

Demographics Profiles and Initial Results from the British Columbia Young Carers Study

Grant Charles, Sheila Marshall & Tim Stainton

There are young people in North America who are forced by circumstances to take on a care giving role within their families that goes beyond that which would be normally expected in any family (Charles, Stainton & Marshall, 2008, 2009). The difference between these young people and others their age is that young carers take on responsibilities that would usually be met by the adults in most families and cultures. While there is a great deal of research on these young carers in the United Kingdom (see Aldridge & Becker, 1993) and to a lesser extent in Australia (see Noble-Carr, 2002) there has been little work done in this area in Canada. These young people remain largely hidden within this country due in part to the 'quieter' nature of their needs. The British Columbia Young Carers Study was conducted to begin to fill the gap in our knowledge in this country about this population.

The study has been supported through grants from the Hamptons Fund at the University of British Columbia and the Social Sciences and Humanities Research Council. The study has two primary components. The first part attempted to determine the prevalence of young caring within the general adolescent population. The second part involved conducting retrospective interviews with adults who self identified as having been young carers in their youth. This paper will report an overview of the preliminary findings of the two phases of the project. We will provide an initial demographic profile of the young people and adults who participated in the study. Further results will be reported once we have completed the analysis of the data we collected in both phases of the study.

Phase One: Secondary School Survey

The first phase of the young carers study involved surveying students at a high school in a large urban centre in British Columbia. This survey was conducted as part of a larger study on adolescent behavior. Students at the high school were asked to fill out an on-line questionnaire during class time about their values, beliefs, attitudes and behaviours regarding their interactions in their families, school and community. The questions about their possible young carer responsibilities were a subset of the larger study.

At the time of our study there were 1179 students attending the high school spread across grades 8 to 12. The school has an ethnically diverse population. The students were recruited via a letter sent to their parents through the school. Only students who had parental permission and who themselves wanted to participate took part in the study. The overall response rate was 65% with 772 of 1179 letters returned to the researchers. Students returning a form indicating consent to participate (n = 585) represented 49.6% of those invited to participate in the survey.

Of the 585 students with parental consent to participate, 499 entered information into the website survey. In 16 cases the responses were deemed by the research team either not serious or the individual did not complete enough of the survey to warrant their inclusion. The final sample size was 483 of whom 213 were males and 270 were females. The participants represented 40.97% of the school population. The returns were analyzed using standard statistical procedures.

Of the 483 students who completed the survey 58 (12.2%) reported being a young carer. The young carers were split evenly between males and females. As such there was no statistically significant relationship between being a carer and sex. This differs from the adult population where women make up the majority of people engaging in a care giver role.

There was also no significant relationship between being a carer and ethnicity. In our study two of the participants self identified as being Aboriginal, 26 as Caucasian/European, one as African, one as South Asian, 18 as East Asian, two as South East Asian and eight as 'Other'. There is no significant relationship between being a carer and whether or not the carer was born in Canada. Of the 58 young carers, 39 were born in Canada and 19 were born outside of the country.

In terms of age and grade level the carers ranged from 12 to 17 years old, with a mean age of 14.0 while the non-carers range from 12 to 18 with a mean age of 14.5. The carers were found from grades 8 to 12, with a mean of grade 9.2 while their non-carers peers ranged from grades 8 to 12 with a mean grade of 9.7.

The young carers also did not differ from their non-carer peers in their self reporting of the financial situation of the family. On a six point scale carers with six being *well to do* the scores ranged from 1 to 6 with a mean score of 2.81. The non-carers ranged from one to six with a mean score of 2.8. On the scale where adolescents rated their family's financial situation as compared to other families in their neighborhood on a five point scale carers ranged from one to five with a mean of 2.84. The non-carers ranged from one to five with a mean of 2.85. The young carers did not see themselves as being different from their peers in their school or from other families in the neighbourhood.

A majority or 34 (58.6%) of the 58 young carers and 296 (70.8%) of non-carers were living with both parents at the time of the study. An additional 11 (18.9%) of carers and 58 (13.9%) of non-carers reported living with their mother most of the time. The rest reported living with their fathers or other relatives. The young people stated that they were the primary caregivers for a

parent (39.7%), a grandparent (36.2%), an aunt or uncle (6.9%) or another family member (15.5%). One young carer did not answer the question.

Retrospective Study

The second phase of the study involved interviewing 50 adults who reported that they had been care givers in their family during their childhood and/or adolescence. The participants included among others a retail worker, students, university staff, a business owner, scientists and a person who was homeless at the time of the study. The age of the participants ranged from age 18 to 64 years of age. Nine of the participants were male and the rest female. A total of 18 of the participants identified that they are immigrants. Eight of the participants reported that they are Aboriginal. The rest self identified as being non-Aboriginal Canadian born.

The length of time the participants were in care giving roles in their families ranged from a few months to thirteen years. The circumstances by which they became carers varied widely. These included issues connected with mental illness (16), alcoholism (11), economic factors (8), family desertion (2), and general physical illness (4), cancer (6), MS (2), stroke, (2), accident (2) and physical disability (1). It also included a lack of English fluency on the part of the parents (13) which forced the young person to become the spokesperson for the family in most if not all important external family interactions. There were a number of overlapping reasons for the need for the young people to become caregivers in their families hence the number of identified factors totaled more than the number of participants.

Certain themes are beginning to emerge from our preliminary analysis of the interviews regardless of the circumstances that lead them to become young carers. The participants appear to have been invisible in their roles. There seems to have been a lack of recognition of the

responsibilities the people had to play in their families. This meant that the participants received little or no support from the adults in their lives. This invisibility seems to have been the result of adults not paying attention as well as the tendency of the participants not to want others to know of the issues within the family. The protection of the family's privacy was a common theme. As could be expected, family preservation was of paramount concern to the carers.

Another theme prevalent in the young carers was what can be labeled premature maturity whereby the young people were forced by their circumstances to grow up faster than would be expected. This, according to the participants, served to isolate them from their peers. Many thought that they did not fit in with their peer groups nor could they connect with young people older than themselves. They also believe that the roles they had to take on also had a significant influence on them later in life. Many continued to engage in care giving roles as adults both within their families of origin and in other relationships. They continued in the roles as adults that they had been 'trained' for in their childhood and adolescence. Many of the participants reported struggling to a greater or lesser extent in later relationships.

While the participants as young people had to take on roles that in some ways influenced them in a negative way at the time and later in life many also believed that there were some positive aspects to their roles. Many reported that they enjoyed the 'special' relationship they had with the family member(s) for whom they were caring. While they also talked about the loss of their childhood because of their role as carers, they also reported that growing up fast helped them later in life. Some also mentioned that they became more altruistic as a result of their time care giving.

The extent to which the experience leaned towards the negative or positive appears to have been most highly influenced according to the participants by how they were treated by other family members at the time. If there were forced into parentified relationships or if there was a near complete lack of reciprocity in the interactions then the consequences were more likely to be negative. When the young people were treated as ‘children’ in the family, rather than as carers, then they tended to do well later in life. When they were expected to be the ‘adult’ in the family or if the experience dehumanized them they tended to struggle later in life.

Conclusion

We have reported in this paper the demographic information and preliminary results of our research in British Columbia with young people and adults who are currently, or had been, young carers. While we are still in the process of analyzing our data it is clear that being a young carer is a powerful experience with possible positive and negative consequences for the young people. It is also clear that these young carers are all but invisible in our society. For reasons we do not yet fully understand they receive little acknowledgement or assistance. It may be the result of our societal belief in the importance in the preservation of family privacy. It may also be that these young people do not appear to need assistance because of their ‘premature maturity’. It is clear though through our interviews that this lack of support can contribute to possibility of negative consequences for those who have to take on young carer roles.

It also appears to us that given the numbers who reported in the high school study that they are young carers that this is not an uncommon experience for young people. Indeed, it appears to be a ‘normal’ experience for a small but significant percentage of young people. This would suggest that we need to develop policies and interventions that support these young people

in their roles to minimize harmful effects and where possible, maximize the positive impact of these roles. We don't need to pathologize the young people. Rather, we need to support them.

References

- Aldridge, J., & Becker, S. (1993). *Children who care: Inside the world of young carers*. Loughborough University: Young Carers Research Group
- Charles, G., Stainton, T. & Marshall, S. (2009). Young carers: Mature before their time. *Reclaiming Children and Youth, 18*(2), 38-41.
- Charles, G., Stainton, T. & Marshall, S. (2008). Young carers: An invisible population. *Relational Child and Youth Care Practice, 22*(1), 5-12.
- Noble-Carr, D. (2002). *Young carers research project: Background papers*. Canberra: Carers Australia.

Authors

Grant Charles PhD and Sheila Marshall PhD are Associate Professors and Tim Stainton PhD is a Professor in the School of Social Work at the University of British Columbia in Vancouver.

Contact Person

Dr. Grant Charles

School of Social Work

2080 West Mall

Vancouver, BC

V6T 1Z2

gcharles@interchange.ubc.ca