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# Identifying and supporting young carers in Sweden: School social worker's perspectives

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# Abstract

Research on young carers has been enriched over recent decades, but there are still many gaps to be explored. There is a lack of local research in many countries about the prevalence, identification, and interventions of young carers. Few studies have explored the experiences and perspectives of professionals in different fields. What roles professionals in different fields play in identifying and supporting young carers are yet to be understood. This study explores how the young carer is perceived, identified, and intervened in schools from the perspective of school social workers in the context of the Swedish child welfare and education system. Using an exploratory qualitative research approach, semi-structured interviews were conducted in Gothenburg, Sweden, to explore the experiences and perceptions of ten social workers working in compulsory and upper secondary schools in relation to identifying and intervening with young carers. The analysis of the interviews combined theories of child and childhood, as well as parentification, together with an extensive literature.

The results firstly present the process of identifying young carers in the school, the variety of caring responsibilities and performance of young carers identified by school social workers. Then the findings show the perceptions of school social workers, including the views of how school social workers construct child's caring role, the factors contribute to presence of young carers as well as the view of how young carers should be intervened. School social worker's interventions for young carers are conducted in the school, family and between family and social services. There are some obstacles challenging the role of school social workers in identifying and supporting young carers. The last chapter discuss the above findings critically to highlight the strength and limitations of identifying young carers by school social workers, how "young carer" is constructed in a specific context, as well as important roles of school social workers play in the intervention for young carers. Then a conclusion summarizes the findings, followed by the implications and recommendations for future research.

**Key words:** Young carer, School social work, Child, Childhood, Parentification, Child welfare

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# CHAPTER 1: INTRODUCTION

The concept of “Young Carers” was first identified by Aldridge and Becker (1993a) in the UK around 27 years ago, which refers to those children and youths under 18 years old who provide care and assistance to their family members (Joseph, Sempik, Leu, & Becker, 2020; Nordenfors & Melander, 2017). This phenomenon of children assuming caring roles in the family has been found in most Western countries, some African countries, and the Middle East (Leu & Becker, 2017). But there is still no universal definition of this group of children in the world. The term “young carer” is used in some European countries (Charles, Stainton, & Marshall, 2009). In North America, “parentified-children” is one of the labels for children caring for their families (ibid). The definition of “child-headed households” used in some African countries overlaps with “young carer” in many studies (Payne, 2012). Differences in definitions across countries make it difficult to identify this group of children (Nap et al., 2020) and make it more difficult to compare the extent of identifying young carers cross-nationally (Joseph et al., 2020).

So far, the awareness and knowledge of young carer is still at a low level in most countries (Nap et al., 2020). Current statistics on the prevalence range from roughly 2-8% (Joseph et al., 2020). But this figure is considered to be underestimated (Becker, 2007; Joseph et al., 2020). Young carers are still an invisible group in most countries (Becker, 2007).

Many studies have found that the caring responsibilities children take on expose them to many risks. These children provide untrained and unpaid work and these caring tasks can be detrimental for them in terms of economy, education, physical and mental health, and future development (Becker, 2007; Gould, 1995; Joseph et al., 2020). According to the United Nations Convention on the Rights of the Child, to which most countries in the world are signatories, children should be protected from harm, exploitation, and neglect (UNICEF, 1989). Therefore, states have the responsibility to recognize, identify and support, and this group of vulnerable children (Becker, 2007). However, current indigenous research on young carers in many states have yet to be developed. Increasing regional study in different contexts are considered to be important and it would actively drive national responses in social policy and service development (Becker, 2007; Joseph et al., 2020).

This research is based on my learning experience about young carer in Sweden during master's degree study and the interest to further explore the situation of young carers in Sweden. It tries to contribute to the development of knowledge in the field of young carers in Swedish context

## 1.1 Problem statement

In Sweden, there is a lack of knowledge about young carers, and there is not enough national-level statistical data so far (Nordenfors & Melander, 2017). The Swedish welfare state is of the social democratic regime, committed to providing universal and equal welfare to all citizens, which covers most risks of life (Arts & Gelissen, 2002; Esping-Andersen, 1990). In terms of family support, the welfare state assumes the responsibility for the care of children, the elderly, and the helpless (Esping-Andersen, 1990). The costs of the family are socialized by the state so that citizens do not need to rely on the family to a large extent, increasing individual independence (ibid). The position of the family in the provision of welfare and care appears to have received less attention (Arts & Gelissen, 2002). This social demographic welfare state is also committed to protecting children from any form of labor (Järkestig Berggren, Bergman, Eriksson, & Priebe, 2019). Therefore, the existence of young carers seems to be not accepted by this welfare state, which is also in conflict with western values emphasizing that young people should not play a role in family care (Nap et al., 2020). But not recognizing them does not mean that they do not exist. A national survey reveals that 7% of children aged 15- 16 in Sweden take on extensive caring activities in their families (Nordenfors, Melander, & Daneback, 2014). Studies also have shown that Swedish young carers have lower well-being and quality of life compared to the same group in the UK, which is associated with a lack of affirmation of their behavior (Järkestig Berggren et al., 2019).

Supporting young carers is widely considered to require the involvement of multidisciplinary, multi-agency professionals (Joseph et al., 2020). The study of Gould (1995) found that in Sweden, young carers need professionals to understand and respond to the challenges they face. The role of social workers in supporting young carers has been mentioned in many studies (e.g. Joseph et al., 2020; Gould, 1995). Thomas et al. (2003) argue that social workers, who are an essential part of the welfare provision arena, have specialist skills in helping children in adversity, and they should play a dominant role in assisting young carers. In addition, the role of schools has also been noted in some studies. Nap et al. (2020) mentioned that schools were suggested to be more involved in the intervention for young carers. Joseph et al. (2020) identified schools as the primary place where direct services can be provided to young carers. In Sweden, every child should complete compulsory education and most children go to high school (Henriksson, Lindén, & Schad, 2019). School professionals have daily contact with children, and it seems that they have more opportunities to identify and support the risk of children than professionals in the medical and welfare fields (Joseph et al., 2020). As most young carers spend a lot of their time at school apart from caring for their families, school



support for young carers should be given a distinct position (Thomas et al., 2003).

The prominent role of the social work and education domains in the issue of young carers makes school social work very relevant. Swedish schools value the psychosocial health of their students, and school social workers are included in the school's health services team (Bortes, Strandh, & Nilsson, 2020; Münger & Markström, 2019). School social workers are concerned with the effectiveness of the educational process for students (Constable, 2009). By interacting and cooperating with teachers, families, and students, they help pupils to adapt to the complex school family environment (ibid). School social workers are also considered as key actors in multidisciplinary teamwork, acting as a link between different agencies (Allen-Meaers & Montgomery, 2014). Thus, they have strengths in finding young carers, providing educational support, and leading young carers to other services in need (Thomas et al., 2003). However, whether in Sweden or other countries, the school social workers seem to be rarely mentioned in the field of young carer research. Although some scholars have explored the extent of awareness among professionals in multiple disciplines, few studies seem to focus solely on the experiences of social workers in identifying and helping young carers. Some studies have made recommendations to schools on how to help young carers (e.g. Nap et al., 2020), but the extent to which schools identify and support young carers, and the role played by school professionals, particularly school social workers, appears to be unknown.

There are many gaps in the research on young carers in terms of how professionals identify, support and awareness levels, especially in the field of the school social work. Thus, to address the knowledge gap of school social work practice, I try to explore the role of school social workers play in schools in terms of young carers issues, aiming to understand school social worker's perspectives and their practice experience in identifying and supporting young carers.

## 1.2 Research objectives

The main objectives of this study are to explore how young carers are perceived and understood by social workers, what role social workers play in identifying and supporting young carers in schools in the context of Sweden.

## 1.3 Research questions

Based on the research topic proposed in this report, the research questions proposed in this study are as follows:

How do school social workers identify young carers in schools in Sweden?

How do school social workers perceive children who are taking on a caring role in the family?

How do school social workers support young carers in Sweden?

## 1.4 Key concepts of the study

### **Young carers**

Due to the lack of a general definition of young carers, my study, referring to Leu and Becker (2017), defines young carers as: children who under the age of 18 and who take responsibilities in the care of family members who are unable to care for themselves for specific reasons, for example, illness, substance abuse, or other reasons.

### **School social workers**

Referring to Münger and Markström (2019), school social workers are professionals who promote the wellbeing of students in schools under a psychosocial logic, they are called counsellors or curators in school in Sweden.

# CHAPTER 2: CONTEXT OF THE STUDY

This chapter provides a more detailed elaboration of the background to emphasize the specific context of my study. It includes an introduction to child and family welfare in Sweden, focusing on the strengths and weaknesses of child protection system and the authority that operate it. An overview of the Swedish education system and school social work is also briefly presented, with the role of school social work in child protection and its relevance to my research being re-emphasized.

## 2.1 Child welfare and child protection in Sweden

As one of the redistributive welfare countries, Swedish welfare model includes a developed welfare structure and a high degree of equality, ensuring that citizens fully enjoy national social insurance, medical care, education, and family support (Lundstrom, 2002). Like other Nordic countries, Swedish welfare system paradigm is constantly changing (Johansson et al., 2008). The practice of the welfare system shifted from focusing on problems and defects to focusing more on strengths perspective, capacity building and inclusion, especially in the field of child welfare (ibid).

### 2.1.1 Child and family welfare

According to the United Nation Convention on the Rights of the Child (UNCRC), the protection of children from abuse and neglect is an international obligation (Leviner, 2014). The Convention requires all states that have ratified the treaty to take appropriate action to protect the rights of the child as defined in order to promote the best interests of the child (UNICEF, 1989). As one of those countries, Sweden has also taken a number of actions to promote child protection and ensure children's rights within the legal framework, including the Constitutional Act (1974), the Social Services Act (2001), the Care of Young Persons Acts (LVU, 1990) and the Parental Code (1949). In Sweden, child protection procedures operate within the existing family service organizations and there is a mandatory reporting system (Cocozza, Gustafsson, & Sydsjö, 2010). The Swedish child protection system is oriented towards family services and family support (ibid). The Social Services Act emphasizes "client rights, solidarity and participation" and requires child welfare and child protection to focus on family relationships (Leviner, 2014). In addition, Swedish child welfare services are available to all children in need, not just the abused and neglected (ibid). The system is willing to invest more resources and measures to intervene with children and families, seeking to provide interventions on a

voluntary basis to the greatest extent possible, and the emphasis on family preservation has led to the fact that parents in Swedish families rarely lose custody of their children (Khoo, Hyvönen, & Nygren, 2003).

### 2.1.2 Child protection system

The authority responsible for child protection is the social services at the municipal level (Leviner, 2014), as a core element of the country's general health and welfare policy, working to provide a wide range of services from welfare support, care for the elderly and disabled, and treatment for substance abusers to child protection (Khoo, Hyvönen, & Nygren, 2002; Leviner, 2014). The social service is decentralized, with each municipality being autonomously responsible for organizing and implementing services (Khoo et al., 2003), and professionals providing welfare services have a high degree of professional autonomy (Khoo et al., 2002). Social services are also the authority for receiving mandatory reports and conducting investigations on children. The mandatory reporting system allows citizens to report directly on the basis of a suspicion that a child may be in need of protection, while public agencies such as schools and health care institutions are also obliged to report concerns about children to the social services (Cocozza et al., 2010; Leviner, 2014). Most child protection cases are based on investigations initiated by such reports (Leviner, 2014). During the investigation, social services are allowed to collect information involving children from schools, medical institutions, or other agencies, on a confidential basis (*ibid*). The measures of investigation can be carried out without the consent of the parents when the situation is assessed as serious enough to take compulsory measures (*ibid*). If the parents are unable to assume guardianship, social services also have a responsibility to support and protect the child, including removing the child from the home, although this happens relatively rarely (Khoo et al., 2003; Leviner, 2014).

### 2.1.3 Critiques of child welfare and child protection

Despite some achievements in child and family welfare in Sweden, the child protection system and laws, as well as the authority implementing the interventions, have often been criticized. Leviner (2014) argues that there are conflicts in child protection laws, which emphasize both parental rights and place a high priority on protecting children from harmful environments, making it possible for the rights of children to conflict with the rights of parents in their family and private lives. Sometimes the parental rights that are emphasized can overshadow the rights of the child when professionals intervene in the family, resulting in the best interests of the child being neglected and not safeguarded in the intervention of social services in the family instead (*ibid*). In addition, the Swedish child protection system has been reformed several times in recent decades to strengthen children's rights, but the balance between children's rights and parental rights and the right to private and family life has not yet been adequately addressed

(ibid). On the other hand, the threshold for social services to receive reports and initiate investigations is low, but there is an emphasis on caution when investigating (ibid). With limited legal guidance on how to conduct investigations, social services have a great deal of autonomy over investigations, making it uncertain exactly what outcomes will come out from investigation and to what extent they will be adequately supported. The study of Coccozza et al. (2010) followed up on 1,570 reports received by social services in one municipality. It found that 41% of the reports were not investigated. It shows that not all the children reported were protected by social services, which may result in some children in need being excluded from the welfare system.

## 2.2 Swedish education system and school social work

The Swedish education system consists of three stages, the first being compulsory education (Grundskola), which is required by law for all children between the ages of 6 and 16; the second stage is upper secondary school (Gymnasium), which is voluntary for three years and is attended by the vast majority of children over the age of 16; and the third stage is voluntary higher education, which begins at the age of 18 (Henriksson et al., 2019). Education is free for all children in Sweden. Furthermore, every child receives an education allowance—they can get a child allowance up to the age of 16 and then receive study grants until the age of 20 (Bortes et al., 2020)

According to Swedish education law, schools are required to fulfil an educational mission and a psychosocial mission. The school professionals work in different tasks according to different logical frameworks. Thus, in addition to teachers working according to a pedagogical logic, schools have positions for nurses, psychologists and doctors based on a health logic, and school social workers, who are usually called counsellors or curators, work in a psychosocial logic (Münger & Markström, 2019). In Sweden, every school offers student health services to promote the health and development of students, as well as help them to manage the study and school life (Bortes et al., 2020).

The aim of school social work in Sweden is to promote equal education for children and to eliminate difficulties and obstacles that prevent children from achieving their study goals (Backlund, Högdin, & Weitz, 2017; Bortes et al., 2020). School social workers, as part of the student health service, often work together with other colleagues to achieve the goal (Bortes et al., 2020; Henriksson et al., 2019). As all children would experience compulsory education and most of them would go on to high school, the contact of school social workers with children seems to be very frequent and extensive, including those who are young carers. Therefore, it

seems that school social work service is an important resource which is more readily available to young carers than social services, which require reporting or applying and investigating before intervention can take place. Whether school social workers are aware of young carers, how they perceive and treat young carers, and what role they play in supporting young carers are the questions to be explored in this study.

# CHAPTER 3: LITERATURE REVIEW

This chapter discusses the existing literature in terms of identifying young carers, perceptions of young carers, and how to support young carers. The lack of a universal definition of young caregiver in the literature and its implications for identifying and supporting young caregivers are discussed first. Studies discussing how young carers are identified focus on prevalence, the role of professionals in identification, and the nature and extent of caregiving responsibilities identified. The discussion of perceptions of the child's caring role in the literature focuses on appropriateness, causes, and outcomes. In research about supporting young carers, the importance of policy and practice, intervention perspectives and approaches, and interprofessional collaboration are discussed. In the end, the summary of the literature review outlines the results of the existing literature and highlights gaps in the existing research.

## 3.1 Defining “Young Carer”

The concept “Young Carer” is still not universally defined in the world (Joseph et al., 2020), but it has been used in a large number of studies on children who caring for families. Aldridge and Becker (1993a, p. 459), who first proposed the concept to depict children who care, described the definition as including the type of care (primary care), the age of the child (under the age of 18), and the care recipient (sick, disabled or elderly adult in the home). A few years later they included the negative impact on young carers as a feature in their definition when discussing the impact of parental illness on children, and in that study they also proposed “child's participation in care” as a broad definition and made it clear that the care of young carers was more exaggerated than that of other children (Aldridge & Becker, 1999). Gould's (1995) definition of young carers in his case study added focus on the lack of external support for the family, suggested that care recipients could also have sibling, and specified that the types of caring tasks were basic housework and nursing. Different studies also vary depending on the care recipient, for example, some studies focus only on children caring for parents with mental illness (e.g. Gray, Robinson, & Seddon, 2008) or studies focus only on children caring for young siblings (e.g. Grugel, Macias, & Rai, 2020). Britain, one of the few countries with an official national definition of young carers, gives a definition in its Children and Families Act, 2014, that does not restrict the care recipients and emphasizes the unpaid nature of the care (“Children and Families Act,” 2014). From these studies, it appears that some definitions of young carers are broader and some are narrower.

Differences in definitions of young carers affect the identification and prevalence statistics of young carers, as well as the direction of policy. Choudhury & Williams (2020) found that the difficulty of defining young carers was one of the factors that made it difficult to identify them among the population when they reviewed the literature. Joseph et al. (2020) suggest that the lack of a general definition leads to difficulties in uniformly and consistently assessing the prevalence of young carers in national or cross-national studies. Becker (2007) argues that in order to make the unpaid and hidden care activities done by young carers in their families and the outcomes visible to promote policy and social development, a clear definition of the care done by children is necessary. However, Joseph et al. (2020), in their review of existing research and policies, found that because caring is a subjective experience that is variable, it is difficult to define caring clearly, furthering the difficulty of defining young carers. Overly broad or narrow definitions affect the focus of policy interventions. For example, if the definition includes only the negative effects of caring, then policy will tend to be associated with reducing negative effects but ignoring the potential positive impacts (Joseph et al., 2020). Thus, the degree of refinement of the definition affects the extent of policy understanding young carer issue, and research on the definition needs to be further developed to help policy makers formulate more effective policies (ibid).

## 3.2 Identifying young carers

### 3.2.1 The prevalence of young carers

Aldridge and Becker (1999) argues that young carers, as a special group of vulnerable children, should be recognized, identified and supported by all countries. In recent decades, scholars have attempted to compile statistics on the proportion of young carers in the population in different countries and have obtained some indicative results. A cross-national comparative study conducted by Becker (2007) provides some discussion of how young carers' data are represented in different countries. An important finding of this study when comparing data from three developed countries, the UK, Australia, and the US, was that there was some consistency in the proportion, with the proportion of children of a specific age taking on informal care roles ranging from 2%-4%, while the proportion of young carers in sub-Saharan Africa would be larger under the influence of factors such as the HIV epidemic, restricted formal health and social care. But Becker argues that the extent and prevalence of young carers may still be underestimated because of national differences in definitions and survey methodology. Joseph et al. (2009) developed a scale to assess young caring activities - MACA-YC18 (18-item survey version of the Multidimensional Assessment of Caring Activities Checklist for Young Carers), giving the possibility of doing the standardized survey. The scale has also been applied to



studies of the prevalence of caring for young people. For example, in 2019 scholars applied the scale in the UK to count young people's caring activities and found that 7% of young people did a significant amount of caring activities (Joseph et al., 2019). In addition, Nordenfors and Melander's (2017) survey in Sweden for children in the 15-year age group also found that 7% of children did extensive caring responsibilities. Overall, the current statistics for young carers are all roughly around 2-8% (Joseph et al., 2020). However, the current identification of young carers at the national level still seems to be inadequate. In addition to the difficulty of identification due to inconsistent definitions, the lack of awareness of identification among professionals and the deliberate invisibility of young carers and their families make these children an invisible group in all countries.

### 3.2.2 Identification by professionals

Calls for professionals to be more aware of identifying young carers sometimes appear in studies to emphasize the importance of identification by professionals in various fields to help young carers (Aldridge & Becker, 1993a, 1999; Dearden, Becker, & Aldridge, 1995; Jenkins & Wingate, 1994; Joseph et al., 2020; Leu, Frech, & Jung, 2018). Aldridge and Becker (1993a), while defining children who care for families, also concerns the need for professionals in the health and social welfare field to recognize the presence of this group of children. Jenkins and Wingate (1994) mentioned that professionals in health, education, and social services have not been able to identify young carers, mainly because they are not aware of their existence. Dearden et al. (1995), in their discussion of the definition and emergence of young carers, specifically focused on the importance of identifying young carers in the medical field, especially the need for nurses to pay more attention to children in order to better identify young carers. While social workers are mentioned in these calls along with other professionals, there seems to be few researches found which focuses mainly on the role of social workers in identification.

The identification of young carers by professionals is important in supporting them, but the resistance and avoidance from young carers and their families as factors contributing to difficulties in identification should not be overlooked. Jenkins and Wingate (1994) mentioned that the fear of professionals made young carers reluctant to disclose themselves. Aldridge and Becker (1993a) similarly found young carers' fear and talked about possible reasons for this were the perception that professional intervention would affect the family life and family structure - children were afraid of being separated from their families. Gray et al. (2008) also learned during qualitative interviews with professionals from various fields that young carers with parents who have mental illness are always invisible and covert to professionals. Therefore professionals in all fields need to be sensitive in detecting young carers and avoid children

becoming more invisible due to fear (Aldridge & Becker, 1993a).

While current research has seen the importance and need to identify young carers and is calling for awareness of identification among professionals in various fields, there does not appear to be much research on how professionals specifically identify young carers in the medical, educational, and social welfare fields as well as how professionals respond to young carers' resistance and fear. Aldridge and Becker (1993a) found in a qualitative study of young carers with sick parents that one way of identification in schools was when young carers' parents were unable to attend parent meetings because of illness or disability, or when young carers' lateness or absence from school was known by teachers. Jenkins and Wingate (1994) suggested that the extent to which professionals identify young carers is related to how well they listen to children. Although these studies make preliminary reference to the ways in which professionals may identify, few studies are detailed descriptions of how professionals in each field specifically identify young carers.

### 3.2.3 Nature and extent of caring responsibilities

Many studies explore the presence and prevalence of young carers along with information about the caregiving activities they do, including the nature and extent. Many qualitative studies have identified different types of caregiving activities (Aldridge & Becker, 1993b; Becker, 2007; Gould, 1995). For example, instrumental practical care, which is based on daily household activities and intimate personal care, is often required for sick parents (Aldridge & Becker, 1993b; Becker, 2007). In addition to practical care some children also provide emotional care (Gould, 1995). Language brokering is often present within the experiences of children in immigrant families and is also considered as a special caregiving activity (Bauer, 2016). In addition to parents, siblings can also be care recipients (Gould, 1995; Grugel et al., 2020). There are also studies that have investigated caregiving activities in terms of quantitative methods. For example, a survey using MACA-YC18 in the UK found that the main caring activities among young people included domestic activities, household management, and emotional care, and found that the most common care recipient in the UK were physically disabled mothers or siblings (Joseph et al., 2019). A survey using the same scale in Norway showed that the nature of caring activities was related to the type of parental illness (Kallander et al., 2018), consistent with the findings of Aldridge and Becker's (1993b) interviews with young carers. A survey study in Sweden, in addition to finding the types of caregiving mentioned above, also found that 12% of 15-year-old children provided financial support through working (Nordenfors et al., 2014).

### 3.3 Perception of children's caring role

This subsection goes to discuss what aspects of children's caring roles are understood by current research and from what perspectives children are considered as carers. Aldridge and Becker (1993a) raised several questions when introducing the concept "Young Carer", including the appropriateness of children taking on caring roles in the family and the extent to which children should take responsibility in their lives. The accuracy of understanding and perception of young carers is important because the ability of social policy to influence young carers is strongly related to the degree of understanding by policy makers (Grugel et al., 2020)

Considerations of the appropriateness of the child's caring role are involving. Young carer was considered to be on the borderline between acceptable and unacceptable in family life (Aldridge & Becker, 1993a). In another study in the same year they conducted qualitative interviews with 15 young carers and found that the caregiving role appeared to be a punishment (Aldridge & Becker, 1993b). But in later studies they went further and recognized the benefits of children's caring as part of socialization (Aldridge & Becker, 1999). Some studies have explored the boundaries of caring roles in terms of how young carers differ from other children. For example, Becker (2007) found evidence from studies in three developed countries and sub-Saharan Africa that differences between young carers and other children was related to the extent, nature, time spent, and outcomes of caregiving and children's socioeconomic participation. Jenkins and Wingate (1994) also argue that the care provided by young carers goes well beyond the boundaries of the help provided by other children in the home.

The causes and outcomes of the role of child caring are multifaceted and complex (Aldridge & Becker, 1993a). A number of studies have looked at the outcomes of child's caring to understand children as caregivers. Most of these studies have identified negative impacts of the caregiving role in different aspects, including physical impairments and risks, psychological and emotional impairments (e.g. stress, shame, embarrassment, and excessive worry), social limitations, and limitations on future development such as education and employment (Aldridge & Becker, 1993a, 1993b; Bauer, 2016; Boyle, 2020; Brimblecombe, Knapp, King, Stevens, & Cartagena Farias, 2020; Chen & Panebianco, 2020; Cree, 2003; Dearden et al., 1995; Dharampal & Ani, 2020; Gray et al., 2008). The caring role of the child may also lead to some positive outcomes such as the sense of well-being and value that the child reaps from the caregiving process (Aldridge & Becker, 1993a, 1993b; Bauer, 2016; Boyle, 2020), but the positive outcomes are often easily overwhelmed by the negative ones (Aldridge & Becker, 1996).

There is also research that looked at the reason for child caring to understand how children become carers. Aldridge and Becker (1999), in studying the impact of parental illness on child carers, suggested that children's caring roles should be understood as the result of a complex combination of family, social and economic factors. Grugel et al. (2020) proposed an intersectional perspective to understand the attribution of children's caring experiences. The interaction of various factors such as family relationships, economic conditions, parental illness, lack of choice, and lack of formal support drive children to become caregivers (Aldridge & Becker, 1993b, 1999; Becker, 2007; Bortes et al., 2020).

A few studies have explored children's and professionals' perspectives on their understanding of the caring role. Boyle's (2020) qualitative study of young carers focused on children's perceptions of their own caring role, which showed that children see moral value in the caring role, but they perceive the role as abnormal. There is also another study which investigated both positive and negative aspects of children's views on caring responsibilities in Sweden, additionally discussing the factors that influence children's perceptions (Järkestig Berggren et al., 2019). Leu et al. (2018) learned through focus group interviews with professionals from the health, education and social services sectors that professionals have a low level of awareness of young carers, despite they had a willingness to be involved. Research on the role of child carers among professionals seems to be limited to the perception of the existence of young carers, and there does not seem to be much relevant research on how specific professionals perceive young carers in detail, including the causes and outcomes of the role.

### 3.4 Supporting young carers

This section collates and discusses the existing literature that discusses how to support young carers, including the need for and importance of action in policy and practice, what interventions exist, and what areas have been covered by research on interventions for young carers.

Current research has recognized the importance of supporting young carers in terms of policy. Aldridge and Becker (1999) suggest the need for specific policies and related services to provide families with the support they deserve and to engage professionals in efforts to address the needs of children, without which the care of young carers may not be halted. Brimblecombe et al. (2020) found that the continuation of the caring role not only has significant negative effects and costs for individuals, but also raises the financial costs for the government. Therefore, they argue that making action in policy development and implementation, including prevention, early intervention, and ongoing support, is highly necessary. Because young carers

are affected across multiple domains, relevant policy actions should also be multifaceted, including areas and institutions such as schools, health care, and social services (Joseph et al., 2020). However, the development of existing laws and policies on young carers is uneven in the world, with different countries having different levels of policy responses (Joseph et al., 2020). Some already have official recognition of young carers and advanced services, such as the UK (Aldridge & Becker, 1999), but others are just beginning to become aware of the issue (Joseph et al., 2020). Leu and Becker (2017), by analyzing the extent to which numerous countries have responded to young carers, found that the development of young carer policy and legal framework in a country is closely related to the extent to which its research base has developed. Therefore, they suggest that indigenous research needs to be brought to the attention of most countries, especially those that are just starting out on young carer issues (ibid).

The family perspective has been identified as an important way to intervene in young carer issues in some research. Aldridge and Becker (1999) emphasizes that the responsibilities of young carers are closely linked to the family and that the family approach should be taken to respond to the needs of both children and parents. This emphasis on the family has also been affirmed by other studies. Alexanderson and Näsman (2017) similarly argue that interventions need to seek to work with the whole family. Bortes et al. (2020) also emphasize that a family focus helps professionals find young carers and connect the care needs of families with community resources. For example, by helping parents access resources for flexible in-home services can reduce caregiving activities for children with sick parents (Kallander et al., 2018). Dharampal and Ani (2020) discusses how young carers should receive intervention from psychiatry, which argues that children with parents with mental illness should also be included in the parents' program by psychiatric professionals. Family group conferencing (FGC) is considered a useful strategy for young carers and should be used in interventions for families (Aldridge & Becker, 1999).

Some studies have found that interventions are not limited to the family context, but also focus on social interaction needs. Chen and Panebianco (2020) found in their study of children with parents with chronic illnesses that interventions should go beyond the family to focus on the young carer's peer relationships and help them stay connected with friends, while the study also noted that schools can also provide emotional and instrumental support for the young carer. Choudhury and Williams (2020) argue that young carer's participation in support groups with other carers can help reduce feelings of isolation. UK's social inclusion strategies and holistic interventions similarly help young carers to integrate into young carer groups, raising their awareness and promoting their involvement (Gray et al., 2008).

Enhancing inter-agency and inter-professional collaboration has been identified by many

studies as an important element of intervention. Poor interagency and interprofessional communication has often left young carers caught inside the gap between health care, education, and social welfare (Aldridge & Becker, 1993a). Bortes et al. (2020) highlighted the need to promote collaboration between health care, social services, and schools if family-community resource linkages are to function. Professionals in various fields have also identified the importance of interdisciplinary and interprofessional support for interventions in young carers (Leu et al., 2018). However, despite the awareness of researchers and practitioners of the need for collaboration, there does not appear to be much in-depth research on how professionals between the fields collaborate, what role each of the educational, medical, and social welfare systems play in the collaboration, and what are the limitations and challenges of each field in the intervention process.

### 3.5 Literature review summary

The literature review in this chapter comprised the current research on understanding how the young carer is defined, perceived, identified, and intervened. The currently available literature does not have a uniform paradigm in terms of definition of young carers (Joseph et al., 2020). Some literature defines the young carer broadly and some more narrowly. Some studies have recognized the influence that variations in definitions bring to the identification, the statistics, and the policy development and implementation of young carers (Becker, 2007; Choudhury & Williams, 2020; Joseph et al., 2020). Although there have been some statistical studies on the prevalence of young carers (e.g. Becker, 2007; Nordenfors et al., 2014), there is a far shortage of national statistics in many countries. Awareness of professionals as one of the important factors in identifying young carers, although highlighted and called out in many studies (e.g. Aldridge & Becker, 1993a, 1999), there appears to be very little research that actually explores the level of awareness and identification of young carers among professionals. The appropriateness of the child's caring role, the reasons for assuming the role, and the outcomes are discussed in many studies (e.g. Aldridge & Becker, 1993a, 1993b, 1999; Grugel et al., 2020). The perceptions of professionals have also been looked at in some studies (e.g. Boyle, 2020; Järkestig Berggren et al., 2019; Leu et al., 2018), but only in terms of the degree of awareness of professionals. Current research on supporting young carers emphasizes the importance of policy responses, of the family approach, and of the joint action across professional agencies (e.g. Aldridge & Becker, 1999; Alexanderson & Näsman, 2017; Bortes et al., 2020; Leu et al., 2018). Yet how professionals in specific fields intervene and what role they play in interventions remain to be explored. In addition, although young carer issues are receiving increasing attention in many countries, there is a lack of indigenous research (Leu & Becker, 2017). In

summary, the current literature has addressed many aspects of the young carer issue, but there is still a large gap in the exploration of how the young carer is perceived, identified, and treated by professionals in specific fields. Therefore, my study builds on this research gap by focusing on the field of education which closely relates to young carers, to understand how they are perceived, identified, and supported from the perspective of school social work professionals in Swedish context.

# CHAPTER 4: THEORETICAL AND CONCEPTUAL CONSIDERATIONS

The focus of my research is to understand how school social workers perceive, identify, and support young carers. Therefore, my study tried to grasp the subjective meaning of the social action of school social workers, which is interpretivism in epistemologically consideration (Bryman, 2012). The theoretical considerations of the study tend to be more inductive and exploratory. At the beginning of the study, there was no theoretical assumption (ibid). After the research questions were identified, the collection and analysis of empirical data was conducted first, and findings about the current situation of school social work practice in the field of young carers were inducted from the empirical data. Based on the themes that emerged from the analysis of the empirical data (the data analysis will be discussed in chapter 5), I searched for relevant theoretical concepts to enhance the understanding of my empirical findings when discussed them. So, in my study, theories came after the empirical findings, which were selected to support the interpretation of the empirical results (Bryman, 2012). This chapter listed the two theories which related to the caring role of children: Theories of child and childhood, and Parentification. The analysis of findings relied closely on these theories but was not limited to them; other early literature related to young carers were also linked as needed during the analysis.

## 4.1 Theories of child and childhood

The situation of children in our age has always been concerned and discussed (Nordenfors, 2012). The image of children and their views on childhood have undergone a lot of changes in recent decades (Quennerstedt & Quennerstedt, 2014). With the development of numerous researches on children and childhood, the viewpoints on children have gradually changed from the traditional understanding of children dominated by developmental psychology and socialization theory for a long period of time in the 20th century to the view of children reflected in the research of new sociology of childhood (James & Prout, 2003). Since the implementation of the United Nations Convention on the Rights of the Child in 1989 (UNICEF, 1989), the definition of “child” and “childhood” and the practice of countries in the field of children have also had a profound impact. Since this paper mainly studies how school social workers identify and perceive young carers, and how they take actions to support young carers under their perceptions, the view of what is “child”, as well as the view of childhood becomes quite



important for analyzing and discussing what means being a “child” and a “young carer” under the perspective of school social workers in Sweden. Therefore, in this part, the different theoretical conceptions of “child” and “childhood” will be discussed and theorized.

#### 4.1.1 The traditional view of “child”

The traditional framework of child research is dominated by developmental psychology and socialization theory (James & Prout, 2003). James and Prout (2003) believed that the reason why developmental psychology received broad approval in the past was that it explained the nature of children and proved the naturalness of children themselves, which could be well applied to fields such as parenting. Quennerstedt and Quennerstedt (2014), based on James and Prout’s critical understanding of developmental psychology, summarized the view of children from this perspective: As a natural phenomenon, children are developing in the process from non-adults to adults. Another traditional framework that dominates child research is socialization theory, which focuses mainly on social context in terms of child development (Quennerstedt & Quennerstedt, 2014). This theory mainly holds that children should be shaped by society in order to become socially normative and contributing members of society (Quennerstedt & Quennerstedt, 2014). Socialization theory and developmental psychology both focus on the results of the child development in the future, and they both include the dualistic view of child-adult relations where children are regarded as immaturity, no competence, no independence, while adulthood is equated with maturity, competence and independence (James & Prout, 2003; Quennerstedt & Quennerstedt, 2014).

#### 4.1.2 The sociology of childhood

The sociology of childhood is a new perspective to reconstruct the viewpoint of children on the basis of the criticism of the traditional developmental perspective and socialization perspective (Hockey & James, 1993; James & Prout, 2003; Quennerstedt & Quennerstedt, 2014). The key theoretical features of this new paradigm for the study of children are as follows: childhood is seen as part of a specific structure and culture in society, that is, a social construction, and as part of the social structure, childhood differs from culture to culture; Like class, gender, race and other variables, childhood is one of the variables in social analysis, and the analysis of childhood cannot do without the correlation of other variables; Children should be seen as active participants in the life around them (James & Prout, 2003).

#### **Viewing childhood as a social construction**

The biggest contribution of the new sociology of children in breaking the traditional dominant framework is the concept of children as “human being”. Viewing childhood as a social construction makes people start to pay more attention to the diversity of the meaning of children

(Bartholomaeus & Senkevics, 2015). Although immaturity in children is a universal biological fact (James & Prout, 2003), the perception of children and childhood is always within a socially specific context (Quennerstedt & Quennerstedt, 2014). Since there is no universal definition and explanation of society's expectations and requirements for children, the specific social structure at a given time determines how children are perceived and treated (King, 2007). Therefore, different societies can have different views on children and create their own "children" (Nordenfors, 2012). At the same time, this perspective believes that children should be regarded as a specific social group at a specific time and be studied as a social phenomenon (Quennerstedt, 2014), indicating that children's present should be paid more attention to, thus challenging the traditional view that children's future development results should be focused on (Qvortrup, 1996, Cited in Graham, 2015).

### **The initiative of children**

In addition to diversity, the sociology of childhood also leads us to focus on the initiative of children. This is reflected in children's participation as active subjects in their own lives and those around them (James & Prout, 2003). Since children are active participants in social life, their ability to participate in social action and their contribution to social life as social actors need to be recognized (Qvortrup, Bardy, Sgritta, Wintersberger, & Parton, 1995). Nordenfors (2012) mentioned that it is important to affirm children's positive actions and contributions, since adults' attitudes towards children's ability to participate and initiative can influence their attitudes and practices when communicating with or working with children. So, if children are seen as active participants, there will be more space for them to participate and act in social life, and their voices will be heard more.

#### **4.1.3 Age order and child-adult relationship in the family and society**

Age is often an important factor considered when discussing children and childhood. Sundhall (2017) found from the research of Hockey and other scholars (Hockey & James, 1993; Närvänen & Näsman, 2007) that the norms generated by age are often used to judge what individuals should do and what they should not do, thus being used by the society to treat individuals differently. The traditional views of children and the sociology of childhood recognized the impact of age on the position of the child in the family and in society.

The traditional view of child reflects the binary relationship between children and adults (James & Prout, 2003), where age is the determinant that distinguishes children from adults (Sundhall, 2017). Hockey and James (1993) used this binary relationship to describe the power relationship between children and parents in the family. They argued that children, as minors, who do not have independence and autonomy, are dependent on parents. Therefore, parents

have more power in their relationship with children since this dependence is based on the exercise of power (ibid).

In the framework of sociology of childhood, children's social status is constructed in the social order derived from age order (Alexanderson & Näsman, 2017). In the society where influenced by age division, people in adulthood are generally regarded as the one who contribute to society, while the child and old age is considered as the consumer without any contribution of social resources (Sundhall, 2017). Thus, the social order is dominated by adulthood (ibid). Consequently, although children are regarded as active subjects participating in society and seem to have gained initiative, they are still placed in a subordinate position in society, protected and cared for by adults, especially in their relationships with parents or professionals (Alexanderson & Näsman, 2017; Sundhall, 2017).

The child-adult relationship inevitably have some impact on children (Hockey & James, 1993). Johnsson et al. (2008) believes that one of the effects of children being constructed as dependent family members rather than as independent individuals is that they are less visible than adults in studies of welfare policies (Bjoerk-Eydal and Satka, 2006 cited in Johansson et al., 2008). Another effect is that adults have more power in most decisions, such as decisions concerning public interest, including those related to children's interests, which are ultimately decided by adults, even if children are invited to express their views in the process (Nordenfors, 2012).

#### 4.1.4 Views of children in specific societies

The discussion of above views on children shows that, the core idea of traditional views of children continue to exist in many societies although the it has been challenged by sociology of childhood. The latter as the emergence of the new paradigm of children's study, did not overthrow the past research, but extends the research view of children on the basis of the traditional research framework (James & Prout, 2003). As a result, views of children are diverse, and these views are presented in different ways in different societies.

It is very important to understand the different views on children, because people's views on children will affect how people treat children (Moses, 2008; Nordenfors, 2012). In addition, the social system's perception of children also affects how the society responds to children's needs in terms of policy designation and implementation (Nordenfors, 2012). What makes these different perspectives on children and their influences so connected to my study is that it links the thoughts of individuals and societies with their actions, highlighting the importance of sociocultural contexts in confronting issues that are relevant to children.

In Swedish society, the context of my study, as a welfare state, the interests and rights of

children are valued. As young carers are part of the group of children, Swedish society's view of children includes the view of children who take responsibility in the family. The attitudes of individuals and the attitudes of the social system as a whole influence how individuals and society view young carers and how they act to intervene with young carers. At the same time, Sweden is also a country with a large number of immigrants, so there must be a lot of diversity in views about children. How young carers are perceived and treated is a very important issue in a society where such diverse views of children coexist. In addition, social workers, as part of the welfare system who support people in need, their views about children affected by personal perception and social system. In my study, I tried to explore how school social workers perceive young carers and how they take actions to respond to the situations. Then this theoretical framework can be used to enhance the understanding to school social workers' perceptions, and whether their perception-action relationship is consistent with the views of Nordenfors (2012) and Moses (2008).

## 4.2 Parentification

Parentification refers primarily to the role reversal between parents and children in the family, where parents do not assume their proper roles and responsibilities, and children assume adult roles to meet the needs of parents and other family members, which are considered inappropriate and beyond the child's proper level of development (Hooper, Marotta, & Lanthier, 2008; Hooper, Wallace, Doehler, & Dantzler, 2012; Hooper & Wallace, 2010; Titzmann, 2012). Parentification is considered a common clinical condition in psychological research, and there are many alternatives to this concept (Hooper, Doehler, Wallace, & Hannah, 2011). From the perspective child study, parentified children are referred to as "young carers" (Becker, 2007). As a specific theoretical framework for abnormal parent-child relationships, parentification is often used in discussions of young carer research, for example in Aldridge and Becker (1993a). Whereas this study takes the perspective of the school social worker to understand the experiences of young carers, factors including family situation and parent-child relationship will be addressed in terms of their impact on children's school performance. Therefore, parentification as a key theoretical concept will be used in the analysis and discussion of the study results.

### 4.2.1 The causes of parentification

Garber (2011), summarizing a large body of literature, found that parentification focuses on parents having their children to meet their own needs to be cared for. The needs of parents lead to pathological parental dependence on the child, resulting from different factors including

migration, poverty, dual working parents, parents' physical or mental illness, alcohol or drug dependence, divorce or widowhood and so on (Garber, 2011; Stein, Rotheram-Borus, & Lester, 2007). The child converts into different roles depending on the needs of the parent, such as taking on the adult role of the parent to care for the entire family, or, taking on the spousal role to support and company with the parent (Stein et al., 2007). In addition to parental needs resulting from different factors, determinants of parentification also include parental perceptions and attitudes, the development of the child's caring abilities, and sociocultural factors (Jurkovic, 1998).

#### 4.2.2 The types of parentification

Many studies have discussed the types of parentification. It can be divided into instrumental and emotional dimensions (Titzmann, 2012). Emotional parentification refers to children providing emotional support to parents such as helping parents manage their emotions, whereas instrumental support tends more towards daily tasks in the home such as shopping, cooking, cleaning, and taking care of the daily affairs of parents or siblings (Jurkovic 1997, 1998; Minuchin et al. 1967 cited in Hooper et al., 2008). Hooper et al. (2011) outlines the types of responsibilities children have in this role reversal that have been mentioned in some studies, distinguishing parentified children from non-parentified children in terms of the type of task and roles, time spent on the task, whether they are supervised, and whether their contributions are recognized. They found from the literatures that intimate caring tasks (for example, help with bathing or showering), cooking, and household financial management are typically undertaken by parentified children. Byng-Hall (2002) referring to Jurkovic (1997) discussed the adaptive parentification and disruptive parentification. When the parentified child in the family has a network of supportive resources in providing care, the school social worker would consider the child's situation as adaptive parentification. On the contrary, when children in the family take on excessive care responsibilities and do not receive supportive help, the impact is devastating.

#### 4.2.3 The impact of caring on children

The impact of parentification on children has also been one of the concerns of a large number of studies. At first many research focused mainly on negative outcomes. Garber (2011) argues that the effects of parentification on children are devastating, for example in terms of child development and peer relationships, regardless of whether the child assumes the parental role passively or actively. Especially when the role reversal occurs in the context of parental conflict or divorce, the child bears the double burden of not only witnessing the conflict but also caring for the parent (Peris et al., 2008 cited in Garber, 2011). Hooper et al. (2008) also mentioned that parentification causes the parent to relinquish the parental role which includes caring for

and guiding the child, thus it makes the child be neglected and limits child's development of individualization and healthy attachment. Earley and Cushway (2002) also mentioned that parentification directly affects children's interpersonal relationships, emotional and physical health. And, Borchet et al. (2020) mentioned that harmful outcomes include depriving children of opportunities, activities, and support that they deserve at their age. In terms of the type, Hooper et al. (2008) found that emotional parentification was associated with distress but not instrumental support.

As new research continues to emerge that has led scholars to realize that parentification has not only negative effects. Titzmann's (2012) study found that both instrumental and emotional support can contribute to children's self-efficacy. Earley and Cushway (2002) also found from the literature that the effects of parentification on children's future development of appropriate responsibility-taking can be positive. In addition, children who experience parentification may have some coping mechanisms and good sibling relationships have the potential to reduce negative outcomes (Borchet et al., 2020). Resilience is also seen as one of the possible positive outcomes when parentified children who remain capable of accessing and applying resources to support impaired parents and accomplish their own development despite poor and risky parenting environments (Hooper et al., 2008).

#### 4.2.4 Migration and parentification

Migration has been proved as a significant factor influencing parentification (Titzmann, 2012). Titzmann (2002) mentioned that one of the main reasons why parentification is considered to be more prevalent in immigrant families than in native families is that children adapt more quickly to a new environment than their parents, such as language adaptation, and therefore parents in immigrant families become dependent on children in terms of cultural adaptation. In addition, he found in his study that high levels of instrumental support and low levels of emotional support had more negative effects among children from immigrant families

# CHAPTER 5: METHODOLOGY

This chapter mainly presents the research design of this study. It briefly describes the selection of research strategies, data collection methods, sampling procedures, data analysis methods, and limitations. Then there are the ethical considerations of the research process.

## 5.1 Research strategy

The selection of research strategy is based on the guidance of theoretical, epistemological, and ontological considerations (Bryman, 2012; Pillow, 2003). First, the role of theory in my research is mainly inductive (Bryman, 2012). It mainly explores the practical experience of school social workers in the field of young carers in Sweden and the purpose of this study is to summarize what and to what extent school social workers in Sweden have done in identifying and supporting young carers through collecting and sorting out the stories. The epistemological considerations aim to clarify how the social world should be studied (Bryman, 2012). My research is to understand how young carers are recognized and supported in Sweden from the perspective of social workers. The focus is to grasp the subjective experience of social work practices in the field of young carers, and the main purpose is to show how social workers in schools in Sweden interpret their practices for young carers. Based on this, my research is guided by interpretivism, which respects the differences between human beings and the objects of natural science and emphasizes that researchers should grasp the subjective meaning of social actions (Bryman, 2012). The direction of social ontology in this study tends to constructivism, that is, social phenomena are constructed by social actors (Bryman, 2012). From the expression of the research questions, Swedish school social workers in my study are active participants in the process of intervening young carers, and their actions construct the social work practice in the field of young carers in Sweden. As a social phenomenon, young carers have been constructed and defined by scholars, and the practice of social work in this field has not yet formed a systematic model. How do social workers construct the phenomenon of child caring, how do they understand the situation and reasons of young carers and whether they feel the need to intervene and how they act are not explored. The practice exploration of social workers is conducive to the construction of a systematic supporting mechanism for young carers.

Combined with the consideration of theory, epistemology, and ontology, the suitable strategy for my research should be qualitative research, which is committed to observing social phenomena through the eyes of the research object and explaining the phenomenon from the

perspective of the person being studied (Bryman, 2012). The qualitative approach requires researcher to collect and interpret data from research objects, giving the opportunity for researchers to connect with participants and acknowledge the world from their viewpoints (Strauss & Corbin, 2015).

## 5.2 Data collection

### 5.2.1 Sample procedure

Selecting sampling approach and setting sampling criteria need to consider the investigation purpose (Bryman, 2012). The main purpose of my research is to explore how school social workers in Sweden perceive, identify, and support young carers. Therefore, school social workers who have experienced young carer cases should be included in the sample as a criteria. In addition, since I cannot speak Swedish, potential participants who are unable to communicate in English were excluded to ensure adequate collection and understanding of the research participants' experiences. According to the purpose of my study, generic purposive sampling approach can be used, by which I can identify the appropriate cases according to my own criteria for establishing the cases needed for the study and then conduct sampling in the determined area (Bryman, 2012).

The area of the sample was Gothenburg. The sample was drawn from school social workers who had interacted with young carers. There are three main stages of schooling in Sweden, including 10 years of compulsory school (Grundskola) for children starting at age 6, three years of voluntary upper secondary school (Gymnasium) for children starting at age 16, and higher education for students over age 18. According to the definition of young carers in this study - children under the age of 18 who provide care for family members for specific reasons - the sample was drawn from upper secondary school and compulsory school. In addition, school social workers in Sweden usually work in schools as part of a student health service team, usually under the title of curator or counsellor, to provide social work-related services. The specific sample was therefore curators or counsellors in upper secondary schools and compulsory schools in Gothenburg.

The size of the sample has a lot to do with whether it can support convincing research conclusions (Bryman, 2012). In qualitative research, it is difficult to achieve data saturation if the sample is too small, and it is not conducive to in-depth analysis of data if the sample is too large (Onwuegbuzie & Collins, 2007, as cited in Bryman, 2012). The size of the sample is related to theoretical saturation, but people cannot know in advance how many samples are needed to achieve theoretical saturation (Bryman, 2012). The implication of Guest et al. (2006,



as cited in Bryman, 2012)’s study is that when the samples are relatively homogenous and the study scope is narrow, saturation may be reached at an earlier time point when the samples are collected. In my research, the samples are relatively homogeneous (school social workers experience young carers cases), and the research scope is how social workers view their practice of identifying and supporting young carers, which is a narrow scope. Considering the time limit of the study as well, the appropriate sample size is around 10 participants.

Participants were recruited through E-mail and telephone contact. School counsellors’ contact information is available through each school website. The researcher first sent an invitation letter via email, which contains detailed information about the research, such as the research topic, research objectives, criteria for recruiting participants, data collection methods and so on. Since the concept “Young Carer” is not widely used in Sweden, the explanation of definition in the invitation letter is specifically stated to help potential participants better understand the research topic and make decisions. There are 51 upper secondary schools and 182 compulsory schools in Gothenburg. The invitation was emailed to curator or counsellor at all 51 upper secondary schools but had very few positive responses. For those who did not reply within two weeks after sending the email, the researcher contacted again through telephone and obtained part of the reply, and the email was also sent to more than 50 compulsory schools. The recruitment process continued until 10 participants had been recruited.

5.2.2 Socio-demographic characteristics of respondents

The sample included 10 respondents. At the beginning of the interview, the respondents provided information about work experience, educational background, and the type of schools where they are working. As shown in Table 1, the respondents were composed of 7 counsellors from upper secondary schools (Gymnasium) and 3 counsellors from compulsory schools (Grundskola). They have at least 2 years of experience as counsellors. Seven respondents had a social work education.

Table 1. Socio-demographic characteristics of respondents

<b>Respondent</b>	<b>Gender</b>	<b>School social work experience</b>	<b>educational background</b>	<b>School level at which respondents work</b>
Respondent 1	Female	6 years	Social work (Bachelor)	Upper secondary school

Respondent 2	Female	3 years	Psychology (Bachelor)	Upper secondary school
Respondent 3	Male	2 years	Social work (Bachelor)	Upper secondary school
Respondent 4	Male	4 years	Social work (Bachelor)	Upper secondary school
Respondent 5	Female	5 years	Social work (Bachelor)	Upper secondary school
Respondent 6	Female	5 years	Social work (Master)	compulsory school
Respondent 7	Female	5 years	Education, public health, psychology, sociology	Upper secondary school
Respondent 8	Female	10 years	Social work (Bachelor)	Upper secondary school
Respondent 9	Male	2 years	Social work (Master)	compulsory school
Respondent 10	Female	15 years	Psychology (Master)	compulsory school

### 5.2.3 Semi-structured interview

The study had a clear focus to conduct the investigation (Bryman, 2012), which was to explore how school social workers identify, perceive and support young carers when dealing with young carers cases, therefore a personal semi-structured interview with each participant was appropriate for the collection of required data. According to Bryman (2012), the semi-structured interview consists of a series of questions, usually as an interview guide. What interviewer ask would cover all the questions, but the order of the questions can be changed, or the questions not included in the guide can be further asked based on the answers of the interviewees (ibid).

The interview guide was mainly developed based on the research questions and objectives, which focused on how the respondents construct and understand problems and specific

phenomena (Bryman, 2012). The interview guide was divided into five sections, from the investigation of the background information of the interviewees and their school at the beginning, to the investigation of the process of the interviewees' identifying young carers at school, their views on young carers, their intervention process and challenges, respectively, as follows: "Background", "The identification of young carers in school", "Social worker's perception of young carers in Sweden", "The interventions for young carers", "The challenges social workers faced". The background questions were asked to gather demographic information about the participants. The latter four categories were developed from research questions, and the specific questions in each section were set up based on my interests which inspired by reading the literature in the field of young carers. Each section has 4-5 questions for a total of 23 questions. Questions were often asked from simple descriptive questions to exploratory questions. But the order of questions changed frequently, depending on how the interviewees answered.

The interviews were conducted between March and April 2021. Due to the influence of Covid-19 epidemic, face-to-face interviews were not possible in Sweden, so all interviews were conducted via online platform (Zoom or Microsoft Team). When the interviewees agreed to participate in the study, I arranged the interview date, time and online meeting platform with each participant via email or telephone in advance. A link to the online meeting was emailed to each participant, and participants and I entered the online meeting at an appointed time for a one-on-one video interview. The duration of the interview was about 1-1.5 hours, and one interview lasted nearly 2 hours. All interviews were recorded via the digital device with the consent of the interviewees, in order to transcribe the interview and to obtain rich data.

## 5.3 Data analysis

### 5.3.1 Transcription

The data obtained from the interview must first be transcribed before it can be analysed. Oliver, Serovich, and Mason (2005) believe that the transcription process should not be regarded as a behind-the-scenes task but be included in the design of research methods. Also, different transcription styles may have an impact on the research results, so careful consideration and selection should be made before transcription (Oliver et al., 2005). The main goal of this study is to understand the ideas and opinions of school social workers on identifying and supporting young carers, so the transcription process focused more on the substance of the interview and paid less attention to the tone of interviewees. For this purpose, denaturalism is a more suitable transcribing approach, which pays more attention to the meaning and views generated and

shared in interviews (Oliver et al., 2005). Therefore, I did not write every word spoken by the interviewees but tried to record the meaning expressed by the interviewees clearly and ensure the correct grammar and the fluency of reading. As their mother tongue is not English, the respondents sometimes expressed themselves poorly in English during the interview, resulting in many grammatically unsmooth sentences, repeated expressions, and modal words in the transcribed information. Therefore, in the process of transcription, some modal words were deleted, and sentences with poor grammar were modified by deleting words or adding words, but the original meaning of the sentence were retained as much as possible. For the fluency of reading, the transcriptions quoted in this report had been revised again, by modifying some repetitive sentences and adding or deleting words to ensure the briefness and grammatical accuracy of the quotations. In the quotations which are presented in the next chapter, the deleted parts were replaced with “[...]”, and words added to complete the sentence will also be displayed by using “[ ]”.

### 5.3.2 Method and process of data analysis

The data analysis was inspired by the grounded theory approach, following an inductive approach to construct a theory about the phenomenon of school social work practice in the field of young carers by analysing the empirical data collected (Gray, 2009). The study did not seek to endorse or deny existing theories and findings about young carers, but rather collected data to create the outline and meaning of social workers’ actions on young carer issues in schools (Gray, 2009). In the data analysis process the content of the interviews was compared to identify similarities and differences (Strauss & Corbin, 2015). Data analysis was carried out on the computer software Nvivo. By uploading transcribed texts into the software and repeatedly reading, similar pieces of data were grouped under the same code, which is the coding process in Nvivo. The coding broadly covered the themes in the interview guide, but there are also new codes from the interview content. The different codes were then integrated around core categories, which described in a few words the researcher identified as the main theme of the study (ibid). Analysis of the data began at the end of the transcription of the first interview (ibid), and through the analysis of each interview, the emergence of new themes prompted the researcher to note new aspects in later interviews, where one question was added and focus of some questions changed slightly. In the interview guide (as showed in appendix), the question 18 added one follow up questions “What can happen after you report to social service?” after asking about if the respondents report young carers to social service.

Data collection and analysis was thus an ongoing process until all interview texts had been coded and no more new themes come out. In addition, I would write the personal reflections generated during the coding process into memos in Nvivo. The themes and subthemes were

shown in the Table 2. According to the themes obtained from the analysis and the reflections from the memos, further discussions to answer the research questions were conducted to get the research results.

Table 2. Themes derived from data

<b>Themes</b>	<b>Subthemes</b>
<b>School social worker identifying young carers</b>	The ways of identification The prevalence of young carers in schools Various caring responsibilities Variation in cognition, emotion, and behaviour
<b>School social worker’s perceptions of young Carers</b>	The perceptions of children’s caring role Perceptions of factors contributing to young carers’ existence Perceptions of how interventions should be made with young carers
<b>School social worker’s intervention for young carers</b>	Interventions in the school Interventions for the family Intervention between families and social services Challenges in interventions

### 5.4 Validity and reliability in qualitative research

Reliability and validity are key parts of research to ensure that research results are credible and trustworthy (Brink, 1993). Reliability and validity are usually used to evaluate the quality of quantitative research (Bryman, 2012). The strategies used to deal with validity and reliability in qualitative research are different from those used in quantitative research, since the essence of qualitative research method is not empirical calculation (Brink, 1993). Therefore, the measurement of reliability and validity in quantitative research cannot be simply applied to qualitative research (Noble & Smith, 2015). Bryman (2012) refers to Guba and Lincoln (1994)’s view of reliability and validity criteria in quantitative research which assume that there is a

single absolute explanation of social reality, but qualitative research does not. Guba and Lincoln (1994, cited in Bryman, 2012) therefore consider it necessary to establish terms and methods for the quality of qualitative research. Based on the research of Guba and Lincoln, Noble and Smith summarized alternative frameworks for evaluating credibility in qualitative research: truth value, consistency and neutrality, as well as applicability. And they also proposed strategies for improving credibility, which discussed in below related to my study.

In qualitative research, truth value as an alternative terminology for validity holds that the world has multiple realities, and research results should clearly and accurately present participants' viewpoints, while noting the possible methodological biases caused by researchers' subjectivity (Noble & Smith, 2015). To ensure truth value, the reflection of the researcher's perspective and the representativeness of the results and the relationship between phenomena, are mainly considered (ibid). My study has a peer reporting and examiners' grading process to help the researcher find deviations in the study. The recording of the semi-structured interview allowed the researcher to repeatedly access the data to ensure that the data were described in detail.

Alternative terminology for reliability is consistency and neutrality (Noble & Smith, 2015). Consistency is primarily related to methodological trustworthiness, i.e., the clarity and transparency of the research method that allows other researchers to draw similar or comparable conclusions through the method (ibid). Neutrality, on the other hand, is concerned with the impact of individual bias on the results of the study (ibid). My study ensured consistency of objectives, research design, and methods by describing the research process, including methods and results, in as much detail and clarity as possible. During the research process, new themes and findings that are continually identified in the study would be discussed with the supervisor, and discussions of research findings in the report are closely linked to theory and previous literature to ensure that the influence of personal experience and position on the findings is reduced.

Applicability considers whether the findings can be applied to other contexts, which is the alternative terminology for generalisability of quantitative research (Noble & Smith, 2015). The results of my study would be analysed relating to the theory and previous research findings, which means my results were also related to previous knowledge. This indicate that my results have the possibility to be transferred to a wider setting.

## 5.5 Ethical consideration

Ethical considerations are an important part of social research, and ethical problems may occur

at different stages of social research (Bryman, 2012). Not all ethical issues can be solved, but researchers need to be aware of the ethical issues involved in their research, reflect on them, and make every effort to ensure that their research is ethical (Bryman, 2012).

When recruiting participants, each invitation email sent to potential participants was accompanied by an information letter detailing the study plan, recruitment criteria, contact information for the researcher and supervisor, participant responsibilities and rights, and ethical principles. The ethical principles in the information letter presented the following information: the participant's voluntary decision to participate in the interview and answer questions; the interview information would be recorded and stored on the researcher's password-protected personal computer with the participant's consent till the submission of the degree report; the participant's personal information would be kept confidential and would not be identified in the report.

School social workers who agreed to participate in the study received an email containing an informed consent form which emphasized the ethical principles from the information letter. Due to the impact of the epidemic the face-to-face contact were limited, I obtained informed consent from participants in two ways: participants self-printed, signed and sent a scanned copy to the researcher, or participants made an audio record informed consent information at the beginning of the one-on-one interview.

Potential harm to children should also be considered. As the topic of the interview involves children, some children's information may be exposed by examples given by participants during the interview. The participants in this study did not mention any information that would identify the child in the interview. The descriptions of children shown in this report were cross-checked to make sure that no child would be identified.

In addition, the difference between the cultural backgrounds of the researchers and the subjects should be taken into account during the whole research process. Cultural differences will inevitably lead to the invasion and deviation of one's own values, which requires the researcher to be aware of this and reflect on oneself in the research process to minimize prejudice (Bryman, 2012). It's also important to note that neither the researcher nor the participants were native speakers of English, but this study was conducted in English. Therefore, it is noted in the recruiting information letter that the interview would be conducted in English. In addition, during the interview, I paid attention to clarifying unclear parts in time to ensure the accuracy of the content and avoid the unclear expression of the respondents due to the use of the second language.

## 5.6 Limitation of the study

Language imposed limitations on the study. All interviews were conducted in English. Most of the interviewees were fluent in English, but some took time to get used to speaking English. Some interviewees responded by rephrasing when they could not find the correct English equivalent for a Swedish concept, and others paused to think or looked up words on their phones. The researcher tried to ask further questions and clarify what the respondents really meant when there was a lack of clarity in their descriptions. Language limitations may affect the content and scope of data collection, and may also affect the credibility of the study, as it is not clear whether the social worker and researcher understood each other correctly.

The video interview had some limitations. Conversations through the camera hindered the observation of participants' body language (Janghorban, Roudsari, & Taghipour, 2014). The signal disruption of video interviews, which happened once in my interviews, made the interviews more difficult (Krouwel, Jolly, & Greenfield, 2019), affecting data collection. The content of respondents' statements on the topic in video interviews may be less than that produced by face-to-face interviews (Krouwel et al., 2019). Therefore, the adequacy of the data obtained from video interviews may be affected.

The high sample homogeneity of purposive sampling makes it hard to ensure the representativeness of the sample (Rai & Thapa, 2015). My study can only reflect the subjective views of a small group of school social workers. Reflecting only the voices of social workers may produce bias, and the voices of children (young carers) were not represented in this study.



# CHAPTER 6: FINDINGS AND ANALYSIS

This chapter discussed the empirical data generated from the interviews. The findings were divided into three parts. The first section, “School social worker identifying young carers”, analyzed the ways in which school social workers identify young carers, describing the number of young carers identified by school social workers, their caring responsibilities, and their performance in schools. The second section, “School social worker's perceptions of young carers”, described school social workers' perceptions of children's caring roles, their perspectives on why children take on caring roles, and how to intervene with young carers. The third section, “School social worker's intervention for young carers”, discussed the school social worker's role in helping young carers within school, family, and social services, as well as social workers' challenges. These three themes answered the following three research questions of this study respectively:

How do school social workers identify young carers in schools in Sweden?

How do school social workers perceive children who are taking on a caring role in the family?

How do school social workers support young carers in Sweden?

The discussion of each theme was divided into subsections formed by subthemes. Each subsection began with a description of findings based on empirical data, followed by analytical reflection at the end of each subsection.

## 6.1 School social worker identifying young carers

The main topics discussed in this section are the ways in which social workers identify young carers in school, and the extent of identification which including the prevalence of young carers and the extent of caring responsibilities. In addition, according to the descriptions of participants, it can be found that young carer's performance in school is diverse and changeable, so it is difficult to identify them through specific indicators.

### 6.1.1 The ways of identification

#### **Approaching (to) young carers**

The process for school social workers to identify young carers begins with the social worker's contact with the student. Usually, there are two main ways that social workers get access to students: students seeking social workers on their own initiative and social workers seeking students through information provided by other professionals within or outside the school.

Students taking the initiative to seek help from social workers is one of the main ways that school social workers can reach young carers. Every school in Sweden provides free student health services (Bortes et al., 2020), and studies have shown that two-thirds of students at school know to contact a member of the student health services team, including the school counsellor, if they need it (Henriksson et al., 2019). So, when asked the question “How did you find or notice young carers?” most of the 10 participants who were interviewed responded first that many of the young carers themselves would go to their office for help and they can provide support with students directly or support student by linking to other resources needed. As answered by Respondent 4 in the interview:

Respondent 4: They usually come to us. It could be either because they want [us] to help [them] or they ask if they can get help from social services or from any other institution that can do this type of [...]

Even if a student does not contact the counsellor, other professionals in the student health services, including doctors, nurses, and special tutors, also can reach out to potential young carers and notify the school counsellor. Because student health service professionals often work together to help students overcome difficulties and barriers in school (Bortes et al., 2020), there is frequent communication between them, and counsellors will be notified when other professionals spot young carers. For example, this respondent mentioned working with the school nurse:

Respondent 5: [...] I think about the nurse in our team. She meets every student in a talk in a meeting, so I set a routine for asking about students. So, I kind of lean myself against her because...if she identifies this is young carer, she tries to involve me in that with a student.

However, there are still a number of students at the school, including some young carers, who may not have access to student health services. But teachers are social workers’ primary source of information about students, as some participants mentioned in the interviews:

Respondent 1: Sometimes they have spoken to the teachers and teacher comes to me. That’s also the way. Sometimes or most times I would say, in this particular problem, it’s the teachers who have heard something about how much they’re taking care of their parents or siblings.

From the above interview we could know that teachers have the most contact with students at school, and students usually share their recent situation with teachers. If the teacher suspected a student are at risk, they would inform the student health team in the school where the school social workers are included.

In addition, one interviewee mentioned that schools may be aware of the young carer's presence through the police and social services when the child is placed out of home:

Respondent 9: Or sometimes it's police, social services who contact us....

Interviewer: They will contact you about those students who care for their family?

Respondent 9: In some situations, [...] if a child gets in another family [...], it's a special situation because the child needs the support at school as well.

This means that if a young carer is at risk and is taken away from the family, the school will be involved in the student's intervention process, so that school social workers can be informed and provide intervention in school.

### **School absence as a signal**

Student attendance is usually an area of great concern to teachers and school social workers. The high rate of absenteeism in Swedish schools is a serious problem (Strand & Granlund, 2014). Strand and Granlund (2014) refer to Stattin and Andershed (2002) that skipping school is seen as an early warning sign of risks to students. More than half of the respondents interviewed said that surveys focused on student absenteeism were an important way to identify students as young carers. The following interviewee described the situation:

Respondent 10: I think the most common way to identify them is when I am systematically control[ing] who are here and who are not. [...] Each school has their system and routines [about] how [to] check if the [students] are here or not, I have my way of checking with the teachers. So, the teachers are the first [person] I contact, I say, "In your class [...] two [...] [students] have been absent from school". [...] That's how I identify them. That's probably also how the school nurse identifies, because when I see that children are missing, I might leave the names to the school nurse [...] And we search for information.

From the interview excerpts above, it is known that social workers often work with teachers and student health services professionals to check student attendance and conduct investigations on absenteeism. Since family risk factors are considered as one of the risk factors for absenteeism (Gubbels, van der Put, & Assink, 2019), school social workers often approach absenteeism students and their families through investigation, and sometimes they will find that the student is taking care of family members. In this case, student absenteeism can be taken as a signal to guide school social workers to reach out to students and their families and find that students are young carers.

### **Investigating in conversations**

Whether students seek help on their own or are referred to the school counsellors, students often

do not directly talk about the fact that they are taking care of their family. Starting the conversation is a key step for social workers to investigate students' situation and the reasons behind, where they can identify and confirm that some students were young carers. Professional skills of investigation were used when social workers put some questions in the conversation for getting information and make the judgement.

Respondent 3: Yeah, they [...] [are] often in disguise, I would say it's often. They come to me [and say] that they don't have any energy for school, or they are slipping behind or they are like [having] low energy. They don't know why. And then [I] start [...] [asking], 'what the problem that [you] come with', they often say, 'I don't know' [...] It's often that I discovered when they say that 'It doesn't work in school', or 'I have problems with my relationship, with friends', or there's something else obscure, [the] problem [children talked to me] is often related to something else. And that's where this issue comes forward.

As the respondent answered above, students often come to them with other issue in the school, like stress, tiredness. Then the school social worker would explore forward the reasons based on their own observation and what the student talked about. In the conversation, the school social worker can gradually form an understanding and judgment of the current situation of the students by asking them about their study and family situation purposefully.

It is worth noting that in the conversation with the students, the social worker did not have a routine about what questions to ask, which shows that there is no uniform paradigm in the process of investigations, leaving it up to the social worker to decide which questions to ask. This means that not every time a social worker asks a student about his or her family, which is a key information source for finding young carers. It is also learned from the interview that school social workers who have had family work experience are more inclined to ask questions about family information in the dialogue with students. As this respondent shared:

Respondent 5: I have a background, as [...] a family therapist. So, I tried to put questions to the students about mom, dad, or relatives, or parents or siblings [...]. [But] I forgot often to do that. I talk about the family and I ask about the family, but [...] I don't have a set like a routine what I ask students. [...] My job is to identify 'where does [your pressure] come from?', 'What about your family?', 'What about your mom and dad?' [...] 'What is it in your family?' It's a tricky question. How if I ask or not? But I tried to do and it's my ambition to try to investigate [...].

### **Analytical reflection**

Combined with the findings of the above three parts, it can be found that schools, as an organization, have a structure that can identify children at risk, where all school professionals

play a role in. This structure comes from the daily cooperation experience of teachers and students' health team professionals in the school and the organizational rules of the school (Sandfort, 2003). The cooperation and information interaction between teachers, school social workers, psychologists and nurses is frequent and daily in this structure. The action process generated by this structure also influences the behaviours of the staff in it (Sandfort, 2003). For example, school social workers take the initiative to obtain information or seek cooperation from other professionals based on the cooperation process between professionals, so as to complete the work of supporting students. The existence of this structure enables children to have easy access to school professionals for support, at the same time cooperation among professionals within the structure facilitates the identification of students at risk or difficulty throughout the organization. Strategies such as recording absenteeism rates and conducting investigations through conversation help school social workers identify children at risk. Among them, it is very important to actively ask family information in the investigation to identify young carers.

In the process of identification, students taking the initiative to seek help is a manifestation of children as active subjects in society (James & Prout, 2003), and the availability of school support resources (Aldridge & Becker, 1993b) is a guarantee that students can easily find school support, which makes it easier for young carers to access social work support at school. However, the problem reflected in the interviews was that the school social worker's investigation was dominated at the beginning by other problems of the child, such as absenteeism (see also Aldridge & Becker, 1993b). Even if the child seeks help on his or her own, or is identified by a teacher or other professional, the main triggers are the child's cognitive, behavioural or emotional problems, not the fact that the child cares for the family itself. In addition, the young carer may have been interfered by social services or police before being identified by the school, indicating that the school did not adequately identify young carers.

### 6.1.2 The prevalence of young carers in schools

Gould (1995) found in his research that people in Sweden react differently to young carers, with some aware of the problem and others not. And this research result also has certain reference value today. Through the analysis of the number of identifications in the interviews, the findings showed that school social workers were aware of the existence of children who assumed the responsibility of family care. But the number of young carers identified by different schools varied.

Some respondents have identified 10 or less young carers per year (Respondent 1, Respondent 3). Although the number found was small, the school social worker believes the actual number of young carers in the school may be much higher. Those who are not found may simply not be

asking for help. Or they can manage their schooling and family situations for a while and not get stuck in an unbalanced situation. Therefore, these silent students did not perform unusually in school, and thus become invisible. Like the following respondent said:

Respondent 1: I think there might be more young carers, but they don't fail school and they don't really have a bad health. So, they don't seek me and I suppose there are more [young carers who] are good students so they can do both work [...] I think lots of them [are] very productive.

Another group of respondents had different opinions about the quantity. The number of young carers they found in schools was significantly higher. Some of them describe it in terms of proportion, like "30% of six, five hundred students" (Respondent 2). Some describe it as "Quite a lot" or "Common" (Respondent 4). These respondents were from schools with a large proportion of students from immigrant backgrounds or located in areas of Gothenburg where immigrants are concentrated. Another respondent from a school with a low proportion of immigrant students raised a concern about the impact of immigrant backgrounds on child caring families. She noted that children who care for their families were more common among the small group of newly arrived immigrant students:

Respondent 8: To be honest, not that many [young carers] in this school [...] But I've met these kind of students [...] in the other school [where] I worked [...] before [...]. I just only work[ed] with those children [who] were newly arrived. And [...] many of [them] very often [...] take care of their family members.

But whether young carers are more prevalent among students from immigrant backgrounds is debatable. From the interview, it is found that the school of Respondent 10 is also located in the same area as Respondent 4's school, which both have a large number of immigrant students, but the number of identified students mentioned is quite different from the school of Respondent 4 (where there are quite a lot identified):

Respondent 10: [...] In a year, [...] probably I don't know about them all, but at 5 to 10, each year [...]

In addition to the factors of immigration background, the interviewees also mentioned that the prevalence of young carers is related to the economic status. Respondent 2, whose school is in an economically disadvantaged area, found that the economic downturn caused by COVID-19 had led to many families losing their jobs, and that increased family stress had also contributed to the increasing caring responsibilities taken by children:

Respondent 2: And if you asked me 1 year and 6 months ago, I would probably say [...] less than 10 %. But with the corona virus, so many parents have lost their jobs, and, many

students have talked about, they have to move [...] That's why the number is so high [...]

Some interviewees did not know how to answer the question about numbers because they were confused about how to define young carers. There is no common definition of young carers in Sweden. Therefore, it seems difficult for social workers in the school practice to put such children into one category for unified consideration without unified boundary:

Respondent 9: [...] [To]be honest, I don't think I'm [...] able to give you the exact number of how many children like that.[...] I met a lot of kids,[...] [but] how many of them that they were providing the help for their parents, I really don't know. [...] It depends what kind of help [they did] [...]

### **Analytical reflection**

In general, all the interviewees have some awareness of the existence of young carers, which is an important factor for them to identify them (Jenkins & Wingate, 1994). However, the prevalence of young carers in schools varies greatly among different schools where the respondents work. According to extensive statistics, the percentage of young carers in the population is around 2-8% (Joseph et al., 2020). Nordenfors et al. (2014) found in their survey of Swedish 15-year-olds children that 7% of them had extensive care responsibilities in families. However, the approximate percentage identified by the respondents ranged from much less than 7% to much more.

From the interview, it can be seen that the factors leading to the different numbers of young carers among schools may be related to the immigrant background and economic situation of students. Some respondents believed that young carers were found more often among students from immigrant families and poor families, similar to the findings of Nordenfors and Melander (2017). Therefore, the difference in the proportion of students with immigrant background and students from poor families in different schools leads to the great difference in the number of young carers among schools.

In addition, it is also found from the interview that the difficulty in defining young carers is one of the factors leading to the determination of the prevalence of young carers for respondents. As the finding of Choudhury and Williams (2020), the difficulty in defining young carers affects the identification and statistics of young carers by professionals. Therefore, a universal definition is very necessary to help school social workers identify young carers and acknowledge the prevalence of young carers (Becker, 2007).

#### **6.1.3 Various caring responsibilities**

As shown in the presented results above, interviewees usually identify young carers through

conversations with students. What the young carer does in the home is often an essential part of the conversation. The interviews indicate that the respondents have a wide understanding of the caring tasks young carers have done. From their answers, it was found that the caring tasks undertaken by young carers, as Gould (1995) mentioned, varied significantly. Here I try to divide those tasks into different categories according to the nature of caring responsibilities.

### **Domestic work**

What children do at home as practical care or caring for the family physically is more like domestic work, such as washing, cleaning the house, grocery shopping, cooking (Respondent 1, 3, 4, 7, 8). These tasks are usually to keep the family's necessities running and keep the house organized:

Respondent 4: For instance, I have a lot of students [...] who are the primary keepers of the house household, they are the ones who cook, for instance, and clean and [do]stuff like that.

### **Emotional care**

Emotional care usually refers to helping care recipients cope with different emotions (Respondent 3), being sensitive to the feelings of care recipients (Respondent 4, 8), and giving sick recipients companionship and emotional support (Respondent 5). In most cases, the object of young carer's emotional care is a family member suffering from a mental illness. Children in the family are always in a state of great worry because they need to take care of the family's emotions, and sometimes even bear the emotional stress of the recipient:

Respondent 8: When it comes to [...] a mental health situation, [...] that's another situation where the young people must be clear all the time [and be] very sensitive, [like] 'what kind of feelings it is at home', 'How is my parent doing today?' [...] For example, their parents [have]depression, then [kids] take part of the parent problems. Some parents are sharing their problems with the children without thinking that it can go over on a child and the child can be stressed [...] [and] worried for their parents.

### **Financial support**

As Nordenfors et al. (2014) showed that in Sweden some young carers give the family financial support by extra work and not asking money from family for their own needs. Some interviewees also identified that there were many students take extra jobs after school to support their families, for example:

Respondent 1: They help with the economic situation as well, as the parents can't work, and the family wants to stay in the house. They're working in the supermarkets or



something in the weekends and give all the money to the family to stay in the house [...].

Some respondents found that students may use their monthly student allowance to cover family expenses:

Respondent 7: Once, kids have to buy food by tak[ing] [...] the money they got from [school], study money, once a week and once a month. They have this CSN [...].

Except doing part-time job and using student allowance, turning to school social workers for resources they can apply for financial support is also one strategy:

Respondent 8: Maybe [when] parents are unemployed [...] not having much money. So the students come to me trying to get some extra money. I have the special forms that I can apply for money. So, they take a lot of economic responsibility. You could say they don't buy things for themselves, and they just want to [support] the family get some food.

These results showed that young carers take on financial responsibility for their families and they have various strategies for saving or getting money. the financial responsibility often related to bad family economic situations, like parents' unemployment.

### **Language brokering**

Another form of support is the translation and interpretation of languages for family members. This usually happens in immigrant families. As showed in Bauer (2016), children often learn Swedish faster than their parents, so they take on the role of language interpreter when the family goes to the immigration office, hospital, or other institutions:

Respondent 10: Often these children have a stronger position with the language than their parents because they can speak Swedish much better than their parents. So in a way their parents are dependent on the children in different contexts with the health care or other places [...].

### **The objects of caring**

The object of care the respondents mentioned only include parents and siblings. For parents, interviewees found that the most common kind of care is to keep an eye on the status of parents at home, that is, surveillance, to make sure they are feeling well:

Respondent 3: I'll see just, most of them, [they] keep an eye out for their parents. Maybe it's surveillance, more of a surveillance.

Or it can be taking care of sick parents and contacting medical resources when necessary:

Respondent 5: I have another student, [...] he called the police, because his mom was either schizophrenic or maniacs, and he had to call the police, and they got the mom to a

hospital.

For siblings, the young carer mainly acting as a parent, taking care of younger siblings from the practical care like babysitting (Respondent 2), picking up from preschool (Respondent 4, 8), preparing food (Respondent 3), helping for homework (Respondent 7), to give the emotional support to siblings who have mental issue (Respondent 9). Regardless of caring parents or siblings, the young carer takes the needs of the recipient as the main consideration:

Respondent 8: Maybe [some are] just [...] very sensitive to the parents needs or other siblings needs all the time, adjusting themselves to the situation, trying to maybe calm down the situation. [...] And other are adapting to the situation trying to see to that the parent doesn't get angry or doesn't get sad or doesn't get annoyed in any way.

### **Analytical reflection**

The above results of caring responsibilities show that in terms of the extent of caring, all the caring tasks mentioned by respondents seemed to be daily and long term. As Becker (2007) said, "Instrumental Activities of Daily Living" like shopping and domestic works exist in most families where young carers spend a lot of time on that, while "care-related Activities of Daily Living" such as intimate and personal care mainly exist when parents get sick or when young carers take care of siblings. Language support and financial support are also included in the caring task by respondents, and these two kinds of support are more common in immigrant families and poor families.

According to Aldridge and Becker (1996), the differences in nature and extent of caring task types are related to differences in the family situation. And there are multifaceted triggers that lead the child to do those caring tasks as a carer (Becker, 2007). The findings about various caring responsibilities reflect that the direct reason why children become young carers is that the inability of original family caregivers, usually are parents, in taking care of the family. This inability is caused by factors like parent's illness or disability, unemployment, poverty, or immigration (see also Boyle, 2020; Gould, 1995; Nordenfors & Melander, 2017; Titzmann, 2012). In addition, respondents did not identify much about young carers in families with alcohol or substance abuse, which may be related to that children rarely ask for help or the school lack of support in this area (Silvén Hagström & Forinder, 2019).

#### **6.1.4 Variation in cognition, emotion, and behaviour**

In asking about what characteristics young carers have at school, the researchers' original aim was to explore whether young carers have distinctive characteristics and commonalities at school. But the findings from the interviews were unexpected. It appeared to all interviewees that young carers were influenced differently by their caring responsibilities from person to

person due to their family situation. Therefore, the behaviours, cognitions, and emotions young carers exhibited at school varied greatly.

### **Cognitive performance**

Many interviewees would mention that young carer's perceptions of their caring role and their own family situation, were different. Some of the young carers normalized their daily life of caring for families. As Boyle (2020) mentioned, they were completely unaware of the differences between their lives and the lives of other children, like this respondent described:

Respondent 1: They're so used to have it in their family, so they don't really always notice that this is a big problem. It's more like 'this is the way we live, and this is the way I have to live, and this is the way I am supposed to live'. [...] They don't see anyone else to do it, so then it must be their task.

Some interviewees thought that this might be related to the fact that young carers grew up in this abnormal family situations and did not know what a normal child's life was like. And only when the school social worker helped them realize that such a role should not have been taken by them, they realized that life could be otherwise:

Respondent 7: [...] When we sit and [...] we talk about it and, then they may [say], 'Uh, I understand, I'm taking care of my parents'. They haven't thought about that [before]. It's so natural for them. Often. They don't see any other choice.

And there are other young carers who are clearly aware of their situation. They know how a normal life for their family should have been. But the hardships at home forced them to take on the responsibility of caregiving. They think it's unfair and should not live like this. But they take it on voluntarily because of their love and sense of responsibility. They believe that they are trapped by their families, feeling helpless. There is a big conflict between their need for a normal life and their sense of responsibility as caregivers, as this respondent described in the interview:

Respondent 4: They talk about stress, to talk about feeling trapped, they feel, they talk about frustration over, not being able to do what they want to do.

### **Emotional performance**

Young carer's expressions in terms of emotions were generally negative and complex in these school social worker's perspective. And the specific emotions of these young carers varied depending on the family difficulties they encountered or their own perceptions of the situation. As this interviewee described:

Respondent 3: [...] Of course, there is some kind of sadness that they realize their situation

isn't normal. On the other hand, [some of them] don't know anything else, [...] it's normal for them. But they also know that not everybody else has it this way. [...] It's also a lot of love and care for people in their family. Some are mad, some are angry. Because of the situation that they have been put in. It really varies a lot. And every emotion is there [...] What else, also they want solutions. They feel helpless. Sometimes [...] They want to cope with it in another way or they do want someone to advise on it. They also help seeking in a lot of ways. So yeah, that is a lot of different type of emotions.

The above excerpt shows that some young carers worry and grieve for their families. They try to help their families out of love and morality. But they may feel broken and unhappy because of the overwhelming stress. They can also feel angry and helpless because they are trapped by their families. And they feel guilty when they realize that they long to be free from their families. They are constantly trapped in these conflicting emotions. Chronic stress and anxiety can also cause them to become depressed:

Respondent 7: They don't care about anything, in difference. They don't care about anything. It's little bit tired and it's depression.

### **Behavioural performance**

In addition to the cognitive and emotional manifestations of young carers, their behaviour in school is also completely different from person to person.

Different young carers have different academic performance. Respondents found that many young carers had difficulty and stress in learning, mainly because the responsibilities of caring for their families took up their time and energy, and some young carers were even unable to study and think because they were exhausted:

Respondent 1: I think they're struggling with exactly that because they are dedicated to the school, but they also have so much as to do. So, the time isn't enough, and they get stress problem. I often meet when they have this stress problems, they can't eat, they can't sleep, they can't study, they can't think.

But some respondents also mentioned young carers who remain motivated and manage the pressure to perform well in their studies:

Respondent 3: Some students are high functioning, managing to perform on a good level and can get a really high grade.

School attendance, as a signal for school social workers to initiate the process of investigating and identifying young carers, was mentioned by many respondents that many young carers were more likely to skip school, especially those whose parents are mentally ill (Respondent 9), as

found in Bortes et al., (2020). But this does not happen to all young carers. Some of them have the ability and resilience to take control of their situation, therefore they were not absent:

Respondent 3: I would say that the attendance varies, some of them [...] have [the] inner ability and resilience to be able to continue and doing what's good for them and still had coping with their own situation. [...] Some of these students actually managed to go to school [...].

And it is worth noting that there are some young carers who prefer to go to school instead of absence because they want to escape from family pressure for a while, and school is the place where they can try to be a normal student:

Respondent 7: For some it can be the opposite that they flew [...] it's a way for them to come away from home. It's a rescue to come to school.

Young carers' relationships with peers in school likewise varies from person to person. There are some young carers whose socialization at school is greatly limited by taking care of their families. As mentioned in Aldridge and Becker (1993a), they may have lost opportunities to spend time with peers that they should have had because they have less time at school, like respondent 10 said:

Respondent 10: They miss their play time with their friends and moments to train different things in the social life.

Or they may have avoided socializing because they felt that their situation and stress was not understood by their peers:

Respondent 5: They feel [...] that other students or friends can never understand the situation. [...] And sometimes or many times, they don't want to let other students know the situation.

A small percentage of young carers were also found to have difficulty with friendships, which the interviewees attributed to the fact that parenting from their parents really did not give children the enough guidance of socialization, resulting in children not knowing how to get along with classmates. The following description shows this finding:

Respondent 8: I do meet quite a lot of students who don't really know how to relate to understand the other people in their own age, they really have issues with [...] making friends. [...] I would say sometimes [...] parents [...] [do not] train their child [...] [about] the right [way of] how to relate with other.

However, from the interviews, it was found that there were some young carers who showed the opposite of the situation mentioned above in terms of peer relationship at school. Some

young carers were able to socialize with other students at school, who just behaved like other students without revealing their family situation in front of their friends. These students separate their school life from their home life and try to meet their needs for friends and socializing at school:

Respondent 1: But some [students] I met I think they might just, skip to talk too much about the whole situation with the friends so that they live quite similar with friends but there's a part of them that they never share.

The school social workers interviewed did not find that bullying, as a possible occurrence in peer interaction, had occurred in young carers. However, a few interviewees did notice that some young carers had been bullied in their younger age, for example:

Respondent 8: Some students have experienced the bullying. [...] Yeah, so they have really had a tough time before they attend our school. Because they have been that harassed in different ways in school by other students.

Some interviewees also noted that the negative emotions and behaviours exhibited by young carers could cause their peers to actively stay away:

Respondent 6: In some situations, [they] may be stigmatized, not because of [their family issue]. [...] the other children do not know the situation, [...] they might take distance when they see that the child is not acting according to the social rules. If they don't behave well, [...] or if they're sad and don't show so much contact with the friends, then the friends might not play with them so much.

### **Analytical reflection**

Overall, there is a lot of variation in how young carers perform in school. They differ in their cognitions of family situations and thus the degree of emotions they generate and the impact of those emotions. Also, different young carers have different levels of handling their perceptions and emotions, and thus exhibit different behaviours at school. Some young carers are caught in conflicting cognitions and emotions that seriously affect all aspects of school performance, including academic performance, attendance, and peer interaction (see also Aldridge & Becker, 1993b; Bortes et al., 2020; Boyle, 2020; Silvén Hagström & Forinder, 2019). Still, some young carers were resilient (see also Hooper et al., 2008), and their lives were manageable, or they deliberately masked their home situations and stressors so that they behaved like other students in school.

But in the sense that young carers performance in all areas varies from person to person and from family to family, there are essentially no obvious systematic common characteristics of

young carers performance at school that can help school social workers quickly identify whether a student is young carer. While school social workers can reach out to a subset of young carers through some obvious manifestations such as absenteeism or negative emotions to identify young carers in the investigation process, a larger portion of the invisible group is more likely to be overlooked in schools because many young carers behaves no differently from other students. This explains why some interviewees assumed that perhaps more young carers are “hidden in the dark”.

## 6.2 School social worker’s perceptions of young carers

The focus of the analysis in this section is to explore school social workers’ perceptions of young carers in Sweden. The first subsection describes the interviewed school social workers’ perceptions of children taking on caring roles at home and discusses the school social workers’ perceptions of children and young carers in relation to theories of child and childhood, as well as parentification. The second subsection then further explores what factors the interviewees perceive as leading to children taking on caregiving roles at home in the Swedish social context. The final subsection describes and analyses how interviewees believe young carers should be supported.

### 6.2.1 The perceptions of children’s caring role

This subsection analyses the participants’ perceptions and attitudes about children taking on caring roles in the family, including how they distinguish between young carers and other children, their objections to the child’s role of caring, and how they view young carer in the family. Then these three parts will be discussed together in relation to theories of child and childhood, as well as parentification.

#### **Differentiation between young carers and other children**

Most respondents, when asked how they viewed the caring tasks and caring roles performed by young carers, distinguished between young carers and other children. As Aldridge and Becker (1999) states, young carers, for whatever reason, take on far more caring responsibilities than other children in daily caring activities.

The role of the young carer in the family is that of the primary carer and they usually take on the parent’s role, which is not the situation for other children, as in the following responses:

Respondent 3: [...] A parent is the one who’s supposed to take responsibility, [...], when a child or someone under 18 takes on the role of a caregiver. They take more responsibility

for everyday life. So [the children] have cooking, cleaning, coping with people's emotions. [Children] have everything that the parents should do.

In terms of the level of involvement in caregiving tasks, young carers are usually the main person responsible for one or more family caring tasks, while the other child is only involved in a small part of the family work as a support person or trainer:

Respondent 5: I mean sometimes young people, it's my opinion, they should help in their families to some extent. But when it comes to that, they have to be the ones in the first place thinking about "do we have food in our house or not?", or "I have to cook the dinner, otherwise, it's no dinner at all". That's not fair.

In terms of the time spent on caring responsibilities, the task of young carers is long-term, daily, and frequent:

Respondent 2: Normal works like, of course, you can have one making dinner night [once] a week or take out the trash and vacuum cleaning once a week or whatever, [...]. It's like you are not supposed to be the maid at home.

Interviewer: Like do it every day.

Respondent 2: Yes, exactly.

Young carers take on certain responsibilities because they have to do, and no one will do it if they don't. Parents leave the needs to the children because they lose or relinquish their ability of caring for the family.

Respondent 4: The weight that the child have been carrying is much. [...] [Children's] feeling is that adults around [them] have failed when they put this on [the child].

Thus, young carers caring for family is to meet the needs of other family members, while other children do the same for their own development and needs:

Respondent 8: Normally, when a student does extra work, it's because they want to have some more spending money for themselves. But you know, I meet the students who [...] do the extra [work] to supporting the family. That's different.

Children's caring roles can have a negative impact on their study and personal development, while other children doing supportive chores at home do not interfere with study, socialization, and other normal life:

Respondent 7: It's a difference between help each other and taking care of [others]. I [...] separate those two [...] things. [When children are] taking care [of others], if they don't manage to study it properly, and if they're not allowed to live their lives with their friends,



then it's not okay. Otherwise of course uh, help[ing] each other and tak[ing] care of siblings or clean[ing], [are different].

Although the distinction between young carers and other children was perceived by respondents to be significant, some respondents noted that age may make it difficult to distinguish between children assisting with household tasks and children taking on primary household tasks. Especially at the age of 16-18 years, when it is often considered normal for children in that age group to do some supportive tasks appropriately, it is difficult to detect differences between young carers and other children in terms of the nature and purpose of the task and the impact it has:

Respondent 3: I think there's a lot of kids in this age where you're between 16 and 18 that get hidden away in this context, because they're doing what on paper looks like normal stuff, they cook and they learn to clean and they learn to do it. But when you do it in a context where you[r] parent doesn't have the abilities to do these things, that is not normal.

### **Opposition to the role of children as carers**

The respondents were unanimous in their opposition when asked about their perceptions of the role of children as carers in the family. Their views on children, childhood, and the child-parent relationship can be gleaned from the reasons they gave for their opposition.

Some interviewees felt that young carers were not doing what society expects children to do and that it was less acceptable in Swedish society for children to care for parents:

Respondent 1: I think in our social environment, it's not the way where our society is built that children should take care of their [parents]. [...] The situation [...] is very rare in a way and not, it's not in a positive way, it shouldn't be like that in Sweden [...] We don't really take care of even our older people in Sweden [...]. [...] So, when it happens, when they are younger, the parents [...] [are]not [...] expected to [have] the children to take care of them.

Some respondents believe that children and adolescents should be cared for and protected by their parents:

Respondent 6: I think [...] the parents should make sure that the child feels well. And also, regarding the food and other routines, [...] the child should not have to focus on those type of routines. [...] The caring should be come from the parent. [...] fully are allowed to be children. They learn to take a, a bigger responsibility than they are really required at that age

Some interviewees mentioned that children should enjoy their own school life, social life and

focus mainly on learning and self-development, like the Respondent 2 mentioned that she often told young carers she met:

Respondent 2: You are a teenager. I want you to be a teenager. I want you know, you're in high school, you have a lot of work. You need to have time for that to do that.

From the perspective of the child-parent relationship, respondents believe that children taking on the parent role is a misplacement of roles in the family and that they should return to their position:

Respondent 8: The child can never be a parent. When that happened, it has been an upside down the situation, and then it needs [to back] the right position again, where the parent takes the responsibility. The child, [...] [is] just a young person that needs supervision, of course.

Respondents felt that parents should not shift responsibility to the child, even if they are unable to assume caregiving responsibilities for specific reasons, but should seek outside formal support resources:

Respondent 5: Most of the cases, I would say, now, some of the cases I would wish that the parents could get more support to help [the family], so the children could step out to be just children and not carers.

### **Young carers are the victims of the family context**

Some interviewees viewed young carers from the perspective of the family context, and they believed that young carers take on family caring tasks because their family situation makes them passively accept the role. As mentioned in Aldridge and Becker (1999), the caring role of children should be understood as the result of complex family, social and economic processes.

Some interviewees described how young carers were passive or forced to accept the caregiving role in a family setting because they could not choose their own family context:

Respondent 5: [...] The children, they don't choose this role, this [because of] the circumstance in their families.

Although it is unacceptable for children to care for families, respondents thought that young caregivers should not be the ones to blame:

Respondent 3: I think I object to the term that they 'choose' to do this or 'force' to do this [caring]. Maybe [they are] 'forced' in that way [...] the family was in the form. But I think it's like blaming them for being in this situation. I don't think that's right. [...] [children] don't have any other choice because [they] don't choose [their] family, [they] don't choose

[their] context. [...] [They are] not the victims of their own choices. They are victims of their context.

But despite the passive role of the young carer, the interviewees also saw initiative and possibilities of children to cope with the environment they were in.

Respondent 3: You are, coping with the reality that you have. [...] It's not taken away the possibility for them to be able to cope with this in another way.

### **Analytical reflection**

Overall, from the interview data, the responses of participants demonstrated their perceptions of the child's caring role. The results were analysed here in relation to theories of childhood and childhood and the concept of parentification.

The differentiation between children as carers and other children is not completely consistent with the distinction made by Hooper et al. (2011). Participants perceived that young carers' caring tasks were long-term and daily (see also Hooper et al., 2011), but they did not mention whether young carers' care tasks were supervised or recognized as distinguishing elements as Hooper et al. (2011). The interviewees emphasized that the child's caring role is dominated by meeting needs of adults, with which Garber's (2011) discussion of parental needs in the forming process of parentification is consistent. Also, the interviewees, like Garber, emphasized the destructive outcomes of the caring role for children. What interviewees mentioned about the negative outcomes on the role of child caring, like the deprivation of children's developmental rights in social life and study are also consistent with the findings in the study of Borchet et al. (2020) about the effects of parentification. These negative outcomes also reflect the violation of children's rights to development, education, and peer interaction as emphasized by the UNCRC (UNICEF, 1989).

The interviewees' opposition to the caring role shows that their view of children are consistent with children's immaturity and dependency from traditional developmental psychology perspective (Quennerstedt & Quennerstedt, 2014) and reflect the mutual independence of children's and adults' roles and tasks within the perspective of the parent-child binary relationship (Hockey & James, 1993; James & Prout, 2003). The interviewees' reference to family role misalignment captures a key feature of parentification, that is, role reversal in the family, which is considered inappropriate (Hooper et al., 2008, 2012; Hooper & Wallace, 2010)

Interviewees thought the family system should not be ignored, where the child is a part of the system, which is consistent with research about the cause of parentification (Garber, 2011; Jurkovic, 1998; Stein et al., 2007). Young carers are considered by interviewees as victims in the family context, and the caring role is a passive result of the family's influence. In addition,

the proactivity of children's coping in the family environment reflects the presence of resilience in parentification as mentioned in Hooper et al. (2008) and the emphasis on children as active subjects in the sociology of childhood (James & Prout, 2003).

From the above analysis, the interviewees' perceptions of what children should be like and of the role of child caring for families encompass the traditional child perspective of children's immaturity and dependency, the duality of child-adult relationships, and also the initiative of children as active subjects in their context. There is a relatively high level of agreement between the interviewees' perceptions of child's caring role in families and parentification in terms of the parent-child relationship, the formation process, and the negative outcomes produced.

### 6.2.2 Perceptions of factors contributing to young carers' existence in Sweden

This subsection describes the factors influencing the presence of young carers in Swedish families from the perspective of school social workers. The interviewees looked at individual, family, and societal factors to answer why children and families do not seek or receive help to address the needs of family caregiving.

#### **Children's honour and pride**

Some interviewees perceived that children care for their families out of a sense of responsibility, loyalty, and the honour of their ability to support their families. The interviewees see the moral value of the children as a carer, which is consistent with the moral basis of caring mentioned by Boyle (2020) in young carers. This suggests that children may be driven by moral values to contribute to their families. For example, the Respondent 2 mentioned the pride that children have for being able to deal with family issues:

Respondent 2: They have a pride that, they want to make this on their own.

#### **Disguising family problems**

Family factors were one of the aspects discussed by the interviewees. In the previous section 6.1.3, it has been mentioned that the triggers in the family that lead to children taking on the role of carer are parental inability in caring mainly due to factors like illness, low income, migration. In this subsection the interviewees highlighted why parents in the family who lost their caregiving capacity chose children over resources outside the family to meet the family's caregiving needs.

Some interviewees found that when there is a situation in the family such as a parent's illness, some parents tend to deliberately cover it up and they are reluctant to seek outside help because they are ashamed that something is wrong with their family. As this interviewee mentioned:

Respondent 1: I think the parent who is sick or not able to be really taking care of self and

maybe a hiding base as a hiding and not really they are ashamed, maybe and they don't ask for help. That's one possibility, [...] this is a secret

As parents are reluctant to reveal their problems, children are also asked to keep secrets:

Respondent 7: And maybe the parents are saying that they are not allowed to [...] [Children] are loyal to their parents.

In addition to stigma, the cover-up by families may also be due to a misconception of social services, which they see as the authority to remove their children from their homes. This may have to do with the lack of information about how the welfare system works:

Respondent 7: [...] They are afraid of social [services] and social workers will come and [...] change the living situation, tak[ing] the children away [from] the family. [So] they don't dare to say anything.

### **Family's lack of information about resources**

Lack of knowledge about available social resources was also cited as a reason why families did not seek help, i.e. they were probably not aware of some resources available in Sweden that might meet the family's needs:

Respondent 4: Because [...] sometimes there's ignorance [all] around. There's not enough knowledge to know that you can actually apply for [...] aid

Some interviewees felt that immigrant families were more likely to be in the above situation because they took more time to adapting to Swedish society (see also Titzmann, 2012). There was some information about resources that they were more likely to be unaware of:

Respondent 5: They don't get to know the Swedish society. They need more attention. [...] Parents [...] don't know how to write or read. And the kids, they have to be the interpreters and the carers [...] Definitely, I think we would need a better system to get people into Sweden and make them understand that there is a lot of help here.

### **Family economic status**

Low income and poverty in the family can also lead to children taking on more caregiving responsibilities. Parents may neglect their family caregiving responsibilities in order to earn money to support the family, and as a result, children take on more household tasks to keep the family functioning. This may be more likely to happen in immigrant families, where parents make more demands on children to care for the family in order to keep an insecure job (see also Nordenfors et al., 2014), as this respondent mentioned:

Respondent 2: If you ask for help, then it's over. Then [...] [parents] can't make it as a

family. Not all parents, I guess, have jobs that are legal. If they don't show up, someone else will replace them. That's the risk for the whole family income. So, they say to the teenager, you have to be home from school today and watch your brother who [has] a fever.

### **Supply-demand asymmetry in social care**

Most respondents discussed the factors that influence the presence of young carers in the context of Swedish society, including the Swedish social security system and the cultural factors of society.

In terms of formal support in society and the resources provided by the social security system, many respondents felt that the supply of social support did not cover the daily care needs of the family, especially the daily care needs of the sick parent. In families where parents are unable to care for their families, even when they turn to social services, they may not receive a corresponding response to their needs, so ultimately children become the ones who meet these needs. This corroborates Becker's (2007) view that caregiving by young carers is the result of the interaction between family and community or society's demand and supply for care. The interviewee referred to what she had observed:

Respondent 1: Another one is when the parent is really sick and has asked for more help in the home, but [social services] are denied [...]. And I can say that [it] is a problem there's [...] [a] difference between what the carers think they should, what the state thinks that they can give and what the family thinks they need. I think it's really hard [...] when the family has asked for more help from the community, [but] [...] they are saying 'you don't need so much', and the children are still have to do it.

Families with parents with mental illness have a more difficult situation accessing resources than those with physical illness. Respondents mentioned that social resources provide less support for mental illness:

Respondent 9: The organization of social work and health department is really well organized when it's up to physical [...] When parents have [physical disability], but not as well organized [for] parents [who have] problems with mental health.

Interviewees were also concerned about spending cuts in the Swedish welfare system, which they felt had led the social welfare system to be more cautious about providing resources, so that not all families asking for help were getting the help they needed to meet their needs. This view is similar to Gould's (1995) finding of the reduction in Swedish welfare expenditure. As this respondent described:

Respondent 4: [There is] the differences between the [...] rights [...] to get help and [...]

the practical reality, [which] [the] city [...] has cut the funds for social services in several years running. [...] [So, if the family situation is] not bad enough, [...] the social services [would not feel] they have to intervene in a way that they perhaps would have 5 years ago, 10 years ago. [So] today, [it needs to be considered] that everything the social services does cost money.

### **Lack of “whole family” perspective in professionals**

Social interventions for family issues often focus on adult needs to the exclusion of children’s difficulties and needs, which is thought to contribute to the invisibility of young carers and to the persistence of young caregivers. Some interviewees felt that the child perspective was not really put into family policy and practice.

Respondent 1: I think the perspective of the children in these families are not really put to the agenda. [...] I think it’s not under children’s perspective when they look at how much aid the family need the care. That’s my opinion. It sounds like it’s not in a child perspective when the[y] do the research [about] how much care the family need, they look for how much care the grown-up need.

The emphasis on adult needs also leads to the situation mentioned in Aldridge and Becker (1993b), where adults have more autonomy and opportunity to demand resources and they have a stronger position to request services. Boyle (2020) found that young carers do perceive themselves as receiving less attention and being invisible when a family member is ill.

### **The culture of individualization**

Many interviewees felt that young carers were neglected because professionals intervened by looking at individual issues rather than the family as a whole, and that the culture of individualization was a major reason why people neglected the family perspective, as this interviewee stated:

Respondent 3: [...] Sweden has evolved, again, [to] an individual society [...] I’m not objecting to that. But one of the effects of that is [...] the resources are not put into meeting families right now. [...] When you have a society that is built on an individual context, you miss these families’ need [of] support to cope with their everyday life, [...] that’s my opinion. I feel really strongly about families being isolated in the society.

Several interviewees spoke of the impact of individualization on children and families, particularly on the families of young carers. Some interviewees felt that individualization was reflected in the belief that people should take responsibility for their own problems and not expect to seek outside help, which is a paradox in a welfare state that should support their

members and families (Esping-Andersen, 1990):

Respondent 3: We are also a society where [...] it also sets the culture that every person is responsible for their own problems, that problems on seeing in, a cultural context.[...] And that means that it's too hard of a burden to be able to seek help, because you will get blamed for your own issues [...] And I would say that's a big thing that means that people don't seek help.

Therefore, people feel rejected and ashamed of outsiders coming into the family or seeking help from outside the family, so they expect more help from members within the family, even if they are minors, for example:

Respondent 4: There's a lot of cultural shame to have a stranger [to] help you with your intimate hygiene [so] that the parents would prefer that it is their older old child not the stranger. [...] It's about the cultural context that if you come from a sort of a culture where it's very shameful to have strangers to come in your house and do these types of caring roles that you much prefer it being a family member.

### **Analytical reflection**

From the above description in this subsection, it can be perceived that the interviewees, as school social workers, do not look at the issue of young carers only in terms of the individual and the family, but they also take into account the social structure of welfare system, culture, and other factors. This finding suggested that the phenomenon of young carers is a combination of individual and family circumstances as well as specific social contexts(see also Garber, 2011; Jurkovic, 1998; Stein et al., 2007), which also reflects the childhood sociology that views of children cannot be separated from specific contexts (Hockey & James, 1993; James & Prout, 2003). For this reason, young carers are also a social construct, as mentioned by Joseph et al. (2020).

It is also noteworthy that immigrant families have more vulnerability compared to other Swedish families (see also Titzmann, 2012). Grugel et al. (2020) argues that the depletion experienced by child carers should be understood through an intersectional perspective. From the results of the analysis, it can be found that immigrant parents who are not offered formal positions in the labour market are often unable to work or can only find illegal jobs that force them to work long hours, resulting in immigrant families being more vulnerable to low income economic status, as well as more marginalized social position (see also Nordenfors et al., 2014). This marginalization is exacerbated by the lack of knowledge about social resources and the right to seek support that comes with the immigrant adaptation process. The intersection of the above factors combines to contribute to the phenomenon of child giving care in immigrant



families.

### 6.2.3 Perceptions of how interventions should be made with young carers

This subsection will briefly summarize the interviewees' perceptions of the needs of young caregivers and their views on how to help young carers, exploring the connections between their views of young carers and their views of children.

#### **Perceptions of young carers' needs**

The majority of respondents agreed that young carers need emotional support, such as someone who can listen to them:

Respondent 1: They need a [...] supportive counselling. They are in a very a difficult situation. I think, [they] need [talking]to me or talking to someone else.

Also, respondents believe young carers need someone to guide them to become aware of their situation:

Respondent 10: They need some sort of "bekräftelse"(confirmation),[...] that I confirm them that 'I see this going on', [...] and 'I see how it affects you', 'I have seen it before'.

Respondents saw the pressure they were under as students in school and felt they needed help with schoolwork and a normal social life in and out of school:

Respondent 7: They need... help with the school, of course. [...] the needs can be, they want to be with friends. [...] they need to know how to socialize

And what was emphasized by many interviewees was that as children, these young carers need to be free and that they should return to their normal role as children (see also Nap et al., 2020), being protected by their parents rather than taking care of them:

Respondent 8: They need to just be like normal [...] young person, not having to deal with adult issues, like all the time preparing food, all the time do[ing] all the housekeeping. [They need] a good supervising parents, helping them doing the right choices, and also supporting if they fall through, [...] being a supportive parent.

Thus, the interviewees all agreed that children should be removed from the role of carer. Achieving this would require helping families and parents to receive more support, as mentioned by this interviewee:

Respondent 1: Probably most important thing is to get more support for the parents, so that they can and drop the [...] responsibility to someone else[...] So they can be free and did the life a bit more like a child or young person[...] they don't want to be all adult all the time

There were also respondents who felt that families needed professional caregivers to enter.

Respondent 5: Someone else could step in, come into the family, to do the [housework], the cooking or the cleaning or [...] just to make sure that their mom and dad is okay, [...] that kind of professional [...].

### **Perceptions about how to intervene**

When interviewees were asked what they thought should be done to intervene in the case of young carers, most of the answers revolved around helping children disengage from their caregiver role. For example, some interviewees mentioned that there should be a focus on external caregiving resources to support families, especially to increase the availability of daily care services for families in order to ease the stress of children caring for their families:

Respondent 5: I think it's very important that they get support from welfare or other carers, [...] but sometimes [...] [the welfare system do not know] about these families [are at] risk.

In addition, some respondents mentioned that there is a regional imbalance in the availability of formal support resources and that the available support resources should not be concentrated only in the city centre:

Respondent 10: I discovered [...] that these support groups are too far away, for these families where I work, [...] Even though they were in central Gothenburg, but that was a far away, so I wish the support groups should be closer.

Intervening with young carers from the perspective of the whole family was also emphasized by many interviewees, who felt that the needs of the student as a carer in the family should not be seen alone, and that addressing the issue requires looking at the needs of the parents as well as the needs of the whole family:

Respondent 3: I would say that [we need to change] the focus [...] on individual, [not focusing on] caregiver as the students, [...] [or] [focusing on] [...] the individual as the person with the mental health issue or whatever, but focusing on the family as a whole and how they [...] cope with it [...].

In addition, there are things that the interviewees felt should be strengthened in schools. For example, this respondent felt that schools should work harder on identifying young caregivers and early intervention:

Respondent 5: We need to be a very sensible and try to identify. I mean, there are many things that it's important to identify like abuse or neglect, violence in the family or eating disorders.

Other interviewees saw the importance of schools strengthening their collaboration with families and social services:

Respondent 6: So I think that, we all need to collaborate the school, the social service, the parents to help the child and those families.

### **Analytical reflection**

From the above descriptions of the needs of young carers and how to help young carers, respondents saw more of the young carer's needs as a child in terms of emotion, education, socialization, and normal family relationships, with less emphasis on what needs the child has as a carer. From studies of young carers, researchers have identified that young carers need recognition and help whether in their role as children or caregivers (Jenkins & Wingate, 1994). In addition to the developmental opportunities and activities they need as children, young carers should also have the initiative to decide whether to continue caring for the families (Aldridge & Becker, 1993b). In contrast, the child's right to free decision making as a caregiver seems to be neglected due to the interviewees' emphasis that the child should be free from the role of carer. As Woodhead, cited by Backett (1992), states that what adults perceive to be the needs of children actually encompasses underlying adult assumptions and judgments about children. The interviewees consistently believed that children should not assume the role of carer and that children should just be children, reflecting a binary view of the child-adult relationship (James & Prout, 2003). Although the interviewees saw the young carer having the ability to cope in the home, it seems that the initiative of the child in deciding whether he or she wants to, or continues to, care is ignored when considering how to help the young carer. Furthermore, as Nordenfors (2012) suggests, people's perspectives on children influence how they treat them, thus, how interviewees understood children's caregiver roles influenced their consideration of how to intervene with young caregivers, and this would be reflected in their practice.

## **6.3 School social worker's intervention for young carers**

This section focuses on answering the third research question "how do school social workers support young carers?". Interviews related to school social workers' interventions will be discussed in three categories, including the interventions provided by social workers in schools directly targeting children, the indirect assistance of school social workers through family interventions, and the role of school social workers in the relationship between family and social services.

### **6.3.1 Interventions in the school**

This subsection focuses on what the interviewed school social workers did and what role they played in helping young carers in schools. From the interviews, it was found that the interviewees provided mental support to the students through continuous communication, identified the students' needs and intervened together with the school professionals according to the needs. The specific actions are as follows.

### **Continuous communication with young carers**

Communication with students was an action taken by all interviewees. The interviewees felt that the conversation itself was meeting the young carers' need to talk and providing the opportunity for young carers to express themselves:

Respondent 9: Conversation with [students]. [...] One example is that the child need to talk with some[one] once a month, once a week, [or] twice a week, [...] the child needs someone to describe the situation, to describe what problem they have, just talk[ing].

As a social worker, the interviewee is more of a companion in communicating with the student, providing young carers with emotional support, and assisting them to relieve stress so that they can better cope with their lives:

Respondent 1: sometimes I get to support [to] just make a change for the young person to not be so alone with this difficult situation, [...] it might affect their [...] mental health so that they can overcome it or [...] threw it, [...] so that they can manage [the situation].

Yet the interviewees do more than just listen during the communication process, they also help young carers raise awareness of their situation and their rights as children, motivating them to actively seek change, as this respondent said:

Respondent 5: [...] Sometimes they are so used to these circumstances, so when I hear it, I can say, 'have you thought about that you are a carer?', 'You're not only a child, you [give] professional care for your family, for your parent'. So I think [...] emotional support [...] make them understand circumstances and talk about what can [they] do in [their] situation [...].

Conducting a risk assessment during the conversation is also an action that the interviewee did, which is done by asking specific questions in the conversation to identify whether the student is at risk:

Respondent 8: [I'm] trying to reach and the child's voice, [...], to reach the story that the child has about its own situation. [...] That's where my profession comes, [...] I need to really be brave and putting the right questions. Sometimes it's very hard to ask a child, 'whether [he is] abused in any way'.

## **Cooperating with and linking to other professional support**

After learning about young carer's needs through communication, some interviewees found that sometimes students' needs cannot be met by school social workers alone, such as young carer's desire for financial support or their stress that requires professional psychological intervention, thus many interviewees went to professionals and institutions, both on and off campus, that could meet the young carers' needs. For example, this interviewee's description:

Respondent 7: I do the mapping [to] get to know the child. [If the child has] physical [problem], maybe lose weight, don't sleep or something, we go to the nurse, we work together. And then if [the problem is too severe], we have to contact health care, to see if it's depression [...] When then it goes beyond school, that's not a school issue. That's a health care issue.

School social workers usually work with teachers, health teams, principals, etc. in the intervention process, through joint meetings to discuss how to intervene with young carers and developing intervention plans together, such as this respondent's response:

Respondent 9: What we do is that when we [were] in this kind of situation, we lead them on our 'universal' team and we are taking discussion and on that discussion, we have social worker, psychologists, nurse, doctor, principal, and teachers. And when we talk about the [child], so everyone can give their opinion from their profession on that special matter.

## **Analytical reflection**

The above description shows that there is an important role of continuous communication between school social workers and young carers. Since the prevalence of emotional problems and psychological stress in most young carers is less visible (Cree, 2003), the dialogue helped the interviewee to recognize students' negative emotions, so that school social workers can give timely emotional support. Also the conversation as an investigative process allows the interviewee to accumulate information to assess the child's risk and needs (Khoo et al., 2003), and school social worker's assessment process, as Khoo et al. (2002) found in their study, does not use a uniform and specific assessment model and is based mainly on the worker's judgment. The conversation gives young carers the opportunity to verbalize themselves and motivates them to actively seek change, which is a reflection of the child's increased initiative to participate in his or her own life as an active subject (James & Prout, 2003; Qvortrup et al., 1995).

As the research shows that assisting young carers requires the combined efforts of professionals across disciplines and agencies (Warren 2007, as cited in Joseph et al., 2020), the school social workers interviewed did not act alone in their interventions for young carers. The

descriptions in this subsection confirm that school social workers often seek out professionals and resources to support young carers according to their different needs. It also demonstrates the interviewees are aware of the importance of interagency collaborative action (see also Bortes et al., 2020; Leu et al., 2018).

While the help given by the school social worker was not directed to the problem of child caring for the family itself, but to other reasons like the cognitive, emotional and behavioural consequences caused by caring responsibility (Aldridge & Becker, 1993b) which do not help to change young carers' family situations, as professionals who have contact with children, who can understand them in depth, and who can give immediate help, school social workers play an important role in supporting young carers in the school.

### 6.3.2 Interventions for the family

This subsection talks about how interviewees support young carers by intervening the family, and what the role of school social workers plays in working for the young carer's family.

#### **Communication with parents**

Most of the interviewees indicated that they would contact the parents of young carers and that some positive effects could be produced through communication with them. For example, some parents may not be aware of the impact of family responsibilities on their children (Aldridge & Becker, 1996), and the situation of children provided by the interviewees effectively helps parents to raise awareness, and thus they may realize the need to solve the problem and thus give more emotional support to or give less burden to the young carer, which indirectly changed the situation of the child:

Respondent 7: Sometimes I do [contact parents]. Sometimes they are a little surprised, [they said], 'I haven't thought about it'. Often [...] they feel a little bit of shame and they want to fix it. [...] Then I think [...] they realize and [make the situation] get better. [...] Maybe the parents take responsibility a little bit more and they speak to each other more

Some interviewees would also help young carers reduce caring responsibilities by motivating parents to actively seek and receive help from outside:

Respondent 1: I think [...] the conversations we have had helped sometimes. [...] I talked to the parents about it. They [were] more aware about how the children feels and maybe change things and take more suggest[ions], so that the parent can say "yes" more to the care that might have been offered which they refused before [...].

Respondents also cited good relationships with families as a key factor in bringing about change in children and families, including communicating with the student's parents, listening

to them and understanding their plight. This is very important for change in the student's situation:

Respondent 8: [...] A big success factor is when [...] I manage to relate both to the student and to the parent. So when the parents experienced being listened to and understood, the [possibility] to get the change [...] in my students' life is much higher. So the relationship is maybe a key word [...]. If you gain a relationship, it's possible to also gain a change.

But not in all cases did the interviewees communicate and cooperate with the parents. Some interviewees mentioned not contacting the family. Parents were not involved if reaching out to them was considered by school social workers to be not effective in improving the child's situation or to put the child at further risk. As this respondent said:

Respondent 7: Sometimes we don't involve parents when we realize it will make no difference, it will hurt the child, instead. [...] Sometimes it makes them more harm to contact their parents. [...] Maybe they get disappointed or angry or um uh, the child will be more insecure about it.

### **Finding internal and external resources for families**

After interviewees have communicated with families and identified their needs, they typically help families find a variety of resources and supports, both informal and formal that can help them share their stress.

The network approach is a common way interviewee use to help young carers share caring responsibilities and resolve family difficulties by finding relatives, friends, contact persons, and other relational resources around the family (see also Gould, 1995). For example, this interviewee mentioned that the situation of the child could be changed by approaching other family members:

Respondent 3: I have another situation [...] [that] there was a kid who lived part time with [one] parent [who] [...] drank [...] too much. And then I talked to the other parent about this situation [...] [And] that parent says 'I'm gonna take care of this. [...] '. So I gave them the opportunity to do that. And then I talked to the students, and he told me that he now lives with the other parents a lot less. [...] Sometimes you use the network, you use the whole family, even though it's a split-up family, [...] [I] can [help] them [get] a better home situation by just talking to the parents sometimes.

Helping families to find external resources that correspond to their needs is another aspect of support mentioned by the interviewees, especially when the family network and the family's own efforts do not work, some institutions and organizations that can provide financial support,

material aid, and other support, may be helpful. In this case, the family often have no idea about what resources they can get, then school social workers become intermediaries between families and external resources, helping families to find and contact relevant resources:

Respondent 4: They didn't know and their parents didn't know that [they] can get these types of help [...] I often act as an intermediary to make sure that my students and their families get the support that they actually are entitled to.

### **Analytical reflection**

The findings in this subsection show that the main role of school social workers in intervening young carers' families is the intermediary among parents and children. Contacting parents when necessary is one of the responsibilities of the school social worker (Beckman & Hagquist, 2016). The role of the social worker as an intermediary between the child and the parents was mainly to facilitate the parents' involvement in the process of assisting the child and to promote the parents' focus on the child's well-being (Byng-Hall, 2002; Welbourne, 2012). Respondents' communication with parents achieved several main aims, including building a good partnership by listening to and understanding parents and facilitating parents' focus on improving the young carer's situation by assisting parents to understand the current situation of their child.

The school social worker is also an intermediary between the family and other resources. Interviewees' use of the network approach to try to link families to the formal and informal resources in need (Gould, 1995) is a reflection of the emphasis on family support in the Swedish child welfare system (Leviner, 2014), where the state invests considerable resources and measures in interventions for children and families (Khoo et al., 2003). School social workers play an important intermediary role between families and resources by helping them to find and contact resources, especially when families are not aware of the existence of resources.

### **6.3.3 Intervention between families and social services**

#### **Reporting to social services**

According to the Swedish child protection system, schools are obliged to report children at risk to social services, which intervene with the child and family to protect the best interests of the child (Cocozza et al., 2010; Leviner, 2014). However, even though young carers were perceived by the interviewees as being at risk due to the negative impact of caring responsibilities, the interviewees generally indicated that they did not report all identified young carers. The interview information shows that participants had different criteria for reporting young carers to social services, with their judgments influenced by whether there was adequate family support, including parental cooperation and the availability of other resources in the family, in other words, they were more likely to report to social services when family support for the child



was non-existent or ineffective (see also Aldridge & Becker, 1999), as this respondent said:

Respondent 3: [...] It depends. Sometimes you use the network, you use the whole family [...]. So, it's not that you always have to report that you can get it better [...] [If] we don't [find] any resources within the family, then I will report.

### **Promoting families accessing to social services**

Several interviewees mentioned that they preferred to prioritize communication with families to get them to apply for help from social services rather than mandatory reporting:

Respondent 2: I used to tell [...] the kids that [...], 'The longer this going on, [...] the more risk that you [will be taken away from] your home because your parents can't take care of their children'. [...] So I always say to the parents also, 'It's always better that you are the one who's seeking for help [...] [to the social service]'

Often the process involves very long and difficult motivation efforts by school social workers to reduce families' resistance to social services due to misconceptions and fears about them (see also Aldridge & Becker, 1993b; Choudhury & Williams, 2020). One interviewee, for example, mentioned that she needed to work hard to help children and parents understand the role of social services and how they can help them so that families are better able to accept social service interventions:

Respondent 3: [Children] think that their parents [would] get mad or they [...] also get worried that they will not be able to live [at home] because that's what social services do. [...] But [it just happened] in very few cases. [...] So, I often help them to understand why I do [the report]. I usually do it in a way that suits the people [...] if it's a situation that is more chronic [...] If I need to report, I do it in a way that works with the student and the parent. So, the student feels that the parents get perfectly understanding what's going on. [...]

### **Continuous support after reporting / referring to social services**

When children were reported to social services, interviewees mentioned that it was difficult for them to participate in the follow-up intervention process due to the principle of confidentiality. The assistance they could provide to social services was mainly in providing information about the student.

Respondent 9: Sometimes when we report to the social services, they take over the situation totally. [...] we [provide] the social services with information in every case. But it's not in every case that social service is providing us [with] the information [...].

Although the interviewees, as school social workers, withdrew from the family intervention

process after social services took over the case, they still proactively followed up with the student at school to make sure that the student's situation was improving:

Respondent 7: It's hard to work with the social [services] because [...] they're not allowed to say anything to us. It's [confidential] [...]. So, it's very, very hard to work together. [...] When we reported, we have to leave [...] the home situation to the social service. But we work at the school [...] and follow [children] to see how it works.

More importantly, the interviewee's continued attention to the student at school can be a guarantee for the young carer to receive effective help from social services. When the social services do not meet the family's needs, or when social services are rejected by the family and withdrawn, the school social worker can learn about the situation through young carers in school and provide continuous support to the student:

Respondent 5: In some of the cases, [...] we send [...] a notice to the social service, but sometimes [...] that kind of notice has been declined or the family don't get help [...]. Sometimes we send a new one, and a new one, and tried to say that 'This is still something we worry about', 'This is still not good enough'.

### **Analytical reflection**

The above findings in this subsection suggest that participants' decisions about the need for social service involvement were based on whether the parentification in the family was disruptive or adaptive (Jurkovic, 1997, cited in Byng-Hall, 2002). When the parentified child in the family has a network of supportive resources in providing care, the school social worker would consider the child's situation as adaptive parentification and thus there is no need to involve social service intervention.

The pursuit of interventions for young carers and families on a voluntary basis in the welfare system (Khoo et al., 2003) was also reflected in the actions of school social workers. The interviewees worked to try to motivate families to apply for help from social services on their own initiative, rather than prioritizing mandatory reporting. And the school social worker's motivation work is actually working with families' resistance to social services (Welbourne, 2012), by addressing their misconceptions and promoting their understanding of social services.

The low level of collaboration between schools and social services mentioned by the interviewees reflects the gap between schools and the child protection system, with the principle of confidentiality being a barrier to collaboration between them (Münger & Markström, 2019). However, even if the school's involvement in social service interventions for young carers is limited, school social workers can still follow up with young carers at school and provide support within the school. This reflects the role of the school social worker as a key person

between school, family and social services, not only providing coordinated support to young carers by liaising between family and social services (Choudhury & Williams, 2020), but also providing ongoing support to young carers within school.

#### 6.3.4 Challenges in interventions

The process of supporting and intervening with young carers and their families is not a simple and straightforward one and involves a great deal of communication and actions. This subsection focuses on presenting the difficulties that interviewees encountered when they were involved in the intervention process, including the challenges when working with families and children, and the challenges when working with other professionals.

##### **Working with resistance**

In the process of supporting young carers and families, interviewees often encountered situations where children and families resisted professional intervention. Some interviewees mentioned that young carers they met often resistant to the possibility of change, especially after they have become used to their caring responsibilities, and that they are afraid to embrace change, which can be challenging for the interviewees. It is difficult to help children if they do not have the intention to change:

Respondent 3: When you're trying to help them save them, they almost always [rejected] [...] They haven't lived their life in the other way so they don't know anything else. They have this [situation] for so long that they have in trouble to see other ways to live their life together. That is a challenge, absolutely.

School social workers' intervening families sometimes inevitably encounter resistance from families, especially when the child's family situation is not dangerous enough which can motive a forced intervention. The interviewee's response to this situation was to try to motivate the family to accept support from school and other agencies, while keeping an eye on and following up with the child at school. The following interviewee described the situation when the parents refused to receive any help so that he had to do more motivation work and take on more responsibility for following up the child in school:

Respondent 9: There [are] [...] some cases where the parents doesn't want to receive [help]. They don't feel that they have problems. And this case, [...] [I] cannot force [them] if the child is not getting abused, if [...] basic needs are provided [for the child]. It's really hard to enforce help.[...] So in this situation, it's really important just to be there for the child and to explain for the parents that "We are here", "If you need it, we are here". And [...] I'm constantly checking up on the child. We have conversations. Sometimes, [...] I played some games [with the child] and [...] asking the questions [during the game].

## **Difficulties in interprofessional collaboration**

Communication and interaction among different professionals within the school or among professionals from different agencies are essential in the process of supporting young carers (Leu et al., 2018). Most interviewees mentioned that they often have collaborations within and outside the school when supporting young carers. However, they found that they often encountered difficulties in communicating with different professionals. Interprofessional collaboration was often challenging due to different perspectives on issues and a lack of understanding of the boundaries of each other's scope of work:

Respondent 4: It's always challenge when you think someone else has to do things which they don't want to do. Even if the social services, [or] if it's the psychiatry, when they talk to us and think that we should do things, [I can be ]getting in this blame game, 'the school should have done this so long time ago!', 'Oh no, psychology should have done this way back when...'. And [I] sort of spin around [...]

Another challenge in working together was that the principle of confidentiality prevented interviewees from receiving critical information about children in a timely manner when working with social services, so that schools were sometimes unable to provide timely assistance to children. For example, this interviewee described:

Respondent 7: The challenges is when it's everything is confidential, sometimes.

Interviewer: [Do you mean that] it is hard to share the information [and] to get the updated information?

Respondent 7: Yes. It can be okay, [...] absolutely it has to be [confidential]. But we should find a way to [be] easier to get by that. So we can work together more. [...] It takes a lot of time. It is a struggle to take months before [we] can get us together. [we should] do it more quickly.

## **Analytical reflection**

Resistance from children and families is an issue that social workers inevitably encounter in their practice (Welbourne, 2012). From the interviews young carers who have long been used to the role of caring for their families are resistant when faced with the possibility of changing the situation. Garber's (2011) explained that because of being tied down in a parentified position in long term, young carers may feel that changing the situation is frightening and therefore show resistance to it. Parents' resistance often stems from a lack of knowledge of social resources, misunderstandings of social services or shame about exposing personal issue to the outside world (Aldridge & Becker, 1993a; Choudhury & Williams, 2020; Gould, 1995), so school social

workers need to promote family engagement by addressing families' concerns about those issues (Welbourne, 2012). A great deal of patience needs to be invested in the motivation work. In addition, when family engagement in intervention is not possible, social workers still play a follow-up and support role with students in schools.

The interviewees' descriptions of interprofessional collaboration indicate that they were aware of the importance of joint action across professions and institutions for young carer interventions (see also Leu et al., 2018). However, communication issues between different professionals hindered such joint efforts. Münger and Markström (2019) explained this barrier in their study of how Swedish schools intervene jointly on domestic violence in students' families. They identified conflicting understandings of the problem and priorities for action between different professionals, resulting in gaps and tensions between professions and between organisations. This conflict manifests itself in practice that professionals always assume that it is other professionals who are responsible for unfinished tasks (ibid). Another obstacle to collaboration mentioned by interviewees is the principle of confidentiality. While interviewees generally agreed that confidentiality was important, this led to little or no understanding by school professionals of how the child protection system was organised to help children (see also Münger & Markström, 2019). This information gap between schools and other child protection agencies, particularly social services authorities, presents a challenge for inter-agency collaboration (ibid). The lack of inter-agency collaboration can lead to young carers continuing to be trapped in the gaps between areas such as education and society (Aldridge & Becker, 1993a). Therefore, as suggested by the interviewees, supporting young carers requires a more effective inter-agency and inter-professional collaboration.

# CHAPTER 7: DISCUSSION AND CONCLUSION

This final chapter discussed the results of the previous chapter and then summarizes the findings. Considering the context of the Swedish welfare state as well as the global context, I discussed the implications of my findings for the future development of school social work practice in the field of young carers. Finally, I presented a few suggestions for future research directions.

## 7.1 Discussion

### 7.1.1 Strengths and limitations in identifying young carers in school

The mechanisms in identifying young carer in Swedish schools, as well as its strengths and limitations, are reflected in the interviewees' descriptions of how young carers were identified, of the caring responsibilities they identified, and of how young carers performed in schools. The joint cooperation between the school's student health service team and teachers formed an organised structure in the school for identifying risks of students (see also Sandfort, 2003). The school social worker plays an important role in mediating cooperation and conducting investigations by conversations in this mechanism. This organised structure is the guarantee of timely engagement with students and of the identification of young carers. Moreover, the services generated by this organised framework in the school are free and accessible to every student (Bortes et al., 2020). Thus, it is easier for young carers to get help and support from schools than from social services and family service that need to be applied for.

However, there are still many limitations in identifying young carers in schools. Questions about the family situation as a key factor to identifying young carers in investigations are not included by all participants' conversations with students, which means the possibility of missing young carers if the student's family situation is not known. The lack of a universal definition of young carer also limits the identification of young carers by school social workers (see also Choudhury & Williams, 2020; Joseph et al., 2020). In addition, the difficulty of identifying young carers in schools is compounded by the variation of young carers' caring responsibilities and the lack of common features or indicators in cognitive, emotional or behavioural performances at school (see also Aldridge & Becker, 1996; Becker, 2007). Also, some of young carers even are invisible in the crowd as they are indistinguishable from other students.

### 7.1.2 Constructing "young carers" by school social workers

The school social workers' perceptions of young carers in the interviews reflect how they have constructed "Young Carer" in relation to their own views on children and child giving care in Swedish context.

Participants' views on children and the role of children in the family generally appeared to lean more towards a traditional developmental perspective (James & Prout, 2003). They believed that children are immature, dependent and should be protected; that children should enjoy their rights to socialisation, education and to focus on developmental tasks; and that the child-parent relationship is binary (see also Hockey & James, 1993; Quennerstedt & Quennerstedt, 2014). Based on these views of children, school social workers regarded young carers as "abnormal" and not expected by society. Respondents described a clear distinction between young carers and other children, which is also the definition of "Young Carer" constructed by these school social worker: Young carers are children who take on adult's roles and tasks in the family, their caring tasks are holistic, daily and long-term, their caring role is dominated by the needs of other members in the family, and the impacts of the parentified role on young carers are mainly negative and destructive (see also Hooper et al., 2012; Hooper et al., 2008; Garber, 2011; Jurkovic, 1997, cited in Byng-Hall, 2002).

The participants' discussion of the factors that contribute to the phenomenon of young carers reflects their constructs of how young carers is formed in Sweden and why it exists. The interviewees looked at the influence of moral values on the individual's motivation to take responsibility in the family, the influence of various factors (parental condition; economic situation; level of information knowledge; shame of family members) in the family on the shaping of young carer, as well as the factors in the society (mismatch between resources and the needs of the family; the lack of a "whole family" perspective in professional interventions; the culture of individualization). The formation and existence of young carers is therefore the result of a combination of individual factors, family circumstances and a specific social context (see also Hockey & James, 1993; James & Prout, 2003).

Participants' descriptions of young carers' needs and of how to intervene reflected their constructs of the goals and directions of interventions for young carers, which can influence their actual actions in intervening with young carers (see also Nordenfors, 2012). Interviewees were more concerned with the needs of young carers as a child than as a carer (see also Jenkins & Wingate, 2014). They highlighted the inappropriateness of the child being in a caring role and therefore the goal of the intervention was to help the child move out of the caring role. Families therefore need to be supported by more external resources and interventions with families should adopt a "whole family" perspective to avoid overlooking the young carer in the family (see also Aldridge & Becker, 1999; Alexanderson and Näsman, 2017; Bortes et al., 2020).

### 7.1.3 The role of school social worker in supporting young carers

The interviewees gave a detailed description of how they supported young carers, from which the different roles of school social workers in the intervention process could be identified.

The school social worker is a supporter of young carers. The main aim of school social work is to provide help to students based on the psychosocial logic and to ensure that they cope well with their study and life (Bortes et al., 2020). The social worker's support is mainly through ongoing communication, providing opportunities for young carers to express themselves and offering emotional support.

School social workers conduct risk assessments by collecting and accumulating information in their conversations with young carers and their families. The risk assessment is primarily to identify the current problems of the student and family and thus to determine how to support. Another role of the risk assessment is to help the school social worker determine whether there is a need to report the young carer's situation to social services. Although school social workers have the power to go beyond the student and family to report directly, this power was used carefully by the interviewees. They were more likely to seek to have children and families accept social service interventions on a voluntary basis (see also Khoo et al., 2003).

School social workers act extensively as intermediaries between young carers, families, and social services or other agencies. For young carers, school social workers link resources within and outside the school according to the different needs. Between the young carer and the family, the school social worker acts as an intermediary to promote parents' understanding of the young carer and their focus on the interests of the child. In the process of supporting families, school social workers also identify and link families to resources that are useful to them (see also Gould, 1995). In addition, school social workers do a lot of motivation work as intermediaries in promoting families' acceptance of interventions from social service authority.

School social workers encounter obstacles in helping young carers and their families that inhibit their roles. For example, the resistance of children and families to school intervention prevents school social workers from providing support to students and linking resources for students and families. Communication difficulties between different professionals and barriers to collaboration between agencies due to the principle of confidentiality (see also Münger & Markström, 2019) hinder school social workers from joining a collaborative support for young carers. In addition, the uncertainty of social service investigations and interventions leads to the possibility that young carers may not always receive social service interventions (Cocozza et al., 2010; Leviner, 2014). However, regardless of the extent of resources and support received by the young carer and the family, school social workers are always able to follow up on the



student's situation in the school basis and therefore they are more like a protective factor in the young carer's surrounding environment.

## 7.2 Conclusion

The objectives of this study were to explore how school social workers in Sweden identify young carers, how they perceive young carers and how they support young carers in the school. By using qualitative research approach, 10 school social workers in Gothenburg were recruited by purposive sampling technique and interviewed via online video meetings. The conclusions of findings presented as follows.

School social workers identify young carers through student-initiated requests for help or through engagement with students via the school professionals' joint actions for identifying students at risk, in which communication with students inquiring about their family situation is a key element in identification of young carers. School social workers are aware of the presence of young carers, but the number they identified varies considerably from school to school. The young carers identified had a variety of caring responsibilities. There were also variations in the cognitive, emotional, and behavioural performance of young carers at schools, and the lack of easily identifiable common characteristics in young carers' performance increased the difficulty of school social workers' identification of young carers.

School social workers distinguish between young carers and other children, express an opposing view on child's caring for families and emphasise that the young carer is a victim of the family context. They also consider the factors that lead to young carers' existence in terms of individual, family, and societal aspects, and stress that the young carer is the result of the combined effect of those three aspects. The school social worker's view of the needs of young carers and how to intervene highlighted the importance of helping young carers being removed from the caring role.

School social workers provide continuous communication with young carers at schools, linking resources inside and outside the school in response to their needs. Through interventions with families, school social workers actively communicate with parents to enhance their understanding of the child, while ensuring that families receive useful support by referring and linking them to resources. School social workers also help young carers and their families to receive and accept intervention from social services through reports, motivation work and ongoing follow-up in school. Therefore, the school social worker plays the role of supporter, intermediary and investigator as well as a protective factor in the intervention process. Resistance from the child and family, difficulties in inter-professional communication and the

principle of confidentiality as a barrier to inter-agency collaboration are challenges for the school social worker's intervention.

## 7.3 Implications

This study sheds light on the importance of school social work in the field of young carers in Sweden. Unique knowledge of the role of school social workers in identifying and supporting young carers has been presented. The findings showed that school social workers in Sweden are professionals who are able to have frequent contact with young carers. They can have the opportunity to get an in-depth understanding of young carers in schools. In addition to providing timely and consistent support to young carers in school, they can also help young carers and their families find resources that meet their needs. The practice of school social workers in identifying and supporting young carers demonstrated in this study have implications for school social work practice in improving the situation of young carers. Suggestions for practice workers include the following:

School social workers need to achieve better communication with young carers, which can be effective in helping young carers to relieve stress and help to better determine risks for young carers.

School social workers need to maintain collaboration and communication with professionals both inside and outside of school. This role as a key link in a multi-agency, multi-professional collaboration should be valued by schools, other agencies, and the state.

School social workers should work to strengthen communication and build good relationships with families, which can indirectly enhance the situation of young carers and facilitate families to get the resources they need.

School social workers should place more emphasis on family background investigation in the process of identifying students at risk, which is a key factor to identifying young carers.

The elimination of fears and prejudices of children and families towards professional agencies and professionals is also an aspect that school social workers need to work on, which can help to reduce the resistance of young carers and their families.

Supporting young carers requires a mechanism for more effective interagency collaboration to facilitate the circulation of key information between agencies. Based on guaranteed confidentiality, this mechanism could improve the responsiveness of school social workers and other professionals to the needs of young carers.

This study emphasizes that young carers are social constructs within a specific social context

(see also Joseph et al., 2020). A combination of individual, family, and social factors shapes the situation of young carers in a country. In the Swedish social democratic welfare state, which emphasizes citizens' access to universal welfare and individual's non-dependence on the family (Esping-Andersen, 1990), children are not considered to be supportive of other members of the family (Becker, 2007). However, this study found that formal care resources in the welfare state do not meet the needs of families for care, especially those with sick parents who lack daily care resources (see also Becker, 2007). Cuts of expenditure in the welfare system have further reduced the amount of state support available to families and children (see also Gould, 1995). The promise of the Swedish welfare state to ensure that families receive adequate support has not been fulfilled. Thus, in some families, children have to care for family members who do not get adequate resources from the state. Policymakers and practitioners in Sweden need to reflect on this paradox of the welfare state and promote a more comprehensive development of child and family welfare to ensure that young carers are adequately supported by the state.

Social work research and practice are context-specific, but it is necessary to integrate the understanding of specific social contexts into a broader understanding of global context (Sewpaul, 2016). To discuss my findings in a global context, the imbalance development of school social work in different countries need to be considered. Some countries have a long history of school social work, yet others have no social work involvement in the field of education (Allen-Meares & Montgomery, 2014). The role of school social workers in identifying and supporting young carers highlighted in my study also needs attention in those countries where school social work is available. For those countries where school social work is less developed or does not exist, the role of schools themselves in identifying and helping young carers should be given attention. Teachers in schools may need to do more to improve communication with students and families and play a greater role in identifying students at risk, since they have contact with students like school social workers (see also Thomas et al., 2003). School staff need to focus on collaboration and communication with other agencies, and collaboration between schools and community, health care, social service agencies and extend families need to be strengthened to support young carers.

## 7.4 Recommendations for future research

This study understands the practice experiences of a small group of school social workers in the field of young carers in Swedish context. The findings are not generalizable to the experiences of all school social workers. Future research could use quantitative methods to measure a larger sample and provide insight into the extent of school social workers' awareness

of young carers, the existing intervention practices, and the effectiveness. This will provide a representative evidence base for promoting policy and practice development.

Since support for young carers requires the involvement of people from different professional fields (see also Joseph et al., 2020), it would be interesting to explore what the identification and intervention of young carers by other professionals within schools such as teachers or school nurses look like. Similar qualitative research methods could also continue to explore the perceptions of young carers and practices by professionals from different fields. At the same time, the role and practice of interprofessional and interagency collaboration on the identification and support of young carers seems to be little understood, which is also a direction that could be explored in future research.

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# APPENDIX 1: INTERVIEW GUIDE

## INTERVIEW GUIDE

### **Background**

1. What is your age? Your education backgrounds? Your role in the school as curator?
2. How many years of working experience as a social worker/curator do you have? How long you have been working in the school?
3. What kind of school do you work in? (independent or municipal) Do most students work or go to university after graduation?
4. Which part of the city do the students in your school come from? (Are there more migrants or Swedish?)

### **The identification of young carers in school**

5. How many children who take care of their family members have you met in the school?
6. In school, in what ways did you find or notice those children who care for their family members?
7. Could these children be identified in school through any specific behaviors or characteristics of them and their families?
8. For what reason did the children you found become caregivers?
9. What kind of caring task have you identified among children who you met?

### **Social worker's perception of young carers in Sweden**

10. How do you think about those caring tasks you mentioned in previous questions?
11. What types of caring tasks, what amount and what level of care you think are acceptable/good/harmful for children who care?
12. What do you think about children conducting caring roles in the family in the context of Sweden?
13. What do you think are the factors making children take responsibilities of caring? (Socio-economic status? Poverty? Emotion? Lack of services/policy?) How (in what way) these

factors affect those children?

### **The interventions for young carers**

14. What are those children's needs you identified?
15. Have you provided any support for those children who are affected by taking caring roles in their family? Were these supports effective (Did those support worked for alleviating the plight of those children)? Did you assess needs before practice?
16. Did children who were identified as carers ask for and accept support? Did any of them and/or their family refuse support?
17. Will all children who care be intervened once they are found? Or did you intervene only when you think there is a risk? What situation would be considered necessary to intervene?
18. Did you have any collaboration with other staff in school, social services or other authorities, or organizations when intervening and supporting children who care? Did you report to social services? What can happen after you report to social service?

### **The challenges social workers faced**

19. What challenges do you face in working with children who are affected by taking caring roles in their family? (Are there any challenges in identifying and approaching those children? Any challenges in supporting process?)
20. Are there any challenges in collaboration with social services or other authorities, or organizations?
21. What are the causes you think of these challenges?
22. How do you try to cope with challenges?
23. Is there anything else you would like to add regarding this topic?

# APPENDIX 2: INFORMATION LETTER FOR PARTICIPANTS

## INFORMATION LETTER

Dear invitee,

My name is Mengqi Chen. This letter is an invitation to consider participating in a study I am conducting as part of my Master's degree in the Department of Social Work at the University of Gothenburg. To help you make an informed decision regarding your participation, this letter will explain what the study is about, the possible benefits or risks and your rights as research participants:

**Title of the Study:** Identifying and supporting young carers in Sweden: The perspective of social workers who work in schools

**Faculty supervisor:** Charlotte Melander, Phd and senior lecturer at the Department of Social Work, Gothenburg University (charlotte.melander@socwork.gu.se); Tel: 031-786 63 84

**Student investigator:** Mengqi Chen (gusmengqch@student.gu.se); Tel: +46734927824

### What is the study about?

This research project is part of my degree report which is a requirement for the European Master course in social work with families and children at the Department of social work, Gothenburg University. The purpose of the study is to investigate how school social workers identify and perceive young carers (those children under the age of 18 who take responsibilities in the care of family members who are unable to care for themselves for specific reasons, for example, illness, substance abuse, etc.), how they intervene (how they respond in such situations) and the challenges they face.

The study involves semi-structured interviews. The interview will be conducted online (Skype, phone calls, Zoom, WhatsApp, etc.), which will take around 1-1.5 hours and it will be in English.

**The time period intended for data collection is 1<sup>st</sup> March 2021-31<sup>st</sup> March,2021 (latest 15<sup>th</sup> Apri,2021)**

### Who may participate in the study?

The study will involve up to 10 social workers in schools in Gothenburg who are working or have worked with children take responsibilities in the care of family members who are unable to care for themselves for specific reasons, for example, illness, substance abuse, etc.

## **Your rights and responsibilities as participants?**

In participating in the study, you will be asked to :

- Indicate the date and time you would like your interview session to be scheduled ahead of time
- Specify your preference in terms of online platforms (Skype, phone calls, Zoom, WhatsApp etc)
- Sign the informed consent before the interview begins

## **Ethical Approval**

- Participation in this study is voluntary. You may decline to answer any of the interview questions if you so wish. Further, you may decide to withdraw from this study at any time without any negative consequences by advising the researcher.
- With your permission, the interview will be audio recorded to facilitate collection of information, and later transcribed for analysis. Shortly after the interview has been completed, if you wish to, I will send you a copy of the transcript to give you an opportunity to confirm the accuracy of our conversation and to add or clarify any points.
- All information you provide is considered completely confidential. Your name will not appear in any thesis or report resulting from this study, however, with your permission anonymous quotations may be used.
- Data collected during this study will be retained in the investigator's computer till the submission of the degree report. Only investigator and supervisor will have access.
- There are no known or anticipated risks to you as a participant in this study

In terms of any ethical issues you consider, you can contact me at +46734927824 or by email at gusmengqch@student.gu.se. You can also contact my my supervisor Charlotte Melander (email: charlotte.melander@socwork.gu.se; Tel: 031-786 63 84).

## **What are the possible benefits or risks of the study?**

- Participation may not provide any personal benefit to you but can benefit the academic social work community in terms of education and preparation of students for professional practice.
- In terms of risks, there are not much anticipated risks except for the tendency that you might remember or revisit memories.

For all other questions or if you would like additional information to assist you in reaching a decision about participation, please use the above contact information to contact me or my supervisor.



I very much look forward to speaking with you and thank you in advance for your assistance in this project.

Yours Sincerely,

Mengqi Chen

Student Investigator

# APPENDIX 3: INFORMED CONSENT

## Informed Consent

By providing your consent, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

- I have read the information presented in the information letter about a study being conducted by Mengqi Chen of the Department of Social Work at the University of Gothenburg. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and any additional details I wanted.
- I have got the information about the purpose about the study and about how the data will be used.
- I am aware that I have the option of allowing my interview to be audio recorded to ensure an accurate recording of my responses.
- I am also aware that excerpts from the interview may be included in the thesis to come from this research, with the understanding that the quotations will be anonymous.
- I was informed that I may withdraw my consent at any time without penalty by advising the researcher.

You are welcome to contact the researcher or supervisor in case you have any questions (e-mail addresses below).

### Student name & e-mail

Mengqi Chen, +46734927824  
gusmengqch@student.gu.se

### Supervisor name & e-mail:

Charlotte Melander, 031-786 63 84  
charlotte.melander@socwork.gu.se

### Interviewee:

Name:

Signature:

Place and Date: