις προσωπικές τους ανάγκες.

- Οι νεαροί φροντιστές της ομάδας στόχου ζουν σαφώς πιο απομονωμένα κοινωνικά τόσο ως μέλη συγκεκριμένων εθνικών και εθνοτικών ομάδων όσο και εξαιτίας του ρόλου τους ως φροντιστές, ενώ έχουν λιγότερες δυνατότητες προσωπικής βελτίωσης και απασχολησιμότητας, παρόλο που θεωρητικά έχουν τις ίδιες ευκαιρίες με τους συνομηλίκους τους. Οι εκπαιδευτικές τους ανάγκες είναι μεγάλες, ιδίως των ατόμων που ζουν μακριά από τα μεγάλα αστικά κέντρα, αφού οι περισσότεροι από αυτούς είναι απόφοιτοι πρωτοβάθμιας εκπαίδευσης, ενώ πλήττονται σε μεγάλο ποσοστό από ανεργία. Εξάλλου, λίγοι είναι αυτοί που γνωρίζουν πολύ καλά την ελληνική γλώσσα, κυρίως αυτό συμβαίνει ως επί το πλείστον σε όσους νεαρούς φροντιστές έχουν γεννηθεί στη χώρα. Αυτό σίγουρα αποτελεί εμπόδιο στην πρόσβασή τους στην απασχόληση όσο και σε όποια επαγγελματική τους εξέλιξη στην πορεία.
- Τα προβλήματα είναι ακόμα πιο έντονα στη μουσουλμανική μειονότητα και τα άτομα που μένουν στα χωριά τα οποία κατοικούνται αμιγώς από ομόθρησκους και ομόγλωσσους, όπου το μορφωτικό επίπεδο είναι πολύ χαμηλό, αφού συνήθως, σταματούν τις σπουδές τους στο δημοτικό και επικεντρώνονται σε αγροτικές εργασίες.
- Η ματαιώση που συχνά αισθάνονται όσο και η έλλειψη ελεύθερου χρόνου δεν αφήνουν πολλά περιθώρια ούτε για την ανάπτυξη των δεξιοτήτων τους αλλά ούτε και για την αναζήτηση κάποιας εργασίας που θα βελτίωνε το βιοτικό επίπεδο των νεαρών φροντιστών, καθώς και την επαγγελματική τους προοπτική και ένταξη στην κοινωνία.
- Οι φροντιστές νεαρής ηλικίας που ανήκουν σε εθνικές και εθνοτικές ομάδες είναι ενταγμένοι στην ελληνική κοινωνία, κυρίως αυτοί που γνωρίζουν τη γλώσσα και έχουν γεννηθεί στην Ελλάδα, και αυτοί που προέρχονται από βαλκανικές ή Ευρωπαϊκές χώρες, αφού η κουλτούρα τους και η θρησκεία τους είναι πιο κοντά στις αντίστοιχες των Ελλήνων. Ωστόσο, οι περισσότεροι από αυτούς παραπονιούνται ότι δεν έχουν προσωπική και κοινωνική ζωή, δεν έχουν ενδιαφέροντα, δεν μπορούν να απολαύσουν αυτά που απολαμβάνουν τα άτομα της νεαρής ηλικίας.
- Σε ό,τι αφορά την υποστήριξη των ατόμων αυτών από την Πολιτεία, είναι αισθητή η ηχηρή απουσία της. Κάποιες περιορισμένες δράσεις που υλοποιούνται από μη κυβερνητικές οργανώσεις μέσω χρηματοδοτούμενων από την Ε.Ε. προγραμμάτων δεν είναι συχνές και σαφώς δεν είναι αρκετές, παρόλο που είναι πολύ αναγκαίες, ιδίως τη συγκεκριμένη χρονική περίοδο.
- Επιπλέον, δεν υπάρχει κάποιο νομοθετικό πλαίσιο ή πλαίσιο πολιτικής στην Ελλάδα που να εστιάζει στους φροντιστές των εν λόγω ομάδων και αυτό σχετίζεται με τη γενικότερη έλλειψη πολιτικών στην Ελλάδα που να στηρίζουν την οικογενειακή φροντίδα.

# Ευρήματα από τη Δια Ζώσης Εκπαίδευση

Το ΚΜΟΠ, σε συνεργασία με τους εταίρους του Care2Work, διοργάνωσε ένα πιλοτικό εκπαιδευτικό πρόγραμμα για νεαρούς επαγγελματίες, νεαρούς φροντιστές και άτομα νεαρής ηλικίας, που πραγματοποιήθηκε στην Αθήνα, από τις 14 έως τις 19 Νοεμβρίου 2016. Η εκπαίδευση έδωσε ιδιαίτερη έμφαση στη διαθεματική μάθηση, την κινητικότητα και τη διαπολιτισμική συνείδηση, καθώς συγκέντρωσε επαγγελματίες και άτομα νεαρής ηλικίας από την Ελλάδα, την Ιταλία, τη Σουηδία και το Ηνωμένο Βασίλειο, οι οποίοι είχαν την ευκαιρία να μάθουν, να εκπαιδευτούν και να εξασκηθούν με τους συνεκπαιδευόμενους τους στα όσα έχουν μάθει. Πιο συγκεκριμένα, οι στόχοι της εκπαίδευσης ήταν:

- Οι επαγγελματίες και τα άτομα νεαρής ηλικίας να ευαισθητοποιηθούν και να αυξήσουν τις γνώσεις τους αναφορικά με τους νεαρούς οικογενειακούς φροντιστές από εθνικές μειονότητες (Μαύροι, Ασιάτες και άλλες μειονότητες).
- Να συμβάλλει στην ενδυνάμωση του ρόλου των νεαρών συμμετεχόντων ως φροντιστών και στη θεώρηση του εαυτού τους και των δεξιοτήτων τους ως σημαντικές πηγές για ευκαιρίες μελλοντικής απασχόλησης και/ή συνεχιζόμενης εκπαίδευσης.
- Να προσφέρει στους συμμετέχοντες βαθύτερη γνώση του τρόπου με τον οποίο μπορούν να χρησιμοποιηθούν οι διαπροσωπικές δεξιότητες, καθώς και των πλεονεκτημάτων που αυτές συνεπάγονται σε εκπαιδευτικό ή εργασιακό περιβάλλον.

Το υλικό και το περιεχόμενο της εκπαίδευσης έχουν σχεδιαστεί λαμβάνοντας υπόψη τους γενικούς στόχους του έργου Care2Work, καθώς και τα ευρήματα της έρευνας σχετικά με τα εμπόδια και τις ευκαιρίες των νεαρών φροντιστών από εθνικές μειονότητες για απασχόληση και εκπαίδευση, η οποία πραγματοποιήθηκε στην Ελλάδα, την Ιταλία, τη Σουηδία και το Ηνωμένο Βασίλειο. Οι συμμετέχοντες είχαν την ευκαιρία να δοκιμάσουν το εκπαιδευτικό υλικό μέσω των συνεδριών που παρουσιάζονται παρακάτω:

## 1Η ΗΜΕΡΑ: ΕΙΣΑΓΩΓΙΚΗ ΣΥΝΕΔΡΙΑ ΣΤΟ ΕΚΠΑΙΔΕΥΤΙΚΟ ΠΡΟΓΡΑΜΜΑ ΓΙΑ ΝΕΑΡΟΥΣ ΕΡΓΑΖΟΜΕΝΟΥΣ ΚΑΙ ΑΤΟΜΑ ΝΕΑΡΗΣ ΗΛΙΚΙΑΣ

Στην 1<sup>η</sup> συνεδρία συμμετείχαν 18 άτομα (7 από την Ελλάδα, 3 από την Ιταλία, 4 από τη Σουηδία και 4 από το Ηνωμένο Βασίλειο) και η εκπαίδευση πραγματοποιήθηκε από το Διεθνές Ινστιτούτο IARS. Κύριος στόχος της πρώτης συνεδρίας ήταν να γνωριστούν μεταξύ τους οι συμμετέχοντες και να εξοικειωθούν με το έργο Care2Work.

Αρχικά, ζητήθηκε από κάθε συμμετέχοντα να συστηθεί και να πει λίγα λόγια για τη δουλειά τους/της και το βαθμό συμμετοχής του/της στο έργο. Στη συνέχεια, παρουσιάστηκαν το έργο και οι στόχοι του, καθώς και η πρόοδος των δράσεων μέχρι εκείνη τη χρονική στιγμή. Ακολούθησε μια σύντομη παρουσίαση του εκπαιδευτικού προγράμματος και έγινε μια επισκόπηση των επόμενων συνεδριών. Έπειτα, ζητήθηκε από τους συμμετέχοντες να εκφράσουν τις προσδοκίες τους από το εκπαιδευτικό πρόγραμμα, ούτως ώστε στο τέλος της εκπαίδευσης να διαπιστωθεί αν αυτές έχουν καλυφθεί.

## 2Η ΗΜΕΡΑ: ΕΝΔΥΝΑΜΩΝΟΝΤΑΣ ΤΟΥΣ ΕΠΑΓΓΕΛΜΑΤΙΕΣ

Στην εκπαίδευση αυτή που πραγματοποιήθηκε από το Διεθνές Ινστιτούτο IARS, συμμετείχαν 19 άτομα (7 από την Ελλάδα, 4 από την Ιταλία, 4 από τη Σουηδία και 4 από το Ηνωμένο Βασίλειο). Οι στόχοι της εκπαίδευσης είχαν ως εξής:

- Οι εκπαιδευόμενοι να ευαισθητοποιηθούν και να εμβαθύνουν ως προς τις ανάγκες και την καθημερινότητα των νεαρών φροντιστών από εθνικές μειονότητες (Μαύροι, Ασιάτες και άλλες μειονότητες) που ζουν στην Ελλάδα, την Ιταλία, τη Σουηδία και το Ηνωμένο Βασίλειο.
- Να διερευνήσουν τις διαπροσωπικές δεξιότητες που αναπτύσσουν οι φροντιστές νεαρής ηλικίας ως αποτέλεσμα της κατάστασής τους ως φροντιστές.

Η εκπαίδευση ξεκίνησε με μια δραστηριότητα για να «σπάσει ο πάγος». Ακολούθησε το κύριο μέρος της εκπαίδευσης, όπου παρατέθηκαν οι ορισμοί μερικών ευρέως χρησιμοποιούμενων όρων («νεαρός φροντιστής», «αποδέκτης φροντίδας», «πλησιέστεροι συγγενείς και νεαροί φροντιστές» και «Μαύροι και προερχόμενοι από Εθνικές Μειονότητες»). Στη συνέχεια, παρουσιάστηκε μια λίστα παραγόντων κινδύνου και προστασίας για τους νεαρούς φροντιστές, καθώς και μερικά βασικά ευρήματα για τους νεαρούς φροντιστές, όπως οι συνηθισμένοι λόγοι εξαιτίας των οποίων γίνεται κάποιος φροντιστής και τα συνήθη προβλήματα που αντιμετωπίζει ένας φροντιστής. Με αφορμή τα προηγούμενα, ξεκίνησε μια ανοιχτή συζήτηση, στην οποία όλοι οι συμμετέχοντες προσπάθησαν να περιγράψουν την κατάσταση που επικρατεί στη χώρα τους σχετικά με τους νεαρούς φροντιστές.

Έπειτα, πραγματοποιήθηκε επισκόπηση μιας σειράς διαπροσωπικών δεξιοτήτων που οι νεαροί φροντιστές φαίνεται ότι αναπτύσσουν σταδιακά με την πάροδο του χρόνου, οι οποίες περιλαμβάνουν το «κίνητρο», την «αντίληψη», την «επίλυση προβλημάτων», τη «διαχείριση άγχους», την «επικοινωνία», τη «συνεργασία», την «αυτοπεποίθηση» και την «προσαρμοστικότητα». Αυτό οδήγησε στην πρώτη ομαδική δραστηριότητα, όπου οι συμμετέχοντες χωρίστηκαν τυχαία σε ομάδες τεσσάρων έως πέντε ατόμων η καθεμία και τους ζητήθηκε να εξηγήσουν λεπτομερώς 2 διαπροσωπικές δεξιότητες, καθώς επίσης να αναλύσουν τη σημασία τους στο εκπαιδευτικό και εργασιακό περιβάλλον. Μετά, ακολούθησε η προβολή ενός σύντομου βίντεο με τίτλο «Μια μέρα από τη ζωή ενός νεαρού φροντιστή» με αφορμή το οποίο ακολούθησε ανοιχτή συζήτηση. Η εκπαίδευση συνεχίστηκε με τη δεύτερη ομαδική δραστηριότητα, όπου ζητήθηκε από κάθε ομάδα να αναθέσει σε δύο μέλη της να παίξουν ένα παιχνίδι ρόλων (ένας θα υποδυόταν τον νεαρό φροντιστή και ο άλλος θα υποδυόταν τον επαγγελματία υποστήριξης), ενώ τα υπόλοιπα μέλη θα ήταν απλώς παρατηρητές κρατώντας σημειώσεις. Κάθε ομάδα έπρεπε να παράσχει ανατροφοδότηση και να συμμετάσχει σε μια ανοιχτή συζήτηση σχετικά με τα προβλήματα που αντιμετωπίζουν οι νεαροί φροντιστές, καθώς επίσης τους τρόπους με τους οποίους θα μπορούσε να βοηθήσει ένας επαγγελματίας.

Σύμφωνα με τα αποτελέσματα τα αξιολόγησης, οι εκπαιδευόμενοι βελτίωσαν τις γνώσεις τους και την κατανόηση των αναγκών των Νεαρών Μαύρων και προερχόμενων από Εθνικές Μειονότητες Φροντιστών, αφού ο μέσος όρος εκτίμησης της γνώσης τους πριν την εκπαίδευση ήταν 6,4 και μετά την εκπαίδευση ήταν 8,05. Σε ό,τι αφορά το βαθμό εφαρμογής των υπό εξέταση διαπροσωπικών δεξιοτήτων στο χώρο εργασίας, την ανώτατη εκπαίδευση ή σε κάποια άλλη κατάσταση της ζωής, ο μέσος όρος ήταν 8,5, γεγονός που δείχνει ξεκάθαρα την αναγκαιότητα των διαπροσωπικών δεξιοτήτων στα προαναφερθέντα περιβάλλοντα. Όλοι οι συμμετέχοντες απάντησαν θετικά στον αν η εκπαίδευση ικανοποίησε τις προσδοκίες που είχαν από αυτή. Η γενική εντύπωση από την εκπαίδευση ήταν «πολύ καλή» και κανένας από τους συμμετέχοντες δεν ένιωσε ότι έλειπε κάτι από αυτήν. Όλοι οι εκπαιδευόμενοι θα συνιστούσαν την εκπαίδευση σε κάποιον συνάδελφό τους.

### **3Η ΗΜΕΡΑ: ΔΙΑΧΕΙΡΙΣΗ ΣΥΓΚΡΟΥΣΗΣ ΚΑΙ ΔΙΑΧΕΙΡΙΣΗ ΑΓΧΟΥΣ**

Η συνεδρία πραγματοποιήθηκε από την Anziani e Non Solo και εκπαιδεύτηκαν 18 άτομα (6 από την Ελλάδα, 4 από την Ιταλία, 4 από τη Σουηδία και 4 από το Ηνωμένο Βασίλειο). Ο κύριος στόχος αυτής της συνεδρίας ήταν οι συμμετέχοντες να κατανοήσουν και να μάθουν τις διάφορες πτυχές των δεξιοτήτων «διαχείριση σύγκρουσης» και «διαχείριση άγχους», καθώς και πώς αυτές μπορεί να είναι χρήσιμες σε εκπαιδευτικά και εργασιακά πλαίσια.

Η ημέρα ξεκίνησε με μια δραστηριότητα για να σπάσει ο πάγος. Μετά από έναν μικρό πρόλογο για το θέμα της ημέρας, δηλ. τη διαχείριση σύγκρουσης και τη διαχείριση άγχους, ακολούθησε ένα βίντεο σχετικό με την εσωτερική γαλήνη από την ταινία “Kung Fu Panda”. Η πρώτη δραστηριότητα της ημέρας ζητούσε από όλους τους συμμετέχοντες να σηκωθούν και να σχηματίσουν έναν κύκλο με την εκπαιδευτριά στο κέντρο του. Έπειτα, η εκπαιδευτριά εξήγησε ότι αυτή θα υποδυόταν την «αντιτιθέμενη πλευρά» και ζήτησε από τους συμμετέχοντες να μετακινηθούν και να της δείξουν σε ποιο σημείο στέκονται, όταν αντιμετωπίζουν μια διαμάχη. Μετά το τέλος αυτής της δραστηριότητας, ακολούθησε συζήτηση στην οποία μερικοί συμμετέχοντες προσπάθησαν να αιτιολογήσουν την επιλογή τους.

Κατόπιν, η εκπαιδευτριά προχώρησε στη δεύτερη δραστηριότητα, στην οποία χώρισε τους συμμετέ-

χοντες σε δύο ομάδες και μίλησε στην καθεμία ξεχωριστά. Στην πρώτη ομάδα είπε ότι έπρεπε να αφαιρέσουν τη φλούδα από ένα πορτοκάλι για να φτιάξουν μαρμελάδα πορτοκάλι. Στη δεύτερη ομάδα είπε ότι έπρεπε να αφαιρέσουν το εσωτερικό του πορτοκαλιού για να φτιάξουν χυμό πορτοκάλι. Μη γνωρίζοντας τον στόχο της άλλης ομάδας, και οι δύο ομάδες προσπάθησαν να πάρουν το πορτοκάλι. Ο στόχος αυτής της άσκησης ήταν να δείξει ότι αν οι συμμετέχοντες είχαν πρωτίτερα διαπραγματευτεί με πολιτισμένο τρόπο και είχαν συζητήσει μεταξύ τους, θα διαπίστωναν ότι κάθε ομάδα είχε διαφορετικό στόχο. Ακολούθησε συζήτηση πάνω στο θέμα.

Στη συνέχεια, η εκπαιδευτρια εμφάνισε ένα σακουλάκι με πολύχρωμα ζαχαρωτά. Κάθε συμμετέχων έπρεπε να διαλέξει στην τύχη ένα ζαχαρωτό. Όταν όλοι είχαν κάνει την επιλογή τους, η εκπαιδευτρια τους παρουσίασε έναν πίνακα, που έδειχνε ότι κάθε χρώμα αντιπροσώπευε μια ενέργεια. Για παράδειγμα, όποιος είχε επιλέξει ζαχαρωτό κόκκινου χρώματος έπρεπε να μοιραστεί μία παρελθοντική εμπειρία, στην οποία έπρεπε να επιλύσει μία σύγκρουση, ενώ όποιος είχε επιλέξει καφέ χρώμα έπρεπε να αποκαλύψει τα σωματικά συμπτώματα που εμφανίζει κάθε φορά που αντιμετωπίζει μια αγχωτική κατάσταση κτλ.

Συνεχίζοντας, η επόμενη δραστηριότητα περιλάμβανε ένα διάγραμμα που έδειχνε 5 διαφορετικά ζώα, τα οποία υποτίθεται ότι αντιπροσωπεύουν τους διαφορετικούς τρόπους διαχείρισης συγκρούσεων. Ζητήθηκε από κάθε συμμετέχοντα να επιλέξει το ζώο/τα ζώα που θεωρούσε ότι τον αντιπροσώπευαν περισσότερο και μετά όλοι πήραν μέρος σε μια ανοιχτή συζήτηση σχετικά με τους διαφορετικούς τρόπους διαχείρισης των συγκρούσεων.

Η τελευταία δραστηριότητα ζητούσε από όλους τους συμμετέχοντες να σχηματίσουν ξανά έναν κύκλο και στη συνέχεια να πετάξουν ένα λευκό μπαλάκι ο ένας στον άλλο. Μόλις όλοι είχαν αγγίξει τη μπάλα έστω μία φορά, έπρεπε να ξαναρχίσουν πάλι και να το πετάνε με την ίδια ακριβώς σειρά. Μετά από μερικούς γύρους, η εκπαιδευτρια πέταξε ένα δεύτερο μπαλάκι, το οποίο επίσης έπρεπε να περάσει από όλους τουλάχιστον μία φορά σε μια συγκεκριμένη σειρά, και έπειτα ένα τρίτο μπαλάκι. Όπως ήταν αναμενόμενο, οι συμμετέχοντες δεν τα κατάφεραν να χειριστούν και τα 3 μπαλάκια ταυτόχρονα, δείχνοντας έτσι πόσο δύσκολο και αγχωτικό είναι να επιχειρούν και να διαχειρίζονται πολλές εργασίες ταυτόχρονα. Στο κλείσιμο της ημέρας, η εκπαιδευτρια δίδαξε στους συμμετέχοντες πώς να εκτελούν μια τεχνική αναπνοής, μέρος της διαδικασίας του διαλογισμού, ως έναν πρακτικό τρόπο για να αντιμετωπίζουν το άγχος και να ηρεμούν.

Σύμφωνα με τα αποτελέσματα της αξιολόγησης, οι εκπαιδευόμενοι βελτίωσαν τις γνώσεις τους ως προς τις δεξιότητες επίλυσης σύγκρουσης (ο μέσος όρος πριν την εκπαίδευση ήταν 6,3 και ο μέσος όρος μετά την εκπαίδευση ήταν 8), διαχείρισης θυμού (ο μέσος όρος πριν την εκπαίδευση ήταν 6,5 και ο μέσος όρος μετά την εκπαίδευση ήταν 8,1), και διαχείρισης άγχους (ο μέσος όρος πριν την εκπαίδευση ήταν 6,7 και ο μέσος όρος μετά την εκπαίδευση ήταν 8,1). Όλοι οι συμμετέχοντες απάντησαν ότι η εκπαίδευση ικανοποίησε τις προσδοκίες τους και ότι θεωρούν όλες αυτές τις διαπροσωπικές δεξιότητες ως βοηθήματα για τον εαυτό τους.

#### **4Η ΗΜΕΡΑ: ΚΙΝΗΤΡΟ**

Η εκπαίδευση πραγματοποιήθηκε από το Swedish Family Care Competence Centre και συνολικά συμμετείχαν 17 άτομα (6 από την Ελλάδα, 3 από την Ιταλία, 4 από τη Σουηδία και 4 από το Ηνωμένο Βασίλειο). Ο κύριος στόχος αυτής της συνεδρίας ήταν οι συμμετέχοντες να κατανοήσουν πώς το κίνητρο ως δεξιότητα μπορεί να είναι χρήσιμο σε εκπαιδευτικά και εργασιακά πλαίσια.

Η εκπαίδευση ξεκίνησε με μια δραστηριότητα για να σπάσει ο πάγος. Στη συνέχεια, έγινε θεωρητική παρουσίαση της διαπροσωπικής δεξιότητας «κίνητρο», και ακολούθησε η προβολή ενός σύντομου βίντεο για τη ζωή ενός νεαρού φροντιστή. Έπειτα, οι συμμετέχοντες χωρίστηκαν σε 4 τυχαίες ομάδες και συζητήσαν για τα πράγματα που τους παρακινούν και αν η παρακίνησή τους εξαρτάται από εσωτερικούς ή εξωτερικούς παράγοντες. Ακολούθησε μια ανοιχτή συζήτηση σχετικά με τα διαφορετικά είδη κινήτρου, ενώ μετά καταγράφηκε από τους εκπαιδευόμενους ποια από αυτά θα μπορούσαν να εφαρμοστούν σε εργασιακό, εκπαιδευτικό και οικιακό περιβάλλον. Η εκπαίδευση έκλεισε με μια μακροσκελή συζήτηση για την

έλλειψη κινήτρων στους νεαρούς φροντιστές και για το ποιος είναι ο καλύτερος τρόπος ενδυνάμωσής τους.

Τα αποτελέσματα της αξιολόγησης έδειξαν ότι οι εκπαιδευόμενοι βελτίωσαν τις γνώσεις τους ως προς τη δεξιότητα του κινήτρου, αφού ο μέσος όρος πριν την εκπαίδευση ήταν 6,2 και μετά την εκπαίδευση ήταν 8,2. Επίσης, όλοι οι εκπαιδευόμενοι τόνισαν ότι θεωρούν το κίνητρο ως ένα δυνατό σημείο του εαυτού τους. Όλοι από αυτούς ανέφεραν ότι η εκπαίδευση ικανοποίησε τις προσδοκίες τους, ενώ οι εντυπώσεις τους ήταν πολύ θετικές και για το λόγο αυτό θα συνιστούσαν την εκπαίδευση σε κάποιον συνάδελφό τους.

## 5Η ΗΜΕΡΑ: ΟΜΑΔΙΚΗ ΕΡΓΑΣΙΑ

Η εκπαίδευση πραγματοποιήθηκε από το ΚΜΟΠ και συμμετείχαν σε αυτή 17 άτομα (6 από την Ελλάδα, 3 από την Ιταλία, 4 από τη Σουηδία και 4 από το Ηνωμένο Βασίλειο). Ο κύριος στόχος αυτής της συνεδρίας ήταν οι συμμετέχοντες να κατανοήσουν και να μάθουν διάφορες πτυχές της ομαδικής εργασίας.

Η εκπαίδευση άρχισε με μια βιντεοπαρουσίαση διαφόρων δραστηριοτήτων που πραγματοποιούνται στο Κέντρο Ημέρας και τα Οικοτροφεία του ΚΜΟΠ, ως ένας τρόπος να φανεί πόσο σημαντικά είναι η ομαδική εργασία και το ομαδικό πνεύμα μεταξύ των φροντιστών. Αμέσως μετά, η εκπαιδευτρια έκανε μια θεωρητική παρουσίαση και προσκάλεσε τους συμμετέχοντες σε ανοιχτή συζήτηση σχετικά με τις απαραίτητες υποδεξιότητες που εντάσσονται στο πλαίσιο της δεξιότητας της ομαδικής εργασίας.

Η εκπαίδευση συνεχίστηκε με μια δραστηριότητα, στην οποία οι εκπαιδευόμενοι έπρεπε να συμπληρώσουν ένα ερωτηματολόγιο αυτοαξιολόγησης, βαθμολογώντας μια σειρά δεξιοτήτων (ακρόαση, υποβολή ερωτήσεων, πειθώ, σεβασμός, βοήθεια, ανταλλαγή πληροφοριών, συμμετοχή), -ανταλλαγή-συμμετοχή) όσον αφορά στην αξία τους στην επίτευξη της ομαδικής εργασίας. Μετά τη συμπλήρωση του ερωτηματολογίου, ζητήθηκε από κάθε συμμετέχοντα να αιτιολογήσει τις επιλογές του και κατόπιν να λάβει μέρος σε μια ανοιχτή συζήτηση.

Σύμφωνα με τα αποτελέσματα της αξιολόγησης, οι συμμετέχοντες στην εκπαίδευση βελτίωσαν τις γνώσεις τους αναφορικά με τη δεξιότητα της ομαδικής εργασίας, καθώς ο μέσος όρος πριν την εκπαίδευση ήταν 6,7 και μετά την εκπαίδευση ήταν 9,2. Όλοι απάντησαν ότι οι προσδοκίες τους από την εκπαίδευση ικανοποιήθηκαν. Επιπλέον, όλοι θεωρούν ότι η δεξιότητα «ομαδική εργασία» μπορεί να θεωρηθεί ως προσωπικό βοήθημα για αυτούς. Τέλος, όλοι οι συμμετέχοντες θα συνιστούσαν την εκπαίδευση σε κάποιον συνάδελφό τους.

## 6Η ΗΜΕΡΑ: ΕΝΣΥΝΑΙΣΘΗΣΗ

Η τελευταία εκπαίδευση πραγματοποιήθηκε από το Διεθνές Ινστιτούτο IARS και σε αυτήν συμμετείχαν 18 άτομα (7 από την Ελλάδα, 3 από την Ιταλία, 4 από τη Σουηδία και 4 από το Ηνωμένο Βασίλειο). Παρόλο που σύμφωνα με το πρόγραμμα επρόκειτο να παρουσιαστεί η δεξιότητα της ενσυναίσθησης, αυτή δεν αναπτύχθηκε καθόλου, καθώς λόγω της πίεσης χρόνου, δόθηκε έμφαση στην ανακεφαλαίωση των θεμάτων που αναπτύχθηκαν κατά τη διάρκεια της εβδομάδας. Επίσης, οι εκπαιδευόμενοι είχαν την ευκαιρία να εκφράσουν τις εντυπώσεις τους από την εκπαίδευση και να αναφέρουν κατά πόσο καλυφθήκαν οι προσδοκίες τους.

## Μέσα που χρησιμοποιήθηκαν για την επίτευξη των στόχων του εκπαιδευτικού προγράμματος

ΣΤΟΧΟΙ ΕΚΠΑΙΔΕΥΣΗΣ	ΜΕΣΑ ΓΙΑ ΤΗΝ ΕΚΠΛΗΡΩΣΗ ΤΩΝ ΣΤΟΧΩΝ
<p>Οι επαγγελματίες και τα άτομα νεαρής ηλικίας να ευαισθητοποιηθούν και να αυξήσουν τις γνώσεις τους αναφορικά με τους νεαρούς οικογενειακούς φροντιστές από εθνικές μειονότητες (Μαύροι, Ασιάτες και άλλες μειονότητες).</p>	<p>Αυτός ο στόχος επιτεύχθηκε καθόλη τη διάρκεια της εβδομάδας. Όλες οι παρουσιάσεις, οι συζητήσεις και οι ασκήσεις συνέβαλαν στην ευαισθητοποίηση και την ενημέρωση των ατόμων νεαρής ηλικίας σχετικά με τους Νεαρούς Μαύρους και προερχόμενους από Εθνικές Μειονότητες Φροντιστές.</p>
<p>Να συμβάλλει στην ενδυνάμωση του ρόλου των νεαρών συμμετεχόντων ως φροντιστών και στη θεώρηση του εαυτού τους και των δεξιοτήτων τους ως σημαντικές πηγές για ευκαιρίες μελλοντικής απασχόλησης και/ή συνεχιζόμενης εκπαίδευσης.</p>	<p>Αυτός ο στόχος επιτεύχθηκε με διάφορους τρόπους. Κάθε μέρα αναπτύχθηκε μια ομάδα συγκεκριμένων διαπροσωπικών δεξιοτήτων και στη συνέχεια ακολούθησαν δραστηριότητες και ερωτηματολόγια για να διασφαλιστεί ότι οι συμμετέχοντες είχαν σαφή αντίληψή τους. Σχετικά με τη θεώρηση αυτών των δεξιοτήτων ως σημαντικών βοηθημάτων για ευκαιρίες μελλοντικής απασχόλησης και/ή συνεχιζόμενης εκπαίδευσης, θα πρέπει να σημειωθεί ότι όλες τις ημέρες πραγματοποιήθηκαν συζητήσεις για τις διαπροσωπικές δεξιότητες και τη χρησιμότητά τους σε αυτά τα περιβάλλοντα.</p>
<p>Να προσφέρει στους συμμετέχοντες βαθύτερη γνώση του τρόπου με τον οποίο μπορούν να χρησιμοποιηθούν οι διαπροσωπικές δεξιότητες, καθώς και των πλεονεκτημάτων που αυτές συνεπάγονται σε εκπαιδευτικό ή εργασιακό περιβάλλον.</p>	<p>Αυτός ο στόχος επιτεύχθηκε σε μεγάλο βαθμό την 2η ημέρα της εκπαίδευσης, όπου η εκπαιδύτρια παρουσίασε όλες τις δεξιότητες και ζήτησε από τους συμμετέχοντες να χωριστούν σε ομάδες και να σκεφτούν τις καλύτερες περιγραφές για καθεμία από αυτές. Έπειτα, συζητήσαν όλοι μαζί γι' αυτές και με ποιον τρόπο θα μπορούσαν να τις εφαρμόσουν στο χώρο της εκπαίδευσης και της εργασίας.</p>

# Ευρήματα από τα Προγράμματα Ηλεκτρονικής Εκπαίδευσης

Στο πλαίσιο του προγράμματος ηλεκτρονικής εκπαίδευσης (<http://care2work.org/training/>), που αναπτύχθηκε ως μέρος των εκπαιδευτικών δράσεων του Care2Work, το ΚΜΟΠ υλοποίησε την πιλοτική εφαρμογή δύο διαδικτυακών μαθημάτων τα οποία είναι διαθέσιμα στην Ελληνική γλώσσα. Το πρώτο διαδικτυακό μάθημα απευθύνεται σε επαγγελματίες και έχει τίτλο “Empowering Professionals to work with Young Carers from Minority Ethnic Groups” – «Ενδυναμώνοντας τους επαγγελματίες στη συνεργασία τους με τους φροντιστές νεαρής ηλικίας από εθνικές μειονότητες». Το δεύτερο απευθύνεται σε νεαρούς φροντιστές και έχει τίτλο “Empowering Young Carers from Minority Ethnic Groups” – «Ενδυναμώνοντας τους φροντιστές νεαρής ηλικίας από εθνικές μειονότητες». Τα ευρήματα από τις πιλοτικές εφαρμογές της ηλεκτρονικής εκπαίδευσης στην Ελλάδα παρουσιάζονται παρακάτω:

## ΔΙΑΔΙΚΤΥΑΚΟ ΜΑΘΗΜΑ «ΕΝΔΥΝΑΜΩΝΟΝΤΑΣ ΤΟΥΣ ΕΠΑΓΓΕΛΜΑΤΙΕΣ ΣΤΗ ΣΥΝΕΡΓΑΣΙΑ ΤΟΥΣ ΜΕ ΤΟΥΣ ΦΡΟΝΤΙΣΤΕΣ ΝΕΑΡΗΣ ΗΛΙΚΙΑΣ ΑΠΟ ΕΘΝΙΚΕΣ ΜΕΙΟΝΟΤΗΤΕΣ»

Στόχος του μαθήματος αυτού είναι να διερευνηθούν οι δεξιότητες και οι ικανότητες που μπορούν να αναπτυχθούν από φροντιστές νεαρής ηλικίας από εθνικές μειονότητες, κατά τη φροντίδα μελών της οικογένειάς τους, όπως είναι η προσαρμοστικότητα, η αντίληψη, η ενσυναίσθηση και η επίλυση προβλημάτων. Το μάθημα είναι σχεδιασμένο ώστε να προσφέρει στους επαγγελματίες τα βασικά εργαλεία και τους πόρους που απαιτούνται, προκειμένου στη συνέχεια να είναι σε θέση να ενδυναμώνουν τους νεαρούς φροντιστές να μεταφέρουν και να αξιοποιήσουν αυτές τις δεξιότητες και σε άλλους τομείς της ζωής τους. Οι βασικοί στόχοι της εκπαίδευσης είναι οι εξής:

- Η δημιουργία γνώσης και η ευαισθητοποίηση ως προς τις ανάγκες και τις πραγματικότητες των νεαρών φροντιστών από εθνικές μειονότητες στην Ελλάδα και την Ευρώπη.
- Η παροχή των επαγγελματιών και των οργανισμών με εργαλεία και πρόσθετους πόρους, συμπεριλαμβανομένων οδηγιών κατάρτισης που μπορούν να εφαρμοστούν άμεσα στην εργασία τους με τους νεαρούς φροντιστές.
- Η πρακτική των όσων διδάσκονται οι εκπαιδευόμενοι με ρεαλιστικές μελέτες περιπτώσεων, δημιουργώντας μια αίσθηση πρακτικής εφαρμογής.
- Η ανταλλαγή καλών πρακτικών από όλη την Ευρώπη

Αυτό το διαδικτυακό μάθημα είναι κατάλληλο για τους επαγγελματίες που εργάζονται άμεσα με τους νεαρούς φροντιστές, συμπεριλαμβανομένων των εκπαιδευτικών, των βοηθών εκπαιδευτικών, των κοινωνικών λειτουργών, των ατόμων που εργάζονται για νέους, των επαγγελματιών κοινωνικής φροντίδας, κ.λπ.

Το περιεχόμενο του διαδικτυακού μαθήματος βασίστηκε στα ευρήματα της έρευνας που διεξήχθη από όλους τους εταίρους στις συμμετέχουσες στο έργο χώρες. Είναι δε πιστοποιημένο από ανεξάρτητο φορέα, σύμφωνα με τις κατευθυντήριες γραμμές Συνεχούς Επαγγελματικής Ανάπτυξης (CPD), ενώ με την ολοκλήρωση του διαδικτυακού μαθήματος, παρέχεται Πιστοποιητικό Συνεχούς Επαγγελματικής Ανάπτυξης.

Το μάθημα ξεκινάει με ένα μικρό εισαγωγικό σημείωμα, στο οποίο αναφέρεται σε ποιους απευθύνεται το διαδικτυακό μάθημα, παρατίθενται οι βασικοί στόχοι της εκπαίδευσης, ενώ γίνεται αναφορά και στους

εταίρους του έργου ως φορείς υλοποίησης του εκπαιδευτικού προγράμματος. Επίσης, στην εισαγωγή οι χρήστες ενημερώνονται για την παροχή Πιστοποιητικού Συνεχούς Επαγγελματικής Ανάπτυξης και ακόμα, δίνονται κάποιες οδηγίες για τη συμπλήρωση των εκπαιδευτικών δραστηριοτήτων.

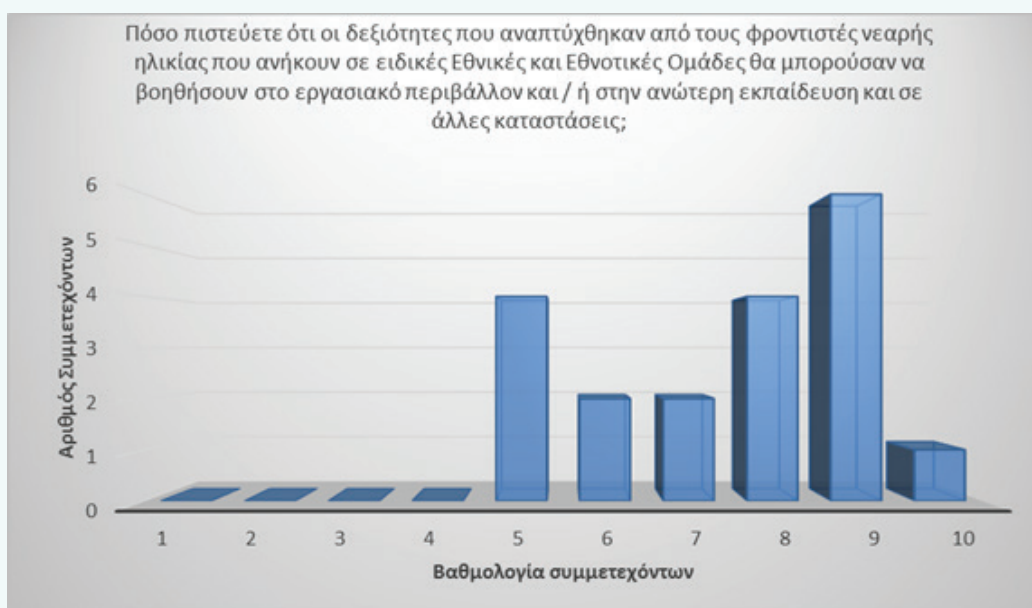
### **Το μάθημα αποτελείται από 6 ενότητες:**

- **Ενότητα 1 - «Σχετικά με εσάς»:** στην ενότητα αυτή οι εκπαιδευόμενοι καλούνται να συμπληρώσουν δύο φόρμες. Η πρώτη είναι η φόρμα της προ-αξιολόγησης, όπου και οι συμμετέχοντες καλούνται να απαντήσουν στο τι προσδοκούν ότι θα αποκομίσουν από την εκπαίδευση, και η δεύτερη είναι η φόρμα Πολιτισμικής Ποικιλομορφίας, όπου ουσιαστικά αποτελείται από βασικές δημογραφικές ερωτήσεις.
- **Ενότητα 2 - «Care2Work: Φροντιστές νεαρής ηλικίας από εθνικές μειονότητες»:** αυτή περιλαμβάνει την παρουσίαση των αποτελεσμάτων της έρευνας για τους φροντιστές νεαρής ηλικίας από εθνικές μειονότητες που πραγματοποιήθηκε στις τέσσερις συμμετέχουσες χώρες του έργου. Στη συνέχεια, οι εκπαιδευόμενοι καλούνται να κάνουν μια δραστηριότητα, όπου πρέπει, βάσει των προσωπικών τους εμπειριών, να σκεφτούν και να καταγράψουν ποια είναι τα επιπλέον εμπόδια που μπορεί να συναντήσουν οι φροντιστές νεαρής ηλικίας στην πρόσβαση στην εκπαίδευση, την εργασία και την εκμάθηση.
- **Ενότητα 3 - «Με επίκεντρο τις προσωπικές δεξιότητες»:** αυτή η ενότητα στοχεύει να εξερευνήσει περαιτέρω τις προσωπικές δεξιότητες που οι φροντιστές νεαρής ηλικίας αναπτύσσουν μέσα από τις εμπειρίες τους και οι οποίες μπορεί να τους είναι χρήσιμες τόσο σε επαγγελματικό όσο και σε εκπαιδευτικό πλαίσιο. Αρχικά, γίνεται μια καταγραφή και ανάλυση όλων αυτών των προσωπικών δεξιοτήτων που αναπτύσσει ένας νεαρός φροντιστής. Συγκεκριμένα, παρουσιάζονται η επικοινωνία, η ομαδική εργασία, η επίλυση προβλημάτων, η διαχείριση συγκρούσεων και η διαχείριση άγχους, η αντίληψη, το κίνητρο, η ενσυναίσθηση και τέλος η προσαρμοστικότητα. Ακολουθεί ένα βίντεο που παρουσιάζει την καθημερινότητα ενός φροντιστή, με όλες τις δυσκολίες που αντιμετωπίζει και τις σκέψεις που κάνει. Έπειτα, ζητείται από τους εκπαιδευόμενους να γράψουν σε λίγες γραμμές πώς θα μπορούσαν αυτές οι δεξιότητες να αποτελέσουν πλεονέκτημα στο εκπαιδευτικό και στο εργασιακό περιβάλλον.
- **Ενότητα 4 - «Στη θέση των φροντιστών νεαρής ηλικίας - Από τη Θεωρία στην Πράξη»:** η ενότητα αυτή στοχεύει να υπογραμμίσει την εμπειρία του να είναι κάποιος φροντιστής νεαρής ηλικίας που ανήκει σε εθνικές μειονότητες και να εξετάσει την κατάσταση από την πλευρά του επαγγελματία. Παρουσιάζονται δυο μελέτες περίπτωσης, η πρώτη αφορά μια φροντίστρια και η δεύτερη μια φροντίστρια που είναι από εθνική μειονότητα. Και στις δύο περιπτώσεις ζητείται από τους συμμετέχοντες να καταγράψουν και να συγκρίνουν τις προκλήσεις και τα εμπόδια που αντιμετωπίζουν οι δύο φροντίστριες.
- **Ενότητα 5 - «Σκέψεις»:** η ενότητα αυτή καλεί τους εκπαιδευόμενους να σκεφτούν τις δικές τους προσωπικές εμπειρίες, όταν έρχονται σε επαφή και συνεργάζονται με φροντιστές νεαρής ηλικίας από εθνικές μειονότητες. Επιπλέον, τους παρέχονται μερικές συμβουλές για το πώς θα μπορούσαν να τους βοηθήσουν έμπρακτα και να αξιοποιήσουν τα δυνατά σημεία αυτών των ατόμων.
- **Ενότητα 6 - «Αξιολόγηση»:** στην τελευταία ενότητα οι εκπαιδευόμενοι καλούνται να αξιολογήσουν το μάθημα και την εκπαιδευτική τους εμπειρία.

Στην πιλοτική εφαρμογή του ηλεκτρονικού μαθήματος που πραγματοποιήθηκε στην Ελλάδα, συμμετείχαν συνολικά 22 άτομα. Σύμφωνα με την αξιολόγηση, στην οποία συμμετείχαν οι 19 από τους 22 εκπαιδευόμενους, το διαδικτυακό μάθημα είχε θετικά αποτελέσματα. Η πλειονότητα των συμμετεχόντων αξιολόγησε πολύ υψηλά την κατανόηση και την ευαισθητοποίηση που έχει μετά την ολοκλήρωση της εκπαίδευσης σχετικά με τους φροντιστές νεαρής ηλικίας που ανήκουν σε εθνικές μειονότητες. Συγκεκριμένα, σε μια κλίμακα από το 1 έως το 10 (1=λίγο, 10=εξαιρετικό), οι περισσότεροι (16 από τους 19) αξιολόγησαν με βαθμολογία που κυμαίνεται από 7 έως 10.



Επιπλέον, στην ερώτηση κατά πόσο πιστεύουν οι εκπαιδευόμενοι ότι οι δεξιότητες που αναπτύχθηκαν από τους φροντιστές νεαρής ηλικίας από εθνικές μειονότητες θα μπορούσαν να βοηθήσουν στο εργασιακό περιβάλλον και / ή στην ανώτερη εκπαίδευση και σε άλλες καταστάσεις, οι περισσότεροι (13 από τους 19) βαθμολόγησαν από 7 έως 10.



Έπειτα, ως προς την ικανοποίηση από το μάθημα, δόθηκαν σχεδόν μοιρασμένες απαντήσεις, αφού οι 9 συμμετέχοντες απάντησαν «εν μέρει» και οι 8 απάντησαν «ναι». Δύο από τους συμμετέχοντες επέλεξαν να μην απαντήσουν, ενώ κανένας δεν απάντησε αρνητικά.



Σε γενικές γραμμές, οι αξιολογήσεις των συμμετεχόντων ως προς το μάθημα ήταν θετικές. Στην ερώτηση πώς θα αξιολογούσαν το διαδικτυακό μάθημα, οι 7 εκπαιδευόμενοι το βρήκαν «πολύ καλό», οι 7 συμμετέχοντες το βρήκαν «καλό» και οι 5 το βρήκαν «εντάξει».



Τέλος, και οι 19 εκπαιδευόμενοι ανέφεραν ότι θα συνιστούσαν αυτό το διαδικτυακό μάθημα στους συναδέλφους τους.



## ΔΙΑΔΙΚΤΥΑΚΟ ΜΑΘΗΜΑ «ΕΝΔΥΝΑΜΩΝΟΝΤΑΣ ΤΟΥΣ ΦΡΟΝΤΙΣΤΕΣ ΝΕΑΡΗΣ ΗΛΙΚΙΑΣ ΑΠΟ ΕΘΝΙΚΕΣ ΜΕΙΟΝΟΤΗΤΕΣ»

Στόχος του μαθήματος αυτού είναι οι φροντιστές νεαρής ηλικίας που ανήκουν σε εθνικές μειονότητες να διερευνήσουν τις δεξιότητες και ικανότητες που έχουν αναπτύξει κατά τη φροντίδα των μελών της οικογένειάς τους. Το ηλεκτρονικό μάθημα μπορεί να βοηθήσει τους φροντιστές νεαρής ηλικίας να αξιοποιήσουν αυτές τις δεξιότητες σε εκπαιδευτικό και επαγγελματικό πλαίσιο, με απώτερο στόχο να ενισχύσουν την απασχολησιμότητά τους.

Το περιεχόμενο του διαδικτυακού μαθήματος βασίστηκε στα ευρήματα της έρευνας με φροντιστές νεαρής ηλικίας και επαγγελματίες φροντιστές, που διεξήχθη από τους εταίρους του έργου στο Ηνωμένο Βασίλειο, στη Σουηδία, στην Ιταλία και στην Ελλάδα. Με την ολοκλήρωση του διαδικτυακού μαθήματος, οι συμμετέχοντες μπορούν να «κατεβάσουν» ένα Πιστοποιητικό Παρακολούθησης.

Το μάθημα ξεκινάει με ένα μικρό εισαγωγικό σημείωμα, στο οποίο αναφέρεται σε ποιους απευθύνεται το διαδικτυακό μάθημα, παρατίθενται οι στόχοι της εκπαίδευσης, ενώ γίνεται αναφορά και στους εταίρους του έργου ως φορείς υλοποίησης του εκπαιδευτικού προγράμματος. Έπειτα, γίνεται σύντομη παρουσίαση των θεματικών-δεξιοτήτων που περιλαμβάνει η εκπαίδευση, οι οποίες είναι διαθέσιμες στα αγγλικά και κάποιες από αυτές στις υπόλοιπες γλώσσες των εταίρων. Στην ελληνική γλώσσα είναι διαθέσιμες δύο θεματικές η «επικοινωνία: μάθετε πώς θα επικοινωνείτε με τον πιο αποτελεσματικό τρόπο» και η «ομαδική εργασία». Παρακάτω γίνεται σύντομη παρουσίαση των θεματικών, καθώς και κάποιων ευρημάτων από την πιλοτική εφαρμογή που πραγματοποιήθηκε στην Ελλάδα και στην οποία συμμετείχαν συνολικά 22 άτομα.

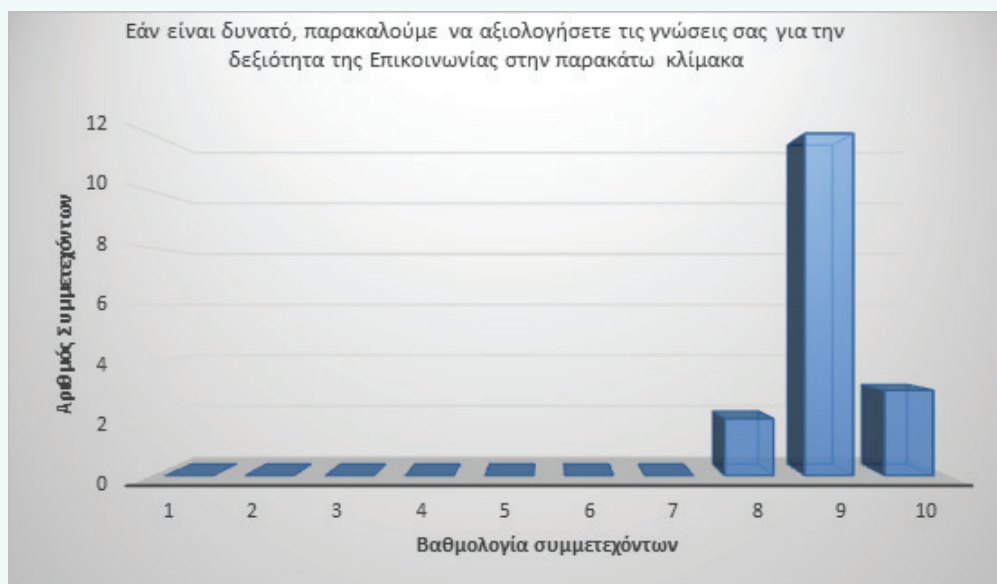
### Α) ΕΠΙΚΟΙΝΩΝΙΑ: ΜΑΘΕΤΕ ΠΩΣ ΘΑ ΕΠΙΚΟΙΝΩΝΕΙΤΕ ΜΕ ΤΟΝ ΠΙΟ ΑΠΟΤΕΛΕΣΜΑΤΙΚΟ ΤΡΟΠΟ

Το μάθημα αποτελείται από 5 ενότητες:

- **Ενότητα 1 - «Προ-αξιολόγηση»:** στην ενότητα αυτή οι εκπαιδευόμενοι καλούνται να συμπληρώσουν μια φόρμα προ-αξιολόγησης, στην οποία εξετάζονται οι τρέχουσες γνώσεις τους για την επικοινωνία.
- **Ενότητα 2 - «Ας σκεφτούμε σχετικά με την επικοινωνία»:** Η ενότητα αυτή ζητάει από τους συμμετέχοντες να σκεφτούν σχετικά με την έννοια της επικοινωνίας και τον τρόπο που οι ίδιοι επικοινωνούν με τους άλλους. Οι εκπαιδευόμενοι καλούνται να δώσουν έναν ορισμό της επικοινωνίας και στη συνέχεια να αναζητήσουν μια εικόνα από το διαδίκτυο που να αντιπροσωπεύει τον τρόπο που ορίζουν την επικοινωνία.
- **Ενότητα 3 – «Θεωρητικό πλαίσιο της επικοινωνίας»:** Σε αυτή την ενότητα παρουσιάζεται το θεωρητικό πλαίσιο της επικοινωνίας και οι διαφορετικές μορφές που αυτή μπορεί να έχει. Στη συνέχεια, δίνονται κάποιες πρακτικές συμβουλές για το πώς μπορούν οι συμμετέχοντες να γίνουν πιο αποτελεσματικοί στην επικοινωνία τους.
- **Ενότητα 4 – «Επικοινωνιακές δεξιότητες»:** Η ενότητα αυτή εστιάζει στα διαφορετικά είδη επικοινωνίας και τις απαραίτητες δεξιότητες που απαιτούνται για να έχουν αποτελεσματική επικοινωνία.
- **Ενότητα 5 – «Αξιολόγηση»:** στην τελευταία ενότητα οι εκπαιδευόμενοι καλούνται να αξιολογήσουν την εκπαιδευτική διαδικασία και τις γνώσεις που αποκομίζουν.

Σε γενικές γραμμές η αξιολόγηση της εν λόγω θεματικής ενότητας, στην οποία συμμετείχαν οι 20 από τους 22 εκπαιδευόμενους, έδειξε θετικά αποτελέσματα.

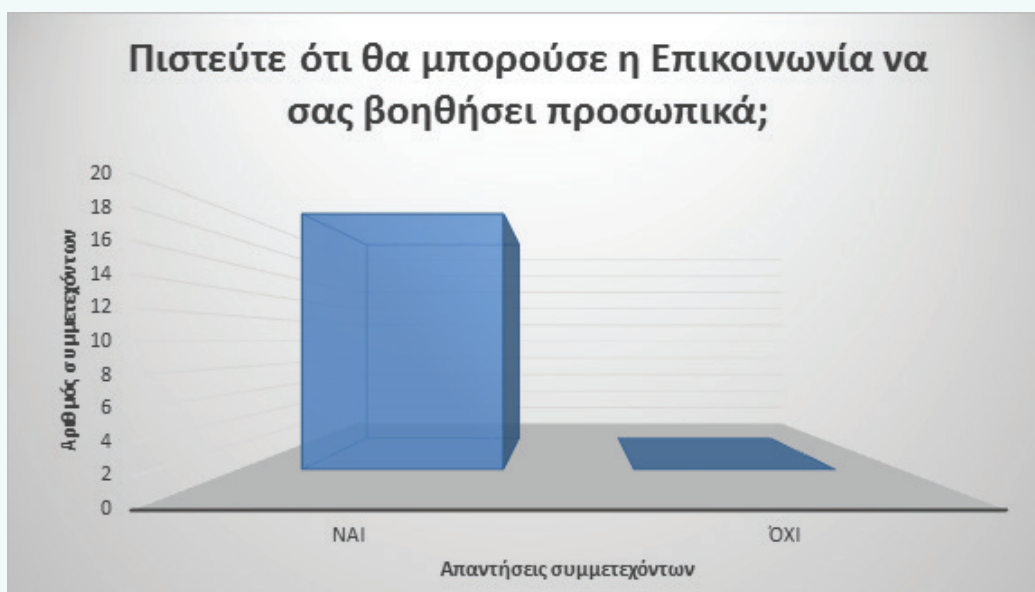
Αναλυτικότερα, καταρχάς, ζητήθηκε από τους συμμετέχοντες να βαθμολογήσουν τις γνώσεις που θεωρούν ότι έχουν γύρω από την επικοινωνία μετά και την ολοκλήρωση του μαθήματος. Σε μια κλίμακα από το 1 έως το 10 (1=λίγες, 10=εξαιρετικές), οι περισσότεροι (12 από τους 20) βαθμολόγησαν με 9, ενώ οι υπόλοιποι 5 βαθμολόγησαν με 8 και 10, κάτι που δείχνει ότι η εκπαίδευση βελτίωσε σε μεγάλο βαθμό τις γνώσεις τους για τη δεξιότητα της επικοινωνίας.



Έπειτα, η πλειονότητα των συμμετεχόντων (14 στους 20) δήλωσε ότι το διαδικτυακό μάθημα τους ικανοποίησε, ενώ οι υπόλοιποι έξι απάντησαν «εν μέρει». Είναι θετικό το γεγονός ότι δεν υπήρξε καμιά αρνητική απάντηση.



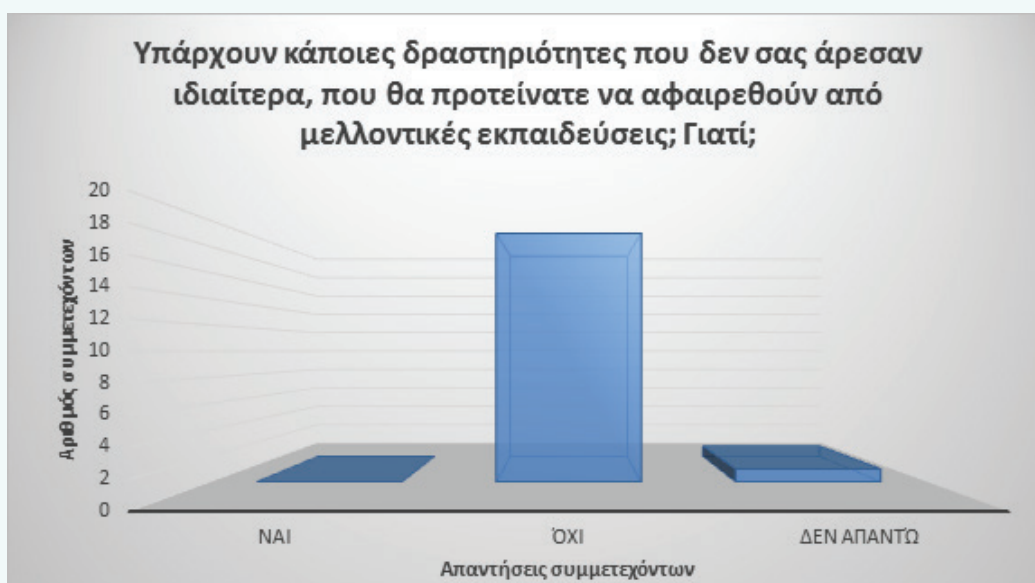
Και οι 20 συμμετέχοντες θεωρούν ότι η δεξιότητα της επικοινωνίας θα μπορούσε να τους βοηθήσει προσωπικά.



Σε ό,τι αφορά τη γνώμη των εκπαιδευομένων για το εν λόγω διαδικτυακό μάθημα, οι 11 είχαν πολύ καλή γνώμη, οι 8 εξέφρασαν καλή γνώμη, ενώ ένας από αυτούς δεν απάντησε.



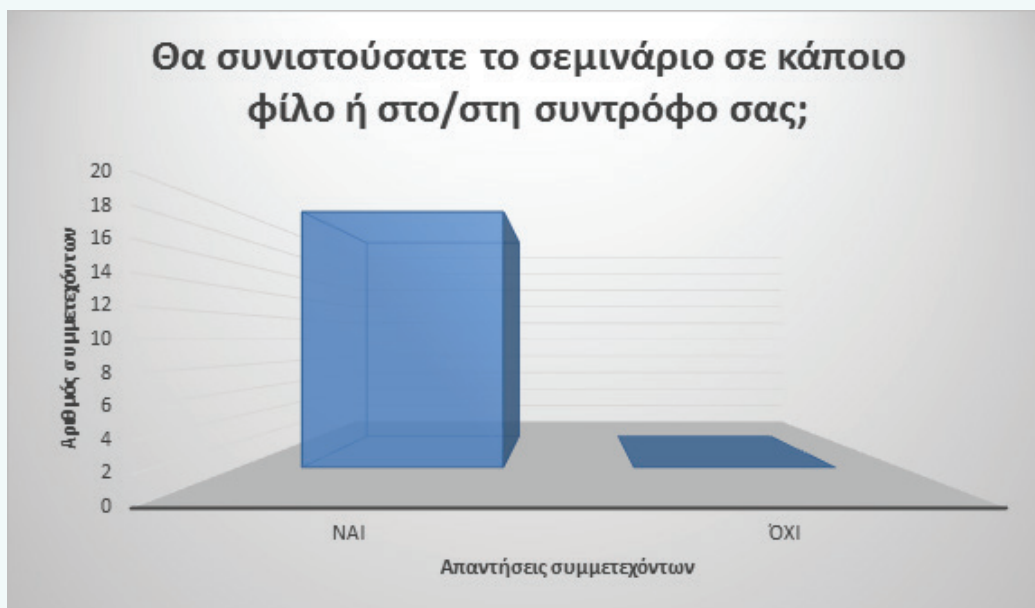
Επιπλέον, όλοι οι εκπαιδευόμενοι (εκτός από έναν που δεν έδωσε απάντηση) απάντησαν αρνητικά στο ερώτημα αν υπάρχουν κάποιες δραστηριότητες που δεν τους άρεσαν ιδιαίτερα και που θα προτείναν να αφαιρεθούν από μελλοντικές εκπαιδεύσεις.



Στη συνέχεια, στο ερώτημα που ζητάει από τους εκπαιδευόμενους να προσδιορίσουν εάν υπάρχει κάτι που οι ίδιοι πιστεύουν ότι λείπει από το μάθημα, η πλειονότητα (12 από τους 20) απάντησε ότι δε θα προσέθετε κάτι παραπάνω, ενώ 7 απάντησαν ότι θεωρούν ότι κάτι λείπει από το μάθημα, προτείνοντας την προσθήκη περισσότερων τεστ.



Το σύνολο των συμμετεχόντων δήλωσε ότι θα συνιστούσε το μάθημα σε κάποιο φίλο ή στο/στη σύντροφό του.



## Β) ΟΜΑΔΙΚΗ ΕΡΓΑΣΙΑ

Το μάθημα αποτελείται από 4 ενότητες:

- Ενότητα 1 - «Προ-αξιολόγηση»: στην ενότητα αυτή οι εκπαιδευόμενοι καλούνται να συμπληρώσουν μια φόρμα προ-αξιολόγησης, στην οποία βαθμολογούν τις γνώσεις τους ως προς τη δεξιότητα της ομαδικής εργασίας.
- Ενότητα 2 - «Ας σκεφτούμε σχετικά με την ομαδική εργασία»: Η ενότητα αυτή καλεί τους εκπαιδευόμενους να σκεφτούν σχετικά με την έννοια της ομαδικής εργασίας, καθώς και τον τρόπο που οι ίδιοι συνεργάζονται με τους άλλους. Αφού πρώτα δώσουν έναν ορισμό, στη συνέχεια θα πρέπει να αναζητήσουν μια εικόνα που να εκφράζει και να αντιπροσωπεύει για αυτούς την ομαδική εργασία.
- Ενότητα 3 - «Θεωρητικό πλαίσιο»: Σε αυτή την ενότητα παρουσιάζεται το θεωρητικό πλαίσιο της «ομαδικής εργασίας» και οι διαφορετικές μορφές της. Έπειτα, παρατίθενται οι διαφορετικές δεξιότητες ομαδικότητας που οι νεαροί φροντιστές μπορούν να αναπτύξουν στην καθημερινότητά τους, καθώς και οι ρόλοι που μπορεί να έχουν οι νεαροί φροντιστές.
- Ενότητα 4 - «Αξιολόγηση»: στην τελευταία ενότητα οι εκπαιδευόμενοι καλούνται να αξιολογήσουν την εκπαιδευτική διαδικασία και τις γνώσεις που αποκομίζουν.

Και σε αυτή τη θεματική ενότητα, σύμφωνα με την αξιολόγηση, η εκπαίδευση είχε θετικό αντίκτυπο. 21 από τους 22 εκπαιδευόμενους συμπλήρωσαν τη φόρμα αξιολόγησης.

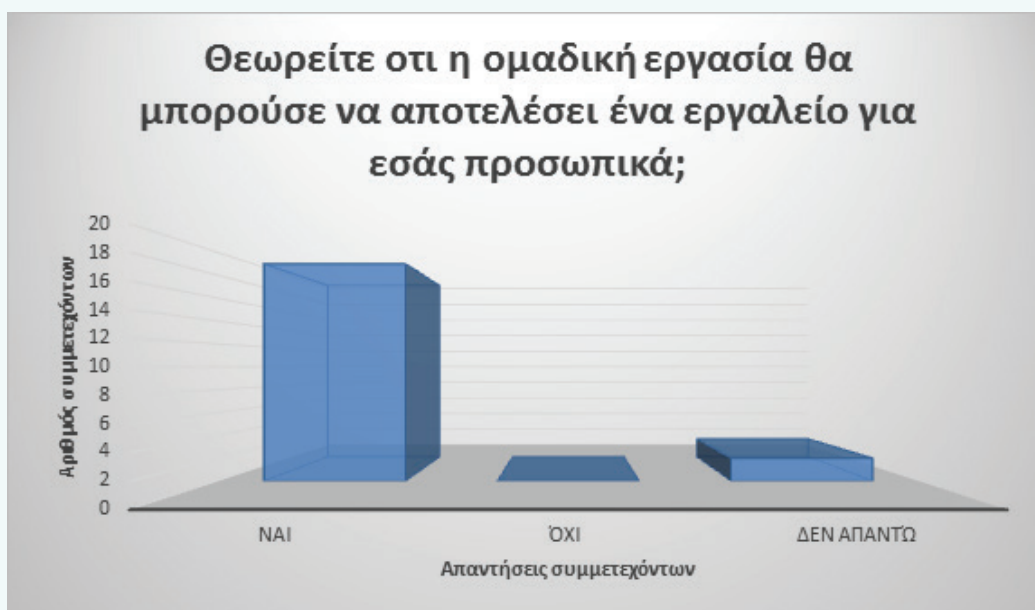
Στη βαθμολόγηση των γνώσεων τους σχετικά με τη δεξιότητα της ομαδικής εργασίας, βάσει μιας κλίμακας από 1 έως 10, οι 17 από τους 21 συμμετέχοντες βαθμολόγησαν με 9, 3 βαθμολόγησαν με 8, ενώ ένας από αυτούς δεν απάντησε.



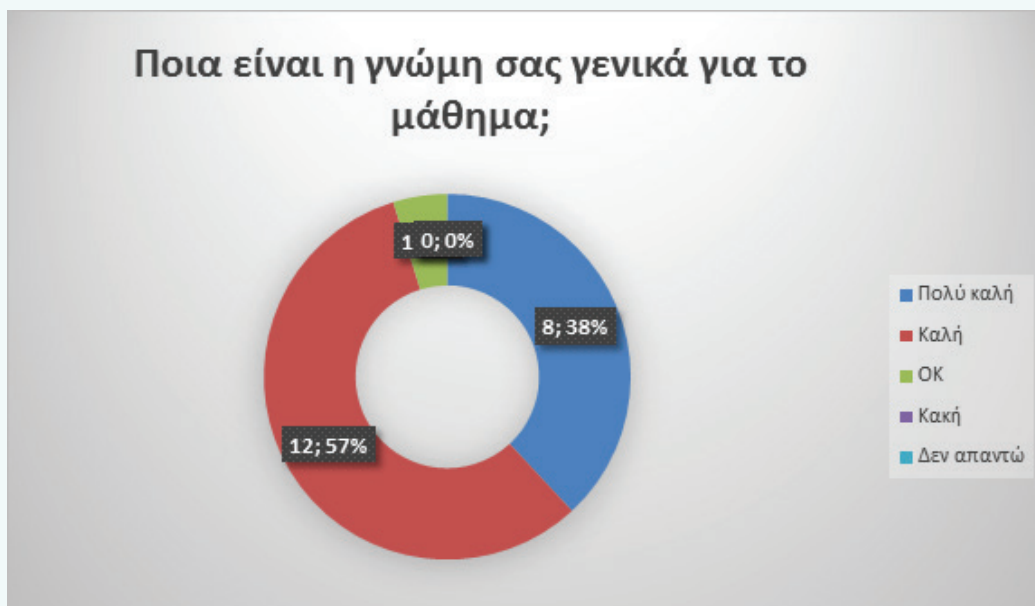
Έπειτα, οι 16 από τους 21 εκπαιδευόμενους δήλωσαν ότι το μάθημα ικανοποίησε τις προσδοκίες τους, ενώ οι υπόλοιποι 5 απάντησαν «μερικώς».



Οι 19 από τους 21 εκπαιδευόμενους θεωρούν ότι δήλωσαν ότι η ομαδική εργασία θα μπορούσε να αποτελέσει ένα εργαλείο για αυτούς, ενώ οι υπόλοιποι δύο δεν απάντησαν.



Και οι 21 συμμετέχοντες στο εν λόγω μάθημα εξέφρασαν θετικές γνώμες για αυτό. Συγκεκριμένα, οι 8 απάντησαν ότι έχουν πολύ καλή γνώμη, οι 12 απάντησαν ότι η γνώμη τους είναι καλή, ενώ ένας απάντησε ότι είναι «εντάξει».



Στην ερώτηση εάν υπάρχει κάποια δραστηριότητα που δεν άρεσε συγκριτικά με τις άλλες και που ενδεχομένως θα αφαιρούσαν από μελλοντικά μαθήματα, όλοι απάντησαν αρνητικά.



Έπειτα, 13 από τους συμμετέχοντες θεωρούν ότι δε λείπει τίποτα από το μάθημα, ενώ 7 θα προσέθεταν περισσότερα τεστ και δραστηριότητες.



Τέλος, όλοι οι εκπαιδευόμενοι δήλωσαν ότι θα πρότειναν το συγκεκριμένο μάθημα σε κάποιον σημαντικό για αυτούς πρόσωπο.



# Συμπεράσματα και προτάσεις πολιτικής σε εθνικό και Ευρωπαϊκό επίπεδο

## ΣΕ ΕΘΝΙΚΟ ΕΠΙΠΕΔΟ

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Οι νεαροί φροντιστές, ιδιαίτερα εκείνοι που προέρχονται από ειδικές εθνικές και εθνοτικές ομάδες, είναι μια ομάδα που δεν έχει μελετηθεί σε βάθος στην Ελλάδα. Δεν υπάρχουν σχεδόν καθόλου στοιχεία για τους φροντιστές νεαρής ηλικίας και τις ανάγκες τους, ενώ δεν υπάρχει κάποιο νομοθετικό πλαίσιο ή πλαίσιο πολιτικής στην Ελλάδα που να εστιάζει σε αυτούς. Ορισμένες περιορισμένες δράσεις που υλοποιούνται από μη κυβερνητικές οργανώσεις, κυρίως μέσω χρηματοδοτήσεων από Ευρωπαϊκά Προγράμματα είναι φυσικά αξιοσημείωτες, ωστόσο δεν επαρκούν για να καλύψουν τις αυξημένες ανάγκες των νεαρών φροντιστών στην Ελλάδα.

Το έργο «Care2Work» ήταν ένα σημαντικό πρώτο βήμα στην παροχή βασικών γνώσεων πάνω στο θέμα. Επίσης, το έργο, μέσω του εκπαιδευτικού του προγράμματος, προσφέρει στους φροντιστές νεαρής ηλικίας τη δυνατότητα να κατανοήσουν καλύτερα και να βελτιώσουν τις δεξιότητες που έχουν ήδη αναπτύξει μέσω της παροχής φροντίδας προς τα μέλη των οικογενειών τους. Επιπλέον, το έργο έδωσε στο ΚΜΟΠ την ευκαιρία να διευρύνει τις γνώσεις τους σχετικά με το θέμα των φροντιστών νεαρής ηλικίας, ιδίως εκείνων που ανήκουν σε εθνοτικές ομάδες και μειονότητες. Συγχρόνως, το ΚΜΟΠ μπόρεσε να επωφεληθεί από τη συνεργασία του με τους εταίρους του έργου που προέρχονται από χώρες που είναι πολύ προηγμένες σε θέματα που σχετίζονται με τους φροντιστές νεαρής ηλικίας από εθνικές μειονότητες (Μαύροι, Ασιάτες και άλλες μειονότητες). Με βάση τα ανωτέρω θέματα, καθώς την εμπειρία του ΚΜΟΠ από τη συμμετοχή του στο έργο Care2Work, μπορούν να διατυπωθούν οι παρακάτω προτάσεις πολιτικής και δράσεων σε εθνικό επίπεδο:

- Ανάπτυξη ενός Εθνικού Σχεδίου Δράσης για φροντιστές νεαρής ηλικίας
- Οργάνωση ειδικών εκπαιδευτικών προγραμμάτων και προγραμμάτων συμβουλευτικής απασχόλησης προς τους νεαρούς φροντιστές που να παρέχονται τόσο από κρατικές δομές όσο και από ιδιωτικές οργανώσεις.
- Δράσεις για την αξιοποίηση των δεξιοτήτων και των ικανοτήτων που έχουν αποκτήσει τα άτομα νεαρής ηλικίας από την εμπειρία τους ως φροντιστές.
- Ενημέρωση των νεαρών φροντιστών για όλα τα υποστηρικτικά προγράμματα από τα οποία θα μπορούσαν να επωφεληθούν, καθώς και δημιουργία σχετικού ενημερωτικού υλικού στις γλώσσες των ομάδων που κυριαρχούν πληθυσμιακά στην Ελλάδα.
- Δικτύωση μεταξύ των φορέων και των συλλόγων που θα μπορούσαν να υποστηρίξουν τόσο εκπαιδευτικά όσο και ψυχολογικά τους φροντιστές νεαρής ηλικίας από εθνικές μειονότητες.
- Δράσεις και εκδηλώσεις που θα βελτιώσουν την κοινωνική ένταξη των νεαρών ατόμων στην ελληνική κοινωνία.

## ΣΕ ΕΥΡΩΠΑΪΚΟ ΕΠΙΠΕΔΟ

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Σε επίπεδο Ευρωπαϊκής Ένωσης, προτείνεται όλες οι οργανώσεις εταίροι του έργου να συμμετέ-

χουν σε παρόμοιες στρατηγικές συμπράξεις, στο πλαίσιο του προγράμματος Erasmus+, προκειμένου να διευρύνουν τις γνώσεις και την εμπειρία τους στο θέμα των νεαρών φροντιστών. Συγχρόνως, θα πρέπει να επεκτείνουν και να παρακολουθήσουν περαιτέρω τα αποτελέσματα του έργου, υλοποιώντας δράσεις που απευθύνονται τόσο σε νέους όσο και επαγγελματίες φροντιστές σε όλη την Ευρώπη.

Δεδομένου ότι οι φροντιστές νεαρής ηλικίας από εθνικές μειονότητες (Μαύροι, Ασιάτες, Ρομά και άλλες μειονότητες) είναι μια ομάδα η οποία γίνεται όλο και πιο ορατή σε όλη την Ευρώπη, αλλά και λαμβάνοντας υπόψη τα εμπόδια στην πρόσβασή τους στην απασχόληση, την εκπαίδευση και την κατάρτιση, το πρόγραμμα Erasmus+ θα πρέπει να δώσει ιδιαίτερη έμφαση και προσοχή σε αυτή την ομάδα των νέων οι οποίοι τείνουν να είναι σε μειονεκτική θέση λόγω των πολιτισμικών διαφορών τους και των κοινωνικών προβλημάτων που αντιμετωπίζουν.

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# ITALY

## National Report



### RISULTATI E LEZIONI APPRESE DAL PROGETTO CARE2WORK

Licia Boccaletti, Alessandra Manattini e Elena Mattioli  
ANZIANI E NON SOLO SOCIETÀ COOPERATIVA SOCIALE

Questo report sintetizza i risultati della sperimentazione italiana del progetto europeo Erasmus+ CARE2WORK. Il progetto si concentra sui giovani caregiver di origine straniera in Europa e sulle barriere che devono superare per accedere al mondo del lavoro o all'istruzione superiore ([www.care2work.org](http://www.care2work.org))

In conclusione, vengono messi in evidenza i potenziali impatti del progetto sulle pratiche e le politiche nazionali ed europee di sostegno ai giovani con responsabilità di cura familiare.

*Parole chiave:* giovani caregiver; adolescenti; competenze informali; siblings

# Introduzione e contesto

Il progetto CARE2WORK, finanziato dal programma europeo Erasmus+, si poneva come obiettivo principale quello di riconoscere e valorizzare le competenze maturate dai giovani caregiver, ovvero da bambini e giovani fino ai 18 anni di età che rivestono un ruolo significativo nel prendersi cura di un membro della propria famiglia bisognoso di assistenza, prestando cura in modo continuativo e assumendosi delle responsabilità che normalmente verrebbero associate ad un adulto (Becker, 2000). Nei fatti, si tratta spesso di figli, fratelli, nipoti o – in qualche caso – giovani genitori di persone affette da disabilità fisiche o mentali, da malattie terminali o croniche o da dipendenze.

La convinzione che anima tutti i partner del progetto è infatti che – benché si tratti di un'attività complessa, faticosa e che espone potenzialmente i ragazzi a molte conseguenze negative sulle loro opportunità di conseguire correttamente i propri compiti evolutivi – la cura prestata ad un proprio caro da adolescenti possa essere anche una straordinaria opportunità di crescita, di maturazione e di sviluppo di importanti competenze. Competenze che, se adeguatamente riconosciute e valorizzate, possono aiutare i ragazzi nella transizione verso l'età adulta e nell'inserimento nel mondo del lavoro.

Benché questo fosse il vero focus del progetto CARE2WORK, non si può non citare il fatto che – rispetto al contesto italiano – esso sia stato anche una grande opportunità per attirare l'attenzione di operatori e *policy maker* sulla questione della cura in adolescenza. Un tema misconosciuto (e talvolta volutamente ignorato) in Italia e che di conseguenza non si è ancora tradotto in strategie di supporto consolidate.

La sperimentazione del progetto nel contesto italiano ha quindi operato su due binari paralleli: sviluppare nei professionisti e negli stessi ragazzi la consapevolezza del significato e delle conseguenze dell'essere "giovani caregiver" e – successivamente – l'accompagnamento verso il riconoscimento delle difficoltà ma anche delle opportunità connesse a questo ruolo. Un approccio capacitante che abbiamo ritenuto particolarmente adatto ad essere attuato all'interno di contesti educativi non formali e finalizzati a supportare i minori in difficoltà all'interno del loro contesto familiare.

I laboratori di CARE2WORK, sia rivolti agli operatori che agli adolescenti, sono infatti stati sperimentati in partenariato con una cooperativa sociale, Aliante, che si occupa con attenzione e professionalità di adolescenti, tra cui ragazzi in situazione di disagio psico-sociale (e, nei fatti, in molti casi giovani caregiver).

# Metodologia

Questo report intende sintetizzare i risultati ottenuti dalla sperimentazione del progetto CARE2WORK in Italia, mettendoli in connessione con gli esiti dell'attività di ricerca condotti nella fase iniziale del progetto stesso. Per questo sintetizzeremo brevemente i contenuti del report "I giovani con responsabilità di cura in Italia" redatto nel Gennaio 2016 e tenderemo di rileggerli alla luce dei risultati emersi nella fase sperimentale del progetto.

## METODOLOGIA PER LA RASSEGNA DELLA LETTERATURA

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La rassegna della letteratura realizzata per il report "I giovani con responsabilità di cura in Italia" si è avvalsa di Google Scholar per ricercare gli articoli. Le parole chiave utilizzate sono state le seguenti: fratelli disabili, siblings, adolescenti caregiver, giovani caregiver, adolescenti che si prendono cura, figli di alcolisti, figli di tossicodipendenti, adolescenti adultizzati. Tutti questi termini sono anche stati cercati in combinazione con la parola "stranieri".

Sono stati inclusi gli articoli che includevano ricerche sul campo effettuate in Italia e/o riportanti dei dati riferiti al nostro contesto nazionale. La ricerca doveva includere caregiver adolescenti. Sono stati esclusi gli articoli che si riferivano esclusivamente a dati, esperienze o ricerche straniere.

## METODOLOGIA PER IL LAVORO SUL CAMPO

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Il lavoro sul campo descritto in questo report è in sostanza la sperimentazione del progetto CARE2WORK. Il pilotaggio dei materiali didattici realizzati, per quanto riguarda la formazione in presenza, è avvenuto con la collaborazione della Cooperativa Sociale Aliante di Modena che gestisce diversi servizi a favore di utenti minori.

La formazione rivolta agli operatori ha coinvolto 20 educatori professionali impiegati in diversi servizi educativi sul territorio (centri giovani, comunità educative, educativa di strada).

La formazione rivolta ai ragazzi è stata realizzata in piccoli gruppi di 3-5 partecipanti, sia ragazzi che ragazze, di età compresa tra i 16 e i 20 anni, tutti utenti del progetto ITINERA. ITINERA si rivolge ad adolescenti, maschi e femmine, italiani e stranieri, per aiutarli e sostenerli in situazione di disagio psico-sociale mantenendoli nel proprio ambiente di vita (famiglia, scuola, territorio).

La descrizione dettagliata di come si è svolta la sperimentazione è integrata nel capitolo dedicato ai risultati del lavoro sul campo.

# Risultati

In questo capitolo riportiamo i risultati ottenuti dalla rassegna della letteratura e dal lavoro sul campo.

## DALLA RICERCA

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Lo studio condotto nell'ambito della prima fase del progetto CARE2WORK aveva messo in evidenza come, secondo le (limitate) ricerche italiane, i giovani caregiver potessero sviluppare comportamenti adultizzati, inversione di ruoli ed iper-adattamento. (Boccaletti L., 2016)

Il tema del maggiore senso di responsabilità era poi stato anche confermato dalla ricerca sul campo condotta nell'ambito del medesimo report. Ad esempio una delle ragazze intervistate dichiara di aver raggiunto “una maturità notevole rispetto ai coetanei e la capacità di adattarsi, di non arrendersi davanti alle difficoltà e di cercare di risolvere i problemi che si presentano senza lasciare la responsabilità agli altri”. Un'altra caregiver riporta un impatto positivo dell'attività di cura connesso alla maggiore consapevolezza di sé: “se da piccola avevo certe idee sul futuro, queste sono state nel tempo rivalutate arrivando presto a comprendere la realtà e cosa puoi effettivamente fare in base agli strumenti e alle risorse che hai” o, un'altra ancora, manifesta una maggiore sicurezza: “ho fatto cose che non avrei mai immaginato, tipo andare dal giudice ... prima davanti a un problema lasciavo perdere, ora so come gestirlo”. (*Ibidem*, pag.158)

D'altra parte non ci si può nascondere che, come emerge dalle medesime ricerche, al contrario nei giovani caregiver possano anche manifestarsi ansia, depressione, immaturità, problemi della condotta e problematiche relazionali, sia con le figure di riferimento che in ambito scolastico.

In entrambi i casi, però, elemento di fondo sembra però essere una difficoltà dell'adolescente a riconoscere il proprio disagio emotivo e, conseguentemente, resistenze al fatto di chiedere spontaneamente aiuto psicologico. (*Ibidem*, pag.154)

Da questo punto di vista, come si vedrà in dettaglio nel capitolo seguente, i workshop sviluppati nel progetto sembrano essere una risposta efficace in quanto agiscono sulla valorizzazione di competenze positive – e quindi non richiedono ai ragazzi di percepirsi o auto-definirsi “in difficoltà” – ma, al tempo stesso, possono fornire loro strumenti di  *coping*  utili e riconosciuti tali dai partecipanti (come meglio illustrato nel capitolo successivo).

Un altro tema emerso dalla ricerca iniziale e confermato dalla sperimentazione riguarda il ruolo degli educatori in questo processo. Ruffato sostiene che i sentimenti di isolamento e la mancanza di qualcuno con cui condividere l'esperienza di avere un fratello con disabilità [ *concetto che può essere trasferibile a qualsiasi situazione di assistenza in famiglia, nda*] rappresentano una lacuna che può essere colmata attraverso azioni educative che mirano a prevenire possibili problemi emotivi e comportamentali. (Ruffato, 2014) p.47-49. Il riconoscimento del ruolo importante che questa figura professionale può e dovrebbe svolgere è confermato dai commenti espressi dagli operatori al termine del percorso formativo a loro dedicato (si veda in merito il paragrafo successivo).

## DALLA SPERIMENTAZIONE

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### I RISULTATI DEI WORKSHOP CON GLI OPERATORI E CON I GIOVANI CAREGIVER

Nell'ambito della sperimentazione del progetto sono stati organizzati 4 workshop: uno diretto ai professionisti (educa-

tori professionali che operano nei servizi per minori) e tre ai giovani caregiver.

## WORKSHOP RIVOLTO AI PROFESSIONISTI

Il workshop rivolto ai professionisti aveva l'obiettivo primario di portare l'attenzione sulla situazione di chi, da adolescente, si trova a doversi assumere responsabilità di cura familiare, un tema scarsamente trattato e conosciuto in Italia. L'incontro aveva però anche lo scopo di far riconoscere e valorizzare agli operatori le competenze che i ragazzi possono sviluppare grazie al fatto di essere "giovani caregiver" e che potrebbero quindi essere utilizzate per favorire la loro transizione verso l'autonomia e l'età adulta.

Il seminario è iniziato con una breve attività "rompighiaccio" con lo scopo di coinvolgere i partecipanti e creare un clima di lavoro partecipato e sereno. È stato poi proiettato un video intitolato "Gli insospettabili" che raccoglie le testimonianze di alcuni giovani caregiver inglesi. Questi ragazzi descrivono il loro ruolo di giovani caregiver, le responsabilità di cura a cui assolvono e l'impatto che ha sulle loro vite. Al termine del video è stato strutturato un momento di riflessione e discussione su quanto appena visto. I partecipanti hanno colto positivamente questo spazio di pensiero ed hanno espresso opinioni e punti di vista sulla tematica in oggetto. Se inizialmente i partecipanti si sono focalizzati sui bisogni fisici ed emotivi dei giovani caregiver, in un secondo momento, con l'aiuto del facilitatore, hanno iniziato a riflettere sul supporto pratico che potevano offrire loro.

Successivamente sono stati presentati dati e statistiche che riguardano i giovani caregiver in Europa ed in Italia. Gli educatori sono stati nuovamente invitati ad esprimersi in merito ai dati ed alle tendenze evidenziati.

I partecipanti sono poi stati divisi in piccoli gruppi (5/6 persone) e a ciascun gruppo è stato affidato un caso studio con la richiesta di leggerlo ed analizzarlo insieme al fine di: descrivere come il giovane caregiver vive e percepisce la sua attività di cura; come pensano che questa situazione possa influire sul suo futuro, sulle sue relazioni e la sua vita e di indicare quali interventi professionali possono essere realizzati per aiutarlo/a. Al termine di questa attività un portavoce per gruppo ha riportato, in plenaria, il lavoro svolto, condividendolo con il resto del gruppo. A queste esposizioni è seguita una breve discussione su alcuni degli spunti emersi.

In seguito a ciascun partecipante sono stati consegnati 3 post-it in cui annotare i propri pensieri, sentimenti ed un messaggio da rivolgere alla propria equipe o alle istituzioni in merito al tema dell'incontro. Tra i pensieri esplicitati dai professionisti si ha il desiderio di conoscere questo argomento ancora "poco conosciuto ma molto toccante ed interessante", "accendendo un riflettore su questa realtà così vicina", "illuminando le zone d'ombra" per poter "trovare strategie di intervento" dal momento che "non sempre siamo dotati di strumenti per accoglierli". Gli educatori hanno rivolto il loro pensiero ai giovani caregiver definendoli "bambini incatenati da adulti", "ragazzi che diventano adulti troppo presto", mettendo in evidenza il "senso di impotenza", "il malessere", ma anche la necessità di "utilizzare tutti gli strumenti possibili per far emergere questi ragazzi" e domandandosi "come possano vivere la loro adolescenza con un costante e doloroso pensiero di responsabilità" e "quale sia il limite tra la responsabilizzazione ed il troppo carico". I sentimenti esplicitati dagli educatori coprono un ampio spettro; si va dalla frustrazione, tristezza, solitudine, angoscia e pesantezza, alla tenerezza, compassione, intesa come un patire insieme, cura ed altruismo, vicinanza, rispetto, solidarietà ed ammirazione per il coraggio e la forza di questi ragazzi. Per quanto concerne i messaggi diretti all'equipe è emersa l'esigenza di "fare rete, di collaborare", "riflettendo insieme sui casi", attraverso "più incontri e formazione", "condividendo ed approfondendo le relazioni" al fine di "imparare a sostenerli e valorizzarli" attraverso "un impegno costante e quotidiano".

Alle istituzioni, in particolare ai Servizi Sociali, richiedono una maggior "sensibilizzazione sull'argomento", "maggiori risorse e strumenti per sollevare i ragazzi da queste responsabilità", "una miglior gestione di risorse e competenze" in

quanto “la vocazione dei giovani caregiver non può essere la sola risposta di cura e presa in carico della persona malata” e tenendo presente che “non occuparsi dei più giovani oggi implica dover intervenire su situazioni assai più gravi domani”.

Dall’analisi dei questionari consegnati ai partecipanti prima dell’incontro è emersa la percezione di una conoscenza mediocre dell’argomento (in media 4 su 10) e l’aspettativa di “aumentare il livello di conoscenza e consapevolezza sull’argomento”, “approfondire e consolidare conoscenze” e “ricevere strumenti operativi e strategie per poter lavorare con i giovani caregiver”.

L’incontro è stato valutato positivamente (appaiono valori da buono a molto buono), i professionisti hanno ritenuto di aver aumentato le loro conoscenze sulla tematica in oggetto (in media 6,4 su 10) e tutti lo consiglierebbero ad un collega.

Il workshop sembra aver soddisfatto le loro aspettative in termini di approfondimento e messa a fuoco dell’argomento avvenuti in modo esaustivo, chiaro e stimolante. Rispetto ai suggerimenti atti a migliorare il workshop, le variabili migliorative espresse hanno riguardato il tempo (necessità di una durata maggiore), i dati (disporre di maggiori dati soprattutto a livello locale), gli strumenti (poter disporre di ulteriori strumenti operativi) ed il coinvolgimento di altri soggetti istituzionali per poter fare rete.

## **WORKSHOP RIVOLTI AI GIOVANI CAREGIVER**

Come previsto dal progetto CARE2WORK, ciascun partner nazionale ha sperimentato a livello locale alcuni dei seminari progettati. Lo scopo degli incontri, a prescindere dal tipo di competenza sui cui erano focalizzati, era quello di mettere in evidenza e rafforzare capacità tipicamente sviluppate dai giovani caregiver (e identificate tramite la ricerca che ha caratterizzato la prima fase del progetto) che possono essere utili sia nella vita privata (a casa o con gli amici), che per l’ingresso nel mondo del lavoro.

In particolare la sperimentazione avvenuta in Italia ha riguardato, durante il primo incontro, il tema della gestione dei conflitti e nei successivi, rispettivamente, la gestione dello stress e della rabbia. Gli incontri hanno coinvolto, mediamente, dai 3 ai 5 ragazzi di età compresa tra i 15 e i 20 anni, tutti giovani caregiver di uno dei propri genitori. I seminari hanno avuto luogo presso la Cooperativa Sociale “Aliante” di Modena. Vediamo nel dettaglio i singoli workshop.

### **LA GESTIONE DEL CONFLITTO**

Come accennato pocanzi il primo incontro è stato incentrato sulla capacità di gestire le situazioni di conflitto/disaccordo. L’argomento è stato introdotto chiedendo ai ragazzi di riflettere sul significato della parola “conflitto”: Che definizione daresti? Cosa ti viene in mente? I ragazzi, nel rispondere a queste domande, si sono concentrati maggiormente su alcune caratteristiche del conflitto quali la rabbia che genera nei diretti interessati, il voler imporre la propria idea, la diversità e l’incapacità di capire l’altro. Alla domanda “Cosa significa gestire il conflitto?” “Stress” e “litigare” sono state le risposte su cui tutti concordavano, mostrando quanto si fossero concentrati esclusivamente sulla parola “conflitto” e non sulle possibilità di gestione. Facendoglielo notare, i ragazzi hanno poi parlato di “autocontrollo” e “pazienza”. È stato chiesto loro di indicare, su una scala da 1 a 10, quanto si sentissero in grado di gestire un conflitto. Alcuni hanno risposto 7 e 6, altri 0 ed 1.

Per dare un’impronta più esperienziale all’incontro è stato proposto ai ragazzi di rappresentare “fisicamente” il conflitto: dopo aver pensato ad una situazione di conflitto di cui hanno fatto esperienza e a come hanno reagito in tale occasione è stato chiesto loro di mettersi in cerchio intorno al facilitatore che rappresentava fisicamente il “conflitto” e

di collocarsi nello spazio rappresentando attraverso il corpo il loro rapporto con il conflitto. Due ragazze si sono allontanate, gli altri si sono leggermente avvicinati al facilitatore.

E' stato poi mostrato ai ragazzi un video intitolato "The bridge" che presenta due diverse modalità di gestione dello stesso conflitto. I commenti dei ragazzi hanno messo in evidenza come il video mostri la capacità di "cercare una soluzione" e che "il conflitto non coinvolge solo te ma anche gli altri". Partendo dal video e dai commenti espressi si è ragionato sul fatto che esistano diversi modi di reagire al conflitto in base ai nostri obiettivi ed all'importanza che diamo alla relazione.

A tal proposito è stato mostrato un grafico con 5 animali localizzati in diverse posizioni lungo i 2 assi (appunto "obiettivi" e "relazioni") e che rappresentano 5 diverse modalità di gestione dei conflitti. Nello specifico la tartaruga rappresenta colui che evita; l'orsacchiotto colui che rinuncia ai propri interessi; lo squalo colui che vuole vincere; la volpe colui che cerca il compromesso ed il gufo colui che collabora. Ciascun ragazzo ha poi scelto l'animale che meglio lo rappresenta: c'è chi ha scelto il gufo, chi l'orsetto, chi la volpe e lo squalo, chi la tartaruga, lo squalo ed il gufo a seconda della situazione e chi li ha scelti tutti.

A questo punto è stato proposto ai ragazzi un esercizio di negoziazione di gruppo al fine di vedere direttamente le dinamiche che un conflitto può scatenare ed iniziare a riflettere in merito a come poterlo gestire correttamente. A tal proposito i ragazzi sono stati divisi in due gruppi, ad ognuno dei quali è stato dato un differente obiettivo rispetto ad un potenziale conflitto scatenato da una semplice arancia: il gruppo A doveva cercare di sbucciarla per fare la marmellata mentre il gruppo B doveva spremerla per fare un succo. Dopo un primo momento di stasi, si è creata un po' di tensione tra i due gruppi in quanto una ragazza del gruppo A ha iniziato a sbucciare l'arancia; sono state proposte diverse soluzioni ("spieghiamo a cosa ci serve", "dividiamo l'arancia") che non sono state ascoltate ed accolte, alla fine, dal momento che l'arancia era completamente sbucciata, la ragazza l'ha consegnata all'altro gruppo, in questo modo entrambi hanno raggiunto il loro obiettivo. Al termine dell'esercizio si è riflettuto insieme sulle dinamiche che possono scaturire, sul modo in cui un conflitto può essere gestito, sul ruolo delle emozioni e sull'importanza della comunicazione nella comprensione degli scopi e bisogni altrui.

I ragazzi hanno commentato che il raggiungimento di entrambi gli obiettivi è stato possibile attraverso "il dialogo ed il compromesso", "all'inizio c'è stata tensione, eravamo scontenti, poi ci siamo sistemati". Raccogliendo le impressioni dei ragazzi è emerso che "c'è bisogno di dialogare per portare a casa il proprio obiettivo senza scontrarsi", che "se ci si trova in una situazione dove il conflitto è per qualcosa di importante e se l'altra persona ha la nostra stessa necessità, poi sale il nervosismo e ci si arrabbia"; c'è chi ammette di aver provato invano a "fare la volpe" e chi di "aver fatto l'orsetto". Al termine dell'esercizio è stata posta l'attenzione sull'importanza dell'aspetto emotivo (se si riesce a mantenere la lucidità si può gestire il conflitto) e della comunicazione (chiarire la situazione e capire gli obiettivi delle parti coinvolte) nella gestione del conflitto.

I ragazzi si sono sentiti coinvolti dalla tematica presentata, hanno apprezzato le attività proposte e partecipato attivamente esponendo il loro punto di vista e descrivendo esperienze personali.

Dall'analisi dei questionari consegnati ai ragazzi prima dell'incontro è emersa la percezione di una buona conoscenza dell'argomento (in media 7 su 10) e l'aspettativa di "parlare di comportamenti". L'incontro è stato valutato positivamente (un ragazzo ha risposto "molto buono", due ragazzi "buono" ed altri due "così così"), tutti lo consiglierebbero ad un amico perché "è interessante", "apre gli occhi", ed offre "l'opportunità di dialogare e scambiare opinioni e punti di vista". Inoltre i ragazzi suggeriscono di "aumentare il numero di esercizi" ed i "momenti in cui poter parlare di sé".

## LA GESTIONE DELLO STRESS E DELLA RABBIA

La prima parte dell'incontro è stata dedicata alla gestione della rabbia. L'argomento è stato introdotto chiedendo ai ragazzi di mimare alcune parole che hanno a che fare con la rabbia: frustrazione, dolore, paura, offesa, minaccia, aggressività e disprezzo. E' stato poi chiesto ai ragazzi di riflettere sul significato della parola "rabbia": cos'è la rabbia e da cosa è provocata? I ragazzi hanno fornito diverse risposte: "quando le cose non vanno come voglio", "quando ci sono troppe cose da fare", "quando qualcuno mi disturba", "per i miei genitori perché si sono lasciati".

Al fine di esplorare le diverse situazioni in cui ci si arrabbia, e le modalità di reazione ad esse, è stata proposta un'attività che prevedeva l'utilizzo di caramelle "M&Ms" di differenti colori e che è stata accolta dai ragazzi con entusiasmo. I ragazzi dovevano pescare un M&Ms ed in base al colore rispondere ad una specifica domanda (cosa ti fa arrabbiare? cosa ti calma quando sei arrabbiato? come sfoghi la tua rabbia?) o descrivere una situazione (descrivi una situazione in cui è stato difficile mantenere il controllo e non arrabbiarsi; descrivi una situazione in cui sei riuscito a mantenere il controllo; descrivi una scelta sbagliata che hai fatto quando eri arrabbiato e che ha peggiorato la situazione/una scelta giusta che ha migliorato la situazione).

Tra le risposte fornite dai ragazzi è emerso che la rabbia viene sfogata "rompendo le cose e buttandole in giro", e che un modo per calmarsi quando siamo arrabbiati è "parlare e confrontarsi" oppure "ascoltare musica per distrarsi". C'è chi ha raccontato di aver faticato a mantenere il controllo quando "la mamma mi ha detto che dovevo stare più tempo in casa" o di aver peggiorato la situazione quando "durante un litigio io e mio fratello ci siamo picchiati".

La seconda parte dell'incontro è stata dedicata alla gestione dello stress. L'argomento è stato introdotto attraverso un'attività che aveva lo scopo di far sperimentare ai ragazzi cosa volesse dire essere "sotto pressione". Per fare ciò è stato chiesto ai ragazzi di mettersi in cerchio ed iniziare a lanciarsi una palla in modo che tutti la ricevessero almeno una volta. I ragazzi dovevano memorizzare il percorso della palla e continuare a ripeterlo; ad un certo punto è stata introdotta una seconda palla con le stesse indicazioni ed infine anche una terza unitamente alla richiesta di aumentare il ritmo e la velocità dei passaggi. Le palle sono cadute ovunque, l'ordine dei passaggi non è sempre stato rispettato ma il gioco li ha divertiti molto ed è stato per loro un esempio pratico della difficoltà di gestire tante situazioni contemporaneamente. Si è poi riflettuto insieme sulle similarità tra l'attività appena compiuta e la vita reale: ci destreggiamo tra tante cose da fare in uno stesso momento e, se non siamo concentrati, le cose ci scappano di mano! Allo stesso tempo se ci focalizziamo troppo sul passato o sul futuro, le cose ci piombano addosso perché non siamo in allerta.

Successivamente ai ragazzi è stato chiesto di riflettere sui segnali dello stress: come ci accorgiamo di essere stressati? Su un cartellone è stata disegnata la sagoma di un corpo umano, le risposte fornite dai ragazzi venivano trascritte su post-it e poi posizionate in diverse parti della sagoma a seconda del fatto che si trattasse di segnali di tipo emotivo (sul cuore), cognitivo (sulla testa) o fisico (sul corpo). Tra i segnali individuati dai ragazzi si ha: mal di testa, stanchezza, agitazione fisica, insonnia, tic nervosi, aggressività, dolore al cuore, malessere, lapsus, dolori fisici, bisogno di urlare, alti e bassi, voglia di piangere e confusione..

Ai ragazzi è stato chiesto poi di compilare un breve questionario con l'obiettivo di riflettere sulle situazioni che li stressano maggiormente (ad esempio i compiti a casa, troppe cose da fare, litigi in famiglia o con gli amici, attività di cura..). Dai questionari sono emersi punteggi elevati in tutte le situazioni presentate. Queste attività hanno avuto un impatto molto forte su una ragazza che ha raccontato che la fonte di maggior stress è data dall'impossibilità di vedere il suo papà.

E' stato chiesto ai ragazzi, partendo da esperienze personali, quali tecniche solitamente utilizzano per calmarsi nei momenti di maggior stress. E' stato poi proposto un breve esercizio di rilassamento che può essere utile nei momenti di stress; i ragazzi dovevano concentrarsi sul respiro, sull'aria che entra dal naso ed esce dalla bocca, ed esercitarsi a mantenerne il ritmo seguendo con il dito indice di una mano il profilo dell'altra mano, dalla base del pollice fino al mignolo,

alternando lente inspirazioni ed espirazioni al passaggio da un dito all'altro. Al termine dell'esercizio è stato chiesto ai ragazzi come si sentissero, che tipo di sensazioni avessero esperito, se la trovassero una tecnica utile ed eventualmente in quali circostanze. L'incontro è terminato con la costruzione di un oggetto anti-stress.

Dall'analisi dei questionari consegnati ai ragazzi prima dell'incontro è emersa la percezione di una conoscenza intermedia dell'argomento (in media 6,5 su 10) e l'aspettativa di "imparare strategie", "capire come le persone reagiscono in queste situazioni", "ricevere aiuto".

Al termine dell'incontro i ragazzi hanno chiesto un approfondimento sul tema della gestione della rabbia dal momento che questa emozione è strettamente connessa con le situazioni di stress e di conflitto. Questo feedback, a nostro avviso molto interessante, è stato accolto con entusiasmo ed ha esitato nella pianificazione di un ulteriore intervento dedicato al tema richiesto, non originariamente previsto.

## LA GESTIONE DELLA RABBIA - APPROFONDIMENTO

Come accennato, il terzo ed ultimo incontro è stato incentrato su fornire ai ragazzi strumenti per rafforzare la loro capacità di gestire la rabbia.

L'argomento è stato introdotto chiedendo ai ragazzi di pensare a cosa li fa arrabbiare, distinguendo le situazioni in cui si arrabbiano per qualcosa che fanno in prima persona, per qualcosa che fanno gli altri o per la situazione in cui si trovano in quel momento. Raccogliendo le risposte dei ragazzi è emerso che spesso si arrabbiano per qualcosa che altri fanno nei loro confronti ("quando un altro tocca la mia roba", "quando mia mamma mi chiama per la cena che poi non è pronta", "quando gli altri si intromettono nelle mie cose e mi dicono come farle", "quando gli altri non mi capiscono"), ma anche per cose che fanno in prima persona ("quando faccio qualcosa che poi si rivela essere sbagliata", "quando mi sento inadeguata"). I ragazzi sono stati stimolati a ragionare sull'importanza di riconoscere le situazioni che portano ad arrabbiarci al fine di avere del tempo utile per riflettere prima di agire.

Successivamente ai ragazzi è stato chiesto di riflettere su ciò che succede quando ci arrabbiamo. E' stato spiegato ai ragazzi che la rabbia si ripercuote a diversi livelli: sui nostri pensieri ed emozioni; sul corpo e sulla salute e sulle relazioni e comunicazione. Le risposte dei ragazzi venivano annotate su post-it e posizionate su un cartellone in cui erano rappresentati i vari livelli sopracitati. Per quanto concerne il corpo e la salute i ragazzi hanno fornito le seguenti risposte: "caldo ovunque", "acido nello stomaco", "mal di testa", "tremore, batticuore", "come se avessi la febbre". Per i ragazzi la rabbia si ripercuote sui pensieri e sulle emozioni "rendendo agitati", "avendo voglia di piangere" e "facendo fatica a concentrarsi". Infine per quanto riguarda gli effetti della rabbia nel rapporto con gli altri i ragazzi hanno risposto che quando sono arrabbiati tendono a "guardare male l'altra persona", "alzare la voce", "rispondere male", "avere uno sguardo arrabbiato". Viene poi spiegata ai ragazzi la differenza tra la rabbia che viene sperimentata ma non espressa, e che si può manifestare con sintomi somatici (dolori, sfoghi cutanei...), e l'espressione esterna della rabbia che solitamente si manifesta attaccando o incolpando gli altri.

Durante questa prima parte dell'incontro i ragazzi si mostrano dapprima poco collaboranti ed interessati a prender parte alle attività proposte ma, se stimolati, partecipano condividendo il loro punto di vista.

Successivamente è stato chiesto ai ragazzi di pensare a cosa possiamo fare per gestire la rabbia. In che modo i nostri pensieri ci possono aiutare? Quali domande è utile porsi quando si è arrabbiati? "E' utile chiedersi se ne vale la pena, ma è difficile" e "pensare a qualcosa di positivo" sono state le risposte fornite dai ragazzi. E' stato spiegato loro che anche il nostro corpo ci può aiutare a gestire la rabbia, ad esempio attraverso il respiro, in quanto riuscire a mantenere un ritmo respiratorio lento e regolare aiuta a contrastare la tensione crescente. A tal proposito è stato proposto ai ragazzi l'esercizio della cannuccia che può aiutare a rallentare il respiro e rilassare i muscoli. I ragazzi dopo aver inspirato, do-

vevano espirare soffiando l'aria all'interno della cannuccia e cercando di far durare l'espirazione il più a lungo possibile. Dopo aver svolto l'esercizio una ragazza ha raccontato che in passato gli esercizi sulla respirazione, che la psicologa da cui era seguita per attacchi d'ansia le aveva proposto, le sono stati utili per l'ansia, ma che quando è arrabbiata per lei è più utile sfogarsi che rilassarsi. Nel raccontare la sua esperienza ha mostrato una buona consapevolezza in merito ai suoi vissuti ed alle capacità di gestione degli eventi stressanti, consapevolezza che non ci si aspetterebbe da una ragazza della sua età.

E' stato chiesto ai ragazzi di ragionare su come l'espressione della rabbia si possa ripercuotere sulle relazioni con le altre persone, e sul fatto che è più facile arrabbiarsi con le persone che ci stanno vicine, dal momento che da loro ci aspettiamo di essere capiti ed ascoltati. A questo punto alcuni ragazzi hanno spontaneamente condiviso esperienze personali da cui è emerso che c'è chi "tende ad accumulare la rabbia per poi scoppiare e pentirsi", chi "quando si arrabbia sta malissimo", chi pensa che "la rabbia possa essere qualcosa che abbiamo dentro da sempre" e chi sostiene che "per non arrabbiarsi bisogna essere equilibrati". Il facilitatore fa notare che anche le persone equilibrate si arrabbiano, tutti ci arrabbiamo, la differenza sta nella capacità di gestire questa emozione.

Viene poi presentata ai ragazzi la "lettera di sfogo", un modo per esprimere la propria rabbia che va oltre il sollievo dato dal fatto di essersi tolti un peso, e che permette di chiarire e ridefinire le relazioni con gli altri.

Al termine dell'incontro viene consegnata a ciascun ragazzo la "breve guida per la gestione della rabbia" che raccoglie informazioni, esercizi e consigli che possono essere utili per gestire la rabbia.

I ragazzi si sono sentiti coinvolti dalla tematica presentata, anche se non è stato sempre facile mantenere la loro attenzione. Una settimana dopo il termine dell'incontro, un'educatrice della cooperativa ci ha contattato per informarci che il workshop aveva avuto risvolti positivi notati anche da altri ragazzi che non avevano partecipato agli incontri.

Dall'analisi dei questionari consegnati ai ragazzi prima dell'incontro è emersa la percezione di una buona conoscenza iniziale dell'argomento (in media 7 su 10) e l'aspettativa di "aumentare l'abilità nella gestione della rabbia". Al termine dell'incontro i ragazzi hanno ritenuto di aver aumentato le loro conoscenze sulla tematica in oggetto (in media 9,6 su 10). La maggior parte dei ragazzi ha espresso un giudizio positivo sull'incontro e lo consiglierebbe agli amici in quanto permette di "chiarire i propri dubbi". Un partecipante ha dato una valutazione mediocre all'incontro in quanto non rispondente alle sue aspettative. Infine un ragazzo ha suggerito di sviluppare l'incontro in modo più dinamico.

## I RISULTATI DEL CORSO IN E-LEARNING

Sulla base dei workshop descritti pocanzi sono stati organizzati altrettanti corsi in modalità di E-learning. Nello specifico si è cercato di tradurre in e-learning le attività svolte in modalità face-to-face, mantenendo gli stessi obiettivi formativi ma adattando i contenuti alla modalità online e rendendoli accessibili agli utenti in modo individuale e senza la mediazione di un facilitatore. All'inizio di ciascun corso viene chiesto agli utenti di compilare un questionario al fine di raccogliere informazioni sulle pregresse conoscenze in merito alla tematica in oggetto. Ciascun corso termina con la compilazione del questionario di gradimento ed il rilascio dell'attestato di partecipazione.

La sperimentazione dell'e-learning è avvenuta su 61 operatori e 24 ragazzi.

## CORSO E-LEARNING RIVOLTO AI PROFESSIONISTI

Il corso online rivolto ai professionisti, ed intitolato "Formare gli operatori per supportare i giovani caregiver stranieri", ha l'obiettivo di esplorare le competenze che i giovani caregiver acquisiscono tramite la loro esperienza di cura, come la

resilienza, la percezione, l'empatia ed il problem solving. Ha, inoltre lo scopo di fornire strumenti chiave per supportarli nel riconoscimento di queste competenze e nel loro trasferimento in altri contesti della vita personale e professionale. Il corso inizia con la presentazione di una ricerca condotta in Svezia, Grecia, UK ed Italia nell'ambito del progetto CARE2WORK. Al termine della presentazione viene chiesto ai professionisti di riflettere, in base alla loro personale esperienza, in merito a quali ulteriori barriere i giovani caregiver stranieri devono affrontare nell'accesso all'educazione, alla formazione ed al lavoro. Viene poi chiesto loro di trascrivere il risultato delle loro personali riflessioni sulla tematica in oggetto.

Nella seconda unità i professionisti vengono condotti in un percorso di conoscenza delle competenze trasversali che i giovani caregiver sviluppano nell'ambito della loro esperienza di cura, competenze che possono aiutarli ad essere più resilienti e, nel medio termine, facilitare la loro transizione verso il mondo del lavoro o dell'istruzione superiore. Dopo aver letto un documento che descrive dettagliatamente le varie competenze quali l'empatia, la resilienza, la percezione, la motivazione, la gestione del conflitto e dello stress, il problem-solving, la comunicazione ed il lavoro di gruppo viene mostrato un video in cui sono raccolte le testimonianze di alcuni giovani caregiver inglesi. Al termine della proiezione si chiede ai professionisti di pensare, e poi trascrivere, a come queste competenze possano essere utili a questi ragazzi nel loro percorso formativo e come possano poi essere valorizzate in ambito lavorativo.

Nella terza unità gli utenti hanno l'opportunità di sperimentare cosa significa essere un giovane caregiver e poi di analizzare la situazione dal punto di vista di un operatore professionale. Per fare ciò viene presentato il caso di un giovane caregiver con la richiesta di individuare, e poi trascrivere, quali siano le principali difficoltà incontrate. Successivamente viene presentato un ulteriore caso di un giovane caregiver straniero con la richiesta di confrontare i due casi mettendo in luce le ulteriori difficoltà che un giovane caregiver straniero deve affrontare rispetto ad uno italiano. Il corso termina con uno spazio di riflessione dedicato alle pratiche professionali nel lavoro con giovani caregiver stranieri; in particolare si chiede ai professionisti di riflettere sulla loro capacità di focalizzarsi sui punti di forza dei ragazzi e di utilizzarli per il loro empowerment.

## **CORSI E-LEARNING RIVOLTI AI GIOVANI CAREGIVER**

### **LA GESTIONE DEL CONFLITTO**

La prima attività del corso online sulla gestione del conflitto ha l'obiettivo di far riflettere l'utente sulla sua personale idea di conflitto e su come solitamente tende a comportarsi davanti ad una situazione conflittuale. Gli si chiede, pertanto, di prendersi un attimo di tempo per riflettere sulla definizione di conflitto e prenderne nota. Successivamente gli viene chiesto di cercare un'immagine che rappresenti la sua modalità di reazione ai conflitti e di caricarla. Queste attività si configurano come spunti di riflessione che permettono all'utente di ritagliarsi un attimo di tempo per riflettere sulla sua modalità di reazione al conflitto (si spaventa? Lo evita? E' sicuro di sé?) e vedere se, al termine del corso, cambia, in qualche modo, la sua opinione a riguardo.

Nella seconda unità vengono presentati alcuni esempi di differenti strategie di gestione del conflitto. A tal fine viene mostrato lo stesso video proiettato durante il workshop sulla gestione del conflitto ed un documento in cui vengono ripresi i differenti stili di gestione del conflitto rappresentati dai diversi animali, come descritti nel workshop in presenza. Dopo aver letto le caratteristiche dei vari stili, si chiede all'utente di scegliere quello che si avvicina maggiormente al proprio e di pensare a come, eventualmente, potrebbe migliorarlo facendolo diventare più efficace.

Nella terza ed ultima unità all'utente vengono presentate alcune tecniche per gestire il conflitto in modo costruttivo con la richiesta di applicarle ad un caso concreto. Nello specifico dopo aver letto un documento contenente alcuni

suggerimenti su come gestire un conflitto in modo costruttivo, viene presentato un caso concreto con la richiesta di mappare le posizioni ed esigenze delle parti contendenti, ridefinire il problema e suggerire una possibile soluzione. La metodologia suggerita mira ad essere un punto di riferimento per poter considerare le diverse opzioni, e può essere utile in caso di conflitto.

## LA GESTIONE DELLO STRESS

La prima attività del corso online sulla gestione dello stress ha l'obiettivo di far riflettere l'utente su cos'è lo stress e come si manifesta. All'utente viene chiesto dapprima di cercare e caricare un'immagine che rappresenti lo stress e, successivamente, di ricercare su Internet, e trascrivere, il significato della parola. Viene poi presentato un breve documento da leggere che raccoglie alcune informazioni di base sullo stress (Cos'è lo stress, la differenza tra Eustress e Distress...).

La seconda unità ha l'obiettivo di far sperimentare, in modo ludico e per breve tempo, una situazione stressante. A tal fine si chiede all'utente di scaricare un'applicazione per Smartphone intitolata "Simple Math Under Pressure" e testarla. Questa applicazione presenta semplici operazioni matematiche che devono essere risolte in un brevissimo periodo di tempo. L'obiettivo consiste nel far sperimentare all'utente il fatto che quando si è sotto pressione diventa difficile svolgere anche le attività più semplici. Anche sommare 2+2 diventa difficile se c'è un timer che ci mette fretta! Si chiede poi all'utente di riflettere se nella sua esperienza di cura è capitato di faticare a svolgere anche semplici attività a causa delle tante richieste ed impegni.

La terza unità ha l'obiettivo di indagare le situazioni fonti di stress; a tal fine viene presentato un questionario in cui sono riportate diverse situazioni che possono causare stress e si chiede all'utente di valutare, su una scala da 1 a 10, quanto queste situazioni lo fanno sentire stressato. Si ha anche la possibilità di aggiungere altre situazioni personali che non sono citate nel questionario.

La quarta unità mira a far scoprire all'utente ciò che succede quando siamo stressati, in particolare che effetto ha lo stress sui pensieri, sulle emozioni e sul corpo. Al fine di far riflettere l'utente sul fatto che lo stress si possa ripercuotere a diversi livelli (fisico, cognitivo ed emotivo) viene presentata una lista di segnali, che fanno capire di essere stressati, e si chiede all'utente di selezionare quelli che ha esperito nella sua vita e di suddividerli in base alla tipologia. Oltre ai segnali elencati l'utente ha la possibilità di aggiungerne altri.

Nella quinta ed ultima unità vengono presentati alcuni esercizi ed attività che possono essere utili nella gestione dello stress. In primo luogo viene mostrato un video che presenta un esercizio di meditazione che dura un solo minuto e che, quindi, può essere utilizzato agevolmente in diverse situazioni. Viene poi chiesto agli utenti di scaricare una Applicazione per Smartphone, intitolata "Relax Melodies", che contiene melodie e musiche rilassanti che possono aiutare ad alleviare lo stress. Infine vengono presentati i Mandala la cui colorazione può essere considerata una forma di meditazione attiva che consente di focalizzare l'attenzione lontano dalle preoccupazioni. Gli utenti hanno la possibilità di scaricare alcuni Mandala da stampare e colorare. Agli utenti viene poi chiesto di leggere un documento che raccoglie alcune informazioni sulle diverse tecniche di gestione dello stress.

## LA GESTIONE DELLA RABBIA

La prima attività del corso online sulla gestione della rabbia ha l'obiettivo di far riflettere l'utente sulla rabbia e sulle emozioni ad essa associate; a tal proposito vengono presentate agli utenti diverse parole che hanno a che fare con la rabbia (ad esempio frustrazione, paura, risentimento) e si chiede loro di cercare e successivamente caricare, delle

immagini che rappresentino ciascuna di queste parole. Mentre svolgono questa attività si chiede loro di riflettere sulla relazione tra la rabbia e ciascuna di queste parole. In seguito agli utenti è richiesto di ricercare su Internet, e trascrivere, il significato della parola Rabbia e leggere un documento che contiene alcune informazioni di base su questa emozione.

La seconda unità ha l'obiettivo di far riflettere gli utenti sulle situazioni che li fanno arrabbiare. In particolare vengono presentate 3 differenti liste di situazioni in cui ci si può arrabbiare: per qualcosa che faccio in prima persona, per qualcosa che fanno altri o quando ci si trova in una certa situazione. Attraverso quiz a risposta multipla gli utenti dovranno selezionare le risposte che più si addicono e rispecchiano esperienze da loro vissute. C'è anche la possibilità di aggiungere altre esperienze personali che non sono presenti nelle liste sopracitate.

La terza unità mira a condurre l'utente in un percorso di conoscenza di ciò che accade quando si arrabbia. In particolare sull'effetto della rabbia sui nostri pensieri ed emozioni, sul corpo e sulla salute, sulle relazioni e sul modo di comunicare con gli altri. All'utente è richiesto di riflettere, e poi trascrivere, partendo dalla sua esperienza personale, cosa succede ai suoi pensieri ed al suo corpo quando si arrabbia e che effetto ha la sua rabbia sulle relazioni e sul modo di comunicare. Successivamente gli si chiede di leggere un documento che raccoglie alcune informazioni su ciò che accade quando ci arrabbiamo.

La quarta ed ultima unità, ha l'obiettivo di presentare all'utente esercizi ed attività che possono essere utili nella gestione della rabbia. Inizialmente si chiede all'utente di riflettere sulle domande che può essere utile porsi nelle situazioni in cui ci si arrabbia. In particolare vengono presentate diverse possibili domande (ad esempio "Sto reagendo in modo spropositato rispetto a ciò che mi ha fatto arrabbiare?", "Me la sto prendendo con qualcuno che non c'entra?") e si chiede di selezionare quelle che, in base alla propria esperienza personale, è capitato di porsi nei momenti di rabbia.

Successivamente si chiede agli utenti di riflettere sull'aiuto che il nostro corpo può darci nella gestione della rabbia ad esempio attraverso l'attività fisica per "buttar fuori" e scaricarsi, esercizi di rilassamento muscolare, esercizi sul respiro oppure utilizzando i 5 sensi, ad esempio osservando immagini di luoghi piacevoli o ascoltando una musica rilassante... A tal proposito si chiede all'utente di pensare ad una o più canzoni o musiche che possono essergli/le utili per rilassarsi nei momenti di tensione e di scriverne il/i titolo/i.

Infine viene presentata "la lettera di sfogo" (analoga a quella utilizzata nel workshop in presenza) con la richiesta di provare a scriverla ad una persona con cui ci si è arrabbiati molto.

## **RISULTATI DAL COINVOLGIMENTO DEI GIOVANI NELLA RICERCA E NELLA REALIZZAZIONE DEL PROGETTO**

Il progetto CARE2WORK si è posto fin dalla fase di progettazione l'obiettivo di assicurare un coinvolgimento costante di giovani nel percorso progettuale, al fine di garantire che il loro punto di vista fosse costantemente tenuto in considerazione nello sviluppo delle azioni previste.

Nello specifico, nell'esperienza italiana i ragazzi sono stati coinvolti sia nella fase di ricerca che in quella di implementazione. Nel primo caso, si tratta di sei giovani caregiver (in prevalenza di origine straniera) intervistati nella fase di ricerca sul campo condotta per la realizzazione del report "Giovani con responsabilità di cura in Italia". Il gruppo di ragazzi, con età media di 24,5 anni, è stato contattato con la collaborazione dei servizi sociali territoriali e intervistato, telefonicamente o di persona, con la specifica finalità di validare ed integrare i dati emersi dalla ricerca. Rispetto a questa attività è importante segnalare come vi siano state delle resistenze alla collaborazione alla ricerca (molti dei ragazzi contattati hanno rifiutato di partecipare) ma, al contempo, è importante sottolineare il valore aggiunto che le parole dei ragazzi hanno apportato rispetto ad un approfondimento della conoscenza di una problematica ancora così poco studiata.

Per quanto riguarda invece lo sviluppo dei laboratori didattici, ANS ha coinvolto 4 giovani studenti di una scuola locale, in azienda in occasione di un percorso di alternanza scuola-lavoro. I ragazzi hanno pre-testato tutti i materiali per verificarne la comprensibilità e il potenziale interesse per i propri coetanei. I feedback ricevuti sono stati certamente preziosi per i formatori, ma riteniamo importante anche sottolineare il contributo che questo lavoro ha dato nel sensibilizzare alcuni adolescenti del territorio a questa tematica. A questo scopo è anche utile menzionare il fatto che una classe di una scuola superiore del territorio abbia partecipato alla conferenza internazionale di lancio del progetto, tenutasi in Italia nel Febbraio 2016.

# Implicazioni per le pratiche e le politiche e raccomandazioni

## A LIVELLO NAZIONALE

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Il progetto CARE2WORK ha certamente messo in evidenza come l'esigenza di supportare i giovani caregiver sia emergente e riconosciuta da tutti gli operatori professionali a vario titolo intercettati tramite le attività progettuali (siano state esse di disseminazione o di sperimentazione). La formazione di questi operatori è dunque un pre-requisito perché possano essere in grado di identificare i giovani caregiver e sostenerli nella valorizzazione della propria esperienza di cura. I percorsi sviluppati dal progetto CARE2WORK, nella loro versione in presenza ma, ancora più facilmente, nella modalità e-learning, potrebbero fin da ora essere ampiamente diffusi per costituire un primo livello informativo comune a una varietà di professionisti coinvolti da questa tematica.

Da questa stessa comunità professionale che opera con gli adolescenti o con i loro genitori è inoltre avvertita la necessità di sviluppare o adattare strumenti e metodi del lavoro sociale, sanitario ed educativo per rispondere ai bisogni specifici di questo gruppo target. In questo ambito sarebbe certamente raccomandabile non ripartire da zero, ma costruire sulle esperienze e le risorse esistenti a livello europeo (e in parte anche già cristallizzate dal progetto CARE2WORK) per adattare al nostro contesto nazionale.

Rispetto, poi, allo specifico della valorizzazione delle competenze informalmente acquisite dai giovani caregiver, il tema si inserisce in quello più ampio del riconoscimento degli *skills* sviluppati al di fuori di contesti formali. L'Italia nel 2015 si è dotata, con un apposito D.M., di un quadro operativo per il riconoscimento a livello nazionale delle qualificazioni regionali e delle relative competenze e ha così posto le basi per dotarsi di un sistema di validazione e certificazione delle competenze, incluse quelle informali. Purtroppo la strada perché la prassi venga consolidata e divenga un diritto esercitabile dai cittadini, è ancora lunga, in particolare quando ci riferiamo agli apprendimenti informali.

In questo contesto, sarebbe auspicabile che venissero progettati percorsi di *fast-track* per alcune categorie particolarmente vulnerabili, come quella dei giovani caregiver. Rispetto a questo tema, gli strumenti di rafforzamento e capacità messi a punto nel progetto "CARE2WORK" possono rivelarsi un punto di partenza importante.

Rispetto a questo tema, segnaliamo inoltre come vi siano già delle pratiche promettenti, sia pre-esistenti al progetto che frutto del progetto stesso, che potrebbero essere diffuse.

Nel primo caso ci riferiamo alla legge regionale sul caregiving familiare della Regione Emilia Romagna (L.R. 2/2014) che prevede la validazione delle competenze acquisite informalmente per favorire l'inserimento lavorativo, in particolare nel settore della cura. Ciò consente al caregiver che voglia cercare occupazione in ambito assistenziale di far valere le esperienze maturate in ambito familiare, favorendo in questo modo il suo inserimento nel mondo del lavoro.

Come esito specifico del progetto CARE2WORK abbiamo invece due protocolli di intesa sperimentali sottoscritti con l'Agenzia per il Lavoro UMANA (come soggetto privato) e l'Agenzia Regionale per il Lavoro della Sardegna (in quanto soggetto pubblico) che hanno accettato di valutare gli esiti del progetto al fine di considerare l'adozione al proprio interno di alcuni percorsi specifici per sostenere l'occupabilità dei giovani caregiver.

## A LIVELLO EUROPEO

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Come accennato nel paragrafo precedente, il tema dei giovani con responsabilità di cura familiare è uno di quelli in cui appaiono più evidenti le potenzialità offerte dallo scambio e dal trasferimento di conoscenze e pratiche all'interno del contesto europeo. Allo stato attuale troviamo infatti dei Paesi (*in primis* il Regno Unito e l'Irlanda) con conoscenze ed esperienze ormai fortemente consolidate, altri – come l'Olanda o la Svezia, per esempio – in cui il tema inizia ad essere visibile a livello nazionale ed infine Paesi come l'Italia (con soltanto alcune esperienze a livello locale) o le nazioni dell'Est Europa (in cui è del tutto sconosciuto).

L'Unione Europea dovrebbe quindi continuare a supportare, attraverso programmi ed iniziative quali Erasmus+, la creazione di reti tra organizzazioni con un solido patrimonio di conoscenze ed esperienze ed altre che lavorano perché il tema inizi ad essere riconosciuto nel proprio Paese.

La spinta europea è inoltre stata fondamentale in molti Paesi per arrivare all'adozione di norme sul riconoscimento delle competenze (è infatti con la raccomandazione del 2012 sulla “convalida dell'apprendimento non formale e informale” il Consiglio Europeo ha chiesto agli Stati membri di istituire entro il 2018 procedure per la convalida degli apprendimenti non formali e formali). Tuttavia, come dicevamo nel paragrafo precedente, molti Paesi sono ancora distanti dall'obiettivo di rendere il riconoscimento delle competenze informalmente acquisite un diritto esigibile, soprattutto da coloro che provengono da situazioni di svantaggio.

Rispetto a questo, riteniamo che l'UE possa quindi svolgere ancora un ruolo importante come luogo di sperimentazione, prima, e di sostegno, poi, all'adozione di politiche rivolte a questo specifico obiettivo.

Infine, come sappiamo, nell'ambito del Programma Erasmus+ è inclusa come priorità di intervento il supporto allo sviluppo professionale di educatori ed animatori giovanili. In questo ambito sarebbe importante riconoscere in modo esplicito il ruolo che questa tipologia di operatori già svolge a favore dei giovani caregiver e soprattutto le ulteriori funzioni di supporto che i servizi afferenti alle politiche giovanili – e non solo quelli sanitari o sociali in senso stretto – possono mettere in campo per sostenere questo gruppo target.

Per questo il Programma Erasmus+ potrà, auspicabilmente, continuare a svolgere un'importante funzione di impulso alla qualificazione e al riconoscimento di questa categoria di professionisti a livello europeo.

# Sintesi e conclusioni

Il progetto CARE2WORK si è posto come obiettivo principale quello di riconoscere e valorizzare le competenze maturate dai giovani caregiver, ma anche – come condizione necessaria per il conseguimento di questo risultato – quello di cercare di attirare l’attenzione di operatori e *policy maker* sulla questione della cura in adolescenza.

Con questa finalità sono stati elaborati e successivamente sperimentati dei percorsi formativi, sia in presenza che a distanza, rivolti sia ad operatori che lavorano a contatto con gli adolescenti sia ai ragazzi stessi. Nel primo caso l’obiettivo era fornire competenze di base per il riconoscimento e il sostegno, nel secondo dare strumenti per valorizzare competenze trasversali che spesso i caregiver sviluppano nell’esperienza assistenziale.

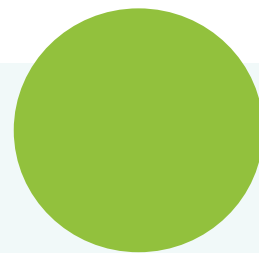
La sperimentazione realizzata ha mostrato l’apprezzamento e l’efficacia dei laboratori nel perseguire gli obiettivi prefissati: sono stati partecipati attivamente e i riscontri sono stati positivi, sia in relazione ai contenuti trasferiti che alle modalità adottate.

Il progetto e i prodotti realizzati, come abbiamo visto nella sezione di raccomandazioni, possono contribuire attivamente al conseguimento di alcuni obiettivi primari per poter sostenere i giovani caregiver a livello nazionale: la sensibilizzazione e la qualificazione degli operatori, lo scambio di pratiche ed esperienze, il riconoscimento di competenze sviluppate informalmente e – infine – la facilitazione nei percorsi di ingresso nel mercato del lavoro.

CARE2WORK contribuisce però anche all’attuazione di obiettivi europei, come ad esempio il riconoscimento degli apprendimenti informali e allo sviluppo professionale di educatori ed animatori giovanili.

Ultimo, ma non meno importante, il progetto ha contribuito al consolidamento e all’ampliamento di un network europeo di organizzazioni che lavorano insieme per sostenere gli adolescenti con responsabilità di cura. Nella consapevolezza che, come ha sostenuto un partecipante al workshop per educatori: *“non occuparsi dei più giovani oggi implica dover intervenire su situazioni assai più gravi domani”*.

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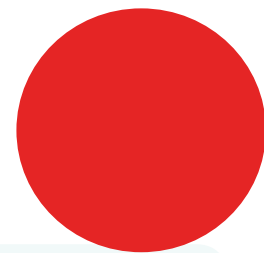
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# SWEDEN

## National Report



STYRKOR OCH FÄRDIGHETER SOM MÖJLIGHETER I  
UTBILDNING OCH ARBETE FÖR UNGA OMSORGSGIVA-  
RE MED MINORITETS- OCH UTLÄNDSK BAKGRUND

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NATIONELLT KOMPETENSCENTRUM ANHÖRIGA OCH LINNÉUNIVERSITETET

Questo Nationellt kompetenscentrum anhöriga (Nka), som är en del av Linnéuniversitetet, är en av aktörerna i det nationella utvecklingsuppdraget kring barn som anhöriga, som Socialstyrelsen är huvudman för ([www.anhoriga.se](http://www.anhoriga.se)). Nka arbetar som ett expertstöd för praktiker, beslutsfattare och andra aktörer inom området barn som anhöriga. Nka har ingått som ett av partnerländerna inom det Erasmus+ (KA2 Youth) finansierade projektet Care2Work tillsammans med the IARS International Institute (Storbritannien, projektkoordinator), the Family and Children Care Centre (KMOP, Grekland) och Anziani e Non Solo (Italien). Projektet Care2Work handlar om unga omsorgsgivare med minoritets- och utländsk bakgrund inom Europa, och de hinder och möjligheter de kan uppleva inför framtida utbildning, träning och arbete ([www.care2work.org](http://www.care2work.org)). Under projekttiden har vi undersökt hur ett utbildningsstöd för unga omsorgsgivare (15-29 år) med minoritets- och utländsk bakgrund skulle kunna utformas. Utöver det har en kartläggning av befintliga verksamheter och utbildnings- eller stödfunktioner som direkt eller indirekt riktar sig till målgruppen genomförts.

Den här rapporten är en sammanställning av de lärdomar och reflektioner som vuxit fram under projekttiden. Vi har inte funnit någon forskning i Sverige som direkt belyser den här gruppen utan har istället använt oss av forskning där målgruppen indirekt är berörd tillsammans med de studier vi själva genomfört. Det här gör det än viktigare att lärdomar från projektet används som material i utformandet av stöd till unga omsorgsgivare samt vägledning i de kunskapsluckor som finns inom området. Under projekttiden har de deltagande länderna bidragit i skapandet av en interaktiv webbplattform som innehåller utbildningsverktyg, hjälpmedel, bloggar, projektuppdateringar, events och nyheter. Webbplatsen ([www.care2work.org](http://www.care2work.org)) är speciellt designad för en bred målgrupp som inkluderar unga omsorgsgivare, ungdomsledare, forskare, akademiker, beslutsfattare och arbetsgivare. Den nya webbplattformen syftar till att öka medvetenheten om behoven hos unga omsorgsgivare och skapar en mötesplats för kreativa debatter bland olika berörda parter. Webbplatsen erbjuder även en rad innovativa utbildningsverktyg, som riktar sig till både unga omsorgsgivare och professionella, och kan användas för att höja och framhäva unga omsorgsgivares kompetens och kunskap som de förvärvat genom anhörigomsorg och därmed ökat deras utbildningsmöjlighet och anställningsbarhet.

# INLEDNING

Nka strävar efter att bygga upp kunskap om barn som anhöriga, och en del av dessa barn som är anhöriga är också unga omsorgsgivare. Att vara ung omsorgsgivare medför att ta ett stort ansvar i att ge stöd/omsorg till en anhörig som är handikappad, har en kronisk sjukdom, psykiska problem eller andra svårigheter (Becker, 2000, 2015; Nordenfors, Melander, & Daneback, 2014). Stödet/omsorgen, som den unga omsorgsgivaren ger kan bestå av hushållsarbete, fysisk omvårdnad, ta hand om syskon eller bidra ekonomiska till familjens försörjning. Dessa unga omsorgsgivare får ofta svårt med att skaffa sig en utbildning (Becker, 2015; Becker & Leu, 2014; Nordenfors et al., 2014) och blir begränsade i att kunna få ett arbete på grund av sitt omsorgsansvar (Becker & Leu, 2014). Trots allt, genom att ha detta omsorgsansvar, utvecklar unga omsorgsgivare ofta flera styrkor och färdigheter som kan hjälpa dem att bli mer motståndskraftiga, problemlösande och mer oberoende (Aldridge & Becker, 2003; Becker, 2015; Nordenfors et al., 2014).

Det kan hävdas att sådana färdigheter på lång sikt kan hjälpa dem till utbildning eller trygga deras möjlighet till arbete. Utifrån detta har Care2Work-projektet utforskat hur ett utbildningsstöd för unga omsorgsgivare med minoritets- och utländsk bakgrund (15-29 år) kan designas så de kan få hjälp med att bli mer medvetna om sina styrkor och färdigheter, och hur de kan användas i framtida utbildning och arbete. Under projektet har en kartläggning av befintliga resurser genomförts, utbildnings- och stödfunktioner som direkt eller indirekt ger stöd till målgruppen har skapats. Denna slutrapport återger vad vi lärt oss genom Care2Work-projektet. Den inkluderar resultat från vår forskning, workshops och onlinekurser, samt de erfarenheter vi fått från våra möten med de deltagande länderna. Detta avslutas med en summering och förslag på förbättringsområden nationellt såväl som inom Europa, och för framtida ERASMUS+-projekt.

Den forskning som inledningsvis genomfördes i de fyra länderna (Sverige, Storbritannien, Grekland och Italien) visar att anhörigskap vid ung ålder kan vara en positiv erfarenhet trots de utmaningar det kan medföra. Att utöva omsorg om en närstående kan till exempel bidra till ökad motståndskraft och empati hos de unga omsorgsgivarna och hjälpa dem att utveckla sociala och praktiska färdigheter inom ledarskap, lagarbete, kommunikation, stress- och konflikthantering.

Den forskning vi funnit i Sverige som indirekt berör målgruppen för projektet handlar nästan uteslutande om vilka risker det innebär för barn som är unga omsorgsgivare, och vi lyfter även risker i vår rapport eftersom det måste ställas i relation till styrkor och färdigheter. När vi ska utforma stöd till målgruppen i framtiden har vi genom projektet bidragit med ett fokus på styrkor, färdigheter, motståndskraft och egenmakt. Vår förhoppning är att det ska användas och att vi genom perspektivet som inkluderar positiva konsekvenser gör att projektet blir en vägvisare för kommande forsknings- och utvecklingsarbeten i att inte enbart fokusera på risker.

## BAKGRUND

### VÄLFÄRDSSTATENS FRAMVÄXT I SVERIGE HAR BETYDELSE FÖR ANHÖRIGAS ROLL

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I Sverige råder en samhällsstruktur som bygger på att barn och unga ska gå i skolan (skolplikt) och personer med arbetsförmåga ska arbeta. Människor som är i behov av omsorg ska få den omsorg de behöver från samhället. Möjligheter att betala för sin egen eller sina anhörigas omsorg är begränsad, medan mycket av omsorgen subventioneras av staten. Hälso- och sjukvårdsinsatser får endast utföras på uppdrag av hälso- och sjukvårdshuvudmannen, med få undantag.

Genom lagstiftning på olika områden har den svenska politiken visat på att det är samhällets uppgift och ansvar att sörja för, och har därmed övertagit en allt större del av ansvaret för, omsorgen. Även om vissa förändringar med bland annat privatisering av vård och omsorg skett under senare årtionden är synen på vem som ansvarar för omsorgen än idag den att stödet ska komma från stat och kommun tongivande (Stockholmskällan, 2015).

Så långt tillbaka som vi har historiska källor har det främst varit familjens, kyrkans och lokalsamhällets ansvar att ta hand om sjuka och de som inte kan försörja sig själva. Under 1800-talet blev det allt vanligare med att välgörenhetsorganisationer arbetade ideellt för att hjälpa utsatta människor. På 1900-talet blev det en rättighet för medborgarna att få vård, omsorg och utbildning och det så kallade välfärdssamhället växte fram. Under 1900-talet blev det mer samhällets plikt att hjälpa medborgarna, och det blev en mänsklig rättighet att få sina grundläggande behov tillgodosedda. Genom skattesystemet omfördelades samhällets resurser så skola, barnomsorg, social omsorg och sjukvård bekostades till stor del med allmänna medel (Stockholmskällan, 2015).

Olika lagar som instiftades under 1900-talet syftade till att frigöra ansvaret från familjen och det ideella arbetet, det har dock fortsatt att förekomma men då på andra grunder. Bland annat infördes folkpensionen år 1913 och på 1930-talet påbörjades satsningar för att bekämpa arbetslösheten, förbättra bostadsförhållanden och skapa ett trygghetsnät genom statligt stöd till sjukförsäkringskassorna. Socialpolitiken blev ett instrument för en omfördelning av samhällsresurserna och en utjämning av de ekonomiska och sociala skillnaderna mellan olika samhällsgrupper. Men alla satsningar kom av sig något när det andra världskriget bröt ut 1939 (Sociala missionen, 2015).

Tillsammans med social- och familjepolitiska reformer bidrog så efterkrigstidens reformarbete inom det arbetsmarknadspolitiska området till att omkullkasta forna idéer om manliga familjeförsörjare och kvinnliga omsorgsgivare (Leira, 2002; Lewis, 2001 se Lundqvist, 2013), och barns försörjningsplikt för sina föräldrar upphörde under 1950-talet (Sociala missionen, 2015). En familjemodell och familjediskurs växte fram som bestod av två jämställda och förvärvsarbetande vuxna vars barn tillbringade dagarna i offentligt finansierad barnomsorg (Leira, 2002; Lewis, 2001 se Lundqvist, 2013), en omvandling så grundläggande att den har kallats för en oblodig revolution (Florin & Nilsson, 2000 se Lundqvist, 2013). I denna kontext formulerades periodens politiska ambitioner där välfärdssamhällets grund skulle vila på full sysselsättning, hög tillväxt, låg inflation och förbättrade sociala villkor för alla medborgare. För att möjliggöra dessa ambitioner sattes en konjunkturreglerande ekonomisk politik, som fram till mitten av 1960-talet utmärktes i flera avseenden av en djärvt formulerad ekonomisk-politisk modell, med tillhörande arbetsmarknads- och socialpolitiska reformprogram, som i grunden förändrade Sverige (Edebalk, Swärd & Wadensjö, 2013; Olsson, 1991 se Lundqvist, 2013).

## BARN OCH UNGA SOM OMSORGSGIVARE

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”Barn” är ett relativt begrepp som definieras på olika sätt i olika kulturer och länder. I västvärldens definieras barn efter ålder och mognad tolkad genom utvecklingspsykologin. Med ett sådant perspektiv anses inte barn mogna och kompetenta att ta huvudansvaret för en vuxen persons omsorgsbehov (Aldridge & Becker, 2003). Att vara barn som anhörig innebär en särskild utsatthet, de blir ofta aktiva aktörer i att hantera typiskt vuxenansvar i familjen och har därmed ett särskilt stort stödbehov både känslomässigt och praktiskt. Alla anhöriga barn utför dock inte ett kvalificerat omsorgsarbete som inbegrips i definitionen av att vara ung omsorgsgivare (Nordenfors & Melander, 2016). Att fenomenet ”unga omsorgsgivare” ändå uppstår är oundvikligt. I familjesystem där föräldrar eller andra vuxna drabbas av sjukdom kan vi förvänta oss att barn tar på sig omsorgsansvar för sig själva och andra familjemedlemmar. Det här utmanar perspektivet på barndomen som ett oskuldsfullt och ansvarsbefriat stadium där barnen enbart är mottagare av omsorg från

vuxna. Barn är aktiva aktörer i ett familjesystem vare sig vi vill det eller inte. Att barn utövar en viss grad av omsorg är ibland nödvändigt för familjens överlevnad, och betraktas i många samhällen som helt naturligt och självklart (Aldridge & Becker, 2003).

Saul Becker har skapat både definitioner och graderingar av svårighets- eller problemgraden för gruppen unga omsorgsgivare. Becker och Leu (2014) har i sin forskningsgenomgång hittat argument för att unga omsorgsgivare skiljer sig från andra barn både i utvecklingsländer och utvecklade länder. Skillnaderna rör sig om såväl omsorgsrelationen och resultaten för barnens utveckling. Storbritannien har organiserat och lagstadgat stöd till gruppen unga omsorgsgivare (Young Carers), och begreppet i sig är känt och vedertaget, medan svensk lag varken uppmärksammar eller avlastar barn som ger omsorg. Barn som är anhöriga uppmärksammas indirekt i Socialtjänstlagen (SFS 2001:453) och direkt enligt Hälso- och sjukvårdslagen (SFS, 2017:30, 5 kap. § 7) samt Patientsäkerhetslagen (SFS 2010:659, 6 kap. § 5) enligt följande:

”Ett barns behov av information, råd och stöd ska särskilt beaktas om barnets förälder eller någon annan vuxen som barnet varaktigt bor tillsammans med

1. har en psykisk störning eller en psykisk funktionsnedsättning,
2. har en allvarlig fysisk sjukdom eller skada, eller
3. är missbrukare av alkohol eller något annat beroendeframkallande medel i form av att de ska ges information, råd eller stöd.”

Så hur gruppen beskrivs och definieras skiljer sig åt mellan och ibland inom olika länder. Saul Becker beskriver unga omsorgsgivare som unga personer, under 18 år, som ger vård, omsorg eller stöd till en annan familjemedlem. Mottagaren är ofta en förälder, men kan ibland vara syskon, mor- och farföräldrar eller annan anhörig (Becker, 2000). Becker delar också in unga omsorgsgivare i en graderad skala som tydliggör vad det kan innebära att vara ung omsorgsgivare, och hur arbetsbelastningen ser ut. Den grova graderingen delar in gruppen unga omsorgsgivare i de, inom gruppen sett, lägre belastade som ger 0-19 timmar vård och omsorg per vecka. Nästa grupp i skalan är de som ger 20-49 timmar vård och omsorg per vecka, till den tyngst belastade gruppen hör unga omsorgsgivare som ger vård och omsorg mer än 50 timmar per vecka. Graderingen tar också hänsyn till omsorgsuppgifternas omfattning, svårighetsgrad samt hur de är anpassade till barnets ålder och kulturella kontext (Becker, 2015).

Kagitcibasi (2002) beskriver tre olika familjemodeller världen över. Modellerna är mer eller mindre tydliga i olika familjer och i olika kulturer, miljöer och sammanhang, och förväntningarna på barn skiljer sig åt. Den familjemodell hon kallar ömsesidigt beroende präglas av kollektivism. Man förväntas bidra till familjens välfärd under hela sitt liv och barn ses som en resurs för familjen. Den oberoende familjemodellen karakteriseras framförallt av att det är föräldrar som ger omsorg till barn och inte tvärtom. Uppfostran går ut på att göra barnen oberoende och självständiga. Hon beskriver vidare det hon kallar för den ömsesidigt känslomässigt beroende familjemodellen, där vuxna barn och föräldrar förväntas vara oberoende av varandra ekonomiskt, men inte känslomässigt (Kagitcibasi, 2002). Dessa familjemodeller är användbara i ett interkulturellt arbete med unga omsorgsgivare genom att de kan användas som analysstöd och vägledning i hur vi kan förstå och utforma stöd till både föräldrar och barn i familjer som migrerat till Sverige.

Barn kan vara omsorgsgivare till sina föräldrar av olika anledningar. Det finns en del situationer beskrivna i skandinavisk kontext som leder till föräldrafiering (Haugland, 2012; Lindgaard, 2006; Näsman & Alexanderson, 2015). Haugland (2012) beskriver olika rollmönster i föräldrafieringen hos barn (Haugland kallar det parentifiering). Det första rör sig om barn som har en föräldraroll i förhållande till sina föräldrar. Den andra beskrivningen av fenomenet är när barnet har en partnerliknande roll i förhållande till föräldern och de förhåller sig till varandra som om de tillhörde samma generation. Den tredje rollbeskrivningen är när barnet har en vuxenroll i förhållande till andra familjemedlemmar utan

rollbyte mellan barn och föräldrar. Föräldrafieringen kan ge både adaptiva, resiliensutvecklande, och destruktiva effekter för barnet. De destruktiva effekterna uppträder när barnet får en roll i familjen som inte är anpassad efter ålder och mognad. Det kan också innebära en risk att barnet känner skam inför att inte kunna tillgodose de behov i familjen som förväntas.

Förväntningarna på barn som bidragande till familjens försörjning skiljer sig åt mellan och inom länder. Familjens ekonomiska situation och föräldrarnas, eller kulturens, förväntan på barnets roll i familjen spelar roll för i hur hög grad barnet bidrar till familjens försörjning. I Sverige tillåts barn som är 13-15 och går i skolan att arbeta maximalt två timmar per dag eller 12 timmar per vecka (Arbetsmiljöverket, 2015). När barnen arbetar inom familjen är det dock föräldrarna som avgör hur mycket barnet får arbeta eftersom det är ett oreglerat område i svensk lag. Fattigdom ökar förväntningar från föräldrar på att barn ska bidra till försörjningen. Utländsk bakgrund och att leva med en ensamstående förälder innebär var för sig en ökad risk, och de barn som lever i familjer där båda dessa situationer råder är en särskilt utsatt grupp.

I det nationella arbetet kring barn som anhöriga och utifrån Hälso- och sjukvårdslagen, (SFS, 2017:30) ingår barn 0-18 år. Barn som anhöriga och unga omsorgsgivare är dock två skilda begrepp men det förstnämnda kan ses som det mer övergripande. I den europeiska definitionen av unga omsorgsgivare och BME (Black and Minority Ethnic) är åldersspannet för målgruppen 15-29 år. I anpassningen av BME-begreppet, som oss veterligen inte existerar i en svensk kontext eller forskning, har vi valt att översätta till unga omsorgsgivare med minoritets- och utländsk bakgrund. I vår översättning av BME till svensk kontext har vi utgått från den kunskap som idag finns kring det Socialstyrelsen valt att benämna interkulturellt perspektiv (Socialstyrelsen, 2010).

## BEFINTLIGT STÖD TILL MÅLGRUPPEN I SVERIGE

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I Sverige kan gruppen unga omsorgsgivare beskrivas som en dold population, då ämnet aldrig varit föremål för offentlig diskussion (Nordenfors et al., 2014; Näsman & Alexanderson, 2015). Det avspeglas i vår lagstiftning som ger vuxna anhängvårdare rätt till stöd och avlastning (Nordenfors et al., 2014; SFS, 2001:453) men inte till barn under 18 år (Regeringens proposition, 2008/09:82). Vi förutsätter att de inte utövar omsorg trots att cirka 7% av barn och unga (15-18 år) i vårt land är unga omsorgsgivare och flera av dessa har minoritets- och utländsk bakgrund (Nordenfors et al., 2014). I svenska lagrum berörs målgruppen unga omsorgsgivare mestadels i generella termer. Målgruppen kan tänkas ingå i beskrivningar av särskilt utsatta grupper som beskrivs i Socialtjänstlagen (SFS 2001:453), Hälso- och sjukvårdslagen (SFS, 2017:30) och Patientsäkerhetslagen (SFS 2010:659). FN:s konvention om barnets rättigheter är ratificerad i Sverige sedan 1990 (SÖ, 1990:20) och Socialdepartementet utreder just nu frågan om att inkorporera barnkonventionen i svensk lag.

Inledningsvis i projektet gjordes en genomgång för att hitta aktörer som erbjöd riktat stöd till målgruppen och 35 idéburna organisationer kontaktades. Av dessa var det ingen organisation som erbjöd ett riktat stöd, och av de som indirekt vände sig till målgruppen hade ingen ett specifikt, målgruppsanpassat stöd till unga omsorgsgivare. De upplevde också det som svårt att nå ut till målgruppen. Denna genomgång genomfördes under en period när myndigheter och organisationer som hanterar flyktingmottagande var särskilt hårt belastade, vilket bidrog till att det var svårt att få tillträde till de verksamheter vi ville komma i kontakt med.

## STYRKOR OCH FÄRDIGHETER HOS UNGA OMSORGSIVARE

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Under den första delen av projektet genomfördes en omfattande kvalitativ studie med unga omsorgsgivare och professionella inom de fyra europeiska länder (Storbritannien, Sverige, Italien och Grekland). Resultatet visade att det trots de motstånd och svårigheter det medför att vara ung omsorgsgivare även ger positiva erfarenheter. De unga omsorgsgivarna uppgav att det är positivt att lära sig ta ansvar, det skapar delaktighet och familjen blir viktig. Genom att ge omsorg utvecklar unga omsorgsgivare en mängd styrkor och färdigheter såsom motivation, perception, empati, problemlösning, konflikt-/stresshantering, kommunikation och teamarbete. Det ger en självkänsla/-förtroende och gör dem mer motståndskraftiga, vilket på sikt kan vara en tillgång för unga omsorgsgivare i övergången till anställning eller vidare utbildning och träning.

*Motivation* kan förklaras som en drivkraft till att göra något, ändra något, eller nå uppsatta mål. Det är individens eget val i att nå ett mål, men motivation kan påverkas av faktorer både utifrån och inifrån individen. Yttre motivation kommer från andra människor och kan vara beröm från vänner och fördelar av olika slag, medan inre motivation kommer inifrån individen själv och kan vara en känsla av att känna sig nöjd med sig själv och med något man har gjort. *Perception* är däremot den mentala processen om hur individer uppfattar sig själva, sin omgivning, andra människor, saker, och händelser men också det skrivna och sagda orden. Perception består av de tre komponenterna begriplighet, hanterbarhet och meningsfullhet som kan jämföras med KASAM, en känsla av sammanhang (jmf. Antonovsky, 1991). Begriplighet är känslan av att förstå vad som händer i livet, och att känna sig trygg med vad som ungefär kommer att hända i framtiden. Hanterbarhet är känslan av att ha kunskapen, förmågan, stödet eller de resurser som behövs för att ta hand om saker och ting som behöver göras i livet, så det känns hanterbart och under kontroll. Meningsfullhet är en känsla av att saker och ting i livet är intressanta och meningsfulla, att det individen gör är värt något, för individen själv, för någon annan eller kanske för samhället.

*Empati* kan förklaras med individens förmåga att förstå den kognitiva eller den affektiva statusen hos en annan person. Empati ses som förmågan att uppfatta och uppleva en annan människas känslor, och kan upplevas ytterligare om de känns igen med egna upplevda situationer. Empati involverar den affektiva förmågan att dela varandras känslor, den kognitiva förmågan att förstå varandras känslor och perspektiv, men också förmåga att kommunicera empatiska känslor och förståelsen till en annan genom verbala och/eller icke-verbala medel. *Problemlösning* är processen med att arbeta sig genom detaljerna av ett problem för att nå en lösning och kräver två olika typer av mentala färdigheter, kreativ och analytisk. Kreativt tänkande tar hjälp av fantasin för att skapa ett stort antal idéer till lösningar. Analytiskt tänkande inkluderar istället färdigheter såsom att ordna, jämföra, kontrastera, utvärdera och välja. Det ger en logisk ram för problemlösning och hjälper till att välja det bästa alternativet av de som är tillgängliga. *Konflikthantering* definieras som förmågan att reglera och lösa konflikter mellan två eller flera parter och omfattar förmågan att förhandla och lösa tvister. *Stresshantering* kan definieras som förmågan att kontrollera stress, hantera ångest och osäkerhet medan ett allmänt välbefinnande bibehålls.

*Kommunikation* betyder att "göra gemensamt" och handlar om att dela idéer, tankar och information mellan två eller flera personer. Det handlar också om att sprida och dela information och kunskap. Kommunikation kan vara både verbal och icke-verbal. *Teamarbete* är gemensamma ansträngningar av individer i ett lag för att nå ett gemensamt mål. Teamarbete består av en mix av interaktiva, mellanmänskliga, problemlösande och kommunikativa förmågor som krävs av en grupp människor som arbetar med en gemensam uppgift, i kompletterande roller, mot ett gemensamt mål vars utfall är större än vad som är möjligt att uppnå för en person som arbetar självständigt. *Motståndskraft* handlar om förmågan att anpassa sig framgångsrikt trots utmanande eller hotande omständigheter. Denna positiva anpassning avser förmågan att upprätthålla positiva resultat med tanke på ogynnsamma händelser i livet eller att återhämta sig snabbare från miljöfaktorer.

För unga omsorgsgivare finns det både negativa och positiva erfarenheter men det är viktigt att de får stöd för att bli stärkta i sin roll, att bli sedda och lyssnade till. Det är viktigt med sociala nätverk och att de får stöd för att klara av sin skolgång, sin träning och sitt arbete. Det är viktigt att unga omsorgsgivare blir medvetandegjorda om de styrkor och förmågor de besitter utifrån den omsorgsroll de har, och att de kan överföra dessa till andra områden.

## METOD

### CARE2WORK-PROJEKTETS FÖRSTA DEL

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Inledningsvis genomfördes den litteraturgenomgång som fokuserade på forskning innehållande begreppen barn som anhöriga och unga omsorgsgivare inom minoritets- och utländska grupper. En genomgång gjordes av de 35 idéburna organisationerna för att få en översikt om vilket stöd som ges till den aktuella målgruppen. Därefter kontaktades unga omsorgsgivare med minoritets- och utländsk bakgrund och professionella som arbetade med dessa grupper, och intervjuer genomfördes.

Under ett första kick-off möte i London, 30 juni 2015, träffades de deltagande länderna för att komma igång med projektet. Alla länder presenterade hur det såg ut i respektive land avseende barn som anhöriga, unga omsorgsgivare och unga omsorgsgivare med minoritets- och utländsk bakgrund. Det handlade också om hur unga omsorgsgivare skulle kunna rekryteras till projektet. Sverige föreslog annonsering via Facebook (en sida för professionella som arbetar med barn som anhöriga), kontakt med Drömmarnas hus, Rosengård i Malmö (ett allaktivitetscenter i ett område med över 100 olika nationaliteter), men också befintliga professionella nätverk. Data skulle samlas in via fokusgruppsintervjuer via internet, utifrån metoden "Lärande nätverk" (Sennemark, 2010), och individuella intervjuer med unga omsorgsgivare.

Resultaten av den första fasen diskuterades på ett projektmöte den 9 februari och presenterades den 10 februari 2016 vid en internationell konferens i Carpi, Italien, med titeln "*Barriers Understood*"- *Young BME Carers in Europe*. De fyra deltagande länderna presenterade sitt arbete och de resultat som framkommit så här långt inom projektet. En e-bok författades (Care2work project, 2016) med en sammanfattande del på engelska och där varje deltagande partnerland skrev ett kapitel på sitt eget språk (Nordqvist, Eliasson, & Hanson, 2016). Detta gav en inledande översyn av befintliga bästa praxis inom området och en teoretisk grund för det fortsatta arbetet. Denna första e-bok innehåller resultaten från våra inledande undersökningar, jämförande analyser, datainsamling och studier av verkliga fall (Nordqvist et al., 2016).

### CARE2WORK-PROJEKTETS ANDRA DEL

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Fortsatt under projektets andra del har två workshops, en om motivation och en om perception, skapats för och genomförts face to face med tre unga omsorgsgivare. Utöver det har Sverige skapat en workshop för professionella som genomförts med fem deltagare. De workshops som skapats i respektive land testades och utvärderades sedan ytterligare

av deltagare från de övriga länderna under ett träningssevent i Aten. Utifrån resultatet av träningsseventet arbetade de olika länderna om sina respektive workshop till interaktiva onlinekurser på sina respektive språk men också på engelska för att ge fler möjligheter till att ta del av dem. I Sverige skapades då två onlinekurser för unga omsorgsgivare, en om motivation och en om perception. Utöver det skapades en onlinekurs för professionella på svenska. En specialdesignad websida ([www.care2work.org](http://www.care2work.org)) iordningställdes av IARS, i syfte att öka medvetenheten om unga omsorgsgivares behov och för att erhålla en mötesplats för kreativa diskussioner mellan olika intressenter. De svenska onlinekurserna om motivation och perception och den för professionella är tillgängliga där tillsammans med onlinekurserna från våra partnerländer Storbritannien, Italien och Grekland.

I denna andra och avslutande e-bok beskrivs fortsättningen av projektet med genomförandet av workshops face to face med unga omsorgsgivare (den om motivation) och professionella, träningsseventet i Aten, onlinekurserna, nuvarande kunskapsläge men också de erfarenheter vi förvärvat under projektiden i respektive land, och tillsammans inom projektet Care2Work.

## UNGAS DELAKTIGHET I PROJEKTET

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Material till onlinekursen bygger på resultat av kvalitativ forskning med unga omsorgsgivare och professionella inom de fyra deltagande länder. Under arbetets gång med workshopen, i slutskedet innan formen bestämdes för dem, skickades materialet till IARS för kommentarer från deras ungdomsgrupp. Workshopen om motivation och perception har genomförts face to face i Sverige med unga omsorgsgivare och den för professionella har genomförts med de som arbetar med målgruppen. Likaså har onlinekurserna testats av unga omsorgsgivare och professionella inom området. Utöver det har två unga omsorgsgivare varit delaktiga i intervjuer och material (fallbeskrivning) till rapporten, workshopen och onlinekursen, och en ung omsorgsgivare deltar i slutkonferensen i London den 27 april 2017.

## RESULTAT

### WORKSHOP OM MOTIVATION – FACE TO FACE FÖR UNGA OMSORGSIVARE

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Den första workshopen handlade om motivation. Det var sex deltagare som anmälde sitt intresse men tre som slutligen deltog. De tre unga omsorgsgivarna gick på gymnasiet, två tjejer var från Sverige och en kille kom ursprungligen från Turkiet. Gruppen kändes nyfiken och lite avvaktande, men alla kom till tals och upplevde att de blev hörda i denna lilla grupp. Två deltagare kände varandra sedan tidigare vilket hjälpte till under samtalets gång. Två ledare höll i workshopen som tog tre timmar att genomföra. Den inleddes med en beskrivning av projektet och om motivation. Under workshopen fick deltagarna se en kort film om en ung omsorgsgivares vardag, efter det följde grupparbete, rollspel, diskussioner och reflektioner.

Workshopen fungerade bra och upplevdes som en ögonöppnare för de unga omsorgsgivarna som inte tidigare reflekterat över sin egen förmåga med att finna motivation. Deltagarna hjälpte varandra att hitta olika situationer (hemma, i skola och i arbete) där motivation kan vara en styrka, en styrka de kände att de hade. Grupparbetet handlade om att övertyga en arbetsgivare om att deras förmåga till att finna motivation är en styrka som anställd. Ledarna strukturerade reflektionerna avslutningsvis och sammanfattade med post-it lappar som de tillsammans arbetat fram i gruppen.

En deltagare ansåg att workshopen varit *bra* medan två ansåg att den varit *mycket bra* med följande kommentarer:

*“Att hjälpa människor som behöver det”*

*“Det har stärkt mig och jag har växt inom mig, fått en inre styrka”*

*“Ja, jag har fått en bättre känsla för verkligheten och kan hjälpa människor”*

Workshopen motsvarade deltagarnas förväntningar och de var överens om att motivation kan vara en styrka för dom personligen.

*“Det har fått mig att tänka på hur mycket jag egentligen fått ut av det [att vara en ung omsorgsgivare], att jag har utvecklats som människa. Att det ha bidragit till något positivt också”*

*“Fantastiskt att ni gör detta, det hjälper”*

Det var inget som saknades, men en av deltagarna tyckte att det kunde vara lite fler diskussionsövningar, och två ansåg att den kunde kortas ner lite i tid. Deltagarna rekommenderade workshopen till andra och ansåg att alla som var i en liknande situation borde få möjlighet att genomgå den. De ansåg att de blivit medvetna om de styrkor de har men det viktigaste var att de hade träffat andra som var i samma situation, nu förstod de att de inte var ensamma om att ha det så här. Det var en lättnad att upptäcka att det fanns fler ungdomar i samma situation och att kunna prata med andra som förstod hur dom har det.

*“Ja, bra diskussioner och bra att veta att fler haft det likadant som mig”*

Eftersom det var svårt att hitta deltagare med minoritets- och utländsk bakgrund valde ledarna att även ta med unga omsorgsgivare som var födda i Sverige. De ungdomar som deltog befann sig i olika faser och situationer. Den utlandsfödda ungdomen, som varit i Sverige i knappt två år, uttryckte andra och mer existentiella svårigheter och förväntningar än vad de två svenska ungdomarna gjorde. De svenska ungdomarna bekymrade sig om sina egna möjligheter gällande sitt eget mående och egna studier medan den ungdom som var relativt nyanländ till Sverige hade mer fokus på hur hela familjen skulle klara sig, hur de skulle få tak över huvudet och mat för dagen.

## WORKSHOP - FACE TO FACE PROFESSIONELLA

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Workshopen för de professionella pågick under en hel dag. Det var två fritidsledare och tre socialarbetare som deltog. Två av socialarbetarna arbetade på en gymnasieskola, en arbetade vid ett anhörigstödcentrum, medan fritidsledarna arbetade på en fritidsgård. Fyra av deltagarna var kvinnor och en var man, fyra kom från Sverige och en av deltagarna kom från Bosnien. En del pratade mer än andra i gruppen, beroende på deras olika personligheter, men alla fick komma till tals. Det var en seriös, glad och givande atmosfär. Genom blickar och kroppsspråk visade deltagarna intresse för varandras tankar och reflektioner.

Workshopen för de professionella inleddes med en introduktion av temat unga omsorgsgivare, en presentation av projektet och de styrkor och färdigheter som unga omsorgsgivare kan förvärva. De arbetade därefter i grupper, det var rollspel och övningar med diskussioner och reflektioner. Utifrån yrkesrollen vill socialarbetarna hjälpa ungdomarna

att komma ut ur sin besvärliga situation. Deltagarna ansåg att det är viktigt att ungdomarna upplever att de får hjälp med krisbearbetning och avlastning. Det fanns en motvilja mot att uppmuntra till att ungdomarna skulle se sina styrkor innan det praktiska var löst. Detta kändes inte etiskt rätt då det kunde formalisera de unga omsorgsgivarnas situation.

Avseende tid fungerade en heldag utmärkt för denna grupp av professionella, intresset varade hela dagen, och mer därtill, eftersom de ville ha mycket tid till grupparbete och diskussion. Fyra av deltagarna ansåg att workshopen varit *bra*, medan en ansåg att den varit *mycket bra*, alla kunde rekommendera den till andra. De ansåg att workshopen givit dem nya infallsvinklar, vidgat deras perspektiv om unga omsorgsgivares styrkor och färdigheter, och dess användningssområden, varit en ögonöppnare eftersom det är viktigt att lyfta frågan. De hade önskat att det var med deltagare från fler verksamheter såsom socialtjänsten för att även få ta del av deras erfarenhet och kunskaper men också för att de skulle få upp ögonen för situationen. Workshopen ledde fram till att deltagarna avslutade mötet med att prata om samverkan och gemensamma handlingsplaner, eftersom ämnet engagerar.

## TREDJE PROJEKTMÖTET OCH TRÄNINGSVECKAN I ATEN

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The Family and Child Care Centre (KMOP) i Grekland ordnade ett sex dagars lång träningsevent den 14-19 november 2016 i Aten. Det var 16 representanter med fyra deltagare från respektive partnerland som bestod av projektmedarbetare, professionella och personer som själva varit unga omsorgsgivare. Under träningseventet tog deltagarna del av och utvärderade workshopen som respektive land skapat och var ledare för men också den workshop som skapats i Sverige för professionella. Sverige presenterade sin workshop om motivation.

Det var fem deltagare som lämnade in en utvärdering av workshopen motivation. Två av dessa deltagare ansåg att workshopen i sin helhet var *mycket bra* medan tre ansåg att den var *bra*, alla fem kunde rekommendera den till andra. Det var inget som saknades men en av deltagarna önskade att rollspelet skulle utvecklas med samtal om alla färdigheterna och hur motivation kan bidra till och ligga bakom alla dessa färdigheter. Alla tyckte att workshopen motsvarat deras förväntningar och ansåg att motivation kan vara en styrka för dom personligen.

*”Att lära sig att få ut något positivt av en svår situation”*

*”Att jag har fått möjlighet att prata om detta”*

*”Har aldrig tänkt på detta som en hjälp i mitt arbete”*

Det var intressant att ta del av övriga länders workshops och diskutera ländernas olika förutsättningar och syn på unga omsorgsgivare med minoritets- och utländsk bakgrund. Trots att synen på och lagstiftningen om unga omsorgsgivare skiljer sig åt mellan de olika länderna var vi enade om beskrivningarna om de olika styrkorna och färdigheterna vilket visar på att vi trots våra kulturella skillnader höll med varandra och fungerade som en helhet.

### ONLINEKURSER FÖR UNGA OMSORGSIVARE

De olika onlinekurserna har designats specifikt för unga omsorgsgivare med minoritets- och utländsk bakgrund. Det är korta, engagerande och stärkande digitala verktyg som kan hjälpa dessa unga människor att öka sin medvetenhet om de styrkor och färdigheter som de förvärvat genom sina erfarenheter av att vara omsorgsgivare till en familjemedlem. Under kursernas moduler lyfts de positiva effekterna fram som anhörigskapet kan medföra och att de kan användas inom andra områden såsom arbete och utbildning. Det övergripande målet är att göra ungdomarna mer anställningsbara och underlätta för dem att komma in i vuxenlivet. De styrkor och färdigheter som kurserna omfattar är motivation, perception, kommunikation, teamwork, motståndskraft, empati, hantering av stress, konflikter och ilska. De kurser som inledningsvis finns tillgängliga på svenska är motivation och perception. På italienska är det hantering av konflikter, stress och ilska. På grekiska är det teamwork och kommunikation medan samtliga finns tillgängliga på engelska. Vardera kurs består av en till några timmars självstudier och deltagarna erhåller ett kursbevis efter genomgången kurs. Kurserna är certifierad enligt godkända riktlinjer (Continuous Professional Development, CPD). Länk till kurserna: <http://care2work.org/training/course/index.php?categoryid=2>

Totalt var det 20 unga omsorgsgivare som avsåg att testa onlinekursen motivation, men det var bara 14 som slutligen genomförde den. Av de som genomförde kursen och svarade på om kursen motsvarade deras förväntningar var det sex som ansåg detta *delvis* medan tre ansåg att den motsvarat deras förväntningar *helt*, en ansåg att den *inte* motsvarade förväntningarna. Två deltagare skattade kursen som *okej*, nio skattade den som *bra* medan en angav att den var *mycket bra*. Elva av tolv kunde rekommendera andra att gå kursen. Kommentarererna handlade om att kursen medfört en förståelse om att motivation är bra, att det finns olika motivation och att man måste vara motiverad för att göra saker bra. Den har medfört en medvetenhet om deras egen motivation, startat en reflektion vilket var positivt. I en uppgift ombads deltagarna att förklara på vilket sätt deras motivation kan hjälpa dem att nå sina mål, och här följer några exempel på vad de svarade:

*"Jag har gått igenom rätt mycket saker i livet, lyckats vända det och få ett liv som man aldrig trodde man skulle få"*

*"Jag kan använda mig av min motivation när det känns jobbigt. Motivationen är en drivkraft och vet man vad som motiverar en så är det enklare att 'koppla på' den drivkraften när saker känns svåra och jobbiga. Det handlar om att 'lura' sig själv lite. Att tänka positiva och peppande saker när man ser saker på ett negativt sätt. Jag föreställer mig målet och sedan tänker jag att jag har några delmål som jag ska nå innan jag når slutmålet. 'Bara lite till, bara lite till.'"*

*"Är man motiverad så är det en drivkraft att nå sina mål. Det är ingen annan som kan vara motiverad åt en, det är något man måste jobba med själv eller ha hos sig själv"*

På frågan om vad som kunde förbättras i kursen så handlade det om att den röda tråden i utbildningen inte är helt tydlig, ibland handlar det om jobb och ibland annat. Mer tydlig koppling till omsorgsgivarrollen, med fler exempel som medvetandegör rollen vore bra. Känns nu mest som underlag för reflektion, men en bra utgångspunkt för att börja reflektera över vad som driver en i olika situationer. Navigeringen behövde förbättras, det fanns en önskan om mer förklarande text att se vad andra svarat på frågorna, men också att få feedback på sina svar. Det fanns funderingar om varför svaren skulle anges skriftlig och vem som läser de svar som angivits. Av de sex deltagare som inte deltog var det en som ansåg att det var alltför komplicerat att skapa ett konto. Tre vägrade att delta när de insåg att de var tvungna att

skapa ett konto, de ville inte lämna ut sitt namn och sin e-postadress. Utöver det så var det en som inte hade tillgång till en dator. Dessutom fanns det en del som tyckte att det var för komplicerat att genomföra, vilket medförde att de endast testade en av de två kurserna motivation respektive perception.

## ONLINEKURSEN FÖR PROFESSIONELLA

Onlinekursen har designats, av den svenska projektgruppen, specifikt för yrkesverksamma som arbetar med eller kommer i kontakt med unga omsorgsgivare med minoritets- och utländsk bakgrund. Målgruppen för kursen omfattar exempelvis fritidsledare, socialarbetare och lärare. Den riktar sig till både erfarna och mindre erfarna utövare. Kursen är fri att använda och finns tillgänglig på svenska, engelska, italienska och grekiska. Kursen består av fyra kortare delar och bygger på praktiska scenarion och videobaserade övningar där deltagarna får möjlighet att reflektera och öka medvetenheten inom sina yrkesområden. Kursen består av en till några timmars självstudier och deltagarna erhåller ett kursbevis efter genomgången kurs. Kursen är certifierad enligt godkända riktlinjer (Continuous Professional Development, CPD) och syftet är att den ska:

- bidra till kunskap och öka medvetenheten om unga omsorgsgivares behov och situation i Sverige och Europa.
- ge professionella redskap, resurser och verktyg som kan användas direkt i mötet med unga omsorgsgivare (med syftet att synliggöra styrkor och färdigheter hos de unga omsorgsgivarna).
- ge träning med realistiska fall för att få en känsla av praktisk tillämpning i lärandet.

Länk till kursen: <http://care2work.org/training/course/index.php?categoryid=3>

Det var totalt 20 deltagare som avsåg att genomföra onlinekursen för professionella, avslutningsvis var det fjorton som genomförde den, medan sex av dem inte gjorde det. Av de som genomförde kursen och svarade på om kursen motsvarade deras förväntningar var det fyra som ansåg detta *delvis* medan fem ansåg att den motsvarat deras förväntningar *helt*. Tre deltagare skattade kursen som *okej*, fyra skattade den som *bra* medan tre angav att den var *mycket bra*. Tio av elva kunde rekommendera andra att gå kursen. Kommentarererna handlade om att kursen gav en klar och koncis beskrivning av situationen för unga omsorgsgivare i Europa idag. Den visade på hur de färdigheter unga omsorgsgivare har kan förvandlas till positiva aspekter som kan vara användbara i deras framtid arbetsituationer. Det var ett bra innehåll som gav en ökad förståelse, och den innehöll den information som var att förvänta sig av den här typen av kurser. När deltagarna fick svara på vad de ansåg om vad unga omsorgsgivares styrkor och färdigheter kan medföra på deras arbetsplats svarade de följande:

*"En mer flexibel, pålitlig, förstående och mogen arbetskollega som kan arbeta självständigt, men som också kan vara en bra lagspelare. Sådana styrkor och färdigheter är viktiga egenskaper som arbetsgivare söker hos en person i dag"*

*"Motivation, teamwork, och problemlösning är viktiga egenskaper på min arbetsplats"*

*"Att kunna lösa olika problem som dyker upp, en bra arbetskollega, stor empati, sociala färdigheter, en fin medmänniska, en mogen kollega man kan lita på, en duktig och flitig medarbetare"*

Deltagarna ombads reflektera över sina egna erfarenheter, om vilka ytterligare hinder unga omsorgsgivare, med minoritets- och utländsk bakgrund, kan ställas inför när det handlar om att få tillgång till utbildning, träning och arbete:

*"Hindret kan bestå i att de tar ett stort ansvar i hemmet och att de ej får möjlighet till utbildning och arbete. De kommer från en annan kultur där familjen har ett ansvar för varandra genom hela livet. I Sveriges välfärdsstat så fungerar det på ett annat sätt, vi har inte ansvar för familjens vuxna medlemmar. I Sverige förväntar vi oss att samhället träder in*

när vi blir sjuka och behöver omsorg. Vi vet idag att det inte är så. Allt fler anhöriga går in och tar ett stort ansvar och stöttar den närstående”

*”De kan möta stigmatisering och en brist på förståelse eller kunskap om deras vårdande situation hemma som kan göra det ännu svårare för dem att slutföra sin grundskoleutbildning och även gymnasieutbildning, vilket gör det svårare för dem att få kvalificerade arbeten i framtiden”*

*”De kan också ha en brist på tillräckligt stöd antingen hemifrån eller i sina egna nära nätverk för att tillräckligt kunna fokusera på sitt skolarbete, vilket gör det svårare för dem att uppnå höga betyg i skolan”*

På frågan om vad som kunde förbättras i kursen så handlade det om att det kunde vara några fler exempel, det fanns en önskan om att kunna se vad andra svarat på frågorna och att allt var på svenska. Kursen var också svår att navigera i, nu fick man hela tiden börja om från början efter att varje fråga var besvarad, och det saknades instruktioner om hur man gick vidare. Någon uttryckte det som att det var svårt att ta del av kursen både tekniskt och pedagogiskt. Av de sex som inte deltog var det fyra som ansåg att det var alldeles för komplicerat att skapa ett konto. Två fick vänta alltför länge på sina bekräftelser via e-post för att skapa sina konton, och efter det upplevdes det för komplicerat.

## NUVARANDE KUNSKAPSLÄGE

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I projektets början genomfördes en kartläggning av svensk forskning och kunskapsöversikter kring barn som anhöriga och unga omsorgsgivare i ett interkulturellt perspektiv. Trots att den globala forskningen kring unga omsorgsgivare visar att gruppen ökar i antal (Becker & Leu, 2014) är vår slutsats att fenomenet är ganska okänt och outforskat i Sverige. En del av förklaringen till det kan härröras till hur välfärdssamhället är uppbyggt och att barn betraktas som mottagare av omsorg. För att ändå försöka förstå målgruppen användes den svenska forskning som fanns kring unga omsorgsgivare.

Nordenfors med flera (2014) skickade ut en enkät till ett urval av svenska skolor för att göra en kartläggning om i vilken omfattning 15-18 åringar utövar omsorg i vårt land. Av de 2424 ungdomarna (respons=77%) som svarade var det sju procent som angav att de ägnade sig åt omfattande omsorgsarbete. Studien visade på en överrepresentation av utlandsfödda i gruppen med hög grad av omsorgsgivande. Liknande överrepresentation fanns bland de som hade utlandsfödda föräldrar. Tre procent svarade att de stannade hemma från skolan minst en dag i veckan för att ta hand om föräldrar, syskon eller annan anhörig, och 20 procent uppgav att de håller ett öga på sin förälder för att se till att föräldern mår bra. Tjugotre procent angav att de hjälpte en förälder att översätta och tolka information varje vecka eller varje månad, sex procent gjorde detta dagligen eller flera gånger per vecka. Hälften av ungdomarna som utövade hög grad av omsorg uppgav att de gav omsorg för syskon flera gånger i veckan, men det är inte alltid det äldre syskonet som tar hand om de yngre. (Nordenfors et al., 2014). I en intervju beskrev en av de intervjuade situationer där hon och hennes äldre bror förhandlade med varandra om vem som ska göra vad. En ytterligare form av omsorg som intervju-personerna beskriver, är att själv stå tillbaka. Det är ett känslomässigt stöd som yttrar sig i form av att låta någon annans behov gå före sina egna. En annan av de intervjuade pratar om problem i skolan som hon inte delgav sin mamma för att hon inte ville oroa henne (Nordenfors & Melander, 2016).

Rädda barnen publicerar rapporter om barnfattigdom i Sverige. År 2015 var det två procent av barnen, med sammanboende svenskfödda föräldrar, som levde i ekonomiskt utsatta hushåll. Bland gruppen barn som levde med en ensamstående utlandsfödd förälder var det 53 procent, och i gruppen barn som levde med sammanboende utlandsfödda föräldrar 34 procent. Att leva med utlandsfödda föräldrar har en stor betydelse för graden av ekonomisk utsatthet på generell nivå (Rädda barnen, 2015). Ensamkommande barn och professionella, som möter dessa barn (i Göteborgsre-

gionen), deltog i Stretmo och Melanders (2013) intervjustudie. Resultaten visar bland annat att de ensamkommande barnen tog ett omsorgsansvar genom att skicka pengar och ansöka om familjeåterföreningar. De levde med ett omsorgsansvar som var svårt att uppfylla, vilket ledde till oro, skuld- och negativa känslor (Stretmo & Melander, 2013).

I Nordenfors med fleras (2014) studie uppgav hälften av de som ger omsorg att de mår bra av att göra det. Flera svarade att de kände att de gör något bra och att det ger dem positiva känslor. De flesta svarade att omsorgsgivandet gör att de lär sig användbara saker, och att de känner sig bättre rustade att hantera problem och att de gillar vem de är (Nordenfors et al., 2014). När fyra unga omsorgsgivare intervjuades framkom att nätverket kan vara ett stöd, men ibland kan det även bidra till ökad belastning och en känsla av ansvar. En av de intervjuade beskriver hur det kan kännas som en press från andra vuxna i nätverket med att ta hand om sin förälder (Nordenfors & Melander, 2016). Vad som föranleder motivation och drivkraft kan skilja sig åt mellan unga omsorgsgivare. En av de intervjuade beskrev att hennes drivkraft till att anstränga sig i skolarbetet var viljan att ta sig ur sin situation. Hon var då också hjälpt av att andra vuxna sa till henne att hon skulle prioritera skolan (Nordenfors et al., 2014). Nordenfors och Melander (2016) jämför det som motiverade intervjupersonen med en brittisk intervjustudie där en av de intervjuades motiv till att anstränga sig i skolan var att kunna fortsätta vara ett stöd till sin familj. För att lyckas med det behövs bra utbildningsresultat för att kunna få en bra inkomst senare i livet (Thomas et al., 2003). Gemensamt är att motivation har betydelse.

# REFLEKTIONER OCH SLUTSATS

## UNGA OMSORGSGIVARE I ETT NATIONELLT PERSPEKTIV

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Näsman och Alexanderson (2015) resonerar om att vi faktiskt ska betrakta barn och unga som omsorgsgivare då det kan bidra till att barns behov av skydd och avlastning synliggörs. Detta är framför allt viktigt för barn som belastas mer än barn i allmänhet, och utifrån sin kultur (Näsman & Alexanderson, 2015). Vi behöver alltså ställa oss frågan om det är rätt att rikta insatser till barn som reagerar på ett, för situationen, adekvat och naturligt sätt. Ett mer riktat stöd till både föräldrar, syskon och de unga omsorgsgivarna själva kan underlätta för gruppen men en stor svårighet är att målgruppen är svår att nå med riktat stöd.

Den oberoende familjemodellen och utformningen av svensk lagstiftning säger oss att barn och vuxnas roller är helt åtskilda. Den forskning vi har gått igenom och de erfarenheter vi förvärvat under projektet pekar snarare på att verkligheten ser annorlunda ut och barn och föräldrar står i ett ömsesidigt förhållande till varandra. När vi talar om gruppen unga omsorgsgivare ska vi vara medvetna om att beteendet hos den unga, som detta kan bidra till, inte ska ses som ett problem av andra, när det för den unga handlar om att sörja för de personer man har i sin närhet och har känslomässiga band till. Så för ett barn som ger omsorg till sin förälder är det inte bara viktigt att någon tar över de praktiska aktiviteter som omsorgen innebär. Det är också viktigt att barnet avlastas känslomässigt, till exempel genom att barnet får information om vem som hjälper föräldern, och med vad.

Samhällets stigmatiserande syn på många av de problem hos föräldrar som riskerar att barnen blir unga omsorgsgivare leder till att familjesystemet stängs. Att vara förälder i en sådan situation kan innebära att föräldraskapet ifrågasätts. Barn och unga är underordnade vuxna och får i regel inte bidra med information i möten med vuxna. Insynen i familjerna stängs och stödsystemet uteblir. Det är heller inte självklart att berätta allt som sker inom familjen. Om föräldrarnas problem medför upplevd skam blir det också svårt att berätta om de omsorgsuppgifter som utförs då detta hänger samman. Barn och unga behöver hjälp och tillåtelse av vuxna att berätta, vilket är en viktig kunskap att förmedla till föräldrar som drabbas av svåra sjukdomar (Gillis, 1996), men också för professionella att uppmärksamma. Hos familjer som flytt till Sverige finns ibland inte tillgång till stödsystem i form av mor- och farföräldrar eller andra betydelsefulla personer i nätverket. Det bidrar till att de barn som snabbast lär sig språk och kultur får en större omsorgsgivarroll i familjen. Det gör det också än viktigare att ha stödjande professionella relationer. Praktiskt stöd kan minska på känslan av att vara huvudansvarig för barnet.

För att identifiera unga omsorgsgivare behövs fler vuxna som ser, förstår, vågar prata och ger stöd eller aktiverar annat stöd. I de familjer där föräldrar har svårigheter som gör att barnen blir huvudansvariga för familjearbetet och omsorgen behöver det finnas system och rutiner för behovsbedömningar av stöd- och avlastningsinsatser till unga omsorgsgivare som kan initieras av de myndigheter, vård- och stödmyndigheter som kommer i kontakt med föräldrarna såsom försäkringskassa, migrationsverk, hälso- och sjukvårdsverksamheter, och kommunala verksamheter som skola och socialtjänst. Sammantaget blir ställningstagandet om hur stödinsatser till målgruppen ska utformas komplext. För att få effekter som avlastar barnen både praktiskt och känslomässigt samtidigt som vi inte ska beröva dem eventuella kompetensförstärkande erfarenheter krävs en bedömning av varje situation. Det går att peka ut grupper som är mer utsatta än andra, såsom unga omsorgsgivare med minoritets- och utländsk bakgrund, och där konsekvenserna av omsorgsgivandet ofta är destruktiva för barnets förutsättningar till god psykosocial utveckling. Sambandet är dock inte så enkelt som att positiva respektive negativa upplevelser av omsorgsgivandet direkt kan förklaras med tyngden i omsorgsgivandet. Omsorgstyngden har betydelse men omsorgsmottagarens problematik, arbetsuppgifternas karaktär

samt den bekräftelse och tillgång till stöd som finns för omsorgsgivaren måste också tas i övervägande. Dessutom, hur allt står i relation till den unga omsorgsgivarens egna förutsättningar såsom ålder, mognad, personlighet, kognitiv och fysisk kapacitet (Nordenfors et al., 2014).

## UTBILDNINGSTÖD

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Utbildning som medvetandegör unga omsorgsgivare om de styrkor och färdigheter de erhållit av sin omsorgsroll och hur de kan använda dessa i framtida utbildning och arbete är en form av stöd som kan vara till hjälp för målgruppen. Utifrån detta har denna andra del av Care2Work-projektet haft fokus på att omsätta det vi lärt oss från den första delen av projektet och den forskning som finns, och skapa utbildningsstöd anpassat för målgruppen. I Sverige har utbildningsstöd om motivation och perception som vänder sig direkt till unga omsorgsgivare med minoritets- och utländsk bakgrund skapats men också ett för professionella som ett indirekt stöd till målgruppen.

Workshopen för de unga omsorgsgivarna fungerade mycket bra och upplevdes som en ögonöppnare om deras egen förmåga med att hitta motivation, och att det finns olika situationer där motivation kan vara en styrka. De ansåg att de blivit medvetna om detta men det viktigaste var att träffa andra som var i samma situation. Nu förstod de att de inte var ensamma om att ha det så här, det var en lättnad att se att det fanns fler ungdomar i samma situation och att kunna prata med andra som förstod hur dom har det. Dock blev det klart att det är svårt att blanda deltagare i samma grupp som är så långt ifrån varandra vad det gäller erfarenheter och behov och förvänta sig att alla ska få det bästa utbytet av innehållet. De var trots detta motiverade och visade verkligen på att de var intresserade av varandras tankar och reflektioner. Det är viktigt att ledarna har kunskap och erfarenheter av att möta unga människor och deras reaktioner som kan uppstå under workshopen. Det är också viktigt att det finns personer som kan stödja de unga omsorgsgivarna även efter workshopen. Dessa förutsättningar måste vara klara innan workshopen startar.

Workshopen för professionella fungerade också mycket väl för att väcka intresse och öka medvetenheten gällande frågan kring unga omsorgsgivare. Svårigheterna gällande motviljan att uppmuntra till att ungdomarna skulle se sina styrkor innan det praktiska var löst kan handla om vilken kontext de professionella befinner sig i och i samspel med deras bakgrund, samhällsstruktur, yrkesroll och uppfattning om barns ansvar och villkor. Deltagarna upplevde att deras egna reflektioner under denna övning tydligt visade unga omsorgsgivares behov men också styrkor, vilket de inte tidigare varit så medvetna om. Gruppen med professionella gick inte helt att styra trots att den genomfördes under ledning av rutinerade socialarbetare. De har ofta en del förkunskap och ville utveckla och komma vidare i hur de praktisk kan ha användning av detta i sin dagliga yrkesutövning.

Majoriteten av de som testade onlinekursen, såväl unga omsorgsgivare som professionella ansåg att kurserna motsvarade deras förväntningar och kunde rekommendera dessa till andra. De gav bra information om de styrkor och svagheter som de handlade om och hur de kan användas i unga omsorgsgivares framtida utbildning och arbetssituationer. Det fanns visserligen en del kommentarer avseende kursernas innehåll och funktioner som kunde förbättras, men det mesta kan ganska enkelt åtgärdas. Dock var det mycket svårt att hitta deltagare, såväl unga omsorgsgivare som professionella. Utöver en del personliga kontakter har information skickats ut via Facebook, nyhetsbrev och annonsering har skett via Nka:s hemsida. Vidare så har studenter på en högskolekurs inom ämnet barn som anhöriga tillfrågats, förfrågan har skickats ut till HVB-hem, ett stort gymnasium (till både personal och studenter) och till deras fritidsgård. Trots detta har vi inte kunnat få fler deltagare att testa onlinekurserna.

## SLUTSATS

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Så vitt vi vet är det här det första projektet inom detta område. De viktigaste resultaten av projektet är att ha ökat medvetenheten om unga omsorgsgivare med minoritets- och utländsk bakgrund och barn som anhöriga. Dessutom har det särskilda fokusområdet för detta projekt varit att i stället för att enbart fokusera på de problem som denna grupp ungdomar ställs inför också titta särskilt på de styrkor och färdigheter som målgruppen kan erhålla, samt att undersöka hur dessa färdigheter kan användas som meriter i utbildning och arbete. Detta är ett mycket kraftfullt budskap och vi hoppas att den svenska delen av projektet har bidragit till att börja höja medvetenheten om detta.

Eftersom vi fortfarande är i ett tidigt skede avseende medvetenheten om och att arbeta med unga omsorgsgivare med minoritets- och utländsk bakgrund anser vi att de pedagogiska verktygen bäst levereras i riktiga möten mellan människor i stället för via nätet. Det är i mötet mellan människor som deltagarna lättast kan utbyta erfarenheter, lära av varandra och bli stärkta. Kanske kan onlinekurser vara ett bra hjälpmedel i framtiden när medvetenheten kring frågorna är högre. Att arbeta i workshops är en bra form, och vi kan tydligt se från utvärderingsdata att deltagarna uppskattar den direkta kontakten och stödet från varandra. De unga omsorgsgivarna upplevde det som viktigt att träffa andra i liknande situation, som kunde förstå hur dom har det. De professionella ansåg att det var betydelsefullt att diskutera med andra inom samma men också från andra verksamheter.

Det här projektet har varit ett första steg i vårt arbete med unga omsorgsgivare med minoritets- och utländsk bakgrund. Vi ser att det fortfarande finns mycket mer arbete att göra, men att detta är ett viktigt steg framåt. Vi ger också vårt fulla stöd till fortsatta projekt som fokuserar på resurser och motståndskraft hos målgruppen snarare än en traditionell metod för att bara se problem. Egenmaktsmodellen är ett viktigt komplement till den tidigare forskning och kunskap som finns, och det passar in med Nka:s sätt att arbeta.

Vi kommer att kunna sprida resultaten av detta viktiga projekt vid den kommande 2nd International Young Carers Conference (<http://www.anhoriga.se/information-in-english/ecr/>) som vi organiserar. Konferensen kommer att hållas i Malmö 29-31 maj 2017 och vår projektsamordnare professor Theo Gavrieledes från Storbritannien är inbjuden att ge ett plenumföredrag där.

## FÖRSLAG PÅ FÖRBÄTTRINGSOMRÅDEN

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### INOM SVERIGE

- Barn som anhöriga och unga omsorgsgivare är grupper som behöver uppmärksammas mer i hela det svenska välfärdssystemet – inte bara i hälso- och sjukvård och socialtjänst. För att ge unga omsorgsgivare goda förutsättningar till gynnsamma uppväxtvillkor behöver politiker och tjänstemän inom såväl skola, socialtjänst, samhällsbyggnad, arbetsmarknad, eftergymnasial utbildning, integration, hälso- och sjukvård med fler vara aktiva i identifieringen och stödet till målgruppen.
- Erbjudna unga omsorgsgivare alternativ och individanpassad skolgång men också att de ska kunna ta igen förlorad skolgång.
- Sverige behöver gå mot ett mer systematiskt orienterat perspektiv i välfärden för att kunna ge bättre stöd till hela familjer eller hela nätverk. Med det nuvarande individorienterade perspektivet riktas insatserna mot barnets beteende istället för både beteende och den kontext som barnet lever i.

- Öka kunskap om kulturellt synsätt och sätta det i relation till svensk lagstiftning
- För att unga omsorgsgivare ska nås av stöd behöver tjänstemän och politiker på såväl lokal som regional och nationell nivå kunskap om barns omsorgsgivande.
- Erbjud insatser som hjälper unga omsorgsgivare att se sina förvärvade styrkor, och lyfta fram styrkorna som merit-erande i kontakter med arbetsmarknaden
- Öka kunskapen om unga omsorgsgivares situation hos de som i sin yrkesutövning möter ungdomar

## **INOM EU-KOMMISSIONEN OCH FRAMTIDA ERASMUS-PROJEKT**

- Vårt arbete med Care2Work visar hur lättillgängliga informations- och kommunikationstekniker (till exempel webb-plattformar) kan användas för att ge information, utbildning och även stödja - särskilt eftersom unga människor ofta är vana vid mobil teknik och sociala medier.
- Vi inser att mer forskning och utvecklingsarbete krävs på detta område för att ge mer riktat och innovativt stöd till unga omsorgsgivare.
- Care2work har visat den viktiga roll som skolan och myndigheter för högre utbildning har för unga omsorgsgivare. Det är viktigt att nå ut till yrkesverksamma som möter ungdomar som kan tillhöra målgruppen i alla utbildningssammanhang.
- Viktig samhällsinformation bör förmedlas muntligen och via skrift eller översättas till ett språk som mottagaren behärskar. Det kan minska belastningen på den grupp barn som ofta översätter/tolkar och hjälper sina föräldrar att förstå information.

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# APPENDICES

# APPENDIX 1

## Training workshop for youth workers and young people

Athens, 14 - 19 of November 2016

### Introduction

The “Training workshop for youth workers and young people” took place in Athens, on the period from the 14<sup>th</sup> to 19<sup>th</sup> of November 2016 and was facilitated by the Care2Work project partners. The training put special emphasis on cross learning, mobility and cultural awareness, as it brought together youth workers and young people from Greece, Italy, Sweden and the United Kingdom and provided them the opportunity to learn, train and practice together with one’s peers. In particular, the aim of the training was to:

- raise awareness and increase knowledge among professionals and young people about young BAME carers;
- contribute to the empowerment of the young participants in their role as young carers and to viewing themselves and their skills as an important resource for future employment and/or further education opportunities;
- provide the participants with a deeper insight into how the soft skills can work and what benefits they mean in an educational or working context.

The training materials and contents used were designed taking into account the Care2Work overall objectives as well as the findings of the research on young, black and minority ethnic carers’ barriers and opportunities for employment and education. The participants had the chance to test the training materials through the sessions that are described below.

### 1ST DAY - INTRODUCTORY SESSION TO THE TRAINING WORKSHOP FOR YOUTH WORKERS AND YOUNG PEOPLE

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**Date:** Monday, 14 November 2016

**Number of delegates:** 18

**Location:** Athens, Greece

**Duration:** 17:30 -20:00

**Facilitator:** Dr. Theo Gavrielides, IARS International Institute

The first day of the training week had as a main goal to get to know each other and familiarize everyone with the Care 2 Work project. Each participant (18 in total for that day) was asked to give his/her name and say a few things about his work and his level of involvement in the project. After everyone was finished, the Director of IARS went into detail about the project’s aims and what has been done so far. Before discussing what was to follow, he asked the participants to share their expectations from the project and the week-long training with him, so that they could see at the end of the week if all expectations were covered. Once that was done, the presentation continued with the framework of the project and a brief overview of what was expected to be covered by the end of the week. The evening concluded with

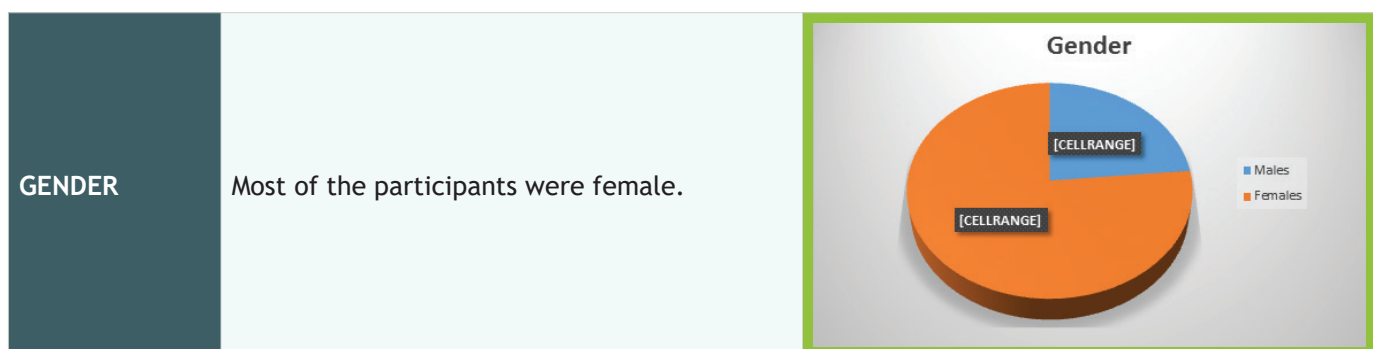
a dinner during which the participants had the opportunity to get to know each other in ever greater detail.

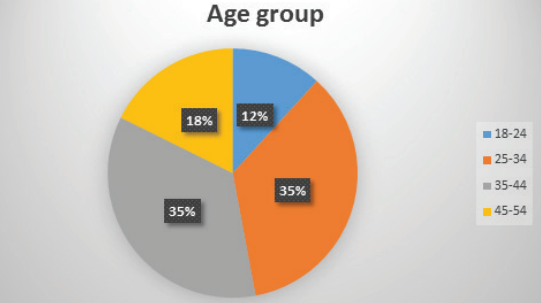
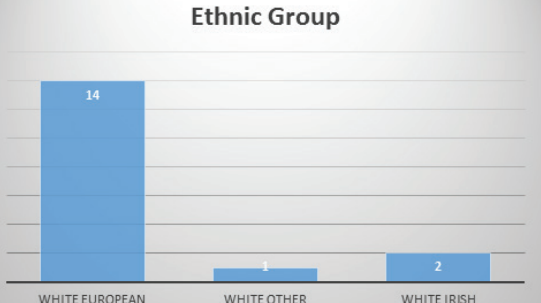
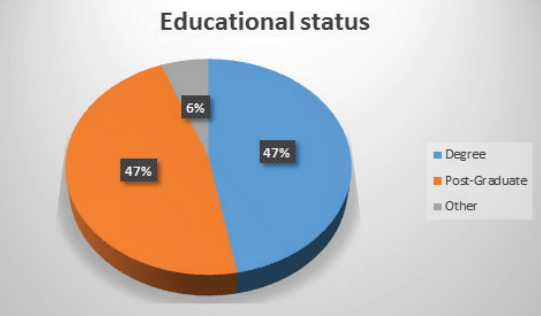
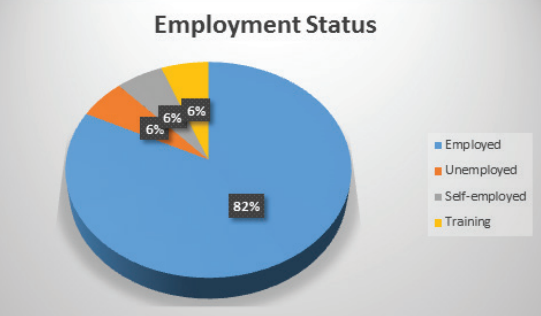
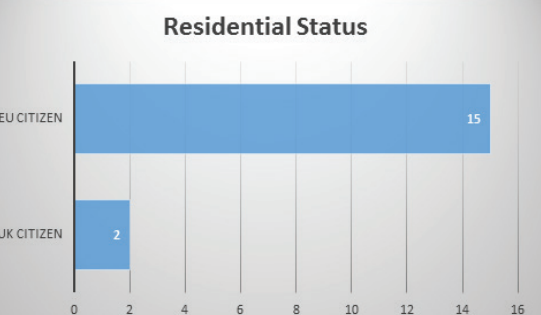
## 1. AGENDA

Monday, 14 November 2016	
Introductory session to the training workshop for youth workers and young people - <i>Dr. Theo Gavrielides, IARS International Institute</i>	
Time	Agenda Item
17:30 - 18:00	Registration - Welcome
18:00 - 18:30	Getting to know each other - Icebreaker activity
18:30 - 19:00	Introduction to the Care2Work project <ul style="list-style-type: none"> <li>• Aims and Objectives</li> <li>• The partnership</li> <li>• European Policy Framework</li> <li>• Methodology</li> </ul>
19:00 - 19:30	Key comparative findings from the Care2Work study carried out in Greece, Italy, Sweden and the U.K.
19:30 - 20:00	Presentation of the agenda and of the format of the next days' workshops
20:00	Dinner

## 2. PARTICIPANTS AND DIVERSITY FORMS

The total number of participants was 18. It should be noted that one out of the 18 participants (the main facilitators) did not fill in the Diversity Forms.



<p><b>AGE GROUP</b></p>	<p>18% of the respondents belong to the age group of 45-54 years, a significant percentage of 70% belong to the age group of 25-44 years, and there are some small percentages of 12% for the age group of 18-24 years.</p>	<p><b>Age group</b></p>  <table border="1"> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>18-24</td> <td>12%</td> </tr> <tr> <td>25-34</td> <td>35%</td> </tr> <tr> <td>35-44</td> <td>35%</td> </tr> <tr> <td>45-54</td> <td>18%</td> </tr> </tbody> </table>	Age Group	Percentage	18-24	12%	25-34	35%	35-44	35%	45-54	18%
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Residential Status	Count											
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UK CITIZEN	2											



# 2ND DAY - CARE2WORK EMPOWERING PROFESSIONALS TRAINING WORKSHOP

**Date:** Tuesday, 15 November 2016

**Location:** Athens, Greece

**Number of delegates:** 19

**Duration:** 09:00 - 14:30

**Facilitator:** Adrianna Ntziadima, Communications and Youth Projects Manager, IARS

## 1. AGENDA

TUESDAY, 15 NOVEMBER 2016	
Care2Work Empowering Professionals Training Workshop - <i>IARS International Institute</i>	
TIME	AGENDA ITEM
09:00 - 09:10	<ul style="list-style-type: none"> <li>• Welcome</li> <li>• Brief introductions</li> <li>• Overview of the day's workshop</li> </ul>
09:10 - 09:20	"Icebreaker" exercise
09:20 - 09:50	<p>Introductory session:</p> <ul style="list-style-type: none"> <li>• What is a young carer?</li> <li>• Black, Asian and minority ethnic (BAME) young carers</li> <li>• A rights based approach - what is that?</li> <li>• Young carers in Greece, Italy, Sweden and the U.K.</li> <li>• Key facts about the risks and protective factors affecting young carers</li> <li>• Cost study for young carers</li> <li>• Best practice examples in the area of young BAME young carers, young carers</li> </ul>
09:50 - 10:20	<p>Overview of the soft or transferable skills that young carers develop:</p> <ul style="list-style-type: none"> <li>• Motivation</li> <li>• Perception</li> <li>• Problem solving</li> <li>• Stress management</li> <li>• Communication</li> <li>• Co-operation</li> <li>• Self-confidence</li> <li>• Resilience</li> </ul>
10:20 - 10:35	Coffee Break
10:35 - 12:00	Exercise focusing on the soft skills of Young Carers
12:00 - 13:00	Role play discussion - to be a young BAME carer

13:00 - 13:45	Lunch
13:45 - 14:20	Reflection exercise and action points
14:20 - 14:30	Evaluation
14:30 - 14:40	Wrapping up of the day

## 2. PARTICIPANTS

The total number of participants was 19. It should be noted, two out of the 19 participants (the facilitators) did not fill in the Diversity Forms.

<p><b>GENDER</b></p>	<p>Most of the participants were female.</p>	<p><b>Gender</b></p> <ul style="list-style-type: none"> <li>Males</li> <li>Females</li> </ul>
<p><b>AGE GROUP</b></p>	<p>18% of the respondents belong to the age group of 45-54 years, a significant percentage of 70% belong to the age group of 25-44 years, and there are some small percentages of 12% for the age group of 18-24 years.</p>	<p><b>Age group</b></p> <ul style="list-style-type: none"> <li>18-24</li> <li>25-34</li> <li>35-44</li> <li>45-54</li> </ul>
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<p><b>EDUCATIONAL STATUS</b></p>	<p>Regarding education, most of respondents indicated that they have a degree (47%) or a post graduate degree (47%).</p>	<p><b>Educational status</b></p> <ul style="list-style-type: none"> <li>Degree</li> <li>Post-Graduate</li> <li>Other</li> </ul>





### 3. KEY ISSUES DISCUSSED

The workshop started with an icebreaker activity where all participants were asked to have a 5-minute conversation with the person sitting to their right. During that time, they needed to state their name, their workplace, their expectations of the workshop and finally something about themselves that the other person didn't know. After the 5 minutes passed, each participant had to present to the whole group what he/she had gathered, helping them all to open up and get to know each other a little bit better.

Following the icebreaker activity, the main part of the presentation begun by explaining the project's main objectives and giving some definitions on the commonly used terms ("young carer", "care receiver", next of kin and young carers" and "Black and Minority Ethnic"). Going through a list of risk and protective factors for young carers and after presenting some key findings on young carers, like common reasons for becoming one and common issues a carer faces, an open discussion was initiated where all participants tried to give their respective countries' perspective on young carers, which lasted for approximately half an hour. Following that, a quick 20-minute long coffee break ensued.

Coming back from that an overview of a set of soft skills that young carers seem to develop over time followed which led to the first group activity for that day. Randomly assigned groups consisting of four to five people each (for a total of 4 groups) were asked to give detailed explanations on a set of 2 soft skills each, as well as elaborate on their importance in the education and working settings. This discussion lasted for a bit over an hour and a half, after which a short video (named "A day in the life of a young carer") was shown. A short open discussion was carried out, asking participants for their impressions and feedback, before starting the second group activity. This time, each group was asked to appoint two participants to perform a role play (one being the young carer while the other one was a social worker), while the rest of the members would be observers, taking notes. The role-play lasted approximately 20 minutes and then each group had to provide feedback and take part in an open discussion about the issues young carers face as well as the ways a professional could be of help. This concluded the training and the post-evaluation form was distributed to each participant.

All of the material used can be found at the appendixes, at the end of the report. Before the workshop started, every participant was handed a pre-evaluation form to fill out (Appendix 1). After that, a hard copy of the presentation (Ap-

pendix 2) was given. During the workshop and right after the coffee break more material was delivered, consisting of a handout with detailed information on the soft skills that were going to be covered in the training (Appendix 3) and a case study (Appendix 4). After the presentation's completion, each and every one was given a post-evaluation form (Appendix 5) to fill.

## 4. EVALUATION

Pre- and post-evaluation questionnaires were used in order to evaluate learner outcomes of the pilot training. This procedure provided significant feedback by measuring the initial knowledge level of the participants and what knowledge the participants gained from the pilot training. 17 questionnaires were filled before the workshop and 17 more after its completion.

The pre-evaluation form consisted of two questions. The first one asked for each participant to estimate his/her current awareness and understanding about young BAME carers on a 1-10 Likert scale. The average score was 6.4, with lowest score being 4 and highest being 9. The second one was an open question asking each participant of his expectations from this workshop.

The post-evaluation form consisted of 7 questions. The first one was similar to the pre-evaluation, asking for the participants' awareness and understanding about young BAME carers after the workshop. The average score was higher than before, now being 8.05, with lowest being 6 and highest being 10, showing that the participants came out with a much better understanding of the issues discussed.

The second question was again a Likert scale scoring, asking how applicable the soft skills mentioned can be in a workplace, higher education or other life situation. The mean score was 8.5, with lowest score being 7 and highest being 10, which clearly shows the essentiality of the soft skills in said environments. The third question asked the participants if the workshop met their expectations, in which case all 17 participants answered "yes".

The overall opinion of the workshop, which was the fourth question, was "very good" in 15 cases and "good" in 2, while all 17 participants replied that they didn't feel anything was missing from the workshop, which was the fifth question. The sixth question was an open one, asking for suggestions and finally the last one enquired if the participants would recommend the workshop to a colleague, to which all replied "yes".

The execution of the workshop was excellent. The facilitator was really good at managing her time and tried to have as many open discussions as possible. One of the key aspects of the workshop laid in the fact that the groups formed had mixed nationalities, so there were many cultural differences. This can be placed in the strengths of the workshop, since by coming up with common answers all the cross-cultural barriers can be overcome. The only unexpected finding of the workshop was that there were no available statistics regarding young carers in Italy and Greece, while in Sweden the young carers and the next of kin are in the vast majority of the cases the same people.

### As far as meeting the aims of the workshop go:

OBJECTIVES	MEANS THROUGH WHICH THE OBJECTIVES WERE DELIVERED
To create knowledge and raise awareness of the needs and realities of Young Black and Minority Ethnic carers in Greece and the UK	This objective was met through the presentation that was delivered



<p>To provide professionals and agencies with tools and additional resources including training guides that can be directly applied to their work with young carers.</p>	<p>The discussion regarding the risks and protective factors around young carers as well as the soft skills handout helped achieve this objective</p>
<p>To practice learning with realistic case studies, establishing a sense of practical application to what has been learnt.</p>	<p>There was a case study that was discussed, that was also turned into a role-play activity, greatly helping</p>

### 3RD DAY - CONFLICT MANAGEMENT & STRESS MANAGEMENT

**Date:** Wednesday, 16 November 2016

**Location:** Athens, Greece

**Number of delegates:** 18

**Duration:** 09:30 -15:00

**Facilitator:** Elena Matioli, Anziani e Non Solo società cooperativa

#### 1. AGENDA

<p style="text-align: center;">WEDNESDAY, 16 NOVEMBER 2016</p> <p style="text-align: center;">Conflict Management &amp; Stress Management -</p> <p style="text-align: center;"><i>Anziani e Non Solo società cooperativa</i></p>	
TIME	AGENDA ITEM
09:30 - 09:45	<ul style="list-style-type: none"> <li>• Welcome</li> <li>• Presentation of the workshop and facilitators</li> <li>• Evaluation</li> </ul>
09:45 - 10:15	Icebreaker activity “3 Common 1 Unique”
10:15 - 10:45	<ul style="list-style-type: none"> <li>• Presentation of the format of the day’s workshop, the concept and purpose of the workshop</li> <li>• Inspirational movie- Kung Fu Panda - “Inner Peace” <a href="https://www.youtube.com/watch?v=4B5PtDioI4">https://www.youtube.com/watch?v=4B5PtDioI4</a></li> <li>• Presentation of the “conflict management” and “stress management” soft skills</li> </ul>
10:45 - 11:00	Coffee Break
11:00 - 12:00	Conflict management and negotiation exercise
12:00 - 12:45	Lunch break
12:45 - 13:30	<ul style="list-style-type: none"> <li>• Stress management exercise “Balls Rolling”</li> <li>• Take 5 breathing exercise</li> </ul>

13:30 - 14:00	<ul style="list-style-type: none"> <li>• Open space for discussion</li> <li>• Self-reflection</li> </ul>
14:00 - 14:15	Evaluation
14:15 - 15:00	Presentation of KMOP's care facilities and services by Dr. Antonia Torrens

## 2. MATERIAL USED

For that day several materials were used, all of which were parts of the exercises. Namely, an orange, a bag of colored candy, a couple soft balls and few pieces of paper with animals drawn on them were used.

## 3. CONTENTS DELIVERED

The day started with the icebreaker activity. This time the participants were asked to divide into groups and talk for about 5 minutes. The goal was to find 3 common things all of them shared and one unique that they did not. Afterwards a small prologue of the day's topic, conflict management and stress management, ensued and was immediately followed by a video regarding inner peace from the movie "Kung Fu Panda".

The first activity of the day required all participants to stand up and form a circle, with the facilitator in the middle. The facilitator then explained that she is supposed to be the "conflict" and she asked the participants to move around and show where they stand when they face a conflict. After the end of this activity a discussion followed where some of the participants tried to give the reasoning behind their choice.

The facilitator then proceeded with the second activity she had planned, in which she divided the participants into two groups and talked to each one separately. To the first group she said that they needed to get the peel off the orange to make orange jam; to the second group she said they needed to take the inside of the orange to make orange juice. Not knowing the other group's objective, each group tried to take the orange. The aim of this exercise was to show that if the participants had engaged in a civilized matter and discussed with each other first, they would find out that each group had a different objective. Once that activity was over, as well as the discussion that took place, the group had a quick coffee break. Once they returned from the break the facilitator presented a bag of colored candy; each participant had to pick one random candy. Once everyone had their pick, the facilitator presented them with a table where it showed that each color actually represented an action; for example, someone with the color red had to share a past experience where he had to resolve a conflict, someone with the color brown had to reveal his physical symptoms when he faces a stressful situation and so on.

Moving on, the fourth activity involved a diagram showing 5 different animals which were supposed to represent the different ways of handling conflict. Each participant was asked to pick the animal(s) that he thought that represented him more and then everyone was involved in an open discussion about the different coping styles, which lasted for the better part of the day. Towards the end, the final activity required all participants to form a circle again and then throw a white ball at each other. Once everyone had touched the ball once, they had to start over again and throw it in the exact same sequence. After a couple of rounds, the facilitator threw a second ball which also had to go through everyone at least once in a specific sequence, and then a third ball. As it was expected, the participants failed to handle all 3 balls simultaneously, showing how hard and stressful it is to try and handle a lot of tasks at the same time.

To close the day, the facilitator instructed the participants on how to perform a breathing technique, part of a meditation process, as a practical way to cope with stress and calm down.

## 4. EVALUATION

18 questionnaires were filled both before as well as after the workshop. The pre-evaluation questionnaire (Appendix 6) consisted of 3 Likert scale questions (1-10) and one open question about the participants' expectations prior to the workshop. On the first question, asking about the participants' knowledge about the soft skill conflict resolution, the mean number is 6.3. The second question revolved around the soft skill anger management and the mean number was 6.5. Finally, the third question asked about the soft skill stress management and it scored a mean of 6.7.

The post evaluation questionnaire (Appendix 7) opened with the same 3 questions, and the results showed that the participants gained some knowledge on the soft skills of conflict management (with a mean score of 8), anger management (with a mean score of 8.1) and stress management (with a mean score of 8.1). Moreover, all participants replied that the workshop met their expectations, which was the fourth question, as well as that they consider all these soft skills as resources for themselves, which was the fifth question. Finally, the post-evaluation questionnaire had 3 open-ended questions about feedback for the workshop, any additions that it could have and the personal reflection of each participant.

## 4TH DAY - MOTIVATION

**Date:** Thursday, 17 November 2016

**Number of delegates:** 17

**Location:** Athens, Greece

**Duration:** 09:30 -16:30

**Facilitator:** Eva Nordqvist, SWEDISH FAMILY CARE COMPETENCE CENTRE - LINNAEUS UNIVERSITY

### 1. AGENDA

4TH DAY - THURSDAY, 17 NOVEMBER 2016	
Motivation	
Swedish Family Care Competence Centre - Linnaeus University	
TIME	AGENDA ITEM
09:30 - 09:45	<ul style="list-style-type: none"> <li>Welcome</li> <li>Presentation of the workshop and facilitators</li> <li>Evaluation</li> </ul>
09:45 - 10:30	Icebreaker activity
10:30 - 11:00	<ul style="list-style-type: none"> <li>Presentation of the format of the day's workshop, the concept and purpose of the workshop</li> <li>Presentation of the "motivation" soft skill</li> <li>Inspirational movie - a digital story by a young carer <a href="http://messupthemess.co.uk/walk-in-jays-shoes-a-young-carers-digital-story/">http://messupthemess.co.uk/walk-in-jays-shoes-a-young-carers-digital-story/</a></li> </ul>
11:00 - 11:15	Coffee Break

11:15 - 12:30	Role play
12:30 - 13:15	Lunch break
13:15 - 14:00	<ul style="list-style-type: none"> <li>• Open space for discussion</li> <li>• Self-reflection</li> </ul>
14:00 - 14:10	Evaluation
14:10 - 16:30	Cultural visit to the Museum of Acropolis

## 2. MATERIAL USED

For this workshop the materials that were used consisted of a string and some post it notes.

## 3. CONTENTS DELIVERED

The day started with the icebreaker activity for the 17 participants. All of them formed a circle and one person was randomly chosen to hold a ball of string. He picked up the end and then had to choose an animal that would represent him. He then had to throw it to someone else who would also choose an animal. At the end, when the string had ended, the participants had to trace their moves back and throw it to the person before them, also stating the animal that person had picked. After the icebreaker activity ended, the main part of the day's training begun, which revolved around the soft skill motivation.

After going through the slides and a short video about the life of a young carer (the same one that was shown on the second day), the participants were assigned into 4 random groups and discussed about what motivates them, and if their motivation relies on internal or external factors. After a 10-minute-long discussion the groups had an open discussion about the different kinds of motivation, and wrote them all down on post it notes, which were placed on a wall under the labels "internal" and "external". The facilitator then asked the groups to discuss again about which of the listed motivations could be applied to the working, educational and home environments. The discussion lasted approximately 15 minutes and then the participants picked up the post its and placed them under another wall which had the labels "work", "education" and "home". A quick lunch break followed, and then the participants came back for the rest of the presentation, alongside with a lengthy discussion about the lack of motivation in most of the young caregivers and how to best empower it. The day ended with a trip to the museum of Acropolis.

## 4. EVALUATION

The pre-evaluation questionnaires (Appendix 8) that were handed to the 17 participants consisted of 2 questions. The first one is a Likert scale question (1-10) about the knowledge of the participants regarding the soft skill motivation prior to the workshop, with a mean score of 6.2, while the second question wanted the participants to list their expectations of the workshop.

The post evaluation questionnaire (Appendix 9) consisted of 7 questions, with the first one being the counterpart of the pre-evaluation's first question. This time the mean score was 8.2, showing a significant increase in the participants' knowledge. The second question asked the participants if they considered the motivation skill as a personal strength, where all participants replied "yes". Likewise, they all replied positively in the fourth and fifth question that revolved

around the workshop meeting their expectations and their overall impressions of it. The sixth question was an open one, asking if they had any suggestions for further improvements and the final one if they would recommend the workshop to a friend of theirs, to which all 17 participants replied positively.

## 5TH DAY - TEAMWORK

**Date:** Friday, 18 November 2016

**Location:** Athens, Greece

**Number of delegates:** 17

**Duration:** 09:30 -14:40

**Facilitator:** Antonia Torrens, KMOP - FAMILY AND CHILDCARE CENTRE

### 1. AGENDA

5TH DAY - FRIDAY, 18 NOVEMBER 2016	
Teamwork -	
KMOP - Family and Childcare Centre	
TIME	AGENDA ITEM
09:30 - 09:45	<ul style="list-style-type: none"> <li>Welcome</li> <li>Presentation of the workshop and facilitators</li> <li>Evaluation</li> </ul>
09:45 - 10:15	Icebreaker activity “Circle, Square, Triangle, or Z”
10:15 - 10:45	<ul style="list-style-type: none"> <li>Presentation of the format of the day’s workshop, the concept and purpose of the workshop</li> <li>Presentation of the “teamwork” soft skill</li> <li>Inspirational movie: “Good teamwork and bad teamwork”: <a href="http://www.youtube.com/watch?v=fUXdrl9ch_Q&amp;nohtml5=False">www.youtube.com/watch?v=fUXdrl9ch_Q&amp;nohtml5=False</a></li> </ul>
10:45 - 11:00	Coffee Break
11:00 - 11:45	<ul style="list-style-type: none"> <li>Presentation of teamwork skills</li> <li>Self assessment exercise</li> </ul>
11:45 - 12:45	<ul style="list-style-type: none"> <li>Presentation of the “Belbin Team Roles Model”</li> <li>“Belbin Team Roles Model” exercise</li> </ul>
12:45 - 13:30	Lunch break
13:30 - 14:30	<ul style="list-style-type: none"> <li>Open space for discussion</li> <li>Self-reflection</li> </ul>
14:30 - 14:40	Evaluation

## 2. MATERIAL USED

For that day a self-assessment questionnaire was used, which can be found in Appendix 10.

## 3. CONTENTS DELIVERED

Due to unexpected circumstances (the facilitator being ill) last minute changes had to be made to the schedule and the agenda. Thus, the training day begun with a video presentation of several activities that take place in the day centers of KMOP, as a way of showing how important teamwork is between carers. Right after the end of the video, the facilitator started the presentation and invited the participants to an open conversation about the essential sub-skills that are covered in the “umbrella” of the teamwork skill.

An activity followed where the participants had to fill in a self-assessment questionnaire, rating a list of skills (listening-questioning-persuading-respecting-helping-sharing-participating) in terms of their value in achieving teamwork. After completing it, each participant was asked to justify his picks and then engage in an open discussion with the rest of the members. This concluded that day’s training.

## 4. EVALUATION

The pre-evaluation questionnaire (Appendix 11) consisted of two items, the first being the Likert-scale (1-10) question about the participants’ knowledge regarding the teamwork skill prior to the workshop, which scored a mean of 6.7, and the second being an open question about their expectations.

The post evaluation questionnaire (Appendix 12) consisted of 7 items. The first one was the Likert-scale (1-10) looking at participants’ level of knowledge about teamwork after the workshop, which scored a mean of 9.2, showing an impressive change compared to the pre-evaluation. The second item asked about the participants’ expectations and if they are met, to which they all replied “yes”. The third item asked about whether the “teamwork” skill can be viewed as a resource for each participant, to which they once again answered unanimously “yes”. The fourth question was about each participant’s overall opinion of the workshop, with 9 participants replying “very good”, 7 “good” and 1 “ok”. The fifth and sixth questions regarded feedback and suggestions for the workshop and finally the last item asked if the participant would recommend the workshop to someone else, to which all 17 answered yes.

## SATURDAY, 19 NOVEMBER 2016 – EMPATHY - IARS INTERNATIONAL INSTITUTE

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**Date:** November 19, 2016

**Organizer:** KMOP

**Number of sessions:** 1

**Location:** Athens, Greece

**Number of delegates:** 18

**Duration:** 09:15 -14:00

**Facilitator:** Adrianna Ntziadima, Communications and Youth Projects Manager, IARS

For the final day of the training 18 people participated and the agenda had two key items: the empathy soft skill and wrapping up the week. Time was of essence and thus the empathy skill was not developed at all. However, the focus switched solely on reflecting what had been covered in the week and the facilitator went through everyone’s initial expectations from the first day. Towards the end of the meeting all participants were invited into the last open discussion,

where they debated on the project’s next steps and pledged to help expand the project’s influence.

## 1. AGENDA

6TH DAY - SATURDAY, 19 NOVEMBER 2016	
Empathy	
IARS International Institute	
TIME	AGENDA ITEM
09:15 - 09:25	<ul style="list-style-type: none"> <li>Welcome</li> <li>Presentation of the workshop and facilitators</li> <li>Evaluation</li> </ul>
09:25 - 10:15	Icebreaker activity “Common Ground”
10:15 - 10:40	<ul style="list-style-type: none"> <li>Presentation of the format of the day’s workshop, the concept and purpose of the workshop</li> <li>Presentation of the “empathy” soft skill</li> <li>Thought Provoking animation film: <a href="https://www.youtube.com/watch?v=jz1g1SpD9Zo">https://www.youtube.com/watch?v=jz1g1SpD9Zo</a></li> </ul>
10:40 - 10:50	Coffee Break
10:50 - 11:25	Role play
11:25 - 12:15	“Walking in someone else’s shoes” activity
12:15 - 12:45	Lunch break
12:45 - 13:30	<ul style="list-style-type: none"> <li>Open space for discussion</li> <li>Self-reflection</li> </ul>
13:30 - 13:50	Closing Exercise
13:50 - 14:00	Evaluation

## 2. MEANS USED TO MEET THE TRAINING GOALS

As far as meeting the aims of the workshop go:

OBJECTIVES	MEANS THROUGH WHICH THE OBJECTIVES WERE DELIVERED
Raise awareness and increase knowledge among young people about young BME carers	This was achieved throughout the week. All the presentations, discussions and exercises helped raise awareness among young people about young BME carers, something that can also be seen quite clearly in their 1 <sup>st</sup> day pre and post evaluations.

OBJECTIVES	MEANS THROUGH WHICH THE OBJECTIVES WERE DELIVERED
<p>Contribute to the empowerment of the young participants in their role as young carers and to viewing themselves and their skills as an important resource for future employment and/or further education opportunities</p>	<p>This objective was met in various ways; every day a set of specific soft skills was developed and then activities and questionnaires followed to ensure that the participants had a clear understanding of them. As far as viewing those skills as important for future employment and/or further education opportunities goes, it should be noted that on all days there were discussions regarding the soft skills and their usefulness in those environments, and especially on the 4<sup>th</sup> day there was an exercise specifically for that aim where participants had to separate their motivators into ones that could be used in the educational and working environments, amongst others</p>
<p>Provide the participants with a deeper insight into how the soft skills can work and what benefits they mean in an educational or working context</p>	<p>That was greatly achieved on the 1<sup>st</sup> day of the training where the facilitator presented all of the skills and asked the participants to divide into groups and come up with the best descriptions they could for each one of them; then they discussed all together about them and how they could best employ them in the educational and working environments</p>

# Pre-evaluation Form - Care2Work Empowering Professionals Training Workshop

1. If it's possible please try to estimate your current awareness and understanding about young BAME carers on the scale below (low 1 - 10 high)

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

(Mark with a 'X' the number that best matches your awareness and understanding)

2. What do you hope to get out of this workshop?

Please list the main expectations you have about this workshop below

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# Post evaluation Form - Care2Work Empowering Professionals Training Workshop

1. If it's possible, please try to estimate your awareness and understanding about young BAME carers on the scale below (low 1 - 10 high)

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

(Mark with a 'X' the number that best matches your awareness and understanding)

3. Can you also estimate the extent to which you consider that the soft skills developed by young carers can be put to good practical use in the workplace and/or in higher education and in other life situations? (1 low applicability to 10 high applicability)

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

(Mark with a 'X\*' the number that best matches your views)

If your score is higher than 5, can you list a few concrete examples from your workplace?

- a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

4. Did the workshop meet your expectations?

Yes       Partly       No

How? (please describe and explain in a bit more detail below)

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5. What is your overall opinion about the workshop?

Very good     Good     Ok     Poor

7. Is there something that you felt was missing or lacking in the workshop?

Yes

No

If you answered 'yes' to this question, can you explain more below

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Do you have any suggestions for further improvements? If so, can you list them below.

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8. Would you recommend this workshop to a colleague?

Yes

No

# Pre-evaluation Form - Conflict Management & Stress Management

1. If it's possible, please try to estimate your knowledge about the soft skill conflict management as a resource on the scale below (low 1 - 10 high)

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

(Mark the number that matches your knowledge)

2. If it's possible, please try to estimate your knowledge about the soft skill stress management as a resource on the scale below (low 1 - 10 high)

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

(Mark the number that matches your knowledge)

3. What are your expectations on this workshop?

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# Post-evaluation Form - Conflict Management & Stress Management

1. If it's possible, please try to estimate your knowledge about the soft skill conflict management as a resource on the scale below (low 1 - 10 high)

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

(Mark the number that matches your knowledge)

2. If it's possible, please try to estimate your knowledge about the soft skill stress management as a resource on the scale below (low 1 - 10 high)

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

(Mark the number that matches your knowledge)

3. Did the workshop meet your expectations?

Yes  Partly  No

How? (Describe and explain)

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4. Can you see conflict management / stress management as a resource for you personally?

Yes  No

a. How? (Describe and explain)

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5. What is your overall opinion about the workshop?

Very good  Good  Ok  Poor

6. Is/are there any activity/ies that you didn't particularly like compared to the others that you would consider removing for future workshops?

Yes

No

a. Why?

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8. Is there something that you consider is missing or lacking in the workshop? Do you have any suggestions for improvements to the workshop?

9. Would you recommend this workshop to a friend or significant other?

Yes

No

10. Finally, have you any other comments or reflections that you consider are relevant that we haven't covered in the workshop today?

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# Pre evaluation Form - Motivation

1. If it's possible, please try to estimate your knowledge about the soft skill motivation as a resource on the scale below (low 1 - 10 high)

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

(Mark with a 'X' the number that best matches your current knowledge)

2. What do you hope to get out of this workshop?

Please list the main expectations you have about this workshop below

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# Post evaluation Form - Motivation

1. If it's possible please try to estimate your knowledge about the soft skill motivation as a resource on the scale below (low 1 - 10 high)

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

(Mark with a 'X' the number that best matches your knowledge)

2. Can you see how the soft skill, motivation can be seen as a strength for you personally?

Yes  No

How? ( Please explain in what ways you feel motivation can be seen as a strength for you personally)

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3. Did the workshop meet your expectations?

Yes  Partly  No

How? (please describe and explain in a bit more detail below)

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---

4. What is your overall opinion about the workshop?

Very good  Good  Ok  Poor

5. Is there something that you felt was missing or lacking in the workshop?

Yes

No

If you answered 'yes' to this question, can you explain more below

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Do you have any suggestions for further improvements? If so, can you list them below.

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6. Would you recommend this workshop to a friend?

Yes

No

Finally, have you any other comments or reflections that we haven't covered in the workshop today?

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# Self-assessment Questionnaire

## Teamwork skills

TEAMWORK SKILLS	RATING (1-10)
Listening: I listen to my team's ideas and use their ideas to help get new ones.	
Questioning: I ask questions of my team to help them figure out what to do and to extend their thinking	
Persuading: I exchange ideas, defend my ideas and try to explain my thinking to my team.	
Respecting: I respect the opinions in my team. I offer encouragement and support for new ideas and efforts.	
Helping: I help my team by offering my assistance.	
Sharing: I share with my team. I make sure I share my ideas and thinking. I share the jobs.	
Participating: I contribute to the team assignment. I am actively involved with the work.	

# Pre-evaluation Questionnaire

## Teamwork

1. If it's possible, please try to estimate your knowledge about the soft skill teamwork as a resource on the scale below (low 1 - 10 high)

(Mark the number that matches your knowledge)

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

2. What are your expectations on this workshop?

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# Post-evaluation Questionnaire

## Teamwork

1. If it's possible, please try to estimate your knowledge about the soft skill teamwork as a resource on the scale below (low 1 - 10 high)

(Mark the number that matches your knowledge)

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

2. Did the workshop meet your expectations?

Yes

Partly

No

How? (Describe and explain)

---

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3. Can you see teamwork how it could be viewed as a resource for you personally?

Yes

No

How? (Describe and explain)

---

---

4. What is your overall opinion about the workshop?

Very good |  Good |  Ok |  Poor

5. Is/are there any activity/ies that you didn't particularly like compared to the others that you would consider removing for future workshops? Why?

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6. Is there something that you consider is missing or lacking in the workshop? Do you have any suggestions for improvements to the workshop?

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7. Would you recommend this workshop to a friend or significant other?

Yes

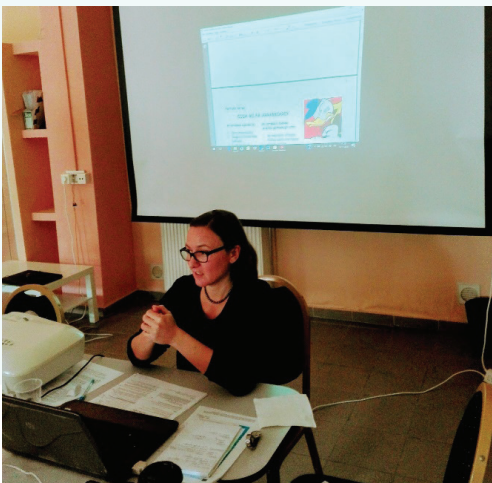
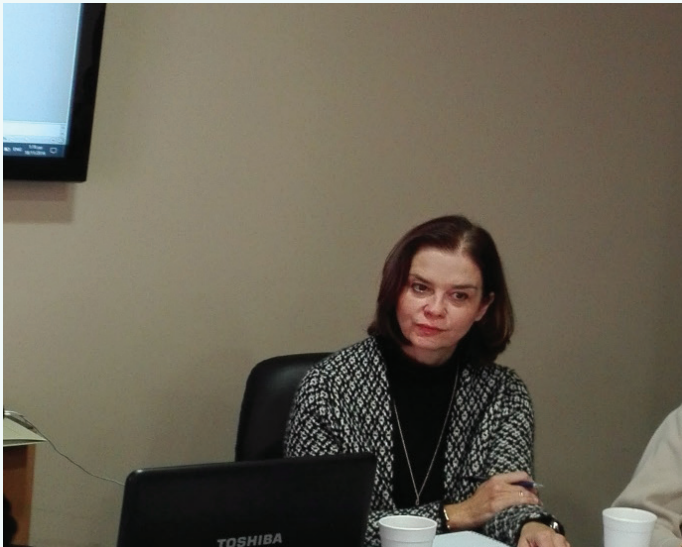
No

Finally, have you any other comments or reflections that you consider are relevant that we haven't covered in the workshop today?

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# Photos from the Training Workshop



# APPENDIX 2

## Report on the C2W e-learning courses

As part of the project activities, C2W partnership developed e-learning courses to make the project results accessible to end-users from communities not directly involved in the project, including end-users from other European countries.

The e-learning courses gather the resources developed and tested during the workshops piloted in each partners' countries, re-organized and re-thought to be usable by end-users individually and without the mediation of a facilitator.

Moodle 3.1 Platform has been chosen to host the courses, as it allows to include different types of resources (pdf, power points, video and audio files, etc...) and different kinds of activities (description, essay, matching, embedded answers, multiple choice, etc...).

### **By the end of December 2016, C2W partnership prepared contents and activities of the following 20 courses:**

Course *Empowering professionals to work with BAME Young Carers* – English version

Course *Empowering professionals to work with BAME Young Carers* – Greek version

Course *Empowering professionals to work with BAME Young Carers* – Italian version

Course *Empowering professionals to work with BAME Young Carers* – Swedish version

Course *for Young Carers on Communication* – English version

Course *for Young Carers on Communication* – Greek version

Course *for Young Carers on Teamwork* – English version

Course *for Young Carers on Teamwork* – Greek version

Course *for Young Carers on Perception* - English version

Course *for Young Carers on Perception* - Swedish version

Course *for Young Carers on Motivation* - English version

Course *for Young Carers on Motivation* - Swedish version

Course *for Young Carers on Empathy* – English version

Course *for Young Carers on Resilience* – English version

Course *for Young Carers on Conflict management* – English version

Course *for Young Carers on Conflict management* – Italian version

Course *for Young Carers on Anger management* – English version

Course *for Young Carers on Anger management* – Italian version

Course *for Young Carers on Stress management* – English version

Course *for Young Carers on Stress management* – Italian version

Each course starts with a brief introduction presenting the training topic, followed by some simple guidelines on how to undertake the course: “Learning activities are in chronological order. We suggest you to follow the proposed path and explore the different units in chronological order. However, you can also decide to change the order or you can see the units you like the most more than once!” Users are also given a contact email address in case of needing help or further information. Then, a pre-evaluation questionnaire is asked to be filled in. Activities, divided into units, are of different types: videos, presentations, multiple choice, essays and questions for self-reflection, uploading images or downloading melodies, ect. To avoid generating any stress or difficulties, users have been often reassured that there were no right or wrong answers, only personal thoughts and points of view.

At the course end, after the completion the proposed activities, users are asked to compile a post-evaluation questionnaire and are given the opportunity to download an individual certificate for having undertaken the training.

The English version of the course for professionals and the courses of Young Carers elaborated by the English partner IARS (Empathy and Resilience) also contained an initial “Diversity Monitoring Form”.

The training for professionals has been accredited as Continuous Professional Development (CDP) in the UK.

## THE FINDINGS OF THE EXPERIMENTATION PHASE

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The experimentation began the 5<sup>th</sup> of January 2017 (courses for professionals) and on the 2<sup>nd</sup> of February 2017 (courses for young carers) and ended for all courses on the 20<sup>th</sup> of March 2017.

During the experimentation period 202 people registered to the platform: 18 from United Kingdom, 58 from Greece, 87 from Italy and 32 from Sweden. The remaining users didn't select any country, except one from Ireland.

Their age varies from 16 to 68 years old: the majority (80 out of 202) is between 26 and 35 years old.

Concerning their profile, when choosing among “I'm a professional working with young carers”, “I'm a Young carer” or “Other”, 62 users selected the first option, 67 the second and 71 the third. Only a couple didn't specify it.

More in detail, both users that chose the “professional” and “young carers” profiles were in the majority between 26 and 35 years old, whereas those who chose “other” were mainly from 35 to 45 years old:

Before starting any analysis of the singular courses' users and results, it's relevant to point out 2 different issues. Some of the users who registered to the platform haven't accomplish any activity, so numbers may not correspond. Nevertheless the overall data above presented are still important as they show an initial interest to the topics, whereas the reasons why users after registration didn't take any courses activity may vary: lack of time (concerning the duration of the courses themselves to accomplish the activities or the duration of the piloting) or unmet expectations can be possible options. The other issue is relating to the fact that many professionals took the courses addressed to Young Carers, probably being interested to test these e-learning tools before recommend them to the young carers they work with. The findings resulted from those courses must keep this aspect into consideration.

## COURSES “EMPOWERING PROFESSIONALS TO WORK WITH BAME YOUNG CARERS”

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The courses for professionals were taken by **81 persons**. More in detail, 21 people took the English version, 22 the Greek version, 24 the Italian version and 14 the Swedish one.

As all versions are the translation of the same activities and follow the same structure, findings can be easily compared. We chose one of the most significant activity of the course, where professionals are asked to reflect on their own experiences and write what are the additional barriers they thought that BAME young carers would face in accessing education, employment and training.

## THE 8 PROFESSIONALS WHO COMPLETED THE ACTIVITY IN THE ENGLISH COURSE GAVE THE FOLLOWING ANSWERS:

- Young carers may have a hard time accessing financing options for further education since they are most likely to require additional financial help. They may also simply lack available time to prospect and apply for educational and employment opportunities.
- Cultural and religious challenges, families historically not access FE or HE, language/ESL issues.
- Due to the time required involved in caring for someone, they may have less time to spend on their own educational needs, effecting their educational performance and consequently employment opportunities. Time issues may also mean that they do not have the time to take advantage of schemes such as work experience which would allow them to develop more skills needed for employment. Their specific circumstances may not be considered, understood or protected for under current policy frameworks, meaning that they are unable to get the support they may need. Caring can also bring a lot of emotional stresses for a young carer, which may also have adverse effects for their educational attainment and ability to enter the workforce.
- Socio economic factors, many BAME families live in areas of the city that have lower income household's, this means that there isn't the encouragement at home to push academically. schools in these areas may also have lower attainment. Cultural factors, religion and culture may play a role e.g. women not always being encouraged to access higher education or enter the work force. Institutional racism, there are still elements of society where young BAME face extreme institutional racism eg the criminal justice system.
- Discrimination is a key factor and conscious/unconscious racism/bias is often an additional barrier faced by young carers. Higher rates of poverty, physical and mental illness, precarious housing and lack of academic attainment all play a part. Coming from single parent families were there is a lack of male role models can also contribute.
- Pressure of caring duties presents practical difficulties for finding work or accessing education, taking time out from caring to attend interviews etc. and the cost of this. Also the emotional and psychological strain of being a young carer, may feel defined by their status as a carer and lack motivation needed for pursuing jobs and education.

## THE 19 PROFESSIONALS WHO COMPLETED THE ACTIVITY IN THE GREEK COURSE GAVE THE FOLLOWING ANSWERS:

- Lack of free time, psychological and physical fatigue.
- Lack of financial resources due to their financial situation, which does not allow them to have access to different forms of education.
- Young carers may be quite overburdened and have little time for education or work. In addition, they have got many obligations, strong anxiety and may have difficulty in concentrating to intellectually demanding tasks. They experience a great deal of isolation and are highly focused on the problem. So, they do not often care about their own personal development and growth.
- Difficulty in accessing information required for relevant further education. Frustration due to difficulty of the subject matter.
- Language, culture and ideology differences concerning the host country or the local community. Potential racism incidents and inadequate support from state agencies.
- Low socioeconomic status, perhaps some cultural differences regarding the host country (e.g. customs and practices, values, language).
- Financial constraints, inability to take part in educational workshops, difficulties in communication and comprehension because of language difficulty, negative attitude of colleagues.
- Due to the fact that they overwork, they cannot devote time to meet their own needs and often neglect themselves caring for others.

- I often feel frustration due to socio-political circumstances. Educational workshops are limited and not always offered for free. I would like further education and support either from private or state agencies.
- Lack of free time, emotional distress.
- Language, culture.
- There is no supportive network able to help young carers to respond to the problems they face, adaptation difficulties in everyday demands, socio-economic situations.
- I think that the most significant barriers are the following: \* non-supportive network \* insufficient social infrastructure.
- Additional barriers which young carers may face usually include limited time available from facilitators to carers and also above-normal increased delegated tasks.

## **THE 16 PROFESSIONALS WHO COMPLETED THE ACTIVITY IN THE ITALIAN COURSE GAVE THE FOLLOWING ANSWERS:**

- I believe that in some cases language can be a barrier to access to services as well as the cultural background (i.e. the preference to solve problems by themselves without asking for help).
- The most important barrier is the lack of a family network. After moving from the country of origin, the family is often composed only by the main nucleus (wife, husband, children) without any siblings, cousins, grandparents or close friends, who remained in the country of origin. If the school environment (teachers, tutors) is not capable to evaluate the situation of need faced by the student and/or to offer any support in order to unburden him/her from the caring activities and give the opportunity to study, there should be the Government who by law lets one member of the family to come from the country of origin to give help and support for the caring activities.
- The lack of practical and/or psychological support for them to save time, energy, self-esteem and self-confidence that carers would need to complete the educational path and find a job adequate to their competencies and potentialities.
- In some cases the child is in charge of the economic maintenance of the family where one or both parents do not work: in these cases the child works during the evening, goes to school in the morning and takes care of the ill parents in the afternoon. Many cases are related to foreign families, not well supported by a family and friend network. Another case I'm aware of is the one of a girl who lives in the house where the mother works as a formal carer of an old lady: when her mother is ill, the girl must replace her and take care both of the old lady and her mother.
- Language is surely the main barrier of foreign young carers: young carers have to be the translators of their parents who do not speak well the language of the "new" country, accepting tasks, role and responsibilities they should not deal with (i.e. meeting with social services, with school teachers, documents...). Also, they are often perceived as someone who does not adapt to an environment and people don't understand the real reasons for his/her closed behaviour. Some young carer becomes aggressive to avoid showing their family problems or starts taking drugs and alcohol. Schools should organize courses to help them to familiarize with the new situation. Young carers often accept any kind of jobs, even if with many difficulties concerning time.
- The caring activity has a negative impact not only on the school results but also on the spare time of the young carer, who often renounces to the activities he/she likes such as sport, school visits, going out with friends. This is true mainly for foreign girls. This situation often leads to bullying because other young people don't comprehend the young carer's situation. Foreign young carers also suffer of the distance of parents or difficult relationships with relatives remained in the country of origin.
- Barriers such as excessive responsibility toward the persons they take care of, leading them to put their needs of socializations in a second place. At school young carers needs for space and time to study and concentrate, for support from adults.

- The lack of services specifically addressed to young carers: they are left alone, incapable to manage their emotions and relationships with peers.
- The period entering the adulthood is the most difficult: when they are 18 years old they still have to finish school and obtain the permit to remain in Italy. In case of ill parents or siblings, this is a further burden that easily lead them to the school drop out because a work permit is less difficult to achieve. The lack of a family network.
- Social isolation.
- I know I have to solve my problems by myself. I had a very bad experience with Italian institutions, I feel left alone and abandoned by the State, which is a good “controller” only ready to give fines or sanctions. There is too much bureaucracy, too many useless laws that make living more difficult: how could it be that a law can be understandable only by lawyers? why the state doesn’t accept “ignorance”. There’s too much technical language. I would start from a different point of view: if a law or a communication is not written in a easy way that also a child could understand, it’s not valid. Furthermore services are inadequate, insufficient or inexistent to offer minimum support. I’m very sad for this: I admire foreign people who try to live in this difficult situation. If I wouldn’t be stuck here with my family and if I would be able to speak another language, I would probably go away from Italy.
- Intercultural pedagogy is currently very undeveloped and school is often inadequate to recognise the cultural differences and, consequently, how to understand and empower them. The absence of the family in the relationship with the school is another barrier: sometimes for linguistic difficulties or for cultural traditions. The only information that could help teachers in understanding the young carers’ situation are provided by the student himself, who is often reticent to talk about him. Finally, within the work-based learning paths, foreign young carers cannot develop their competencies because, for ethnic-cultural reasons, they are not welcomed in any company.
- Conciliation between the time spent for their education and their care activity.

## **FINALLY, THE 13 PROFESSIONALS WHO COMPLETED THE ACTIVITY IN THE SWEDISH COURSE, GAVE THE FOLLOWING ANSWERS:**

- The obstacle may be to take a large responsibility in the home and that they do not get the opportunity to education and work. They come from a different culture where the family has a responsibility to each other throughout their lives. In Sweden, the welfare state works in a different way, we have no responsibility for adult family members. In Sweden, we expect that the community comes in when we get sick and need care. We know today that it is not so. More and more families are taking a great responsibility and support their relatives.
- Discrimination, contradictory legislation. Different views of children and care.
- It can be difficult for young carers with minority and immigrant background to get high enough grades in elementary school to read on to university / college. This in turn can affect negatively their access to work.
- They may also face a lack of sufficient support either at home or in their own peer networks to be able to sufficiently focus on their school work which makes it more difficult for them to achieve high grades at school.
- If they found it difficult to pursue their studies, it gets more difficult to move forward. They may have difficulties leaving home because of the responsibilities left there. They do not get the backing from home because the parents might not have the ability or knowledge of Swedish society that young people need when they go in life and choosing education and searching jobs.
- Not being understood by the staff in the school and by colleagues at work. Young people may not want to tell you how it is at home, and so do the people around them that they are uninterested and uninvolved when they have their thoughts elsewhere.
- Can be hard to motivate yourself when you still may not get out of work.

- It may be difficult to be treated in the same way as Swedish young people because of their origin.

Professionals who filled in the post-evaluation questionnaire gave an **overall positive appreciation** towards the courses. More in details:

On the scale below, please rate your awareness of the needs of young BAME carers.				
Score	IT	ENG	GR	SE
1	-	-	-	-
2	-	-	-	-
3	-	-	-	-
4	8%	-	-	10%
5	-	-	5%	-
6	8%	-	11%	20%
7	17%	-	26%	30%
8	33%	75%	21%	20%
9	25%	25%	32%	20%
10	8%	-	5%	-

Estimate the extent to which you consider that the soft skills developed by young BAME carers can be put to good practical use in the workplace and/or in higher education and in other life situations?

Score	IT	ENG	GR	SE
1	-	-	-	-
2	-	-	-	-
3	-	-	-	-
4	-	-	-	-
5	-	25%	21%	10%
6	8%	-	11%	10%
7	8%	-	11%	30%
8	58%	-	21%	-
9	-	75%	32%	10%
10	25%	-	5%	40%

Did the online course meet your expectations?

	IT	ENG	GR	SE
Yes	58%	100%	47%	44%
Partially	33%	-	53%	56%
No	8%	-	-	-

How would you rate this online training course?

	IT	ENG	GR	SE
Very good	42%	67%	37%	30%
Good	33%	33%	37%	40%
OK	25%	-	26%	30%
Poor	-	-	-	-

When asked on suggestions for possible improvements, professionals who took the English course suggested more examples and to add feedback possibilities to all questions, not only the final evaluation questionnaire. Also Greek professionals asked for more examples, specifically on young carers daily routine, moreover they suggested different case studies and more info from videos. Italian professionals asked to add specific problems that young carers could face because of their ethnical background, more information and practical examples on how to help them, books and articles as references. Finally, Swedish professionals proposed the possibility to communicate with other users and see their answers and asked for more examples. Swedish professionals also expressed some concerns and difficulties on technical matters

## COURSES FOR YOUNG CARERS

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The courses for Young Carers were taken by 161 persons in total.

### COURSE FOR YOUNG CARERS ON COMMUNICATION

#### GREEK AND ENGLISH VERSIONS

The course on Communication is composed by 3 main units: it starts with an initial activity of self-reflection exercise to understand the user's idea on "communication" and how to communicate with others (how to define communication, how to represent communication with a picture). Then, a theoretical background on communication is given: what is communication, how to be effective in communication. Finally, the unit on communication skills: different forms of communication and the essential communication skills for a young carer.

22 users did the Greek training and 20 of them compiled the post evaluation questionnaire giving positive feedbacks: 71% scored "9" as their level of knowledge on the matter after attending the course; the course completely met the expectations of 70% of them, whereas 30% was only partly satisfied. Users appreciated it because it was "very simple", "understandable", "essential", "with interesting and well organized information". When asked if communication could help them on a personal level, all 20 participants answered positively giving feedback on how: "through the development of my way of thinking and consequently the improvement of my ideas. Thus, through the improvement of self-confidence and self-esteem", "to be comprehensible and understand", "to be more effective", "to improve my professional and personal relationships", "to solve problems".

58% of users valued the course "very good", 42% "good". No one of the activities would be changed or removed by any user.

When asked on what they considered missing or lacking, some users suggested more communication exercises and tests.

100% of them would recommend the workshop to a friend.

Of the two persons that took the English version of the course, only one filled in the post-evaluation questionnaire. Her evaluation was generally positive: she suggested more interactive and real life scenarios.

### COURSE FOR YOUNG CARERS ON TEAMWORK

#### GREEK AND ENGLISH VERSIONS

The course is composed by 2 main units: it starts with an initial activity of self-reflection exercise to understand the user's idea on "conflict" and how to deal with it (how to define teamwork, how to represent teamwork with a picture). Then, a theoretical background on teamwork is presented: what is teamwork, what are the different types of teamwork skills that young carers can develop, what are the different team roles.

The Greek version of the course was taken by 22 users, 20 of which compiled the post evaluation questionnaire leaving a positive feedback: 85% scored "9" as their level of knowledge on the matter after attending the course. The course completely met the expectations of 76% of them, the rest was only partly satisfied. Users liked because it was very concise and understandable, and mostly appreciated the part of the teamwork roles explanations. When asked if teamwork skill could be viewed as a resource for them, all who answered chose "yes": "I understood that teamwork is more helpful than individuality, people can achieve much more through collegiality as long as they have common goals"; "teamwork contributes to the effectiveness of work, there is a common aim and therefore the results are better"; "teamwork can create mutual understanding, communication and achievement of the goal".

38% of users valued the course "very good", 57% "good" and only 1 user gave a sufficient score. All user's agreed that, among those proposed, there was no activity to be changed or removed.

When asked on what they considered missing or lacking, some users suggested more thematic areas, more access to

theoretical background and examples, more tests.

100% of them would recommend the workshop to a friend.

3 persons took the English version of the course. Only one filled the post evaluation questionnaire. Her evaluation was highly positive.

## **COURSE FOR YOUNG CARERS ON PERCEPTION**

### **SWEDISH AND ENGLISH VERSIONS**

The course is structured in 5 main units: the first about perception in general (a brief explanation and an exercise on things that people could experience in different ways), the second one on the use of perception (the explanation of the sense of coherence, an exercise on perception in a daily care situation), the third one to practice the users' sense of perception, the fourth on self-reflection and the last one dedicated to imagine to be someone else: what would you say to a young carer, what could you do to help a young carer, how did you feel when imagining to be someone else.

15 users took the Swedish version of the course on Perception and 14 of them compiled the post evaluation questionnaire giving not fully positive feedbacks. The levels of knowledge on perception after receiving the training were quite various: 8% scored "2", 17% scored "3", 17% scored "4", 25% scored "3", 8% scored "7" and 25% scored "8". When asked if perception could help them on a personal level, 80% answered positively of them, giving feedback on how: "to read different situations and to know what to do", but someone "do not quite understand how it can be beneficial for me that I experiencing things".

Concerning their expectations satisfactions, users expressed different opinions: for 12% the course completely met their expectations, for 44% only partially and for 44% not at all. The general opinion on the training was "good" for 33% of them, "ok" for 56% and "poor" for 11%. In line with these results, 89% of participants thought there was something missing, giving the following comments: "I think the purpose of the course should be a little clearer. An initial description of why the workshop focuses on perception, for example. It was a bit surprising. The training is not entirely logical in its technical structure. A little bit difficult"; "the questions are difficult to understand and how it will be applied on young carers"; "the idea of the course is good, but it needs to evolve considerably to get its message across. Now it was difficult to understand how perception can be used by these young carers. The course was difficult to navigate, did not know where I was in the process. The course must be even more difficult for a person who cannot comprehend Swedish language fully".

When asked on suggestion for improvement, users proposed further explanations of the purpose, more examples and stories from young carers situations, easier ways to insert answers and a further development which explain how perception can be useful to young carers. Nevertheless, 60% of users would recommend the course to someone else.

One user accessed the English version but didn't fill out any questionnaire.

## **COURSE FOR YOUNG CARERS ON MOTIVATION**

### **SWEDISH AND ENGLISH VERSIONS**

The course, is structured in 4 main units: the first about motivation in general (a brief explanation and an exercise on what motivates the participant), the second proposed some questions to reflect on the connection between motivations and goals achievement, the third is focused on external and internal motivation and the last one on its importance.

14 users took the Swedish version of the course on Motivation and 11 of them compiled the post evaluation questionnaire. Their feedbacks were positive. The levels of knowledge on motivation after receiving the training varied from 6 to 9: 27% scored "6", 55% scored "7", 9% scored "8" and 9% scored "9". When asked if perception could help them on a personal level, 100% answered positively, giving some comments: "I can use my motivation when things get tough. Motivation is a driving force, and it becomes easier to "switch" to the driving force if you know what motivates you. It's about "tricking" yourself a little. To think positive when you tend to see things in a negative way. I imagine the goal and then I think that I have some targets that I must reach before I reach the end goal: Just a little, just a little more"; "if you want to, and think you can handle things, you do the things in a completely different way than if you do not want,

and do not think you can handle it”; “motivation is a driving force to achieve goals. There is no one else that can be motivated for you, it is something you have to work with yourself or have in yourself”.

The course completely met the expectations of 30% of users, whereas for 60% they were met only partially and for 10% the training didn't meet them.

The general opinion on the training was “good” for the majority of users (75%), “very good” for 8% and “ok” for 17%. When asked on possible on suggestion for further improvements, users left similar comments, asking for a clearer link with caring situations.

92% of users would suggest to a friend to take the course.

Two users took the English version of the course but only one compiled the post evaluation questionnaire, giving high scores and a very positive feedback: “it seems to me that the course covered all the parts of motivation skills. Now, I feel ready to dream and set new goals and try to succeed them”.

## **COURSE FOR YOUNG CARERS ON EMPATHY**

### **ENGLISH VERSION**

The course is composed by 3 main units: one to reflect on empathy skills, one with the theoretical background and the last one with a real life scenario. The course also include a bibliography section.

Among the 4 people who took the course, only two filled in the post-evaluation questionnaire. Their rating on the level of understanding achieved on the matter after the training was “8” for one and “10” for the other one. The two users were completely in disagree concerning the fulfilment of their expectations. One user commented that “the ‘Now reflect on your experience: Are there any strategies that can help you further develop and practice empathy?’ question did not correspond with the material of that section. I was not sure what ‘experience’ it was referring to as the strategies were introduced after the question”, whereas the other one was completely satisfied: “the course was excellent in explaining clearly the difference between sympathy and empathy, it provided practical and theoretical explanations, was very engaging, interesting and useful”.

Both of them agreed in considering “empathy” as a resource for them. For one user “the ‘listening to others’ strategy was helpful as I often try and over sympathize and do not give the other person enough time to voice their difficulties. Also acknowledging the other person is in a difficult situation instead of pointing out positives is also very good way to build better personal and professional relationships with people”, whereas the other user suggested the use of this skill to empathise with situations his friends and family are facing, but also with problems that the wider population is facing”.

The overall opinion on the training was “very good” for one user and “good” for the other one. When asked on how to improve the course, one suggested multiple choice exercises and situational questions.

Both would recommend the course to a friend.

## **COURSE FOR YOUNG CARERS ON RESILIENCE**

### **ENGLISH VERSION**

The course is composed by 3 main units: one to reflect on user's resilience, one with the theoretical background and the last one with a real life scenario. The course also include a bibliography section.

Of the 5 users who took the course, 3 filled in the post-evaluation questionnaire. They rated their level of knowledge on the matter with 3 scores: 7, 8 and 9. The course met the expectations of 2 of them, as it provided “the understanding of what it means to be resilient and the step by step guide to how to apply in a real life or personal scenario” and gave “a good overview of the practical aspects (through the scenario chapter) and theoretical aspects of resilience. Also, the questions that asked you to reflect on your own understanding and experiences made the training more engaging”. All users personally see “resilience” as a resource for them: “I will use it when making important decisions”; “Yes, as

someone with anxiety disorder I have found this module particularly helpful because it teaches how self-confidence and belief in your abilities during situations of adversity enables you to overcome impulsive feeling of fear so you can plan effectively"; "I think resilience will be a key aspect as I move to higher education, get a job and become more independent. It will be important that I remain resilient when I encounter challenges in these areas of my life". The overall opinion on the course was "good" for all users.

When asked for possible improvements, users suggested a quiz with multiple choice, more pictures and diagrams, use of mind maps to portray concepts and more scenario questions.

All users would recommend the course to a friend.

## **COURSE FOR YOUNG CARERS ON CONFLICT MANAGEMENT**

### **ITALIAN AND ENGLISH VERSIONS**

The course is composed by 3 main units: the first with a self-reflection on conflict ("how do you define it", "how do you represent it"), the second on conflict management strategies and the third on negotiation and how to handle a conflict in a positive way.

Among the 20 persons who took the course, only 10 filled in the post-evaluation questionnaire, giving positive feedbacks. Their perceived level of knowledge on the matter after undertaking the training was rated "6" for 10% of them, "7" for 20%, "8" for 20, "9" for 20% and "10" for 30%. The course completely met the expectations of only 30% of the users, whereas for the other 60% the training did it only partially: "the course gave me the opportunity to gain new knowledge on the matter and practice new skills", "it has been interesting because it let me reflect on some specific aspect of conflict that I was not aware of", "this course met my expectation as conflict management is very interesting for me", "I would expect something more intellectual", "the conflict management strategies and their explanation are good and easy to remember". The overall opinion on the course was "very good" to 10% of the users, "good" for 60% and "ok" for 30%. When asked on something to change or add the training activities, most of all didn't left any suggestions, one users would like the course to be richer and more interesting and another one asked for more deepening.

90% of users would suggest the course to a friend.

The English version of the course was accessed by only one person, but nobody of which filled the post-evaluation questionnaire.

## **COURSE FOR YOUNG CARERS ON ANGER MANAGEMENT**

### **ITALIAN AND ENGLISH VERSIONS**

The course is composed by 4 main units: the first one includes self-reflection exercises on anger and on the emotions related to it and some basic information on anger, the second and the third units help the user to understand what makes him/her angry and what does it happen when he/she get angry, the last unit proposed exercises on how to manage this emotion.

Among the 21 persons who took the course, only 13 filled in the post-evaluation questionnaire. Their perceived level of knowledge on the matter after undertaking the training was rated "5" for 7,69%, "6" for 15,38% of them, "7" for 15,38%, "8" for 30,77%, "9" for 15,38% and "10" for 15,38%. The course completely met the expectations of the majority of users (53,84%), whereas for the other 30,78% the training did it only partially: "the course made me reflect", "I've learnt new techniques of anger management", "it was very useful to know on to deal with anger and to manage it", "I would preferred a more detailed description of anger and a more detailed explanation and teaching of the techniques to control it and to guide it", "it gave me a better understanding on how to manager anger and how to prevent it", "it gave me the opportunity to reflect on anger and verify my personal behaviours". In 2 cases (15,38%) the expectations weren't met: "I thought it would have been different", "it seems more a test than a course".

The overall opinion on the training was "very good" for 30,77% of users, "good" for "38,46%, "poor" for 15,38%. One user didn't like it.

When asked to give suggestions, one user proposed more images and videos, another one liked the idea of music and would insert some possible songs, another user would appreciate more info.

76,92% of users would suggest the course to a friend.

The English version of the course was accessed by 6 persons, none of which filled the post-evaluation questionnaire.

## **COURSE FOR YOUNG CARERS ON STRESS MANAGEMENT**

### **ITALIAN AND ENGLISH VERSIONS**

The course is composed by 5 main units: the training starts with a self-reflection on what is stress and how it arises and some general information on it, then users have the opportunity to experience a stressful situation and reflect on personal stressing experiences in their caring role, in the following units users are asked to explore what does it happen when they are stressed out and what can they do to manage stress.

Among the 21 persons who took the course, only 8 filled in the post-evaluation questionnaire. Their perceived level of knowledge on the matter after undertaking the training was rated “3” for 13%, “6” for 13% of them, “7” for 13%, “8” for 38%, “9” for 13% and “10” for 13%. The course completely met the expectations of the 44% of users, the majority (56%) was partially satisfied: “I’ve learnt a lot from this course”, “it was good because it’s interesting and doesn’t take too much time”.

The overall opinion on the training was “very good” for 30% of users, “good” for 50%, “sufficient” for 20%. One user didn’t like it.

When asked to give suggestions, one user proposed more videos and advices, another suggested to explain stress from different points of views ( i.e. as it is perceived by a child or a disable person). Another user stated that the course already provided him with all the necessary to manage stress.

100% of users would suggest the course to a friend.

The English version of the course was accessed by 2 persons, but nobody filled the post-evaluation questionnaire.

### Introduction

This report presents the findings and conclusions of the final internal evaluation of the 2-year Erasmus+ funded project titled Care2Work. The project was implemented by Anziani e Non Solo (Italy), Linnaeus University (Sweden) and the Family and Childcare Centre (Greece), coordinated by The IARS International Institute. Officially, began in May 2015, the project completed by the 30th April 2017. This report was drafted in partnership with the IARS Independent Youth Advisory Board, a group of young people aged 15 – 25 who followed the journey of this project advising, guiding and shaping both its design and delivery and it incorporates the findings for the Y1 and Y2

### Project Overview

Over the last 2 years, Care2Work aimed to tackle the barriers faced by young carers from Black, Asian and minority ethnic groups (BAME) when accessing employment, education and training. It aimed to generate and pilot new knowledge on the needs of BAME young carers with an ultimate goal of achieving institutional and cultural change in the UK and Europe. In order to achieve its objectives, the project followed a robust methodology with a view to achieve the following results:

- Support BAME young carers to feel more empowered, self-confident and self-sufficient.
- Support BAME young carers to enhance the skills acquired through caring, building on them so that they can improve their employability as well as their awareness and willingness to enter education and further training, and to thus preventing them from becoming NEETs.
- Address inequality among young people.
- Increase awareness of employers on the skills developed by BAME young carers and their applicability in the working context and hence increase employability opportunities for our target group.
- Provide BAME young carers with accreditation opportunities (the online course and other material will be accredited) and the involved professional with Continuing Professional Development.
- Increase the capacity of member organizations to identify and reach BAME young carers.
- Increase awareness on the challenges faced by BAME young carers in the different local contexts involved directly or indirectly in project activities.
- Promoting a youth led model of education for this particular group, as – as far as we know there are no youth led training material in the EU.

To achieve the aforementioned results and outcomes the project followed a robust methodology broken down into 4 Workstreams committed to deliver the following outputs.

- WK1: Development of a sound and evidence based theoretical framework for the construction of the project’s practical results. (M1-M6)
- WK2: Face to face workshops (M9-21) focusing on the development and piloting of resources.
- WK3: E-learning Tool (M19-22) focusing on the development of an accredited e-course that will be released to make the project results accessible to end-users from communities not directly involved in the project, including end-users from other European countries.
- WK4: Dissemination - Exploitation (M1-M22).

The IARS International Institute produced a Theory of Change that displays the project’s journey from outputs to outcomes.

## THEORY OF CHANGE - CARE 2 WORK

Outcomes	Milestones	Outputs	Results	Indicators
Support BAME young carers to feel more empowered, self-confident and self-sufficient	An increased awareness of the challenges faced by BAME young carers in the different local contexts involved directly or indirectly in project activities.	Intellectual outputs, Multiplier events x 2, communications strategy	<b>BAME young carers will report:</b> <ul style="list-style-type: none"> <li>○ <i>increased confidence</i></li> <li>○ <i>increased self-esteem</i></li> <li>○ <i>increased communications skills</i></li> <li>○ <i>increased team working skills</i></li> <li>○ <i>increased motivation in participating with the programme</i></li> <li>○ <i>increased motivation to continue with formal education, training or employment and enhance their CV enabling them to do so</i></li> </ul>	Individuals assessment  Qualitative focus group data with project participants (young people and professionals)
Support BAME young carers to enhance the skills acquired through caring, building on them so that they can improve their employability as well as their awareness and willingness to enter education and further training, and to thus preventing them from becoming NEETs	An increased knowledge of promising or successful experiences and practices from other European countries to support this target group.	Intellectual outputs, Multiplier events x 2, communications strategy		<ul style="list-style-type: none"> <li>○ Training attendance forms</li> <li>○ Training feedback/evaluation forms</li> <li>○ Feedback forms from key stakeholders (agencies, local authorities etc)</li> <li>○ Focus groups led by the YAB (optional) Downloads of online training</li> <li>○ Online feedback forms</li> </ul>



<p>Increase awareness of <u>employers</u> on the skills developed by BAME young carers and their applicability in the working context and hence increase employability opportunities for our target group</p>	<p>Provision of accreditation opportunities to BAME young carers (The online course and other material will be accredited) and the involved professionals with Continuing Professional Development (CPD status of the training will be pursued).</p>	<p>Intellectual outputs, Multiplier events x 2, communications strategy, Learning and Training activity for staff x 1</p>	<p><b>Employers will report:</b></p> <ul style="list-style-type: none"> <li>○ <i>better understanding of the barriers young carers face in accessing employment</i></li> <li>○ <i>increased awareness of the skills that young carers have developed/acquired through caring responsibilities</i></li> <li>○ <i>commitment to provide tailored employment opportunities to young carers</i></li> </ul>	<p>Online engagement Online and offline press coverage Numbers of employers' signed up a carers friendly pledge feedback from young carers</p>
<p>Address inequality among <u>young people</u></p>	<p>Increased the capacity of organisations to identify and reach young carers.</p>	<p>Intellectual outputs, Multiplier events x 2, communications strategy, Learning and Training activity for staff x 1</p>	<p><b>Professionals working with BAME young carers (including agencies etc) will report:</b></p> <ul style="list-style-type: none"> <li>○ <i>increased capacity in identifying and reach young carers</i></li> <li>○ <i>increased knowledge and awareness of the barriers that young carers are facing in accessing education, training and employment</i></li> <li>○ <i>increased confidence in providing appropriate support to young carers to overcome their barriers.</i></li> </ul>	<p>Training feedback forms collected after the workshops Training feedback forms collected through the online training Feedback collected from key stakeholders (agencies, local authorities etc)</p>



# Methodology and Scope of the evaluation

This report aims to examine the extent to which Care2Work met the objectives outlined above and in the application agreed by all partners and the National Agency. Moreover, this report captures the views and feedback of the Youth Advisory Board throughout the implementation of the project that were collected via focus groups, informal discussions and throughout their involvement in the research and delivery of the project.

More specifically the following data were taken into consideration

E-Survey with keystakeholders

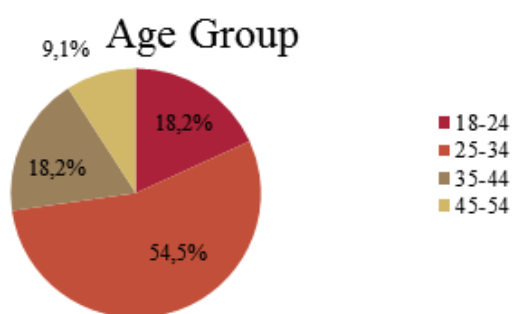
Review of project outputs

Evaluation forms collected from beneficiaries through the delivery of the project

## Findings from the e-survey

An online survey was conducted in all the partners' languages (English, Greek, Swedish and Italian). The e-survey ran from May 2016 to April 2017. The survey targeted stakeholders involved in the project, including conference participants, trainees, young people etc. According to the results, overall, the project was received well and throughout its delivery remained aligned to its objectives as they were outlined in the application. We have summarized the findings of the survey below.

### 1. PARTICIPANTS



The participants who took part in the Care2Work Evaluation Survey were mainly young female professionals. Almost three-quarters were under 34 and over 70% were female. Participants came from the UK and across the EU.

### 2. EMPLOYMENT AND OCCUPATION

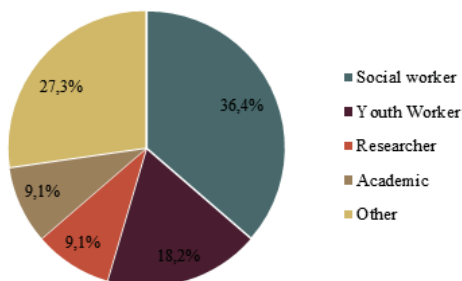
Employment Status	Percentage
Employed	72.7%
Self-Employed	9.1%
Unemployed	18.2%

The participants who took part in the Care2Work Evaluation Survey were mainly young female professionals. Almost three-quarters were under 34 and over 70% were female. Participants came from the UK and across the EU.

<u>Qualification</u>	<u>Percentage</u>
Degree	45.5%
Post-graduate	54.5%

Of our participants 81.8% are currently employed. All had left education and were highly qualified, having at least obtained a degree and 54.5% had gone on to complete a postgraduate degree.

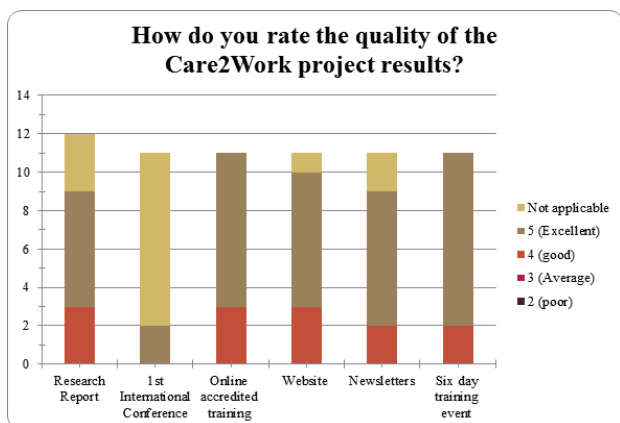
Occupation



Over half of the participant's occupation had them in contact with young carers or young people. Around 20% were approaching the Care2Work project from an academic or research background. The graph shows in more detail the various occupations. 36.4% went on to say that their work has them directly involved with BAME carers and 9.1% of participants had themselves been young carers.

<u>Are you working directly with young BAME carers?</u>	<u>Percentage</u>
Yes	36.4%
No	54.5%
I am (or was) a young carer	9.1%

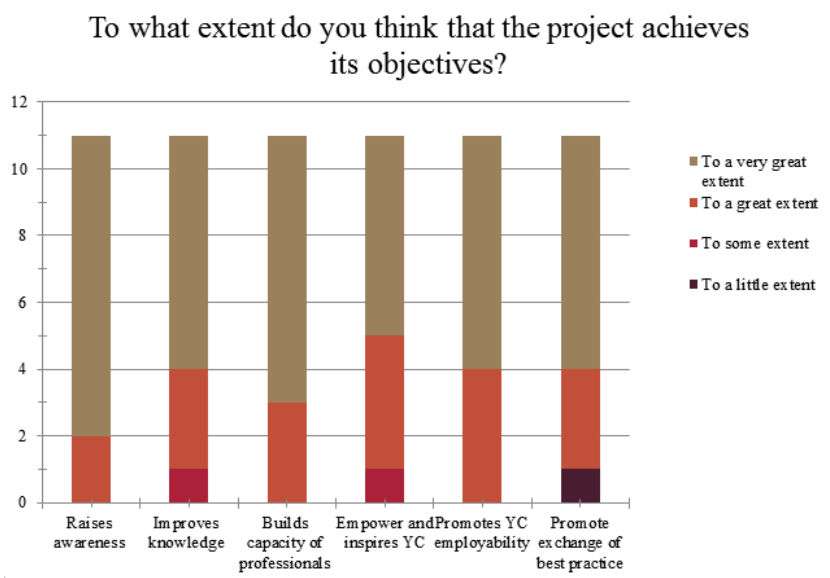
### 3. EVALUATION FEEDBACK



There has been an overwhelmingly positive response to the delivery of the entire Care2Work international programme. Every aspect of the project was rated either 'Good' or 'Excellent' by those involved.

The overall aim of the Care2Work programme was to tackle the barriers faced by young carers from BAME backgrounds when accessing employment, education and training. The participants were asked to what extent they believed the project had been successful in achieving its objective, again there was a very positive response. The majority responded that the project had 'to a very great extent' achieved its objectives.

For professionals this included raising awareness, improving knowledge about the support needs, building capacity to engage effectively and promoting the exchange of best practice across Europe; regarding the needs of young BAME carers in accessing education, training and employment. Care2Work also aimed to empower young carers and promote their employability, it was again agreed this had been successful.



Moving forward in the long term sustainability of the Care2Work project participants were asked if they have changed their own practice as a result of partaking in the project. 27.3% said they had made changes and an equal number said it had not affected their practice.

<b>Have you changed anything in your practice as a result of your learning from the project?</b>	<b>Percentage</b>
Yes	27.3%
No	27.3%
N/A	45.5%

## Review of project Outputs

### RESEARCH PHASE

Across the partnership, the research phase was broken down in two phases that involved desk-based research and literature review of key concepts of the project. Independently and based on the national project plans, partners organised interviews and focus groups with their target groups including professionals and young carers in their countries.

More specifically, in the UK, we conducted two semi-structured interviews with professionals who had direct experience in working with young carers and are involved in the coordination of local activities initiated by local Councils that further aim to identify and support such groups through various initiatives. Four semi-structured interviews with young people who are classified as young carers were also conducted. All young people who agreed to be interviewed were from BME communities. The findings were then analysed by the standing IARS Youth Advisory Board under the supervision of the Youth Projects Coordinator. In order to reach the target groups, we made a call for participants via the Care2Work website and we drafted letters to professionals detailing the objectives of the project. Interviews were recorded with the consent of the participants and transcripts and audio files have been saved at IARS server.

In order to further explore the needs and the barriers of the young carers of the target group in Greece, 9 face to face interviews have been made; in particular, 4 interviews were conducted with young carers, two of them come from African countries (Nigeria and Sierra Leone), one of them comes from Bulgaria and the last one is Greek who belongs to the Muslim minority. Greek partners also interviewed 5 experts and professionals who provided us with important data and information about the topic.

Italian partners conducted 6 interviews with 5 girls and 1 boy with caring responsibilities. Two of them were Italian, in one case the young person had an Italian father and a mother coming from abroad, while three came from a BME background (although some of them have the Italian nationality). Participants were also asked to fill the MACA-YC18 scale. Swedish partners contacted professionals and volunteers in authorities, NGOs and other organizations to get an overview of the support system toward the target group. In the second phase, they contacted the target group directly and carried out interviews. Only two interviews were conducted and these individuals were from the Middle East and Balkan and were both Muslim.

Both research and fieldwork were completed according to our project plan deadlines and were fed into 4 National Reports in partners native languages (English, Swedish, Greek and Italian – all national chapters can be found here <http://www.care2work.org/resources/intellectual-outputs/>).

The Executive summaries of all reports were translated in English. Additionally, IARS International Institute produced a comparative chapter and all reports and comparative chapter featured in a e-publication entitled “Young Black and Minority Ethnic Carers – Barriers and Opportunities for Employment and Education” that can be found here [http://www.care2work.org/wpcontent/uploads/2016/01/CARE2Work\\_FULL\\_REPORT.pdf](http://www.care2work.org/wpcontent/uploads/2016/01/CARE2Work_FULL_REPORT.pdf). The e-publication was foreworded by Stephen Greene – Chief Executive of the National Citizen Trust and is available freely to be downloaded as a PDF from the project’s dedicated website [www.care2work.org](http://www.care2work.org).

## IMPLEMENTATION FACE

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Following the completion of the research phase, the Care2Work Partnership developed and delivered a range of training courses for both professionals and young people. The materials were reviewed by the IARS Youth Advisory Board and scored high in all areas that were evaluated. The Youth Advisory Board found materials of high quality, interactive with appropriate and leveled language for young people. A few adjustments that were recommended were taken into consideration by the partnership and appropriate adjustments were made.

Participants’ evaluations were also positive and encouraging. The Youth Advisory Board reviewed the evaluation forms that were collected in each country (translated outputs for non-UK participants). Overall, professionals found the project outputs informative and valuable. There was a general agreement that the courses helped them improve their knowledge. They also felt that the application of the outputs would further support them to improve outcomes for BAME young carers.

*“It is very informative, it introduces concepts and understandable information concerning those young carers in special National and Ethnic Groups. It also sensitizes the participant in class and creates a need for further involvement”. Participant in the C2W workshop for professionals.*

*“It helped me to improve my knowledge and put it into practice in my professional life”. Participant in the C2W workshop for professionals.*

*“I gained a lot of information that can help to improve myself. I would like to include this knowledge in my everyday life on a professional and personal level”.*

## PARTICIPANT IN THE C2W WORKSHOP FOR PROFESSIONALS

The table below summarises the reach of the activities over the course of 2 years.

COUNTRIES	RESEARCH PHASE (NUMBER OF PEOPLE REACHED)	FACE-TO- FACE TRAINING (NUMBER OF PEOPLE REACHED)	E-TRAINING	1 <sup>ST</sup> CONFERENCE IN ITALY	VOLUNTEERS / INTERNS
GREECE	Young people:4 Professionals:5	Young people: 38 Professionals: 51	Young people:44 Professionals:21	n/a	n/a
UK	Young people: 4 Professionals: 2	Young people: 25 Professionals: 12	Young people:9 Professionals:21	110	30
ITALY	Young people: 6 Professionals 0	Young people: 12 Professionals: 20	Young people: 41 Professionals:24	111	4
SWEDEN	Young people:2 Professionals:10	Young people:3 Professionals:5	Young people:29 Professionals:14	n/a	n/a
TOTAL	Young People:16 Professionals:17	Young People:78 Professionals: 88	Young People:123 Professionals: 81	331	34
TOTAL NUMBER OF BENEFICIARIES REACHED	Young People:251 Professionals:517	Total reached: 768			

## INTERNATIONAL CONFERENCES

Throughout the life of the project, the partnership held two International Conferences. The conferences aimed to further support the dissemination of the project’s intellectual outputs, raise awareness about project’s practical results and enhance the project’s impact and long-term sustainability. The first conference titled “Barriers Understood: Black Minority Ethnic Carers in Europe” was held on 10 February 2016 in Capri Italy

The conference brought together over 115 researchers, policy makers, youth professionals and employment agencies representatives from across Europe to discuss the long-term implications of caring on young people’s personal and professional development with particular focus on youth from Black and minority ethnic background. To gauge the impact of the conference, an evaluation questionnaire was distributed to all participants. Among the 115 participants, 46 returned the questionnaire filled in. Most of them were social workers (15), but also psychologists, educators, public

operators or even retired people or university students answered the questions. Their age varied from 27 to 75 years old, mainly women. Half of them (23) used to meet young carers during their daily job.

The average general satisfaction toward the event reached a high score (4,6 - in a 1 to 5 scale) as well as the overall event evaluation (4,5). Participants also thought that their expectations towards the achievements of the event objectives were fulfilled (4,4) and that they have learned something new (4,5). The contents of the conference were found both useful and stimulating by most of participants (respectively, 4,2 and 4,5). The questionnaires also showed that the participant's knowledge concerning young carers increased, on average, from 3 to 4,2 points.

Overall, the conference received very positive feedback from speakers and delegates who appreciated the international nature of the event but also the listening to different types of experiences, the focus on young carers, the cultural approach and the richness in stimulus and points of views have been recognized as strength aspects.

The project's final international conference titled "Youth-led Solutions to Unemployment: The Voices of Young Marginalised Carers" is due to be held on the 27<sup>th</sup> April in London and the findings from the evaluation will feature in the project's final report.

## DISSEMINATION

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Dissemination was central to the success of the Care2Work programme and carried priority amongst partners from the outset. The key objective of this work package led by the IARS International Institute was to enhance the reach and impact of the activities and learning outcomes of the project. A detailed communications strategy, drafted by the IARS International Institute was shared with all partners and utilized as a reference point in the monitoring of the activities.

Communications sent out by the partner groups on the Care 2 Work project utilized a variety of media, ranging from the websites of the partner organizations to local and national newspapers to social media. Key feature in the project's dissemination activities held the project's very own dedicated website [www.care2work.org](http://www.care2work.org)

The website was designed at the start of the project by Anziani e Non Solo and was updated regularly throughout the course of the project and for at least one year following the conclusion of the project.

The website was divided in 7 sections;

- **About the project:** contains information about the project and the partner
- **Resources:** hosts project outputs, reports and reading materials
- **Training courses:** will host project's online training and information about the face to face training sessions
- **Meetings:** Hosts information about the transnational meetings including access to presentations, minutes, photos from partners' meetings
- **Partners:** Hosts information about participating organisations
- **Contacts:** Includes key contact details and an interactive contact form
- **Press releases:** Hosts projects press releases

The Home page hosted projects' updates (blog section), upcoming events, and a "Get Involved" section. At the bottom of the page users were offered the opportunity to freely subscribe to the project's newsletters. The website's main language is English and all partners are responsible to contribute to the content in their own native language.

The Website was monitored regularly via Google Analytics and built-in metrics tools and from November 2015 to April 2016 reached **3,076 users** and received in total **10,653 page views**.

A leaflet was prepared at the initial stages of the project. The leaflet includes brief description of the project and its

objectives as well as it mentions key outputs envisioned by the project. It also included contact details of the communications officers of the project and the project's website address. The leaflet was available in English and Italian and was distributed at project's events and training sessions as well as at events attended by the partners. [<http://www.care2work.org/wp-content/uploads/2015/07/leaflet1.pdf> - In English] [<http://www.care2work.org/wp-content/uploads/2015/07/leafletI.pdf> - In Italian]

The dissemination work package also included various press releases at key project milestones such as project launch announcement, announcements of project's annual conferences etc.

Knowing the exact reach of these communications is difficult, but some forms of communications provide us with a fairly clear baseline, for example websites provide views, mailing lists have a certain size, social media platforms indicate the number of followers, and event attendees can be counted. Between these four forms of communication, the partner organizations' communications were likely viewed at least 347,236 times. In addition to communications on websites, through mailing lists, over social media, and in events, the partners also used local and national newspapers, newsletters, magazines, and television and radio. All told, the partner organizations sent out 132 communications about the Care 2 Work project.

Italian partner Anziani e Non Solo sent out 58 Care 2 Work communications, mostly focusing on local and national newspapers and on social media. Anziani had 17 articles run in newspapers concerning the Care 2 Work campaign, including one in the *Corriere Della Sera* which is a widely read national Italian newspaper and whose website receives 29,108,200 visitors a day on average. Social media offers a more precise insight into the reach of communications, and social media communications from Anziani were viewed at least 4863 times. Anziani communicated not only on its own facebook page, but on the pages of other organizations related to the Care 2 Work project, such as Essere Caregiver and CAR.ER. Emilia Romagna. It also hosted an international conference on the Care 2 Work program in Carpi, Italy, which was attended by 115 individuals, including individuals from all partner organizations.

The IARS International Institute sent out 48 communications regarding the Care 2 Work project, mostly in the form of newsletters and website-based announcements. IARS used websites, both theirs and others', to communicate information pertaining to the Care 2 Work project 12 times, and these pages received at least 52,000 views. The organization also sent out 8 communications through newsletters, which may have been seen as many as 20,000 times. Social media also played heavily in IARS' communications, being used sixteen times to reach at least 5,300 views. IARS also published various articles in sector national outlets and online including one article to the "Children and Young People Now," a print publication disseminated to 20,000 youth stakeholders within the U.K, an article to the European Youth Forum that reaches over 50,000 youth professionals and young people across Europe and an article to Eurocarers network, a pan-European network of Carer's organizations across Europe.

Nationellt kompetenscentrum anhöriga (NKA) at Linnaeus University in Sweden sent out 14 communications about the Care 2 Work program, including six posts on their website, four newsletters, two posts to social media, and two events. The newsletters may have been viewed as many as 16,500 times, and were the only measured form of communication from NKA. NKA held two events, one which was an informational event concerning the international Care 2 Work conference and one which was a lecture at Linnaeus University on the topic of children as next of kin.

Kendro Merimnas Oikoyenias kai PEDIU (KMOP) in Greece sent out 32 communications about the Care 2 Work project, many of which were social media posts on KMOP's Facebook and LinkedIn pages. Out of the 32 communications, 21 fell into that category, and together reached approximately 3,937 views. A further nine communications were posted to the KMOP website, and received at least 6,236 views.

The majority of the communications sent out by the partners were online, with 85 out of the 132 total communications purely digital and online. A further 35 were both physical and digital, being published in newspapers and newsletters which are physically delivered as well as put online. Most of the communications partners sent out were either announcements for upcoming stages and events in the Care 2 Work campaign or releases of research results from the campaign.

The table below summarises the dissemination activities that were undertaken throughout the implementation of the project.

Communication Methods (count and viewership)											
	ANS		IARS		NKA		KMOP		Total (approximately)		
	Count	Viewership	Count	Viewership	Count	Viewership	Count	Viewership	Count	Viewership	
org website	5	8694	6	50000	6	0	9	6236	26	64930	
C2W website	5	4499	5	2000	0	0	0	0	10	6499	
other web-site	9	253747	1	Not known	0	0	0	0	10	253747	
social media	10	4863	6	5300	2	Not known	21	3937	39	14100	
newspaper	17	29234921	1	Not known	0	0	0	0	18	29234921	
newsletter	3	11200	8	20000	4	16500	3	3086	17	48786	
mailing	3	2633	3	4700	3	Not known	3	Not known	3	2633	
television/ radio	3	Not known	0	0	0	0	0	0	3	Not known	
event	4	277	1	110	2	50	0	0	6	387	

# CARE2WORK

## TRAINING PROGRAMMES

The Care2Work partnership has developed a range of accredited online tools for professionals and young people. The content of these courses is built on the findings of in depth youth-led qualitative research with young carers and professionals in four European countries (UK, Sweden, Italy and Greece), conducted in the framework of the two-year Erasmus+ funded Care2Work project.

### **The e-training courses aim to support both young people and professionals to**

- Gain a better understanding and awareness of needs and realities of young BAME carers in the UK and Europe.
- Gain a better understanding of the skills and competences that young carers develop as a result of their caring experience.
- Gain an understanding of the applicability of those skills at workplace.
- Practice learning with realistic case studies, establishing a sense of practical application to what has been learnt.
- Develop a positive thinking approach about young people focusing on their strengths.

**The following table includes all the available tools that are freely accessible to both professionals and young people. Should you need more information please contact us at [contact@iars.org.uk](mailto:contact@iars.org.uk)**

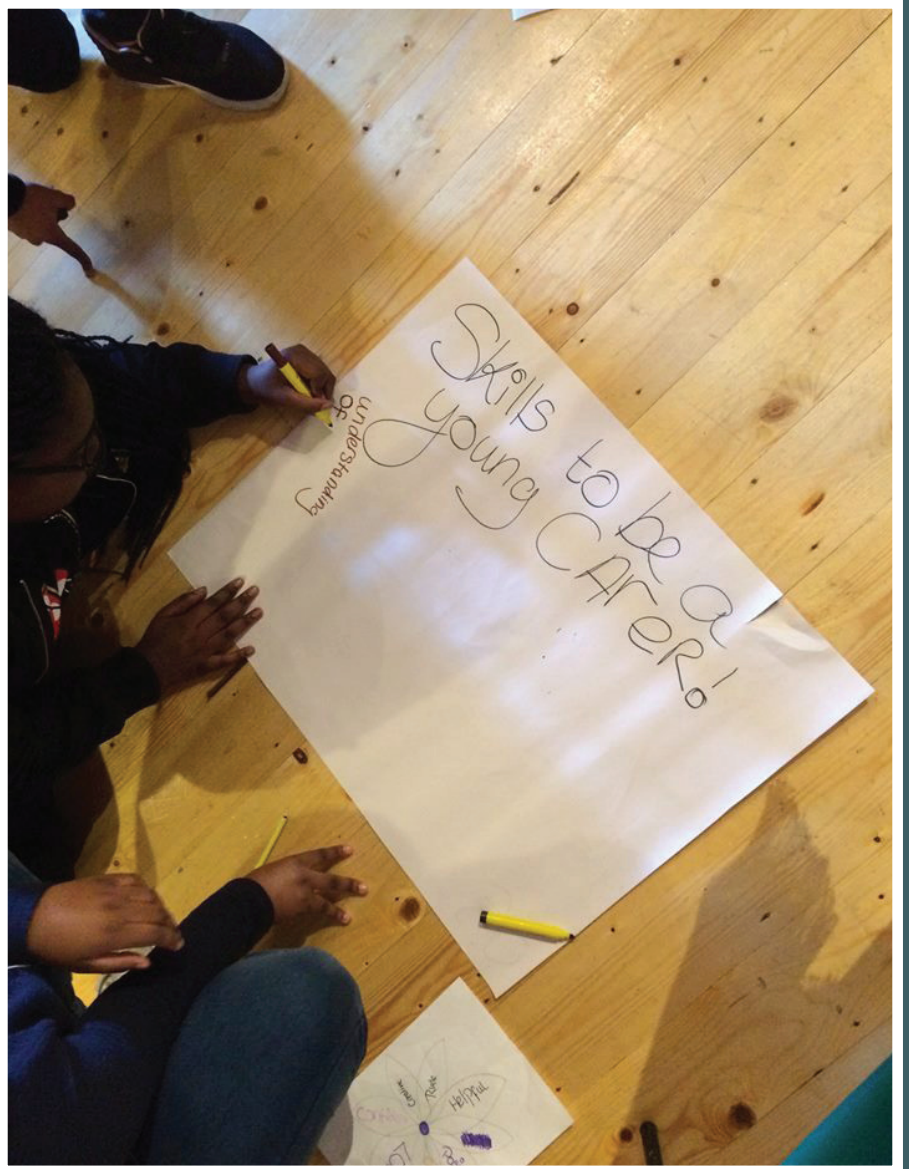


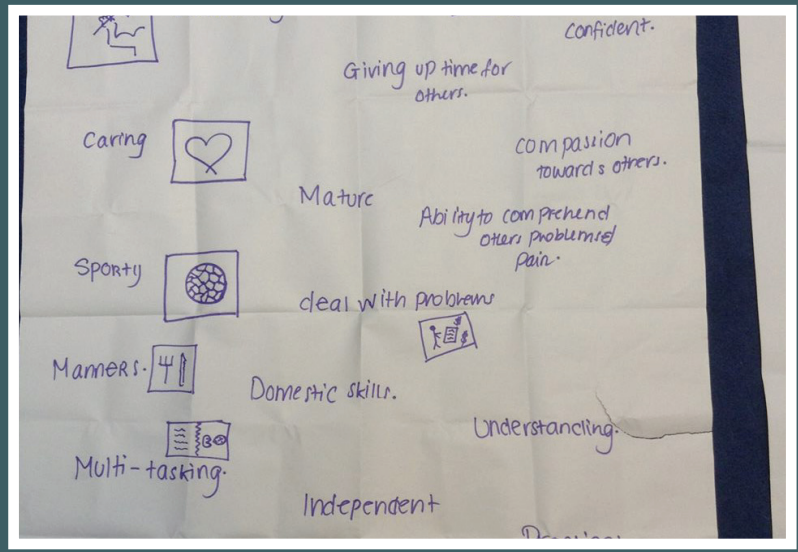
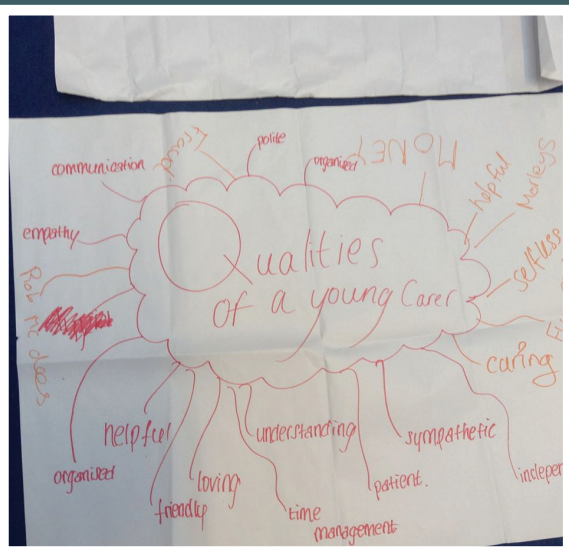
## Click on the title to visit the e-learning course

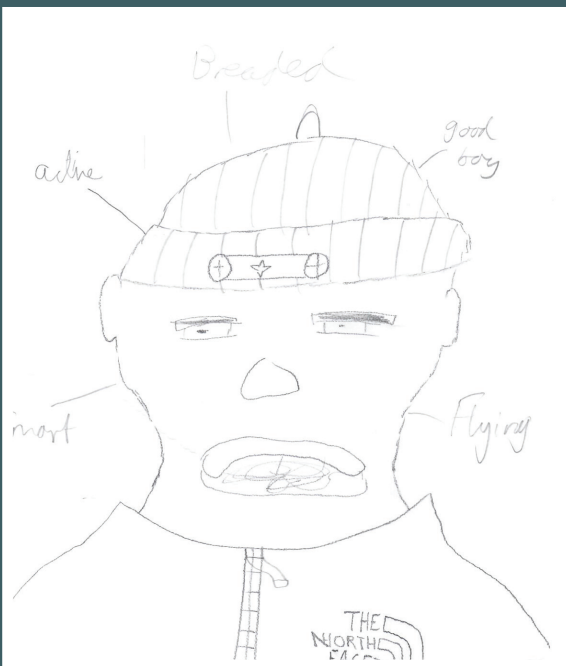
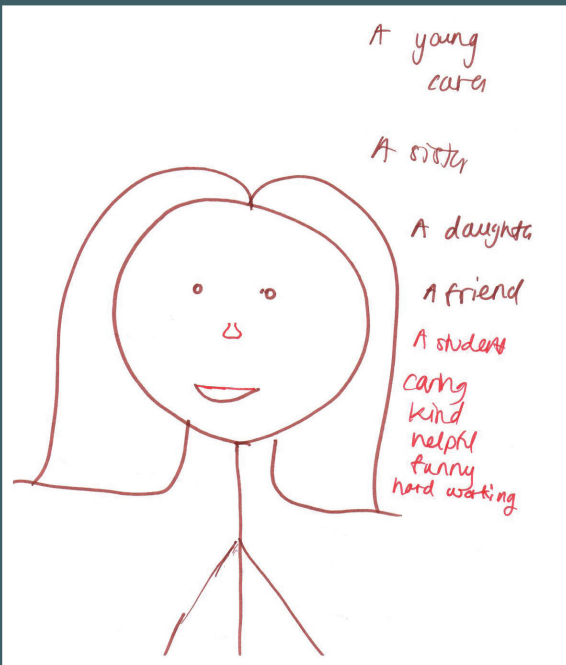
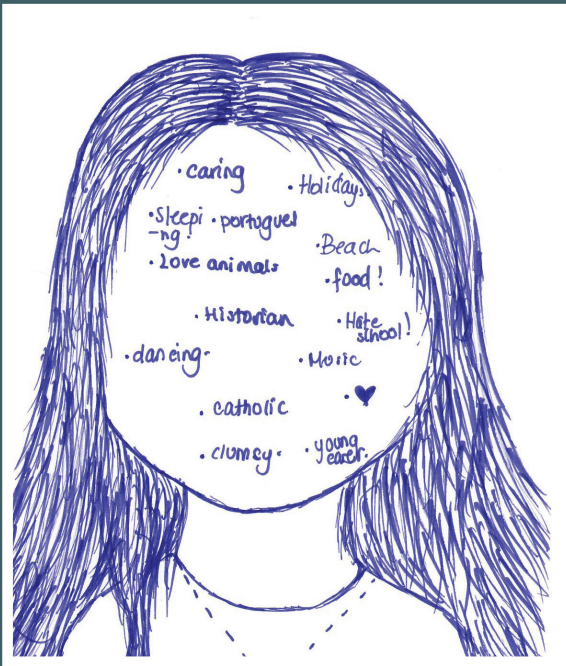


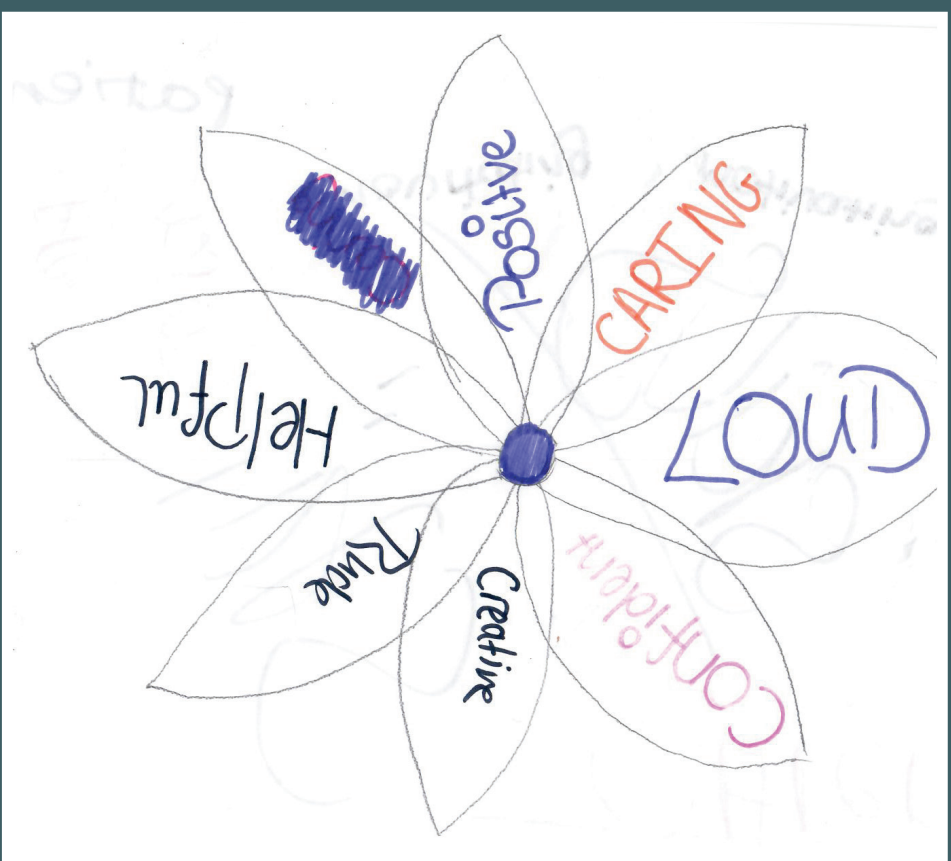
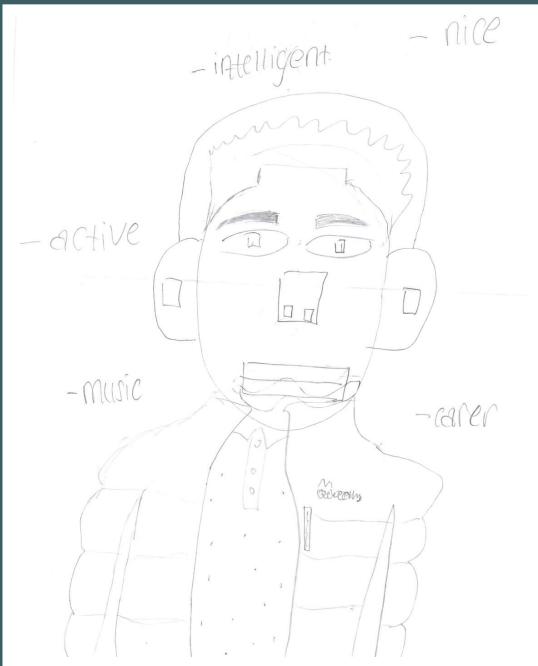
COURSE TITLE	TARGET AUDIENCE	LANGUAGES AVAILABLE	ACCREDITATION
<a href="#">"EMPOWERING PROFESSIONALS TO WORK WITH BLACK, ASIAN AND MINORITY ETHNIC (BAME) YOUNG CARERS"</a>	Professionals working with young people	English, Swedish, Italian, Greek	Continuous Professional Development (CPD)
<a href="#">"EMPOWERING YOUNG BLACK, ASIAN AND MINORITY ETHNIC (BAME) CARERS: EMPATHY IN CARING, EDUCATION AND EMPLOYMENT"</a>	Young People	English	Certificate of Completion
<a href="#">EMPOWERING YOUNG BLACK, ASIAN AND MINORITY ETHNIC (BAME) CARERS: RESILIENCE IN CARING, EDUCATION AND EMPLOYMENT"</a>	Young People	English	Certificate of Completion
<a href="#">EMPOWERING YOUNG BLACK, ASIAN AND MINORITY ETHNIC (BAME) CARERS: TEAMWORK IN CARING, EDUCATION AND EMPLOYMENT"</a>	Young People	Greek, English	Certificate of Completion
<a href="#">EMPOWERING YOUNG BLACK, ASIAN AND MINORITY ETHNIC (BAME) CARERS: COMMUNICATION IN CARING, EDUCATION AND EMPLOYMENT"</a>	Young People	Greek, English	Certificate of Completion
<a href="#">EMPOWERING YOUNG BLACK, ASIAN AND MINORITY ETHNIC (BAME) CARERS: PERCEPTION IN CARING, EDUCATION AND EMPLOYMENT"</a>	Young People	Swedish, English	Certificate of Completion
<a href="#">EMPOWERING YOUNG BLACK, ASIAN AND MINORITY ETHNIC (BAME) CARERS: MOTIVATION IN CARING, EDUCATION AND EMPLOYMENT"</a>	Young People	Swedish, English	Certificate of Completion
<a href="#">EMPOWERING YOUNG BLACK, ASIAN AND MINORITY ETHNIC (BAME) CARERS: ANGER MANAGEMENT IN CARING, EDUCATION AND EMPLOYMENT"</a>	Young People	Italian, English	Certificate of Completion
<a href="#">EMPOWERING YOUNG BLACK, ASIAN AND MINORITY ETHNIC (BAME) CARERS: STRESS MANAGEMENT IN CARING, EDUCATION AND EMPLOYMENT"</a>	Young People	Italian, English	Certificate of Completion
<a href="#">EMPOWERING YOUNG BLACK, ASIAN AND MINORITY ETHNIC (BAME) CARERS: CONFLICT MANAGEMENT IN CARING, EDUCATION AND EMPLOYMENT"</a>	Young People	Italian, English	Certificate of Completion















*“This book is important. It draws attention to an extraordinary group of young people – often girls – who grow up while taking care of someone in need, such as a parent or other relative who is disabled, has a chronic illness, mental health problem or other condition connected with a need for care, support or supervision. The book underlines more specifically the barriers faced by young carers with a Black, Asian and minority ethnic background (BAME) when accessing employment, education and training... The evidence brought forward is devastating... As showcased in this e-book, the EU has a real added value in helping to bring about the necessary changes. Through its programmes, such as the Erasmus+, and the systematic exchanges of policy experiences and good practices, the EU can help to shed light on the situation of young carers, raise awareness and provide inspiration for reforms. As no young person should undergo the experience of caring for a loved one in isolation, we hope that the “Care2Work” project will ignite the spark so that more evidence will become available to effectively support young people who care.”*

**Floor van Houdt**, Head of Unit for Youth, Volunteer Solidarity and Traineeships Office, European Commission - Directorate General for Education, Youth, Sport and Culture

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This timely book brings together the research findings of a two-year programme that was undertaken in four European countries, the UK, Greece, Italy and Sweden on the social inclusion of Black, Asian and minority ethnic (BAME) young carers. Following secondary analysis of native sources in Greek, Italian, Swedish and English, the programme completed youth-led primary qualitative research with young carers and providers to identify the barriers that young BAME carers face to employment, education and training. The research also look into the strengths of this group as well as the opportunities and the type of support that they need to tear down these barriers.

The book is published at a critical point in time for Europe. It is estimated that informal carers across the EU provide over 80% of all care accounting for over 100 million. The economic value of unpaid informal care in the community and at home is estimated from 50-90% of the overall cost of formal care provision. While there has been an acknowledgement of the value and contribution of informal carers, EU institutions and member states have a long way to go before claiming that they are meeting their educational and employment needs and aspirations. Young carers aged between 16 and 18 years old are twice as likely to be not in education, employment, or training (NEET) than their peers. We also know that young people with an immigration background are 70% more likely to become NEET compared to nationals. Our research also showed that the majority of young carers tend to come from BAME communities.

The book includes four chapters each reflecting the current situation in each of the participating country and written in national languages. It also includes a list of free online courses for young carers and professionals aiming to empower them for addressing the aforementioned barriers. It also includes the piloting results of face-to-face trainings that were carried out with young carers and professionals as well as the training material that were used to empower them.

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*“The love and sense of duty of young carers is remarkable but they so often pay a price in missed opportunities, poorer health and lower school results. There is also, the emotional cost in missing out on the social life and fun that their classmates enjoy”*

**Anne Longfield** Children’s Commissioner for England

