



Young Carers: Mature Before Their Time

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“Young carers” are children or youth who assume adult responsibilities in their vulnerable families. Rather than pathologize this situation, how can we help young carers meet their own developmental needs as well as those of their families?

There is a population of remarkable young people who may go unnoticed due to the absence of overt acting out behaviors. Often mature beyond their age, they are forced by family situations to assume care-giving roles which are usually the responsibility of parents and elders. Being placed prematurely in adult caring roles potentially may have both positive and negative consequences.

In Europe, such young people are called young carers and are seen as needing support in coping with extraordinary family responsibilities. In North America, if they are noticed at all, they are most often given negative labels such as parentified children. Rather than supporting them in their family responsibilities, we pathologize their situation and remove them from their home or put them in therapy. This article provides an overview of young carers and the services they need within their communities.

Young carers are defined as those under the age of 18 who are the primary caregivers in their family due to parental illness, disability, or addiction (Aldridge & Becker, 1993). Youth can also become young carers because of parental absence (e.g., divorce, desertion, or overseas military service) or because of language difficulties which restrict the parents in communicating effectively with the dominant culture. (Charles, Stainton, & Marshall, 2009). The young people, whatever the circumstances, are forced to take on full or partial adult roles to support the survival of the family.

Parentification is a term more commonly used in North America to describe a role reversal where young persons are forced to assume roles of responsibility which normally lie with parents. Parents are viewed as abdicating their roles in the family with needs of the adult coming before developmental needs of the young person (Boszormenyi-Nagy & Spark, 1973; Chase, 1999).

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There is obvious overlap between the two definitions. In both cases young people are placed in situations in which they have adult responsibilities while they are still under the age of majority. While all young carers may be in parentified roles in that they have adult tasks to perform, the difference is that the definition of young caring does not make an automatic judgment about the parent-child relationship and the emotional boundaries. Parentification assumes a narcissistic demand being placed upon the young person by the adult. The young carer definition assumes only that the circumstances in the family require that the young person take on some or all of the parental role. While there is a role reversal in the young carer situation it is one of necessity rather than of narcissistic need. The parents do not willingly, and

even in many cases, fully abdicate their parental responsibilities. This is a critical difference. In the first case the family is “dysfunctional” while in the second there is only a presumption that the situation creates a need for added support from family members. The view that one takes about young carers dictates how one responds as a helper. Are helpers treating a dysfunctional family or are they supporting, in most situations, a normal family that finds itself in abnormal circumstances?

The Impact of Caregiving

This is not to say that there are no potential negative impacts to the young carer. Rather, one cannot assume that being in this caregiving role is devoid of positive consequences or that everyone found in this situation will suffer negative consequences. For example, some young carers, when compared to their non-caregiving peers, have a heightened understanding of the needs of other people (Grossman, 1972). Young people also report that they have a positive reaction to being needed and that this contributes to a developing sense of themselves as being worthwhile, contributing individuals (Aldridge & Becker, 1993). Many report that they enjoy a meaningful closeness with the person for whom they are caring and that they feel a great deal of satisfaction with their selflessness and commitment to others (Aldridge & Becker, 1993; Noble-Carr, 2002). Others feel proud of their ability to complete complex caregiving tasks (Banks et al., 2002). Young people in these circumstances also can have heightened levels of compassion and altruism (Grossman, 1972) and maturity (Banks et al., 2002).



There are also a number of potential negative outcomes for the young people in unsupported or adverse situations (Cree, 2003; Noble-Carr, 2002; Thomas et al., 2003). Included in these is the loss of childhood through having to provide care for other family members (Jurkovic, 1997; Noble-Carr, 2002). Young carers are often forced to grow up too fast in order to meet the needs of their families, resulting in a number of associated developmental issues such as poor social skills (Noble-Carr, 2002). Many also report a great deal of stress in their lives caused by conflicting needs and situations (Aldridge & Becker, 1993; Armstrong, 2002; Butler & Astbury, 2005; Noble-Carr, 2002). Many report feeling isolated and alone, not only because they see themselves as different from their peers but also because they are not able to spend time with their friends due to their responsibilities in the home (Aldridge & Becker, 1993; Armstrong, 2002; Barnett & Parker, 1998; Butler & Astbury, 2005; Noble-Carr, 2002; Price, 1996). Their caring responsibilities may also result in their missing significant time at school (Dearden & Becker, 1995). These are but a few of the potential negative consequences (Aldridge & Becker, 1993; Becker 1995; Becker & Dearden, 2004; Dearden, 2000).

Supporting Young Carers

There is no doubt that the circumstances of the family have an impact on the young person. In a family where the parents are able to continue to be

the adults despite their condition, there is likely to be less of a negative impact on the young carer. In a family where the needs of the adults come before those of the children, there likely will be negative developmental consequences for the young carer (and the other young people in the family). Conversely, a loving parent who is mutually engaged in a reciprocal relationship with the young person potentially will have a positive impact on the individual regardless of the caregiving circumstances (Tatum & Tucker, 1998).

Some services already are available to young carers in North America although they tend to be indirect and disorder-specific. There are, for example, support net-

works in place in some communities for children of parents with mental illness, children of alcoholics, and children of parents with specific chronic illnesses such as Parkinson's Disease. However, these networks tend to focus on the illness or disorder and pay little or no attention to the caregiving aspect of the children's lives. As a result even those who are receiving assistance still tend to be invisible in their caregiving role. They only become visible when they are labeled as being parentified, at which time they can begin to access therapeutic services.

Young caring is not and should not be seen as a pathological condition. These are young people who are responding to the needs of their family but who also have needs of their own. Both sets of needs can be met with the right types of assistance. They must receive support in their role rather than be labeled or ignored. In the United Kingdom, legislation is in place that mandates the provision of services for young carers (Butler & Astbury, 2005). The result has been the development of a range of support services for these young people (Bibby & Becker, 2000; Thomas et al., 2003). These services include peer support networks, respite care, advocacy services, and, when required, counseling. These are community based supports that acknowledge the uniqueness of the circumstances of the family while not automatically pathologizing the situation. It is a health- rather than illness-based model.

Conclusion

The impact of being in a young carer role is as much about how helpers respond to it as it is about the dynamics of the family. It is not just the circumstances of the family which will dictate the impact the role of carer will have on the young person. A family is more than just its members. What goes on within a family is also determined by the attitudes and values of the communities in which they live. Even the most isolated families are influenced by the society around them. If the community judges the family harshly because of its situation then the impact upon the young carer is likely to be more negative. If the community provides support to the family and the young carer then the consequences for the young person are likely to either be positive or at the worst less negative. A caring community should develop the services needed to maximize the positive outcomes and minimize the negative ones.

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References

- Aldridge, J., & Becker, S. (1993). *Children who care: Inside the world of young carers*. Loughborough, UK: Loughborough University Young Carers Research Group.
- Armstrong, C. (2002). *Behind closed doors living with a parent's mental illness*. YoungMinds Magazine, 61, 28-30.
- Banks, P., Cogan, N., Riddell, S., Deeley, S., Hill, M., & Tisdall, K. (2002). Does the covert nature of caring prohibit the development of effective services for young carers? *British Journal of Guidance & Counselling*, 30(3), 229-246.
- Barnett, B., & Parker, G. (1998). The parentified child: Early competence or childhood deprivation? *Child Psychology & Psychiatry Review*, 3(4), 146-155.
- Becker, S. (Ed.). (1995). *Young carers in Europe: An exploratory cross-national study in Britain, France, Sweden and Germany*. Loughborough, UK: Loughborough University Young Carers Research Group.
- Becker, S., & Dearden, C. (2004). Carers. *Research Matters*, 18, 11-18.
- Bibby, A. & Becker, S. (2000). *Young Carers in Their Own Words*. London: Calouste Gulbenkian Foundation.
- Boszormenyi-Nagy, L., & Spark, G. M. (1973). *Invisible loyalties: Reciprocity in intergenerational family therapy*. New York: Harper and Row.
- Butler, A. H., & Astbury, G. (2005). The caring child: An evaluative case study of the Cornwall Young Carers Project. *Children & Society*, 19 (4), 292-303.
- Charles, G., Stainton, T. & Marshall, S. (2009). Young Carers: An Invisible Population. *Relational Child and Youth Care Practice*, 22(1).
- Chase, N. (Ed.). (1999). *Burdened children: Theory, research, and treatment of parentification*. Thousand Oaks, CA: Sage Publications.
- Cree, V. E. (2003). Worries and problems of young carers: Issues for mental health. *Child and Family Social Work*, 8(4), 301-309.
- Dearden, C. (2000, March). *Young carers: The UK research findings*. Paper presented at the meeting of Share the Care: 2nd International Conference on Caring, Brisbane, Australia.
- Dearden, C., & Becker, S. (1995). *Young carers: The facts*. Sutton, UK: Reed Business Publishing.
- Grossman, F. K. (1972). *Brothers and sisters of retarded children: An exploratory study*. Syracuse, NY: Syracuse University Press.
- Jurkovic, G. J. (1997). *Lost childhoods: The plight of the parentified child*. New York: Brunner/Mazel.
- Noble-Carr, D. (2002). *Young carers research project: Background papers*. Canberra: Carers Australia.
- Price, K. (1996). *How do I get them to come?: Interim report*. Waverley, Australia: Interchange Respite Care (NSW) Incorporated.
- Tatum, C., & Tucker, S. (1998). The concealed consequences of caring: An examination of the experiences of young carers in the community. *Youth and Policy*, 61, 12-27.
- Thomas, N., Stainton, T., Jackson, S., Cheung, W. Y., Doubtfire, S., & Webb, A. (2003). "Your friends don't understand": Invisibility and unmet need in the lives of "young carers". *Child & Family Social Work*, 8(1), 35-46.

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