

I must first thank the people who have helped me with this thesis. Without their help it would not have been possible. I am grateful to the following people for their help and support:

**Helping at home and informal care: An examination of children's contribution to family life**

By

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## **Abstract**

*Using a questionnaire sample of 980 eleven to sixteen year olds and a small number of interviews, this study explores what young people do to help at home. Research carried out over the last decade has provided considerable insight into the lives of children and young people involved in caring for family members who are ill or who experience disabilities. What is less well understood are the pathways for young people's involvement into caring and the nature of the links between routine helping out at home and caring for a parent with a serious illness or disability.*

*Young people's involvement in informal care causes concern, as such young people often carry a significant burden of both work and responsibility. This study seeks to identify the extent to which young people may be involved in different kinds of responsibilities and to assess the impact this has on their lives.*

*The theoretical foundation for the research draws upon current social theory, focusing especially on the sociology of childhood and the sociology of social problems.*

*The data gathered indicates that the family situation has little effect upon patterns of routine helping out, but significantly influences whether or not young people will become involved in greater levels of home responsibility. The key findings suggest that young people assume responsibility for others in a variety of circumstances and that it is useful to use the concept of a home responsibility continuum when considering young people's helping behaviour in the home.*

*(70,000 words approx.)*



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## **Introduction**

The revelation that some families may be dependent upon children's work and caring activity challenges current normative assumptions of childhood and the child's place in society. From an educational perspective, that children help out at home and learn about the world of work through a small job such as a paper round is considered a good thing. Difficulty arises partly as a result of there being no coherent set of family or children's policies in place (Land, 1979; Hantrais, 1994; Brannen and O'Brien, 1995; Fox-Harding, 1996; Ringen, 1997). Whilst it is obvious in a common sense way what are acceptable levels of work and helping at out at one end of the spectrum and what is completely unacceptable and potentially abusive at the other, the ground in between is largely uncharted.

Social and economic factors have driven social policy making to reinforce informal care for the chronically ill or disabled as a crucial prop supporting public welfare provision. In turn the family's role as provider of informal care to those who are chronically ill or with disabilities has become well established as a research topic in the health and social care arena (Dalley, 1988; Arber and Gilbert, 1989; Parker, 1990; Bose, 1991; Morris, 1991; St Leger and Gillespie, 1991; Glendinning, 1992; Twigg, 1992; Bornat et al., 1993; Parker, 1993; Parker, 1994; Twigg and Atkin, 1994; Heaton, 1999; Offer, 1999a; Offer, 1999b; Twigg, 2002a; Twigg, 2002b). But it is children's involvement in domestic, reciprocal, care-giving arrangements that forms the content of this thesis.

Through the literature this thesis considers the social problem of "young caring" that has been constructed around children's contribution to informal care in families and explores the challenges and insights arising from research in this area. As a new social

problem, the young carer issue is a focus of policy debates, (Olsen, 1996; Dearden and Becker, 1997; Aldridge and Becker, 1999; Newman, 2000), but has not yet been subjected to serious sociological scrutiny or set within a framework of theoretical analysis and examination of competing theories. As with the children and work debate, analysis of children as care-givers challenges normative assumptions regarding the role of the family, children's lives and the nature of childhood, and therefore represents an area of concern for policy-makers. Where the acceptable and unacceptable diverge a social problem arises. A social problem is named in a way that either confirms a continuation of an existing or previously identified social problem or defines it as an apparently new social problem (Fox-Harding, 1996; Jamrozik and Nocella, 1998).

The principal aim of this study is to situate young caring within a wider context of what young people normally do to help at home. To achieve this, the fieldwork is not focused on young people in contact with health and social care services but engages instead with participants drawn from two comprehensive secondary schools. The study design comprises self-completion questionnaires distributed to students in the selected schools, seeking information about helping at home activities. This is followed up by focused interviews with young people identified as having greater helping responsibilities than their peers.

Participants in this study are derived from different cultural backgrounds and it has been possible to examine the influence of family backgrounds on helping behaviours. In addition the influences of key socio-demographic variables such as age, gender, family composition and mothers' working patterns are considered. For the purpose of this study, informal care embraces not only informal care in situations of illness and



disability but includes other activities such as looking after younger children and interpreting.

A critical analysis of the literature will help to define the young carer construction, highlight some of the difficulties and indicate areas that might usefully be explored in order to advance the debate. Chapter 1 considers the topic of informal care and the role the family plays in the modern welfare economy. Children and childhood form the focus of Chapter 2 where an examination of how childhood has been socially constructed during the 19<sup>th</sup> and 20<sup>th</sup> centuries is set out. Through an understanding of how everyday assumptions about normal childhood have developed over time, insight is gained into those aspects of children's activities as carers that cause concern and why they do so. It also sets a context for Chapter 3 where critical tools derived from contemporary sociology are used to analyse the child as carer problem.

The family and social problems are discussed in Chapter 3 using themes drawn from the sociology of childhood and the sociology of social problems. These themes are used to develop a framework model to help conceptualise children's caring behaviours in the household. Using this model it then becomes possible to discuss children's care activity from a perspective wider than informal care and to use childhood themes to develop a more holistic approach to inform discussion of the issues.

To create a broader context for analysis of the child as carer, fieldwork was carried out to gather data about helping and caring from large groups of young people. Data was gathered via questionnaires and interviews and a detailed description of methods is provided in Chapter 4, which also includes an introduction to the survey respondents

and interviewees and information about participant's families and parental employment patterns. Data analysis and descriptions of the research findings are set out in Chapters 5 and 6. Chapter 5 considers how young people routinely help out at home and identifies the links between social and family factors and children's helping behaviours. This chapter also provides some insight into social and leisure activities and explores the extent to which helping at home is linked to how young people in this study spend their time when they are not at school.

Caring for others is the specific focus for Chapter 6 where the aim is to establish which of the socio-demographic variables used in this study are linked to caring activity on the part of children and young people.

The discussion that follows in Chapter 7 highlights how families find a variety of ways to deal with complex situations of disadvantage. Some of the chosen solutions may often involve children and young people. Drawing on the interpretation framework, developed in Chapter 3, the conclusion argues that the range of situations and activities in which young people are engaged challenge the popular construction of young carers. The concluding chapter considers the implications of the findings of policy and proposes a rethinking of emphasis to facilitate more sensitive policy and service approaches.

## **Chapter 1**

### **Children as care-givers**

#### **1.1 Introduction**

An analysis of the role of children in informal care-giving requires not only an awareness of the informal care debate but also an examination of where children's roles as carers fit with perceptions of children and childhood, and the role of the family within constructions of social problems. The literature on informal care will be discussed in this present chapter and will include an overview of the role of the family in informal care in general and of children in particular.

For this chapter, issues relating to the family and informal care are discussed in Section 1.2 and Section 1.3 moves on to consider in detail what is currently understood in respect of children's involvement in caring for others in the home. In some ways the informal care arena is a contested one and this is particularly evident in relation to discussions focused on children's role as informal carers. Some of the key issues from this debate are examined in Section 1.4.

#### **1.2 Informal care: The role of the family**

It is suggested that 'family' may mean much more than a description of household composition and that extended family networks often embrace many family members who make up several different households (Wilson and Pahl, 1998). Family members who do not live in the same household may often see each other regularly and provide each other with financial and social support e.g. a loan for a house deposit or babysitting. Such support occurs inter-generationally and may continue even after marriage break-up and new family formation (Bornat et al., 1999).

When it comes to informal caring, the extended family or neighbourhood networks seem not to come into action. Studies that have looked specifically at informal caring carried out by families indicate that the most significant factor governing how families provide care is not relationship or gender, but co-residence (Parker, 1990; Twigg, 1992; Twigg and Atkin, 1994). In other words, individuals requiring care and support as a result of chronic illness or disability are more likely to be cared for by someone who lives in the same household. Non-household members may help out from time to time but they rarely contribute to informal care on a long-term basis. The exception seems to be the situation of elderly parents who are living in their own home but cared for by adult children living elsewhere (Qureshi and Walker, 1989; Parker, 1990).

The number of adults involved in informal care is generally estimated to be around 6 million. This is drawn from the 1985 General Household Survey which quotes 14% of people aged 16 or over as providing regular care for someone. Parker (1990) suggests that careful analysis of the figures, together with results from other surveys shows that about 3.7 million people are involved in helping adults with a disability and that there may be about 1.3 million *main* carers of disabled adults and children.

It is suggested by some that informal carers were only discovered in the 1970's (Heaton, 1999). Offer (1999a) provides a different view and refers to the 're-discovery' of informal care, although Heaton (1999) indicates that the modern "discourse of informal care" (Heaton, 1999: 759) was only developed in the 1980's and 1990's. In addition to acknowledging the role of women in informal care, Heaton points out that much recent work on caring has focused on the discovery of previously unrecognised carers i.e. men

(Arber and Gilbert, 1989), children (Aldridge and Becker, 1993) as well as considering the "hidden tensions of caring" (Heaton, 1999: 760).

It is possible to identify a policy tendency that has moved from merely sustaining family and community networks to proactively seeking out carers and supporting them in their caring role (Glendinning, 1992). This is evidenced through the implicit role for informal care within the implementation of the NHS and Community Care Act (1990) to the explicit embodiment of the informal carer in The Carers (Recognition and Services) Act (1995), which permitted carers to receive an assessment of their own willingness and ability to care. Although such an assessment does not result in carers receiving services which are directly beneficial to them, with the introduction of the National Strategy for Carers (Caring about Carers, 1999), grants became available to local authorities to provide short breaks for carers as a way of helping them to continue in their caring role.

Research indicates that whilst most family members are more than willing to care wherever possible, expectations of professionals arising from the 1991 Act, may be unrealistic for some families (Land 1979; Dalley, 1988; Parker, 1990; Twigg, 1992; Finch and Mason, 1993; Parker, 1993; 1994). In many families personal assistance may be provided by a family member because that is the wish of the ill or disabled person. This may represent a conflict, however, where the carer is burdened by the task and the cared for person is resistant to the involvement of paid assistance (Parker, 1994). Moreover, tighter eligibility criteria for local authority funded assistance inevitably means greater reliance upon informal carers and reductions in services for those that can call upon a family network of informal carers (Parker, 1994).

It is generally assumed that carers are adult and female and research tends to suggest this is often the case (Morris, 1991; Graham, 1993; Parker, 1990; 1993). Care in or by the community often requires a heavy commitment from close female relatives such that they often feel overburdened or insufficiently supported for the task (Heaton, 1999). There are circumstances, especially spouse carers, where men are active as informal carers (Arber and Gilbert, 1989; Fisher 1993). A significant factor in determining who undertakes informal caring is co-residence as it seems that neighbours and non-household family members are rarely involved in intimate caring tasks (Twigg and Atkin, 1994). Women tend to fall into the caring role as there is often a blurring between caring tasks and the kinds of tasks traditionally performed by women as part of everyday care for family members (Twigg and Atkin, 1994). Children reside in families and other recent work (Aldridge and Becker, 1993; Tatum and Tucker, 1998) confirms that in certain circumstances children also become involved in providing informal care for family members. Children's involvement in informal care-giving often arises due to inadequate support for parents with illness or disability (Parker, 1994). Where children are caring it may be difficult to define where normal helping at home stops and caring activity begins (Parker, 1994). There is little established tradition as to what is or is not acceptable in terms of levels of self-sacrifice on the part of those (both adult and children) who carry out informal care so that service providers are often ambivalent as to when they should step in (Twigg and Atkin, 1994) and what kinds of services need to be provided when they do (Aldridge and Becker, 1993).

One of the underlying assumptions supporting the emphasis on informal care is that it is free (Twigg and Atkin, 1994; Parker, 1994). A more searching analysis indicates that the indirect costs of caring fall to families and represent a diversion of the financial burden from local authorities and the health service to other sectors. Families caring for someone who is ill or with a disability are more likely to experience unemployment and to be dependent upon the benefit system (Glendinning, 1992). Glendinning also points out that the costs of heating, wear and tear in the home through wheelchair use or from soiling, impact heavily upon caring households. In addition informal caring often represents a loss to the economy where carers' ability to work, save and invest is affected by their caring role (Parker, 1994). The negative impact that informal caring may have on physical and emotional well-being could result in additional demands upon primary health services (Parker, 1994).

Aneshensel et al (1993) highlight the progress into caring, not only through co-residence but as a result of kinship obligations, either as a spouse or as a child. Although their study was focused on sufferers of Alzheimer's disease, the pattern of responsibility for caring or 'role-captivity', resulting from feelings of duty and obligation are applicable to most if not all informal caring situations. With carers of Alzheimer's sufferers Aneshensel et al discovered that how the carer experiences stress and develops effective mechanisms to cope are key factors in determining the likelihood of the care recipient entering residential care.

Where children of school age (as opposed to adult children) are providing significant levels of informal care, role-captivity is likely to be as high as for adult children (Aldridge and Becker, 1993; Becker et al, 1999; Dearden and Becker, 2000). In these

circumstances the removal of the parent from the home to be cared for elsewhere is much less likely to be a sensible option. Similarly, the hospitalisation of an ill parent could have a severe negative impact on a family where the principal carer is a child.

Although caring responsibility often restricts access to employment (Glendinning, 1992; Twigg and Atkin, 1994), carers in middle-class families may be less likely to have to give up work to care and are more able to make themselves known to service providers and negotiate over service provision (Twigg and Atkin, 1994).

Carers and their families have to fit into services that already exist if they are to receive formal support (Twigg and Atkin, 1994) which tends to be constructed on normative assumptions regarding family patterns and what family members can and should do to help each other (Allan, 1985; Dalley, 1988; Heaton, 1999). Such assumptions create disadvantage for people from minority ethnic families as services are structured in ways that are often unsuitable or inaccessible for families whose cultural patterns differ from the assumed norm (Gunaratnam, 1993; Twigg and Atkin, 1994; Bhanu, 1997). In addition, services are often provided in a way that disregards the fact that many cared for people are also carers i.e. mothers (Morris, 1991; Goodman, 1993). Where families fall outside the norm they often fall outside the formal service provision net. In these circumstances it is often children in the family who step in to help. This can happen in a variety of ways and ranges from interpreting between parents and health professionals in the case of minority ethnic families where English is not the first language (Cohen et al., 1999), to help with household tasks or caring for a parent (Becker et al., 1998) where services do not meet families' needs.



New discourses of citizenship focus on responsibilities in return for citizenship rights (Roche, 1992; Giddens, 1998). This tends to reinforce a perspective on welfare provision which supports normative family assumptions and places a moral duty on the family, especially female relatives to undertake the caring burden when required. This discourse normalises caring, yet overlooks the burden of caring and disregards the carer's choice of whether or not to continue caring in the caring role (Ungerson 1993; Heaton, 1999; Sevenhuijsen, 2000). As this discussion has shown, unrealistic expectations regarding a family's capacity to provide care can result in little or no formal support being provided. Therefore, where children are providing substantial care this may be evidence of a lack of adult capacity in families to care for those who need care, coupled with a lack of support from health and social services (Parker, 1994).

### **1.3 Informal care: The role of children**

Key themes in research during the 1990's have been a child-centered approach that focuses on children as subjects of research and an increasing interest in the role of informal caring in the welfare economy. Brought together these have resulted in exposing the ways that children contribute to their families' lives through informal care activity. It is generally acknowledged that children as care-givers represent a new debate within the social policy arena (Aldridge and Becker, 1993; Keith and Morris, 1995; Olsen, 1996; Dearden and Becker, 1997; Tatum and Tucker, 1998; Aldridge and Becker, 1999; Chinouya-Mudai and O'Brien, 1999; Newman, 2000), and one that has emerged since the implementation of the NHS and Community Care Act 1990. Children as care-givers have been defined as a social problem that requires a response from local authorities or voluntary services (Aldridge and Becker, 1993; Becker et al., 1998). Child care-givers are not seen as a social problem in the conventional sense of offending

behaviour or involvement in drug and alcohol misuse (Tatum and Tucker, 1998) although they may be poor school attenders (Aldridge and Becker, 1993). Children who provide informal care transgress currently defined boundaries of childhood and in this way present a problem which society finds difficult to address. Child care-givers present a challenge to policy-makers through their engagement in what is otherwise considered to be an adult activity.

Childhood is accompanied by a powerful discourse about appropriate activity and behaviour for children (Archard, 1993; James and Prout, 1996; Boyden, 1997; Corsaro, 1997). Echoing the children and work debate of the late 19<sup>th</sup> century, families that depend upon their children are often stigmatised for allowing children to participate in adult activity which is considered to be inappropriate (Olsen, 2000; Newman, 2000). Providing informal care is generally thought to be one such activity. Informal caring spans a range of activity and can include household tasks such as laundry, cooking and cleaning as well as personal care such as dressing, bathing, toileting and administering medication (Dearden and Becker, 1999). Where children undertake housework it may be difficult to identify the boundary between normal helping at home and levels of work that indicate greater levels of responsibility (Mahon and Higgins, 1995; Parker, 1994). This is often an issue that causes unease and parents may go to great lengths to prevent their children becoming over involved in caring (Parker, 1994).

Young carers are defined as children and young people, under 18, who provide care for a family member, usually a parent, who experiences chronic illness, physical disability or is incapacitated through mental ill-health or substance (Becker et al., 1998). This is accepted as a working definition for children involved in informal care both by the

Carers National Association and the Department of Health. "Young carer" has become a short-hand for a particular set of circumstances which often includes serious illness or disability, a significant caring workload, as well as intimate care and the administering of medication. In addition, young carers are frequently characterised as lacking peer friendships and not achieving in school.

The term young carer and its associated discourse may not always be a useful construction. It excludes serious consideration of other forms of care-giving that children may undertake such as caring for siblings whilst parents are at work or caring for a family member during temporary illness or incapacity. The construction of young people as young carers is also paradoxical, as it is associated with competing discourses. The first frames children and young people children as helpless and not able to be agents in their own lives and the second conveys a perception of children as having assumed a mantle of care, and therefore control, of their parents (who are consequently dependent and not parenting). The situation for many children and their families is in reality more complex. An emerging body of research that focuses on children's lives (Goodnow, 1988; Jones, 1992; Brannen, 1995; Morrow, 1996; Song, 1996) presents evidence that many children provide significant contributions to the care and well-being of their families. Inadequately resourced families have always depended to some degree upon their children (Olsen, 2000).

A survey of the young carer literature clarifies how speedily the young carer paradigm, as constructed by research from the early 1990's, has been absorbed into the mainstream thinking that supports welfare provision. Early descriptive reports of children involved in care-giving activity (O'Neill, 1988; Page, 1988; Bilsborrow, 1992), resulted in two

projects being established to support young carers. Other similar projects were then quickly established in other parts of the country (Dearden and Becker, 1997). It is suggested that this transition has happened too quickly and that practice is ahead of research and knowledge (Olsen, 1996). The implication is that models of provision that focus on services to support the young care-giver in their care-giving role, rather than on more adequate resources for the cared for parent (or sometimes sibling), may not be useful and may indeed be counter-productive to the well being of parents and children in families experiencing chronic illness or disability.

Another early work on young carers is Elliott (1992). This is not an in-depth study and it lacks robust critical analysis of the findings. This study does, however, raise some interesting issues that continue to be discussed in the literature and which have not yet been fully resolved by subsequent work in the field. These include how children generally cope with anticipatory loss and bereavement and the lack of involvement of children in discussions of prognosis and outcomes for their ill parent. Elliott's study was retrospective, focusing on adults who had been carers when they were children. This methodology had been adopted as the researcher had experienced difficulties in gaining access to children. The ages of the 15 participants ranged from 22 - 41 years of age. The ages of some of the participants in this small study indicate that although newly discovered, both as a research topic and an issue of social concern at the start of the nineties, the phenomenon of children as carers is not new.

An important element in this study features the distressing experiences of children coping with the incomprehensible behaviour of parents suffering mental ill health. Participants reported that the nature of their parents' illnesses and prognoses were rarely

explained to them. This is a common thread of experience that appears in later studies undertaken by Aldridge and Becker (1993) and Dearden and Becker (1998). For many young people it may be that the factors that determine their ability to cope with parental disability may have less to do with the amount of caring tasks they carry out and more to do with the extent to which they have been involved in discussions about their parents' conditions (Grimshaw, 1991; Segal and Simkins, 1993; Becker et al., 1998). It is interesting to note that adult carers also report frustration and anxiety arising from a lack of information and not being involved by professionals in discussions on the needs of the care recipient (Parker, 1990; Twigg, 1992; Qureshi and Walker, 1998).

The Young Carers Research Group in Loughborough took forward the early work through studies that focused on young people's own experiences of caring activity (Aldridge and Becker, 1993; 1994; Dearden and Becker, 1995; Becker et al., 1998). They have been influential in bringing the young carer issue to the attention of policy-makers and formulating the young carer discourse. A seminal early text is Aldridge and Becker (1993) which was not only one of the first texts to emerge from the academic arena but was the first to engage directly with young people themselves to gain an insight into their caring activity from their own perceptions. This study was carried out by in-depth interviews with 15 young people or young adults with caring responsibilities. Four of the participants were over 18 although their caring had started much earlier. One child in this study was only three. It is clear that her mother, who was caring for her own mother, had defined the status of young carer for her small daughter. The three year old was expected to fetch and carry and the mother expected that the child would do more as she became older as she wished to have more children and clearly anticipated that this could only happen if her oldest child shared the care of the

grandmother. This study also included interviews with professionals who varied in their awareness of and responses to young carers. The authors' conclude

These children are effectively overlooked by professionals and often neglected by family and friends, and yet these young carers reveal a remarkable commitment to the care ..... of their loved ones, often at the expense of their own ambitions and aspirations ..... (Aldridge and Backer 1993, p76)

Many adults care under conditions of considerable duress and at great personal and financial expense (Glendinning, 1992). Aldridge and Becker (1993) indicate that children who are caring have needs as children, which render their situation more complex and in need of specialised responses from health and social care professionals. The needs of children are assumed to be self-evident and are characterised as parental support and involvement, uninterrupted schooling, interaction with peers and access to choices regarding leisure time activity and career options. Many would agree that these are critical elements for a child's development (Blythe, 1997; Gillis, 1981), but it is important to remember that these are culturally defined needs, specific to the Western world of the twentieth century. There is a wide literature in sociology and anthropology that demonstrates that within a variety of social contexts children's needs are met in different ways (Weisner and Gallimore, 1977; Levine, 1994; Song, 1999; Robson and Ansell, 1999; Seymour, 1999). There are children in Britain who experience degrees of neglect according to the extent that developmental norms are not being met. It is true that children in families experiencing chronic illness and disability may be amongst those families who lack access to social capital (Morrow, 1999), in other words, access

to a range of social resources and facilities. But it is also true that adverse structural social and economic factors affect many other families whose children may be just as disadvantaged as young carers (Olsen and Parker, 1997; Baker, 2002)).

Children in need dominate social services policy making and the majority of statutory duties placed on local authority social services departments refer to children. Adults in need tend, therefore, to be neglected and so do their carers. This in part explains why, in families where a parent may be ill or disabled, it is the child as caregiver that is identified as a problem, rather than the lack of services to the adult. In this sense children providing care are a social problem where care-giving ordinarily is not (Twigg and Atkin, 1994).

The disadvantage that young carers experience in their educational and social lives tends to be attributed to the negative consequences of caring, (Tatum and Tucker, 1998), although the incapacity and disability of a parent in itself can be difficult for children to cope with (Segal and Simkins, 1993). The research into children's role as carers has focused mainly on the physical tasks that children carry out and on the emotional stress engendered by responsibilities arising from the caring tasks. There is a danger that such emphasis on the emotional needs young people who are required to care may result in the emotional needs of other young people with seriously ill parents may be overlooked simply because they do not have a heavy work load as a result.

Caring often reinforces gendered, patriarchal stereotypes of family life (Tatum and Tucker, 1998). Some male partners may react to long-term illness of their partner either by leaving or retreating into the breadwinner role thereby resulting in the bulk of caring

activity falling to children. Where female partners provide care and also work outside the home this is often part-time and may only continue with the support of their children who are able to undertake caring tasks when their mothers are out to work. This may also result in a shift of responsibility to older children for the care and supervision of younger siblings (Tatum and Tucker, 1998). In the wider literature there are recorded instances of children undertaking household tasks or looking after siblings when mothers are at work (Young and Willmott, 1972) and there is evidence that in some other cultures sibling care-taking by children is a routine part of the domestic economy (Weisner and Gallimore, 1977; Levine et al., 1994; Seymour, 1999). The social structures and different expectations in a modern industrial society mean that children whose lives differ from the norm, for example through undertaking informal care, may be disadvantaged and experience lack of opportunity. It is possible that disadvantage arises from the imposition of explicit norms about what children are supposed to do and not because children are inherently unwilling or incapable of carrying out caring activity.

A significant element to emerge from the young carer research (Aldridge and Becker, 1993; Becker et al., 1998; Tatum and Tucker, 1998) is a perception of the lives of young people who care as being significantly different to those of their peers. Tatum and Tucker (1998) indicate that young people themselves who provide informal care experience their lives as different. In contrast Couchman (1994) found that young people who provide informal care in rural areas appeared to lack a perception as to how their lives may be different from those of their peers. Couchman suggests that this results from rural isolation and represents one of the ways that young carers in rural areas may be more disadvantaged than their urban counterparts. Couchman's work



focuses on the experiences of young people living in the countryside. The inclusion of children and care-giving as a category of social problem indicates how firmly the child care-giver has become established as a problem of youth to be considered in a range of studies or action research where the focus is on young people and the intention to inform and influence policy makers.

#### **1.4 Caring challenged**

A fundamental attack on the discourse of caring has been mounted through a critique of the assumption underlying the term 'carer' as it is used in the informal setting (Keith and Morris, 1995). The challenge suggests that this term has come to represent someone who takes charge at the expense of the integrity and independence of the cared for individual. Moreover, it is suggested that much of the carer debate represents collusion with government policy aimed at reinforcing informal care by the family, as there are not enough resources to fund alternative ways of providing long term care for those that need it.

Naming and defining children as young carers is to apply to them terms from the debate on adults as carers that young people do not use themselves (Keith and Morris, 1995). By describing a particular set of circumstances in this way, campaigners have created a specifically new social problem and created a context for particular policy solutions. Focusing upon the circumstances of children and young people who are undertaking household tasks or physical care in support of ill or disabled parents, policy responses aimed at the child reinforce an assumption that adults with disabilities are unable to parent (Goodman, 1993). This approach renders the parents' needs for support with independent living invisible and obscures the real problem for the family, which is the

lack of appropriate services for the adult experiencing illness or disability (Keith and Morris, 1995). Alternatively, in a climate of stretched resources (Ellis et al, 1999), levels of state provided service provision are such that family members will always be expected to provide some degree of care, and this inevitably puts pressure on families whose only recourse is reliance upon children (Becker and Aldridge, 1996).

Concern regarding children as carers is often expressed in terms of young people taking charge, or assuming a degree of responsibility inappropriate to their age. In this way children as carers display 'precociousness' or adult-like behaviour, which for professionals is often a signifier that parenting may not be adequate (James and Prout, 1996; Wyness, 2000). There is an implicit assumption that roles have been reversed, that the child is taking charge of the parent and that the parent is inadequate to the role (Aldridge and Becker, 1996; Tatum and Tucker, 1998). The notion that to receive support with the physical needs of day-to-day living is to be less independent, less responsible than another adult has been challenged (Keith and Morris, 1995; Morris, 1991; Swain et al., 1993; Campbell and Oliver, 1996; Priestly, 1999). Parents requiring support with physical needs will mostly be those with a physical disability or incapacitating illness. It is likely that these parents are still well able to be in charge and retain their role as a parental figure and all that implies. Many young people are involved in caring activity where parents experience mental ill-health or are heavily involved in substance misuse. For these children there may be times where roles do at times reverse; when children have to take charge, ensure that their parents are taking medication, where they may have to 'keep an eye' and make sure that their parents are safe and see that the shopping is done and that bills are paid (Dearden and Becker, 1998).

Where statutory and voluntary agencies make formal recognition of the needs of young carers this reinforces young people into a caring role which may not be the first choice of either the parent or the child (Parker, 1994; Keith and Morris, 1995) and may obscure the rights of parents with disabilities to have their needs for support, aids and special equipment assessed and met. The flaw in this argument lies with the nature of the assessment process itself. As Keith and Morris (1995) acknowledge, the assessment is often based on the assumption that family help will be available. Once the assessment has been carried out the assessed person will be placed into a category of need and services will only be provided to those who are deemed to be in greatest need (Parker, 1994). Many more people are refused services than receive them, notwithstanding that they need support from family members for daily living. The weaknesses in the assessment process and subsequent lack of service provision means inevitably some children will be carrying out informal care (Aldridge and Becker, 1996). From this perspective Aldridge and Becker (1996) argue that projects to support young people involved in informal care-giving make an important contribution to those young people and their families.

## **1.5 Conclusion**

Studies show that informal care can be problematic and often impacts adversely on those family members who are responsible for caring. Policy has absorbed informal care into the matrix of welfare provision on the basis of assumptions regarding family composition and social structures. This chapter has looked at the role played by families in caring for those who are ill or disabled. It has been demonstrated that informal care in the family by the family is now acknowledged as a vital part of social welfare provision.

Families that fall outside normative patterns are often disadvantaged in terms of service provision and forced to rely upon coping strategies of their own devising. For many families this may mean reliance upon children to provide informal care. A growing awareness of the ways in which children may become involved in a variety of care taking activity has led to the creation of a new social problem, that of the young carer.

The emergence of this social problem and the discourse accompanying it highlight the division between the realities of people's lives and the assumptions supporting welfare policy. This particular disparity is manifest because a particular set of circumstances affecting some children has been labelled in a particular way and a particular response invited. Had these circumstances been given another label, other responses may have been forthcoming.

In order to invoke more sensitive legislative and service responses, better able to meet the known rather than the assumed realities of people's lives, greater clarity is needed regarding normal patterns of reciprocity involving children. Many of the researchers whose work has been reviewed here have already been able to challenge assumptions through the direct involvement of children and young people in research. In order to gain greater insight into the patterns of children's contribution to informal care-giving, their activity needs to be set within the wider context of what children generally do to contribute to the smooth running of family and household. This should include families and households drawn from the different cultural and ethnic backgrounds that make-up modern Britain in order that as wide a picture as possible of children's household activity is gained. This would take forward the work on household and economic activity already undertaken by Goodnow (1988), Brannen (1995) and Morrow (1996)

and would provide a benchmark for work that has looked specifically at informal care such as Parker (1994), Becker et al. (1998), Tatum and Tucker (1998), and Olsen (2000).

## **Chapter 2**

### **The social construction of childhood and the childhood norm**

#### **2.1 Introduction**

Everyone knows what children are, everyone knows what childhood is. Everyone has been a child, everyone knows one or more children. A majority of people will, for some part of their lives, either parent or in other ways undertake responsibility for children. At an everyday level we all know exactly what it is that we are talking about when we say childhood. The fact that, as a community, we share a collective concern about children and the quality of their childhood is evidenced by the considerable amount of media attention, both press and television, that is given over to care, concern and panic over childhood issues (Gittins, 1998).

Yet it is not until recent decades that childhood has been the subject of critical examination from a sociological perspective (Oakley, 1994; Brannen and O'Brien, 1996; Rout et.al., 1996; Corsaro, 1997, Wyness, 2000). Despite the media attention and apparent public interest in children and their lives, policy-making that supports families and children appears ad hoc and inconsistent (Brannen and O'Brien, 1995; Fox-Harding, 1996). Normative constructions of childhood result in children's invisibility as they live out their lives in the private sphere of the family (Boyden, 1997). When children become visible this is often associated with issues of concern, and one such issue is the child as carer (Dearden et al., 1994; Dearden and Becker, 1995).

In modern society, basic, everyday assumptions regarding childhood are based upon the premise that there are certain things that children do and certain things that they do not

do. Children are expected to attend school, to be dependent and cared for and not to engage in paid work or undertake significant responsibility for others. Recent research, however, indicates that many children transgress this childhood norm in a variety of ways. One significant area that has been uncovered is the extent to which many families may be partly or wholly reliant upon informal care-giving provided by children (Becker et al., 1998; Dearden and Becker, 2000). Children's involvement in informal care-giving has become a topic that has featured in the popular press, as well as an area of interest for academic researchers. In order to understand why children's care-giving activity should be an area for both interest and concern, it is necessary to look critically at the concept of childhood, how it has been constructed and what childhood means for present day society.

A brief description of a wide literature that considers how childhood is constructed and understood over time and in different locations is provided in Section 2.2. The links between childhood and school and childhood and work follow in Sections 2.3 and 2.4.

In modern Britain concepts of childhood are intimately bound with concepts of the family and this is explored through sections 2.5 and 2.6. Section 2.6 focuses particularly on the domestic division of labour and children's own contribution to the household forms the focus of Section 2.7.

## **2.2 The historical and cultural context of childhood**

Perceptions of childhood have changed over the centuries and throughout history. In different cultural settings childhood has been structured to support dominant discourses regarding the nature and function of the family (Aries, 1960; Pinchbeck and Hewitt,

1969; 1973; de Mause, 1976; Donzelot, 1979; Levine et al., 1994; Weisner and Gallimore, 1977; Seymour, 1999; Zelizer, 1985; Davin, 1996). The family has been conceptualised through history as a changing set of complex ideas (Aries, 1960; de Mause, 1976). Some of the historical accounts of childhood and the family have been characterised as a sentiments or literary approach to the study of the family in history as the work relies heavily on evidence gained from diaries, contemporary accounts, religious sources and imaginative literature (Anderson, 1980). Whilst it is possible to derive inferences from these sources such evidence is unlikely to be universally typical of life at the time under scrutiny as surviving evidence of this kind tends to relate only to middle or upper class families (Anderson, 1980).

Childhood can be considered to be a socially structured concept because it appears to be perceived differently by people according to their own social and economic context (Cunningham, 1991; Davin, 1996). Not only does childhood have its own history, but the concept of childhood has changed over the centuries (Aries, 1960; de Mause, 1976; Gittins, 1998) and childhood, as we now think of it in Britain, is largely a construction of the early twentieth century. There are commonly accepted boundaries of childhood that govern what it is acceptable for children to do. Involvement in work or caring for others is apparently not seen as acceptable activity for children in Britain today (Aldridge and Becker, 1993; Becker et al., 1998; Mizen et al., 1999), although children previously may have been expected to undertake such tasks (Aries, 1960; Pinchbeck and Hewitt, 1969; 1973; de Mause, 1976).

Authors such as Weisner and Gallimore (1977), Levine et al. (1994), Song (1996), Davin (1996), Seymour (1999), Stephens (1995), Bhatti (2000), and Robson and Ansell



(1999), represent examples from a wide anthropological and sociological literature demonstrating a variety of childhood experiences and childcare patterns that challenge the western construction as a norm. The dominant construction of childhood in Britain in the 20<sup>th</sup> century tends towards euro-centricity and marginalisation of culturally different or non-western European family forms and patterns of childcare (Stephens, 1995; Boyden, 1997).

### **2.3 Childhood and school**

The defining characteristic of 20<sup>th</sup> century western childhood for most children is participation in a state or other publicly provided education and school system. Through school attendance childhood becomes bounded in place and conceptualised as a time spent apart from the world of adults. The state in effect sets the parameters of childhood and childhood activity so that the point in a young person's life at which compulsory schooling ceases often marks the beginning of the end of the life stage called childhood (Stephens, 1995; Davin, 1996; Dencik, 1989).

That children's lives are in essence different to those of adults, that they do different things and need to learn about the world through formal education are now taken for granted. These normative assumptions of present day society were once considered to be radical and contentious ideas. In the middle-ages, childhood was not considered to be a significantly different state from that of adulthood. Although there was a concept of the ages of life or the ages of man (sic), the young child was different only in so far as it was dependent (Aries, 1960).

The establishment of grammar schools in the 16<sup>th</sup> century was an essential pre-requisite to the development of the formal recognition of the existence of a state of childhood. The introduction of formal schooling contributed to a prolongation of “the period during which children were withheld from the demands and responsibilities of the adult world” (Pinchbeck and Hewitt, 1969: 42). Childhood was “emerging for the first time as a formative period of increasing significance” (Pinchbeck and Hewitt, 1969: 42). The expansion of formal schooling was accompanied by a perception of children that saw them as different and apart. The moral welfare of children became important as an element of parental responsibility and pedagogues and moral guardians advised parents of the right precepts to teach children and the right sort of education that they should undergo (Aries, 1960).

Thus the foundations were laid, upon which the health and social welfare professions would be built in the 19<sup>th</sup> century (Steadman, 1990; Hendrick, 1992). These new and emerging professions in the social and medical sciences developed theories that reinforced middle-class concepts of childhood and the nature and purpose of family life and to which all families, rich and poor, were expected to conform.

As formal education became the norm for increasing numbers of children, albeit mostly boys, so began the process of the prolongation of the period of childhood which has continued until today (Davin, 1996; Coleman, 1992)). By the middle of the 19<sup>th</sup> century, childhood had been constructed as a distinct phase of a person's life, lasting from birth to 14 or 15 years of age, firmly located in terms of place and function. During this time children were expected to live out their lives in home and school where they were to

learn all that they needed to know in order to be able to take up their place in society as adults (Aries, 1960; Pinchbeck and Hewitt, 1973).

Once childhood was perceived as a time apart, there arose a discourse of sentimentalisation of childhood as a special time of innocence and freedom from cares and worries (Cunningham 1991). The ideal of innocence and freedom contrasted markedly with the realities of life for children who were street poor or from families that depended on their children's labour in order to survive (Young and Willmot, 1969; Steadman, 1990; Cunningham, 1991; Cooter et al., 1992; Gittins, 1998; Davin, 1996). During the early days of industrialization and the accompanying change from a rural to an urban economy, concern for working-class children had focused on idleness and hanging around the streets of towns and cities, apparently neglected (Cunningham, 1991). By the 1830's childhood was viewed as a time for growing, maturing and learning for all children, not just those from the middle-classes. This supported the idea that all children should receive the benefit of formal education, although, 'no-one doubted that the children of the poor should work' (Cunningham, 1991: 25). Children's labour was still needed to help prevent families from falling upon Poor Law relief and those concerned with moral order saw work as a means of keeping potentially troublesome children occupied. Initially, schooling for working class children was considered an effective strategy for maintaining social order and one in keeping with prevailing theories regarding appropriate ways to prepare children for adult life and yet maintain the increasingly important boundaries between children's and adult lives.

Although school was becoming more important in the lives of many children, work continued to be considered an acceptable activity for the over tens. But prevailing

attitudes began to change as certain kinds of work, such as mill working and chimney sweeping, became equated with slavery and abduction (Cunningham, 1991). Legislation was introduced to protect children from this kind of work and to provide opportunities to further their education. Protective legislative measures culminated in the Education Act 1918 which banned employment for children under the age of fourteen and confirmed through policy measures that the best place for a child was in school.

Childhood and its boundaries became more firmly embedded within normative assumptions of family life so that deviance from the accepted norm of a proper childhood came to be considered a social problem. By the end of the 19<sup>th</sup> century, children increasingly became the focus of a burgeoning health and welfare industry (Steadman, 1990; Hendrick, 1992).

## **2.4 Childhood and work**

Children from poor families worked and had always worked to the level that they were able according to their age and physical strength (Aries, 1960; Pinchbeck and Hewitt, 1969;1973; de Mause, 1976; Newman, 2000). Although work for children was accepted as normal until the nineteenth century (Newman, 2000) some analyses suggest that children worked because poor parents knew no better and did not love or care for their children (Cunningham, 1991). Others have argued that children's work was a necessary strategy for poor families (Olsen, 1996; Newman, 2000), that people generally did love their children but adopted a pragmatic approach to their births and deaths (Cunningham,1991). It could also be argued that through growing urbanisation and clustering of poorer people in towns they were more visible in ways they had not been

before. Urban work was dangerous and dirty and obviously so. The reliance of poor families on children's labour, which had previously been hidden, was now exposed.

The new discourse of childhood as a time for learning, growing and developing for all children resulted in the introduction of legislation to protect children and limit their work activity (Cunningham, 1991). Initially, legislation to reduce children's participation in work was resisted both by employers who wanted the cheap labour that children provided and by poor families who needed children's wages. Working class children became problematic as their

‘....need to labour cut across newly established ideas about childhood as a state both innocent and separate from the adult world." (Steadman, 1990: p67.)

The culminating legislation was the Education Act 1918, which effectively made employment for children below the age of fourteen illegal

Increasingly throughout the twentieth century the industrial economy has become dependent on a work force whose skills are gained through formal education. This has resulted in a steady increase in the school leaving age and a consequent general uncertainty as to when exactly the span of childhood years ceases (Coleman, 1992). Young people are encouraged to continue their education beyond the minimum school leaving age as this increases their prospects for future employment but the routes from school to employment are varied and complex (Chisholm).

Increased participation in further education has resulted in delaying the entry of many young people into formal paid employment. In this way many young adults are financially dependent upon their families. In order to successfully sustain such a long period of childhood dependency, the working adults in a family need to be better paid than in previous times. Family members need to be secure from unemployment and able to provide mutual support for one another. Decreasing reliance upon children's wages from the late 19<sup>th</sup> century on has been significant for reinforcing a context in which a concept of the preciousness of childhood years has become embedded within normative constructions of the child's place in society (Zelizer, 1985)

## **2.5 Childhood and the Family**

Understanding how family is constructed is key factor in developing an understanding of childhood. The family could be said to be where childhood happens (Cheal, 1991) Raising children to take their place in society and providing a haven of mutual support could be deemed to be the major characteristics of a proper family life. Family themes are linked to concepts of family privacy and to constructions of home. The home is a source of adult independence and freedom from control by others (Cheal, 1991). It is where parents ensure that their children receive the proper care necessary to become mature, responsible adults. Normative, apparently commonsense assumptions, regarding the concept of a proper family life and the right way to raise children are problematic in many ways. These assumptions support a discourse of family life which links the health and well-being of society to happy functioning families. This is a powerful discourse because it appears to be commonsense, but it inhibits critical appraisal of the modern western family (Dencik, 1989; Cheal, 1991).

The prevailing model of the family that has been firmly reinforced in the west since the 1950s has been derived from the work of Talcott Parsons, whose work was based on American family patterns. This has been so influential that the Parsons model of the family could be categorised as the standard or norm for family life (Morgan, 1975; Cheal, 1991; Clarke, 1996). The Parsonian family can be described as a monogamous marriage between adult partners who co-reside and between whom there is unrestricted sharing of income and resources. This conjugal bond enjoys superiority over other social commitments and is fulfilled through the raising of children born into the conjugal unit (Cheal, 1991).

In Britain there is great ambivalence about the family. The family is an intensely private sphere although in many ways is the focus of public scrutiny. The family functions as a haven from the pressures of public life for its members and yet can be the place where, unseen, individuals are oppressed and ill-treated (Dallos and McLaughlin, 1993). There is no minister for family affairs in Britain<sup>1</sup> but when individuals, generally children, are thought to be at risk of harm then the state will invade the private sphere of the family. Although social policy lacks coherence in respect of families there are policies that implicitly if not explicitly ‘..support the family as a fundamental social institution.’ (Hantrais, 1994:155).

Despite the lack of coherence in social policy (Fox-Harding, 1996) and the reluctance to reflect critically upon the role and nature of family life and to examine its place in western society (Dencik, 1989; Cheal, 1991), there is, nevertheless, an undercurrent of unease which often rises to moral panic when the family appears to be failing and things

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<sup>1</sup> In June 2003 the first ever Minister for Children was appointed

are apparently going wrong. Domestic violence, abuse of children and failure to care properly for sick or elderly relatives are perceived to be areas of concern and represent the sorts of problems presented as evidence that all is not well with the family (Dallos and McLaughlin, 1993). Moreover, it is the privacy accorded to family life that creates situations in which domestic violence and child abuse survive (Foreman and Dallos, 1993; Saraga, 1993). At such times society disregards the private nature of the family and demands highly punitive interventions into family life to deal with serious social problems. Those who have looked critically at the family acknowledge the tensions associated with the competing interests of family members i.e. stability and security for children, self-fulfillment for adults (Cheal, 1991), or source of care for the frail or ill (Griffiths, 1998; Offer 1999b).

Feminists would argue that the problem with the family is that it is chiefly men's interests that are served by the family and that the principal burden of care, both in terms of raising children or caring for frail family members falls to women (Graham, 1997; Ungerson, 1997). Conversely, there is evidence to indicate that men also become significantly involved in informal care, especially where older men are caring for their wives (Arber and Gilbert, 1989; Fisher, 1997). Where families may have particularly difficult or complex caring situations to cope with, there is evidence that children step in to help (Aldridge and Becker, 1993).

As society has become more alert to the potential for the private setting of the family to give rise to abusive situations, so vigilance in this area has increased. This vigilance is especially focused on children and seeks to identify situations where they may be neglected or subjected to abusive treatment of one sort or another. Where children have



crossed a boundary into an area generally perceived as adult activity, this may be interpreted by professionals as an abusive situation and such families may become subject to investigation (Hendrick, 1990; Archard, 1993; Wyness, 2000). There is evidence that families whose children are involved as informal carers have been negatively treated by social care professionals (Aldridge and Becker, 1993).

It is natural that family members, especially children, will be anxious and concerned when a loved one is ill or disabled. This has led to some child development analysts to conclude that children in families where the mother is ill or disabled will suffer serious emotional or developmental damage (Grimshaw, 1991; Goodman, 1993; Segal and Simkins, 1993). In addition, where children are providing informal caring tasks, there is a danger of this being perceived as the kind of distortion of adult-child boundaries that raised so much concern at the end of the last century regarding children and work (Olsen, 2000).

Since the founding of the welfare state the family as a social unit has been extensively researched. Earlier work sought to explore the nature of family life in an increasingly prosperous Britain to discover if previous networks of kinship support had survived into the second half of the twentieth century (Young and Willmott, 1969; Willmott and Young, 1973; Fletcher, 1973) and to discover the extent to which family life represented a burden for women (Oakley, 1974; Land 1979).

The family has been constructed as a positive means of fulfilling essential personal functions for members such as satisfactory sexual relationships, parenthood and home-making as well as providing the base for their active participation in wider social and

economic activity (Fletcher, 1993). Within the modern family unit the child is perceived as having a higher status than children had in pre-industrial society (Fletcher, 1973; Zelizer, 1985). The demands on the modern family require a much greater emotional commitment from parents, with declining birth-rates and extension of formal schooling there are fewer children in the home for a much longer period (Clarke, 1996). Whereas children once had economic value for the family this has been replaced by an increase in their emotional worth (Zelizer, 1985; Cunningham, 1991). Expert emphasis on the need for a stable home environment and the importance of mothering for the mental, physical and emotional well-being of children has influenced the amount of time that women spend on child-rearing activities (Maynard, 1985).

In the early years of this century mothers claiming Poor Law relief were categorised as good, mediocre, slovenly or exceptionally bad (Cunningham, 1991). To imbue the mothering task with moral value set the tone for how mothering would be approached and discussed throughout the 20<sup>th</sup> century. The new profession of child psychology produced theories that were disseminated through women's magazines (Urwin and Sharland, 1992) and which were highly influential in reinforcing the mothering role as one that is all consuming and vital for the satisfactory integration of the child into its place in society. This discourse forces the assumption that where children are not developing normally or are not satisfactorily integrated into school life or wider society then the family, and more especially the mother, must be failing in some way (McLaughlin and Muncie, 1993). The burden of responsibility placed on women, both for the physical and emotional care of children and other family members resulted in assumptions that women who experience illness or disability would be neither willing nor capable of being mothers and carers (Morris, 1991; Goodman, 1993).

## **2.6 The division of household labour**

The division of labour within homes, the extent to which women work outside the home and the continued existence and value of traditional kinship networks has been the focus of a considerable body of work since the 1950s (Young and Willmott, 1969; Oakley, 1974; Goodnow, 1988; Wilson and Pahl, 1988; St.Leger and Gillespie, 1991; Marsh and Arber, 1992; Anderson et al., 1994; Brannen,1995).

Work in the 1960s sought to analyse changes that might have occurred in family formation and household arrangements since the second world war (Young and Willmott, 1969). It was suggested that women's networks had declined as a result of reduced family size and smaller housing units, greater mobility and services from the welfare state (Young and Willmott, 1969). Whilst it was recognised that weakened networks may represent disadvantage for women, there was confidence that changes in the industrial economy would create more opportunities for mothers to take up work outside the home and a consequent greater sharing of tasks within (Young and Willmott, 1969). Young and Willmott recognised the demands on women, especially during the early years of child-rearing but they were confident that increasing affluence, acquisition of rights in property and greater opportunities for leisure pursuits would also contribute to a more satisfying, more equitable form of family life for all of its members.

The weakness of some of the work from the 1960s is that the extent of decline in the economy and rise in unemployment that occurred in the 1970s had not been anticipated; nor was it detected that the family unit would later be subjected to a more critical

scrutiny particularly by those challenging from a feminist perspective (Oakley, 1974; Maynard, 1985; Gittins, 1998). Feminist authors looked at household arrangements and did not discover equity and symmetry. Oakley (1974) concluded that the concept of housework as an aspect of the feminine role in marriage was a deeply embedded cultural assumption. Young and Willmott's work has been specifically challenged by authors such as Maynard (1985 and Bradley (1994), who draw attention to the higher status and greater emotional value invested in children and the level of burden this placed upon women to meet increasing expectations with regard to child rearing.

Raising children is not an easy task and it is suggested that the demands of the modern welfare economy have created additional functions and responsibilities for families, particularly women (Fletcher, 1973; Maynard, 1985; Morrow, 1999), so that although the physical labour of housework may have been reduced through technological invention, greater emphasis is placed upon the mother's role in creating the right physical, moral and emotional atmosphere to meet children's needs. This has significantly influenced the amount of time women devote to child rearing.

An increasing child care burden contributes to the continuing inequity in the domestic division of labour. Unequal sharing of domestic tasks is a factor in gender differences in incidence of depression and psychological distress (Bird, 1999). Although at the end of the 20<sup>th</sup> century people as a whole devote less time to housework than in previous years, women still do more household work than men. Moreover, women who work outside the home spend as much time on household tasks as those who are full-time homemakers (Oakley, 1994; Bird, 1999).

In addition to challenges from feminist perspectives, much of the work on families and household relations has been challenged for not being able to take account of cultural difference and diversity and for not being able to accommodate family patterns that fall outside the Parsonian norm (Crow and Hardey, 1992; Patel, 1993; Gunaratnam, 1993; Rex, 1996). Particular difficulties arise where there are groups that not only fall outside the norm but are diverse within themselves so that they are often overlooked in terms of formal research and lack the collective strength needed to get their concerns onto the social policy agenda (Crow and Hardey, 1992; Gunaratnum, 1993).

## **2.7 Children's contribution to the household**

Children have been mostly invisible within much of the work devoted to household labour and social relations within families. They are assumed to be consumers of or the source of household labour, the invisible focus of adult activity and objects of research, rather than being actors in their own lives and research subjects in their own right (Brannen and O'Brien, 1996; Oakley, 1994; Corsaro, 1997).

An increasing emphasis on including children as the subjects of research rather than the passive objects of research has been occurring during the last decade. Goodnow (1988) has undertaken an extensive review of the literature in order to explore the nature and function of household activity carried out by children. Critical analyses of this sort expose many of the tensions surrounding the nature of household work in general and children's participation in particular. Goodnow (1988) hints that in western societies children's exclusion from formal paid employment outside the home has reinforced the notion that 'work' as such is an inappropriate activity for children. The unpaid character of household work has, until recently, excluded it from the category 'work'. Until the

1980s the idea that women's activity in the home should be considered work was viewed as quite radical (Mayall, 2002)

Where unpaid activity has been included in analyses of the domestic economy (Anderson et al., 1994), children's activity has often been overlooked. Once the broad principle has been applied and accepted i.e. that unpaid household work is indeed 'work', this creates a context for critically examining what children do at home. If household tasks are work for adults then they must be considered work for children also. Unlike the work previously undertaken by children in factories, children's helping at home has come to be viewed as an educational activity. Having no intrinsic value for the child or its family, its purpose is to introduce children to the adult world of work, develop helping behaviour and foster progress towards eventual independence (Goodnow, 1988; Brannen, 1995; Mizen et al., 1999).

The modern concept of childhood that frames the child as dependent and in need of nurture and education, confines children to home and school and separates them from the world of formal work. There are those who have challenged the prevailing discourse by questioning whether or not restrictions on children's employment deprive children of the right to some form of economic independence (Goodnow, 1988). In Britain the laws are not so restrictive as to completely deprive children of the opportunity to earn money and indeed are often disregarded by employers, children and their parents alike. Work of some kind has been found to be a significant part of many school children's lives (Morrow, 1995; Mizen et al., 1999), although paid employment, like household work, is often seen as an educational activity and not as a real contribution to the family economy. Children's earnings, though, can represent a substantial contribution to less

well-off families, for example when it relieves parents from paying pocket money (Hutson, 1990; Jones, 1992; Morrow, 1995). Other research suggests that it is just as likely that middle-class children will engage in paid employment whilst still at school (Mizen et al., 1999). Indeed it seems that the concept of 'work rich' families encompasses the children as well as the adults in the family unit. It is apparent that many families need children's contribution to the household economy, either in the form of paid work or to carry out housework and sibling care-taking while parents work (Goodnow, 1988). Although not explored in depth, Willmott and Young (1973) refer in their study to the fact that mothers with children under ten who were working outside the home relied on help from older children. Others who were outworkers also had help from their children, either to carry out household or child care tasks, or sometimes to help with the outwork.

Social background may be an indicator affecting the type of household work that children carry out, why it is assigned to them and at what age (Goodnow, 1988). Lower income families often expect children to do less, where they do help, they are more likely to have done jobs like ironing and changing bedclothes. Children in families with parents who are more affluent and with higher educational attainment tend to undertake cooking and baking tasks, which are perceived as a luxury or fun activity with an educational value (Goodnow, 1988).

Single parent families, especially those headed by lone mothers are more likely to experience greater levels of poverty (Burghes 1993) and will also be more prone to ill-health (Baker 2002). Research indicates that over 50% of young people known to provide informal care are in lone parent families (Mahon and Higgins 1995; Dearden

and Becker 1998). These factors associated with lone parenthood may be ones that affect the amount of household work that children undertake.

Distribution of household tasks can be a cause of tension in families often arising because parents are ambivalent about how much their children ought to do as a proper contribution to household activity. They often demand little from their children and yet express dissatisfaction that little is done (Brannen, 1995). Tensions associated with sharing household tasks may increase for children and their families through adolescence. One result of the enforced lengthening of the childhood period to the end of the teen-age years has been a prevailing tendency to construct this time as one of freedom for young people. This has tended to inhibit parents in their demand and expectations regarding helping at home (Goodnow, 1988; Leach, 1994).

The ambivalence and dichotomy associated with housework is evidenced in the work of both Brannen (1995) and Goodnow (1988). Studies of working mothers indicate that work outside the home results in household tasks being shifted to children and not to husbands and fathers in the household (Goodnow, 1988; Oakley, 1994). This would seem to confirm housework as low status activity requiring little skill so that when a woman is not available to do it then it will be a child rather than a male adult who fills the gap. This also indicates, as Maynard (1985) suggests, Willmott and Young's (1973) confidence in the emergence of the symmetrical family was misplaced.

Illness on the part of the mother may also be a reason for an increased contribution from children to household activity.



‘Non-employed mothers and some of those who had been away from work because of illness asserted that, because they were at home, they did not expect young people to help. However, with respect to mother's illness, young people gave this fact as a reason for themselves making a greater contribution.’ (Brannen 1995: 327).

Some of the studies concerned specifically with the household economy and division of labour have not considered situations of illness and incapacity, neither as a cause for a mother requiring help with household tasks, or as a reason for an additional work burden in some families as a result of caring for a family member (Land, 1997; Chinouya-Mudari and O'Brien, 1999). This may have been because of a prevailing perspective that saw household tasks as primarily carried out by wives and mothers and as it is often assumed that women who are ill or have a disability are not capable of being wives and mothers (Morris, 1991; Goodman, 1993) the question of who helped them with household tasks would have been considered irrelevant. It is interesting to note that although the quote from Brannen (1995) (cited above) does not indicate whether this is a situation of long term or short term illness, it is clear women expect to receive less help when they are at home in the day, despite the fact they are at home due to illness.

## **2.8 Conclusion**

Everyday assumptions regarding children and childhood are not sufficient to explain the complexities of children's lives when critically scrutinized. Exploration of the literature devoted to the history of childhood has suggested that childhood is socially constructed

and the notion of what childhood is varies according to historical and geographical location.

It is argued that childhood functions as a mechanism for preparing the child to take its place in adult society. Therefore, as the needs of modern, industrial society are complex so the preparation period is necessarily a long one. In modern Britain, children are, paradoxically, prepared for adult life through specific exclusion from most adult activity, including work. A child's ideal life is strictly bounded by school and carefully controlled leisure and recreational activity. Childhood is very much to do with educational achievement and gaining the necessary skill to participate as an adult in a highly specialised and competitive workplace. Due to the nature of the modern workplace these skills are largely acquired through the formal routes of school attendance and participation in further and higher education courses in colleges. School and college attendance and appropriate social activities are therefore prerequisites of a proper childhood.

Perceptions of the family have become more focused on the nuclear, biological unit of two parents and their children. In this sense families have tended to become smaller and more mobile and ties to wider kinship networks have been loosened, although as has been demonstrated, not entirely broken. The extended childhood period and the expectation that children measure up to society's standards has placed considerable burden upon families, both financial and emotional.

It has been found that legislative and other expectations are founded upon normative constructs of childhood and the family and have become so deeply embedded they are

not questioned. Many legislative initiatives are framed according to the perceived functioning of the embedded constructed family which excludes families that do not conform with the norm i.e. those who are single parents or from non-European cultural backgrounds and those coping with chronic illness or disability. Normative constructs have to some degree influenced household and family research, which has most often adopted a euro-centric focus. The experiences of families from non-white ethnic backgrounds are rarely reflected within mainstream research with the consequence that normal patterns of family life in Britain, for people from different cultures have to a great extent remained hidden.

The passive, excluded nature of children's lives has tended to be reflected in the absence of children's perspectives in some early research focused on family and households. This has resulted in both hiding the extent to which reciprocal arrangements in families are in reality quite complex and in overlooking the various ways that children contribute to the household economy. In more recent years the balance has been redressed and there is a growing body of research that has been more inclusive of children and their own perspectives.

## **Chapter 3**

### **Developing a framework for conceptualising children's caring activities in the home**

#### **3.1 Introduction**

Informal care for those who are ill or with disabilities often involves contributions from children as well as adult family members. The literature has demonstrated that this is a situation that is associated with at least ambivalence if not outright concern. It appears that concern arises from tension inherent between a concept of childhood predicated on isolation from the world of adults and empirical evidence of children's active engagement in the adult world through informal care.

How children's caring activities are conceptualised depends upon the interplay between an understanding of the role of the family, perceptions and explanations of childhood and theories of social problems and how they should be resolved.

It is widely accepted that one of the main purposes or reasons for family formation is the raising of children (Muncie and Sapsford, 1993). Research focused on children's perspectives of families records children asserting firm convictions that a family is only a family if there are children present (Morrow, 1998). This implies that the link between family, however it is defined, and childhood is so strong as to become integral to children's own perceptions of their place in the world. It is important to note that the different ways of understanding the family, as outlined in Chapter 2, set contexts in which normative constructs of childhood are embedded. Childhood and family are situated within a cyclical discourse that suggests that where families are functioning outside of the normative construct, i.e. they are dysfunctional in some way, children are

likely to become deviant and problematic, and problematic and deviant behaviour in children is evidence of their family's dysfunction (McLaughlin and Muncie, 1993).

It has already been noted that the child as carer is a new social problem worthy of consideration (Chapter 1). But what kind of a problem is it? It is a social problem that has practical consequences for people's lives and for which sound policy responses are required and also a sociological problem that requires theoretical explanation and understanding. Jamrozik and Nocella (1998) suggest that research into social problems tends towards either policy or understanding. Most research to date on children as carers has been strongly focused towards policy and service responses (Aldridge and Becker, 1993; Olsen, 1996; Becker et al., 1998)

Attention is now turned to understanding the child as carer problem and developing a framework for analysing the concept of the child as carer. To understand how the child as carer has arisen as an issue of social concern, the next section of this chapter, Section 3.2 provides a summary of a useful approach to analysing social problems. This lays the foundation for Section 3.3 which looks critically at the existing young carer discourse to identify the factors within children's care activity that arise as matters of particular concern. This creates the context for understanding how the child as carer has been constructed as a problem. Section 3.4 provides an overview of recent sociological perspectives and how more general problems of childhood are conceptualised. Using theoretical tools derived from the sociology of social problems and the sociology of childhood, Section 3.5 outlines a framework for conceptualising children's caring activities.

### **3.2 The emergence of young carers as a social problem**

The idea that social problems are automatically linked to deviant or pathological behaviour has been challenged by Jamrozik and Nocella (1998). They suggest that many social problems arise or are the residue of failure that occurs inevitably and naturally as part of society's pursuit of its goals and values and it is this approach that forms the focus of their analysis. This suggests a useful context for analysing the young carer problem which has been acknowledged to be a problem not linked with deviant or problematic behaviour in the way that other problems of youth are perceived to be (Tatum and Tucker, 1998).

Social problems could be considered as much a process as a state of affairs (Jamrozik and Nocella, 1998). There must be a set of circumstances that are perceived to be problematic. It is possible that these circumstances could have been in place for some time but not perceived as problematic until a general shift in perception occurs. Such a shift often signifies a change in public attitudes, values and interest.

The problem is identified and named through public opinion, the media and political pressure. A group is identified as possessing the characteristics of the problem and there is generally a catalogue of threats to society or serious deleterious consequences associated with the problem. Lastly there are proposed solutions, which may focus on political pressure for policy responses that require researchers to attempt to find out more about the phenomenon in question. How a social problem is approached or researched will depend upon whether the desired outcome is a solution to the problem or an explanation.

Within the framework of analysis proposed by Jamrozik and Nocella class is still a useful tool for sociological analysis and the study of social problems. Social exclusion, the denial of citizenship rights and the inability to access resources and social goods reside predominantly within class-related social and kinship groups. An aspect of poverty could be described as inability to access the consumer market. The state traditionally intervenes in the lives of poor, working-class families deemed to be problem families and thus represents one way that poverty is managed (Jamrozik and Nocella, 1998). Where classic intervention techniques locate the cause within the dysfunction of the family the problem is translated from the political to the personal.

Most social problems linked to the family, generate anxiety about changing familial arrangements and the extent to which families will continue to carry out traditional family functions. Consumerist theories point to an increasing reliance upon market goods to meet family needs and solve family problems (O'Neill, 1993). Where the market is thought to offer a solution, for example the provision of childcare for working mothers, the perception of a problem diminishes. There are situations that are less amenable to market solutions such as child abuse or youth offending which require state intervention. Such intervention is almost always going to be stigmatising and pathologising in its effect.

Jamrozik and Nocella (1998) highlight a dichotomy inherent within market solutions. Families are only perceived not to be problematic in so far as they are able to access the market to resolve their problems. Others, experiencing similar problems but unable to meet their needs via the market and reliant therefore on state intervention, are at risk of having their lack of self-sufficiency and evident need being made public. This reinforces

a perception that the cause of problems resides within the family itself and diverts attention from the wider structural factors that disadvantage and reduce choice for some families.

The discussion in Chapter 1 indicates that the mixed welfare economy depends upon the availability of informal carers. In this sense informal care could be characterised a social good and the extent to which families are able to meet the needs of chronically ill or disabled members, either through formal or informal care is an indicator of the extent to which families have access to economic and social capital. State provided aid is subject to increasingly strict eligibility criteria (Chapter 1) and therefore where formal provision is absent or inadequate, families are required develop coping strategies through either the market or the informal sector. One coping strategy that may be used in some families is to rely upon help from the children in the family. Children's help in this respect is often perceived to be inappropriate and problematic as a coping mechanism.

The identification and naming of the young carer problem has occurred through a process not dissimilar to that identified in Jamrozik and Nocella's analysis. The following sections will seek to uncover those aspects of the child as carer problem to identify the main causes of concern and to identify what the perceived threats and adverse consequences may be. Analysis of the young carer problem using a framework derived from Jamrozik and Nocella, together with an understanding of different perceptions of children and the childhood will help to develop a framework for conceptualising children's caring activities.



### 3.3 Why children as carers raises cause for concern

Following research published in the early 1990s, the concept of children as carers as a social issue was promoted by 'Community Care'<sup>1</sup> magazine in the mid 1990s. The campaign for young carers was based on the assumption that caring by children was an inappropriate activity. The interest shown in children as carers by 'Community Care' reinforced the idea that care by children was an aspect of care in the community provision and firmly located this activity as an informal care issue.

The campaign was considered a success by some as it brought children's concerns into the arena of adult policy making and resulted in the inclusion of under 18s as informal carers in the *Carers (Recognition and Services) Act 1995*. This legislation, together with services provided especially for young people who are involved in care was seen as a suitable resolution to a particular social problem.

The early work on young carers upon which the 'Community Care' campaign drew (Aldridge and Becker, 1993; 1994; Dearden and Becker, 1995) was founded upon a shared understanding of the boundaries between the world of adults and the world of children. This was supported by the assumption that readership for the magazine would find caring carried out by children at best unusual and, at worst, inappropriate if not actually abusive. It is further assumed that involvement in caring has negative or adverse consequences for the young people involved.

The population affected by the young carer problem includes not only those carrying a primary care responsibility but also those who, as a result of assisting others to care,

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<sup>1</sup> A magazine aimed at the populist end of the social work journal spectrum

“experience a restricted childhood” (Dearden and Becker, 1995: 93). This assumes again a shared understanding of childhood and is predicated upon a notion of an ideal childhood that all children should and would experience as long as circumstances do not prevent this.

Children as carers are perceived as transgressing boundaries established by normative traditions regarding children and childhood status. Such transgressions are considered undesirable and problematic and solutions are often sought in terms of legislative changes and service provision. At times the formal service response towards families where children are caring has been perceived by the families involved to be threatening and punitive (Dearden and Becker, 1997)

A prevailing discourse of childhood frames children as individuals who are dependent and who are to be excluded from the adult world of work. This discourse confirms formal learning as the proper activity for children. The adult/child relationship is one where the adult cares for, protects and teaches the child and exercises power and authority over the child (Fox-Harding, 1996; Gittins, 1998). When children are engaged in caring for others, especially when the care recipient is a parent it seems that a reversal of the natural order of things has occurred and represents a usurpation of parental authority. This apparent reversal in the proper family authority and power structure can lead to conclusions from service professionals that the child involved is not adequately cared for and that the parents are either incapable, neglectful or abusive (Aldridge and Becker 1993; 1994). Even where professional services are offered in a supportive and non-judgemental way this may not always be welcome, exposing as it does a mother’s ability to the professional gaze (Audit Commission, 1994; Fox, 1995). Additionally the

offer of statutory services may not be welcome or may be inappropriate for some very marginalized families such as refugee families (Chinouya-Mudari and O'Brien, 1999).

Where children care for others in the family home this manifests itself in a range of activities from domestic chores to administering medication or bathing and toileting a parent or other family member (Dearden and Becker, 1998). There are two major concerns raised where children are engaged in such activities. The first focuses on over-involvement on the part of the child in adult activity i.e. work, which is assumed to be at the expense of appropriate childhood activity such as school, homework and play (Aldridge and Becker, 1993; Dearden and Becker, 1997; Becker et al., 1998). The child as carer debate has been identified as one that has much in common with the issues and concerns raised around children and work in the nineteenth century (Newman, 2000; Olsen, 2000). The second concern views the prospect of children bathing and toileting a parent or other adult as one that is particularly problematic. Not only are traditional child/parent and child/adult boundaries challenged but general taboos associated with the body are broken.

Bathing and toileting require a level of intimate contact normally associated with sexual relationships. Problematic as this may be between non-intimate adults (Nettleton, 1995; Twigg, 2002a; 2002b), there is the additional concern, where children are involved, of creating over-familiarity with the world of adults. Such intimate knowledge of adult matters has long been considered by concerned professionals as a cause of deviancy and delinquent behaviour in the young (Hendrick, 1990; James and Prout, 1996; Wyness, 2000). A risk of disturbing the natural patterns of authority within families together with inappropriate knowledge of parents' bodies has been cited by GPs as one of the major

reasons for caution in using children as informal interpreters (Cohen et al., 1999). Understanding that children help with personal, intimate care exposes failings in bodily function that represent “truly private territory” (Twigg, 2002a: 429), denigrating for both care recipient (Twigg, 2002a) and child carer (Aldridge and Becker, 1993)

As Jamrozik and Nocella (1998) indicate, as with all social problems, the problem of young caring will have, as part of its attendant issues of concern, adverse consequences for the children and young people involved. Children as carers are characterised as experiencing a limited childhood (Dearden et al., 1994; Dearden and Becker, 1995; Becker et al., 1998; Liddiard and Tucker, 1997; Tatum and Tucker, 1998). Unauthorised school absence, fractured peer relationships and non-involvement in normal childhood and youth activities are cited as the most significant consequences for children as carers (Dearden et al., 1994; Dearden and Becker, 1995). For these reasons the lives of children as carers are thought of as different to their peers and it is anticipated they will experience educational and social disadvantage as a result.

School absence is considered one of the most serious consequences of involvement in care activity as it is linked with poor achievement in school and contributes to restricted career choices for young people (Dearden and Becker, 2000). Poor school attendance arising from care responsibilities had been recorded in the literature in 1980 (Fox, 1995) although until the early 1990s remained a problem linked to education with the wider context remaining largely unexplored. Transitions to independence for child carers may follow different patterns, either through premature departure from the family home due to a crisis, inability to continue with the caring burden, or delayed moves to independence linked to continued feelings of responsibility for the care recipient

(Dearden and Becker, 2000). Services aimed at child carers through young carer projects seek specifically to address the disadvantages associated with caring.

### **3.4 Exploring perspectives of childhood**

How the child as carer is constructed as a social problem and the degree of significance attached to the various consequences will depend to a large degree on how childhood is explained and understood.

As patterns of social life change, the traditional rhythms and patterns of family life are also changing and boundaries of what constitutes family are being redrawn (du Bois et al., 1993; Brannen and O'Brien, 1996; Moore et al., 1996; Dencik, 1998; Ferri and Smith, 1998; Morrow, 1998; Jones and Bell, 2000). Restructuring of social and family life has led in part to a characterisation of childhood as disappearing or in crisis. The childhood in crisis discourse is complex and arises from different understandings of changing relationships within families and the wider economic and social environment (Wyness, 2000).

Childhood in its own right has until recently been under-researched within the sociological arena (Qvortrup, 1990; Oakley, 1994; Brannen and O'Brien, 1996), and specifically where children and young people have been researched this has tended to be focused outside the household (Brannen and O'Brien, 1996; Brannen et. al. 2000). During the last decade a growing body of theoretical analysis of childhood has been emerging and has included focus on children in family and household settings as well as other contexts (Mayall, 1994; O'Brien, 1995; Brannen, 1999; Brannen et. al. 2000; Wyness, 2000; Mayall, 2002).

Theoretical perspectives of childhood will influence how the child is viewed (Morrow and Richards, 1996). Different paradigms and discourses have been identified as tools for developing an understanding of how children have been viewed and researched and how the state of childhood is conceptualised within different theoretical perspectives (Brannen, 1999; Wyness, 2000; Mayall, 2002).

Brannen (1999) identifies three paradigms that provide theoretical foundations for research with children. First is the child as immature individual of dependent status within the family; then the child as inhabitant of settings and contexts outside the family home and lastly the child as social agent.

The dependent child discourse is dominated by the psychology of child development and the concept of age-grading (Oldham, 1994; James and Prout, 1997; Gittins, 1998). Within this discourse the child is viewed as the passive recipient of a mother's care rather than as an individual mutually involved in the child care process. This reinforces the primacy of the home and family life for mothers and children (Brannen, 1999)

The focus on the child in other settings concentrates on achievement and attainments for children as well as the processes through which children learn and interact with others who care for or educate them (Brannen, 1999). In this way children may be considered as a focus of 'childwork' or as a project for adults (Oldham, 1994)

To consider the child as social agent is to acknowledge children as agents within the various environments in which they find themselves. Through this discourse children

are ascribed status and visibility and their contribution within the household or other contexts in which they are situated becomes valued (Brannen, 1999).

Differing perceptions of the childhood state have been used by Mayall (2002) to develop an analysis of approaches adopted in recent studies. The approach Mayall describes as 'the sociology of childhood' (Mayall, 2002: 22) sees the child as a social agent and focuses on children's own views of their lives and experiences. This approach is concerned with those aspects of children's lives that set them apart from adults and with the ways that the childhood experience is affected by the character of the social relations between adults and children.

The second approach described by Mayall is the 'deconstructive sociology of childhood' (Mayall, 2002: 23). This focuses on differing discourses of childhood to expose childhood as a concept locally defined, that is, local in both time and space.

The third approach identified is described as 'a structural sociology of childhood' (Mayall, 2002: 23) wherein childhood is seen as a continuing social group within society, although its members change over time. The key theme underlying this approach is that childhood is a defined period of early life, qualitatively different from the adult life that follows.

Feminist methods are noted by both Oakley (1994) and Mayall (2002) as helpful tools for thinking critically about childhood. Feminism has exposed the patriarchal foundation of traditional sociological analysis, challenged the assumption that work is

only considered such if it is paid and is located away from the home and has brought forward domestic household activity for critical sociological analysis.

The foregoing represent some of the themes emerging from recent work that have brought children and childhood more sharply into focus in sociological thinking. Together with a framework for analysing the construction of social problems they provide tools for developing an understanding of the different ways that the child as carer is conceptualised.

### **3.5 Children's caring in the home: a framework for conceptualisation**

Research approaches developed to understand social problems and the problems of children and childhood set a context for reframing children's caring activity in the home, bringing it forward as a topic of interest central to childhood studies, as opposed to an area of concern at the margins of community and informal carer research.

#### *3.5.1 Deficit Model*

The dominant model for conceptualising children's caring activities could be described as the *deficit model*. This is a powerful model in so far as it is based on normative assumption regarding family life and childhood. Perceptions and responses to children's caring in this model are founded on strong commitment to traditional parental roles and the expectation that the child occupies a passive dependent place within the family. Age-grading is a strong feature informing attitudes to care activity. The childhood experience is characterised as qualitatively different from that of adults with a strong emphasis on the protection of children from too early contact with the world of adults. Children's caring is viewed as transgressing the child/adult boundary and as a



usurpation of natural parental authority. There is a strong theme of failure and inadequate parenting within the deficit construction, with an implied assumption that parents, especially mothers, who experience illness or disability are unable to parent (Morris, 1991; Goodman, 1993; Keith and Morris, 1995).

Within this model the child in other settings intersects with the dependent child through the emphasis placed on the child's inability to function properly in institutional settings outside the family, e.g. school, as a result of caring responsibility. Lack of opportunity for peer interaction and failure to satisfactorily achieve milestones towards eventual independence (Dearden and Becker, 2000) are also cited as evidence of inability to appropriately negotiate the external, institutional environment.

Service provision in responses to children as carer situations are not always focused on meeting the needs of the ill or disabled family member, although young carer services may advocate for more support with personal or other care needs. The service response is instead aimed at recreating an appropriate childhood experience for the child or young person involved in care activity. This occasionally involves the removal of children from the family home by statutory agencies, but more usually in the provision of voluntary sector 'youth service' type services for groups of young carers, away from the family home (Becker et al., 1998). The preferred policy solutions are those that focus on children as other than adults and which acknowledge that children who provide care have needs qualitatively different from those of adult carers, by virtue of their childhood status.

### 3.5.2 *Competing Rights*

Alternative models for conceptualising children's caring activities stem from challenges to the deficit model. The most significant approach is a *disability rights* model. This mounts a powerful challenge to the hidden assumption behind much of the concern over children as carers, which is that parents with disabilities will not be adequate parents and that children of disabled parents suffer developmentally. Through this model it is suggested that children are required to undertake care activity because services to support disabled or chronically ill family members are inadequate. Most parents with disabilities do not wish for their children to be involved in care (Parker, 1994), but feel blamed if it happens. Advocates of the disability rights approach suggest that attitudes of blame stem from the 'disablist' approaches that reinforce disabling environments and a passive, victim status for people with disabilities.

Families with a disabled parent, dependent upon children for basic care and support often experience unemployment and poverty (Dearden and Becker, 1998) and therefore disability is compounded by lack of access to resources. Those who approach the issue from a disability rights perspective argue that the over-riding factor affecting the quality of the childhood experience in the family are the different structural, economic and social inequalities and that adverse outcomes for children of parents with disabilities are little different to those of children from other families, who may be poor for different reasons. Within a disability rights model the service response is focused on a diversion of resources away from services to children who care, towards more appropriate and relevant provision for the disabled family member, thus avoiding the necessity for children to undertake care activity.

Running through the child as carer debate is a strong theme focused on the concept of children's rights. Many of those who argue from within the deficit model conceptualise their approach as based on children's rights as the policy and service options they support are expressed in terms helping children to access their right to a normal childhood. Within the deficit approach to service provision it is unusual for children to be involved in participative discussions regarding the illness of the care recipient. The children's rights model privileges the child's perspective, acknowledges the child as carer and ensures that the child is supported. A key policy success has been the extension of the terms of the Carers (Recognition and Services) Act 1995 to include those under 18.

A key element within a children's rights framework could be termed the 'children's voice'. This has emerged from a strongly participative research agenda of recent years (Morrow, 1996; 1998; Morrow and Richards, 1996; Jones, 1995; Valentine 1999, Brannen et. al. 2000; Dearden and Becker, 2000; Matthews 2001; Mayall, 2002), where serious emphasis is given to children's own accounts of their experiences.

From a children's rights perspective it can be difficult to ascertain what it is that children have a right to: for example children are deemed to have a right to education and preparation for the world of work, but do not have right to an earned income (Morrow, 1996); they have a right not be over-involved in domestic duties and to enjoy their youth, but often do not share equal access to household goods (O'Brien, 1995) The child has become priceless (Zelizer, 1985) but as non-contributors to the household, children represent a financial burden for many parents.

Where children carry a heavy care responsibility it could be argued that there is little or no self-determination and a burden is placed on them that they cannot refuse. Aldridge and Becker (1993) suggest that the defining factor is not the amount or extent of helping at home or caring activity, but the level of choice that the young person is able to exercise over their involvement in caring. The underlying assumption is that the burden of involvement reduces young people's opportunities to go out with their friends, go to youth clubs, get their homework done and generally make the most of their life chances.

Children's rights can be articulated in ways that provide different responses. First there is the approach inherent within a convention or charter response such as the UN Convention on Children's Rights. This represents a series of aspirational statements developed from a wide spectrum of expertise aimed at ensuring a safe, fulfilled, ideal childhood. Although it has been argued that the aspirations capture western norms of constructing adult/child relations (Woodhead 1997). The charter approach informs service policy within the deficit model. An alternative is to engage directly with children and young people, to listen to their own views and to aim to involve them in service design and delivery (Brannen et. al. 2000; Wyness, 2000; Matthews 2001). The children's rights model provides a challenge in resolving the tension arising from wanting to promote children's autonomy and yet affording them the protection they need (Lansdown, 1995; Olsen and Parker, 1997; Brannen, 1999; Wyness, 2000).

### *3.5.3 Feminist Model*

A feminist approach suggests that the gendered nature of domestic life is a critical factor contributing to children's involvement in care activity. The demographic characteristics of young carer situations indicate that most children caring are in lone

mother households and the child is fully responsible or helps to care for either their mother or a sibling. In addition there are situations where a child will carry the principal responsibility for a mother even if a man is present in the household. Within the research there are recorded instances of a male partner departing the household if the woman becomes ill or seriously incapacitated (Aldridge and Becker, 1994; Tatum and Tucker, 1998). In these situations the child steps in when a woman is not available and this reinforces housework and caring as women's work of low value.

The facts indicate that boys are almost equally as likely as girls to be involved in caring (Dearden and Becker, 1998). Within a hierarchy of involvement in domestic chores men are much less likely than women and children to be involved. Children and childhood have become a matter of interest for the researchers as they occupy a minority status in ways similar to women. Critical tools derived from analysis of social reliance upon women's work and examination of how that work is undervalued have aided the identification of children as carers (Oakley, 1994; Brannen, 1999).

### **3.6. Framework for interpretation**

Normative constructions of the ideal family and childhood are deeply embedded and appear as powerful assumptions behind the interpretation and response to social problems. Once it was identified, the child as carer problem surfaced quickly into the national policy arena (Olsen, 1996; Newman, 2000), with the deficit approach controlling a service agenda that emphasises a restoration of a 'normal' childhood.

The deficit approach is not sufficient to account for the child as carer problem. From the perspective of the different social movements that have been able to challenge the

deficit approach i.e. disability rights, children's rights and feminism, there emerges a discourse that suggests that the child as carer is not itself a problem but more accurately a symptom or consequence of other more complex problems arising from the changing nature of family life, lack of access to economic and social capital (and the impact this has on women and children) and the gendered nature of domestic and care responsibility.

A useful framework for understanding children's care activities would seek a wider, more holistic perspective. This holistic approach would consider children's contribution to informal care as part of a wider spectrum of children's activity and would seek to describe and explain this as an aspect of childhood. Such an avenue of exploration would start by questioning what it is that children and young people *normally* do to help at home and look after others, rather than what they *exceptionally* do.

### **3.7. Conclusion**

Children are no longer expected to be useful but rather to be precious (Zelizer, 1985). Children as carers present a challenge through exposing a continuing reliance for some families upon useful children. This situation is now well developed as a social problem, is widely recognised, has the attention of policy makers and campaigners and is a focus for service provision

Much of the research that has focused on children's participation in informal care has focused on specific conclusions aimed at influencing policy makers (Aldridge and Becker, 1993; Becker et al., 1998; Tatum and Tucker, 1998). Recommendations for policy action include assessing young carers under the Carers (Recognition and

Services) Act 1995; recognising young people who are caring as children in need and providing services to them under Section 17 of the Children Act 1989; establishing projects in the voluntary sector to support and provide services to young carers. Most importantly policy makers are urged to consider the situation of children and young people caring from a children's rights perspective.

Within a welfare system based on slim and finite resources there are real disadvantages attached to policy drivers that are focused on services and support provided to children and young people who are caring, as these may obscure the needs of the person for whom they care and divert resources away to activity other than meeting their needs directly (Fiedler, 1996; Olsen and Parker, 1997; Aldridge and Becker, 1999).

An analysis of young caring set within a context of comparison of young carers' lives with those of other children and other childhood patterns could help to take the debate forward (Olsen and Parker, 1997). Poverty and exclusion affect many children's lives (Baker, 2002) with ill health (of either child or parent) one of a range factors. In addition it is argued that it is not only children who are caring who lack choice about undertaking high levels of work and responsibility (Olsen and Parker, 1997).

Recent work, focused on children's contribution to the domestic economy and involvement in part-time work, highlights how children demonstrate usefulness in other ways and for other reasons, through helping in the family business, helping with housework and care of siblings and part-time paid work (Goodnow, 1988; Jones, 1992; Brannen, 1995; Morrow, 1996; Song, 1996; Mizen, 1999). Although in the main, much of the existing research and literature has failed to fully address the wider issue of what

may or may not be acceptable tasks and workloads for children to perform. It is therefore difficult to articulate the different experiences for children between those who provide informal care and their non-caring peers. A broader research context could take account of a variety of situations that cause children to undertake heavy domestic or other work responsibility.



## **Chapter 4**

### **Researching children: Helping and caring**

#### **4.1 Introduction**

The role of children in informal care-giving requires not only an awareness of the informal care debate but also an examination of where children's roles as carers fit with perceptions of children and childhood, children and work, the role of the family and how households function (Morrow, 1996; Mizen, 1999; Olsen, 1999).

The relevant literature (Chapters 1, 2 and 3) indicates that the young carer issue has not yet been subjected to serious sociological scrutiny or set within a framework of theoretical analysis and examination of competing theories. Research on children as carers has focused on caring as a problem, seeking solutions or policy responses. Young people have been directly engaged and their role as social agents acknowledged, but the problematising approach locates much of the research within a deficit model of understanding. A holistic standpoint would suggest that a deficit or problem based research approach is not sufficient to fully understand the child as carer situation. This thesis therefore adopts a more holistic focus, seeking to place children's caring within a broader empirical setting and a wider discursive framework.

Research into childhood or children's lives has more often tended to focus on accounts from parents or other adults or has been retrospective (Goodnow, 1988; Elliott, 1992; Morrow and Richards, 1996). These methodological approaches may have been adopted for ethical reasons such as the protection of potentially vulnerable children. Where accounts of children's lives are gained from different sets of adults as part of a research

project, for example teachers, health workers or parents, there is a danger that by overlooking children's own perspectives a view is signalled that children are either unable or unwilling to be active research participants. This means that within work that has looked at the functioning of the domestic economy (Young and Willmott, 1969; Willmott and Young, 1973; Oakley, 1974; Anderson et al., 1994) and at patterns of care for the chronically ill and disabled, (Twigg, 1992; Twigg and Atkin, 1994) young people and their contribution has been consistently overlooked or referred to only in passing. Studies such as Young and Willmott (1969), Willmott and Young (1973) and Oakley (1974) are important works of post war sociology. The underlying assumption within these studies is that it is only adults that contribute to the domestic economy and the possibility that children contribute to household functioning and care for others has been overlooked. The focus for these studies was to uncover normal and prevailing patterns of family life but in so doing has resulted in a tendency to reinforce normative assumptions about the place of children within the modern family. This has also supported a discourse that frames young people as consumers of social goods within families and not contributors (Morrow and Richards, 1996).

Children's dependent status as consumers within families is assumed to be the only role they can play (Dencik, 1989). But recent work on young carers in particular, such as (Segal and Simkins, 1993; Becker et al., 1998; Tatum and Tucker, 1998) and children's contribution in general, (O'Brien, 1995; Morrow, 1996; Brannen, 2000) questions this. The young carer literature especially, both challenges the accepted norms about what children can and are capable of doing to contribute to the care of others in their families, yet presents such caring activity on the part of children as something that has transgressed the norms and is thus a social problem. This helps to reinforce the view

that the right role for children within families is to be dependent, cared for and to not assume too soon levels of independence and decision making associated with adulthood.

## **4.2 Approaches to researching children**

### *4.2.1 Children as carers*

Studies of children's involvement in informal care activity undertaken in the late 1980s and early 1990s arose mainly from the concerns of practitioners. One such study was carried out by Elliott (1992) whose rationale was the perception that researchers and policy makers had overlooked children as carers. This retrospective study involved interviews with adults who, as children, had carried out informal care activity. They were interviewed about their childhood experience of caring for parents suffering mental ill health. Elliott's focus on adults resulted from ethical concerns and difficulties of gaining access to children actively involved in caring. Interviewees were identified through professionals and the target sample was individuals where significant involvement in informal care was known to be a factor in their lives. In Elliott's study the childhood experience is mediated through adult recollection.

A study in 1993 carried out by Aldridge and Becker (1993) uses a qualitative methodology based on a small sample of young people already identified as caring. Results provide demographic detail and considerable insight into the experiences of young people involved in situations of significant caring responsibility. Large scale, quantitative surveys using statistical data about young carers held by carers support projects were carried out in the 1990s (Dearden and Becker, 1995; 1997). In each case

the secondary data was supported by data gathered from in-depth telephone interviews with young people.

Work carried out by Tatum and Tucker (1998) and Dearden and Becker (2000) has focused on widening our understanding of young carers' experiences by looking in particular at family issues and the hidden impact of caring. Tatum and Tucker (1998) conducted interviews with young people involved in caring activity. Other family members as well as care recipients were also interviewed for this study. The focus of the research was to gain further insight into some of the consequences of caring on young people's lives. Dearden and Becker (2000) conducted semi-structured interviews with young adults in order to discover more about the transitions to adulthood for young people who care as children.

The research discussed above represents some of the most important contributions to the young carer debate that have so far been undertaken. However, within each study the methodology has relied upon contacting the prospective research samples through carer support projects. This means that the studies have necessarily focused on young people known to be carrying out significant levels of informal care. It is not possible with the research information available at present to draw comparison between young people that are known to be involved in informal care and other young people with different responsibilities at home.

The children and informal care debate would benefit from wider exploration of how families cope and how children contribute in a variety of difficult or crisis situations, for example where there may be temporary illness or incapacity or where childcare for

younger siblings is needed. It would be useful to consider the impact of socio-economic factors, particularly family size and parents' working patterns as well as considering differences in helping behaviour that might arise as a result of differences in cultural background.

Research carried out in the late 1980s and early 1990s (Page, 1998; Elliott, 1992; Aldridge and Becker, 1993) was qualitative and concentrated on small numbers of participants. It was very often retrospective. From the middle of the 1990s, larger more quantitative studies have been undertaken, followed up with qualitative interviews (Dearden and Becker, 1995; 1997; Tatum and Tucker, 1998). As demonstrated, the main focus for these studies has been to investigate the levels of activity and experiences of young people involved in informal care. This means that there has been little investigation as to how children become involved in informal caring and whether or not there may be patterns of drifting into care similar to that where adults are main carers (Qureshi and Walker, 1989; Parker, 1990; Glendinning, 1992; Marsh and Arber, 1992; Twigg, 1992; Ungerson, 1997).

#### *4.2.2 Children's contribution to the household economy*

Studies that isolate the social lives of young carers from those of their peers and which focus on the problem of caring tend to reinforce the normative discourse of childhood dependency and deny children's ability to be actors in their own lives. This confirms their place separate from and outside the adult world of work and responsibility. According to this discourse it is considered unusual for children to make an active contribution to the health and well-being of their families. A number of studies indicate that many children contribute to the domestic economy in a variety of ways (Jones,

1992; Brannen, 1995; O'Brien 1995; Morrow, 1996; Song, 1996; Mizen, 1999; Bhatti, 2000; Brannen 2000). Song (1996) conducted semi-structured interviews with young adults from Chinese families in order to explore the extent to which the family businesses of immigrant families depended upon children's labour. Song's methodology relied on retrospective interviews with young adults as it had been anticipated that research with children would have been extremely difficult due to the nature of the topic. Many immigrant families have come to the notice of the child protection system due to their children's involvement in work for the family business:

"Children's labour in Chinese take-away businesses has often been assumed to be a 'problem' in terms of the pressure it may place upon children". (Song, 1996:14)

As with the study of the children of mental health patients (Elliott, 1992), retrospective interviews mean that the childhood experience is mediated by adult perceptions.

In contrast to studies that are dependent upon adults' recollection of childhood, in recent social research there has been a trend to proactively involve children themselves as informed research participants (Mayall, 1994; Brannen, 1995; Jones, 1995; Morrow, 1996; Morrow and Richards, 1996; Valentine, 1999; Bhatti, 2000; Brannen, 2000; Matthews and Tucker, 2000). Direct engagement with children and young people aims to overcome the disadvantages inherent in using hindsight and recall to gain access to the childhood experience. It also acknowledges children's rights and the validity of their own opinions and perspectives. Research conducted in the 1990s that focused on the domestic economy sought to engage directly with children and young people (Brannen,

1995; Morrow, 1996). The findings in these studies challenge established norms regarding children's lives and the part that they play in contributing to family well-being.

Brannen's data (1995) was collected between 1989 and 1992 as part of study on the transfer of responsibility from parents to children. Over that time a questionnaire survey of 843 fifteen and sixteen old young people was conducted. This was followed up by interviews with parents and young people randomly selected from the participating households. The focus of the study was to explore the transfer to or assumption of responsibility for young people in their mid teens. The questionnaire required participants to consider a list of thirteen tasks and to indicate how often they did any of them. The task list included tidy/clean own room; make /change your own bed; set/clear table; wash up/fill dishwasher; Hoover and/or dust; wash your own clothes; iron own clothes; make own meals; do domestic shopping; gardening; baby-sit for siblings; clean windows and clean the car. This study also considered whether the participants had Saturday/evening jobs and whether or not they were intending to stay on at school. The follow up interviews sought more information about life in the household, such as distribution of household tasks between all family members and who did what kinds of tasks and how often. This study shows that not only do young people contribute in real and effective ways to household functioning, but that a complex network of factors such as gender, birth order, maternal employment, family values and the young people's own future employment expectations determined the nature, frequency and extent of their contribution. Brannen (1995) discovered that although young people may be actively involved in helping at home, the extent to which they participate may be diminishing by 16 rather than increasing.

Morrow (1996) adopted a wholly qualitative approach to the study of children's contribution to the domestic economy. Morrow also focused on the full secondary school spectrum i.e. 11-16 year olds. The data gathered for this study were in the form of essays that participants wrote on the topic "What I do when I am not at school". The young people were encouraged to think about activities such as part-time jobs and helping others at home for inclusion in their essays. Apart from age and gender no other information about the demography or social background of the family was gathered. This particular methodology yields a rich data set describing many networks of inter-dependency and children's real contributions to family well-being.

Morrow (1996) discovered children helping with housework because mothers worked. Others helped to care for grandparents or look after siblings. In some cases their ability to carry out self-care tasks represented a significant contribution towards relieving the household burden for their parents. Morrow makes the point that in reality there is a continuum with children who make no contribution at one end, and situations where the child's contribution is vital to the functioning of the family at the other. The majority of children's contributions will be somewhere in between.

#### *4.2.3 Summary of methods*

Various methodological approaches have been adopted and different strategies employed in this difficult area of gaining insight into children's lives. Some researchers (Elliott, 1992; Song, 1996) have used a retrospective approach, conducting interviews with young adults focused on their recall of childhood experiences. For the researchers cited this method proved useful in gaining insight into highly sensitive areas, especially



in situations where it proved impossible or was thought inappropriate to seek parental permission for children to take part in a research study. The disadvantage with this approach is that the recall of earlier experiences will be explained and rationalised from an adult perspective. The intensity and flavour of the childhood experience may be prejudiced by the perceived sense of success or failure in life subsequently.

To make research participation relevant and interesting for young people researchers sometimes employ techniques such as engaging children in essay writing (Morrow, 1996; Robson and Ansell, 1999). This enables young people to be in control of the information that they provide and avoids what could be a threatening or inhibiting encounter with a researcher. Other researchers have asked children to take photographs to help them to provide information. This is a particularly useful approach within social geography or other research that seeks to understand children's perspectives on place and the environment (Matthews and Limb, 1996; Matthews et. al. 1998).

Where other researchers have directly accessed young people involved in caring activity (Aldridge and Becker, 1993; Dearden and Becker, 1995; Tatum and Tucker, 1998) this has tended also to focus on qualitative methodologies drawing upon small samples. Most often these have been young people who self-selected themselves as involved in informal care and who have been grouped within a category labelled 'young carer'. This approach has been useful and illuminating in terms of exposing the experiences of young people in particular situation, although small sample sizes means that it is more difficult to draw conclusions or say how typical are the experiences of this particular group. Moreover this approach has not been able to set the experiences of the young people researched within a context of what young people routinely do as their

contribution to home life. Indeed it could be argued that from the perspective of some of the young carer literature, especially that aimed at a wide audience (Dearden and Becker, 1995), that young people in general contribute little or nothing at all to family life and the smooth running of households and are not expected to do so.

Cultural differences have not been explored in depth, as young people from non-white ethnic backgrounds have not been included in the research in appropriate numbers. Dearden and Becker (1998) highlight this difficulty where interview subjects or data have been drawn from carers' support projects as people from minority ethnic groups are often under-represented through the usual service provision routes. Some research has been carried out with Asian young carers (Shah and Hatton, 1999). Within the young carer research or in other studies of children's lives and the domestic economy little comparative work between young people from different cultural backgrounds has been carried out.

#### **4.3 Methodological considerations**

It is both possible and ethical to engage directly with young people in social research. It is important to ensure that methods are appropriate (Morrow and Richards, 1996; Brannen and O'Brien, 1995; Matthews, 2001), not necessarily because children and young people are less competent to give their views but because they are less experienced. The research literature identifies both qualitative and quantitative techniques being used with children, with many research studies focusing on participative approaches. Participative methodologies are invaluable tools for gaining insight into children's perspectives of the world (Matthews, 2001). Although they are techniques that work best when the researcher and participants are involved together

over a period of time. Study samples have to be restricted in size because of the time consuming nature of participative approaches.

Questionnaire and survey techniques have been used to good effect with young people (Brannen, 1995; Jones, 1995). Whilst their simplicity may permit involvement of larger samples, therefore generating larger data sets, they possess disadvantages in terms of user-friendliness for younger participants. Similarly interviews (Aldridge and Becker, 1993; Dearden and Becker, 1995; 1997; Becker et al., 2000) have been effectively used with young people in sensitive situations and again, although simple to carry out, the interview situation may be one that is potentially threatening or inhibiting to young people. When using questionnaire and interview techniques with young people the research instruments need to be designed with care and administered in a way that is appropriate for the age and ability of participants (Dearden and Becker, 1995; 1997).

One of the aims for this study was to set a broad context for what is already known about children and young people involved in informal care. Meeting this aim depended upon gathering a large quantity of data, which could not have been achieved with small-scale participative research tools. In household surveys involving adults, time budget surveys and diary keeping are established techniques (Willmott and Young, 1973; Anderson et al., 1994) for gathering detailed information about people's lives at home, what they do and how much time they spend doing it. These need to be supplemented with interviews or other qualitative methods in order to gain insight into people's perceptions and feelings about the things that they do.

Time budget analysis and diaries were considered for this study but were rejected as less appropriate for use with young people due to the commitment required. It is acknowledged that the demands of schoolwork and alternative attractions of spending time with friends may have resulted in time budget analysis or diary keeping methods not yielding a large or consistent response from young people.

After careful consideration of the options, a methodology of self-completion questionnaire and follow up interviews was used in this study. These research instruments were devised with the close involvement of young people. Their comments were seriously considered and incorporated into the final design.

#### **4.4 Research methodology for this study**

##### *4.4.1 Aims and objectives*

The aim of this thesis is to explore children's contribution to informal care by situating it within the wider context of what children and young people normally do to help at home. It will do this by examining the experiences of a broad population of young people drawn from the community at large, rather than those in contact with health and social care providers or specialist youth services aimed at young people in need.

Engaging young people from different social backgrounds allows exploration of similarities and differences in custom and practice with regard to helping at home and contributions to informal care. In particular the influence of social and demographic factors such as age, gender, family composition and mothers' working patterns will be explored. For the purpose of this thesis the definition of "informal care" activity is

extended beyond situations of illness and disability to include other care activities such as childcare and interpreting.

Through an analysis of helping at home behaviour this thesis indicates that young people may be engaged in a wide range of care activity. This thesis therefore aims to offer an insight into young people's informal care responsibilities and attempts an exploration of the qualitative differences between routine helping out and helping to care for others.

#### *4.4.2 Research design*

This research is a two-stage project comprising a questionnaire to gather data on the nature and incidence of children's helping activity followed up with face-to-face interviews to gain more detailed understanding of the nature of the informal care activity in which some young people are involved. The purpose of the questionnaire survey was to gather as large a data set as possible to try to establish a benchmark for what might be considered usual patterns of helping out in the family. Activities that are focused on looking after others are not considered usual for young people according to normative constructs of childhood. Therefore the survey also aimed to provide data on the prevalence and dimension of young people's involvement in caring for others. Through the interviews it is anticipated to gain some further insight into this aspect of young people's lives and to explore some of the situations that may lead to caring for others on the part of young people.

#### 4.4.3 *Sample*

Having decided to engage as broad a sample of young people as possible and not to focus on young people already defined as in need through contact with specialist services, it was decided to approach schools to help with the study as this would provide relatively easy access to large numbers of young people of the right age. Quota sampling techniques were considered for the study but would have entailed considerable difficulty in ensuring that all groups from participating schools were similar in composition. The participating schools would have needed to be involved in a time consuming process to identify and recruit sufficient potential respondents. It was therefore decided to adopt a 100% sampling approach in order to increase the prospects of a good overall response rate.

The research instrument was designed to be simple to use and easily distributed to the whole pupil population in the school. Sampling was essentially a convenience technique and relied on self-selection through parental agreement and the young people's choice. The advantages with this approach rest on the random nature of the self-selected sample and the complete freedom devolved to young people to choose whether or not to participate (Matthews and Tucker, 2000). If the final sample is big enough it could be deemed to be broadly representative of that particular school group at the time the research was carried out. Moreover where young people have participated through their own choice it is reasonable to assume their answers will be accurate and that they would have striven to be as helpful as possible in their replies. A simple research instrument such as a self-completion questionnaire means that young people can complete it on their own and are thereby guaranteed full confidentiality.

Although children as young as five have been identified as young carers (Dearden and Becker, 1998) this study did not seek to include children under eleven because they may not have been able to complete a questionnaire without adult help. An adult helping a child to answer the questionnaire would raise uncertainty as to how far the answers are entirely the child's own and would have interfered with the confidentiality offered to the young people who took part in the study. In addition different questionnaires would need to have been designed for primary and secondary age participants. The resources available for this study meant that this was not a practical option.

To engage as broad a range of young people as possible it was decided to target comprehensive secondary schools situated in market towns in shire counties, one in the Home Counties and the other in the South Midlands. Both counties are predominantly rural farming counties each with half a dozen or so market towns forming significant centres of population and industry. Several of the towns rose to prominence during the nineteenth and twentieth centuries as the traditional craft skills of the area made the transition from village homes to factory based production in the towns. Throughout the nineteenth and twentieth centuries, in keeping with other parts of mainland Britain, the most prosperous and industrialised of the counties' towns have been the focus of re-location, principally from Ireland, Europe, the Caribbean, South Asia and to some degree East Asia. The diversity of population in the towns and the proximity of both urban and rural social landscapes render these areas ideal locations from which to draw mixed sample populations.

In each case the school from which the sample derives is located in a significant town to the south of their respective county. The study schools are secondary, non-selective

comprehensive schools with a population of year 7-13 (11-18 year olds) drawn principally from the surrounding area. In each case the targeted age range is the 7-11 cohort (11-16 year olds). The prevailing social and economic context in which the schools are situated is similar but the demographic profiles of each school's cohort are different. One school has a small non-white population of mostly Black British and Asian British of Indian heritage. The other school draws from a much larger non-white catchment with most of those being Black British and Asian British of Pakistani heritage. With these profiles it was anticipated that even though the final sample was going to be self selected the nature of the respective school catchment area would provide comparative groups.

#### 4.4.4 *Research tools: Questionnaire*

It was important that the research tools were designed to be of interest to young people and were appropriate for the full age and ability range of secondary school pupils. For ease of access to a relatively large number of young people it was decided to use a questionnaire for this first stage of this research.

The disadvantage with structured questionnaires is that the researcher is setting strict parameters around the information and indeed has in some ways decided in advance what the 'answers' are going to be. This approach to data gathering denies the participant the opportunity to offer information that would be informative and there is the risk that the participant may not have fully understood what was required of them. With this particular study it must also be borne in mind that as a self-completion questionnaire it is possible that the information given by the participants may be more about what the young people are *expected* to do than what they *actually* do. In contrast



the approach adopted by Morrow (1996) which asked young people to write an essay about their activities, and used also by Robson and Ansell in Zimbabwe (Robson and Ansell, 1999), is one that allows the young people themselves to set the limits of what they want to tell the researcher and yet also allows for rich and diverse data to emerge.

One distinct advantage with a self-completed, structured questionnaire is that it is relatively easy to administer and is therefore attractive to schools considering participation in research projects. If the questionnaire is well planned and designed its simplicity is also attractive to young people.

Using schools represented the best opportunity for gaining access to large, natural population of young people. Therefore a structured questionnaire was considered appropriate for this study as its ease of administration was seen as a key negotiating point in obtaining permission for the study. The opportunity, potentially, for gathering large data sets via structured questionnaires can outweigh some of the disadvantages discussed above. To obtain a response rate large enough to produce a large data set a questionnaire needs to be interesting and relevant to young people. Therefore, in order to ensure that a large amount of relevant data was gathered the questionnaire was carefully designed involving young people themselves in the process.

It would have been possible to design a questionnaire using established data as outlined in Goodnow (1989) and Brannen (1995). In keeping with the principle of involving young people in the research and to ensure that the questionnaire was as relevant as possible for the chosen study sample it was decided to construct the questionnaire using young people's own views about the right questions to ask.

#### *4.4.5 Designing the initial questionnaire*

As the major research instrument was to be a structured questionnaire it was designed with the help of a focus group of pupils of a similar target age range but drawn from a school that was not going to participate in the main study. This group comprised fifteen pupils years 7 - 10 inclusive. There were twelve girls and three boys with a cultural mix including White British and British Asian.

The young people were asked to write out a typical list of the tasks that they usually did to help out at home. They were then invited to talk informally about what they had written. Reported time spent on housework varied from ten minutes to two hours per day, although the average seemed to be about twenty to thirty minutes.

Most did not like doing housework, but they all thought that they should do it as they were part of the household and it was only fair to help. There seemed to be a general consensus that self-care tasks were not housework or helping at home jobs. For this reason self-care tasks are considered separately on the final questionnaire, although the level and extent of self-care activity clearly has an impact on others in the household and in many ways represents a real contribution to the household (Morrow, 1995).

It emerged during discussion with this group that it was generally mothers who decided who should help and what should be done. One young person reported the family having had a rota once, but it had not lasted long. All of the young people agreed that girls did more to help at home than boys. The younger children anticipated that they would have to do more jobs to help as they got older and assumed that those older than themselves did actually do more work in the home. The fifteen year olds thought that

they did much less helping than when they were younger. Brannen (1995) discovered that helping at home seems to decrease as the young person becomes older.

Some of the lists of tasks provided by the young people seemed to be quite long. The young people were not asked *how much* they helped at home but *what they did* to help. The lists of jobs therefore was not used as an indicator of the amount of help that they gave but as a guide to the typical range of jobs that young people might normally be expected to do.

#### *4.4.6 Pre-piloting the questionnaire*

After collating and analysing the material gathered during this session an initial questionnaire schedule was drawn up (Appendix I). The questionnaire comprised four sections and was designed to fit onto four sides of A4. The first section asked for socio-demographic information about the respondent. The second was devoted to basic helping at home activity, using the task list generated by the young people. Respondents were asked to tick boxes indicating frequency of activity and also whether or not this was carried out for themselves or to help others. The third section asked about involvement with caring tasks ranging from cooking for others to helping a parent go to the doctor. The fourth section asked about the amount of time per day spent helping and asked respondents to consider a set of statements and indicate whether or not they agreed or disagreed.

A further group of young people from the same school was invited to complete this questionnaire. The task was carried out as a whole group session and the young people were invited to discuss with the author the questionnaire as they were answering it and

to offer their comments as to readability, relevance of the questions and how easy the questionnaire was to answer. The young people in this group were drawn from across the ability range in the school and were from different year groups and it was therefore possible to estimate how long on average it would take for young people to complete the questionnaire.

Some of the young people had said that the questions on page 2 of the questionnaire were confusing and would not be easy to complete without someone to answer their questions as to how to do it. The young people also expressed the view that there should be more questions about what people do when they are not at school. It was apparent that a satisfactorily designed questionnaire would take about between ten to twenty minutes to complete according to age and ability.

In the light of these comments from the young people the questionnaire was altered. It was clear that the layout needed to be simplified with much larger tick boxes and a lot of space for each question. The self-care questions were separated out from the helping at home activities and became a section in its own right. This meant that the questionnaire would cover more pages but the young people were confident that others would find several pages with one or two questions on each preferable to fewer pages but in a more cramped style. The initial draft questionnaire had only broad questions regarding out of school activity apart from helping at home. The young people indicated that more detailed questions about going to clubs and sporting activity would make the questionnaire of greater interest for young people.

As well as incorporating the suggestions the revised questionnaire also provided more space for young people to add their own comments if they wished. In addition clear and detailed explanations were provided throughout the questionnaire to help people understand the meaning of the questions. A front sheet was added that gave a broad introduction to the questionnaire and its purpose, assured confidentiality and confirmed that people were free to leave sections blank if that was their wish.

Having consulted with young people over the questionnaire design it is suggested that many of the disadvantages discussed above with regard to questionnaire use were overcome.

#### *4.4.7 Piloting the questionnaire*

The questionnaire was piloted with 50 pupils from one of the target schools. The pilot sample was selected to give a 50% gender balance and to represent all ages and appropriate cultural and ethnic profile. The completed questionnaires were coded and entered into Statistical Package for Social Sciences (Norusis 1993) for analysis.

Most of the questions were satisfactorily answered and proved that useful information could be gathered. The one area that did not elicit full information was parental occupation. As an example the name of the company where the parent worked was given rather than a job title or occupation. As it seems that some young people were not be able to answer this question it was modified to simply ask whether or not parents worked full, part-time or not at all. The piloted questionnaire had not included a category 'Black British' under ethnicity. It was obvious this was a preferred description for many as that had been written on the questionnaire in preference to ticking one of

the boxes. The questionnaire was amended to include the category. Adjustments were made and the final questionnaire and notes for staff (Appendix II) were distributed to the participating schools.

#### *4.4.8 Procedure for administering the questionnaire*

Designing and pre-piloting the questionnaire took place during the summer term. Contact was made with schools via an introductory letter outlining the project. This was at the beginning of the autumn term with the intention of distributing the questionnaire during the following spring and summer terms. Eight Schools were contacted and most were interested in the study but could not participate either because of impending Ofsted inspection or contact was made too late for the study to be accommodated during that same school year.

One school (School 1) responded positively and was provided with more detailed information including a copy of the proposed questionnaire. School 1 was prepared to take part and to facilitate piloting the questionnaire. The school undertook to negotiate parental permission and to be responsible for ensuring that staff, governors, parents and pupils knew what was happening. This was done principally via their regular school newsletter.

It was agreed that the questionnaire would be piloted in the spring term before half-term and the final questionnaire administered in the second half term before Easter. Fifty questionnaires were piloted with 10 young people drawn from each year group 7-11. The groups were evenly divided by gender with the selection weighted to reflect as far as possible the schools' ethnicity profile and ability range.

It was impressed upon the young people that participation was entirely voluntary. There were two non-completed questionnaire forms. After piloting and adjusting the questionnaires they were printed and delivered to the school in class size batches of 30. A total of 1200 questionnaires were distributed to School 1.

Each questionnaire had a front sheet explaining what was required, guaranteeing confidentiality and reminding the young people that they did not have to participate if they did not wish to. In addition all staff members were given information about the questionnaire that included a resume of the instructions given to the young people and a reminder that participation was entirely voluntary (Appendix II).

The final page of each questionnaire was perforated and participants were asked to write their name and questionnaire number if they were prepared to be included in follow up interviews. This page was to be separated from the questionnaire and returned in a separate envelope. This represented a confidential method for interesting candidates to be identified and separately contacted with the help of the school to request permission for follow up interviews.

The questionnaires were distributed to all class groups on the same day by their own class tutor at morning registration. The young people were asked to complete the questionnaires, which were then returned to the school office with the class registers

Once School 1 had agreed to participate other potential schools were identified for participation. An appropriate second school (School 2) was identified on the basis of

geographical location and similar social and economic background. Having agreed to participate the questionnaire was administered in the summer term. Once again the school undertook to negotiate parental permissions and to keep relevant people informed about the study. School 2 is a smaller school and 800 questionnaires were delivered in class size batches of 30 and distributed to the class teachers. Within School 2 the questionnaires were not returned to the class teacher and instead the young people were given the responsibility to return their completed forms to the school office.

#### *4.4.9 Questionnaire returns*

At 49% (n=980) the response rate for this survey was higher than average for self-completed questionnaires or postal questionnaires. Blaxter et al, (1996) suggest that participation rates for self-completed questionnaires tend to be lower than for other survey methods and May (1993) indicates that a return of around 40% tends to be the norm and that this often depends on the extent to which the subject matter of study is of interest to the study targets.

The level of return for this study would seem to indicate that the questionnaire was interesting and accessible to its target audience. At the same time the return rate is not so high as to infer that young people were in any way coerced into taking part against their will. If young people had been pressurized to take part in any way it is likely that the rate of spoiled returns would have been much higher.

Most of the questionnaires were fully completed but there were some questionnaires where some of the sections had not been fully completed. The questionnaire format provided the opportunity for young people to state not only how often they engaged in a



particular activity but to indicate if they never did it. Through an initial manual analysis of the questionnaires prior to coding and data entry it was noted that some activity and helping questions were left blank. Although it is possible that in most cases the unanswered question indicated non-involvement in the activity in question, these answers were entered as missing data. For this reason numbers in the tables given in the following chapters may not always add up to 980.

#### *4.4.10 Research tools: Interviews*

Comprehensive analysis of the data was carried out and potential candidates for interview were identified. The purpose of the follow up interviews was to find out more about some of the informal care activity reported in the questionnaires. The interview sample was not intended to be representative of the study sample as a whole but to provide examples of young people who might be helping to look after others at home and who are doing considerably more than others to help out. The aim of the interviews was to discover the extent and potential impact of caring activity on young people's lives, and to elicit understanding of young people's own perceptions of their involvement in household and informal care activity and what it means to their families.

To help prepare for the interviews a schedule was devised and piloted with 2 young people in contact with a local young carer project. Whilst it was important to engage with the young interviewees and draw from them information about their situation, it was also important not to place them in difficult situations or cause distress. As the interview was intended to explore more fully involvement in informal care activity it was thought appropriate to pilot the interview approach (Appendix III) with young people known to be engaged in informal care. Interviewee selection was facilitated by

the young carer project staff. The young people were asked to comment upon the interview style and questions in order to make sure that it felt comfortable from the young person's perspective, that they would understand what the interviewer wanted to find out about and that this was done in as non-threatening and as non-intrusive a way as possible.

Research with young people often works best in situations where the young people know the interviewer and the research conducted as part of a longer-term project. Such methods involve building trust with young people over time and can involve a variety of creative techniques such as cameras, videos, artwork and young people's own writing to gain insight into their views and experiences.

For this project the constraints associated with working within large comprehensive schools and the limitations of resources were factors that prevented a sustained project work approach over a period of time. This meant that this project was dependent upon single interviews with young people. Involvement of young people in the preparation and testing of the interview schedule helped to make sure that the interviews would be as productive as possible.

#### *4.4.11 Procedure for carrying out the interviews*

Each school was provided with the list of preferred interview candidates. From the potential interview candidates thirty were invited from each school. In addition the schools were given some simple preliminary results from the questionnaire data in a form that was thought to be interesting for pupils, staff and parents (Appendix IV). School 1 requested a short article (Appendix IV) to be printed in the school newsletter,

which is circulated to parents and others with an interest in the school. In each school discussion took place with either the head teacher or the deputy regarding the most effective way to disseminate the information about the project and invite participation in the interviews. The schools undertook responsibility for negotiating parental permission, collating the positive responses and drawing up lists for interview. At no time were the schools given any indication as to why a particular young person had been selected for interview.

The interviews were carried out on school premises during school time and were conducted in a private room. In both schools the interview candidates were told where the interviews were to take place and given an approximate interview time. It was entirely the interviewees' responsibility to find their way to the interview and they were completely free to choose whether or not to attend.

Each interviewee was given an explanation about the interview, its purpose and why the information was required. They were also each asked if they wanted to know why they had been chosen to be interviewed. All said yes, although those who had specifically identified themselves as involved in informal care in illness or disability situations had correctly assumed that was the focus of the interview.

It was explained that anything that was reported to the interviewer about helping at home and caring would remain confidential, that is, not revealed to any one that knows them and in any written report no-one would be able to identify them.

Each young person was asked if they were in agreement for their interview to be taped. It was also explained that they could ask at anytime to move on to the next question if they did not want to answer a question or they could ask for the interview to stop. Printed cards were made available for the young people as an alternative way of indicating that they did not wish to answer a question or carry on with the interview.

The interview style was focused on remaining open and conversational yet aimed to encourage interviewees to provide information about their caring activities and their perceptions of this. Every attempt was made to make sure that the interviewees knew exactly what the interview was about, what information was needed and why it was needed. A very informal style was adopted that involved reflecting back and reframing questions to confirm, reassure, and expand upon the information provided (Robson, 1993).

The interviews were intended find out more about the nature and extent of any caring activities that they might undertake. The questionnaire itself formed the basis of the interview with open-ended questions asked about the activities that young people had indicated they carried out. This helped to ensure that all relevant issues were covered and the focus was maintained upon what the young people do and what they know about any relevant illnesses or disabilities. No attempt was made to engage the young people in speculation or hypothetical discussion of the issues.

The pace of the interview and the depth of questioning were led to a great degree by the young people themselves, their levels of shyness with a stranger and the extent to which they were prepared to elaborate upon their answers. Inevitably this led to variations in

depth of interview, with some young people being more reticent and less inclined to provide expanded answers to questions.

The interviews were focused on young people's own experiences, asking for information about what the young people did and what they knew and understood about their own family's circumstances. In this way the qualitative data was rooted in young people's accounts of what they did and avoided speculation. The young people had complete control over whether or not they wished to take part and full confidentiality was assured. This together with the varied backgrounds of the interviewees and the large data that formed the context for the interviews all contributed to overcoming the drawbacks inherent in the single interview approach with young people.

#### **4.5 Ethical considerations**

A significant development within recent research involving children has been the adoption of what could be termed a children's rights perspective (Morrow and Richards, 1996; Morrow, 1999). This acknowledges children's ability to be research subjects in their own right and recognises their ability to be actors in their own lives. Clearly there are ethical concerns in research with children and researchers need to be sensitive to the fact that because children have less worldly experience they will be more vulnerable than most adults in the research situation. Nevertheless it could be argued that despite the difficulties and sensitivity required it is more ethical to engage directly and appropriately with children and young people and to gain their informed consent to participate on their own behalf, rather than turning to adults to speak for them. It is possible to carry out ethical research with children, adopting appropriate methodologies to safeguard them (Morrow, 1999).

The ethical issues associated with this study focus on informed consent and the limitations this may impose, confidentiality and appropriate approaches with young people from different cultural backgrounds.

For each stage of the research, both schools volunteered to negotiate parental permission. This was advantageous in ensuring relative anonymity and privacy for pupils and their families, but did mean that considerable trust was placed upon the schools involved to ensure that young people were able to refuse or withdraw from participation if that was their choice.

Information provided for class teachers and on the questionnaires reinforced that participation was entirely voluntary. As both stages of the research were conducted on school premises it is possible that some of the young people may not have felt entirely comfortable about refusing. The decreased participation rates for older young people, together with fewer of that age group opting to provide a name for future contact may indicate their increased confidence in exercising choice regarding participation.

Confidentiality represents a difficult issue in any research context that involves direct contact with young people and needs to be considered as part of the preparation for the interview. Assurances of confidentiality can only be offered with regard to the interview topic and the interviewer should be prepared to discourage any disclosure of information that appears to indicate that the young person or others are at risk of harm. Ideally researchers should have some knowledge or training in child protection procedures.

For this study confidentiality was assured and reinforced as the schools were not informed the reasons for choosing the interview candidates. Disclosure was not an issue that arose. Where interviews take place on school premises the researcher may be endowed with more status than informal settings and consequently young people may be more guarded. Whilst this could to some extent inhibit the interview discussion, it does also protect the young person involved from unguarded disclosures.

Another area of caution arises where young people are from cultural backgrounds other than the white indigenous population, especially where the researcher is white. There is a danger that perceived dominance together with inappropriate or thoughtless questioning could imply comment or criticism of family custom and practices.

Bearing in mind the areas of caution noted above, the interviews were carefully conducted through focus on finding out more about the information provided on the questionnaires, with supplementary and probing questions guided by how comfortable and naturally forthcoming the interviewees appeared to be. Care was taken not to stray beyond the bounds of the stated subject matter of the interview, other than general pleasantries and conversation for opening and ending the session, therefore observing the terms of the informal compact there was felt to be between school, parents, pupils and researcher. Situations of serious illness and disability were treated with particular sensitivity in order to avoid causing undue distress. Local young carer projects had been contacted in advance of the study and had provided contact information to be used if necessary.

Although participants were asked to indicate if their parents were in work or not, information was not sought about the nature of parental employment. This approach was adopted on both methodological and ethical grounds. From the questionnaire pilot the question seemed to yield very little satisfactory information and was therefore not included in the final questionnaire (Section 4.4.7). From an ethical perspective it is suggested that appropriate methodologies for engaging young people as research participants avoid categorizing them according to variables or definitions applicable to their parents (Qvortrup 1990). Parental occupation is cited as an example. This approach matches a principle aim of this study, which is founded on analysis of young people's own accounts of their lives and experiences. This inevitably imposes limitations regarding what can be drawn from the analysis but reinforces the study as one based upon young people's knowledge rather than their speculation.

A child-centred approach in the social sciences, that is, focusing on children as the subjects rather than the objects of research, is a recent one (Brannen and O'Brien, 1995). It must be acknowledged that research with children presents particular difficulties especially around competency to consent and a need to devise appropriate methodologies (Morrow and Richards, 1996) and for the reasons discussed above may present limitations regarding the breadth of the research. A children's rights perspective acknowledges the difficulties and limitations, aims to protect young people who are vulnerable by virtue of being less experienced in the ways of the world and yet seeks to provide them with greater opportunities for self-determination and participation (Lansdown, 1995). Despite the difficulties, from within a children's rights perspective it is possible to argue that it is more ethical to engage with children and young people directly in research (Lansdown, 1995, Morrow and Richards, 1996).



#### **4.6 Data analysis**

The questions devoted to helping and caring represent the major part of the questionnaire data and were presented in two major sections with housework type activities in one section and activities focused on the care of other family members in the other (Appendix II). A four point scale was devised to capture intensity or frequency for each activity, beginning with never having to do the activity in question, doing it now and then, once or twice a week or everyday. The range and wording used for this scale was devised with the help of secondary age young people who were involved with the development of the questionnaire phase for this study. This scale was applied to both the helping and the caring questions of the questionnaire.

A brief survey of the data after entering up suggested that whilst 'never' and 'every day' are definitions likely to have a wide degree of consistency in their interpretation, it was highly possible that the other categories were open to much wider interpretation on the part of respondents. For this reason the 'now and then' and 'once or twice a week' categories were combined to give a simple three point scale encompassing, 'never', 'sometimes' and 'always'. The recoding was applied to both the helping and caring questions. It was thought that by recoding the data in this way, clear patterns might emerge within the data, for both household and caring tasks, that would help to identify average and other than average levels of activity.

The quantitative data derived from the questionnaire was coded and entered into SPSS (Statistical Package for Social Sciences, Norusis 1993). Frequency checks were carried out to ensure the data had been entered accurately. The frequencies were also used to

give an initial overview of young people's activities and the numbers reporting involvement in the various activities that formed the focus of the questionnaire.

The quantitative data was, for the most part, nominal data and simple scale ratings and therefore non-parametric tests were used for the detailed analysis. Chi-square tests of association were used for the detailed analysis throughout.

A large quantity of data was generated from the questionnaire and this falls into three main areas i.e. what young people do as leisure or out of school activity, general contributions to the household and more specific care focused activity. The data in each area were tested against key socio-demographic variables, age, gender, ethnicity, family composition, and parental participation in the labour market. To provide an overall picture of the most influential variables and the activities most sensitive to socio-demographic characteristics, the significant chi-square associations were plotted on a chart for each area. These were then transcribed to graphs. Charts and graphs are reproduced in the following analysis chapters at the relevant points.

The interview data were transcribed and analysed by theme. The transcripts were dissected and distributed into groups according to topic. The group topics featured not only information about helping activity from the interview material, but also sought to identify the different ways that young people explained or articulated their caring activity or their family circumstances. In this way it was hoped to build a picture of the extent to which young people's own accounts match normative assumptions.

#### **4.7 Profile of survey respondents**

A total of 980 satisfactorily completed questionnaires were returned making a response rate of 49%. The actual return rate from School 1 was 56.6% with 37.5% from School 2. Detailed examination of the questionnaires when entering the data resulted in 51 being discarded. Some partially completed questionnaires were discarded if the distribution of non-answered questions was such that it was felt that their inclusion would add nothing to the overall data. In addition there were a few questionnaires deemed to have been deliberately spoiled and they were disregarded.

The aim of the questionnaire survey was to gather a large data set for analysis and two schools in different locations were approached in order to add breadth to the sample. Whilst it was anticipated that the profiles of respondents within the two schools might provide some opportunity for comparison between different cultural groups, the aim had not been to undertake a comparison of the two schools as such in terms of respondents' helping behaviour. However, before discussing respondents' profiles as a whole it might be useful to consider the data from the two schools separately. This will highlight especially some of the key characteristics of the different ethnic groups within the survey sample.

School 2 is a smaller school with no sixth form and approximately 800 pupils, whereas School 1 has a sixth form and a pupil roll of around 1200. The survey was distributed in the summer term, in School 1 before half-term and in School 2 after. Routinely the schools expect 85% - 90% of pupils to be in school on any one day, but it was anticipated that because of the time of year, absenteeism would be higher due to study leave and absence of those who had left school at the earliest opportunity. It is likely

that absentee rates were higher in School 2 as the questionnaire was distributed later in the school year when examinations were mostly completed. Furthermore, as a school without a sixth form some of those committed to further study were likely to have been involved in inductions to sixth forms in other schools. An overall return rate of 49% (n=980) was considered a positive and useful response and the profile of respondents demonstrates a lower participation of 15 year olds and over from School 2 (Chart 4.1) possibly attributable to the time of the school year in which the survey was conducted.

**Chart 4.1 Gender, age ethnicity, family characteristics: distribution of frequencies for each school<sup>1</sup>**

Key variable	School 1	School 2	Whole sample
<b>Gender</b>			
Male	44% (304)	50% (147)	46% (451)
Female	56% (580)	50% (146)	54% (526)
<b>Age</b>			
12 and under	35% (236)	42% (124)	37% (360)
13 and 14	26% (179)	43% (128)	31% (307)
15 and over	37% (256)	11% (33)	30% (289)
<b>Ethnicity</b>			
Black	7% (45)	7% (21)	7% (66)
Asian other	4% (28)	0	3% (28)
Pakistani	1% (4)	56% (164)	17% (168)
White	84% (574)	29% (84)	67% (658)
Other	3% (18)	7% (20)	4% (38)
<b>Parental arrangement</b>			
Mother alone	18% (122)	16% (46)	17% (168)
Mother and father	55% (376)	74% (219)	61% (595)
Mother/step father	15% (105)	1% (4)	11% (109)
Other	11% (72)	8% (22)	10% (94)

Overall, slightly more girls than boys completed questionnaires, although male participation in School 2 is higher, providing an even gender split in this school.

<sup>1</sup> Percentages in this chart have been rounded up

Distribution of ages within each school sample is slightly different. As anticipated, participation from the oldest age group in School 2 is low (Chart 4.1)), although the percentage of pupils from the lower age bands is broadly similar at 42% for the 12 and under banding and 43% for 13 and 14 year olds. In School 1 participation for the 13 and 14 year old group is noticeably lower, 26% compared with mid 30s for the other age groups. Overall there are more 12 year olds in the survey group but the older age groups are approximately similar in size. Very few participants from the oldest age group gave their names for follow-up interviews.

Feminist analysis would suggest the gender is significant for distribution of domestic tasks (Oakley, 1994). In terms of gender 54% of participants (n= 526) were female and 46.0% (n=451) male (missing data 0.3% (n=3)). When gender is broken down according to age it is demonstrated that the overall ratio of male to female remains consistent across the separate age bands (Table. 4.1).

**Table 4.1      Age x Gender**

	<i>12 and under</i>	<i>13 and 14</i>	<i>15 and over</i>	<b>Total</b>
Male	39.7% 172	31.2% 135	29.1% 126	45.4% 433
Female	36.2% 188	32.9% 171	31.0% 161	54.6% 520
<b>Total</b>	37.8% 360	32.1% 306	30.1% 287	100% 953

Chi-square=1.283,df=2, p>0.5

The Chi-square value for age by gender confirms there are no statistically significant variations in distribution of the data. This will be important for interpreting results in

subsequent chapters, as it will be possible to have some confidence that factors attributable to age or gender will not have been distorted through uneven distribution of age and gender data. Missing data represent 2.8% (n=27), comprising 0.3% (n=3) respondents did not answer the question regarding gender and 2.5% (n=24) who did not provide an answer on age last birthday.

The natural catchments for the participating schools, although similar geographically, socially and economically, present different profiles in terms of ethnicity. This is evidenced in the data where the majority of Black and Asian respondents and all of the Pakistani respondents are from one school (Chart 4.1).

Careful consideration was given to constructing the question on ethnic background, with categories chosen to match known profiles in the target counties. There were 9 categories on the questionnaire representing a complete picture of local ethnic composition but when the data were analysed there were only a few responses from young people in some of the categories e.g. Bangladeshi and Chinese (n=1 and n=3 respectively). The numerically larger categories taking part were White (British or Irish) and Pakistani. One of the aims of this study is to explore whether culture and ethnicity contribute to differences in children's helping behaviours and good practice steers away from grouping different cultural groups into single, large ethnic categories, reinforcing assumptions based on the homogenisation of essentially different social groups. However, the low numbers of participants within some of the relevant categories were such that it seemed wise to combine relevant categories with the fewest participants.

The Punjabi category on the questionnaire was chosen only by respondents from School 2. This category was therefore combined with the Pakistani group as it is known from the socio-demographic information relevant to those particular respondents' home town that Punjabi speakers resident there are most likely to have family connections in Mirpur, Pakistan. All of the European respondents were grouped as White. The Pakistani and White categories represent the largest participating groups. Combining the African-Caribbean and Black British categories created the Black category and Bangladeshi, Gujarati, Chinese and Other were combined to form Other. This still results in quite small numbers in some categories but the impact of this on the analysis is addressed where appropriate in the discussion in subsequent chapters.

Considering the recombined ethnic background variable (Chart 4.1 above), in School 1 only 4% of participants describe their heritage as Pakistani, whereas this group forms the majority of School 2 participants at 56%. There are no other Asian heritage participants in School 2 although 4% of School 1 participants located themselves in other Asian categories. The percentage of Black participants in both schools is similar. At 84% White respondents are the overall majority in School 1 and are the second largest group in School 2 at 29%.

Family structure, in particular step-parent families or the presence of younger siblings or grandparents may influence young people's helping behaviours. Reported family composition that included step-mothers, partners, fathers alone or living with relatives other than a parent were infrequent and these categories were grouped together to form the category 'other'. The 'parental arrangement' variable (Chart 4.1 above) provides a breakdown of the major parenting patterns in the different schools. Families headed by



lone mothers comprise over 17% of the total parental arrangements. Looked at on a school-by-school basis 18% of families are lone mother in School 1 and 15% in School 2 (Chart 4.1). This difference between the two schools is more marked in the case of step-families. Overall 11% of respondents live in step family arrangements, whereas when the data for each school is considered separately, 15% of respondents in School 1 are in step-family arrangements as opposed to 1% in School 2. Chi-square analysis provides significant results thus showing that more step-family arrangements are associated with School 1 and more natural parent arrangements are associated with School 2 and this is demonstrated in Table 4.2 below. In comparison with the national data discussed in this section below, the data from School 1 are closer to the national averages than School 2.

**Table 4.2. Parents' living arrangement x School**

	<i>Mother alone</i>	<i>Mother and father</i>	<i>Mother and step-father</i>	<i>Other</i>	<b>Total</b>
School 1	18.1% 122	55.7% 376	15.6 % 105	10.7% 72	675
School 2	15.8% 46	75.3% 219	1.4% 4	7.6% 22	291
<b>Whole cohort</b>	17.4% 168	61.6% 595	11.2% 109	9.7% 94	966

Missing =1.4% (N=14) Chi-square 51.479, df=3, p<0.001

Overall nearly 62% of the respondents in this study live with their mothers and fathers and just over 11% live in step-family arrangements. In total, 73% are living in families with two parents. Young people reporting living with a single mother account for just over 17% of the study sample and those whose families fall into the 'other' category form 10%. This compares with national data gathered in 2000-01 (the period during

which the field work for this study was carried out) that indicates 74% of children in two-parent families, and 23% in families headed by lone mothers. Lone fathers accounted for only 3% of families (Social Trends, 2002).

In some cases respondents indicated that they lived with mother and a step-father but included answers for father and step-mother as well as mother and step-father in the parental work section. This was taken to mean that they live mainly with mother and step-father (and were coded as such), but that contact was maintained with the natural father and his second family. A very small percentage, 1.4% (n=14), did not answer this question at all and this may possibly indicate other living arrangements not reflected in the questionnaire, for example, fostering.

Table 4.3 below considers parental arrangement by ethnic background. Pakistani respondents are significantly more likely at 92.8% to live with their natural parents. Another significant factor demonstrated is that step-families do not occur within this ethnic group in this study, although step-families are significantly more likely to occur within the white families represented here (Table 4.2). Initial survey of the data during coding and data entry indicated that some characteristics of family life appeared to be different for the Pakistani respondents and it was thought that this might significantly affect some of the results. Accordingly, where appropriate, this will be taken into account during analysis and discussion.

**Table 4.3 Ethnic background x Parental arrangement**

	<i>Mother alone</i>	<i>Mother and father</i>	<i>Mother and step-father</i>	<i>Other</i>	<b>Total</b>
Black	53.1% 34	32.8% 21	9.4% 6	4.7% 3	64
Pakistani	6% 10	92.8% 154	0	1.2% 2	166
White	20.6% 134	57.2% 372	14.3% 93	7.8% 51	650
Other	25.8% 16	61.3% 38	6.5% 4	6.5% 4	62
<b>Total</b>	20.7% 168	62.1% 585	10.9% 103	6.3% 59	942

Missing =3.9%(n=38) Chi-square = 123.193,df = 9, p< 0.001

The distribution of data within the ethnic background variable results in small cell sizes, generating a large chi-square value and therefore significance levels must be treated with caution. It was considered important to do this test to demonstrate the distribution across the participating schools and to provide information helpful in determining strength of influence for each ethnic category in later discussion.

**Chart 4.2 Gender, age ethnicity, family characteristics: distribution of frequencies for each school<sup>2</sup> cont'd.....**

Key variable	School 1	School 2	Whole sample
<b>Number of siblings</b>			
No siblings	6% (44)	3% (10)	6% (54)
1/2 siblings	66% (449)	37% (109)	57% (558)
3-5 siblings	22% (151)	44% (130)	29% (281)
6 or more	3% (18)	13% (38)	6% (54)
<b>Siblings under 10</b>			
None	64% (437)	49% (146)	60% (583)
Present	36% (248)	51% (149)	40% (397)
<b>Grandparent at home</b>			
None	96% (657)	76% (224)	90% (881)
Present	3% (20)	11% (32)	5% (52)

Chart 4.2 demonstrates that the number of reported siblings shows some variation between the schools, where the majority of School 1 pupils report one or two siblings (i.e. 2 or 3 children in the family) and in School 2 the majority are in family groups with 3 –5 siblings ( 4-6 children in the family). Families with 2-3 children are still a relatively large group in School 2 so that overall this sibling group forms the majority, 57%, and is the most frequently occurring sibling group size for all parental arrangements.

<sup>2</sup> Percentages in this chart have been rounded up

The presence in the family of siblings under 10 was explored, as it is likely that children of this age may need more attention from adults or older siblings to help them with various activities, to keep an eye on them and possibly collect them from school. In total, nearly 41% of participants reported having siblings under ten years of age. Slightly more respondents from School 2 reported siblings under 10 but overall respondents with siblings under 10 are the minority. In this respect the profile of School 1 matches the profile of the sample overall (Chart 4.2).

In this study it is two parent families that contain larger sibling groups and a tendency towards younger children in the family. Only children are least likely to be in two parent families. (Appendix V Table CH 4.1 and CH 4.2) Step-families and families of Pakistani heritage are linked with both larger families and younger children in the family. More young people from Pakistani families report having three or more siblings (i.e. four or more children in the family) representing 44.8% compared with 20.9% of other young people. Moreover 34.5% of young people from Pakistani backgrounds report sibling numbers as five or more i.e. six or more children in the family (These are significant associations, see Appendix V Table CH 4.3)

Overall larger family size is more likely to occur in step-family arrangements. It has already been noted that in this study sample there are no step-family arrangements within the Pakistani cohort. It can be concluded that for families from a Pakistani background larger families occur more routinely and that families will be headed by natural parents, whereas for other ethnicities larger sibling groups are more likely to be associated with step- or second family formation.

Step-father families will have at least one birth in the new family arrangement and tend on average to have higher numbers of children in the family (Ferri and Smith, 1998). Step-family arrangements with regard to children can be quite complex involving new children being born into the family and each parent possibly with children from previous relationships who may or may not be living in the second home (Moore and Beazley, 1996; Ferri and Smith, 1998; Morrow, 1998).

Reporting a grandparent living in the family is low overall but is more unusual with School 1 respondents than School 2 (Chart 4.2). Comments on the free text element of the survey questionnaires indicates that the presence of a grandparent appears to be linked to greater levels of work and care responsibility within the household. Of young people from a Pakistani background, 14.9% report having one or more grandparents living at home as compared with 3.7% for those from other ethnic backgrounds. The overall reported frequencies were low and therefore tests for significance were not carried out. The incidence of relatives other than adult siblings reported as living in the family home was extremely low and was not included in the analysis.

**Chart 4.3 Gender, age ethnicity, family characteristics: distribution of frequencies for each school<sup>3</sup> cont'd...**

Key variable	School 1	School 2	Whole sample
<b>Mother's job</b>			
No job	20% (137)	52% (153)	30% (290)
P/time job	25% (171)	13% (37)	21% (208)
F/time job	45% (309)	(17%) (50)	37% (359)
<b>Father's job</b>			
No job	4% (28)	26% (78)	11% (106)
P/time job	3% (21)	8% (23)	5% (45)
F/time job	51% (395)	37% (108)	46% (454)
<b>Two parents at work</b>			
2 parents working	31% (210)	11% (32)	25% (242)
Does not have 2 parents working	70% (475)	89% (263)	75% (980)

Parental employment patterns may affect the distribution of domestic tasks and children's contributions to the household. As indicated above these questions were unevenly answered and in many cases contained missing data. This may reflect respondents' wishes not to disclose particular family arrangements and, where work is concerned, could indicate respondents' uncertainty about their parents' employment status. This results in labour market participation for the parents of young people in this study appearing to be lower than average especially for male parent figures (Social Trends, 2002).

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<sup>3</sup> Percentages have been rounded up

The last variable in Chart 4.3 relating to parents' work should be treated with caution, as there is a large amount of missing data on parental work patterns, 13% for mothers and 38% for fathers. The information indicates that at least 25% of respondents are known to have two parents in employment although it is not possible to know with certainty the percentage that have only one parent working. It is not clear why there should be such a high level of missing data in respect of fathers' participation in the labour market, but if it is an indication of non-participation then employment levels in the catchment areas of the surveyed schools are lower than the national average which is 62.5% of men of working age in full-time employment (Social Trends, 2002).

From the information provided in Chart 4.3, it is noted that 46% (n=452) of fathers are reported as being in full-time employment but it is likely this is not an accurate representation of the number of fathers actually in full-time employment (note the warning above in respect of 38% missing data). A separate analysis for step-fathers was carried out and in this instance only 12.7% (n=14) are reported in full-time employment. Across all parental arrangements, where reported, a total 37% (n=359) of mothers work full-time. Overall just over 25% of young people have two parent figures in full-time work, although more children living with natural parents report two parents in full-time work (37%). Mothers with larger families and mothers with younger children are much less likely to work full-time.



**Table 4.4 Children in the family x Mothers' work**

	<i>No job</i>	<i>Part-time job</i>	<i>Full-time job</i>	<b>Total</b>
Only child	14.3% 7	26.5% 13	59.2% 29	49
2/3 children	22.3% 110	28.3% 140	49.4% 244	494
4/6 children	47.8% 97	21.2% 43	31% 63	203
>6 children	81.2% 69	5.9% 5	12.9% 11	85
<b>Total</b>	34.1% 283	24.2% 201	41.8% 347	831

Missing =15.2% (n=149) Chi-square=141.554, df=6, p<0.001

Women's labour market participation, and in particular part-time work, tends to be associated with the number of children in the family. Those respondents who are only children are significantly more likely at nearly 60% to have a mother who works full-time (Table 4.4). Almost 50% of families with two or three children have a mother in full-time employment, and if full and part-time work are taken into account this family grouping will have nearly 78% of mothers working outside the home (Table 4.4). The number of children in the family therefore, is clearly linked to whether or not a mother is in paid employment.

It is not only family size, but ages of children that may influence the likelihood of women taking up paid employment. Only 26% of mothers in this study with children under ten are reported as working full-time. Older respondents are more likely to have a mother who is working full-time. Of respondents aged fifteen years and over in this

study, 55% have a mother in full-time work. *Social Trends* (HMSO, 2002) indicates there is a steady increase in participation in full-time work for mothers according as the age of the youngest dependent child increases.

It is suggested that family size and/or mothers' full or part time participation in paid employment may be important for determining the range and extent of children's contribution to the household.

#### **4.8 Profile of interviewees**

As explained earlier, in order to identify a sample for in-depth interviews the questionnaire invited respondents to add any comments they wished to make regarding helping at home or looking after others. A small number (n=23, 2.34%) took the opportunity to provide some information about their helping responsibilities. They ranged from comments on general helping:

*I like helping out, as I am the eldest and there are a lot of people in my house, so we all muck in and help, plus I get paid more pocket money than most children my age. Sometimes I get fed up, but it's well worth it. I love my family even if they do get on my nerves*

Andrew, 15, oldest of 6 children

to information about care situations:

*My Dad is disabled. I help him and I do it because I love my Dad*

Nain, 13, fifth of 7 children

Some provided insight into the wider impact of informal care responsibility on family life:

*Used to spend a lot of time caring for my Nan who lived with us but recently died of cancer. This is why my Mum's currently unemployed as she lost her job through having to stay at home and care for my Nan. Also my dad is disabled.*

Fiona, 16, only child.

The questionnaire provided an opportunity for respondents to give additional information if they chose and a few young people specifically identified themselves as involved in informal caring. These were automatically flagged as possible interview candidates.

In some instances written comments on the questionnaires indicated that the presence of a grandparent in the household was a cause of more work in the household, especially for mothers. It was decided therefore that the presence of a grandparent in the household should be used as a criterion for interview selection if this was accompanied by reports of caring on the part of the respondent and reported time helping was more than an hour a day. Another criterion considered helpful in the light of comments on the questionnaires was reported involvement in any of the childcare activities especially if this was accompanied by the presence of much younger siblings in the household and reports of helping for more than an hour a day. In addition certain criteria were used to identify further potential interviewees. The first sweep was focused on those who reported spending more than an hour a day on housework. These were graded according to reported levels of involvement in caring tasks, sibling care-taking, interpreting for adults or carrying out very intensive amounts of housework. A second sweep identified a few more individuals who reported carrying out caring tasks several times a week.

The next stage was to link the questionnaires with their relevant names and draw up a list of the most interesting candidates in terms of activities carried out, with informal care, sibling care-taking and interpreting at the top of list. Between 40%-50% of young people who completed a questionnaire did not give their name so some of the potentially most interesting young people could not be included as they did not wish to be involved in interviews.

**Chart 4.4 Summary of frequencies for key characteristics of interview subgroup: gender, age, ethnicity**

Key variable	Interview subgroup	Interviewees	Whole sample
<b>Gender</b>			
Male	29% 22	33% 6	46% 451
Female	71% 55	67% 12	54% 526
<b>Age</b>			
12 and under	47% 36	72% 13	37% 360
13 and 14	27% 21	28% 5	31% 307
15 and over	25% (19)	0	30% 289
<b>Ethnicity</b>			
Black	7% 5	6% 1	7% 66
Pakistani	15% 11	44% 8	17% 168
White	69% 50	39% 7	67% 658
Other	4% 7	11% 2	4% 38

**Chart 4.5 Summary of frequencies for key characteristics of interview subgroup: family circumstances**

Key variable	Interview subgroup	Interviewees	Whole sample
<b>Parental arrangement</b>			
Mother alone	26% 20	17% 3	17% 168
Mother and father	47% 36	51% 11	61% 595
Mother/step father	22% 17	17% 3	11% 109
Other	4% 3	6% 1	10% 94
<b>Number of siblings</b>			
No siblings	3% 2	0	6% 54
1/2 siblings	55% 42	50% 9	57% 558
3-5 siblings	27% 21	28% 5	29% 281
6 or more	13% 10	22% 4	6% 54
<b>Siblings under 10</b>			
None	43% 33	33% 6	60% 583
Present	57% 44	67% 12	40% 397
<b>Birth order</b>			
Youngest child	17% 13	6% 1	26% 258
Middle child	30% 23	56% 10	32% 316
Oldest child	47% 36	39% 7	30% 297
Only child	3% 2	0	6% 54
<b>Grandparent at home</b>			
None	90% 657	83% 15	90% 881
Present	9% 7	17% 3	5% 52

**Chart 4.6 Summary of frequencies for key characteristics of interview subgroup: parental work patterns**

Key variable	Interview subgroup	Interviewees	Whole sample
<b>Mother's job</b>			
No job	34% 26	56% 10	30% 290
P/time job	17% 13	28% 5	21% 208
F/time job	31% 24	6% 1	37% 359
<b>Father's job</b>			
No job	16% 12	22% 4	11% 106
P/time job	5% 4	11% 22	5% 45
F/time job	36% 28	39% 7	46% 454
<b>Two parents at work</b>			
2 parents working	10% 8	0%	25% 242
Does not have 2 parents working	90% 69	100% 18	75% 980

Charts 4.4- 4.6 above provide a summary of the key characteristics of the subgroup from which the interviewees were drawn. These charts allow a comparison between the whole sample, the subgroup and those who agreed to be interviewed.<sup>4</sup>

The identification process for potential interviewees focused on those who appeared to have greater than average levels of responsibility and the profiles of the interview group as a whole (Charts 4.4-4.6) and the final interview sample (Charts 4.7-4.10)

<sup>4</sup> (N.B. The profile of the interviewees in these charts is at the time of the survey. Twelve months elapsed between the survey and the interviews taking place and some changes had occurred. The importance in change over time in young people's lives is discussed in Chapter 7 below.)

demonstrate important characteristics that contribute to the analysis and discussion of the data that follows in Chapters 5, 6 and 7.

There are more girls than boys in the interview subgroup and the group as a whole is weighted towards the younger age group. In terms of ethnicity the subgroup broadly matches that of the whole sample, indicating that ethnicity alone is not a factor associated with higher levels of helping and caring activity. As demonstrated in Chapters 5 and 6, however, there are other factors linked to helping and caring such as family size and mothers' employment status that have an ethnic dimension. The influence of ethnicity in the data, therefore, will be shown to be quite complex. Lone mother and step-family arrangements are higher in the sub-group than the whole sample. There are fewer only children and more children with the greatest number of siblings, but in the sub-group as a whole the balance is towards young people with siblings under ten. Of those interviewed, none were only children and all except one had younger siblings. Within the sub-group there is higher proportion that have a grandparent in the family home and overall parents are less likely to be economically active in comparison with the whole sample. The interview subgroup contains a higher prevalence of characteristics that were considered as potentially important as possible links to increased involvement in care activity. The extent of the influence of these characteristics will be explored in Chapters 5 and 6.

Twelve girls and six boys were interviewed. Charts 4.7 – 4.8<sup>5</sup> provide information on the basic-socio-demographic profiles of the interviewees. There are nine thirteen year olds, seven who are fourteen years of age and two fifteen year olds. In terms of

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ethnicity, eight describe themselves as Pakistani, six White British, two Gujarati, one Black British and one European. This represents overall, a good cross-section of the research participants.

A majority of the interviewees, (n=11), live with their natural parents, but of those only one is White British/European. Of the others, there are two with mothers and step-fathers and one with a father and step-mother. Three are with single mothers and for two of these the father figure had left the family home during the months between the questionnaire distribution and the interviews. Fifteen of the households have a father figure and nine of these father figures are in employment. Four of the mothers have a part-time job and two of these are single mothers and two Pakistani. All interviewees have siblings with ten of them having three or more siblings. For two interviewees there is a grandmother at home and one interviewee has both grandparents living in the home.

The various illnesses and disabilities experienced by family members reported by the interviewees are described in Charts 4.9 – 4.10. For thirteen of the interviewees there is frailty, chronic illness or disability for family members at home and of these thirteen families there are six where there is more than one person who is ill or disabled to some degree. For the remaining four interviewees there is active involvement in sibling care-taking or interpreting for others. All interviewees therefore have, within the definitions used for this study, some involvement in caring for others and this encompasses, involvement in the care of a parent, sibling or grandparent with an illness or disability, taking responsibility for the care of siblings or interpreting or translating for parents.

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Through the information gathered during the interviews it is intended to seek answers to questions regarding discernable links between helping and caring and the nature and burden of caring activities for young people. The interview profile indicates that it should also be possible to gain some insight into what may be different experiences for young people from different ethnic backgrounds.

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<sup>5</sup> All names have been changed to preserve confidentiality

**Chart 4.7 Profile of interviewees**

<b>Name</b>	<b>Age</b>	<b>Gender</b>	<b>Family</b>	<b>No. of sibs.</b>	<b>Gpts at home</b>	<b>Ethnicity</b>	<b>Father working</b>	<b>Mother working</b>
Aimee	13	F	Mother and step-father	1 younger brother 1 younger sister	Both	White British	Yes	No
Ayesha	14	F	Natural parents	3 older brothers 1 older sister 1 younger brother	No	Pakistani	Yes	No
Dan *	13	M	Natural parents	1 younger brother	No	Gujerati	Yes	No
Ellie	13	F	Single Mother (Mother's partner left since questionnaire)	1 older sister 1 younger brother	No	White British	N/A	P/time
Farida	13	F	Natural parents	1 older brother 1 younger sister	No	Pakistani	Yes	P/time
Jack	14	M	Single mother	2 younger brothers 2 younger sisters	No	White British	N/A	No
Kareena	13	F	Natural parents	1 older brother 2 older sisters 1 younger sister	G/mother	Pakistani	No	No
Kingsley	13	M	Natural parents	1 younger sister	No	Black British	Yes	No
Lee	14	M	Mother and step-father	3 younger sisters	No	European (his chosen definition)	Yes	No
Marina	14	F	Natural parents	1 older sister 2 younger brothers	No	Pakistani	Yes	P/time

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\* (pseudonym chosen to reflect interviewee's British forename)

**Chart 4.8 Profile of interviewees cont,d....**

<b>Name</b>	<b>Age</b>	<b>Gender</b>	<b>Family</b>	<b>No. of sibs.</b>	<b>Gpts at home</b>	<b>Ethnicity</b>	<b>Father working</b>	<b>Mother working</b>
Matthew*	13	M	Natural parents	1 younger brother	No	Gujerati	Yes	No
Michaela	13	F	Father and step-mother (Change of circumstance since questionnaire)	1 twin sister 2 younger step-brothers	No	White British	Yes	No
Nadia	14	F	Natural parents	1 older brother 2 younger brothers 1 younger sister	No	Pakistani	No	No
Nain	15	F	Natural parents	2 older brothers 2 older sisters 2 younger brothers	No	Pakistani	No	No
Ricky	14	M	Natural parents	2 younger brothers	No	White British	No	No
Sonya	15	F	Natural parents	1 older brother 1 older sister 1 younger brother	No	Pakistani	No (was working at the time of the questionnaire)	No
Tori	13	F	Single mother (Father left since questionnaire)	2 younger sisters	No	White British	N/A	P/time
Yasmein	14	F	Natural parents	1 older sister 4 younger brothers 1 younger sister	No	Pakistani	No	No

**Chart 4.9 Profile of disabilities in interviewee families**

<b>Name</b>	<b>Family member</b>	<b>Disability/illness</b>	<b>Tasks</b>
Aimee	Grandparents	Frail	Helps with housework
Ayesha	None	None	Interpreting
Dan <sup>6</sup>	Mother	Bad back	Helps to carry shopping Does some interpreting
Ellie	Sister	Epilepsy	Helps with housework
Farida	Grandmother	Frail	Stays in with grandmother Helps with siblings Interpreting
Jack	Brother	Asthma	Looks after younger siblings
Kareena	Father Grandmother	Diabetes Diabetes	Interpreting
Kingsley	None	None	Helps with younger sibling
Lee	None	None	Looks after younger siblings
Marina	None	None	Helps with housework Helps with siblings Interpreting
Matthew <sup>1</sup>	Brother	Nut allergy	Ensures brother is safe from food items that cause reaction
Michaela	Sister Mother	Club feet –restricted mobility Debilitating illness causing blindness	Takes responsibility for housework, Ensures mother's safety, Helps sister

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\* (pseudonym chosen to reflect interviewee's British forename)

<sup>6</sup> pseudonym chosen to reflect interviewee's British forename

**Chart 4.10 Profile of disabilities in interviewee families cont'd...**

<b>Name</b>	<b>Family member</b>	<b>Disability/illness</b>	<b>Tasks</b>
Nadia	Brother (young adult) Sister	Both have severe multiple learning and physical disabilities	Feeds, washes and dresses disabled siblings
Nain	Father	Physical disability and lack of mobility due to loss of balance	Helps with siblings Interpreting
Ricky	Father Brother	Physical disability Autism	Helps to care for brother, including bathing and dressing
Sonya	Father Mother	Angina Diabetes	Helps with younger sibling Housework when mother not well Interpreting
Tori	Sister	Epilepsy	Helps with siblings
Yasmein	None	None	Looks after siblings

## 4.9 Conclusion

In this chapter the methodology adopted for the study has been discussed. The research instrument finally chosen, a self-completion questionnaire, was considered the most useful, both for obtaining a large data set and for ease of administration for participating schools. This approach proved successful through yielding a relatively large cross-sectional data set derived from two groups of 11 –16 year olds, representing a snapshot of their lives at that moment in time. Through this data it is possible to gain an insight into young people's lives at home, what they do to help and how much help they provide. The study was carried out in two schools to ensure a degree of success in capturing a large sample group and not specifically to provide a comparative study of the schools in question.

To provide further insight into the characteristics of family life that may generate caring behaviour on the part of young people, the survey data was supplemented with a small interview sample to provide a qualitative insight derived from young people's own accounts of their helping and caring activities. This will help to provide an understanding of young people's own perceptions about helping at home, how useful helping behaviour is for their own development and how reliant their families are on their helping activity.

In addition to profiling the sample in terms of gender, age and ethnicity, this chapter has provided an analysis of the key family characteristics of number of children, presence of siblings under 10 and whether or not there are grandparents living in the family home. The data demonstrate that many of the Pakistani respondents live in families with large sibling groups. Whilst the majority of respondents live with their natural mothers and fathers there is nevertheless evidence that many young people live in step-families, with mother as sole parent or in other family arrangements. Step-family arrangements also have larger than average sibling groups. Family composition including parental marital arrangements, family size well as parental employment status are key variables likely to influence patterns of young people's contribution to the household. Ethnic background and parental marital status have emerged as important variables linked to family size and parents' participation in the labour market. Mothers' participation in paid employment has also been examined as another potential influence on the extent to which young people may be required to help out at home.

The impact of these key variables on children's helping and caring behaviours will be explored in the following chapters. Chapter 5 will consider those factors in detail in the context of the different ways that young people make a contribution to the household, either through a part-time job, taking care of themselves or helping with routine domestic chores. In Chapter 6 the focus turns towards examples of young people who appear to be doing more than others in terms of helping out at home and discusses the ways in which greater levels of responsibility at home transgress normative assumptions regarding children's place in the family.

## **Chapter 5**

### **Helping at home: The structuring of young people's contribution to family life**

#### **5.1 Introduction**

The discourse that serves to reinforce children's dependence also ensures that children are not involved in work or other activity deemed to be the appropriate sphere of adults (Hendrick, 1990; James and Prout, 1996; Corsaro, 1997). Nevertheless, from an educational and child development perspective, a high value is placed on children's participation in some housework activity which is considered to have educational value and supports the expectation that children will develop skills in self-care activity (Brannen, 1995; Goodnow, 1998). Helping at home in this way is not only considered to foster helpful attitudes but where a degree of competence is demonstrated, this indicates the young person is prepared for independent life as an adult.

Other things being equal, we would expect gender, age and ethnicity to have an impact on how young people's contribution to the household is structured. Feminist literature suggests that domestic activities are both gendered and hierarchical (Oakley, 1974; 1994), such that children tend to do more than men and female children are likely to do more than their male peers. Gendering also tends to influence the kinds of tasks that males and females, children as well as adults, may carry out at home. In terms of general household activities, young people seem to contribute less as they become older as school and increasing independence make more demands on their time (Brannen, 1995). Age might therefore be expected to be a second factor structuring children's contribution to the household. As discussed in Chapter 4, ethnicity is linked to larger families, including the presence of grandparents as well as a larger number of siblings.



These three key themes, gender, age and ethnicity, together with parental employment and living arrangements and family size will be explored in the analysis of the data on children's helping activities.

This chapter seeks to explore the level and extent of young people's contribution to the household. The aim is to establish the range of normal activities as well as to explore what this involves where young people themselves consider that they are making a more substantial contribution. The different ways that young people contribute to family life are discussed in Section 5.2 and Section 5.3. Young people's contribution could be seen as falling into three distinct areas of activity; first, a part-time job after school or at week-ends; second, tasks they carry out to look after themselves; finally, tasks that could be described specifically as helping with housework or around the house. Section 5.2 looks at part-time work and self-care and describes the frequency and distribution of these activities in the context of the key themes for this study. Analysis of reported time spent helping at home with an overview of reported activities is also explored in Section 5.2.

An analysis of the influences of gender, age and ethnicity on helping activity follows in Section 5.3. The links between self-reliance and helping behaviour are explored in Section 5.4, which also considers the balance between reported helping and participation in social and leisure pursuits. The deficit model for understanding children's informal care responsibility highlights adverse consequences such as a lack of opportunity to spend time with friends or engage in what are generally considered to be normal youth-focused activities. This is often described in terms of young people missing out on a normal childhood and youth experiences. In addition, informal care

responsibility for children has been identified as a factor that contributes to a lack of engagement with homework activity, poor school performance and consequent lack of career opportunities (Aldridge and Becker, 1993; Becker et al., 1998; Tatum and Tucker, 1997). This chapter therefore, provides some insight into how young people spend their time when they are not at school including both homework and leisure activities.

In Section 5.5 the same issues are analysed where young people are involved in significant helping activity, exploring in particular the range of activities in which they are involved and their own perceptions of helping at home. This section also explores the extent to which normative expectations influence helping behaviour and its rationalisation by participants.

Throughout the discussion in this and the following chapters, wherever possible, young people's own words have been used to illustrate the discussion. Quotations from the interview data are verbatim and in all cases names have been changed to preserve confidentiality.

## **5.2 Contributing to family life**

### *5.2.1 Part-time job*

Part-time employment, which many young people choose to take up can be problematic when convention and legal regulation are transgressed. Young people's involvement in part-time work has become a subject of interest to researchers in recent years (Morrow, 1995; Mizen, 1999). It is implicit within the young carer literature that a part-time job may be an activity in which young people are less likely to become involved if they

have informal care responsibilities. The relationship between society's ambivalent attitudes towards both children's involvement in informal care and part-time work have been explored by some of the researchers in the field (Aldridge and Becker, 1993; Becker et al., 1998; Olsen, 1999; Newman, 2000) and therefore information was sought about this in order to discover where part-time work was situated within the context of young people's contribution to the household.

Overall 36.2% of young people reported having a part-time job out of school. This is higher than the average levels reported in other parts of the country, for example 25% to 30% in Mizen's study (1999). More girls than boys reported a part-time job at 37.7% for girls and 34.2% for boys, although this does not represent a statistically significant difference. Age is significantly associated with reported involvement in part-time work. Nearly 60% those aged 15 and over in this study reported a part-time job compared with only between 20% and 30% for the younger age groups (Table 5.1).

**Table 5.1      Age x Part-time job**

	<i>At least once a week</i>	<i>Hardly ever</i>	<b>Total</b>
12 and under	20% 45	80% 180	225
13 and 14	29.8% 61	70.2% 144	205
15 and over	57.9% 136	42.1% 99	235
<b>Total</b>	36.4% 242	63.6% 423	665

Missing 32.1% (n=315) Chi-square=76.860, df=2, p<0.001

Access to part-time employment for school-aged young people is restricted by law with limits on number of hours, time of day and type of employment (Mizen, 1999). As would be expected the prohibitions become less restrictive for older young people. Despite the possibilities for exploitation with young people tending to work in low-grade manual jobs, there is a broad consensus that some involvement in paid work for young people is beneficial, encouraging self-reliance and independence (Mizen, 1999).

Ethnicity may also be significant in explaining patterns of involvement in part-time work. The percentage of Pakistani young people engaged in part-time work is significantly lower at only 14% compared with nearly 41% for other young people (Table 5.2).

**Table 5.2 Ethnic background x Part-time job**

	<i>At least once a week</i>	<i>Hardly ever</i>	<b>Total</b>
Black	48.8% 20	51.2% 21	41
Pakistani	14% 16	86% 98	114
White	42.1% 196	57.9% 270	466
Other ethnic backgrounds	30% 12	70% 28	40
<b>Total</b>	36.2% 244	63.8% 417	661

Missing 32.6%(n=319) Chi-square=34.224, df=3, p<0.001

Pakistani young people are more likely to be in larger families. When the data for sibling group size and part-time job is tested, young people with 1 or 2 siblings are more

likely to report part-time working. At nearly 41% this is significant to  $p < 0.05$  (Table 5.3). When controlled for ethnic background the significant associations linking sibling group size with part-time work disappear. Due to the small cell sizes caution is required when interpreting this data. Nevertheless, it does appear that it is ethnicity and not family size that may be exerting the greater influence as the greater proportion of young people with one or two siblings who report a part-time job are also more likely to be white.

**Table 5.3**                      **Number of siblings x Part-time job**

	<i>At least once a week</i>	<i>Hardly ever</i>	<b>Total</b>
No siblings	20% 7	80% 28	35
1-2 siblings	40.6% 159	59.4% 233	392
3-5 siblings	32.7% 64	67.3% 132	196
6 or more siblings	25.6% 10	74.4% 29	39
<b>Total</b>	36.3% 240	63.7% 422	662

Missing 32.4% (n=318) Chi-square=10.148, df=3,  $p < 0.05$

Young people's involvement in work within Asian communities, particularly within Bangladeshi and Pakistani families has been discussed by Bhatti (2002). Bhatti's study records a strong expectation upon young people to take a part-time job as soon as they are old enough and to carry out employment alongside fifth and sixth form studies. Bhatti notes many girls working to save for their dowries and boys who are expected to contribute to the family income through part-time, after school work.

It is important to note here that chi-square analysis excludes missing data (Table 5.3, missing 32.4%, n=318) and therefore the percentages given for part-time working refer only to those who answered this question. For this reason reported levels of involvement may appear to be artificially higher than they otherwise might be if more young people had answered this question. It is possible that much of the missing data is equivalent to non-participation, although there is a possibility that some young people who are working chose not to answer this question, notwithstanding the guarantees of confidentiality that had been provided.

Bhatti (2002) gained access to 50 families as part of an ethnographic study of the school life of Asian young people in Britain in secondary schools and discovered:

“very few boys who had never worked by the beginning of the fifth year”

(Bhatti 2002:139).

Within Bhatti’s study families there were around 45% of young people in part-time work. This is much higher than the participation recorded in this study and reinforces the probability that involvement in part-time work has generally been under-reported in this instance.

It could be easily concluded that it is cultural or family traditions and expectations that determine whether or not young people from Pakistani families will take up a part time job. It is possible that more complex structural social factors may need to be considered. As an example, it is possible that some of the Pakistani parents reported as unemployed may in fact be self-employed (Chapter 4). In these circumstances young

people in the family may also help out after school and this might not be considered by them as a separate part-time job.

Other factors contribute to young people's involvement in part-time paid employment. Studies indicate that in Britain family poverty is not a reason for young people's participation in paid employment (Hutson, 1990; Morrow, 1994; Mizzen, 1999) and indeed it is suggested that the children of financially more secure parents are more likely to be employed themselves (Mizen 1999). There is a significant association between reporting a mother in full-time work and involvement in a part-time job (Table 5.4). When father's employment is considered a significant association between fathers' employment patterns and involvement in a part-time job is similarly demonstrated (Table 5.5).

**Table 5.4 Mother's Job x Part-time job**

<i>Mother's employment</i>	<i>Young people with a part-time job</i>	<i>No part-time job</i>	<i>Total</i>
No job	25.7% 53	74.3% 153	206
Part-time job	39.7% 54	60.3% 82	136
Full-time job	42.7% 109	57.3% 146	255
<b>Total</b>	36.2% 216	63.8% 381	597

Missing 39.1% (n=383) Chi-square=15.238, df=2, p<0.001

Young people's employment represents a real benefit to the family as parents are often relieved of much of the financial responsibility for their teenagers' clothes and

entertainment (Hutson, 1990). Going out to cinemas and clubs is a regular activity for a majority of the 15 and over age group and there is a highly significant association between having a part-time job and going out for this group (Table 5.6) with nearly 70% of 15 year old young people with a part-time job more likely to take part in commercial leisure activities. It seems that where young people have a part-time job they may enjoy greater financial independence than their peers.

**Table 5.5 Father's job x Part-time job**

<i>Father's employment</i>	<i>Young people with a part-time job</i>	<i>No part-time job</i>	<b>Total</b>
No job	18.9% 14	81.1% 60	74
Part-time job	27.3% 9	72.7% 24	33
Full-time job	40.3% 129	59.7% 191	320
<b>Total</b>	35.6% 152	64.4% 275	427

Missing 55.6% (N=553) Chi-square= 13.080,df=2,p<0.01

**Table 5.6 Clubs and cinemas x Part-time job for 15 year old and over**

<i>15 year olds with a part-time job</i>	<i>Cinemas and clubs at least once a week</i>	<i>Hardly ever</i>	<b>Total</b>
Hardly ever	39.5% 38	60.4% 58	96
At least once a week	68.8% 86	31.2% 39	125
<b>Total</b>	56.1% 124	43.9% 97	221

Missing 23.5% (n=68) Chi-square=18.821, df=1, p<0.001



### 5.2.2 *Self-reliance*

Self-reliance and appropriate progress towards independence are considered to be significant developmental milestones in a young person's life (Chapters 1 and 2 above) and it has been suggested that young people involved in high levels of helping and caring activity tend to be more self-reliant and take more responsibility for themselves (Becker et al., 1998; Tatum and Tucker, 1998). This view of developmental achievement may be a euro-centric one where attributes such as 'independence' and 'self-reliance' are more highly prized as outcomes for young people in western cultures than might be the case in families from other backgrounds (Woodhead, 1990). In Britain, young people within the care of local authorities are expected to attain skills in a specified range of self-care and independence activities and levels achievement in these is used as a benchmark for assessing preparedness for an independent adult life (Looking After Children documentation, DoH & SSI 1996).

**Chart 5.1 Percentage taking full responsibility for self-care activity**

<i>Activity</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Getting own things ready for school	81%	91.4%	86%
Getting own drinks and snacks	71.6%	76.4%	74%
Tidying own room	54.1%	69.2%	62%
Washing own clothes	9.2%	13.7%	11%
Cooking own meals	7.6%	8.6%	8%

Overall levels of self-care activity revealed by the questionnaire data are shown in Chart 5.1. The majority of young people get their own things ready for school, take

responsibility for getting themselves drinks and snacks and tidying their own room.

Young people are much less likely to take full responsibility for washing their own clothes and cooking their own meals.

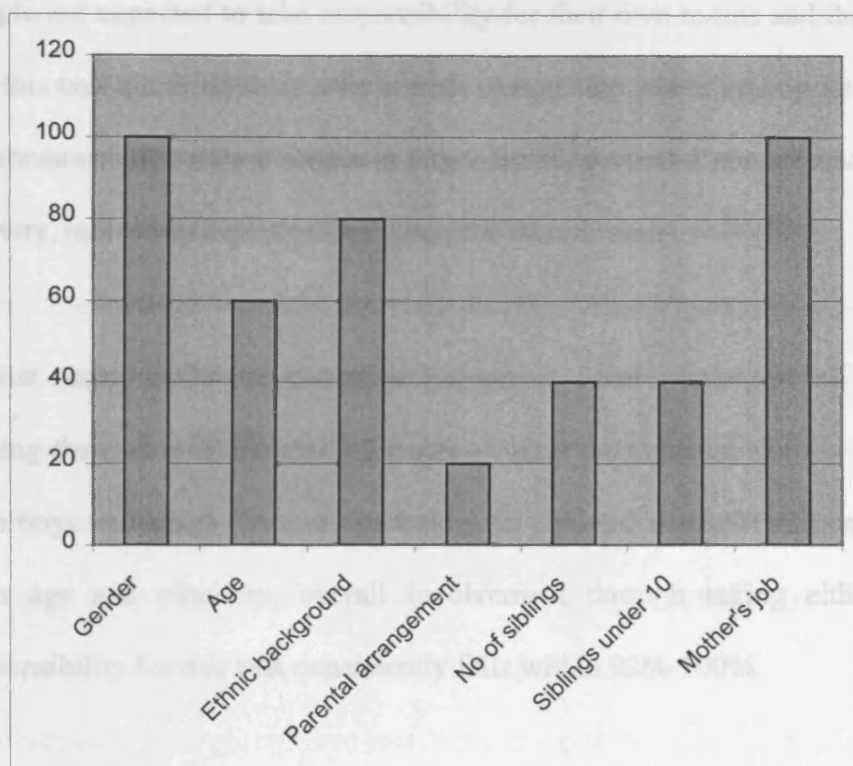
To help with the analysis and to gain an overall understanding of the broad trends within the data, each of the self-care tasks was tested for significance, (using the chi-square non-parametric test), with each of the socio-demographic variables i.e. gender, age, ethnicity, family characteristics and mother's employment. Where an association of significance has been identified, this has been plotted on Chart 5.2. This has been transcribed into Graph 5.1 to provide a simple overview of the most important influencing variables.

**Chart 5.2 Significant association between self-care activities and key variables**

	Get own things ready for school	Get own drinks and snacks	Take care of own room	Take care of own clothes	Cook own meals
Gender	X	X	X	X	X
Age		X	X		X
Ethnic background	X	X	X		X
Parental arrangement			X		
Siblings under 10			X		X
Number of siblings			X	X	
Mother's job	X	X	X	X	X

X = significant association

**Graph 5.1** Bar Chart representing the percentage of self care tasks influenced by each of the key variables



Gender is strongly associated with self-care activities, such that girls are more likely to report either partial or full responsibility for taking care of themselves. Getting one's own things ready for school, responsibility for drinks and snacks and for ones' own room appear in this study to be areas of self-reliance routinely expected from most young people. Overall a majority of young people assume some level of responsibility for those tasks and this does include boys, although the proportion of boys taking responsibility in this way is smaller when compared with girls.

The most frequently reported self-care activities are getting school things ready, preparing drinks and snacks and taking responsibility for one's own room (Chart 5.1).

Whether or not young people take full responsibility for their own room will clearly depend upon whether or not they share a room. Interview data suggests that most young people are expected to take responsibility for their own rooms and that a majority carry out this task either on their own or with sibling help where appropriate. The survey data demonstrates that young people in larger families report a greater tendency to share this activity, indicating a greater likelihood for shared rooms.

Whilst nearly 100% of young people report either partial or full responsibility for getting their own things ready for school, girls demonstrate slightly more self-reliance than boys. Although there are variations in reported levels of responsibility associated with age and ethnicity, overall involvement through taking either partial or full responsibility for this task consistently falls within 92%-100%.

As would be expected, task by task analysis demonstrates the older age group assuming greater levels of self-reliance across all activities than their younger peers. Cooking for oneself is not a frequently reported activity but is one that is positively associated with the older age group in this study, who are much more likely to report regular or occasional involvement.

Table 5.7 demonstrates the overall levels of self-reliance across all self-care tasks for young people from different ethnic backgrounds. From this table it is possible to conclude that overall, the majority young people in this study are fairly self-reliant with a total of 91.7% (836) assuming a regular or substantial responsibility. This means they will be almost totally self-reliant in the top three tasks identified in Chart 5.1 above.

The distribution of data within the ethnic background variable produces small cell sizes and therefore the chi-square test for significance has not been given. However, the patterns of distribution do merit discussion and although caution should be exercised in attributing significance, the information at each end of the self-care continuum is important for this study.

Ethnic background is linked with the distribution of the self-care tasks in this study. Within Pakistani families, self-reliance on the part of young people appears to be a less important attribute as fewer Pakistani young people report involvement in self-care activity to a substantial degree (Table 5.7). This table demonstrates that whilst Pakistani young people report regular self-care activity they are less likely to be substantially or totally self-reliant in comparison with their peers. Analysis on a task by task basis shows that Pakistani young people are less likely to report full responsibility but more likely to report sharing these tasks with brothers and sisters (Appendix V Table CH 5.1). Reported larger family size may be an influencing factor. Pakistani young people may be less likely to have their own room but with larger sibling groups there may be more likelihood of siblings sharing tasks and helping each other out. When each self-care task was analysed separately it was found that cooking meals is a minority task for all groups, it is noted this activity and even less frequently reported as either a shared or full responsibility for Pakistani young people.

**Table 5.7 Ethnic background x overall level of self-reliance**

<i>Ethnic background</i>	<i>Takes no self care responsibility</i>	<i>Occasional</i>	<i>Regular</i>	<i>Substantial</i>	<i>Very self-reliant</i>	<b>Total</b>
Black	1.6% 1	0	27% 17	68.3% 43	3.2% 2	63
Pakistani	0.7% 1	7.2% 11	54.2% 83	37.3% 57	0.7% 1	153
White	0.2% 1	5% 32	33.4% 213	58.6% 373	2.8% 18	637
Other ethnic backgrounds	3.4% 2	6.8% 4	30.5% 18	54.2% 32	5.1% 3	59
<b>Total</b>	0.5% 5	5.28% 47	36.3% 331	55.4% 505	2.6% 24	912

In addition to gender, age and ethnicity, the employment status of mothers significantly affects young people's reported self-reliance (Table 5.8). In terms of individual tasks, the most frequently reported self-care activity, taking full or part responsibility for getting their own things ready for school appears strongly influenced by mothers' full or part-time employment. Considering overall self-reliance, reported levels of self care are higher when mothers participate in paid work and it seems reasonable to assume that the children of working mothers will demonstrate greater self-reliance than their peers whose mothers do not work outside the home. More children of mothers in full-time work report having a substantial self-care responsibility (Table 5.8). Where mothers are not working, children do take on occasional or regular self care responsibility but fewer are likely to undertake substantial self-care activity. It seems that mothers' employment status appears to be a factor influencing self-care, in addition to gender, age and ethnicity.

As with ethnic background the distribution of data within the mothers' employment status variable produces small cell sizes, but overall patterns within the data provide information useful for gaining an understanding of patterns of children's self-care activity.

**Table 5.8 Mothers' employment status x overall level of self-reliance**

<i>Employment status</i>	<i>Takes no self care responsibility</i>	<i>Occasional</i>	<i>Regular</i>	<i>Substantial</i>	<i>Very self-reliant</i>	<b>Total</b>
No Job	1.1% 3	6.1% 17	44.8% 124	45.8% 127	2.2% 6	277
Part-time job	0	4.4% 9	35% 71	58.6% 119	2% 4	203
Full-time job	0.6% 2	4.9% 17	29.3% 102	62.9% 219	2.3% 8	348
<b>Total</b>	0.6% 5	5.2% 43	35.9% 297	56.2% 465	2.2% 18	828

It is difficult to judge from the survey data how large an impact self-reliance activities have on young people's lives in terms of time and work load but the interview data indicate that the onerousness or number of tasks involved in self-care activity varies from family to family and according to young people's own interpretation of the activity. For example, preparing one's own things for school could involve no more than gathering school books and PE kit together. For others it also includes washing and/or ironing school uniform, and preparing their own packed lunch. Amongst the interviewees, those who did not prepare a packed lunch were for the most part entitled to a free school meal.

The survey data points to an identifiable pattern of expectation with regard to self-care activity such that the three most frequently reported activities (see Chart 5.1) could be described as normal self-care tasks routinely expected of eleven to sixteen year old young people. The extent to which young people assume full responsibility for these and the less usual tasks (cooking and laundry) is influenced to some degree by gender, age and ethnic background. Taking care of one's own clothes and cooking meals are much less frequently reported self-care tasks but are more strongly linked to age and family circumstances, such as family size, indicating that participation is linked to specific family circumstances.

Preparing meals and taking care of clothes may be tasks considered to be less appropriate for children and young people. Participation and competence in these tasks, however, might be considered as preparation for a life of future independence and therefore appropriate for older young people. Normative assumptions that support helping at home place value on young people developing attitudes of general helpfulness and therefore young people in larger sibling groups might be expected to assume some responsibility for their own meals and laundry by way of helping when there is a lot to do. Reported incidence of partial and full responsibility for these tasks does increase with age and size of the sibling group.

### *5.2.3 Time spent helping and helping tasks*

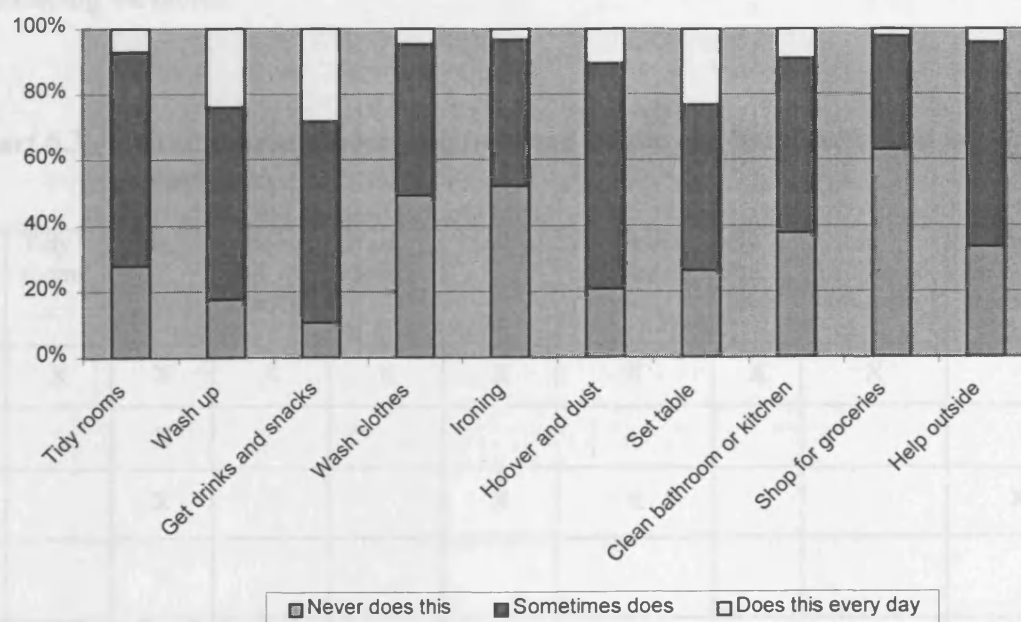
Respondents were asked to estimate how much time they spent each day in either general helping or caring activities. The time bands fall into three categories (Table 5.9 below), and were chosen in the light of discussion with young people as part of the questionnaire preparation. This is a subjective question and one that is probably quite



difficult for young people to assess accurately. It is perhaps safer therefore, to consider the answers not as mathematically accurate estimates of time, but more as a reflection of a qualitative experience of time spent in this way, such as would be informally described as 'not much', 'quite a bit' or 'quite a lot'. Despite the subjectivity of the question and the potential for unrealistic estimates, considered as a whole the questionnaire data supplies a high degree of internal consistency, evidenced through choices of answers to the question appearing to be realistic within the context of the reported incidences of helping and caring activity.

The main tasks that young people carry out when they are helping at home are outlined in Graph 5.2, which also shows reported frequencies for the task in question.

**Graph 5.2 Percentages for reported helping activity**



Washing-up, getting drinks and snacks and setting the table are tasks for which over 20% of young people report daily involvement. Shopping is the activity which has the

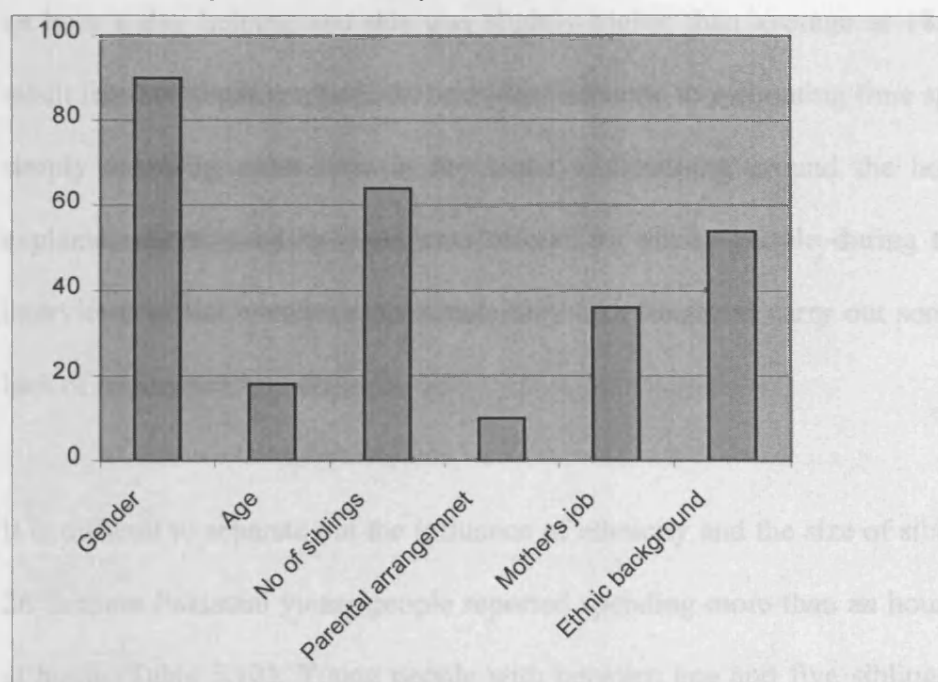
lowest reported participation rates overall, with only a very small percentage of young people reporting this as a daily activity, which is probably indicative of overall patterns of shopping activity within families. With the exception of this activity, as might be anticipated and as Graph 5.2 demonstrates, most young people help sometimes with most of the domestic tasks that feature in this study, and there are no participants in this study who report no helping activity whatsoever.

To help with the analysis and to gain an overall understanding of the broad trends within the data, each of the helping tasks was tested for significance, (using the chi-square non-parametric test), with each of the socio-demographic variables i.e. gender, age, ethnicity, family characteristics and mother's employment. Where an association of significance has been identified, this has been plotted on Chart 5.3. This has been transcribed into Graph 5.3 to provide a simple overview of the most important influencing variables.

**Chart 5.3 Significant association between helping at home activities and key variables**

	Tidy rooms	Wash up	Drinks and snacks	Wash clothes	Ironing	Hoovering and dusting	Set the table	Clean kitchen or bathroom	Shopping for groceries	Help outside
Gender	X	X	X	X	X	X	X	X		X
Age		X								X
Ethnic background		X			X	X			X	X
Parental arrangement		X								
Number of siblings	X	X			X	X			X	X
Mother's job		X							X	X

**Graph 5.3** Bar chart representing the percentage of helping tasks influenced by each of the key variables



**Table 5.9** Gender x Time spent on helping at home

	<i>Less than 20 minutes a day</i>	<i>20-60 minutes a day</i>	<i>More than an hour a day</i>	<b>Total</b>
Male	52.7% 214	35.1% 142	12.1% 49	405
Female	37.7% 192	45% 229	17.3% 88	509
<b>Total</b>	44.4% 406	40.6% 371	15% 137	914

Missing=6.7%(n=66) Chi-square=21.135,df=2,p=<0.001

When considering reported time spent helping, girls are significantly more likely to report to spending from 20 minutes to more than an hour a day helping out with over 52% of boys report spending less than 20 minutes a day helping at home (Table 5.9). Although gender is a significant variable connected with helping at home, age did not appear in this study to be significantly associated with reported time helping at home.

Trends in the data indicated that twelve year olds were more likely to report more than an hour a day helping and this was slightly higher than average at 18.6%. This may result from younger respondents being less accurate in estimating time spent helping or simply spending more time in the home and helping around the house. Another explanation prompted by comments offered by young people during the preparatory interviews is that younger respondents may take longer to carry out some tasks due to lack of experience and skill.

It is difficult to separate out the influence of ethnicity and the size of sibling groups. At 26 % more Pakistani young people reported spending more than an hour a day helping at home (Table 5.10). Young people with between one and five siblings do not report patterns of time spent helping that vary significantly from the total overall pattern. But where there are six or more children in the family this does have an influence.

**Table 5.10 Ethnic background x Time spent on helping at home**

	<i>Less than 20 minutes a day</i>	<i>20-60 minutes a day</i>	<i>More than an hour a day</i>	<b>Total</b>
Black	29.8% 17	57.9% 33	12.3% 7	57
Pakistani	37.3% 53	36.6% 52	26.1% 37	142
White	47.9% 303	39.6% 250	26.1% 79	532
Other ethnic backgrounds	45.7% 354	41.3% 320	12.9% 100	774
<b>Total</b>	44.4% 407	40.6% 372	15% 137	916

Missing=9.1%(n=89) Chi-square=25.854,df=6,p=<0.001

**Table 5.11** Number of siblings x Time spent on helping at home

	<i>Less than 20 minutes a day</i>	<i>20-60 minutes a day</i>	<i>More than an hour a day</i>	<b>Total</b>
No siblings	53.8% 28	34.6% 18	11.5% 6	52
1 or 2 siblings	44.8% 235	41.8% 219	13.4% 70	524
3-5 siblings	44.8% 116	38.6% 100	16.6% 43	259
6 or more siblings	27.5% 14	41.2% 21	31.4% 16	51
<b>Total</b>	44.4% 393	40.4% 358	15.2% 135	886

Missing=9.6%(n=94) Chi-square=15.988,df=6,p=<0.05

Where there are no siblings young people report significantly less amounts of time helping and young people in sibling groups of six or more are much more likely at 31.4% to report more than an hour a day helping (Table 5.11).

Pakistani families and step-families both tend towards families with larger sibling groups. As has been identified above, larger sibling groups are linked to reporting greater amounts of time helping at home but step-family formation is not itself a variable significantly associated with the amount of time that young people spend helping at home. Neither is the presence of siblings under 10. Another factor that contributes to young people helping for more than an hour a day is mothers' working pattern. Young people whose mothers are not in paid employment are significantly associated with increased levels of reported time spent helping (Table 5.12). There is a significantly greater likelihood for mothers not in paid employment to have more children than those who are in paid employment. It is therefore clear there is a complex

interplay of factors linking ethnicity, step-family formation, family size and mothers' participation in the labour market. Fathers' working patterns do not significantly affect levels of reported helping at home. This all seems to indicate that children's help at home is focused on help provide to mothers and the tasks they carry out in the home.

Mothers' working patterns are significantly related to family size; mothers of larger families are much less likely to work outside the family home and reported time helping is significantly more for young people in larger sibling group size.

**Table 5.12 Mother's job x Time spent on helping at home**

	<i>Less than 20 minutes a day</i>	<i>20-60 minutes a day</i>	<i>More than an hour a day</i>	<b>Total</b>
Does not have a job	38.5% 102	38.9% 103	22.6% 60	265
Part-time job	48.5% 94	38.1% 74	13.4% 26	194
Full-time job	45.6% 159	44.1% 154	10.3% 36	349
<b>Total</b>	43.9% 355	41% 331	15.1% 122	808

Missing=17.6%(n=172) Chi-square=20.056,df=4,p=<0.001

### **5.3 Helping activities: the significance of gender, age, ethnicity and family size**

Graph 5.3 clearly demonstrates the key variables associated with helping activity in the home and task by task examination of the data reveals a variety of helping patterns structured upon these variables. Therefore this section now moves on to consider in

more detail the most important socio-demographic characteristics that influence helping behaviour.

Gender, ethnicity and size of family are most strongly associated with helping behaviour, influencing more than 50% of the helping tasks in each case. Age does not feature as significantly associated with helping activity.

The data for helping at home was recoded to provide a ranking for participation in routine helping out (where 1 = does not help at all through to 5 = substantial help every day). When a chi-square test of the ranked variable with gender is performed, helping with domestic, household tasks appears to be a firmly gendered activity, with only 11.4% of girls reporting no help compared with nearly 30% of boys. This is significant to  $p < 0.001$  (Appendix V Table 5.2). Chi-square analysis on a task by task basis with gender provides statistically significant associations for all activities. Shopping for groceries and helping outside are the two activities for which more boys than girls report involvement. The remaining eight domestic activities considered in this study appear overwhelmingly to be a female province.

Ethnic background appears as a relatively strong factor associated with helping at home but demonstrates interesting variations. Pakistani young people appear less likely to help with washing up and hoovering and dusting but are more likely to help with ironing. They are also significantly more likely to help with shopping and outside tasks, which are the tasks most particularly linked to boys.

When a test of association is applied to this data each in turn with age and ethnicity controlling for gender it is noted that neither age nor ethnicity generated significant differences for boys' or girls' contribution to housework. This indicates, as shown in Graph 5.3 above, that in comparison with gender, age and ethnicity are weaker influences in determining who helps at home and how much help is provided.

Examined on a task by task basis, family size is significantly associated with some of the helping activities in this study although the results show sibling group size is not consistent in terms of significance of association. When levels of overall helping activity are examined using the ranked variable for routine helping out, there are no significant associations between the number of siblings and the amount of help provided. Regardless of family size 30-40% of young people provide occasional or moderate help at home and around 6% have a regular helping responsibility. Reporting a regular responsibility rises to around 10% for young people in the largest sibling group, but as indicated this is not a statistically significant link. Similarly, there are no significant associations between birth order and helping behaviour. Although only children appear a little more likely to make no contribution at all, this is not a significant finding.

#### **5.4 Links between self-care, leisure activity and home responsibility**

A significant level of home responsibility has been identified in the literature as a cause of less free time for young people and of reduced opportunity for them to take part in normal youth activities (Chapters 1 and 2). It is helpful, therefore, to explore the links between the amount of time helping, levels of self-care responsibility and reported participation in out of school leisure activities. When the data is tested using rank



correlation a positive correlation is found between the level of self-care responsibility assumed and the amount of reported time spent helping at home (Spearman's  $\rho = 0.195$ ,  $p < 0.01$ ). This indicates that overall, young people who help out more are also likely to be more self-reliant (Appendix V Table CH 5.3).

Detailed analysis helps to provide a greater understanding of the relationship between self-reliance and helping out. Each of the self-care tasks discussed in this study (Chart 5.1 above) is significantly associated with helping at home, where young people who report taking no responsibility for a particular self-care task are more likely to report helping for less than twenty minutes a day. For each of the three main self-care tasks this produces a statistically significant association. Conversely the two less usual self-care tasks, taking responsibility for one's own laundry and cooking meals, are linked to more time helping out. Young people who report full responsibility for these tasks are much more likely to report spending more than an hour a day helping at home (Table 5.13 and Table 5.14). The percentage increase above the average in these cases is sufficiently striking to suggest that self-care in terms of laundry and cooking might function as indicators for young people involved in higher than average levels of home responsibility.

**Table 5.13 Taking care of own clothes x Time spent on helping at home**

	<i>Less than 20 minutes a day</i>	<i>20-60 minutes a day</i>	<i>More than an hour a day</i>	<b>Total</b>
Never does this	59.9% 196	31.5% 103	8.6% 28	327
Does this sometimes	37.4% 173	47% 217	15.6% 72	462
Takes full responsibility	24.3% 25	44.7% 46	31.1% 32	103
<b>Total</b>	44.2% 394	41% 366	14.8% 132	892

Missing=9% (n=88) Chi-square=71.123,df=4,p=<0.001

**Table 5.14 Cooking own meals x Time spent on helping at home**

	<i>Less than 20 minutes a day</i>	<i>20-60 minutes a day</i>	<i>More than an hour a day</i>	<b>Total</b>
Never does this	55.9% 165	30.8% 91	13.2% 39	295
Does this sometimes	39.1% 204	47.1% 246	13.8% 72	522
Takes full responsibility	38% 27	36.6% 26	25.4% 18	71
<b>Total</b>	44.6% 396	40.9% 363	14.5% 129	888

Missing=9.4%(n=92) Chi-square=31.578,df=4,p=<0.001

Information about what young people do when they are not at school is given in Chart 5.4 below. The table shows the percentages that report involvement in each activity at least once a week. The questionnaire asked respondents to estimate how much time they spent on each activity, but this information for the most part was not given or was not clear and therefore has not been included in the analysis. Young people in this study

appear less likely to spend time on formally organised leisure pursuits and on activities that have a cost attached e.g. cinemas and clubs compared with the time spent with friends and /or listening to music.

**Chart 5.4 Percentage reporting out of school activity at least once a week**

<i>Activity</i>	<i>Male</i>	<i>Female</i>	<i>All Participants</i>
Homework	87%	92%	90%
Time with friends	92%	88%	90%
Listen to music	71%	85%	79%
Sports clubs	80%	46%	62%
Cinemas and clubs	44%	47%	46%
Youth clubs/groups	21%	20%	20%

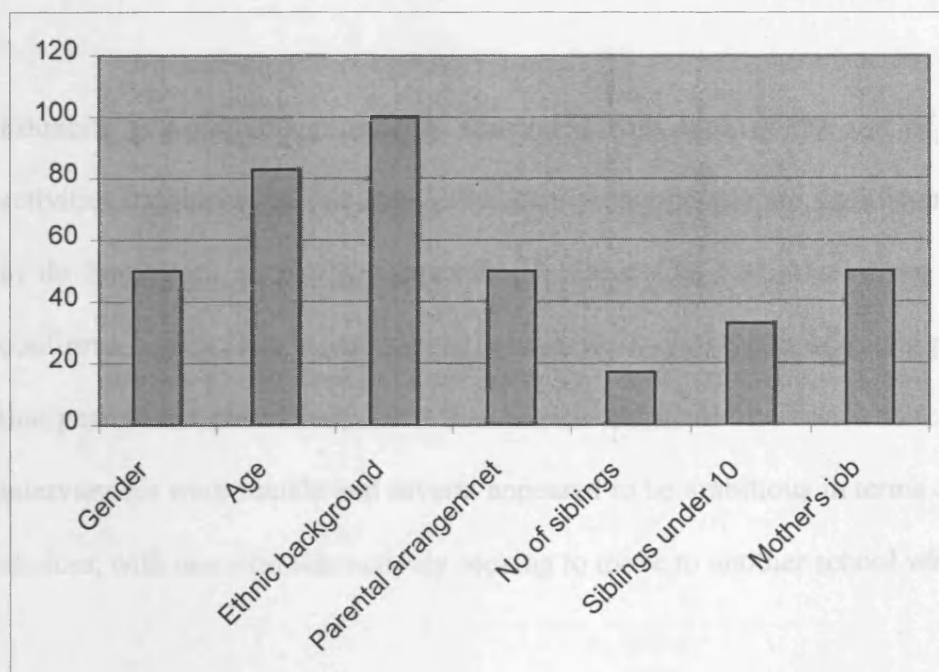
To help develop a picture of the impact of gender, age, ethnicity and family circumstances how young people spend their free time Graph 5.4 and Chart 5.5 below were created. The significant chi-square associations generated from a task by task analysis of out of school activities and the key variables were plotted (Chart 5.5) and the graph developed from the plot. In this way it is possible to determine which activities are most influenced by the variables in question and which of the variables are strongly associated with young people's leisure activities.

**Chart 5.5** Significant associations between out of school activities and key variables

	Homework	Time with friends	Listen to music	Cinemas and clubs	Sports clubs	Youth clubs
Gender	X		X		X	
Age			X	X	X	X
Ethnic background	X	X	X	X	X	X
Parental arrangement	X				X	
Number of siblings			X			
Siblings under 10		X				X
Mother's job	X			X		

X = significant association

**Graph 5.4** Bar chart representing the percentage of leisure activities influenced by the key variables



Of the key social factors, age and ethnic background are the most influential in terms of significant association with all of the out of school activities. It is not surprising that age plays an influencing role, as it is to be anticipated that young people's use of free time changes as they become older. Use of cinemas and youth clubs is an example of this trend where participation is associated with the older age groups (Appendix V, Tables CH 5.4-CH 5.7). Listening to music becomes increasingly significant for those respondents in the older age group and may be linked to higher levels of pocket money and access to resources to buy equipment and CDs. Youth club attendance is another activity linked to age. Overall average rates of participation at 20% are much lower than for other activities in this study and there is a clear pattern of declining participation for the older age groups. This is an important finding as establishing special youth groups for young people involved in substantial care activity has become a standard policy response for meeting their social needs. This may not be the most appropriate response if formal youth provision is not popular with young people.

Ethnicity is a factor significantly associated with each of the out of school leisure activities considered in this study. Pakistani young people are significantly more likely to do homework regularly (Appendix V, Table CH 5.8). Data from the interviews confirm a high level of commitment to homework on the part of young people and also that parents are particularly keen that homework should be done. All of the Pakistani interviewees were female and several appeared to be ambitious in terms of future career choices, with one who was actively seeking to move to another school where the

opportunities for sixth form study were perceived to be better. Bhatti (2002) notes a general expectation on the part of Asian parents that their children should do well in school. In addition Bhatti indicates that some Asian young women are ambitious to go to college or university as this will delay marriage.

Out of school leisure activities are not highly gendered although more girls spend time on homework with 92% reporting they do homework at least once a week (Table 5.15). In this study 79.7% of boys are more likely to spend time on sports activity of one kind or another (Table 5.16). This represents a significant association but indicates that reported participation is on average higher than has been identified in other studies. A longitudinal study carried out for the Scottish Sports Council (Hendry, 1989) indicates that just under 60% of adolescents participate in organised sports activities and that more younger than older teenagers take part and more boys than girls. It is possible participants in this study interpreted this question to include informal games with friends in the streets and parks as well as more organised sports through school and dedicated sports clubs.

**Table 5.15      Gender x Homework**

	<i>At least once a week</i>	<i>Hardly ever</i>	<b>Total</b>
Male	87.8% 383	12.2% 53	436
Female	92% 473	8% 41	514
<b>Total</b>	90% 473	9.9% 94	950

Missing 3.1% (n=30) Chi-square= 4.621, df=1, p<0.05

**Table 5.16      Gender x Sports clubs**

	<i>At least once a week</i>	<i>Hardly ever</i>	<b>Total</b>
Male	79.7% 314	20.3% 80	394
Female	45.9% 204	54.1% 240	444
<b>Total</b>	61.8% 518	38.2% 320	838

Missing 14.5% (n=14.5%) Chi-square=100.734, df=1,  $p<0.001$

Chi-square analysis did not produce significant associations between participation in out of school leisure activities and the amount of time that young people report helping at home. When the scores for overall helping out are ranked and tested against the leisure activities located outside the home, i.e. cinemas, sports clubs and youth clubs participation in these activities appears unaffected by the amount of help provided at home, apart from a tendency for those who provide moderate levels of help to also report involvement in at least one leisure activity once a week. This, however, does not produce a statistically significant finding. Therefore, for this sample, spending more than an hour a day helping at home does not in itself appear to lead to reduced participation in spending time with friends or other leisure activities (Appendix V Table CH 5.3 demonstrates there is no negative correlation between leisure activity and time spent helping).

Similarly it seems that higher levels of helping do not necessarily lead to reduced participation in homework. The data indicates the reverse as in some instances doing less around the house appears to be linked to doing less homework. This is a significant association ( $p<0.05$ ); although not highly significant it does indicate that just over 57%

of young people who **do not** do homework are also more likely to report less than 20 minutes a day on helping.

## **5.5 Helping and personal development**

### *5.5.1 The influences of gender, age and ethnicity*

Normative assumptions construct children's helping behaviour as an educative activity that fosters a young person's positive development. Some accounts of young people's housework participation challenge the purely educative or social role of housework for young people and point to involvement on the part of young people that makes a real contribution to the household economy (Oakley, 1994; Brannen, 1995; Morrow, 1996).

It would be safe to consider then, that children's helping at home can both contribute to the young person's development and make a real contribution to the home and family. This study demonstrates that helping is highly gendered, with more helping activity carried out by girls than boys. If, therefore, there is an educative element to helping at home it seems that this is perceived to be an education more suitable for girls than for boys.

If it is accepted that young people can and do contribute to the household as the literature implies (Chapter 2 and Chapter3) then the next stage of enquiry is to discover the kinds of situations where helping is for the benefit of the family and not only an educative activity for the young person in question. The evidence from the data gathered for this study suggests that simple conclusions cannot be drawn. Gender, age and ethnicity are significant variables in terms of influencing the kinds of tasks and how much household work young people carry out. In addition mothers' employment status



also plays a part. It might be anticipated for example, that where a mother works full-time outside the family home, this would result in greater involvement in helping out on the part of the children in the household. This is not borne out by the data, which indicates that it is young people whose mothers are not employed outside the home who report more time spent helping. From this it might be concluded that in many instances helping is a collaborative activity or interactive activity pursued by mothers and children together. It might also suggest that some of the factors that indicate higher levels of helping such as size of family, presence of younger siblings or presence of illness or disability are often the factors that inhibit or prevent mothers seeking paid employment outside of the home. Therefore, although gender, age and ethnicity are important variables, they cannot be considered in isolation when examining the patterns of young people's helping behaviour in the home.

What does seem clear is that no matter how significant a child's contribution to the household is, it cannot always be assumed to be occurring as replacement activity because a mother or other adult is not able or available to do it. For example Aimee's help must be highly valued by her mother although her mother would clearly be able to do it if Aimee could not:

*Aimee: Yes, I get them ready for school. My mum's normally asleep because my dad works night and my mum has to let him in.*

*Aimee: I normally get them ready for school and sit them down for breakfast.*

Int: *So you do that most school days then?*

Aimee: *Yes*

Int: *So that must be quite a help for your mum really?*

Aimee: *Yes it is*

Aimee 13.

### *5.5.2 Young people's perceptions*

Evidence of normative assumptions in young people's own accounts was sought from the interview analysis. If helping is supposed to benefit young people what are acceptable levels of involvement? Do some young people do more than others? How are they rewarded for their efforts? Do young people themselves believe that helping has an educative role? How is this expressed in their accounts and is it possible to discern other values that contribute to their accounts of helping?

A firm conviction comes across through the interview data that it is right that young people should help at home and that it is fair to do so. Although there appears to be a generally accepted expectation that children should help, parents very often reward helping behaviour through pocket money and other treats. Eleven of the interviewees receive pocket money or treats as a reward for their helping activities:

*..... I get like pocket money for doing stuff .... Sometimes I don't get pocket money. Sometimes my Mum like buys me rewards, clothes....*

Kingsley, 13

Occasionally pocket money withdrawal is used as a sanction for not doing what was asked:

*If it doesn't get done cos there is quite a lot to do, she'll (Aimee's mother)*

*take 50p off my pocket money*

Aimee, 13

There emerges from the accounts a sense of a pocket-money compact such that most of those who receive pocket money perceive it as being linked to helping out at home. There may be some tasks where pocket money is not involved as they are considered to possess their own intrinsic reward and for which it may be deemed a privilege to help:

Lee: *Yeah. He's got a new car at the moment and I'm helping him (Lee's Father) to strip that down for the spare parts."*

Int: *Does he give you pocket money for that?"*

Lee: *"No, I do it cos I like it.*

Lee, 13.

To reward helping behaviour in this way may present another educative opportunity as the helping provides a legitimate reason to give children money and thus encourages them to learn the value of money (Zelizer, 1985). This may also indicate that where parents especially value the contribution that has been made, they feel obliged to reward it, perhaps as an unspoken recognition that the child has done, or is doing something more than would ordinarily be expected. The pocket-money compact could be seen as establishing a context of reciprocity such as is observed to continue into adulthood. Reciprocity has been identified as a basis of parent-adult child interchange and is often

invoked as a significant driver in the commitment of adults assuming informal care responsibilities for their ageing parents (St. Leger and Gillespie, 1991; Marsh and Arber, 1992).

It seems, however, that the concept of pocket money may have a cultural dimension. Only two of the Pakistani interviewees receive pocket money, Ayesha and Kareena. Those that do not receive pocket money were not asked why as it was felt that questioning parental reasons or motives on this subject was outside the agreed remit of the interview. All of the Pakistani interviewees were female and it is not known if boys and girls are treated equally in that respect or if there is a strong cultural or traditional preference against pocket money. Most of the Pakistani interviewees have several siblings and several do not appear to have either parent in paid employment. It is possible that low income may be a reason for not receiving pocket money, although Kareena receives pocket money despite the fact that her father and mother are not in work.

For the young Pakistani interviewees their lives out of school are more home and family focused than their white peers and the data on leisure activity indicates that young people do not access commercially provided entertainment in the same way that their peers from other backgrounds do. It could be argued, therefore, that they do not need and would not expect pocket money to save or use as part of their social lives.

When asked if helping at home was in any way useful or helpful for them personally, some of the answers reflected the discourse regarding the educative value of young people's helping in the family home. Most usually expressed this in terms of

preparation for independence and providing them with the skills to look after themselves when they are older:

*Yeah, um, it will help me in the future, like if I do go to university and decided to go away at least I'll know, yeah, how to cook and clean, y'know, how to fend for myself.*

Sonya, 15.

*My Mum's like 'I can't do it for the rest of your life and when you grow up who is going to be there for you?'*

Kareena, 13.

With some activities, for example cooking, there is an associated element of formal learning attached:

*.....but my Mum is still teaching me how to cook, so we're learning.*

Marina, 14.

*My Mum's like starting to show me how to cook at the moment.*

Kingsley, 13.

Nearly all interviewees agree that there is room for negotiation with their parents over their helping activities, with tasks often being carried out by mutual agreement to fit in with the young person's homework or social activities. This resonates with other studies of aspects of children's lives at home which have similarly been found to be open to negotiation between parents and children (Mayall 2002).

Some of the interviewees who are part of larger sibling groups indicate a strong perception of themselves as the one out of all of their siblings who does the most to help:

*..... my sister does some now but she can't do things herself she is always asking for help and my mum is always shouting at her 'she is younger than you and she can do things by herself.'*

Marina,14

*Yeah, I work the hardest out of all of them. Cos I'm the one that's more responsive to my parents. They'll say do something and I'll do it. The rest are like 'no I don't want to do that' (mimics a whiny voice). And I don't care what it is I just do it.*

Sonya,15.

This strong sense of being the one who does the most has been identified in other situations. For example research has been conducted combining observation with young people's accounts of their domestic and caring responsibilities. Mismatches were found between observed activity and verbal accounts from different accounts of members of the same family, where each tended to think that they did more than their relatives and more than they were actually observed to do (Lackey and Gates, 1996). It is possible therefore, in this present study that interviewees' siblings may have provided different accounts of who does the most at home. This is not to say interviewees are not making an important contribution to the household, but rather that siblings may be doing more than they are given credit for.

None of the interviewees are the only child in their family and only three, Dan, Matthew and Kingsley have just one other sibling. Interviewees in this study frequently cite age difference as a reason for differences in helping responsibilities and appear to accept this is as justified. Where siblings are closer in age there are more expressions of discontent accompanying accounts of differences in helping activity (see Marina above). All of the boys in the interview group are the oldest child in their families and in total, 8 of the 18 interviewees are the oldest child residing in the family home. It is possible that greater responsibility and help in the home is expected from the oldest child regardless of gender and where it seems that boys in sibling groups do less than their sisters this may be as much to do with expectations associated with birth order rather than gender alone. Some of the girls indicated that, as a rule, boys were less likely to help than girls and that in some instances this is encouraged by their mothers:

*..... most of the cousin boys I've seen yeah, they're very lazy and all they do is go into cars and games, Playstation things like that. Kind of um, and the fact is their mothers spoil them. Cos they think, er the girls should do this and the girls should do that, yeah and the boys just get away with it. They're spoilt.*

Sonya,<sup>15</sup>

There were no Pakistani boys in the interview group and therefore it is difficult to test Sonya's observation with accounts from her male peers. The non-Pakistani boys interviewed for this study provide accounts of considerable responsibility for housework and sibling care-taking. Even making allowances for over-stated estimates

of helping activity, the boys are providing a lot of help, which would seem to be crucial to the family well-being.

When questioned, several of the interviewees had said they have a rota or had tried one in the past. In most instances the rota system was not working well or had broken down and did not seem helpful for resolving disagreements about distribution of helping tasks. Although some of the interviewees express firm convictions that they do more to help out than their siblings, opinions as to whether or not they do more than their friends are much less certain. Most had said that this is something about which they know very little and agreed that this is not normally something that they talked about with friends, although some were certain that they do more to help than others:

*I think that I do more. Some of my friends don't do anything.....*

Kareena,13

*Yes, we had to write this essay thing about our friends and she wrote about all the stuff I had had to do before I come to school in the morning and I didn't write anything about her she just gets up and gets ready and comes to school. Marina,14*

*Not many people I know, in fact not any in this school actually help with a disabled member of their family, especially mentally disabled.*

Ricky, 14

Michaela has a clear perception of herself as helping out a great deal due to her mother's illness, but considers that her friend does more:



*"Yeh um my best friend..... she does way more than I do. She does more and I'm just underneath her. She does a bit more than I do".*

Michaela,13

Due to Michaela's friend having a distinctive name she is known to be an interview candidate who was invited to take part because of the level of caring activity identified on her questionnaire. She did not choose to come forward and therefore exactly what she does to help and the reason why her help is needed are not known.

With the exception of Michaela all of the interviewees were living with their natural mothers and in most cases it is mothers who are involved in deciding who should do what, although occasionally fathers have a role in requesting help and allocating tasks. The gendered nature of domestic activity is reinforced through young people's perceptions of who it is that benefits from their helping activity, which is most often perceived to be mothers for activities in the house and fathers for outside help:

*Yes, that's to help my Dad, the garden and stuff.*

Dan, 13

*..... we have to take it (the washing) out and everything. We have to do our own as well and my Mum's because she's always tired, cleaning up and everything.*

Kareena, 13.

*My Dad he's ill as well cos he's got an angina problem and I help him out. I dunno, probably going out cleaning the garden, something like that.*

Sonya,15.

The distinction between helping with housework and caring for others starts to become blurred in some of the accounts where interviewees attribute higher levels of domestic activity to helping their mothers because they are tired or not feeling well. This may be something that occurs occasionally for some young people. But for others may be offered as a reason for frequent and heavy burden of housework activity:

*I don't like my Mum always being tired and doing the work. I hate it.*

Kareena,13

Kareena has four siblings and her grandmother living in the family. Kareena takes full responsibility for her own laundry and helps with the family's laundry as well. She cooks for her brothers when her mother is tired and ensures that the kitchen and other rooms are kept clean and tidy.

Sonya's mother is diabetic, which is the main cause of her mother's frequent bouts of tiredness:

*My Mum's ill. She's a bit ill yeah, she's got diabetes and she's also got a high sugar level and everything, and, um, she gets tired very easily.*

Sonya,15

Sonya cleans the whole house everyday, getting up early in the morning to tidy and clear away.

## 5.6 Conclusion

The different ways that young people contribute to the household have been explored in this chapter using key themes of gender, age and ethnicity. Part-time working represents an important way that young people may contribute to the household. Where this is, reported gender is not a significant influence as girls are as likely as boys to be involved in part-time work. There is, however, a significant association between part-time work and the older age group which links to the legal provisions governing children and young people's participation in paid employment. In addition it seems clear that the concept of work-rich families (Mizen, 1999) extends to the children of the family as the data indicate that young people with a part-time job are more likely to have parents in full-time work. This is reinforced when ethnicity is considered as it has been demonstrated that the Pakistani young people in this study and their parents appear to be much less likely to be in employment. It is possible that discrimination and other structural inequalities may be a factor. Although some Asian groups are disadvantaged through higher than average levels of unemployment, the particularly high rates in this study may be due to under-reporting.

Self-reliance represents an important way for young people to contribute to the household and a clear and interesting pattern of self-reliance activity has emerged through this study. Taking some responsibility for tidying own rooms, getting school things ready and for getting one's own drinks and snacks appears to be expected from all eleven to sixteen year olds. Cooking and laundry are much less usual self-care activities, but those young people who do take responsibility for these tasks are also much more likely to be spending at least an hour a day with general helping activity. Gender significantly influences self-reliance. Whilst the majority of young people, boys

and girls, do take some kind of self-care responsibility, girls report consistently higher levels of activity. Overall age appears to exert less influence but is linked to the likelihood of cooking one's own meals. Within Pakistani families self-reliance appears to be less routinely expected from children.

Although gender is important, age, ethnicity and family size do not appear to contribute to many strongly significant associations with helping activities. This seems to support an explanation that helping behaviour arises not as a result of family or domestic circumstances but because young people are normally expected to help out as part of their personal development. The main influence of gender is not in the amount of help provided but in the type of activities carried out and whether they are located within the house or outside. Boys are much more likely to be involved in activities situated outside of the house. As helping behaviour is not strongly linked to specific socio-demographic variables determining how much or how little a young person does to help it could be argued that helping at home is in the same order of activity as homework, that it is to say, it is something that is generally considered to be good for young people, an integral element of their learning environment and an activity for which there would seem to be some consensus that all young people should be involved.

Household tasks have traditionally been and continue to be the responsibility of women in the household (Oakley, 1994). It might have been anticipated, therefore, that where a mother works outside the home there would be an increased demand for help and that children step in (Oakley, 1994). In this study a mother in paid employment is not strongly linked to participation in helping at home and appears as factor influencing reduced reported time spent helping. This at first sight seems surprising but in the

context of helping as an educative activity it is possible that helping is carried out alongside the mother and is not performed by the child or young person acting as mother's substitute whilst she is at work.

The self-care and helping data provide an overall picture of general expectations with regard to young people's household contribution. There are three key self-care tasks which are, getting school things ready, taking care of one's own room and getting one's own drinks and snacks in which young people appear to be expected to be self-reliant. In addition a routine expectation that young people will spend some time helping out around the home. There are variations within these expectations according to age and ethnic background, but the overall expectation that young people should help sometimes remains consistent.

From young people's own accounts it seems evident that under certain circumstances they take on more responsibility for help at home. In these instances the level of help provided is moving beyond routine helping out, to become a significant responsibility carried out for the benefit of others in the family. The next chapter will focus in more detail on the circumstances and activities of young people who have significant home responsibility.

## Chapter 6

### Transgressing the norm: Young people's caring roles

#### 6.1 Introduction

Within the literature relating to informal care, and especially that devoted to children who care, discussions are often focused on how much is done, how often and the level of intimate bodily contact associated with caring activity. This is often set within a debate regarding the appropriateness of who should be responsible for the safety, comfort and well being of another individual (Aldridge and Becker, 1993; Aldridge and Becker, 1994; Dearden and Becker, 1997; Aldridge and Becker, 1999). Informal care is a term most often applied to situations where family or friends care for others as a result of illness or incapacity. It is generally not used to describe the care by parents for their children, although feminist studies do consider the whole range of caring activity that might be carried out by women as the sum of their unpaid labour on behalf of others (Oakley, 1974; 1994; Land, 1979). It is only recently that parents of children with disabilities have been acknowledged as informal carers within the meaning of the relevant social care legislation. The Carers (Recognition and Services) Act 1995 has created a definition of caring that has almost become a normative definition and description of what the caring activity entails. Within the Act a carer is described as someone '*who provides or intends to provide a substantial amount of care*' (The Carers (Recognition and Services) Act 1995). It is applied to children and young people caring as well as adults.

The implication is that for caring to be recognised as such it must be an extraordinary activity, possibly involving an element of sacrifice, something that is over and above that which is normally expected as part of domestic life. Because caring has become defined in a way that requires a sacrificial element in order to be recognised, a situation is created such that once a child or young person is identified as a carer their circumstances are automatically perceived as problematic because by definition and common consent, they are engaged in an activity which is inappropriate for children or young people. As discussed in Chapters 1 and 2, modern, western society does not normally expect or require sacrifice on the part of children. When it does occur children may be demonised or canonised according to circumstance. It is further implied within the publicly accepted definition of caring, that if the activity is *not* in some sense onerous or demanding then it is perhaps not caring. The emotional stress of caring *about* can often be overlooked within the demands of various activities identified as caring *for*.

There is a danger that caring could become polarised around a definition and such a tendency could work to children's disadvantage. If, through their informal care activity children become visible in the otherwise private space of the family home, they are identified as carers and seen as problematic. Where children remain invisible, notwithstanding any valuable contribution they might make to domestic and caring activity in the family home, their needs and those of other family members are overlooked. The consequence of such a polarisation is the failure to identify when a potentially significant caring situation is beginning to emerge, or to identify other stressful family situations.

This study aims to explore the different informal care situations in which young people are involved and to identify the different kinds of informal care that young people may provide. Specifically, what is it that young people are doing, who are they doing it for, how frequently and why? What affect if any does it have on their lives and how does their caring compare with the key features of the young carer construction as outlined in Chapter 3. The questionnaire was therefore designed to capture data on a range of caring activity from infrequent occurrences of keeping an eye on younger siblings or collecting them from school, to frequent and prolonged periods of responsibility for the care of a relative who may have a serious illness or disability.

A key theme or underlying value for this study is to involve young people as far as possible as partners in the research and not objectify and deny their own agency (Morrow and Richards, 1996). The qualitative, experiential nature of some of the research questions demanded that this information would be most effectively gathered through face-to-face interviews with some of the young people themselves who are involved with a caring responsibility of some kind or another. This chapter therefore will draw more heavily than previous chapters on the qualitative aspect of the study in order to try to discover what young people themselves think about their helping and caring responsibilities. In particular, this chapter aims to answer some of the questions arising from the analysis and discussion of the quantitative data.

In the context of the modern, western family, the construction of the young carer as a social problem reinforces a perspective that considers informal care activity by a young person, in situations of illness and disability, as intrinsically more burdensome than other activities that they may carry out for their family. It is the aim of this chapter to

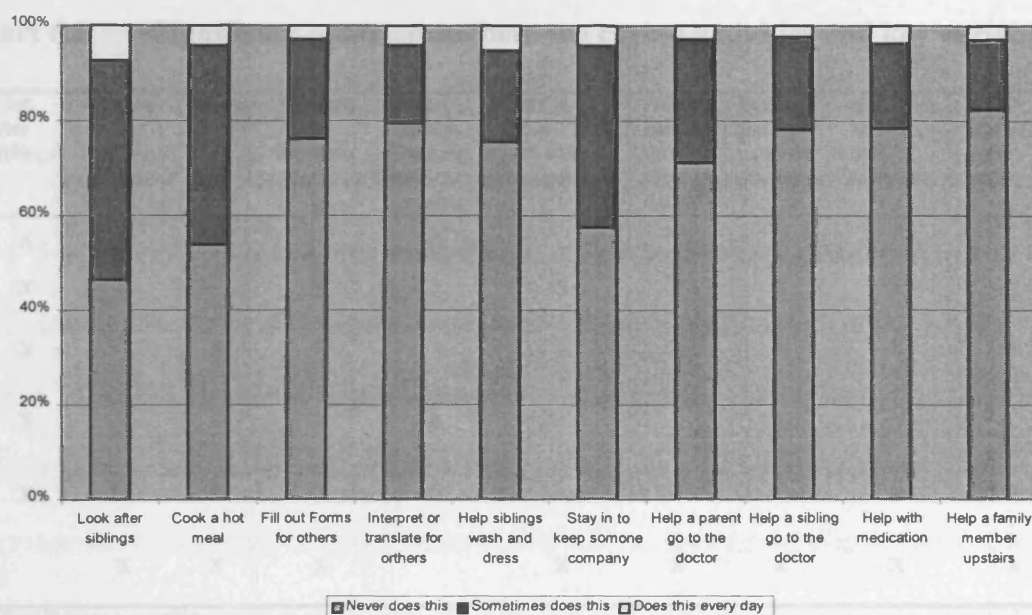


question this perspective, to ask if there are levels of general helping activity or other informal care activities that indicate that young people contribute as essentially and as materially to their families as those who are described as young carers. In addition, the question is posed as to whether or not other kinds of informal care activity impact on young people's lives in the way that caring for an ill or disabled relative is known to do.

The focus for this chapter, therefore, is an analysis of the research findings that relate specifically to young people's questionnaire and interview accounts of their caring activity in the home. As in Chapter 5, the analysis focuses on the key variables of gender, age and ethnicity and family circumstances but the context for this chapter is focused on an exploration of specific caring situations in which young people are engaged. These fall into three broad categories: first are situations of illness and disability in the family; second, sibling care-taking; and thirdly, interpreting and translation. Section 6.2 considers the overall influence of gender, age and ethnicity on young people's involvement in care activity. The following sections focus on the three key care areas identified, with illness and disability of family members discussed in Section 6.3 and sibling care-taking and interpreting covered in Section 6.4. In order to test the validity of the deficit model of young carers, the impact that caring responsibility might have on other aspects of young people's lives is explored in Section 6.5. Using data derived from the interviews, young people's attitudes towards helping and caring for others is explored in Section 6.6

## 6.2 Informal care and the significance of gender, age and ethnicity

**Graph 6.1 Percentages for reported caring activity**



In comparison with helping activities, many fewer young people report involvement in caring activity and the percentages reporting daily involvement in one or more caring tasks are very small. These results are to be anticipated, as it has been established that caring for others is not generally considered appropriate for children and young people. Overall, nearly 12% ( $n=117$ ) of respondents report no involvement at all in any of the caring activities but this still indicates that 88% of respondents in this study identify themselves as involved with at least one of the caring activities, if only occasionally.

Each of the tasks focused on caring for others was tested for significance, (using the chi-square non-parametric test), with each of the socio-demographic variables i.e. gender, age, ethnicity, family characteristics and mother's employment. Where an

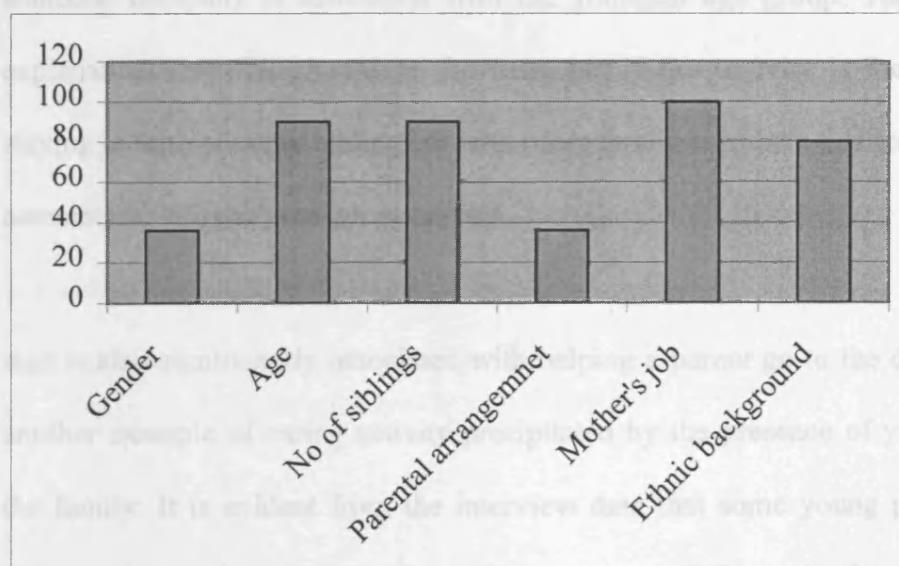
association of significance has been identified, this has been plotted on Chart 6.1. This has been transcribed into Graph 6.2 to provide a simple overview of the most important influencing variables.

**Chart 6.1 Significant associations between caring activities and key variables**

	Look after siblings	Cook a meal for others	Fill out forms	Interpret or translate	Help siblings washing and dressing	Stay in to keep someone company	Help a parent go to the doctor	Help a sibling go to the doctor	Help with tablets and injections	Help someone up the stairs	Collect siblings from school
Gender	X	X			X						X
Age	X	X		X	X	X	X	X	X	X	X
Number of siblings	X		X	X	X	X	X	X	X	X	X
Parental arrangement	X			X	X						X
Mother's job	X	X	X	X	X	X	X	X	X	X	X
Ethnic background		X	X	X		X	X	X	X	X	X

X = Significant association

**Graph 6.2 Bar chart representing the percentage of caring tasks influenced by each of the key variables**



In contrast to the data relating to general domestic help, gender appears to be one of the least influential variables associated with care activity although it is linked to sibling care and cooking for others (Chart 6.1). For these activities girls are significantly more likely to report frequent responsibility for sibling care-taking and cooking for others.

In the context of caring for others, data related to age and care activity presents a more complex picture as there are more instances of statistically significant results (Chart 6.1). Over 52% of young people in the youngest age groups report some involvement in looking after brothers and sisters (Appendix V, Table CH 6.1). Of the younger age group 24% report helping siblings to get washed and dressed and at  $p < 0.01$  is highly significant (Appendix V, Table CH 6.3). Research participants in the younger age range are more likely to report siblings under ten in the family (Appendix V, Table CH 6.2). Just over 57% have siblings under ten and are therefore situated within families with more opportunities for sibling care-taking. Three quarters of the oldest participants do not appear to have very young siblings (Appendix V, Table CH 6.2). Staying in to keep someone company is associated with the youngest age group. There is no obvious explanation why this should be the case, but if this activity is focused as much on staying in with younger siblings as with other family members this could account for its association with the younger age group.

Age is also significantly associated with helping a parent go to the doctor and may be another example of caring activity precipitated by the presence of younger siblings in the family. It is evident from the interview data that some young people accompany parents who need to go to the doctor but must nevertheless take the children with them if no one else can look after them. In these instances the young person's role is to help

keep younger siblings occupied and stop them fidgeting in the doctor's surgery and this may be interpreted by some as helping the parent to go to the doctor and not as an instance of sibling care-taking. The youngest age group is also associated with helping with medication, helping a family member up stairs and collecting siblings from school.

The tendency for the youngest age groups to report significant levels of caring activity is one that is both interesting and yet difficult to explain. At the simplest level it may be that their involvement in caring activities is very light and tangential from an adult perspective, although attempts to help in this way at home may be highly praised. Such help may therefore assume an important place for the young person in their concept of themselves and their relationships to others in the family home creating a genuine sense of help and contribution on their part.

It is known from the young carer literature (Dearden and Becker, 2000) that twelve year olds represent a high proportion of young people in young carer studies. Part of the explanation may be that young people of that age are more likely to be involved in care activities. As twelve year olds are also more likely to be involved with youth groups (Chapter 5) they may be more likely to engage with young carer support groups. Therefore more information is available about the caring activities of this age group. It is possible that more pre- and early teenage young people are involved in care activity especially if it is less intensive, but as they become older either a younger sibling assumes responsibility, or the situation within the family changes in some way.

Cooking for others represents an exception because in this case it is older young people who are more likely to be involved (Appendix V, Table CH 6.4). This may indicate that

although it is younger teenagers who become involved in caring activity, normative assumptions linked to age appropriate activities nevertheless exert an influence in this instance. The data in Chapter 5 (Section 5.5) indicate that cooking is an activity for which being old enough is an important characteristic.

It is possible that not only age, but position in the sibling group may be important, so that whilst the youngest children in the study are significantly associated with caring for others, they are not the youngest in the family. Traditionally it is expected that helping at home is more likely to fall to female children, although children of both genders tend to help more than adult males (Oakley, 1994). The literature on young carers (Becker et al., 1998) has shown that the greater share of caring activity may often fall to just one member of a sibling group and that this may be linked to position in the family. The results for testing birth order against level of care involvement are presented in Table 6.1. The distribution of data within these variables produces small cell sizes and therefore the chi-square test for significance has not been given. However, the patterns of distribution merit discussion and provide information on trends that are helpful in understanding the role of birth order in assigning responsibility for others in the family. It is demonstrated in Table 6.1 shows that young people with siblings both older and younger than themselves (middle children) appear the most likely to help in caring tasks and are involved with moderate levels of responsibility.

**Table 6.1**      **Position in sibling group x level of care activity**

<i>Birth order</i>	<i>Has no care responsibility</i>	<i>Has some responsibility</i>	<i>Moderate responsibility</i>	<i>Regular responsibility</i>	<i>Substantial responsibility</i>	<b>Total</b>
Youngest child	83.7% 216	12.4% 32	2.3% 6	1.2% 3	0.4% 1	258
Middle child	59.2% 187	24.7% 78	12.7% 40	1.9% 6	1.6% 5	316
Oldest child	67% 199	23.6% 70	7.7% 23	0.7% 2	1% 3	297
Only child	88.9% 48	9.4% 5	1.9% 1	0	0	54
<b>Total</b>	70.3% 650	20% 185	7.6% 70	1.2% 11	1% 9	925

Ethnicity is an influential social factor linked to all but two of the caring activities. These are looking after siblings and helping siblings to get washed and dressed. Although the other caring activities are significantly linked to ethnic background patterns differ, so that cooking meals for others is significantly less likely to be reported by young Pakistani people. For this group nearly 70% report never carrying out this activity and only 25% report this as an occasional activity, although on average 40% of young people from other ethnic groups will do this sometimes (Table 6.2). Other caring activities, however, are significantly more likely to be reported by Pakistani young people.

It seems that young people from a Pakistani family background are routinely more often involved in caring than their peers. Interpreting and translating for others emerges as a highly significant activity for which the majority of Pakistani respondents will have some responsibility. Over 52% of Pakistani young people will sometimes help others by interpreting for them and nearly 9% do this on a regular basis (Table 6.3). Although young people from Black and other minority ethnic backgrounds may interpret

sometimes, this activity is far more usual for Pakistani young people. Pakistani young people interviewed for this study interpret and translate for their parents under a variety of circumstances. Their parents, especially mothers, rely upon this support for routine as well as less routine situations of daily living.

**Table 6.2 Ethnic background x Cook a hot meal**

	<i>Never</i>	<i>Sometimes</i>	<i>Frequently</i>	<b>Total</b>
Black	48.5% 32	50% 33	1.5% 1	66
Pakistani	69.6% 117	25% 42	5.4% 9	168
White	52% 342	43.8% 288	4.3% 28	658
Other	54% 34	44.4% 28	1.6% 1	63
<b>Total</b>	55% 525	40.9% 391	4.1% 439	955

Missing 2.6% (n=25) Chi-square=24.135, df=6, p<0.001



**Table 6.3 Ethnic background x Interpret or translate for parents**

	<i>Never</i>	<i>Sometimes</i>	<i>Frequently</i>	<b>Total</b>
Black	87.9% 58	12.1% 8	0	66
Pakistani	38.7% 65	52.4% 88	8.9% 15	168
White	92.7% 610	4.4% 29	2.9% 19	658
Other	63.5% 40	31.7% 20	4.8% 3	63
<b>Total</b>	80.9% 773	15.2% 145	3.9% 37	955

Missing 2.6% (n=25) Chi-square=281.694, df=6, p<0.001

The data relating to caring for others was recoded to give a ranking for level of care provided where 1=no care responsibility and 5=substantial care on a daily basis. When chi-square was performed on the care activity ranking with age and ethnicity controlling for gender, it is noted different patterns occur showing that the interplay between these variables is more complex in the context of providing care for others compared with more general helping out here. For the youngest age group girls emerge as reporting higher levels of involvement than boys with 12 year olds more likely to report moderate and regular responsibility ( $p<0.01$ ). When ethnicity is considered, both boys and girls from the Black and Pakistani groups are significantly associated with higher levels of reported care activity ( $p<0.001$ ). (The distribution of numbers within the ethnic background variable produces small sizes, therefore, although the significance level has been quoted, the strength of the association in this case, should be treated with caution). More Pakistani young people report a regular care responsibility and task by task analysis indicates this is probably focused on interpreting for parents and grandparents. When the variables were included in a simple factor analysis using the ranking for care

activity as the dependent variable all three variables, gender, age and ethnicity, were significant factors related to care (Appendix V Table CH 6.5). This confirms that gender, age and ethnicity are important influences in terms of caring, and that the interplay between these variables is more complex in comparison with routine helping out. A factor analysis for the housework ranking using gender, age and ethnicity as the independent variables, indicates that gender is a highly significant factor, whereas age and gender are much less so (Appendix V Table CH 6.5). This accords with the findings arising from the chi-square analysis that indicates that of these three variables, only gender is significantly associated with routine helping out (Chapter 5 Section 5.4)

Overall, factors such as family composition and parental work patterns exert greater influence for caring activity than for general help with domestic chores. Data relating to family size and reported involvement in caring for others is presented in Table 6.4. The numbers of only children and those in very large families is small, generating small cell sizes but trends in the data indicate that the number of children in the family is linked to reported involvement in caring for others. (Table 6.4). This table demonstrates that only children are significantly less likely to be required to help look after others in the family and that moderate and regular responsibility is significantly associated with families of four or more children.

**Table 6.4** Number of children in the family x level of care activity

<i>Number of children in the family</i>	<i>Has no care responsibility</i>	<i>Has some responsibility</i>	<i>Moderate responsibility</i>	<i>Regular responsibility</i>	<i>Substantial responsibility</i>	<b>Total</b>
1 child	88.9% 48	9.3% 5	1.9% 1	0	0	54
2 or 3 children	77.1% 430	17% 95	4.7% 26	0.5% 3	0.7% 4	558
4-6 children	60.1% 169	23.8% 67	11.7% 33	2.8% 8	1.4% 4	281
More than 6	41.1% 23	35.7% 20	19.6% 11	1.8% 1	1.8% 1	56
<b>Total</b>	70.6% 670	19.7% 187	7.5% 71	1.3% 12	0.9% 9	949

Analysed on a task by task basis, the presence of siblings under ten in the family is associated with significant reporting of involvement in many of the caring activities forming a part of this study. The interview data suggests this could result from a greater expectation that older siblings will become involved in amusing younger siblings, either to help the sibling in question directly, for example, by encouraging them to take any tablets or medicine they require, or to free a parent to go to the doctor's surgery or to rest if they are not feeling well.

The presence of a grandparent living in the family home appears as a variable of some significance associated with reported incidences of interpreting. Grandparents are also significantly linked to helping parents go to the doctor, helping with tablets and medication and helping a family member upstairs. In this study the number of co-resident grandparents is very small. So although significant associations are produced in the analysis, the cell sizes are very small. The interview data provides evidence of the

importance of a co-resident grandparent in precipitating caring activity for young people, as follows:

Int: *When you help someone upstairs is that to do with your brother  
or nan and pap?*

A: *My pap, he uses a walking stick*

Int: *He finds the stairs difficult?*

A: *Yes he loses his balance*

Int: *Does he actually lose his balance or is it more fear?*

A: *No he does, he loses his balance sometimes but  
sometimes he does feel a bit iffy*

Int: *You do that most days?*

A: *Yes*

Aimee 13

In both the interview and questionnaire data there are examples of participants' mothers giving up paid employment to care for grandparents and in these cases young people become involved in helping with the care activity. It seems clear that a grandparent in the family is an important factor for children's care activity, but more data is needed to be confident of the strength of the association.

Family size is important, but not just within the Pakistani group. Larger families are a characteristic of step-parent arrangements and is linked to a likelihood for increased reporting of incidences of caring activities especially those associated with siblings. In addition, helping a family member upstairs is also likely to be reported as an activity in which young people help either sometimes or on a daily basis in step-families and it is

possible that this too is linked with younger siblings in the family. As noted in Chapter 5 (Section 5.3) larger families and younger families are associated with step-families.

Where mothers are reported as working part-time or full-time outside the family home, this is inversely linked to the number and ages of siblings in the family. In other words where mothers are not in work, it is highly likely that the sibling group will be larger and there will also be younger siblings in the family. This applies to both Pakistani and non-Pakistani families. Young people whose mothers do not work outside the family home are more likely to report helping to look after or care for siblings.

Mothers' employment status and overall levels of involvement in care activity are explored in Table 6.5. The data in this table demonstrates a link between levels of care responsibility on the part of young people and mothers' participation in paid employment. As has been indicated above, it is often care responsibility, either for children or for older relatives that prevents women taking up work outside the home, therefore presenting more opportunities and need for young people to become involved in care focused activity. When their mothers are not working, young people appear more likely to report some care responsibility. The data demonstrate that the children of women not in paid employment will report more responsibility with 37.6% (n=109) involved in care for others ranging from some activity to regular care (Table 6.5). The test of association represented in Table 6.5 produces small cell sizes and therefore levels of significance have not been given, but trends in the data accord with significant associations generated from a task by task analysis (Chart 6.1 and Graph 6.2 above)

**Table 6.5 Mothers' employment status x level of care activity**

<i>Mothers' employment status</i>	<i>Has no care responsibility</i>	<i>Has some responsibility</i>	<i>Moderate responsibility</i>	<i>Regular responsibility</i>	<i>Substantial responsibility</i>	<b>Total</b>
Has no job	61.4% 178	23.4% 68	11.4% 33	2.8% 8	1% 3	290
Has a part-time job	74.1% 157	17% 36	7.5% 16	0.9% 2	0.5% 1	212
Has a full-time job	81.4% 294	13.9% 50	3% 11	0.6% 2	1.1% 4	361
<b>Total</b>	72.9% 629	17.8% 154	7% 60	1.4% 12	0.9% 8	863

In comparison with helping with general domestic chores, involvement in care activity appears to arise more directly as a result of specific circumstances in the home. Three broad categories of care activities have been identified. First, help with informal care (looking after a family member with an illness or a disability), second, help with childcare (looking after siblings) and third help with interpreting and translation for a parent. All of the young people interviewed for this study help to take care of others through involvement in one or other of these activities.

### **6.3 Illness and disability**

The first activity area focuses on illness and disability in the family. This is the situation most often under scrutiny when young people's involvement in informal care is discussed and is the area that most raises concern when elements of personal care are involved such as washing, dressing, toileting and responsibility for medications. As discussed in Chapter 3, the focus of concern rests on a perception of informal care activity as inappropriate for young people because it involves them in intimate care and

places upon them too great a responsibility, for example through administering medication.

Families are often forced to find different ways to cope with serious illness and disability within a context of health and social care provision that is unevenly available and not always able to meet families' needs. It is commonly accepted that informal care by family members is one of the most important ways of meeting an individual's social care needs. Where family circumstances require it, children and young people often step in to help or to assume full responsibility for the care of others.

Thirteen of the eighteen young people interviewed have a family member with a disability. For three of the interviewees, Michaela, Ricky and Nadia, the level of illness or disability is sufficiently serious to require all family members to help directly with the care of the incapacitated family member. For the other interviewees, the degree of illness or disability appears to be less severe, although in each case the illness is enduring and requires care and watchfulness on the part of all family members. Both boys and girls contribute to caring activities when there is serious illness or disability.

Nadia and Ricky both have siblings with multiple learning and physical disabilities. At fourteen years of age Nadia is the second oldest child in her family, with her older brother having a serious disability. Ricky is the older of two children. Both Nadia and Ricky are involved in helping with personal and intimate care for their siblings.

Ricky's brother is autistic and also has mobility difficulties. Ricky helps his mother lift his brother into and out of the bath and washes and dresses him three or four times a

week. He sometimes stays in to look after his brother if his mother is busy. Ricky's involvement with caring for his brother increased between completing the questionnaire and being interviewed. He explains this as resulting from his being older and more responsible. His step-father does not work through ill-health and it appears that Ricky's help with lifting and dressing his brother benefits his step-father as well, as he now shares the task of helping to lift his brother with his step-father. Ricky's grandparents live close by and they also provide assistance. His help is invaluable to his family but at the moment they could just about cope without it.

*Int: And if you weren't able to help what would happen?*

*Ricky: Um, my Mum and Dad would be able to manage on their own, probably. And my Nan and Grandad would be able to help.....it would still get done just it would be harder*

Nadia's older brother is eighteen, and her younger sister six. Both have physical and learning disabilities. Nadia helps to feed her brother and sister in the evenings. She used to help to wash and dress her brother in the mornings but there are now home carers who come to bath and dress him mornings and evenings. Nadia stays in to look after her brother if her parents need to go out for shopping or to the doctors or have other commitments. He is doubly incontinent and wears nappies and when she is looking after him Nadia washes and changes him when necessary.

In addition to receiving home care services, Nadia's brother and sister are taken to a special school in specialist transport. Their mother receives some help with housework and the council are going to make alterations to accommodate a bedroom and bathroom downstairs. Nadia's family have in the recent past received help from their extended



family, especially a cousin who used to help with the cooking. This cousin is now at university and not able to continue helping. In addition to helping to care for her brother and sister, Nadia also provides help for another cousin who also has a disability.

Ricky's family do not at the moment receive social services help although Ricky himself attends a young carer's project. This indicates that his family may have contact with health and social care agencies who have linked the family with the local carer's project.

Michaela's mother has a degenerative illness, which is causing blindness. She has had several operations and during the time between completing the questionnaire and taking part in the interview Michaela had moved from her mother's to her father's house. Michaela explained this as a combination of relieving her mother of responsibility and ensuring that Michaela and her twin sister were not overburdened with too much housework. Michaela nevertheless goes to her mother's house two or three times a week to clean up and help her mother. She helps her mother take tablets, puts in her eye drops and accompanies her mother on hospital and doctor's appointments. Michaela carries a considerable burden of emotional responsibility, especially with regard to her mother's personal safety. These are anxieties that arise from her mother's failing eyesight. At the time of the interview, it appeared from Michaela's account that her mother was registered as seriously visually impaired.

Despite the move to her father's house, Michaela's domestic burden had not decreased, as the level of self-care and helping activity continued to be as significant at her father's home as at her mother's. Out of the children in step-families in the interview group,

Michaela was the only one formally living with her father rather than visiting at week-ends or holiday times. It seems that for those who visit fathers' homes rather than live there permanently, the expectation of helping whilst there is usually less than is expected in the maternal home. The difference in expectations was not pursued in depth but raises questions about children's helping and caring activities that could be usefully explored within a context of focus specifically on step-families.

Michaela has a twin-sister but carries a greater helping burden due to her sister having a disability affecting her mobility. It seems clear that she feels a considerable responsibility to help her mother, to do her share at her father's home and not pose a burden to her step-mother and step- brothers and to ensure also that her twin sister is not over-burdened.

From Michaela's account there is some kind of statutory agency help being provided to her mother. Her mother attends courses for the visually impaired and registered blind and other links with outside sources of help have been made.

*Sometimes a district nurse used to come in to help my Mum around the house sometimes then when me and my sister weren't there and then she had an operation some of the district nurses come out to help her move around the house and help her with her eye drops. And they'd come out to have a look at her.*

*.....she still goes to college. Sometimes she goes to college to do some more, cos my Mum she's already done a couple of exams*

*and she's passed all of the exams. It's for blind people to use the computer, Mum knows how to use the computer properly now and its really good for her cos then she can get stuff off the internet.....*

Michaela 13

Although Ricky is linked into a specialist service supporting young people who have a close family member with a serious illness or disability, Nadia and Michaela at the time of interview were not.

When some kind of statutory help or service appears to be provided, the interviewees were generally not very clear about who provides it or where it comes from. For the most part they are not familiar with a term like 'social services' although they do think that some of the help that their families receive comes from the council.

All of the interviewees appeared to be well-informed about the illness or disability affecting their relatives. In most cases it was mothers who had told them although there were instances where the young person had just absorbed the information from hearing their parents discuss things:

*But they talk about and stuff and I listen, I listen to what they say.*

Nain,15

Ricky was conscious of himself as a 'young carer' and cited the young carer group he attended as another source of knowledge about his brother's condition:

*Um, I go to, er, a group, er a young carer's group. We talk about it as well.*

Ricky,14

#### 6.4 Other kinds of caring

Helping to care for younger siblings is not normally included within the framework of discussions regarding young people and informal care. This may be because helping to care for brothers and sisters does not perhaps raise the same levels of anxiety as other forms of care-taking. Or it may be that in sociological studies childcare in the home has been considered separately from other informal care activity. In Britain the literature on informal care tends not to include child rearing and childcare.

Nearly all of the interviewees, (n=15), have had some involvement in looking after younger siblings and this applies to both girls and boys. Ellie offered looking after brothers and sisters as a reason why some young people do more to help at home than others:

*Some of my friends do less than me, but some of my friends do more. Um, like, some of my friends have to do all the house chores and they have to look after little brothers and sisters, but some of them, they ain't got little brothers and sisters and they don't have to do anything.*

Ellie,<sup>13</sup>

As has been demonstrated by Nadia and Ricky some sibling care-taking is precipitated by disability whereas for others, care activity appears to arise due to age difference. Tori, Ellie and Kingsley all reported on their questionnaires frequent help with washing and dressing younger siblings and looking after them. They each have a sibling more than six years younger than they are. By the time of the interviews they all said that help with washing and dressing was declining as their brothers and sisters are older and

becoming more able to do things for themselves. Whilst help with some tasks may decrease as siblings become older, other tasks may be taken on especially where it is something they are already doing for themselves:

Int: *And you get your own things ready for school?*

K: *Yeah a lunch.....*

Int: *You decide what to have?*

K: *Yeah, cos I have to do it for my little sister as well. Pack her lunch box.*

Kingsley,13

Although Tori, Ellie and Kingsley all consider their involvement in sibling care is declining as their siblings become older, they are still responsible for keeping an eye on them if their mothers go shopping or round to a neighbour's for some reason:

*Sometimes my Mum just goes like shopping, sometimes like if it's raining or something and she don't want us to come, cos my sister's quite easy to catching colds.....and we just stay at home and watch TV or we play computers or do something like that.*

Kingsley,13

For Lee and Jack, as oldest children in relatively large sibling groups still in the maternal home (Lee has three younger siblings, Jack has four, and they are each part of extended step-sibling groups with other natural and step-siblings of different ages living elsewhere), their sibling care responsibilities are not reducing and both undertake frequent babysitting or care of their siblings. This is often to give their mothers a break:

*This babysitting bit, I do like every night for my Mum cos she like gets out the house sort of thing, put her 'air down. She like, she can't cope being in the 'ouse all day. So she goes down me auntie's for a little while. So I look after the kids then.*

Lee,14

*J: every day when they're so tired I take them upstairs and put them to bed .....*

*Int: if you weren't around what would happen*

*J: they'd probably just get out of hand*

*Int: why*

*J: Because when they know I'm not around they play up even more*

*Int: So you're able to .... (Jack interrupts)*

*J: Yeah keep them under control*

Jack,14

Both Jack and Lee appear to accept their responsibilities as a normal part of family life, although for Jack the task may be more onerous as, from his accounts, his younger siblings seem boisterous and difficult to cope with. There is also the possibility that Jack's responsibilities impact on his schoolwork as he is expected to keep his siblings under control even when his mother is at home and he is doing his homework:

*Int: Do your brothers and sisters interfere with you doing your homework?*

*J: Interrupt, run around banging*

*Int: Does that make it difficult?*

*J: Yes cos then mum tells me to come down and then leave my homework .*

Jack,14

Jack is able to spend time with his own friends at the week-ends which is a break from his siblings:

*Its ok. Its like they're not annoying me and I've got some peace and quiet round me.*

Jack,14

There is relief in sight for Jack as he considers his siblings are becoming less troublesome as they get older:

*Cos they're learning how to behave themselves not doing what they're not supposed to do.*

Jack,14

Interpreting by children on behalf of their parents represents another dimension within the helping and caring continuum. Ethnicity is a significant factor associated with interpreting and translating activity (Table 6.3 above). Eight of the interviewees describe their family background as Pakistani and all of those have some involvement in interpreting. Dan, who describes his family as Gujarati, also interprets on occasions. It is an activity that would appear to be different from just another domestic task, and yet, although often carrying a burden of responsibility, is perhaps not generally perceived a caring activity in the way that informal care is constructed within the literature. This

adds another dimension to the wider discussion associated with caring and the perceptions of appropriate activity for young people.

This one activity, when undertaken by children or young people for a parent crystallizes the dilemma surrounding children's involvement in helping and caring activity. Accounts from the interview data demonstrate that the situations where young people are involved in interpreting for a parent ranges from activities such as shopping and hunting the best bargains in the supermarket, to accompanying parents on visits to the doctor or hospital. In addition young people become involved in such activities as completing census forms (the 2001 Census had taken place a few weeks before the interviews) or resolving maintenance problems with the local council housing department.

Within interpreting activity it is important to determine where it is appropriate for young people to become involved and where it is not, according to the standards that would be applied to their peers in other informal care situations. So that for example shopping might be considered acceptable, whereas interpreting in the doctor's surgery might not.

For Pakistani young people, reporting a mother in a full-time job is significantly linked to a **decrease** in incidences of interpreting activity. This indicates that for many Pakistani women family factors, such as age and number of children, may not be the only reasons for non-participation in the labour market and that language barrier may also be a factor. It also indicates that some women within the community from which the research participants are drawn experience increased levels of dependence, not only



through exclusion from the labour market but also through reliance on others, including their children for interpreting support.

Interpreting is a wide-ranging activity and encompasses help with shopping, dealing with the local council and medical situations. Responsibility for interpreting seems to fall to the interviewees in this study even where they have older siblings. This is most often explained by interviewees as a result of older siblings having their own responsibilities through work or college studies that mean they cannot help in this way. All interviewees, however, stress they do not miss school because of their own involvement with interpreting. Some indicate that other relatives, aunties or cousins help where necessary. Most interpreting is carried out on behalf of mothers as all of the interviewees involved with interpreting report their fathers as speaking good English. Nain occasionally interprets for her father.

Some of those who are interpreting help their mothers in shops and supermarkets and eight of the interviewees have some involvement in interpreting in the doctor's surgery. Sonya provides her mother with quite a lot of help, accompanying her for her sugar and diabetes checks at the doctor and, when she is not at school, going with her Mother to her exercise class to interpret the instructions. Even where mothers have a reasonable command of English, interpreting support is still needed in some situations especially at the doctor's surgery:

*No, but my mum does understand it, she just doesn't always understand what the big words mean.*

Marina,14

At the time of the interview, Nain had been involved with the council in trying to resolve a problem resulting from the failure of the central heating boiler:

*I'm helping my Mum and Dad. I interpret for my Mum when she goes down the council or the advice bureau and they give us forms to fill in and I fill them in and I make phone calls for my Mum and Dad cos they can't like speak proper English.*

Nain,15

It appears from interviewees' accounts that the support of a professional interpreter is only occasionally provided, although interviewees expressed mixed views about how helpful such a service is. Nain expressed strong views about the lack of interpreting services:

Int: If ever you go to the council or anywhere like that do they ever provide an interpreter or offer?

N: *They do but when my Mum's busy that's the day the interpreter's there and when my Mum's not busy that's the day they don't have the interpreter so I have to go with my Mum.*

Int: Would you think it would be better if there were a professional interpreter?

N: *Yeah I think it would be better cos like there's loads of Mums and Dads round here that come from Pakistan and they can't speak English pretty well. It's hard for them to get through cos it's like, only I think a Tuesday or a Wednesday, that day, that they have like an interpreter down at the council or anywhere else and, like,*

*you know, and they can't get through like, everyone in one day so it gets like really hard.*

Int: Some people might say that's okay because the children go to school and they can speak English. What do you think to that?

N: *I don't think that's like, good enough. If my Mum had to go somewhere and she needed an interpreter to talk to someone and I had a day at school doing exams or something and my Mum really needed me, I couldn't exactly leave the exam and go with my Mum. It would be hard for my Mum cos they wouldn't understand what she was saying and stuff.*

Nain, 15

For some, the need for a professional interpreter was less strongly felt and there was a contrary view that professionally provided support of this kind would be less welcome:

*Um, they do offer, but we have got so many people around. We've got my cousin cos they live nearby. They can go, um, they know good English. My Dad right, if I couldn't go, my Dad would go cos he is good at English, otherwise he would just stay in the car and it would be me to go. I've got my brother as well and my sisters, they can go. Cos my Mum and I got this kind of bond that's why I go for my Mum.*

Sonya, 15.

Ayesha stated that her mother would really prefer be an Asian doctor:

*She'd probably prefer an Asian doctor rather than taking me or my Auntie.*

Ayesha, 14

Where children are interpreting in medical situations the reasons for anxiety and concern are similar to those associated with children in other informal care situations, but has not been so widely discussed. Much of the debate focuses on involving children in the intimate world of adult bodies and extent to which, through interpreting in the doctor's surgery, children become involved in discussions of their parents' intimate bodily processes or the diagnosis of possibly fatal conditions (Cohen et al., 1999).

Interpreting in medical settings appears to place children and young people in stressful situations and places upon them a burden that may be unreasonable for them to carry. There are other situations such as Nain outlines above, dealing with house maintenance issues that could be considered to be as burdensome, especially the responsibility to understand some of the technical terms required in both languages and the financial consequences that could perhaps arise if not satisfactorily resolved. In the context of the involvement of immigrant Chinese children in family businesses, Song (1996), discusses school children interpreting for banking and income tax matters and the burden of responsibility that they felt because of the subject matter.

Most of the Pakistani interviewees help with filling out forms. But form filling was also reported on the questionnaire by white British young people. During his interview Lee confirmed this as one of his tasks as his step-father could not read or write. Therefore, lack of literacy is a factor that may mean that children from families who are all native English speakers may also be required to help with form filling for parents as well as young people in families where English is not the first language.

## **6.5 Impact and relationships**

Through analysis of the face-to-face interviews, this chapter has attempted to explore the experiences of young people in different caring situations. Where young people care for others with an illness or disability, this is well documented and the impact on their lives is well understood (Chapter 3). It could be anticipated, therefore, that for those who report informal care responsibility, there would be evidence of adverse impact on schoolwork and social life. In addition it is possible that future prospects may be inhibited through continuing care responsibility. For the young people in this study, the question is posed does their caring role affect their lives and how does this compare with their peers carrying responsibilities for sibling care-taking or interpreting?

When the survey data is analyzed for the relationship between time spent helping and caring against homework and out of school leisure activities, there do not appear to be any significant associations. Similarly when overall levels of involvement in leisure activity are examined for associations with overall levels of involvement in caring for others there are no significant outcomes. This applies not only to the whole sample, but also to the interview subgroup, with percentage participation in the various activities matching the whole sample regardless of level of care activity. A similar finding emerges when the leisure activity data is tested only for those activities outside the home i.e. cinemas, sports clubs and youth clubs. This would seem to indicate that when young people make a substantial contribution to the household especially through caring for others, this is not always accompanied by a corresponding reduction in participation in leisure activity. When chi-square analysis is performed for individual leisure with each of the care activities, some significant associations do emerge. For instance when

young people help with their younger siblings this does appear to affect the amount of time spent with their friends (Tables 6.6 and 6.7).

**Table 6.6 Time with friends x Look after siblings**

<i>Time with friends</i>	<i>Look after siblings</i>			
	Never	Sometimes	Frequently	Total
Hardly does this	41.1% 37	44.4% 40	14.4% 13	90
At least once a week	46.5% 370	46.9% 373	6.5% 52	795
<b>Total</b>	46% 407	46.7% 413	7.3% 65	885

Missing 9.7% (n=95) Chi-square=7.500, df=2, p<0.05

**Table 6.7 Time with friends x Help siblings washing and dressing**

<i>Time with friends</i>	<i>Help siblings washing and dressing</i>			
	Never	Sometimes	Frequently	Total
Hardly does this	61.8% 55	28.1% 25	10.1% 9	89
At least once a week	77% 607	18.1% 143	4.8% 38	788
<b>Total</b>	75.5% 662	19.2% 168	5.4% 47	877

Missing 10.5% (n=103) Chi-square=10.761, df=2, p<0.01

But overall there is a not a strong pattern of associations between caring for others and significant restrictions on spare-time activity. This is reflected in the interview data. From Nadia's and Ricky's accounts it is clear that their parents welcome the help they provide but there are also strong affirmations that their care responsibilities should not

impact upon their school work and social lives or affect their plans for a future. Nor should they do so much that their own health is affected:

*Yeah, Mum's already said that education comes first*

Ricky, 14

*Sometimes my Mum and Dad'd just say don't do something, I'll do it, cos you may get bad backs, stuff like that. Cos I'm young as well yeh.*

Nadia, 14

There does not appear to be any significant effect on homework participation caused by home responsibility, but the situation may be more complicated than is indicated by the questionnaire results. The questionnaire asked if homework was done at least once a week, so although a young person might reasonably answer “yes” to the question, this does not capture the quality of the completed work or whether it was handed in on time. Therefore when young people’s accounts are considered individually the picture is more complex. As for example Jack, in a sibling care-taking role, finds there are times when his attempts to do homework are interrupted by his mother so that he can help with his younger siblings (Section 6.4).

Michaela indicates that quite often she cannot hand her homework in on time and needs to seek permission for a late submission, which is normally granted. This indicates the school’s probable awareness and sympathetic treatment of her situation. Michaela’s family, it seems, has thought a lot about her care as well as her mother’s, especially in regard to where it would be best for Michaela to live most of the time. She had moved

to live with her father in order to reduce the impact on her school and social life arising for her mother's illness.

Where asked directly or when the question was anticipated, all interviewees were adamant that they did not miss out on school as a result of their care responsibilities. This was taken at face value and not probed, but circumstances associated with some of the interviewees suggest the possibility that on occasions school might be missed. Several interviewees mentioned accompanying mothers to hospital appointments although they stressed this would be in school holidays and that other family members would go in term time.

Within the context of their families' cultural and social expectations, interviewees for the most part appeared to maintain effective social lives and peer relationships. The exception was Michaela who had reduced her involvement in athletics, for which she had won prizes, because practice after school is on one of the days she visits her mother.

A positive benefit identified for young people with care responsibility is greater skill in self-reliance tasks (Chapter 3). The two self-care activities most important in terms of significant associations with routine household chores were identified as responsibility for own meals and laundry (Chapter 5). When the care tasks under discussion in this chapter are tested against self-care activities, significant associations emerge for six of the care tasks and taking responsibility for one's own laundry (Appendix V, Tables CH 6.8- 6.13)



When young people do their own washing and ironing this may represent an indicator of greater than usual responsibility at home. This is because it is a less frequently reported self-care activity for the majority of young people and yet is the self-care task most associated with higher levels of helping out and caring for others. These self-care activities are in some cases also linked to larger family groups (Chapter 5). It is equally possible that where young people do their own laundry it is because they are part of families where everyone for one reason or another routinely does more for themselves.

All of the interviewees apart from Jack appeared to have thought about their future. For most, sixth form study was seriously being considered. Some had already decided what they wanted to do. Ricky and Lee are considering careers that involve public service expressing a conviction that they want to help others, Ricky as a barrister and Lee as a policeman. Aimee, whose grandparents live with her, had thought she might like to look after older people:

*Like when I'm older, I like people, so I might like, work in an old people's home or something. My Nan and my Pap have like, given me experience.*

Aimee,13

This reflects situations described in the literature (Chapter 3) that suggest that young people involved in care activities often choose a job or career for themselves within the caring professions. Within the young carer discourse this route to career choice is framed as a negative consequence of care involvement for young people and described as young people's socialisation into a caring role. Socialisation processes are key for all young people in determining career choices. The social and economic circumstances in

which young people find themselves as well as family background and direct experience will all have influence on young people's initial career or job choice (Chisholm 1997). This situation, therefore, is neither a positive or negative one, but it reinforces the point that young people will draw on their own experiences to help shape their decisions.

## **6.6 Young people's attitudes to helping others at home**

The final section of the questionnaire used for this study comprises a series of statements about helping and caring and asks young people to indicate whether or not they agree with the sentiments expressed. The aim of this section was to try to gain some insight into the values and attitudes linked to helping behaviour.

Young people overwhelmingly agree that helping at home is fair. One of the disadvantages of questionnaire surveys distributed in formal institutional settings, such as a school, is that despite assurances of confidentiality, there is always the danger that answers represent not what respondents actually think, but what they think their school or researchers want to hear. In the context of exploring attitudes, the possibility of being provided with a perceived 'right' answer can in itself be illuminating.

In considering the statement "I think it is fair that I should help out at home", it is in a way largely irrelevant whether or not young people really agree with this statement or have simply answered the question in the way they thought they were supposed to. If all answers are genuine this indicates a strong consensus regarding the fairness of helping out. If answers are not genuine, this demonstrates a widely understood perception on the part of young people that they are **expected** to help at home and are **expected** to

think that it is fair that they should do so. In either case this represents evidence of a widely held view that domestic activity to some degree is considered appropriate activity for young children and young people.

**Chart 6.2 Young people's attitudes to helping at home**

<i>Attitude</i>	<i>Percentage in each category agreeing with the statement</i>			<i>Total agreeing with the statement</i>
	<i>Less than 20 mins a day</i>	<i>20-60 mins a day</i>	<i>More than an hour a day</i>	
I think it's fair	91.6% 320	96.8% 360	95.6% 129	94.3% 859
Others do more than me	76.8% 308	69% 256	54.6% 71	70.4% 635
Others should do more	55.6% 223	50.1% 185	60.4% 81	54.1% 489
I do more than others	13% 52	22.5% 83	33.8% 45	19.9% 180
There is a rota for helping	30% 118	41.2% 150	41.5% 54	36.3% 322
I help to help other people	74.4% 296	87.2% 319	89.4% 118	81.8% 733
I do more than others my age	24.9% 99	37.8% 138	52.3% 68	34.2% 305
I always do what I am supposed to do	49.8% 199	67.8% 248	79.5% 105	61.5% 552
Sometimes I don't do what I am supposed to do	61.9% 244	53.7% 197	45.9% 61	56.2% 502
Most of the time I don't do what I am supposed to do	34.7% 136	22.9% 83	18.6% 24	27.5% 243
Helping is not important	21.4% 85	11.2% 41	18.2% 24	16.7% 150
Others depend on me	33.2% 133	47% 172	54% 73	42% 378

Overall, nearly 82% of young people consider that helping at home is part of helping others, with 42% agreeing that other people depend on them. Only 17% of young people considered that helping was not important. From the interview data discussed in Chapter 5, young people acknowledge helping as a routine activity and agree that through helping they are learning important life-skills. Young people's perceptions of themselves as helping at home to help others, together with perceptions of fairness (Chart 6.2) could be considered evidence that helping at home for young people is considered a natural and accepted part of family life.

The young people's accounts have provided an insight into their own perceptions of their helping and caring activities. The interviews demonstrate a strong sense of fairness and firm attitudes of justice associated with helping in the home. Moreover helping is an arena in which young people are able to develop their negotiating skills and in which parents are able to reinforce desired values and behaviour with monetary or other reward. The interview data confirms that young people and their parents believe that helping at home is both educative and useful.

It appears that where helping behaviour meets the needs of other family members and provides a material contribution to the family well-being this often falls to the oldest child residing in the home. It is demonstrated in this study that where care is required, gender is not necessarily a strong factor in determining who becomes involved and traditional gender boundaries, evident in general helping activities (Chapter 5), are likely to be crossed in care situations.

The analysis of the interview data on involvement in care activity has shown that it may be useful to broaden the concept of care to include not only care for ill and disabled family members, but sibling care-taking and activities such as interpreting as well, when discussing young people in informal care situations. In addition to personal and intimate care for disabled family members, young people participate in other forms of care-taking in ways that involve considerable responsibility as well as burden and possibly some stress as well.

In many ways involvement in any of the care activities identified in this study are not of themselves qualitatively different experiences for young people. The difference lies more in the emotional meaning attached to the circumstances precipitating the care activity. Interpreting may be a difficult and responsible task, but it is one that arises from a practical situation that requires a resolution because someone needs to understand what is being said to them. The need for help with interpreting may often occur in emotionally stressful circumstances, if for example a parent is ill, or the family is dealing with local bureaucracy (an example given in the interviews was going to the housing office to sort out a faulty boiler). In the latter case the stress is likely to disappear once the boiler has been mended, whereas the parental illness may be serious and protracted and concern for the parent endures at all times and not just within the interpreting situation.

Young people, even in demanding and stressful child care situations, are able to anticipate that this is a task that will diminish in burden over time as their siblings become older and therefore any emotional stress attached to this activity will diminish also. Personal and intimate caring may be qualitatively different, where the work

involved in the care situation is compounded with the knowledge that a beloved family member is not going to get well and may indeed worsen. Michaela was anxious at the time of the interview because her mother's condition was worsening and she was due for another operation a few weeks after the interview. Even with the prospect of adequate social care and support being available, and knowing that one's own life chances will not be affected by care responsibilities, the emotional pain associated with the poor health or disability of a family member does not diminish:

*We just, you know, pray.*

Nadia,<sup>14</sup>

## 6.7 Conclusion

Young people's accounts of their care activities demonstrate that in significant ways involvement in caring is different to general helping out at home. Overall, helping behaviour is less influenced by social and family characteristics. Helping out at home appears to be a culturally constructed activity and is generally expected of all young people. It is considered to play a role in young people's wider social education and is seen as part of preparation for adult life. Although boys are expected to help, and do so, the helping discourse is accompanied at a practical level by highly gendered demarcation, with girls' activities focused in the house and boys' on outside tasks (Chapter 5). In contrast caring activity is more closely linked to age, ethnicity and family circumstances. Although gender exerts a weaker influence here when compared with general helping activity, it is associated with sibling care, which broadly tends to be carried out by girls.

It is generally perceived to be mothers who benefit most from young people's help in the home and young people help out more when their mothers are in not employment outside the home. This reinforces the view described from a feminist perspective, (Oakley, 1974; 1994; Solberg, 1997) that domestic activity is considered primarily to be women's responsibility, even where they are in paid employment outside the home. Women then become responsible for the informal care of others in the home as an extension of their domestic duties (Land, 1979). It seems this automatic extension of responsibility for women may be a factor in the passing of care responsibility from women to children, as an extension of a culturally determined expectation that children should help out at home. Whilst there is a strong discourse that children and young people ought not to assume responsibility for the care of others, as a task that falls to mothers, it seems quite natural that children should step in to help out in small ways when necessary. They may then assume greater levels of responsibility according to the family's circumstances.

It is possible to consider a model of children as carers that encompasses a framework of activity wider than just situations of illness and disability. As has been demonstrated, young people become involved in other kinds of caring such as child care or interpreting where parents do not have English as a first language. These activities may affect young people's lives, impacting on school work and their social lives in ways similar to those already identified for young people involved in situations of illness and disability. It is likely though, that the qualitative experience may be different in so far as other kinds of caring may be for shorter periods of time, or there may be more certain prospects of the caring situation coming to an end.

Children's contribution to informal care is a complex area and whilst there is evidence of some negative association between home responsibility and young people's social lives, the data does not allow firm conclusions to be drawn as other factors, such as economic circumstances have not been taken into account in this study. The data provide results that demonstrate that through taking a broader more holistic approach in defining care activity, a more complete picture is constructed for children's contribution to informal care. The next chapter moves on to discuss the results and to consider the findings within the framework for conceptualising children's caring in the home that was outlined in Chapter 3 (Section 3.5).



## **Chapter 7**

### **Developing a model for interpreting children's helping and caring activities**

#### **7.1 Introduction**

Young people contribute to the household both directly and indirectly. Part-time working and increasing self-reliance for older young people represent examples of indirect contribution to the family. The majority of young people also contribute directly to family life through general helping out and, for a small minority, by helping to care for or in some way look after others in the family home.

Key characteristics of children's and young people's helping and caring behaviours have been identified from the data gathered for this study. It is evident that helping at home is an integral feature of family life for most young people but it is also an area of negotiation and flexibility, closely linked to the development of self-care skills and preparation for independence. Helping, although primarily provided to mothers, is perceived to be an activity that benefits the young helpers. Those activities that can be described as caring, on the other hand, are carried out principally for the benefit of others and are linked to specific social and economic circumstances within families. They represent situations of genuine contribution to the household on the part of the young people involved. Caring behaviour encompasses situations in addition to illness and disability. The most important additional caring situations that have been identified are looking after younger siblings and interpreting for parents or grandparents.

From interviewee's accounts it is apparent these activities carry as much responsibility as caring for family members with illnesses or disabilities. Sibling care and interpreting

have remained largely invisible within the literature and have not been considered as problematic or been the focus of vigorous policy responses. Conversely the child as carer has been constructed as a social problem in a way that characterises the young person and their family as problematic because their circumstances are perceived to be both unusual and unacceptable.

Having drawn the research participants from natural populations of young people, the data gathered provides information on a broad spectrum of helping and caring behaviours. Because the research participants were not identified through specific association with problematic situations a context of what young people normally do to help at home has been created. This approach enables the results from the study to be considered in the light of the models for conceptualising children's and young people's care activities that were outlined in Chapter 3.

Time is often conceptualised as inextricably bound with childhood and therefore some of the ways that time is used to structure childhood and how structural concepts are used to make sense of childhood are briefly explored in the next section, Section 7.2. An aim of this study has been to avoid focussing on the child as carer as purely a social problem and to gain a wider understanding children's and young people's contribution to family life using analytical tools derived from different perspectives within the field of the sociology of childhood. Modern concepts of childhood encompass an embedded and widely held discourse about children's role in the family and wider society, such that young people who assume responsibility for others might be considered to be different or set apart from their peers. The caring activities that have been identified through the interviews in this study would seem to involve some young people in levels of

responsibility that many would consider as marking them out as different or apart. Accordingly Section 7.3 provides a brief analysis of the extent to which children who look after or care for others could be characterised as children out of place.

The main discussion of this chapter focuses on the framework developed in Chapter 3 and a discussion of the results using the framework is set out in Section 7.4. In Section 7.4 the results from the study are discussed using the sociological perspectives explored in the framework i.e. a feminist perspective, competing rights and constructions of understanding founded on concepts of deficit.

## **7.2 The construction of childhood as time-bounded**

The structural sociology approach to understanding childhood, described by Mayall (2002), positions childhood as a permanent social category. That is childhood is a “component of the social order” (Mayall, 2002: 23), where childhood is a “separate condition of the lifespan whose characteristics are different to later ones” (Mayall, 2002: 23). In this way childhood is understood to be a generational situation distinct from adulthood. Mayall (2002) describes this as a process “set in train by earlier generations of adults, through which childhood has come to have certain characteristics” (p23). A key characteristic is the perception of childhood as a social category of lesser status than adulthood, where childhood and youth function in part as a period of preparation for the adult life that is to follow.

Time, therefore, assumes an important role in relation to how children and young people make sense of their own development and their place in the world, although how this is

articulated by young people will vary according to young people's own situations and perspectives (Brannen and Nilsen, 2002).

The interviews for this study demonstrated the importance of time and the almost fleeting nature of the pattern of family life as it is experienced at a micro-level by individual young people. Within the life course of individuals in a family major changes can occur within relatively short amounts of time. The passage of time between completing the questionnaire and taking part in the interviews, meant that for all interviewees in this study the patterns of family life and their own roles and activities had changed. In some cases these were small changes such as spending more time out of the house with friends. For others the change was much more significant, for example the departure of the father figure from the home or the arrival of a new sister-in-law to take up residence. Some changes represent a positive and valued benefit such as the departure of an older sibling on marriage and the opportunity therefore, to have sole occupancy of a previously shared room.

James and Prout (1990) discuss the "frequent transitions of childhood", which refers specifically to major events that affect children directly such as changing schools. It becomes clear through the interviews for this study that growth and maturation are also experienced as a series of minor transitions which are captured through statements such as "I'm older now" or "I'm old enough" used by the interviewees as explanations for changes in their lives in general and in their helping behaviour in particular.

With a time delay of about 15 months between completing the questionnaire and taking part in the interviews, the most important personal change for all participants was age.

Whilst this is stating a truism, it is important to record this for two reasons. First, taking a broad perspective, as James and Prout (1990) have highlighted, age-grading is an important conceptual mechanism through which, in modern western society, we seek to structure and explain children's growth and maturation. Secondly, and more specifically, the problem of children involved in informal care arises precisely because age-grading supports assumptions of age-appropriate activity for children.

For all interviewees, patterns of involvement in household activity and caring had changed to some degree during the time that had elapsed between completing the questionnaires and taking part in the interview. For some, such changes had resulted in increased responsibility and for others a decrease in responsibility. From the interview data it is evident that changes in patterns of helping and caring activity mirror an interlinking network of changing family circumstances. These changes may be focused on the young person developing as an individual over time. They may also be linked to changes such as family members leaving or joining the family dwelling place or becoming more or less able to do things for themselves.

Within the deficit model of conceptualising the child as carer, childhood is constructed as a period of time free of responsibility which is consequently subverted through caring responsibility. This is not a wholly accurate construction though, as children and young people do have responsibility to be educated and to prepare for their lives as adults. It is the balance between the freedoms and levels of responsibility and how these are negotiated that lead to defining children as problematic or out of place.

### **7.3 Young Carers: Children out of place?**

As many commentators have argued, childhood is a constructed concept and modern, normative perceptions have developed in the last 150 years and it is these perceptions that underpin the deficit model for understanding children as carers. At the end of the 20<sup>th</sup> century society is impacting on children's lives at different levels. At a popular level increasingly commodified activity is being made available to children with which they actively and apparently enthusiastically engage. Through media such as television the world of adults impacts on children in a variety of ways. All of this contributes to a discourse of 'disappearing' childhood or 'childhood in crisis' (Stephens, 1995; Wyness, 2000)

The discourse of disappearing childhood is often connected to young people's behaviour. Society is especially disturbed when children and young people are 'visible' in public places, particularly in circumstances where they are apparently unsupervised (Stephens, 1995). Whilst children as carers are not visible in public places, they have become visible in the home where they often appear to be adopting a supervisory role. In this way they could be characterised as 'children out of place' (Stephens, 1995: 13)

The young carer literature identifies that boys are as likely as girls to become involved in caring for others. Similarly boys are equally as likely to look after younger siblings when it is important for the family. Significant sibling care responsibility can, at least in the short term, be as problematic for young people as significant informal care responsibility (Chapter 6). But sibling care-taking has not been constructed as a problem within the young carer literature and has not so far been widely discussed. Young people with one set of responsibilities, child care for siblings, remain largely invisible

but where the responsibility is for the care of a parent or sibling with a chronic illness or disability they are identified and set apart. In a sense the young people with informal care responsibility are, in practice, placed apart as discussions of their issues are situated within the context of community care and other adult concerns. This represents a paradoxical approach, as a major cause for anxiety in the young carer debate is over-familiarity with the world of adults. Once the issue of the child as informal carer is situated within the social landscape that is childhood it becomes possible to develop a deeper understanding of the extent to which the child as carer is a child out of place and to become aware of the ways in which their responsibilities resonate with other facets of the childhood terrain.

Data gathered from young people during this research reinforce a notion of a complex network of embedded assumptions linking domestic tasks, women and children. The normative expectation that women and children become involved with those tasks is a key factor in determining why it is that certain family situations result in some young people becoming drawn into considerable levels of home responsibility (Chapter 6, Section 6.7).

This then begs the question as to how much and what kind of responsibility for young people is appropriate. The length of the school day and school activities are regulated and open to public gaze. Similarly there is strict regulation governing children's involvement in paid employment (Jones and Bell, 2000). There is, however, no legislative guidance on helping at home as this is considered to be a private matter for the family. In this way helping at home falls into the same category as physical chastisement, in other words an area into which law-makers are loathe to stray and, yet,

because of the privacy of the domestic sphere, it is an area in which children and young people are perceived to be at risk of suffering abuse (Muncie and Sapsford, 1993).

The established norms of childhood and perceptions of what is or is not appropriate activity for children, have informed constructions of children involved in informal care as children out of place. Where children and young people have a heavy care responsibility they have been viewed as victims of oppression in so far as they have little control over their situation (Aldridge and Becker, 1993; 1995; 2000). Drawing on perspectives that have explored children's agency and their ability as social actors, (Wyness, 2000), it is useful to question why children as carers are problematic and to try to identify where children's own agency ends and oppression begins.

A prominent feature within discourses associated with children and the problems of childhood is the identification of intimacy with and knowledge of the world of adults as both a characteristic and cause of problematic and troubled childhood experiences for some young people (Hendrick, 1990; James and Prout, 1996; Wyness, 2000). It seems that anxieties connected with children's intimacy with the world of adults is as much to do with knowledge as inappropriate levels of work. An important characteristic within the construction of the problematic child is that of the 'precocious child' or 'adult child' (Wyness, 2000: p11). This links to a particular anxiety associated with children as informal carers, which is focused on perceptions of growing up too quickly. '*You grow up fast as well.....*' is the title of an early young carer study (Bilsborrow, 1992). Whilst the self-reliance skills acquired by young people who care for others are acknowledged to be positive attributes (Tatum and Tucker, 1998; Dearden and Becker,



2000), there are nevertheless anxieties that young people involved in caring are initiated too early into the mysteries of adult life.

Informal care in situations of illness and ill health may be considered inappropriate and extraordinary activity for young people and one in which only a minority of are engaged. Perceptions linked with other activity are, however, different, as helping to look after, or keeping an eye on younger siblings seems more frequently to be carried out by young people when the home circumstances require it. This is reminiscent of earlier times when caring for younger siblings was a normal childhood task for the children of poorer families (Davin, 1996; Newman, 2000).

When families in Britain were routinely larger, and children more freely occupied public space, older children would not only have been expected to keep an eye on younger children but could in some ways be seen as mentors in terms of negotiating the world outside the home. But the trend towards smaller families

“..... has meant that children have become progressively less reliant on siblings to introduce them to the public space.” (Wyness, 2000:18).

This serves to reinforce a 20<sup>th</sup> century perspective on childhood that fixes children and young people as not able to act responsibly for themselves or on behalf of others, although in times past children and young people, especially working class young people, possessed competence as evidenced by their childcare responsibilities (Newman, 2000).

Analysis of the changing construction of childhood, outlined in Chapter 2 above, prompts a conclusion that changing attitudes during the 20<sup>th</sup> century have shaped the boundaries of children's lives and determined that the limits of their involvement in responsible activity should be confined to participation in school and commitment to their own educational achievement. The evidence from this study suggests that the structure of the family unit may be more influential than prevailing norms in determining the extent to which young people may become involved in caring for others.

So for example, although attitudes may have changed during the 20<sup>th</sup> century, so have families, which tend to be smaller on average than 100 years ago (Clarke, 1996). Whilst an evolving discourse governing children's lives has created a role of dependency and non-participation in the household economy, this has been accompanied by a comparable evolution in family life, where smaller households and fewer children, born within a short time span, have become the norm. Whilst fewer children have not reduced women's childcare burden, the nature of the responsibility has changed. Instead of having to spend a large part of the day feeding, cleaning and watching over children, mothers are now expected to attend to their children's emotional and intellectual development (Maynard, 1985). The circumstances of fewer children, closer in age and thus resulting in less physical childcare activity must be as influential in limiting sibling care-taking for young people as prevailing perceptions regarding this as an appropriate activity for children and young people.

Ethnicity is a factor affecting both the nature of care activities and the likelihood of carrying them out. Situations where there are larger families than usual are

predominantly linked to ethnicity although similar patterns are found in some step-families. For young people from these larger families, sibling care-taking is a more usually reported activity, although within smaller families, young people do sometimes become involved in sibling care activity, most particularly where there is a significant age gap between the research participant and the younger siblings in the family.

#### **7.4 Assessing the strengths and weaknesses of different models of young carer activity**

A link between constructions of the problematic or misplaced child and the young carer has been drawn using a key concept within childhood theory, 'the child out of place' in Section 8.2. The problematising approach tends to focus on the childhood landscape as a contested setting (Wyness, 2000). Evidence from this thesis suggests that childhood is as much negotiated as contested. Within a broad acceptance of prevailing discourse regarding helping at home, young people's accounts indicate there is considerable room for negotiation over helping and caring activity, how and when it is to be carried out and how and in what way it may be rewarded.

In other studies, self-care activities have been identified as proper areas of negotiation as evidenced through common practice in families (Mayall, 1994; 2000). Furthermore, in comparison with school settings, the home environment has been identified as a negotiated space with expectations adjusted according to a child's ability and preference (Mayall, 2000).

The themes of misplacement and negotiation support the framework model for conceptualising young people's contribution to the household, developed in Chapter 3.

Using this framework, the strengths and weaknesses of the different models are evaluated in relation to the research findings.

#### *7.4.1 A Feminist perspective on young people's care activity*

Gender has emerged as a variable of some significance and complexity associated with young people's reported participation in helping and caring at home. Routine helping with general household chores is not strongly influenced by the age of the young person or by the composition of the family or mother's employment status. Gender, does however appear as a strongly significant variable and exerts an influence in this study, both in terms of who helps and what they do when they are helping.

Most young people do help at home sometimes, and this therefore means that most boys help at home. A more detailed analysis (Chapter 5) shows however, that it is girls who are significantly more likely to help everyday. There is also evidence of a gendered division of labour for young people (Chapter 5). Girls are more likely to help with all of the domestic tasks with the exception of helping outside, reinforcing a perspective that housework and chores inside the house are women's work whereas work outside the house, in the garden, or associated with the family car is a male activity. A perception of a division of labour was present in interviewees' accounts where they responded that helping in the home is help provided to mothers. Girls as well as boys said that any tasks outside, such as help with the garden or cleaning the car was done to help their fathers.

The relationship between mothers' employment status and young people's contribution to the family is an interesting one. A working mother emerges as quite a weak variable

in terms of influencing helping behaviour when considered on a task-by-task basis (Chapter 5, Chart 5.3). Furthermore a mother in paid employment is linked to less reported time spent helping (Chapter 5). It is noted in Chapter 5 that family size may be a contributing factor, as mothers in paid employment tend to have fewer children and participants with fewer siblings report less involvement in helping activity.

Young people clearly articulate perceptions of helping their mothers when they help with the housework, but helping in itself does not appear to function as a replacement for a mother's activity when she is absent from the home. Indeed it has been suggested that children and young people use the home space as their own space when they occupy it out of sight of adult gaze, for example, when their parents are at work (Dencik, 1989; Solberg, 1997). It could be argued that children's use of the home space when adults are absent represents a legitimate extension of young people's own free time. It is only when the mother is present that young people are required to help and such requests for help arise naturally from traditional, normative relations within the home.

Although relations within modern families are changing, women still carry unequal burden in terms of responsibility for domestic work (du Bois, 1993) and young people's development (Maynard, 1985). It is still expected that housework is a mother's responsibility and her responsibility also to teach her children domestic skills. A link is therefore established between the amount of time young people spend helping and the amount of time that mother and child are together in the family home.

Within the context of self-reliance a very different picture emerges as mothers' employment status is significantly linked to all of the self-care activities (Chapter 5, Chart 5.2) where for the most part a mother working either full or part-time is associated with greater responsibility for self-care tasks (Chapter 5). Self-care tasks may be perceived to be of greater direct benefit for the young person and skills in this area facilitate greater independence for young people. They may therefore take more responsibility for themselves of their own accord and this, coupled with greater opportunity to practice self-care skills when mothers are absent, may account for the link with mothers' employment status.

Helping at home falls into two broad categories, i.e. helping as a social expectation and helping with responsibility attached. It is the helping with responsibility, which broadly encompasses those activities that could be characterised as caring. When the socio-demographic variables are analysed, it seems that helping with responsibility is qualitatively different from routine helping, with more significant associations between the variables and the caring tasks (Chapter 6, Chart 6.1).

Young people's involvement in caring activity is less likely to be governed by gender but is linked to social factors such as the presence of younger siblings or grandparents living in the family home. Both routine helping and care for others by young people are more likely to occur where mothers are not in paid employment. Informal care for ill, frail or vulnerable family members is a female responsibility, falling most often to wives and mothers who are not in paid employment. It is not unusual for women give up paid employment as a result of an informal care responsibility (Glendinning, 1992).

One respondent noted on their questionnaire they helped their mother who had given up work to look after a grandmother with cancer.

It seems that where mothers are not in paid employment, children and young people in the family become more involved in helping and caring. Where there are siblings under secondary school age or a larger than average sibling group in the family, mothers are less likely to work outside the home. It is reasonable to assume there is a lot to be done at home under these circumstances and older children are requested or volunteer to help. Interviewees with significant responsibility, identified their reasons for helping as giving their mothers a break, or because their mothers were tired.

Household work is women's work and children are routinely expected to help out at home. There are times, however, when social expectations are transgressed and children are then expected to step in and assume responsibility if mothers are not available, for example because they are not well (Oakley, 1994; Brannen, 1995). The relationship between women, children and constructions of household work and responsibility demonstrates how normative expectations may result in young people becoming drawn into significant levels of responsibility (Chapter 6, Section 6.7).

When children become involved in caring this is most often a natural extension of the general expectation they should help at home. It is important to note that many of the interviewees in this study have internalised the prevailing social expectations, in several instances demonstrating a keen sensitivity to their mothers' workload and a perception of themselves as having some responsibility to help. Young Pakistani interviewees were

particularly alert and concerned regarding the mothers' tiredness. One interviewee commented on there being a lot of people at home and a lot to do.

When it is the mother who is ill or where there are no other resident adults to help with the task in hand children may be called upon to help. Where circumstances require it, the child or young person's contribution can become significant. Gender divisions are transcended when additional help is needed with caring for others. Boys are as likely as girls to become involved and the two interviewees with most responsibility for younger siblings were boys. It is possible that the responsibility for helping resides with the older or eldest child living in the family home regardless of gender. In one case it seems that the boy involved was fulfilling both traditional female and male roles as he not only looked after his younger siblings when his mother was out but was also needed to discipline and control them even when his mother was present in the home.

It is possible that where children have developed competence and appear willing to help it is easier and preferable to access their help than to call upon others. This was reinforced in interpreting situations where it was stated that professional interpreters were not always welcome and that women preferred their daughters or a sister or niece to help when required.

#### *7.4.2 The competing rights model*

Where there are discussions focused on the competing rights of family members with disabilities and young people who may in some way help with their care, there is a danger for this to lead to the assumption that the domestic sphere is a contested space, where rights gained for some equal rights lost for others. It must be acknowledged that



the domestic space is not fully negotiated (Bird, 1999) and the 'symmetrical family' balanced by responsibilities amicably divided and equal access to benefits has not come to pass (Willmott and Young, 1973; Maynard, 1985). Nevertheless, even where there is a firm adherence to normative roles and responsibilities within the family unit, there appears to be some opportunity for young people to bargain and negotiate over helping out and their right to do so acknowledged.

Certainly where routine helping is concerned, there is clear evidence that homework is considered to be more important and must be done first. In addition the interviewees provide examples of negotiating over when a task should be carried out, so that they might go out with friends and do the task later. There is also an expectation that the bargain should be kept, with occasionally action taken, such as stopped pocket money, if it is not. Conversely, additional pocket money may be paid when extra tasks are carried out.

Pocket money has become part of the normative child world together with lessons and games and represents an acknowledgment of a child's right to not be a useful member of the household (Zelizer, 1985). Here Zelizer refers mainly to economic usefulness, but the normalisation of economic non-usefulness has been accompanied by a discourse of social non-usefulness as well. Children, therefore, are neither expected to work, nor to carry any other responsibility. Pocket money becomes bound into the informal educative process of helping when young people 'earn' their pocket money by helping. Ambivalence about additional responsibilities for young people is demonstrated when parents reward their children for extra housework or helping with more responsible tasks. Through this act they appear to be confirming the perspective that children ought

not to be useful contributors in the home, but if they are, the extra-ordinariness of this should in some way be recognised and acknowledged.

None of the situations analysed for this study appeared to represent examples of conflict of rights or evidence of children's rights not being acknowledged. The literature suggests that it is less likely that non-resident family or friends will step in to help in informal care situations even where the burden would otherwise fall to children. Within this study no examples were identified of young people having sole responsibility for the care and welfare of another family member. Instead family members share caring responsibility, especially where physical care is involved. Examples of this include situations where two or more family members are involved in helping to lift a severely disabled son in and out of the bath or different family members helped to keep an eye on or offer help to a grandparent. For young people with more significant responsibility, there is evidence from their accounts of parents ensuring that they have their own social life and that they are not over whelmed with responsibility.

One interviewee was significantly involved in care responsibility for her mother who was seriously ill. Although steps had been taken to reduce her care and housework responsibility she appeared to be more than willing to continue to give a lot of attention to her mother's care. The means of reducing the young person's burden had been for her to leave her mother's home to live with her father. To probe further on this topic was not felt to be appropriate, but it is possible to speculate on the extent to which this accorded with the young person's own wishes. It may be that all avenues of additional support to the maternal home had been explored and no alternative was available. This particular situation resonates with those in the young carer literature (Aldridge and

Becker, 1993; 1999), where the solution to the problem of a child at risk from heavy care responsibility is removal of the child from the home, rather than the provision of additional appropriate support into the home. For this young person, it seems that her anxiety and own wishes ensured she spent most days after school at her mother's home helping out and in this way could be considered to be exercising her right to be involved with her mother's care. There are examples in the literature where a nurturing role for children in such circumstances can be beneficial (Aldridge and Becker, 1999). In this interviewee's case, it has to be noted that it appears from her account that no other family member had stepped in to help with the household chores she normally carried out for her mother.

Care recipients may often refuse help from sources outside the immediate family even if this places a burden on other family members. Where other help is available, both through informal or formally provided services, it may be limited and therefore children have to help at the times when no one else is available. In the instances in this study where services from external agencies were being provided, the service was clearly defined and intended to meet specific situations. As an example, when home carers came in to help with a severely disabled 19 year old brother the service was focused on a morning and evening time routine of getting up and putting to bed, bathing and dressing. If in the day parents needed to go out for some reason the interviewee reported that she stayed in to keep an eye on her brother. He was doubly incontinent and the young person cleaned and changed him if necessary.

The home care service had been made available once the young man became 18 as it was then considered less appropriate for family members to deal with his personal care

needs. In this way the young man's rights to privacy had been acknowledged, but the limitations of the service nevertheless meant that family members were still required to meet this young man's personal care needs during the rest of the day. In this particular family context there is a careful balance of needs and rights to be negotiated. The rights of both family members and the care recipient appear to have been considered as part of the decision to provide services, but the limitation of the service on offer necessarily resulted in a limited access to rights of privacy for the care recipient and limited relief from the care burden for family members.

This family was doubly burdened as there was another child in the family with severe disabilities. From the perspective of the interviewee it was difficult to determine the extent to which she felt oppressed or disadvantaged by her situation. In common with all of the interviewees who did not have knowledge of young carer groups and did not think of themselves as 'young carers' she articulated the burden as falling to her parents and not to her, but if she could help she would do what she could.

It appeared that all of the interviewees who helped in significant ways felt their help was theirs to give and it was freely given. Young people's lives are necessarily circumscribed and restricted in many ways and for many reasons and therefore limited knowledge will affect their judgement. Many of the interviewees considered they did more to help out than their peers and that people at home depended on them. Most felt that they would not wish to be involved with special services or activities just for themselves and thought it was just best to get on with things.

From the interviewee accounts the degree of home responsibility varied in amount and kind of activity. Some may have found their home responsibility challenging, but the extent to which their experiences are oppressive are probably more to do with how families negotiate their roles and responsibilities rather than a direct function of illness or other family situations.

When grandparents, parents or siblings are not well, this is naturally worrying for children who will experience anxiety and concern whether they are actively and heavily involved with their care or not. Two interviewees found it difficult to contemplate the future, not because they anticipated a burden or a duty for themselves but because the prognosis for their loved one was so uncertain. Helping with their care appeared to help the young people come to terms with the situation. Appropriately managed, helping to care may have the potential to be beneficial for both child and care recipient.

#### *7.4.3 The deficit model*

A discourse expressed in terms of deficit has become the dominant approach for understanding and responding to the young carer problem. The deficit approach defines young people's involvement in informal care in terms of oppression, missing out on a normal childhood and not achieving in school. This approach is closely linked to policy processes focused on identifying problems and seeking solutions.

Helping to care for others at home involves a range of activities and different situations, many of which have not been explored at length within the young carer debate. One such example is sibling care. Due to smaller families and changed expectations it is now considered less appropriate for a young person to take responsibility for younger

siblings. The evidence from the interviews indicates that these other types of care responsibility can be as problematic as informal care through illness. There are examples of young people with significant sibling care responsibility who experience heavy workloads and missed homework as a result (Chapter 6, Section 6.4). Within these situations it is possible that disadvantage accrues not only to the child with the responsibility but also to the looked after siblings, as it could be construed they lack the emotional and intellectual stimulation it is now considered important that a mother provides. Care by older siblings may also result in the physical abuse of younger siblings, especially if they are perceived to be boisterous and difficult to control (Irfan, 2003).

The normative assumptions supporting the deficit model of understanding children's care activity are often clearly articulated in families where children are caring in situations of illness and disability. This is often expressed in terms of ensuring that the care responsibility the children share does not interfere with their 'normal' childhood activities such as school attendance, homework and time with friends, or through reaffirming that life chances will not be impeded by care responsibility.

Having home responsibility does not necessarily conflict with school attendance, homework or social activities. This was reflected in accounts from some of the Pakistani interviewees who strongly articulated the view that they should do well in school. Overall homework participation for this group is higher than for their white peers and this was reinforced with an example from the interview data where there was strictly allocated time set aside for doing this, with the father gathering the children in

the household together from their other activities and sitting them down to get on with their homework.

The interview data provided instances of young people's future career choices appearing to be influenced by their caring experiences. It seems that for Aimee the experience of having her grandparents living with her was a positive one as she expressed a wish to work with older people, Ricky wants to be a lawyer and Lee a policeman (Chapter 6, Section 6.5). For children who care to choose a caring career has been characterised in the literature as a negative consequence of caring and described as young people becoming 'socialised' into caring (Tatum and Tucker 1998) and thus limiting choices. It could be argued that all young people are socialised into career paths through their formative experiences in the home and as a result of family influences. Young people will inevitably make career choices based on what they know. In this respect the caring experience could be considered as another factor in a young person's life that creates the context in which career options are formed. This impact can be considered positive as long as aspirations are not limited to low-grade job choices through lack of educational achievement.

One of the most concerning aspects of children's involvement in informal care centres on those who are involved in intimate bodily care for their parents. No instances of children providing care of that kind were identified in this study and it is possible that young people with those kinds of responsibilities did not volunteer for interview. Intimate care between non-married adults is a contentious area and in the formal care setting is associated with rules and procedures that aim to objectify the activity and help avoid embarrassment. The ritual thus confirms intimate care by a child for its parent as

something that ought not to happen. The lack of evidence of this in the present study is an indication that it is a more unusual activity and where it occurs is unlikely to be revealed to strangers.

The deficit model complements a discourse of childhood in crisis and supports the concept of the seemingly knowing or competent child as a child out of place. The competent child encapsulates concern over adults' ability to exert appropriate authority over children, especially in family settings (Wyness, 2000). The possibility that children take care of or look after others, especially those older than themselves reinforces a perception of the child as carer as a usurper of authority.

Two young people were involved in bathing and toileting care for siblings, both of whom were fairly close in age to the sibling in question. In addition, both the questionnaire and interviews indicated examples of young people helping younger siblings to get washed and dressed. It seems that intimate care focused on siblings is considered to be a lesser transgression and therefore more acceptable.

#### *7.4.4 A holistic approach to understanding children's care activities in the home*

The deficit construction young people's care activity through which they are perceived to be a social problem because they miss out on a normal childhood, rests on the premise that there is a normal childhood and all are agreed what it is. How concepts of normality for childhood are articulated will depend on how childhood is perceived and understood.



Three important constructions of childhood, described by Mayall (2002) were outlined in Chapter 3 (Section 3.4). These can be summarised thus: the childhood experience is something apart from adulthood but is shaped by the social relations between adults and children; childhood experiences may be qualitatively different for different children in different locations; childhood is a permanent social category encompassing a defined period of early life. A common theme running through these different understandings of the childhood experience is that it is different to adulthood and, for different reasons and in different ways, will be affected by the physical circumstances and social context in which the child is living.

A range of family situations and living arrangements have been identified in the data gathered from the questionnaire and interviews, with the majority of young people living with natural parents, although a notable percentage live in step-family arrangements or with lone parents. From the profile data and information on routine helping and self-care, patterns emerge that could help to draw some general conclusions about normal family life from a young person's perspective. Most young people help out a bit, will take responsibility for tidying their own room, getting themselves drinks and snacks and getting their own things ready for school. Most will never be expected to assume any responsibility for the care and welfare of another family member.

Using the concept of 'home responsibility' (Fox, 1995) rather than 'care' it is possible to discern a home responsibility continuum with a general expectation that young people help sometimes at one end and a carrying of significant responsibility at the other (Morrow, 1996). The home responsibility continuum encompasses the range of situations identified in this study.

If a wide definition is used to describe caring activity it is evident that young people take responsibility or help others to care in a variety of situations beyond illness and disability. The main care tasks with which young people are engaged can be divided into three broad areas of activity.

First there are the situations of illness and disability as described within the young carer literature. The care recipient is most often a parent, grandparent or sibling and examples of all three were identified in the interviews. The care tasks most frequently disclosed focused on accompanying parents or siblings to the GP surgery or hospital, helping with medications or helping people up the stairs. There was some limited involvement in bathing and toileting siblings but no instances were found in this study of intimate personal care for parents, although it is known that some young people do become responsible for personal care for their parents (Aldridge and Becker, 1993; Becker et al, 1998).

The second area of care activity in which young people help is connected with the routine care of younger siblings or nieces and nephews. This often involves keeping an eye on them for short periods of time or keeping them amused, longer periods of baby-sitting, helping with washing and dressing or collecting them from school. From the interviews it is apparent that some young people become involved in disciplinary activity and help to keep order amongst younger siblings.

The third area identified is interpreting and translation for parents or older family members who do not have English as a first language. The young people involved find

themselves interpreting in a variety of social and medical settings, even accompanying a parent to an exercise class.

The home responsibility continuum focuses attention on a wider debate regarding what is acceptable, the kinds of responsibility that ought not to be shouldered by young people and where it is appropriate for young people to make their own choices about the responsibility they bear. New questions are raised, some of which are more easily answered than others. For example interpreting for a mother when out shopping would seem to be acceptable. Interpreting in the doctor's surgery probably is not, but what about dealing with local housing office? Is undertaking responsibility for disciplining siblings as much a transgression as washing and dressing a parent? The juxtaposition of situations previously considered to be unrelated forces a debate that can only be beneficial in terms of understanding the demands, pressures and obligations required in modern family settings.

## **7.5 Conclusion**

The data relating to young people's helping activity have been explored and discussed using the different models of conceptualising children's contribution to the family that were developed in Chapter 3. Whilst 'helping' and 'caring' appear to be different situations with different attributes and characteristics, the activities carried out may often be the same. It has also been identified that activities not systematically explored within the young carer research have many features in common with the young carer construction.

The concept of a home responsibility continuum has been identified and applied to young people's helping at home activity. It is anticipated that by using this approach to understand and explain helping behaviour, children who are carers will cease to be isolated as a 'problem' group. In addition greater insight will be gained into a range of other family situations that give rise to a level of responsible contribution from children and young people.

To restructure understanding of helping at home and caring in this way has implications both in terms of future research and for policy responses that may be required to meet the needs of families under pressure. Some of these will be explored in the concluding chapter to this thesis.

## **Chapter 8**

### **Conclusion**

#### **8.1 Introduction**

A principal aim for this study has been to set the problem of children and young people who care for others within the general context of what young people do to help at home. The literature demonstrates (Chapter 2 and Chapter 3) that ‘helping’ is reinforced as a positive and beneficial activity for children and young people, whereas ‘caring’ raises questions as to how appropriate this is for young people and causes concern in case it should in different ways disturb their well-being.

Chapters 1, 2 and 3 above have provided a comprehensive overview of the literature associated with childhood and children’s social role. Relevant literature on informal care has been considered, seeking the links that connect children as carers with the wider childhood debate. In addition theories of social problems have enabled an explanation of why children as carers are a cause for concern and have provided an insight into the shaping of policy as a response to their lives and circumstances. Theoretical perspectives drawn from the sociology of childhood have formed the basis of the research approach adopted and have underpinned the discussion.

The young carer discourse as it is currently articulated offers a narrow definition of ‘caring’ as it is carried out by young people. In order to try to develop a more holistic understanding of the issues this study has extensively explored young people’s helping behaviours in the home through the analysis of quantitative data generated by the survey. It sought further knowledge about different caring situations with a number of

children who had been identified through the survey as making a significant contribution to caring activities. In this study the definition of caring has been extended to encompass a range activity that imply responsibility for the wider well being of another family member. Therefore, in addition to situations of illness and disability, it has been possible through the interviews to explore young people's perspectives on activities such as sibling care-taking and interpreting. Some understanding has been gained as to the extent to which sibling care and interpreting may be qualitatively different experiences from caring for, or helping to care for, a family member with a serious illness or disability.

Analysis of the complex patterns of helping and caring behaviours and the factors that influence or precipitate particular kinds of helping or caring activity (Chapter 6 and Chapter 7), indicates that the debate would be aided by re-defining young people's caring activities as part of a home responsibility continuum.

A brief summary of important features of the home responsibility continuum as they have been identified in this study is set out in Section 8.2. The limitations of the present study and avenues of further research are discussed in Sections 8.3 and 8.4 and links made to the current policy agenda in section 8.5.

## **8.2 The home responsibility continuum: A summary**

The data demonstrate that overall, the patterns of young people's self-reliance and helping behaviour broadly match general social expectations. How helping is carried out in individual families appears to be quite complex, on closer analysis. It is possible to discern overall trends for helping behaviour and to detect instances where young

people are involved in more than usual levels of helping activity. Chapters 6 and 7 have demonstrated that a small number of young people are actively involved in helping to care for others and it appears from the data that a few may be carrying significant caring responsibility. On average, 4% of young people reported frequent or daily involvement in at least one of the activities on the questionnaire focused on looking after others and between 20-40% reported occasional care activity (Chapter 7).

Helping at home is part of a broad agenda focused on children's development. The majority of young people help out in the family home in some way and it is clear from young people's own comments, that, for the most part they accept that it is right and fair they should do so. Moreover, helping accounts are supported with explanations that position helping as an educative activity, forming part of the young person's preparation for a gendered role in adult life. From this it is possible to conclude that many families have absorbed and reproduce in their structures and relationships aspects of the discourse that positions the child as dependent in the family home. This discourse focuses on the exclusion of children from the world of adults but assumes a role for them in the family unit and wider society as one of preparation for adulthood and the world of work.

Whilst helping out in some way in the family home appears to be a universal activity that involves most young people, it is a highly gendered area where gender determines not only the extent of participation but also the nature of the tasks carried out. With the exception of gender, routine helping behaviour is not strongly dependent on age, ethnicity and family circumstance.

A key factor affecting children's routine contribution to the household is mothers' employment status. Young people whose mothers are in paid employment are more likely to demonstrate lower levels of home responsibility although, on average, they assume higher levels of self-care competence. Where young people's home responsibility is focused on care for others they are often more self reliant and more likely to cook for themselves and take care of their own laundry. The relationship between mothers' employment, self-care and helping out is indicative of the complexity that underpins this aspect of young people's lives

In contrast to general helping activities, gender is a much less powerful factor in activities associated with caring or taking responsibility for others, which are more likely to be influenced by family circumstances. Family size and who lives in the family home have a greater effect than gender where help is genuinely needed rather than expected from a child in the family.

### **8.3 Limitations of the study**

Before considering how the findings can inform a wider debate it is important to re-affirm what has not been included in this study. The questionnaire has not included any reference to parents' incomes, occupation or other questions that could have been used to define the social status of the respondents and their families. Sociological surveys traditionally gather such data in order to try to situate the subjects within a class or income context. It emerged during the questionnaire pilot that many young people were not entirely clear of their parents' occupations and therefore, are likely to be equally unclear about parental income. More importantly to attempt to describe children according to parental occupation and income is to apply to them variables that do not



belong to them Qvortrup (1990). Qvortrup (1990) proposes that how children experience and make sense of the reality of their lives may represent a way of understanding that is common to all children, and which transcends parental background. Nonetheless, children as research participants can be engaged within the particular social context within which they are situated as long as Qvortrup's (1990) cautions are heeded and the research variables used are proper to the children themselves and not those relevant to the adults who care for or interact with the children.

At an everyday empirical level however, the economic and social capital available to a family will materially affect that family's coping strategies and determine the social, financial and other burdens that are placed upon family members. Many families where children are carers experience unemployment or benefit dependency (Dearden and Becker, 1995). It is difficult to be certain whether poverty arises as a result of disability and illness or vice versa. These can be difficult areas to explore appropriately with young people, therefore in order that children should remain the focus of this study it was decided to exclude detailed questions that related to parental occupation, income or other factors that could be used as an assessment of the status, class or social achievement of the family as a whole. As a result any discussion or explanation of the data that requires more knowledge about the wider social circumstances of parents in particular and the family as it might be perceived by others, will necessarily be restricted.

The temporal dimension is clearly important as childhood can be constructed as a time bounded concept (Chapter 7, Section 7.2). This study has widened knowledge of

children's and young people's lives and has successfully linked the 'young carer' to wider, sociological perspectives. Whilst the methods chosen have permitted a large quantitative data set to be gathered and the qualitative data from the interviews has provided further insight into young people's home responsibilities, there has not been prolonged contact with young people as part of the fieldwork. This study, therefore, represents a snapshot in time and is limited in terms of understanding how the inter-generational relationships and young people's home responsibilities are negotiated over time.

The methodology has also imposed further restrictions in terms of more detailed analysis of particular family situations. The data from this study may be considered limited in terms of the information captured regarding the range of home responsibility with which young people are engaged. For example, no instances of young people providing personal intimate care for adults were identified. It cannot be ascertained whether this was due to non-presence of that activity within this particular research sample, or whether the self-selection procedure for questionnaire and interview resulted in young people with those particular responsibilities opting for non-participation.

There has also been limited opportunity to explore gender dynamics within the sibling groups. The data gathered did allow gender composition of participants' sibling groups to be determined, although when sibling gender composition was tested against the helping tasks in this study no significant associations were identified. When sibling group composition was further analysed by ethnic background, small cell sizes appeared. Although there were no significant associations, there were trends in the data related to both ethnicity and gender composition that would have merited further

investigation had there been sufficient information to provide confidence in the statistical significance of the findings.

The gender dynamic could also usefully be explored in a context that yielded information about sibling age. Whilst this could have been extrapolated from the data gathered, the resources available for this present study did not allow for this. A differently constructed questionnaire that asked for more detailed information about siblings in the family home would have made it possible to carry out further analysis of this aspect of family life. The limitations identified in this study provide pointers to profitable avenues of further research and these will be discussed in the following section.

#### **8.4 Avenues of further research**

Connecting the young carer debate with themes and perspectives drawn from the sociology of childhood has been a major aim of this study. As social and economic changes contribute to changes in constructions of the family, the role of the family and how it is placed within the wider social arena continues to be of interest to social researchers, especially as second family formations become more usual. Key within this evolving research agenda is placing children in the family within the research framework.

Children are now more likely to be considered not only as the focus or recipient of actions from other family members but seen as social actors in their own right. There is, however, a danger that children's visibility in sociological study has arisen as a result of their being perceived as belonging to a low status group (Prout and James, 1990;

Oakley, 1994), or associated with an identified social problem. This present study has attempted to adopt a more holistic framework towards children with home responsibility and avoid emphasis on social problems associated with this issue. This approach has been successful in developing a broader understanding of the home responsibility continuum drawn from young people's own accounts.

Areas of potential future research fall into two categories. First are the topics emerging directly from this study that would benefit from further exploration and second there are topics related to it that touch upon some of the wider issues relevant to current sociological research.

The understanding of home responsibility would be enhanced by more detailed exploration of the dynamic of responsibility between siblings. This could be gained through a more qualitative approach focusing on whole sibling groups and considering such issues as the extent to which responsibility falls to the oldest child and how important it is for different families that responsibility is evenly shared between all siblings. In addition greater insight could be gained into young people's perceptions of their workload and responsibility matched with appropriate participation or observation data. This approach links to work that has already been undertaken looking at the impact on children in families where parents have additional care responsibilities (Kagan and Lewis 1996).

Family constructions are varied and changing and some family forms are more prominent in some ethnic groups than others. This has also been identified in other research that focuses on children and their families (Brannen, 2000). It is clear that step-

families are an important and increasingly common family experience for many children and young people. This study and other research (Morrow, 1998; Brannen et.al., 2000) demonstrate young people's sophisticated ability to negotiate what may, to outsiders, appear to be complicated family networks. In the context of home responsibility it would be useful to explore the balance of responsibilities for young people who spend different amounts of time between two parental homes. Are they only expected to help in the maternal home? Is help dependent upon the amount of time they might spend in each home? Is helping or not an indicator they are truly 'at home' rather than being considered a guest? Is the step-sibling composition a factor in helping expectations?

These are important questions both for understanding the rhythms and expectations of family life for children in step-family arrangements and for developing an understanding of the longer term strength of reciprocal domestic commitments. The reciprocal obligations felt by family members form the basis for much of the informal care of older people in the family home. As the mid 20<sup>th</sup> century, nuclear family ceases to be the dominant family form, how will the nature of reciprocal care-giving obligations change? What policy changes will be needed to meet changed social circumstances and expectations?

The question of the body in the social care context has recently come to the fore as an issue of interest (Twigg, 2000). One of the main areas of concern linked with children's home responsibility is focused on care activity that brings children into what is considered to be inappropriate contact with adult bodies (Chapter 3). It is clear that formalised procedures within the health and social care process are important for

creating an appropriate setting for the management of the body (Nettleton, 1995; Twigg, 2000).

When children provide personal care for siblings this appears to be less concerning than when it is provided for adults. In the context of children and current theorising of the body, what does this tell us about perceptions of children's bodies, both as recipients and providers of care? Are children's and adults' bodies perceived differently? Do they have different status? Childhood and issues of the body would seem to represent an interesting area of future research.

### **8.5 Recommendations for future policy debate?**

A large set of quantitative data has been presented which, at the same time, has been informed by qualitative and participative approaches to social research (Finch, 1985; Morrow and Richards, 1996). The principal aims have been to bring the child as carer more fully within the orbit of the sociological gaze, to connect this issue with debates within childhood studies and to bring a more holistic approach to conceptualising this as a social problem. It is not the intention of this study to recommend specific solutions for restructuring the current policy framework, but rather to offer a critique of the current situation and provide insight to inform future policy debate.

The concept of a continuum of home responsibility has been identified as a helpful way of characterising the activities of young people whose helping at home is needed for the benefit of others. The idea of children possessing home responsibility represents a difficult and potentially contested area, due to there being no clear policy structure associated with family life and childhood (Fox-Harding, 1996; Hantrias, 1994). Where

policies are in place to respond to family difficulties, interventions are often constructed within a deficit framework.

There is a clear expectation that children ought not to work and they are therefore not expected to be 'useful' (Zelizer 1985) or carry home responsibility. Where children display usefulness or responsibility it is often accompanied by guilt on the part of parents and disapprobation on the part of others. Yet it is clear from this and other studies that families may often, in a variety of ways, depend upon their children. In modern western society dependence is assumed to equal exploitation, but it is noted in this study and elsewhere (Parker, 1994) that families go to great lengths to avoid exploitation of their children. Where children act as carers for others, the sensitivity and devotion they display is often more welcome than the care provided by formal service providers and is therefore highly valued (Aldridge and Becker, 1994). Where a parent wants a child to provide care in preference to formal service provision this may at times be evidence of an oppressive relationship, but it may equally be a pragmatic response to insensitive or inappropriate care provided through the formal service routes.

Some aspects of research on children as carers have tended to concentrate on the negative or adverse consequences of the activity. This has in turn resulted in policy responses that aim to ameliorate perceived negative circumstances. Policy solutions lie at the heart of the deficit model of conceptualising young people's caring responsibilities. Special youth groups or clubs for young carers are very often seen as the right response. This connects to a strong discourse regarding the appropriate kinds of leisure activity for young people.

There is an established discourse advocating organised sports and leisure activities for young people as a good thing and indeed there is a strong policy commitment to provide or fund such activities from local government resources (Hendry, 1992). This discourse is frequently invoked to support policy solutions in circumstances where young people are the focus of a perceived social problem (Hendry, 1992). The confidence in the beneficial effects of organised activities for young people is so strong that once “young caring” became identified as a social problem a nationwide network of special projects to meet young carers’ needs was quickly established (Aldridge and Becker, 1998). These projects have been variously funded from statutory and charitable sources.

Young people’s reported participation in youth clubs in this study is low and is the least popular activity in both study localities. It is not possible to be certain if this is due to lack of youth provision or because it is not a preferred activity. Most young people spend a lot of time informally with friends or cousins of the same age. Formally provided youth provision may not be the best approach to meeting the needs of young people with caring responsibilities. Such a solution appears to be directing young people, already identified as disadvantaged, towards an activity that is the least preferred from the point of view of their peers. Additionally youth groups may not be appropriate or accessible for young people from non-European cultural backgrounds or for those whose circumstances require more specialised responses (Chinouya-Mudari and O’Brien, 1999). Youth provision in many ways echoes the rescue and removal responses at the heart of the deficit approach towards the child as social problem as a whole.



The youth group response provides an example of policy concentrated on the perceived needs of the children as opposed to considering the family's needs as a whole. Undue emphasis on children as informal carers may have a tendency to deflect attention from the needs of other children. Some children whose parents may experience disabilities or terminal illness may miss out on valuable support, because they do not carry a significant responsibility or their social and school lives do not appear to be affected. The needs of children with other responsibilities, such as sibling care-taking or interpreting may be similarly overlooked where these do not occur as a result of illness or disability within the family.

The young carer as a problem arises from a traditional, normative construction of childhood and it is possible that it is this construction itself that either inhibits appropriate response or results in the imposition of external intervention. This is not to deny that some families' coping strategies weaken for a variety of reasons and additional support may be requested or may need to be imposed if family members are at risk. Opportunities for a more sensitive understanding of children's lives are afforded by recent research that engages directly with children and acknowledges their competence to be social actors. The application of perspectives to policy thinking that are informed by child-focused research will widen the discussion and suggest solutions for more creative and empowering interventions.

## **8.6 Conclusion**

A simplistically constructed problem focused on a single aspect of the childhood experience has provided the starting point for this study. The issue of child as carer has been identified as a problem requiring a solution situated within a social policy

framework. In the absence of a wider understanding of the childhood context, solutions for the child as carer problem have been constructed from the perspective of policies developed for adult social services. These are founded on assessment and service delivery that is designed with normative assumptions about childhood and family life in mind. This service delivery style is aimed at meeting what are perceived to be deficits in the family situation. In contrast, a focus on the young carer problem from a wider, holistic childhood perspective provides a more satisfactory route for understanding the problem.

To consider seriously children's role as sole carers or co-carers in the family home has forced an examination of some of the dilemmas surrounding childhood, children and their place in society. In the process it has become clear that thinking in terms of a concept of 'the home responsibility continuum' provides a useful tool for understanding children's and young people's helping and caring activities in the home.

The four most significant findings are: first, that general helping out at the lower end of the home responsibility continuum is not dependent on age and ethnicity or on the variables linked to home circumstances. Gender is however, an influencing factor determining the amount of help and influencing the kinds of tasks that are carried out.

Secondly, where there are greater levels of home responsibility, these are linked to the characteristics of the family situation. Ethnicity is significant in care behaviours in so far as it is associated with family size although similar patterns are found in some step-families. Where there are high levels of home responsibility there is little overall difference between boys' and girls' reported participation. Whilst girls appear to be

more involved than boys in caring for siblings, where the care input is important for the family it appears just as likely to be carried by boys as by girls.

Third, the home responsibility continuum encompasses a range of activities wider than previously considered through young carer studies. Sibling care, not specifically linked to illness and disability, as well as interpreting for family members who do not have English as a first language should also be included in debates focused on young people's home responsibilities. Where children are involved in sibling care and interpreting activities, these may be significant although they have not attracted the same level of attention as caring in situations of illness and disability. There is a danger that their needs may be overlooked because they are not acknowledged.

Finally, although children are encouraged to engage in self-care activities as part of their process of maturation, taking responsibility for laundry and meal preparation are less usual activities. Where they are carried out, they often appear to act as indicators for young people involved in higher than usual levels of home responsibility.

By acknowledging children and young people as contributors to the domestic economy, the notion of children's caring as a social problem in itself is overcome. Protecting children does not have to lead to a denial of children's rights; neither does it lead to an abnegation of adult responsibility in respect of children (Brannen 1999). Instead, participative approaches in service design and delivery empower young people and can engage them so that they are fully involved in discussions about their lives, what they are able or not able to do and what may or not be appropriate. The evidence from this

thesis provides a basis for those responsible for safeguarding young people's interests to develop more creative and informed responses.

## **APPENDIX I**

## Helping at home Questionnaire

I would like to start by asking you some questions about yourself, your family and what you do

<b>Age on my last birthday</b>

Please tick the one which applies to you

<b>I am a boy</b>	
<b>I am a girl</b>	

<b>I live in a town</b>	
<b>I live in a village</b>	

**Who are the other members of your family that you live with for most of the time?**

Please tick the boxes if any of these people live with you

<b>Mother</b>	
<b>Step-mother</b>	
<b>Father</b>	
<b>Step-father</b>	
<b>Mum's partner</b>	
<b>Dad's partner</b>	
<b>Grandmother</b>	
<b>Grandfather</b>	
<b>Other relative</b>	

Please fill out the sentences to say how many brothers and sisters you have and say how old they are.

**I have ..... bothers, their ages are**

.....

**What do you do in your spare time**

	Yes	How many hours a week
<b>I have job on Saturday or after school</b>		
<b>I go to a youth club, a sports club or clubs like Guides or Cadets</b>		

**What is your ethnic origin or family background?**

Please tick the box that you think applies to you

<b>Punjabi</b>	
<b>Gujarati</b>	
<b>Bangladeshi</b>	
<b>Pakistani</b>	
<b>African Caribbean</b>	
<b>Chinese</b>	
<b>White</b>	
<b>Other (Please write here)&gt;</b>	

If any of the people that you live with have a job and you know what it is, please write it in the box

<b>My Mother's job is</b>	
<b>My Step-mother's job is</b>	
<b>My Father's job is</b>	
<b>My Step-father's job is</b>	
<b>My Mum's partner's job is</b>	
<b>My Dad's partner's job is</b>	
<b>My Grandmother's job is</b>	
<b>My Grandfather's job is</b>	
<b>Other relative's job</b>	

**I have .....sisters, their ages are**

.....

	Yes	How many hours a week
<b>Go out with my friends or hang out</b>		
<b>Go to cinemas, dance clubs etc</b>		

If you have to help in the house please write down the jobs that you do.

.....

....

.....

....

.....

...

Below is a list of things that other people have said that they have to do at home. If any of these apply to you put one tick in either column 1 or column 2 and then one tick in either column 3, column, 4 or column 5.

	Just for myself.	To help others in the house	Every day	One or two days every week	Only now and then
Tidying rooms					
Washing up, drying up or loading or unloading a dishwasher					
Getting drinks, meals or snacks					
Washing clothes or putting clothes into or taking them out of the washing machine					
Ironing					
Hoovering, dusting or polishing					
Setting the table or clearing the table after meals					
Cleaning the kitchen or bathroom					
Shopping on your own for groceries and food					
Cleaning windows, washing the car, gardening or other outside work					

Some people have said that they do extra jobs to help look after a younger or older member of the family. Below is a list of jobs that some people have said that they do. Please tick any that apply to you.

**Do you help to look after other people in your family?**

	I never have to do this	I do this now and then	I do this once or twice a week	I do this every day
Babysit or look after a brother or sister				
Cook a hot meal for the family				
Fill out forms for your Mum or Dad or other member of your family				
Interpret or translate for your Mum or Dad or other member of your family				
Help a brother or sister to get washed or dressed or change a younger brother or sister's nappy				
Stay in to keep a member of your family company (not baby sit) or to keep an eye on them				
Help Mum or Dad go to the doctor				
Help a brother or sister go to the doctor				
Help a member of your family to take tablets or have injections				
Help a member of the family to get up stairs				
Collect brothers or sisters from school				



If you have to help with the housework, or help to look after members of your family please try to think how much time you spend doing jobs on the days that you do them. This may be difficult because you will probably spend different amounts of time on different days. Please tick the answer that seems the nearest to how much time it takes **most** of the time.

**How much time do you spend helping in the house or looking after others at home?**

<b>I spend less than 20 minutes a day doing housework or helping others at home</b>	
<b>I spend 20 to 60 minutes a day doing housework or helping others at home</b>	
<b>I spend more than 1 hour a day doing housework or helping others at home</b>	

**Please look at the sentences about doing housework and helping others at home and tick the box to say whether you agree or disagree with each one**

	<b>Agree</b>	<b>Disagree</b>
<b>I think that it is fair that I should help out at home</b>		
<b>Other members of my family do more than me</b>		
<b>I think other members of my family should help out more</b>		
<b>I do more at home than other members of my family</b>		
<b>I do jobs as part of a rota or taking turns</b>		
<b>I do jobs to help other people at home</b>		
<b>I always do the jobs that I am supposed to do</b>		
<b>Sometimes I don't do the jobs I am supposed to do</b>		
<b>Most of the time I don't do the jobs that I am supposed to do</b>		
<b>Doing jobs at home is not important</b>		
<b>Other people depend on me to do jobs at home</b>		

**Is there anything else that you would like to tell me about the sorts of jobs that you do to help in the house or to look after others? Or anything else that you would like to say?**

***Thank you for taking the time to fill out this questionnaire. Your answers will be very helpful***

## **APPENDIX II**

## **Notes for Staff**

### **Helping at Home Questionnaire**

The questionnaires have been put into batches of 27. There are 46 batches plus extras should more be needed or anyone spoils their questionnaire and wants another one. Please feel free to retain extras for anyone who might want one.

The questionnaires have instructions on the first page, which should be self-explanatory.

**No one should fill out the questionnaire who does not want to.**

However, individual information will be kept confidential to myself and will not be shared in any way that will identify individual young people. Use of the findings will be in an anonymised and aggregated form.

When the main survey has taken place I may want to follow up with interviews carried out with a few young people. For this reason I have asked that people filling out a questionnaire put their name and questionnaire number on the last page.

The last page of the questionnaire is perforated and should be put into the small white envelope provided and sealed. The questionnaire should be returned to the brown envelope and sealed.

I would appreciate any feed-back that staff or pupils may have regarding the questionnaire and it's confidentiality.

If after the main survey I wish to contact any pupils from your school I will contact you and we can discuss advisability, means of contact, parental permission etc.

**No young person will be expected to take part in an interview if they don't want to. Even if they have agreed and their parents have agreed, they can change their mind at any time.**

**You may wish to suggest that the young people make a note of their questionnaire number. If they change their mind about taking part they can ask to have their questionnaire removed from the main survey data.**

Once the main survey has been carried out and analysed I will be seeking ways to present some of the data in a form that may be interesting for young people, possibly using video etc.

**With many thanks for your help.**

Val Chambers, 01980 322938 (h), 01296 382492 (w). I am a PhD student at University College Northampton, 01604 735500 (ask for the Research Centre)

## **University College Northampton**

### **Helping at home Questionnaire**

Hello, my name's Val Chambers and I'm doing research to try to find out about the different things that young people do to help out at home and to help look after other members of their family. I am asking a lot of young people in different schools to help by filling out this questionnaire.

#### **How Can I help?**

Please read the questionnaire and answer the questions. For most of the answers you only have to put ticks. It takes between 10-15 minutes to do.

**There are no right or wrong answers, you just have to put what seems the best answer for you.**

#### **What if I don't Want to Answer a Question?**

Leave that question blank and go on to the next one. You don't have to answer any of the questions if you don't want to.

#### **How Will My Answers Help People?**

Your answers will help me to write a report. The information will help people to provide better services for families and for people who are seriously ill or have a disability.

#### **Will Anyone Else See My Answers?**

**NO. The answers on this questionnaire are confidential.** This means that you don't have to put your name on the questionnaire. Your teachers, friends, or anyone else who knows you will not see your answers. When I write the report the information will be written in such a way that no-one will be able to tell which are your answers.

Before I start to write my report I might need to talk in more detail with some of the people who have answered the questionnaire. To help me know who to ask please put your name and the number at the top of this page onto the last sheet of this questionnaire. You should then tear it off and hand it in with the questionnaire. This will be kept separate from your answers and even if I ask to talk to you no-one else will know what you have put on your questionnaire.

***If you or another member of your family would like to know more about my research and this questionnaire please ask your form tutor who will be able to give you a telephone number where you can contact me.***

***If you want to talk to someone about helping or caring please contact***

# **SPECIAL NOTE**

**THE FOLLOWING**  
**IMAGE IS OF POOR**  
**QUALITY DUE TO THE**  
**ORIGINAL DOCUMENT.**

**THE BEST AVAILABLE**  
**IMAGE HAS BEEN**  
**ACHIEVED.**

## helping at home questionnaire

I would like to start by asking you some questions about yourself , where you live and your family.

Age on my last birthday .....

Please tick which of these applies to you

Please tick the one that applies to you

I am a boy .....

I am a girl .....

I live in a large town .....

I live in a small town .....

I live in a large village .....

I live in a small village .....

How would you describe your ethnic origin or family background? Please put a tick against the one that you think applies to you.

African Caribbean .....

Black British .....

Bangladeshi .....

Gujerati .....

Punjabi .....

Pakistani .....

Pashtun .....

Chinese .....

White (British or Irish) .....

White (European) .....

Other Please write here ⇒ .....

I would like you to tell me about the adult members of your family that live with you most of the time. Please tick in the box if any of these people live with you and also tell me if they have a job apart from housework or looking after people at home.

	This person lives with me	They have a full-time job	They have a part-time job	They do not have a job
Mother				
Step-mother				
Father				
Step-father				
Dad's partner				
Mum's partner				
Grandmother				
Grandfather				

If you have any other adult relatives at home, please say who they are and if they have a job

**How many brothers and sisters do you have living in the same house as you?**

Please fill out the sentences to say how many brothers and sisters you have at home and how old they are.

**I have .....brothers and their ages are .....**

**I have .....sisters and their ages are .....**

**The next questions are about what you do in your spare time when you are not at school.**

Please look at the list and put a tick in the box that best answers the question for you. If you do any of these things at least once a week try to say how much time you spend doing them.

	<b>I never or hardly ever do this</b>	<b>Yes, at least once a week</b>	<b>Please try to say how many hours <u>week</u> you do this</b>
<b>I do homework</b>			
<b>I have a job on Saturday or after school</b>			
<b>I go out with my friends or hang out</b>			
<b>I stay in and listen to music on my own or with my friends</b>			
<b>I go to cinemas and dance clubs</b>			
<b>I play sport with friends or go to sports clubs or leisure centres</b>			
<b>I go to a youth club or to clubs like Guides, Scouts or Cadets</b>			

The rest of the questionnaire will be about housework and other jobs at home.

What do you do to look after yourself at home? Please look at the list and put a tick in the box that best answers the question for you.

	<b>I take responsibility for this most of the time and no-one else helps me to do it</b>	<b>I do this sometimes but someone else in the family also does this for me</b>	<b>I never d this</b>
<b>I clean and tidy my own room</b>			
<b>I wash and iron and take care of my own clothes</b>			
<b>I get myself drinks and snacks</b>			
<b>I cook my own meals</b>			
<b>I get my own things ready for school</b>			

**If you have to help in the house please write down the jobs that you do.**

.....

.....

.....

**Below is a list of things that other people have said that they have to do at home. Please look at the list and put a tick in the box that best answers the question for you.**

	<b>I do this every day</b>	<b>I do this once or twice a week</b>	<b>Only now and then</b>	<b>I never have to do this</b>
<b>Tidying rooms (<i><u>Not your own room</u></i>)</b>				
<b>Washing up, drying up or loading or unloading a dishwasher</b>				
<b>Getting drinks, meals or snacks for other people in your family</b>				
<b>Doing the family laundry or putting other people's washing into or taking it out of the washing machine</b>				
<b>Ironing clothes for other people in your family</b>				
<b>Hoovering or dusting or polishing (<i><u>Not your own room</u></i>)</b>				
<b>Setting the table or clearing the table after meals</b>				
<b>Cleaning the kitchen or bathroom</b>				
<b>Shopping on your own for groceries and food</b>				
<b>Cleaning windows or washing the car, gardening or other outside work</b>				



**Do you help to look after other people in your family?**

Some people have said that they do extra jobs to help look after a younger or older member of the family. Below is a list of jobs that some people have said that they do. Please look at the table and if you do any of these things put a tick in the box that best answers the question for you. If you **never** have to do any of these things please still answer the question and put ticks in the first column.

	<b>I never have to do this</b>	<b>I do this now and then</b>	<b>I do this once or twice a week</b>	<b>I do this every day</b>
<b>Look after or baby sit for a brother or sister or stay in to keep them company or keep an eye on them</b>				
<b>Cook a hot meal for the family</b>				
<b>Fill out forms for your Mum or Dad or other member of your family</b>				
<b>Interpret or translate for your Mum or Dad or other member of your family</b>				
<b>Help a brother or sister to get washed or dressed or change a younger brother or sister's nappy</b>				
<b>Stay in to keep a member of your family company (not brothers or sisters) or to keep an eye on them</b>				
<b>Help Mum or Dad go to the doctor</b>				
<b>Help a brother or sister go to the doctor</b>				
<b>Help a member of your family to take tablets or have injections</b>				
<b>Help a member of the family to get up stairs</b>				
<b>Collect brothers or sisters from school</b>				

**How much time do you spend helping in the house or looking after others at home?**

If you have to help with the housework, or help to look after members of your family please try to think how much time you spend doing jobs on the days that you do them. This may be difficult because you will probably spend different amounts of time on different days. Please tick the answer that seems the nearest to how much time it takes **most** of the time.

<b>I spend less than 20 minutes a day doing housework or helping others at home</b>	
<b>I spend 20 to 60 minutes a day doing housework or helping others at home</b>	
<b>I spend more than 1 hour a day doing housework or helping others at home</b>	

**Please look at the sentences about doing housework and helping others at home and tick the box to say whether you agree or disagree with each one**

	<b>Agree</b>	<b>Disagree</b>
<b>I think that it is fair that I should help out at home</b>		
<b>Other members of my family do more than me</b>		
<b>I think other members of my family should help out more</b>		
<b>I do more at home than other members of my family</b>		
<b>I do jobs as part of a rota or taking turns</b>		
<b>I do jobs to help other people at home</b>		
<b>I think that I do more at home than other people my age</b>		
<b>I always do the jobs that I am supposed to do</b>		
<b>Sometimes I don't do the jobs I am supposed to do</b>		
<b>Most of the time I don't do the jobs that I am supposed to do</b>		
<b>Doing jobs at home is not important</b>		
<b>Other people depend on me to do jobs at home</b>		

Is there anything else that you would like to tell me about the sorts of jobs that you do to help in the house or to look after others? Or anything else that you would like to say?

*Thank you for taking the time to fill out this questionnaire. Your answers will be very helpful*

**To help me write my report I may need to talk to some of the young people who have taken part in this survey in more detail. So that I know who to contact, I would be grateful if you could put your name on this page.**

**If you put name it does not mean that you will automatically be contacted. I will only need to talk to some people.**

**Just because you have put your name it does not mean that you have to agree to talk to me. If I ask if you would like to talk to me you can say no. Even if you say yes you can change your mind at any time.**

**Thank - you very much for your help.**

**Name .....**

**Questionnaire number .....**

## **APPENDIX III**

## Interview Prompt Notes

Explain questions to be asked

**Recap basic profile** data from questionnaire -- bothers/sisters -- step family -- grandparents. *What other relatives live close by.*

Talk about the answers to the questions

**Self care** -- any sense of what peers do -- *what do they think is average*

**Helping at home** -- recap activity

Patterns -- when, frequency, amount of time

Attitudes to helping -- a way to independence

Siblings help?-- who does the most-- who shares out the tasks -- taking turns

Ducking out -- is it a problem

Like doing it or not-- do it well -- learned from helping

Pocket money for helping

Comparisons with peers --*do they know what peers do*

Differences compared with when younger

Anticipation of how helping patterns will change as they get older -- how long for -- when it will stop.

**Extra helping** -- recap activity

Patterns -- when, frequency, amount of time

For a short time to help in a crisis-- or longer term

Do others help -- siblings, relatives

Help from -- home care, district nurse, child-minders, professional interpreters

How do family get by if extra care not done

Missed school

What do they know about parents/siblings illness/disability

**School, friends and future**-- recap activity

Patterns -- when, frequency, amount of time

Future post school -- work, study, at home or away

Who will care if it's still needed

Discuss informal care responsibilities -- if not caring now, do they think that they will

Heard of **Young Carer** -- know what it means -- describe themselves,

Belong to a group -- what do they do -- how often -- how does it help --what do they enjoy.

**Look after themselves** --

cook a simple meal like beans on toast on your own or with some help

go to the shops

go to the hairdresser

change a plug or a fuse or do a simple job needing tools

sew on a button

fill out a form like a claim form for something

deal with going to the hospital or an office like the DSS on your own

look up the times on a train or bus timetable

**Go through agree/disagree section at end of schedule**

## **Introduce my self and thank them for taking part**

If you remember you filled out a questionnaire earlier this year, all about helping at home. I've asked to talk in more detail with some young people to find out more about the different ways that young people help out at home.

I've asked to speak to different young people according to how they filled out the questionnaire. So I will be talking to some who have said that they do a lot of housework or help to look after other people at home

No one else has seen your questionnaire and when I asked the school to give you the letter they didn't know why I wanted to speak to you.. No-one will know that unless you tell them. Anything that you tell me in this interview about helping at home will remain confidential, that means know one who knows you will know what you have said. And when I write my report no one will be able to tell who you are.

If you don't want to answer any of the questions, just say **"Can we go to the next question"** or show me the 'next question' card.

If you want to stop the discussion at any point just say **"Can we go to the next question"** or show me the 'next question' card.

If you would like to end the interview altogether just say **"Can we stop now"** or show me the 'stop'.

You can ask questions at any time.

*Ask if it's alright to use a tape recorder as it is quicker and more accurate than taking notes.*

## Section A: Helping at home

The first set of questions that I am going to ask are all about helping out at home. I will be asking questions about the sort of things that people in your house do to help. I will be asking about how you help and what sort of things you do to help.

I would like to begin by finding out a little bit more about you.

1. Could you tell me how old you were on your last birthday.
2. And do you live in ..... itself or close by
3. On your questionnaire you said that the things you did to help at home were  
.....
4. Is that still the case
5. Which are the things that you do regularly every week

When in the week do you do them, is it weekdays or weekends or a mixture.  
How often do you do them? *Explore here if they spend time with parents in different homes and what the helping patterns are in the different homes*

How long do you spend helping out?

When you do ..... is it to help others at home

or is it because you want to be independent and do things for your self, or is it because there 's no-one else to do it.

If you didn't do this is there anyone else that would be able to do it

*(if there isn't probe to find out why)*

- 6 Do you have any brothers and sisters *(If no go to Q 7)*

How old are they

What sort of things do they have to do to help at home

Out of you and your brothers/sisters who do you think does the most at home

- 7 At your house who is it that decides who does the housework and the different jobs to help. How is it decided and how do the different jobs get shared out.
- 8 If there are things that you have to do regularly do you always do them when you are supposed to or do you skip them. *Probe according to the answers*

*YES* When is that likely to be and for what reason

## How often

What happens if you don't do a particular task, does someone else do it

*NO* Is it very important that the chores are done when they are supposed to be done

What would happen if you didn't get them done

Would there be anyone else to help out if you couldn't do them for some reason.

9 Does everybody in your family take it in turns to help out

How important do you think it is to help out at home

10 Do you like doing housework

Is there any task that you particularly dislike

Or one that you especially like

11 And do you think that adults/grown ups at home are pleased or satisfied with the way that you help

13 As well as helping others do you think that helping at home is useful for you in any way.

Do you get extra pocket money or get paid in any way for helping at home

Is there anything that you have learned from helping at home

14 Do you know what sort of things that your friends have to do when they help at home.

Do you think that you do the same sorts of things as your friends or are there things that you do that your friends don't have to do.

Do you think you do more, less or about the same helping at home as your friends.

15 Do you think that you do more helping at home than when you were younger

Do you think that you will have to do more as you get older

16 When do you think that children and young people stop helping at home -- do you think that it's when they reach a certain age, or when they go to work or college. Or do you think that they never stop



## Section B: Extra Help

Many people, children as well as adults, have to help at home in extra ways and for different reasons. I 'm now going to ask if you have ever had to do extra things to help like taking or collecting a younger brother or sister from school, or helping to look after a parent, grandparent, or brother or sister because they are ill or have a disability or interpret for adults in the family (*if this is appropriate*)

17 Have you ever had to do any of that sort of extra help

Could you tell me some of the kinds of things that you have done in the past or do now.

18 Was it something that was just for a short time or is it something that you have to do all of the time.

*If it was a short time.* Could you tell me a little about what you had to do and how it started.

Over how long did you do this, one or two days, a week or two or longer.

Can you remember much about it, for instance could you describe what you did each day.

How much time did it take each day, was it every day or just some days

Why was that

Why/how did it stop

Did anyone else help with this, who was that

*If it is all of the time,* Could you tell me a little about what you do.

How long have you been doing this and how did it start.

How often do you have to do this

How much time does it take.

Do you have to do more on some days than others

Could you describe for me a typical day when you have to do a lot

How do the days vary, in what ways do they change from day to day

19. Is this something that you do all by yourself or are there relatives, or neighbours or other grown-ups that help to do this

20. Is there anything especially difficult about the extra helping that you do.

21. How would your family cope if you weren't able to help( *check if they have said if they have siblings and ask if brothers or sisters help in this way*)
22. How do you feel about the extra help that you do -- would you say that it is part of normal family life to help out, even with quite difficult tasks.
- Do you think that there are other ways that this extra work could be done  
*If they haven't talked about home care or help from social services or using child minders, or other help explore this)*
- Are there any other people that could help with this *(if necessary ask what they know about statutory provision and the experience they might have had in their family)*
23. If you could change anything about the way that you help what would that be
24. *If they have mentioned parental or other illness, ask what they know about this and whether anyone has spoken to them or discussed it with them. Explore gently according to answers.*

### Section C: School, Friends and the Future

I would now like to ask you some questions about the other things that you do when you are not at school, and what you think that you might be doing when you leave school.

25. Can you tell me how much time do you spend on home work
- Do you know how much time your school say that someone of your age should spend on homework *(if less ask why they do less than they are expected to do)*
26. What about other things like going out with friends or particular things you like -- what are the sort of things that you do regularly. *(According to answer explore if they go to clubs, why they do or why they don't, and why they think they are good, or not good)*
- Do you go to any youth clubs or youth groups
- If yes* How often do you go
- What sort of things do you do
- A lot of young people have said that they don't go to clubs, why do you like going.
- If no ask why they don't go*
27. How much time do you spend going out or on other things
- Do you think that's about the same as your friends, or is it more or less

Would you like to spend more time going out or with friends

What is the best bit of your week

28. What are the things that you are looking forward to about getting older

What are the things that you feel less certain about in the future

29. How old do you think that you will be when you start work (*If the answer is less than 21 ask if they think that they might go to college or university. If they might go to university ask if they would go away to university or study locally and ask why.*)

30. What sort of job do you think you will do when you start work

31. Will that be around here or will you go away to work (*probe reasons*)

32. *If they have said that they are looking after someone, ask if they think it will carry on. Might a brother or sister or other relative take over so that they will be able to study or go to work. Probe a little about how they see the future.*

33. *If not caring* At the moment you don't have to look after or care for any member of your family, do you think that might change in the future.

34. *If they are caring or looking after a sibling* Have you ever heard of the phrase 'young carer'. *If yes ask what they think it means. If no give a definition*

Would you describe yourself as a young carer

*If yes* Have you ever gone to a young carers' group or gone to any events or outings arranged especially for young people who look after others

*If yes* How often do you go

What sort of things do you do

How do you feel that it helps you

*If no* Why is that, is it because you don't know about them or because you don't think it's something that you would enjoy. *Ask if they would go if they knew more, give them some information.*

35. *Depending on answers given previously clarify who they live with most of the time, Mum Dad or step-parents etc. Ask if the adults they live with have jobs and if they know what they are*

36. Would you say that you are someone who is able to do things for themselves, fairly good at looking after yourself.

Can you tell me if you can do any of these

cook a simple meal like beans on toast on your own or with some help

go to the shops

go to the hairdresser

change a plug or a fuse or do a simple job needing tools

sew on a button

fill out a form like a claim form for something

deal with going to the hospital or an office like the DSS on your own

look up the times on a train or bus timetable

Thank you very much for answering my questions.

## **APPENDIX IV**

# Helping at Home

## Helping at Home

In spring last year young people at (-----) School (1) School were asked to fill out a questionnaire which asked about the different ways that they helped at home.

Nearly 700 hundred young people between the ages of 10-18 completed questionnaires. The answers have been extremely useful in providing information on how young people help their parents and other adults, not only with housework, but also in caring for brothers and sisters and other members of their families.

The information gathered from the questionnaires will help people understand more about the ways that caring tasks are shared between family members. Knowing more about how families support each other will help to make sure that people do not have to do more than they are able. The information will help local councils plan better services for those that need them.

### What the Young people Said

Most of the young people who filled out a questionnaire help at home in some way, and most of those are expected to tidy their own rooms and get their own things ready for school.

However, many young people reported that they do a great deal more than this. They help with dusting and hoovering, tidying and washing up. In addition some young people help to look after their younger brothers and sisters or help to care for older family members when they are not well.

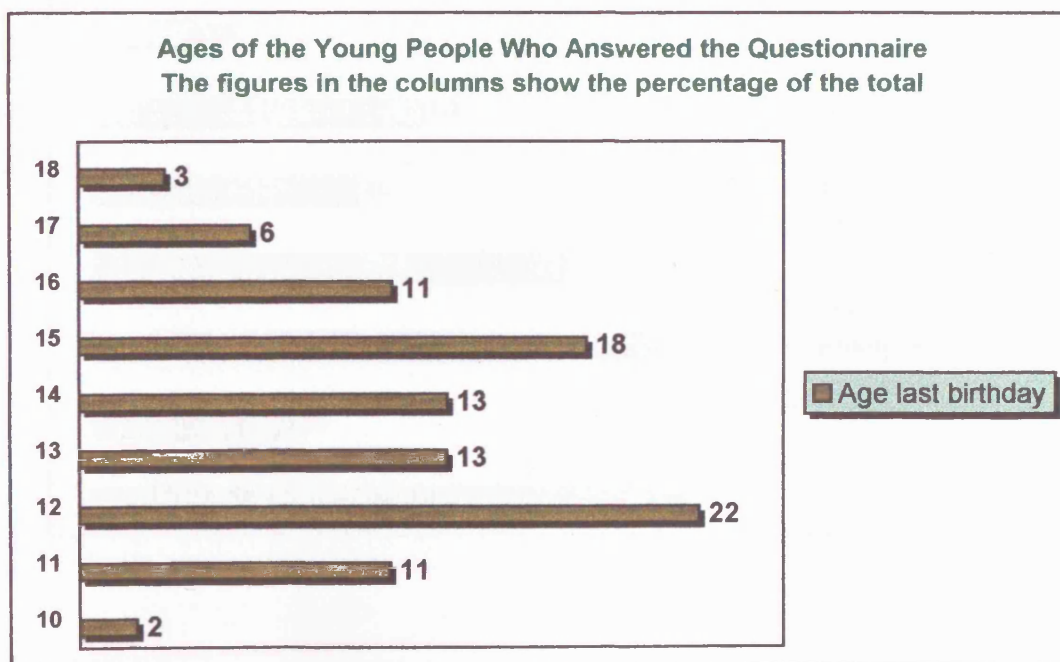
Most of the young people who said that they helped to look after younger brothers and sisters lived in step-parent families.

Other young people said that they help out when someone in the family was ill temporarily, or because someone had a disability or long-term illness.

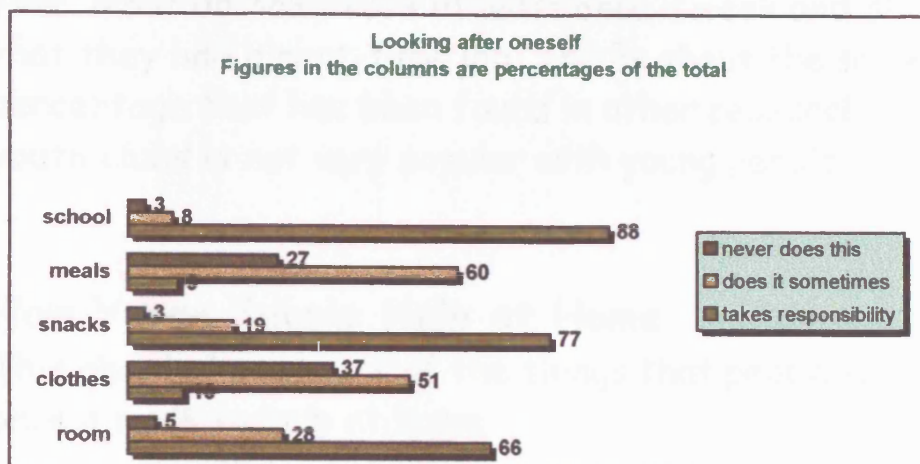
About 54% of young people reported that they spend at least 20 minutes a day helping at home. And 12% spend more than an hour per day.

66% of young people reported that they *never* go shopping on their own for groceries or other food shopping, although until a few years ago that was probably the most common way that young people helped at home.

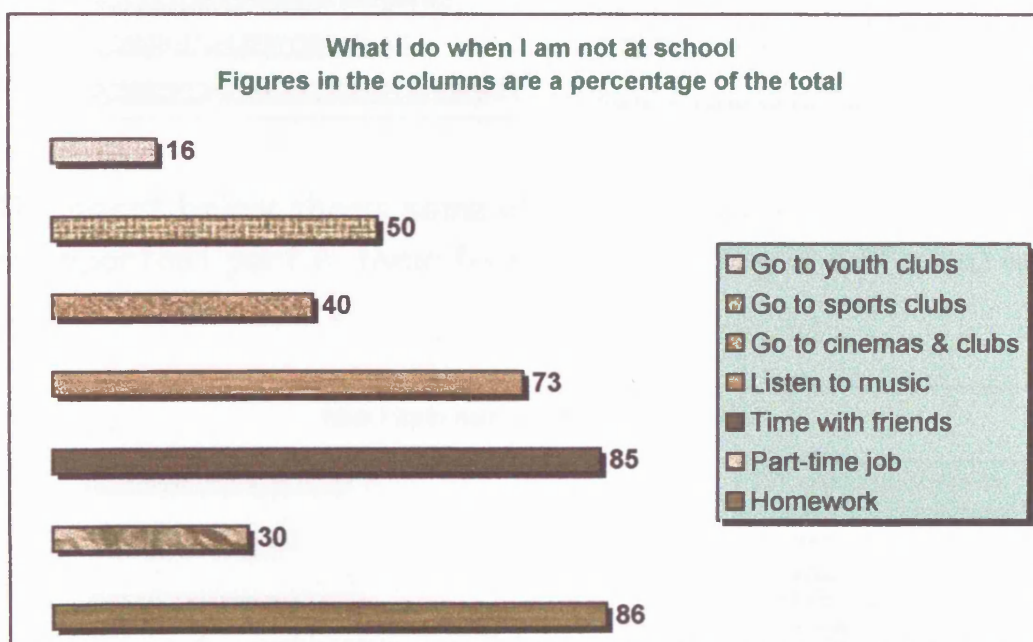
## Graphs Showing the Answers From Some of the Questions



This chart shows how old the young people were who filled out questionnaires.



The chart above shows that the majority of young people get their own things ready for school, get their own drinks and snacks and tidy their own rooms. 60% of young people also help to prepare meals for themselves and over 50% help to do their own washing.





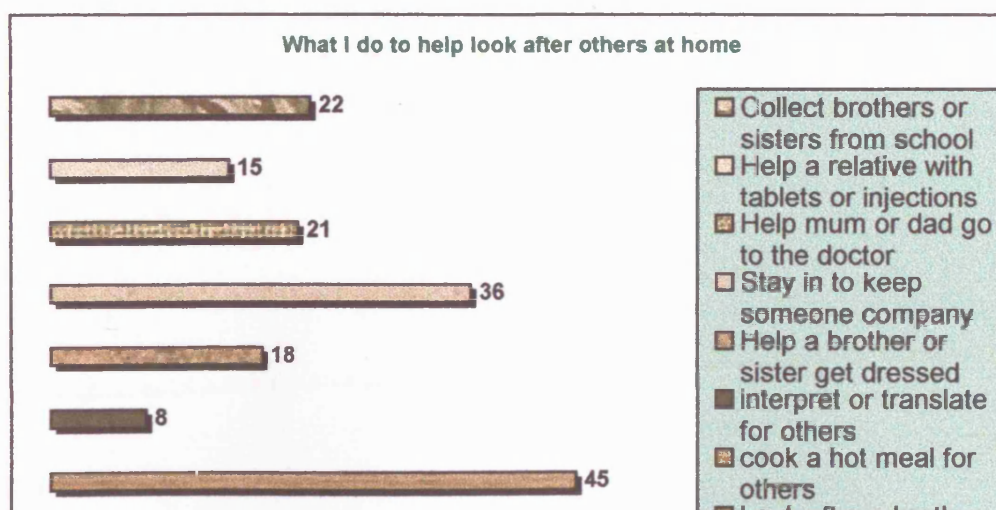
From this chart we can see some of the things that young people said that they do at least once a week, in their spare-time. Most do homework at least once a week and 30% said that they had a part-time job. This is about the same percentage that has been found in other research. Going to youth clubs is not very popular with young people

### How Young People Help at Home

This chart shows some of the things that people do at least once a week to help at home



The chart below shows some of the ways that young people play an important part in their families by helping in different ways to look after others.



The graphs in this newsletter show only a small part of the information from the questionnaires. Young people from another school have answered another 300 questionnaires. More work will need to be done to analyse the answers. Some young people will be asked if they would like to take part in interviews that will help to provide more detailed information about how young people help at home.

# Helping at Home

## Helping at Home

In summer last year young people at (-----) School (2) were asked to fill out a questionnaire which asked about the different ways that they helped at home.

Nearly 300 hundred young people between the ages of 10-15 completed questionnaires. The answers have been extremely useful in providing information on how young people help their parents and other adults, not only with housework, but also in caring for brothers and sisters and other members of their families.

The information gathered from the questionnaires will help people understand more about the ways that caring tasks are shared between family members. Knowing more about how families support each other will help to make sure that people do not have to do more than they are able. The information will help local councils plan better services for those that need them.

### **What the Young people Said**

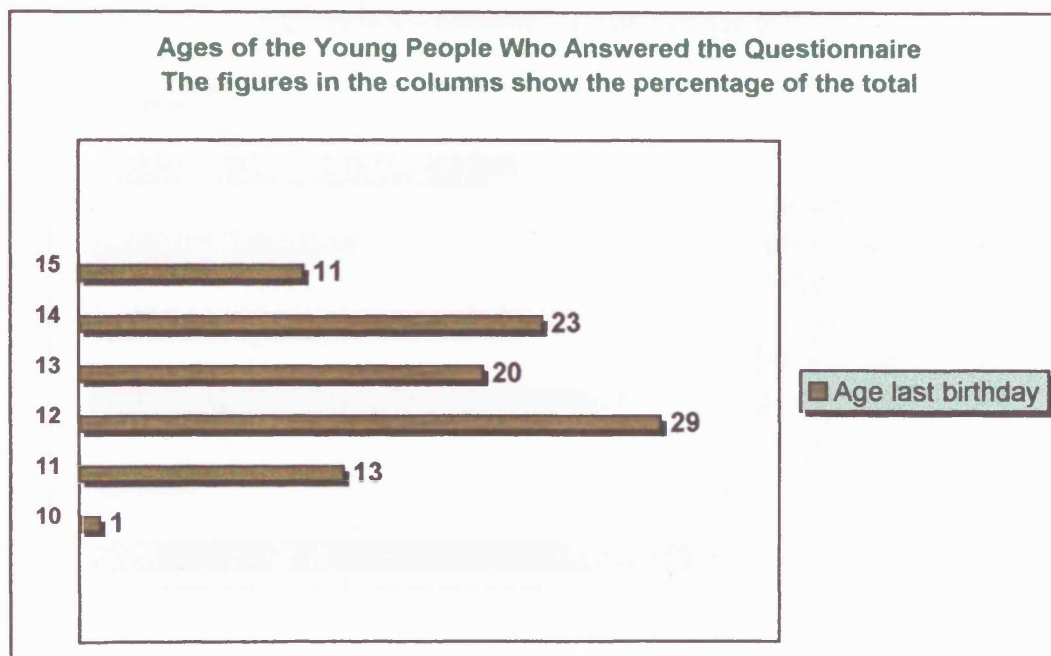
Most of the young people who filled out a questionnaire help at home in some way, and most of those are expected to tidy their own rooms and get their own things ready for school.

However, many young people reported that they do a great deal more than this. They help with dusting and hoovering, tidying and washing up. In addition some young people help to look after their younger brothers and sisters or help to interpret occasionally for other family members.

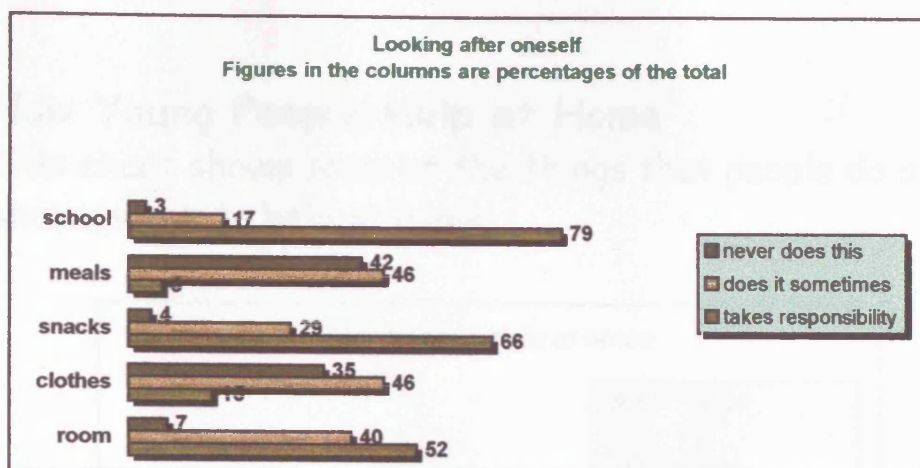
Other young people said that they help out when someone in the family was ill temporarily, or because someone had a disability or long-term illness. About 32% of young people reported that they spend at least 20 minutes a day helping at home. And 19% spend more than an hour per day.

41% of young people at (-----) School (2) reported that they go shopping on their own for groceries or other food shopping, although other young people that answered this questionnaire reported that only 34% went shopping for groceries.

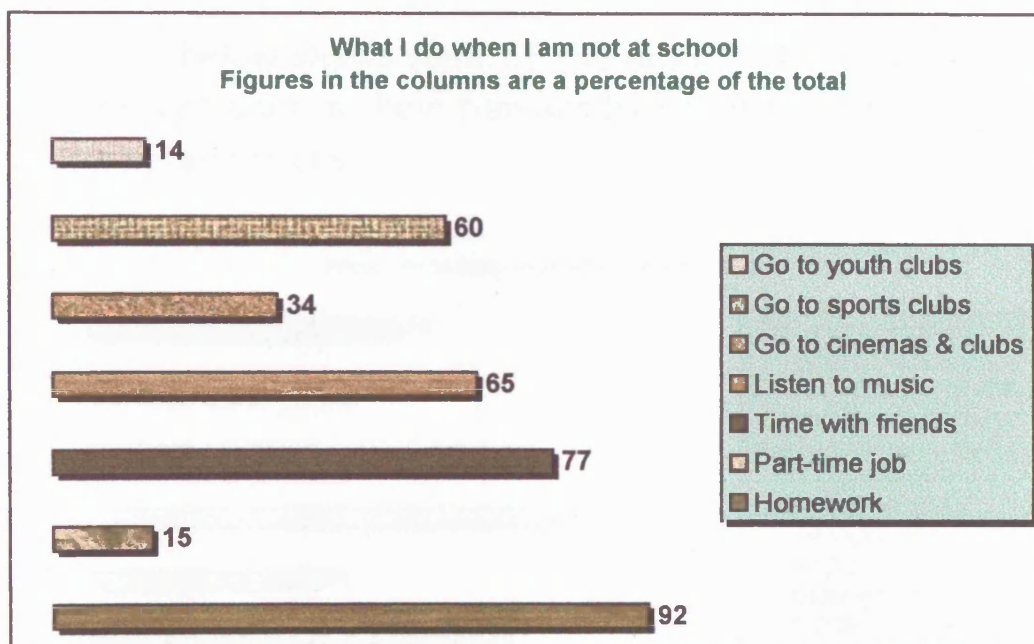
### Graphs Showing the Answers From Some of the Questions



This chart shows how old the young people were who filled out questionnaires.



The chart above shows that the majority of young people get their own things ready for school, get their own drinks and snacks and tidy their own rooms. 46% of young people also help to prepare meals for themselves and over 45% help to do their own washing.

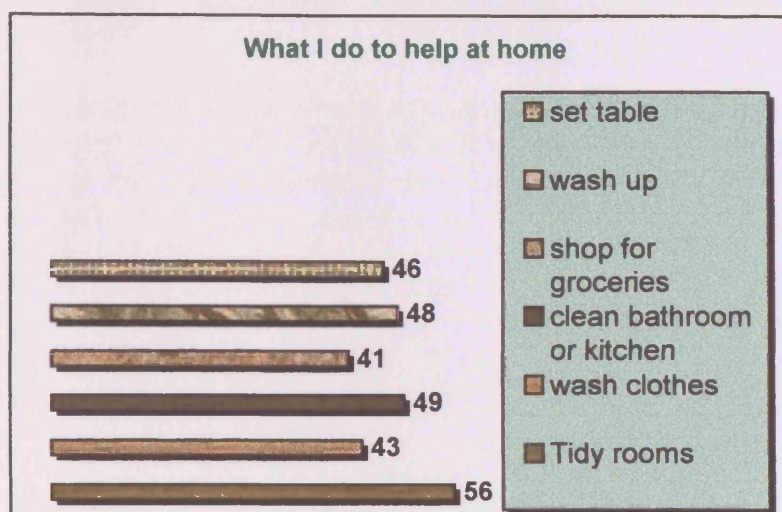


From this chart we can see some of the things that young people said that they do at least once a week, in their spare-time. Most do homework at least once a week but only 15% said that they had a part-time job. This is less than the average found in other research, which varies between 25%-30%. Going to youth clubs is not very popular with young people

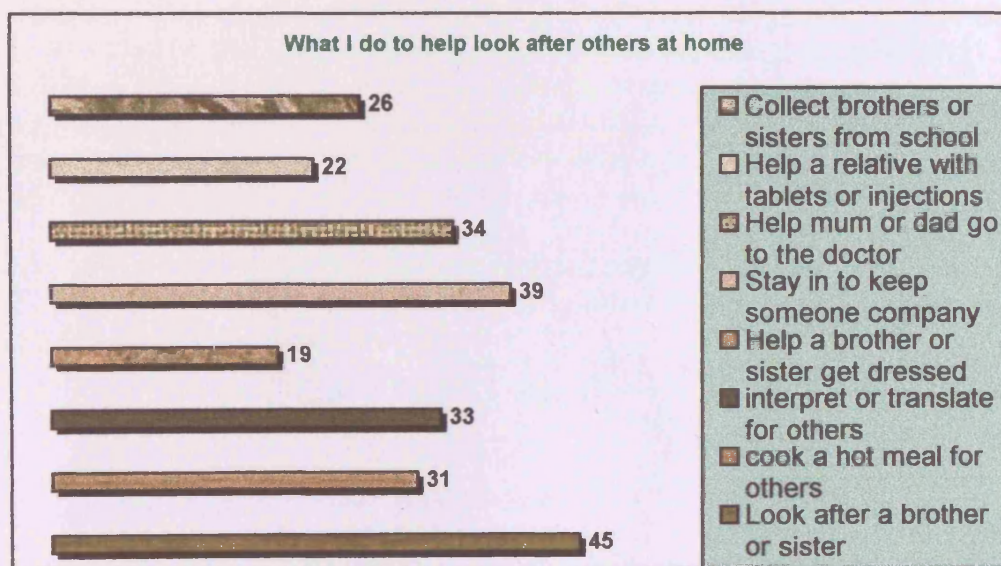


## How Young People Help at Home

This chart shows some of the things that people do at least once a week to help at home



The chart below shows some of the ways that young people play an important part in their families by helping in different ways to look after others.



The graphs in this newsletter show only a small part of the information from the questionnaires. Nearly 700 young people from another school also answered questionnaires. More work will need to be done to analyse the answers. Some young people

will be asked if they would like to take part in interviews that will help to provide more detailed information about how young people help at home.

## **Research in ——— School:- Text for School newsletter**

Last year pupils at ——— School were asked to help with some research by filling out a questionnaire called "What I do to Help at Home". The questionnaire was to find out more about how young people help out at home and help look after other members of their family.

There are many families where someone has a disability or a long term illness that means they need some care or help with daily living. Where someone is very seriously ill or has a severe disability they are often entitled to help from health and social services. However, the amount of help that a disabled or ill person may get often depends on who else is around to help to look after them. In the UK it is estimated that about 6 million people help to look after other members of the family who are ill or have a disability. This is in addition to the "normal" family tasks of looking after and bringing up children. It is not only adults who provide care, as children sometimes help with this as well.

When children do help to look after someone, parents usually worry that they are expecting too much, even if their children are only doing small amounts. But it has been known for social services to provide less help to some people because they assume that a child or young person in the family will be helping to look after them.

Although most people agree that it is a good thing for children to help at home they also agree that children should not have to do too much. However, it can sometimes be difficult to know how much is too much.

This research will help to build up a picture of the different ways that children and young people normally help out at home with housework, caring for others and looking after younger brothers and sisters. The more we know about how people normally organise their lives, the easier it is for service providers to plan better services. This research will also add to the knowledge gained from other projects looking at different aspects of family life and the lives of children and young people.

This project is in two parts. The first part was the questionnaire that young people filled out last year. The second part will be interviews with some of the young people who filled out questionnaires.



## What the Young People Said

Nearly 700 hundred young people completed questionnaires.

Most of the young people who filled out a questionnaire help at home in some way, and most of those are expected to tidy their own rooms and get their own things ready for school.

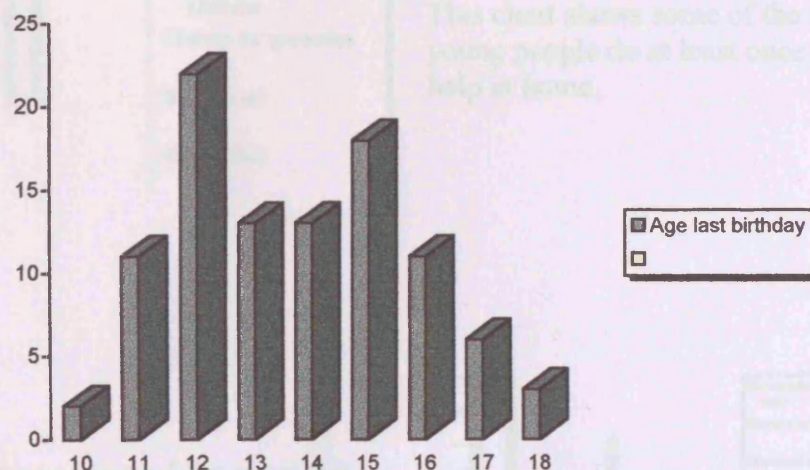
However, many young people reported that they do a great deal more than this. They help with dusting and hoovering, tidying and washing up. In addition some young people help to look after their younger brothers and sisters or help to care for older family members when they are not well.

Most of the young people who said that they helped to look after younger brothers and sisters live in step-parent families.

Other young people said that they help out when someone in the family was ill temporarily, or because someone had a disability or long-term illness.

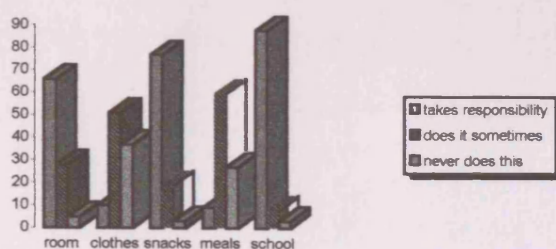
About 54% of young people reported that they spend at least 20 minutes a day helping at home. And 12% spend more than an hour per day.

66% of young people reported that they *never* go shopping on their own for groceries or other food shopping, although until a few years ago that was probably the most common way that young people helped at home.



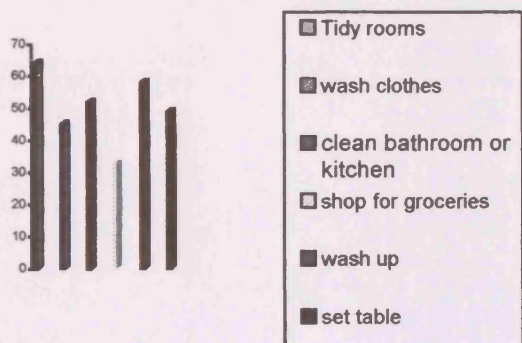
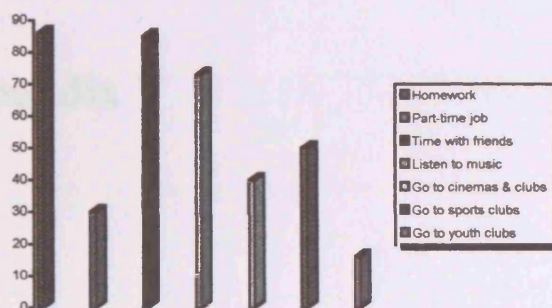
**Ages of the young people who answered the questionnaire. The columns show the percentages for each age group.**





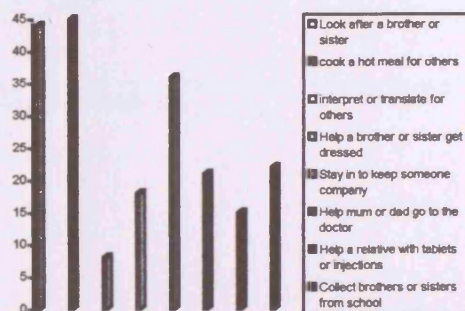
This chart shows that the majority of young people get their own things ready for school, get their own drinks and snacks and tidy their own rooms. 60% of young people also help to prepare meals for themselves and over 50% help to do their own washing.

From this chart we can see some of the things that young people said that they do at least once a week in their spare-time. Most do homework at least once a week and 30% said they had a part-time job. This is about the same percentage that has been found in other research. Going to youth clubs is not very popular with young people.



This chart shows some of the things that young people do at least once a week to help at home.

This chart shows some of the ways that young people play an important part in their families by helping in different ways to look after others.



## **Appendix V**

**Table CH 4.1**      **Parental arrangement x Siblings under 10**

	<i>Siblings under 10</i>	<i>No siblings under 10</i>	<b>Total</b>
Mother alone	45.8% 77	54.2% 91	168
Mother and father	35.5% 211	64.5% 384	595
Mother and step-father	53.2% 58	46.8% 51	109
Other	47.9% 45	52.1% 49	94
<b>Total</b>	40.5% 391	59.5% 575	966

Missing 1.4% (n=14) Chi-square = 17.681, df=3, p<0.001

**Table CH 4.2**      **Number of children x Parental arrangement**

	<i>Only child</i>	<i>2/3 children</i>	<i>4/6 children</i>	<i>&gt;6 children in the family</i>	<b>Total</b>
Mother alone	11.9% 19	61% 97	19.5% 31	7.5% 12	159
Mother and father	3.8% 22	58.2% 338	25.6% 149	12.4% 72	581
Mother and step-father	5.7% 6	53.8% 57	31.1% 33	9.4% 10	106
Other	7.8% 7	65.6% 59	22.2% 20	4.4% 4	90
<b>Total</b>	5.8% 54	58.9% 551	24.9% 233	10.5% 98	936

Missing = 44 (n=4.5%) Chi-square = 26.925, df=9 p<0.05

**Table CH 4.3 Ethnic background x Number of children**

	<i>Only child</i>	<i>2 or 3 children in the family</i>	<i>4-6 children in the family</i>	<i>More than 6 children in the family</i>	<b>Total</b>
Pakistani ethnic background	0.6% 1	20% 33	44.8% 74	34.5% 57	165
All other ethnic backgrounds	6.8% 53	67% 525	20.9% 164	5.4% 42	784
<b>Total</b>	5.7% 54	58.8% 558	25.1% 238	10.4% 99	949

Missing =3.2% (n=31) Chi-square = 202.653, df = 3, p<0.001

**Table CH 5.1 Ethnic background x Clean and tidy own room**

	<i>Never</i>	<i>Sometimes</i>	<i>Takes full responsibility</i>	<b>Total</b>
Pakistani	9.6% 16	48.5% 81	41.9% 70	167
Other ethnic backgrounds	5.2% 42	28.3% 229	66.5% 537	808
<b>Total</b>	5.9% 58	31.8% 310	62.3% 607	975

Missing 0.5%(n=5) Chi-square=35.554, df=2, p<0.001

**Table CH5.2 Level of housework responsibility x Gender**

	<i>Does not help at all</i>	<i>Helps out a little</i>	<i>Helps a moderate amount</i>	<i>Regular help</i>	<i>Substantial help</i>	<b>Total</b>
Male	29.50% 133	41.70% 188	25.30% 114	3.30% 15	0.20% 1	451
Female	11.40% 60	39.40% 207	39.20% 206	8.70% 46	1.30% 7	526
<b>Total</b>	193	395	320	61	8	977

Missing 0.3%(n=3) Chi-square=69.884, df=4, p&lt;0.001

**Table CH 5.3 Correlation table, self care, leisure activity and time spent helping**

	Self-care responsibility	Time spent helping	Leisure activity
Self-care responsibility			
Time spent helping	0.195**		
Leisure activity	0.066*	0.044	

\*\* p&lt;0.01

\*p&lt;0.05

**Table CH 5.4 Age x Listen to music**

	<i>At least once a week</i>	<i>Hardly ever</i>	<b>Total</b>
12 and under	73.2% 230	26.8% 84	314
13 and 14	81.5% 225	18.5% 51	276
15 and over	83.6% 225	16.4% 44	269
<b>Total</b>	79.2% 680	20.8% 179	859

Missing 12.3%(n=121) Chi-square=10.863, df=2, p&lt;0.01

**Table CH 5.5      Age x Cinemas and clubs**

	<i>At least once a week</i>	<i>Hardly ever</i>	<b>Total</b>
12 and under	38.2% 109	61.8% 176	285
13 and 14	43.5% 110	56.5% 143	253
15 and over	55.7% 142	44.3% 113	255
<b>Total</b>	45.5% 361	54.5% 432	793

Missing 19.1% (n=187) Chi-square=17.134, df=2, p<0.001

**Table CH 5.6      Age x Sports clubs**

	<i>At least once a week</i>	<i>Hardly ever</i>	<b>Total</b>
12 and under	70.8% 211	29.2% 87	298
13 and 14	60.7% 159	39.3% 103	262
15 and over	51.9% 135	48.1% 125	260
<b>Total</b>	61.6% 505	38.4% 315	820

Missing 16.3% (n=160) Chi-square=21.058, df=2, p<0.001

**Table CH 5.7 Age x Youth clubs**

	<i>At least once a week</i>	<i>Hardly ever</i>	<b>Total</b>
12 and under	27.8% 73	72.2% 190	263
13 and 14	21.2% 50	78.8% 186	236
15 and over	11.5% 28	88.5% 216	244
<b>Total</b>	20.3% 151	79.7% 592	743

Missing 24.2% (n=237) Chi-square=20.879, df=2, p<0.001

**Table CH 5.8 Ethnic background x Homework**

	<i>At least once a week</i>	<i>Hardly ever</i>	<b>Total</b>
Black	91.9% 57	8.1% 5	62
Pakistani	98.1% 156	1.9% 3	159
White	87.3% 564	12.7% 82	646
Other	95.2% 59	4.8% 3	62
<b>Total</b>	90% 836	10% 93	929

Missing 5.2% (n=51) Chi-square=18.911, df=3, p<0.001



**Table CH 6.1      Age x Look after siblings**

	<i>Never</i>	<i>Sometimes</i>	<i>Frequently</i>	<b>Total</b>
12 and under	41.3% 144	52.4% 183	6.3% 22	349
13 and 14	44.1% 128	46.9% 136	9% 26	290
15 and over	53.7% 154	39.7% 114	6.6% 19	287
<b>Total</b>	46% 426	46.8% 433	7.2% 67	926

Missing 5.5% (n=54) Chi-square=12.796, df=4, p<0.05

**Table CH 6.2      Age x Presence of siblings under 10**

	<i>Siblings under 10</i>	<i>No siblings under 10</i>	<b>Total</b>
12 year olds and under	57.2% 206	42.8% 154	360
13 and 14 year olds	37.5% 115	62.5% 192	307
15 year olds and over	23.9% 69	76.1% 220	289
<b>Total</b>	40.8% 390	59.2% 566	956

Missing =24 (n=2.4%) Chi-square = 75.890, df=2, p< 0.001

**Table CH 6.3      Age x Help siblings wash and dress**

	<i>Never</i>	<i>Sometimes</i>	<i>Frequently</i>	<b>Total</b>
12 and under	68.9% 235	24% 82	7% 24	341
13 and 14	77.2% 223	19% 56	3.8% 11	289
15 and over	81.6% 231	13.4% 38	4.9% 14	283
<b>Total</b>	75.5% 689	19.2% 175	5.4% 49	913

Missing 6.8% (n=67) Chi-square=15.754, df=4, p<0.01

**Table CH 6.4      Age x Cook a hot meal**

	<i>Never</i>	<i>Sometimes</i>	<i>Frequently</i>	<b>Total</b>
12 and under	64.8% 225	31.7% 110	3.5% 12	347
13 and 14	55.3% 162	41.3% 121	3.4% 10	293
15 and over	38.7% 111	55.1% 158	6.3% 18	287
<b>Total</b>	53.7% 498	42% 389	4.3% 40	927

Missing 5.4% (n=53) Chi-square=44.362, df=4, p<0.001

**Table CH 6.5**      **Factor analysis: Dependent variable - ranked care activity, independent - variables gender, age and ethnicity**

			Sum of Squares	df	Mean Square	F	Sig.
Caring	Covariates	Gender	6.181	1	6.181	11.514	0.001
	Main Effects	Combined	23.436	5	4.687	8.731	0.000
		Ethnicity	14.691	3	4.897	9.122	0.000
		Age	5.567	2	2.784	5.185	0.006
	2-Way Interactions	Ethnicity * Age	3.367	6	0.561	1.045	0.394
		Model	32.984	12	2.749	5.12	0.000
	Residual		492.805	918	0.537		
	Total		525.789	930	0.565		

**Table CH 6.6**      **Factor analysis: Dependent variable - ranked household activity, independent - variables gender, age and ethnicity**

			Sum of Squares	df	Mean Square	F	Sig.
Housework activity	Covariates	Gender	47.862	1	47.862	67.561	.000
	Main Effects	Combined	5.442	5	1.088	1.536	0.176
		Ethnicity	3.12	3	1.04	1.468	0.222
		Age	2.395	2	1.198	1.691	0.185
	Model		57.267	12	4.772	6.736	.000
	Residual		650.34	918	0.708		
	Total		707.607	930	0.761		

**Table CH 6.7      Take Care of own clothes x Look after siblings**

<b>Take Care of own clothes</b>	<b>Look after siblings</b>			
	<i>Never</i>	<i>Sometimes</i>	<i>Frequently</i>	<i>Total</i>
Never does this	52.6% 182	41.9% 145	5.5% 19	346
Does this sometimes	44.5% 212	48.7% 232	6.7% 32	476
Takes responsibility	37.4% 40	46.7% 50	15.9% 17	107
<b>Total</b>	46.7% 434	46% 427	7.3% 68	929

Missing 5.2% (n=51) Chi-square=19.637, df=4, p&lt;0.01

**Table CH 6.8      Take care of own clothes x Help siblings washing and dressing**

<b>Take care of own clothes</b>	<b>Help siblings washing and dressing</b>			
	<i>Never</i>	<i>Sometimes</i>	<i>Frequently</i>	<b>Total</b>
Never does this	84.2% 287	12.6% 43	3.2% 11	341
Does this sometimes	72.5% 343	22.2% 105	5.3% 25	473
Takes responsibility	62.3% 66	26.4% 28	11.3% 12	106
<b>Total</b>	75.7% 696	19.1% 176	5.2% 48	920

Missing 6.1%(n=60) Chi-square=29.404, df=4, p&lt;0.001

**Table CH 6.9**      **Take care of own clothes x Stay in to keep someone company**

Take care of own clothes	Stay in to keep someone company			
	<i>Never</i>	<i>Sometimes</i>	<i>Frequently</i>	<b>Total</b>
Never does this	63.4% 218	33.1% 114	3.5% 12	344
Does this sometimes	56.4% 264	39.7% 186	3.8% 18	468
Takes responsibility	43.4% 46	49.1% 52	7.5% 8	106
<b>Total</b>	57.5% 528	38.3% 352	4.1% 38	918

Missing 6.3% (n=62) Chi-square=15.090, df=4, p<0.01

**Table CH 6.10**      **Take care of own clothes x Help Mum or Dad go to the doctor**

Take care of own clothes	Help Mum or Dad go to the doctor			
	<i>Never</i>	<i>Sometimes</i>	<i>Frequently</i>	<b>Total</b>
Never does this	78% 268	19.6% 67	2.3% 8	341
Does this sometimes	68.6% 321	28.8% 135	2.6% 12	468
Takes responsibility	60.4% 64	34.9% 37	4.7% 5	106
<b>Total</b>	71.1% 651	26.1% 239	2.7% 25	915

Missing 6.6%(n=65) Chi-square=16.108, df=4, p<0.01

**Table CH 6.11      Take care of own clothes x Help sibling go to the doctor**

Take care of own clothes	Help sibling go to the doctor			
	<i>Never</i>	<i>Sometimes</i>	<i>Frequently</i>	<b>Total</b>
Never does this	83.4% 287	15.1% 52	1.5% 5	344
Does this sometimes	77.4% 360	20.6% 96	1.9% 9	465
Takes responsibility	64.8% 68	29.5% 31	5.7% 6	105
<b>Total</b>	78.2% 715	19.6% 179	2.2% 20	914

Missing 6.7% (n=66) Chi-square=19.684, df=4, p&lt;0.01

**Table CH 6.12      Take care of own clothes x Help with medications**

Take care of own clothes	Help with medications			
	<i>Never</i>	<i>Sometimes</i>	<i>Frequently</i>	<b>Total</b>
Never does this	82.5% 283	13.7% 47	3.8% 13	343
Does this sometimes	77.6% 361	19.1% 89	3.2% 15	465
Takes responsibility	68.9% 73	27.4% 29	3.8% 12	106
<b>Total</b>	78.4% 717	18.1% 165	3.5% 32	914

Missing 7.7%(n=76) Chi-square=11.189, df=4, p&lt;0.05

**Table CH 6.13      Take care of own clothes x Help a family member up stairs**

<b>Take care of own clothes</b>	<b>Help a family member up stairs</b>			
	<i>Never</i>	<i>Sometimes</i>	<i>Frequently</i>	<b>Total</b>
Never does this	87.5% 301	10.8% 37	1.7% 6	344
Does this sometimes	81.9% 379	16% 74	2.2% 10	463
Takes responsibility	71.4% 75	21% 22	7.6% 8	105
<b>Total</b>	82.8% 755	14.6% 133	2.6% 24	912

Missing 6.6% (n=65) Chi-square=20.952, df=4, p<0.001

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